

Patient Satisfaction of the Indonesian National Health Insurance (JKN) Implementation: A Literature Study

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Abstract: Indonesian National Health Insurance (JKN) is part of the Indonesian National Social Insurance System (SJSN) that was implemented under the social insurance obligation mechanism. The purpose is to comply with the public's basic health needs. It has been three years since JKN was implemented. The road map of JKN aims to ensure that 75% of patients are satisfied with the quality of the health facilities. The objective of this research is to report by way of a literature study on the patient satisfaction towards the Indonesian National Health Insurance (JKN). The secondary data was collected from *BPJS Kesehatan* and JKN publications, and other relevant studies. The quantitative data was descriptively analysed to explain the problem of the recent years' patient satisfaction to do with The Indonesian National Health Insurance implementation. The results showed that the level of patient satisfaction towards JKN is still lower than the target that has been set. To determine the consumer's expectations and perceptions of a service that is believed to represent service quality researcher mostly used the SERVQUAL Instrument. Various factors such as health facilities level, the type of health care, and resources also has an influence on the patient satisfactory rating towards the implementation of JKN.

1 INTRODUCTION

Based on the UN Declaration in 1948 on Human Rights, Article 25, paragraph (1) and the WHA Resolution of 2005 in Geneva, it is explained that each country needs to develop Universal Health Coverage (UHC) through social health insurance mechanisms to ensure sustainable health financing (World Health Organization, 2005). In response to this, in accordance with the 1945 Constitution of the Republic of Indonesia, article 28H and 34 stating that health insurance should be obtained by all Indonesian citizens to achieve equality and justice, Law No. 40 of 2004 of the National Social Security System (SJSN). SJSN is intended to provide a guarantee of the fulfillment of the basic needs of decent living for the participants and members of their families, including in relation to the health aspect that is through JKN.

JKN is a form of social security in the form of health protection, so that the participants can obtain health care protection benefits when meeting their basic health needs which are given to everyone who has paid their dues. JKN's Program is implemented by a legal entity of the Social Security

Administering Body (BPJS) established as the organiser of the national guarantee program.

JKN is nationally organised under the principles of social insurance and equity principles. Through the principle of social insurance, JKN membership is mandatory for the entire population. With this principle, it is hoped that there will be mutual cooperation between the participant that has a disease risk from the healthy population to the sick population and the risk of big health expenditures from the rich to the poor. Thus, it will support the implementation of the equity principle (similarity in obtaining services in accordance with the medical needs), so that no more people encounter obstacles, especially financial barriers, when it comes to accessing health services.

JKN programs classifies the participants into three categories: Beneficiaries of Contribution (PBI), Wage Workers, and Non-Wage Workers. PBI is a poor and inadequate group, so the contributions are paid by the government. Wage workers are people who work and receive regular wages such as civil servants, military/police, and private employees. Non-Beneficial Workers Wages are self-employed/self-employed workers, so they must

register themselves and their family members voluntarily.

Implementation of JKN or social insurance is new for the people of Indonesia. Although the regulation has been established since 2004 (SJSN Act), 2011 BPJS replaces the old social security institutions, and by 2014 BPJS is enacted, education / provision of information related to JKN is still lacking. This can be seen in the tendency of people who do not understand the flow of JKN participation including the obligations and benefits gained. Until now the problem has always appeared in the form of a deficit BPJS budget. This is because residents do not regularly pay dues and more and more citizens who come to get free treatment.

2 METHOD

The author has used the literature study method to analyse the patient's satisfaction towards the Indonesian national health insurance's (JKN) implementation. The objective is to know whether or not the patients are satisfied with the implementation of JKN by reviewing and summarising the relevant publications and journals. Data was collected from BPJS Kesehatan and JKN publications, and google scholar using keyword: satisfaction; implementation; BPJS; JKN; and patient. The quantitative data was descriptively analysed to explain the problem of the recent years' patient satisfaction to do with The Indonesian National Health Insurance implementation.

3 RESULT

Since January 1st, 2014, the JKN Program has been officially implemented. This program is expected to provide many changes to the health system in Indonesia, such as financing management, health service management, information management, cross-sector coordination, and others. Furthermore, the system is also expected to affect other aspects beyond the health system itself, such as economic aspects, business aspects, employment aspects and wage aspects. This is in addition to the aspect of poverty reduction and social protection and up to the aspect of data collection and the recording of the population.

The participants of JKN as of January 1st, 2014 are participants of the health insurance programs that are transferred directly to the JKN program. The

health insurance program is a form of social security provided by the government for civil servants (Jamkesmas, Askes PNS, Health Insurance TNI/POLRI, and JPK Jamsostek). From that moment onwards, BPJS Health opened up registration for every citizen who wanted to register with JKN. BPJS Health estimates the number of participants of JKN as of January 1st, 2014 as being as much as 48.2% of the total population of Indonesia, or as many as 110.4 million people.

