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Adapun penelitian tersebut layak dilakukan dan menghasilkan output yang sangat baik, meskipun belum ada *Uji Ethical Clearance* karena merupakan penelitian yang menggunakan data sekunder.

Demikian surat keterangan ini kami buat untuk dapat dipergunakan sebagai persyaratan pengusulan Jabatan Fungsional Guru Besar.

Surabaya, 24 April 2023



Dr. Santi Martini, dr. M.Kes  
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# The Role of the National Health Insurance Program in the Use of Health Services in City X

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## Abstract

The National Health Insurance Program (JKN) is estimated to affect the use of health services in Indonesia. The purpose of this study is to analyze whether the JKN program as a national insurance system can increase the use of health services, especially in City X. The increase use of health services may indicated by the Contact Rate. Based on the data processed, 56% of First Level Clinics (Klinik Pratama) in City X in 2017 that collaborated with BPJS did not reach the Contact Rate targets, only 44% of the clinics reached the target. The achievement of low Contact Rate indicates the low utilization of health services by health insurance participants. These findings indicate that even though there is already a JKN program in City X the health utilization shown through Contact Rate is still quite low. The results of the descriptive data processing showed that even though there was a national health insurance system the use of health services in City X was still quite low. This is not in line with the studies conducted by Sho-Hsia & Tung Liang (1997), Kondo & Shigeoka (2013), and Wang et. al (2018). Therefore, this study requires a further deepening of arguments regarding what factors will affect the utilization of health services by the City X's community.

**Keywords:** *Contact rate, insurance, health service.*

## Introduction

The National Health Insurance Program (JKN) aims to protect all Indonesian citizens in the insurance system so that they can meet the basic needs of an adequate public health. This program was launched in order to provide convenience and access to health services for participants throughout the health facility network in collaboration with BPJS and encourage improvement in health services for participants in a comprehensive, standardized, quality and cost-controlled management system. As a form of universal insurance the JKN program overcomes barriers to health services because of the problem of high costs.

The JKN program is expected to influence the use of health services. This influence has attracted the attention of researchers in the countries that implement universal health insurance. In general the influence that occurs is the increased use of health services

Sho-Hsia & Tung Liang<sup>1</sup> reported that the implementation of national health insurance in Taiwan in 1995 had increased the use of health services. Outpatient visits by new participants insurance twice as much compared to before the program was run. Kondo & Shigeoka<sup>2</sup> found that the introduction of universal health insurance through the expansion of health insurance coverage in Japan has significantly increased the use of health services. Similar findings were obtained by Wang et. al<sup>3</sup> in middle-aged and elderly citizens in China

Utilization of health services is expected to affect public health. Andersen<sup>4</sup> in the behavior model of health service use shows that ultimately the use of health services has an impact not only on satisfaction, but also on improving health status. That is the health status of individuals and communities is also determined by the functioning of health services. Or, in other words the public health is improved by increasing the use of health services by individuals who need them.

Therefore the purpose of this study is to analyze whether the JKN program as a national insurance system

can increase the use of health services, especially in City X. Increased use of health services, among others, can be demonstrated through the Contact Rate figures. Contact Rate is the indicator to determine the level of accessibility and utilization of primary services in First Level Health Facilities (FKTP) by participants and FKTP care and efforts towards participant health in every 1000 (one thousand) registered participants in FKTP in collaboration with BPJS Health.

Contact Rate is the indicator used by BPJS to assess FKTP's commitment to provide quality health services to JKN participants. The indicator reflects the utilization of basic health service facilities. So, research related to Contact Rate studies the use of health care facilities by JKN participants.

### **Material and Method**

To improve the quality of primary health care, BPJS applies Capitation Based Services Fulfillment of Service Commitments (KBKP). The application of the KBKP is part of the development of a service quality control system that aims to improve the efficiency and effectiveness of the delivery of health services. This payment method has been implemented in many countries that use social insurance. This payment system is proven to be able to improve the performance of FKTP in providing services to health insurance participants. Improved performance requires a strong commitment in providing the services.

KBKP payment is stipulated in BPJS Health Regulation No. 2 of 2015 concerning Norms of Determination of Capitation Amounts and Capitation Payments Based on Fulfillment of Service Commitments at FKTP. Fulfillment of service commitments is assessed based on the achievement of FKTP service commitment indicators. The indicator covers three aspects, namely:

- a. Contact Rate (AK)
- b. Non-specialist Case Outpatient Reference Ratio (RRNS)
- c. Ratio of Prolanis Participants Visiting Routine (RPPB)

Contact Rate is an indicator to find out the level of accessibility and utilization of primary services in FKTP by participants and the concern and efforts of FKTP for participants' health in every 1000 (one thousand) registered participants in FKTP in collaboration with BPJS Health. Non-specialist Case Outpatient Ratio

indicator is used to determine the quality of service in FKTP so that the referral system is organized according to medical indications and FKTP competencies. The third indicator the Prolanis Participant Ratio (Chronic Disease Management Program) Routine Visit to FKTP is an indicator to determine the continuity of chronic disease services agreed by BPJS Health and FKTP to Prolanis participants.

