

A Challenge of Universal Coverage to HIVAIDS Outpatients

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A Challenge of Universal Coverage to HIV/AIDS Outpatients

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Abstract: HIV/AIDS cases in East Java in 2016 were the largest (16.431) where the most AIDS cases took place in Indonesia. The National Health Insurance in Indonesia commenced on January 1, 2014. BPJS utilization for HIV/AIDS patients nowadays is still limited to inpatient service, whereas its utilization by the outpatients still reaches around 30%. The objective of this research was to analyze the level of BPJS utilization and its relationship with the level of HIV/AIDS outpatients' adherence. The method in this research was quantitative descriptive with a cross-sectional design. This research taken place in Dr. Soetomo General Hospital, the tertiary referral hospital in Indonesia, and the highest HIV/AIDS referral in East Indonesia. The population of this research was HIV/AIDS patients at Dr. Soetomo General Hospital Surabaya's Outpatients. The sampling technique used was purposive sampling. The results of this research showed that there were 31.7% patients who used BPJS to receive outpatient service at Dr. Soetomo General Hospital and that there was a relationship between health costs affordability and the level of patients' adherence. The respondents claimed that BPJS utilization was considered too demanding because there were tiers to benefit from it and which needed to be got through every month. It was expected that a particular policy on easy accessibility will be applied to get HIV/AIDS services from the hospital.

1 INTRODUCTION

Human Immunodeficiency Virus (HIV) is a virus infection which attacks human body's immune system. If a person who is infected with HIV shows some indications, then the virus will be called *Accrued Immune Deficiency Syndrome* (AIDS). The findings of HIV/AIDS cases are increasing in number, whether it is in Indonesia, East Java, or Surabaya (Health Office of East Java Province, 2015). In 2016, East Java was ranked first in the largest number of HIV cases in Indonesia. This situation makes the Ministry of Health Republic of Indonesia (Kemenkes RI) sets the decreasing degree of morbidity and mortality rates from HIV/AIDS as one of the targets of *Sustainable Development Goals* (SDGs) which are continuous on track targets up to now. The government has also regulated the problem of HIV/AIDS by declaring a Regulation of Ministry of Health Republic of Indonesia (Permenkes RI) No. 782/MENKES/SK/IV/2011 on Referral Hospitals for people living with HIV and AIDS (PLWHA) which appoints Dr. Soetomo General Hospital as the highest referral hospital for

PLWHA in the province of East Java (Ministry of Health Indonesia Republic, 2016)

HIV/AIDS disease is incurable; however it can be brought under control by taking anti-retroviral (ARV) medicine regularly for a lifetime. The result of a cohort study showed that morbidity and mortality rates would decrease if PLWHA regularly took ARV (Health Office of East Java Province, 2015). The same fact, HIV/AIDS was a chronic disease but of which when it was well maintained would give people living with HIV/AIDS (PLWHA) a quality of life as high as the one of people who were not infected by HIV's (UPIPI, 2015). This is proven by the dramatic drop in the degree of AIDS patients' mortality rate in the era of ARV.

The HIV treatment is applied by taking ARV medicine for a lifetime according to the type and dose prescribed by HIV service doctors. Indeed, this lifetime ARV consumption does require extremely high adherence. Patients' adherence is categorized into three based on how much ARV a patient needs to take according to their doctor's prescription, namely low <80%, medium ≥ 80-95%, and high adherence ≥ 95%. One main thing which the patients need to do to maintain the adherence improvement

and the quality of health is regularly going for a medical check-up as well as getting the ARV medicine once a month at the health centre they have chosen before. ARV medicine in Indonesia were free to achieve successful treatment in developing countries. But a few patients admitted that the obligation to pay a monthly visit to the health centre for a lifetime could be such a burden that sometimes they did not feel like doing it which then led to a follow up failure (patients did not show up again at the health centre for their scheduled following visit).

HIV/AIDS is a disease whose treatment falls into the domain of advanced health facilities (hospitals). A few patients preferred to go for a routine check-up at Dr. Soetomo General Hospital as the highest referral hospital, and which seems to have complete facilities suitable for the needs of patients who are exposed to opportunistic infections. Universal coverage was the key of success of SDGs (Ministry of Health Indonesia Republic, 2016). Since the commencement of National Health Insurance in 2014, according to an observation at Dr. Soetomo General Hospital, the BPJS membership utilization for HIV/AIDS patients nowadays has been limited to inpatients service, meanwhile for outpatients has not yet been optimally put on. On the other hand, both parties, hospital and patients, are in fact liable to benefit from outpatient service using BPJS. Therefore this research needed to be carried out to find out the degree of BPJS utilization which leads to the adherence level of HIV/AIDS outpatients in Surabaya.

2 METHODS

The type of this research is observational, quantitative descriptive with a cross-sectional research design. The population of this research was HIV/AIDS outpatients at Dr. Soetomo General Hospital Surabaya, who represented the general condition of HIV/AIDS patients in Surabaya. Patients at the hospital are an infinite population;

hence the formula used in sample calculation was proportional estimation method. The technique applied in sampling was purposive sampling. The stages in this research were respondents filling in a questionnaire on how they make payment and an observation into medical record documents on the level of patients' adherence.

