Analysis of Primary Health Facility Leader Perceived Risk on Cooperation with Health Care and Social Security Agency in East Java: (Study on Public Health Centers and Non-Public Health Centers in Urba

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Submission date: 02-Feb-2022 06:31PM (UTC+0800)
Submission ID: 1753375379
File name: 14._Analysis_of_Primary_Health-711-715.pdf (1.01M)
Word count: 2792
Character count: 15438

DOI Number: 10.5958/0973-9130.2019.00371.2

Analysis of Primary Health Facility Leader Perceived Risk on Cooperation with Health Care and Social Security Agency in East Java

(Study on Public Health Centers and Non-Public Health Centers in Urban Areas)

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Abstract

Objective. Indonesia has been implementing the National Health Insurance since 2014. In implementing national health insurance, the collaboration between the Health Care and Social Security Agency as an organizing body and health facilities is needed. Understanding the types of risks and proper management in cooperation between primary health facilities and Health Care and Social Security Agency is a strategy to provide optimal performance. *Method***s.** The design used in this study is cross-sectional. This research analyzed the primary health facilities leaders perceived risk score in cooperation with Health Care and Social Security Agency and compare it between public health centers and non-public health centers. The study was conducted in 2 cities, Kediri and Probolinggo, in East Java Province that obtained by simple random sampling from 9 cities in East Java. As many as 30 percent of the total 80 primary health facilities were randomly sampled. Based on random sampling, 24 primary health facilities were selected. There were 6 types of perceived risks assessed. *Results.* The leader's perceived risk scores were: social (mean 6.38), legal (mean 6.14), time loss (mean 4.95), performance (mean 4.76), financial (mean 3.67) and physical (mean 3.24). The result also found that legal risk and risk of time loss have significant differences between public health centers (p = 0.02) and non-public health centers (p = 0.01). Implementing appropriate risk management will provide the opportunity for primary health facilities to determine the best technique for anticipating emerging risks.

Keywords: *Perceived risk, Cooperation, Health Care and Social Security Agency, National Health Insurance, Primary Health Facilities.*

Introduction

Universal Health Coverage (UHC) aims to ensure the availability of health services for everyone including promotive, preventive, curative, and rehabilitative services without causing financial difficulties [(1)]. The Government of Indonesia targeted the universal health coverage achieved in 2019. Indonesia has been implementing a National Health Insurance program since January 1, 2014, in terms of providing health services to all levels of society. The National Health Insurance program managed by the Health Care and Social Security Agency. Health Care and Social Security Agency started to operate back in 2014.

There are two types of health facilities in providing health services for National Health Insurance participants, such as primary health facilities (first level health facilities) and advanced health facilities. Until August 2018, there is 21.723 total of primary health facilities which cooperate with Health Care and Social Security Agency as health provider throughout Indonesia. The public health center, which operated by the government, was the largest number of primary health facilities which reaches 9.884 or 45.50% of the total. Individual practice doctors and primary clinics are the next two primary health facilities with the highest number (23.33% and 19.99%) [(2)].

East Java Province consists of 9 cities and 23 districts with 39 million population. Almost 13% of the population lives in 9 cities and the rest were spread among 23 other districts. Until late 2016, there were

22.3 million people (57%) already enrolled as National Health Insurance participants. National Health Insurance participants in East Java were served by around 2.600 primary health facilities. This consists of 37.12% Public Health Centres, 25.64% individual practice doctors and 24.98% primary clinics.

The primary health facilities ratio per 10.000 population in East Java was 1.07. This means each primary health facilities served around 9.400 participants. The highest ratio was in the city area (1,59 per 10.000 participants or 6.300 participants per primary health facilities). Compared to the primary health facilities in districts, cities have a greater number of participants that must be served than in the district. In district ratio per 10.000 participants was 0,99 or on average 10.000 participants per primary health facilities.

The primary health facilities cooperated with the Health Care and Social Security Agency through an agreement of cooperation with the Health Care and Social Security Agency. The cooperation agreement is valid for at least 1 year and can be renewed according to the agreement of both parties. Primary health facilities in collaboration with Health Care and Social Security Agency must provide comprehensive health services. This includes promotive, preventive, curative, rehabilitative health services, midwifery services, and medical emergency.