Each aspect of the indicator has its own fulfillment targets. The target of fulfilling the Contact Rate is  $\geq 150\%$ , RRNS of  $< 5\%$ , and RPPB of  $\geq 50\%$ <sup>5</sup>. Meeting these targets determines the amount of capitation received by FKTP. FKTP that reaches the service commitment indicator standard will get a maximum capitation payment.

Of the three aspects that are indicators of fulfilling commitments, Contact Rate is an aspect that needs more attention. As stated earlier the Contact Rate indicates the accessibility and utilization of health services in FKTP by JKN participants. In accordance with the agreement between the BPJS and the First Level Health Facilities Association the target of fulfilling the Contact Rate is at least 150 % (one hundred fifty per mile) every month. FKTP that has achieved such a score means that it is in a safe zone or in a safe condition, while the value of the Contact Rate below the target means it is in the unsafe zone<sup>5</sup>.

Contact Rate determines the amount of capitation payments FKTP receives. If the Contact Rate target and two other indicators are achieved, FKTP receives a capitation payment of 100% of the specified capitation norm. If the other two indicators reach the target, while the Contact Rate does not, FKTP receives a capitation payment of 95%. If Contact Rate and one other indicator are not safe, FKTP receives a capitation fund of 92.5%. FKTP will only receive a capitation fund of 90% if all indicators of service commitments are not met<sup>5</sup>. So, even though the target of the other two indicators is achieved, while the Contact Rate target is not, FKTP only gets a maximum of 95% capitation payments.

In this study, a descriptive comparison method used in the realization of the Contact Rate data with targets set through the Ministry of Health, including safe or unsafe categorization of the Contact Rate achievements.

### **Result and Discussion**

As of December 31, 2017, as many as 21,763 FKTP

throughout Indonesia had collaborated with BPJS Health and committed to provide quality primary services to 187,982,949 JKN participants. The FKTP covers Puskesmas, Primary Clinics, Private Practice Doctors, Primary Type D Hospitals, and Private Dental Practices<sup>6</sup>. Because it is included in the FKTP group the payment system to Pratama Clinic for services provided to JKN participants uses the capitation payment system. All provisions that apply to the capitation payment system apply to Pratama clinics, including KBKP payments. To get capitation payments the clinic must meet all three aspects of the indicators mentioned above. Achieving targets on these three aspects will result in maximum capitation payments (100%) at the clinic.

KBKP payments have been implemented since 2016 for 995 Puskesmas in 33 provincial capitals in Indonesia. Since 2017 the implementation has expanded, including Puskesmas (provincial capitals and other than provincial capitals), doctors' practices, pratama clinics, and type D pratama hospitals, except FKTP in remote and very remote areas. As of March 20, 2017, a total

of 483 districts / cities out of a total of 515 districts / cities (93.97%) have agreed to implement the KBKP. The implementation of KBKP payments at the Pratama Clinic, individual physician practice and Type D Pratama Hospital is done through an assessment of the fulfillment of service commitments every month, but the capitation adjustment has not been implemented until December 31, 2017<sup>6</sup>. Capitation adjustments began in January 2018.

Pratama clinics play a major role in providing basic health services in City X. Until 2017 as many as 101 Pratama clinics have worked closely with BPJS Health to succeed the JKN Program. Although new capitation adjustments were implemented in January 2018 the Pratama clinic in City X has already implemented the KBKP.

Based on BPJS Health data from Main Branch Office (KCU) of the City X the following is the achievement of Contact Rate in 25 pratama clinics in the City X region from April to August 2017.

**Table 1. Contact Rate from April to August, 2017 in 25 Pratama Clinics in the City X**

Period (Month)	Contact Rate				FKTP Total	
	Safe Zone (≥150%)		Unsafe Zone (<150%)			
	N	%	N	%	N	%
April	13	52	12	48	25	100
May	15	60	10	40	25	100
June	5	20	20	80	25	100
July	15	60	10	40	25	100
August	15	60	15	40	25	100

**Source:** Monthly Report from BPJS Health KCU Kota X, year 2017

The table above shows the achievement of the Contact Rate target at 25 Primary clinics in City X within a certain time period. Contact Rate is categorized into two conditions, safe and unsafe. Safe means the achievement is ≥ 150 per mile, while the performance is not safe <150 per mile. Contact Rate achievements appear to be volatile. From the table it is known that at least 40 percent of the 25 primary clinics in City X are in an unsafe condition. In fact, these unsafe conditions occurred in 80 percent of the clinics in June, 2017.