3 RESULTS

The results of this research were as follows:

Table 1: Distribution of How the Respondents Make Payment

Underwriter	n	%
Personal Expense	41	68.3
BPJS	19	31.7
Total	60	100

It could be seen from Table 1 that there were 31.7% respondents who regularly visited Dr. Soetomo General Hospital's Outpatients Care Center using BPJS. This meant that the respondents preferred to make a personal expense rather than making use of their BPJS membership. As for the amount of expense in one regular visit to the hospital which the respondents paid is as follows:

Table 2: Distribution of Respondents' Expense

Amount of Expense	n	%
≥Rp 50,000	1	1.7
>Rp 26,000 – 49,000	6	10.0
≤Rp 25,000	53	88.3
Total	60	100

It could be seen from Table 2 that there were 88.3% respondents who admitted to spending ≤Rp 25,000 for their every visit to the hospital. The amount was considered affordable by the respondents. Meanwhile, the relationship between costs affordability and the level of patients' adherence is as follows:

Table 3: The Relationship between Costs Affordability and Respondents' Adherence Level

Categories	Adherence Level						Total		p	R
	A3		A2		A1		n	%		
	n	%	n	%	n	%				
Not Affordable	0	0	1	1.7	0	0	1	1.7	0.010	0.327*
Quite Affordable	2	3.3	14	23.3	24	40.0	40	66.7		
Affordable	0	0	2	3.3	17	28.3	19	31.7		

Information:

A1 : Adherence Level 1

A2 : Adherence Level 2

A3 : Adherence Level 3

It could be seen from Table 3 that there was a relationship between costs affordability and the level of adherence by the score of $p: 0.010$ and correlation coefficient of 0.327^* . This meant that the relationship was positive and significant, where the more affordable health costs were, the higher the patients' adherence level was.

4 DISCUSSION

BPJS is an institution that organizes National Health Insurance in Indonesia. Universal coverage providing a specified package of benefits to all members of a society with the end goal of providing financial risk protection, improved access to health services, and improved health outcomes. From the result of this research, data which showed that the respondents preferred to make a personal expense rather than making use of their BPJS membership (31.7%) were acquired. The reason behind this was the respondents would rather spend a small amount of money, that was $<Rp\ 25,000$, or $Rp\ 15,000$ to be exact, than undergoing a tiered referral process every month for a lifetime. The expense of $Rp\ 15,000$ was considered affordable by the respondents.

However, basically service costs affordability was not only related with one's income, other costs were also added to the list, for example transportation costs, retribution payment, and the loss costs when one paid a visit to the hospital. Included in the loss costs were the cost of being absent from work or the embarrassment one has to endure for visiting the hospital every month. The costs affordability in this research was the sum of the underwriter's expense, whether it is BPJS, private or company or personal insurance and the amount of costs one needed to pay when they made payment by personal expense. As discussed before, most of the patients made personal expense to get a treatment although they had BPJS. In their opinion, BPJS utilization was considered to be complicated because they had to go to the health facilities of first tier, second tier, then finally the third tier, which is Dr. Soetomo General Hospital. Fees charged to the patients to pay for the hospital retribution was $Rp\ 15,000$ and no charge for the ARV medicine. This is because the declaration of a government program about ARV medication. However, the patients sometimes came to the hospital along with a relative who was also infected by HIV, so that the fees paid exceeded $Rp\ 15,000$. This situation was in fact what burdened the patients because besides the fees there

were also transportation and consumption costs which in total could be up to $Rp\ 100,000$. The other research mentioned that one of the factors which hindered the adherence in taking ARV was the costs of treatment. High-cost and not affordable treatments would make the patients feel reluctant to visit the health facilities, and the other way around applied (WHO,2015; Sugiharti et al, 2014).

When related to the patients' adherence to take ARV medicine, costs affordability showed a positive and significant relationship by the score of $p: 0.010$ and correlation coefficient of 0.327 . Medication adherence of patients with chronic condition is highly important so that the factors which support patients' adherence must be optimized. Beside of cost affordability, incorporating a behavioural component to adherence interventions may increase potential efficacy of ARV (Dean et al, 2014). The purpose of ARV medication is to stop HIV virus from multiplying thus the immune system will improve. Eventually the viral load (the amount of a virus in the bloodstream) will decrease even to the level of undetectable and the other way around, CD4 cell will increase.

HIV/AIDS patients are obliged to go for a general medical check-up at least once every six months. The check-up includes complete blood test and CD4, as well as viral load once a year. As discussed before, there were patients who did not go alone when paying a visit to the hospital, but also along with some relatives which made the costs not affordable so that they needed BPJS. On the contrary, most of the respondents claimed that BPJS utilization was considered too complicated and demanding because there were tiers to benefit from it which needed to be got through every month. Therefore, an innovative health financing program, especially HIV/AIDS, which is one of the targets of SDGs. With this innovative program, universal coverage could be achieved effectively and efficiently. It is expected that a particular policy on tiered service will be applied to patients with a chronic disease, such as HIV/AIDS, who are obliged to visit the hospital once a month for a lifetime. One of the possible applicable policies is giving a longer time period on the referral letter from the first tier health facility so that HIV/AIDS patients do not need to get the letter every month. This becomes a mental burden for the patients because up to now HIV/AIDS disease carries its own social issue regarding stigma and discrimination (Schwartlander et al, 2011).

5 CONCLUSION

The results of this research showed that there were merely 31.7% patients who utilized BPJS to receive outpatient service at Dr. Soetomo General Hospital. HIV/AIDS patients preferred to make a personal expense because the costs were considered affordable. There was a relationship between costs affordability to visit the hospital and the level of patients' adherence. Therefore, a particular policy is needed in a form of easy accessibility for patients to get HIV/AIDS service in the hospital. The government needs arranged a budget to promotive and preventive programs to save the country's expenditure on HIV/AIDS. Because the cost of HIV/AIDS treatment was much greater than its prevention program.

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