The primary health facilities also must provide simple laboratory examinations and pharmacy services. The payment mechanism from Health Care and Social Security Agency to primary health facilities is through capitation and non-capitation. This is in accordance with the Presidential Regulation No. 32 of 2014 article 1 number 6 [3]. The application of payments through the capitation system is expected to increase the efficiency and effectiveness of administering health insurance, but probably increases financial risk at the primary health facilities.

Almost all activities in every organization will face risks, including cooperated with other institutions. The cooperation between primary health facilities and Health Care and Social Security Agency is also an opportunity to play a role in the National Health Insurance program. However, the implementation of National Health Insurance put primary health facilities as the party that bears the greatest risk of cooperation. Understanding the types of risks faced and proper management by primary health facilities is a strategic thing in order to provide optimal service.

The aim of this research is to analyze the types of risks faced by primary health facilities from the leader of primary health facilities perspective as the perceived risk of cooperation with the Health Care and Social Security Agency. This study conducted at public health centers and non-public health centers in 2 cities, Kediri and Probolinggo, in East Java.

Method

This research conducted by using quantitative methods. In terms of time, the research was a cross-sectional study. This research analyzed the primary health facilities leader perceived risk score in cooperation with Health Care and Social Security Agency and compare it between public health centers and non-public health centers. This study conducted in 2 cities, Kediri and Probolinggo, that obtained by simple random sampling from 9 cities in East Java.

As many as 30 percent of the total primary health facilities (80 health facilities) were randomly sampled at the study locations, so 24 primary health facilities were selected. The selection of primary health facilities as research samples based on inclusion criteria. The inclusion criteria are at least primary health facilities have cooperated for more than 6 months with Health Care and Social Security Agency.

Results

The result found that 21 out of 24 or 87,50 % of primary health facilities leaders stated that cooperation with Health Care and Social Security Agency is risky. The primary health facilities leader also determines the type of perceived risk. The risk weight is based on assessments form ranging from 1 to 10. The value of 1 is a very light risk and 10 is a very heavy risk. There are 6 types of perceived risks assessed: social risk, legal risk, losing time risk, performance risk, financial risk, and physical risk.

The perceived risk of primary health facilities leaders shows that social risk, legal risk, losing time risk, and performance risk are categorized as moderate risks. Other risks (financial and physical) are considered as mild risks. Social risk (mean 6.38) and legal risk (mean 6.14) are two types of risks that have the highest

perceived risk value. The risk of time loss (mean 4.95), performance risk (mean 4.76), financial risk (mean 3.67) and physical risk (mean 3.24) is the next perceived risk sequence. The analysis also found that legal risk ($p = 0.02$) and risk of time loss ($p = 0.01$) have significant differences between public health centers and non-public health centers. Performance risk, physical and financial risk have higher perceived risk scores in non-public health centers. Social, legal and time loss risks have a higher score in the public health centers. Social risk, legal, performance risk, and time loss risk are four types of risks with the highest average value.

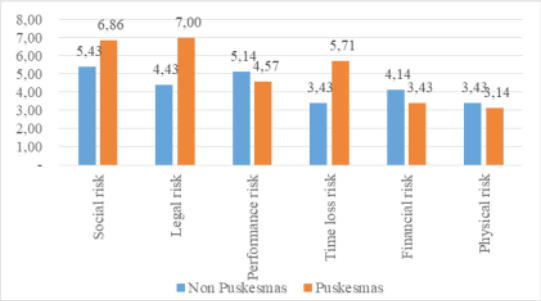

Figure 1. Perceived risk of primary health facilities leader on the cooperation with Health Care and Social Security Agency in 2 Cities in East Java year 2018

Discussion

Based on the Law of the Republic of Indonesia Number 40 of 2004 concerning the National Social Security System in Article 1 defines that the National Social Security System is a procedure for the implementation of social security programs by several social security administrators [4]. This social security is intended for all Indonesian people to fulfill the basic right to a decent life for each participant and his family members. Based on Law Number 24 of 2011 concerning the Social Security Administrator, what is meant by Health Care and Social Security Agency is a legal entity tasked with organizing social security to provide protection and welfare for all Indonesian people [5].