The data presented above is an each month achievement data. Meanwhile, annual data also shows similar conditions. Data on the number of participants and Contact Rate at City X's pratama clinic in 2017 from BPJS KCU City X Health revealed that 56% (n = 57) of Pratama clinics in City X who cooperated with BPJS did not reach the Contact Rate target (Contact Rate achievement <150 %). Only 44% (n = 44) clinics achieved the target (Contact Rate ≥150 %). This means that more than half of the Pratama clinics in City X are

in an unsafe zone of Contact Rate. This unsafe condition will affect the capitation funds received by the clinics. If Contact Rate is an unsafe position the clinic will not get a hundred percent capitation fund. One hundred percent payment will be obtained by the clinics if the Contact Rate and two other indicators are in a safe position.

Actually, in addition to the problem of capitation payments for clinics the low level of Contact Rate needs to be considered given the frequent accumulation and long queues of patients in the hospitals as reported by the mass media. In fact, FKTP is the first place JKN participants contact with health services and the filtering visits to FKTL. JKN participants must obtain health services in stages, except in certain circumstances such as medical emergencies.

A low level achievement of Contact Rate indicates the low utilization of health services by health insurance participants. The Contact Rate target ( $\geq 150\%$ ) was not achieved by more than half (56%) of Pratama clinics in City X in 2017. These findings indicate that although there is a JKN program in City X, health utilization is still quite low. The results of descriptive data processing show that although there is a national health insurance system the use of health services in City X is still quite low. This is not in line with the studies previously mentioned, including Sho-Hsia & Tung Liang<sup>1</sup>, Kondo & Shigeoka<sup>2</sup>, and Wang et. al<sup>3</sup> which shows an increase in health utilization due to national insurance programs in several countries (Taiwan, Japan, and China).

Therefore, this study requires a deeper argumentation in more detail about what factors will influence the utilization of health services by City X people. Factors that influence the use of health services are mentioned in the Andersen Model the Health Belief Model of Rosenstock<sup>7</sup>. Andersen's model divides factors that influence the use of health services into three major groups, namely predisposing, enabling, and need factors. Scheppers<sup>8</sup> also divides factors that can influence the use of health services into three groups, namely factors at the patient level, service providers, and the system.

Further research is needed considering the national health insurance system that has been implemented through JKN is estimated to only be one of the factors that determine the increase in the use of health services. In fact, it is possible for individual (demographic), socioeconomic, and individual perceptions to influence the use of health services.

Paudel et. al.<sup>9</sup> for example found that contributors to its use were education, family income, and knowledge. Adam and Awunor<sup>10</sup> reported that the use of health services was influenced by respondents' perceptions. Poor perceptions about services, namely inadequate staff, lack of drugs, high service costs, long waiting times, incompetent staff become a barrier to the use of services. Akerman et al.<sup>11</sup> research on the use of reproductive services found that the low use of health services is associated with less knowledge about health services. Ayers<sup>12</sup> found satisfaction, education, and gender influence the use of health services.

## Conclusion

Based on processed monthly data, at least 40 percent of the 25 pratama clinics in City X are in unsafe conditions. In addition, based on annual data 56% of pratama clinics in City X in collaboration with BPJS did not reach the Contact Rate target, only 44% of clinics achieved the target. This means that more than half of the Pratama clinics in City X are in an unsafe Contact Rate condition.

A low level achievement of Contact Rate indicates the low utilization of health services by health insurance participants. The Contact Rate target ( $\geq 150\%$ ) was not achieved by more than half (56%) of Pratama clinics in City X in 2017. These findings indicate that although there is a JKN program in City X, health utilization is still quite low.

This is not in line with the studies previously mentioned, including Sho-Hsia & Tung Liang (1997)<sup>1</sup>, Kondo & Shigeoka (2013)<sup>2</sup>, and Wang et. al (2018)<sup>3</sup>. Therefore, this study requires further argumentation regarding what factors will influence the utilization of health services by the City X people.

This research is useful as an input for pratama clinics in City X to seek to increase the number of JKN participants who come into contact with clinics, especially for healthy visits. The number of participants who contact will affect the Contact Rate. Contact rate that reach the safe level will make the clinic get maximum capitation funds.

**Ethical Approval:** Related departments should be assured about the confidentiality of the results of questionnaires.

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