To achieve quality and sustainable health insurance in the National Medium-Term Development Plan (RPJMN) 2015-2019, the government targeted BPJS participants to increase to cover as much as 95% of the population and for the participants of PBI to increase to as many as 107.2 million inhabitants. Until 2016, the number of participants increased to 50.9 million people from January 2014. Coverage as per 2016 reached 67.6% of the total population, out of 180 million people.

In addition to participation, to optimise the services to the community, BPJS cooperates with health facilities in Indonesia. By 2016, BPJS has successfully expanded its cooperation with approximately 25,000 healthcare facilities consisting of 19,969 first-level health facilities (Puskesmas, Practice physicians, and primary clinics), 1,847 hospitals, 2,813 supporting facilities (pharmacies and optics) and others.

4 DISCUSSION

With the momentum of the changes in the BPJS Health management positions in 2016-2021, BPJS Health established three main focuses as a continuous step forward for implementing the JKN program, which is sustainable financial management, service stabilisation, and the optimisation of the mental health revolution. The second focus, the stabilisation of the services, is in order to improve the satisfaction of all *pesetas*. At the beginning of 2014, the BPJS health target was that the participants' satisfaction should reach 75%. This target has continued to increase along with efforts to improve the health care system. The next target is in 2019; it is expected that the Participant Satisfaction Index can reach 85%. According to the data from BPJS, the achievement of participant satisfaction in 2016 was 79% of the 156.7 million participants of BPJS. Compared to the 2014, the achievement of JKN participants' satisfaction is considered to have increased, which is interpreted as

being the hope of the community to continue being in the JKN program.

Patient satisfaction in the implementation of JKN cannot be separated from public complaints about the services provided. The majority of complaints are in the form of queue length or the difficulty in getting hospitalisation. There are at least tens of thousands of complaints related to the services provided.

A study was conducted on the customer gaps or inappropriate service expectations that were obtained by patients to do with the services received at RSAL by Dr. Ramelan Surabaya. Using these analyses, the difference between the services that impact on patient satisfaction can be seen (Handini and Chalidyanto, 2015). The majority of the patients showed very high service expectations to do with the BPJS services, especially in terms of communication and empathy. According to a study on the four types of first-rate health facilities (Puskesmas, Government Clinic, Private Clinic, and General Practitioner) in Denpasar City, the satisfaction level is still lower than the JKN target of 69.59% (Widiastuti, et al., 2015).

There is a significant correlation between hospital service quality and patient satisfaction level for BPJS (Putri, et al., 2014). Therefore the improvement of good service from the indicator of service quality, human resources, and hospital facilities needs to be done by each health facility to be able to increase patient satisfaction back to BPJS. Factors that many complained about include the lack of physical facilities and the abilities of the health workers. At Udayana Level II Hospital, for example, some of the third classrooms have not been equipped with barriers so that the patients are less comfortable.

The main factors causing patient dissatisfaction are the lack of hospital physical facilities such as patient seats and beds, the long service waiting time, and poor service complaints (Larasati, 2016). It can also be found in RSUD Panembahan Senopati Bantul that the patient's satisfaction is less because of the obstacles to do with the services including the lack of human resources in the registration section, the lack of integration of hospital information systems, and the poor implementation of referrals (Firdaus and Dewi, 2015). Low satisfaction levels have also been found in Makassar. The number of unsatisfied patients to do with hospital services is still high, so the implementation of JKN in Makassar is still in receipt of a lot of complaints. The main complaints that are dirty inpatient rooms and no

explanation from the doctor or pharmacist related to the consumption of drugs (Pasinringi, et al., 2015).

However, unlike the results of the research conducted in hospitals, the research on patient satisfaction at Puskesmas showed good results. Patients who received health services at Puskesmas were considered to be more satisfied. From the research that was conducted, as many as 51.9% expressed satisfaction towards the health service at Puskesmas Tuminting Manado Gaghana, 2014). A similar statement was found at Tegal Angus Tangerang Community Health Centre in which the patients were satisfied with the majority of the services provided (Yusnita and Widianti, 2017).

This study may have several shortage considered by limitation of author capability. The lack comes from basic data that used. The secondary data that used were not covering all open-sources journal sites. Beside that obtained/used journal is chosen merely using keyword: satisfaction; implementation; BPJS; JKN; and patient on google scholar website.

5 CONCLUSIONS

Since it was implemented in 2014, the national insurance system of Indonesia JKN has been frequently criticised. This cannot be denied because the insurance system is not widely known by the people of Indonesia, especially people with a middle-level income. Many complaints have been reported either by the media or through research studies. It is necessary to measure patient satisfaction on the implementation of JKN as it has been running for four years. The government itself has implemented an 85% satisfaction target for 2019. To achieve this, it is necessary to improve and cooperate efforts among the health services so as to improve the quality of health services that impact on patient satisfaction towards BPJS.

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