In the National Health Insurance era, cooperating with Health Care and Social Security Agency is mandatory for government health facilities. The cooperation between government or private health facilities and Health Care and Social Security Agency is more likely to raise risks for both sides. There are several risks for the Health Care and Social Security Agency to be raised, such as fraud risk, financial risk, liquidity risk, information and technology risk, and risk of contract failure [6]. Health facilities can also raise several risks such as financial risk, social risk, time-loss risk, legal risk, and many more. There are a lot of health facilities that collaborate with the Health Care and Social Security Agency, so the risk can be perceived differently by health facilities. Perceived are opinions, responses, or feelings towards something when in a situation of decision making on a situation, so that perceived precedes perception. The process of perceiving will produce an opinion and form perceptions of a phenomenon [(7); (8)]. The greater the perceived risk, the more likely it is to engage in behavior to reduce risk. Therefore, perceived risk will determine next how primary health facilities control and acts against losses that arise.

Risk is the possibility of unwanted losses with a certain severity. The presence of such a danger-related severity allows the analysis and prevention of these risks. The element of uncertainty in risk requires good risk management [(9);(10);(11);(12)]. Perceived risk in collaboration with Health Care and Social Security Agency should also be responded to through risk management in primary health facilities.

Several studies have provided choices in determining the dimensions of perceived risk. Wunderlich divided the perceived risk into 6 dimensions, namely performance, financial, opportunity/time, safety, social, and psychological loss [13]. Another opinion states that perceived risk consists of several components, including functional risk, social risk, financial risk, physical risk and time risk [14]. By adjusting the definition of perceived risk, in this study, we use the type of social risk, legal risk, losing time risk, performance risk, financial risk, and physical risk as dimensions of perceived risk.

Social risk in terms of the organization can be defined as an impact due to the uncertainty of social vulnerability from inside and outside the organization towards achieving organizational goals. Legal risk includes the legal consequences of business risks and the origin of the law. Performance risk is the possibility of performance malfunction or failure that is not consistent with what has been planned. Time loss risk is the possibility of losing time by primary health facilities on capitation payment mechanisms. Financial risk is the potential for monetary expenditure (monetary outlay) and forms a possibility of loss or failure in achieving financial goals. Physical risk is a condition that can cause

physical damage or loss to people or organizations.

Based on the result, the primary health facilities need to anticipate the adverse incident that probably occurs. The possibility of losses has been stated by the leaders of primary health facilities as perceived risks. To control the possibility of adverse events, the primary care health facilities must anticipate with risk management. Carroll stated that the implementation of risk management includes two main interrelated stages [15]. The first stage is the identification and risks analysis or exposure and the second stage is handling the risk or exposure. Carroll described the relationship between the two stages with the risk management process structure [15]. The risk management process structure explains that failure to handle risk can result in reduced control of losses.

The study also indicates that legal risk, social risk and time loss are more dominantly felt by the public health centers. At the beginning of the collaboration between primary health facilities and the Health Care and Social Security Agency, a review and understanding of terms, rules, and legal aspects are needed to minimize significant legal potential adverse for health facilities. Dominant risks in non-public health centers are performance risk, financial risk, and physical risk. Financial risk at the organizational level, such as health facilities can be a disruption to the financial flow because of a large expenditure compared to income. The financial risk of non-public health centers is related to the capitation payment. Perceived risk of the capitation payment mechanism as a result of cooperation with the Health Care and Social Security Agency should be responded through financial control in health facilities.

In general, it can be underlined that risk management is needed to anticipate adverse events that probably happen. Implementing appropriate risk management will provide the opportunity for primary health facilities to determine the best technique for anticipating the emerging risks. A proper understanding of risk management by primary health facilities is a strategic aspect.

Conclusion

The results of perceived risk on primary health facilities leaders in East Java on cooperation with the Health Care and Social Security Agency found that the social risk (mean 6.38) and legal risk (mean 6.14) are two types of risks that have the highest perceived risk value. The analysis also found that legal risk and risk of time loss have significant differences between public health centers and non-public health centers. Implementing appropriate risk management will provide the opportunity for primary health facilities to determine the best technique for anticipating emerging risks. A proper understanding of risk and management by primary health facilities is a strategic aspect.

Acknowledgment: The authors thank all people who contributed to this research, Airlangga University, and Indonesia Endowment Fund for Education (Lembaga Pengelola Dana Pendidikan (LPDP) Indonesia).

Conflict of Interest: The authors declare that they have no competing interests.

Ethical Clearance: Ethical clearance was obtained from the ethical review committee of Airlangga University

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