

E-Hope Application as an Innovative System for Health Policy Evaluation: Possibilities and Challenges

Firrizqi Krisdila Fauzi

Faculty of Public Health, Universitas Airlangga, Mulyorejo, Surabaya, Indonesia

firrizqi.della@yahoo.com

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Abstract: Health is one of the most important things in daily life. Health care facilities should provide maximum health services to improve public health status and be affordable to all citizens. National health insurance is one way to access health services. It is implemented as The Social Health Insurance Agency (Badan Penyelenggara Jaminan Kesehatan Nasional). However, there are still many complaints and management problems such as bureaucracy, registration and payment. Hence, national health insurance needs to be evaluated. The aim of this study is to create an application system that can measure the success of the associated policies. A literature study is the method which has been used in this study. There are three factors that can be used to measure the success of a policy. These are the degree of compliance, smoothness, lack of disruption, leading to the desired performance and impacts. e-Hope would be an innovative application system that contains the above factors to measure health policies. This system provided a forum to share, monitor, evaluate health national insurance policy for primary, secondary, tertiary health care, community, and government. Furthermore, the top alternative solutions will be displayed in the system. It can be used to suggest improvements for national health insurance.

1 INTRODUCTION

Health is an important thing in life. Health care services need to be improved and developed continually. Improving and developing health services should include developing health care facilities, strengthening the referral system, instituting accreditation and standards for medical care to maintain standards at health care service facilities, improving human resources in health care, developing the pharmaceutical and medical device sectors, drawing up standards and costs of health care rates, and introducing relevant regulations. Furthermore, health policies have to be obeyed by all of the health care facilities to maximise their services to the citizens.

Every citizen who live in Indonesia have to apply for National Health Insurance (NHI). This insurance is conducted based on social insurance principles, equity and includes promotive, preventive, curative and rehabilitative programmes. This insurance system is managed by Badan Penyelenggara Jaminan Kesehatan (BPJS). Team for the Acceleration of Poverty Reduction (2015) said that even though National Health Insurance (NHI) has to

be followed by all Indonesian citizens, but approximately 36.8 percent people do not yet have any form of health coverage. It includes those who work in the informal sector although they consume more than they earn. If they are sick, they will have lost their productivity and began a possible descent into poverty. It can be concluded that participation in National Health Insurance programmes still does not cover all of the people it intends to assist. The government makes sure that all people pay only a small proportion of their health care costs.

The National Health Insurance (NHI) Policy has to be evaluated in order to improve the implementation of the insurance system. There are three factors that can be used to measure policies. These three factors are the degree of compliance level, smoothness/lack of disruption to a policy or the smooth implementation of the functional routine leading to desired performance and the impact from leading performance and the desired implementation impact (Ripley and Franklin, 1986). Each factor has some indicators which can be used as a measurement of policy implementation.

These factors can be described below:

1. Degree of compliance level

Success must be measured by the level of compliance from the subordinates in the given bureaucracy or with a level of compliance to the part of the bureaucracy in general in relation to the special mandates contained in law. The compliance perspective only talks about bureaucratic behaviour.

2. Smoothness/Lack of disruption for any disruption to a policy or the smooth implementation of the functional routine

The existence of smoothness and lack of interference means that this perspective reminds us of what we have observed about policy implementation. Usually the success of the implementation will generally only be in the arena of distributive and competitive regulation.

3. Leads to desired performance

Successful implementation leads to the desired performance and impact of the program being analysed. First, there is no way around the fact that the desired outcome is not objective, and that the concept is neutral. Desire is associated with values held by one or more people. In some cases, almost all related sides may agree on the desired performance traits and the impact. In other cases, the actors tend to disagree. An analysis of the implementation should be conducted when there is a value conflict, to become more aware of the specifics of the conflict and to calculate the conflict itself. This means that the analyst can judge the success of several different value perspectives (including his own, as long as it is clearly labelled) at the same time. And, depending on the content of their perspective, the same program's implementation can be labelled a success from one perspective and a failure from another.

Second, program impact is a very complicated concept. There are different levels of impact, and impacts can take very time long time to appear. Consider development programs for local health centres, for example. Using or not using the patient as a measurement centre, this is just one direct example.

Policy is a law, regulation, procedure, administrative action, incentive or voluntary practice of governments and other institutions. Policies can influence complex systems that can improve the health and safety of population. Regulation is implemented at all levels. Policy evaluation applies evaluation principles and methods to examine the content, implementation or impact of a policy (CDC,2011)

Evaluation is the activity through which we can develop an understanding of the merit, worth, and utility of a policy. Policy evaluation uses a range of

research methods to systematically investigate the effectiveness of policy interventions, implementation and processes, and to determine their merit, worth, or value in terms of improving the social and economic conditions of the different stakeholders (CDC,2011)

The implementation of National Health Insurance (JKN) by BPJS has received many complaints from citizens. The citizens' have complained about bureaucracy, registration, a long queue system as well as payment-related problems. The aim of this study is to create an application system that can measure the success of policies.

2 METHOD

This study used a literature study as a research method. The data obtained has been presented descriptively so as to show the study underlying the idea. The results and studies have been further developed and applied. The techniques of collecting data are to do with information related to social health insurance, BPJS, barriers in BPJS and application systems. This information was obtained from various items of literature such as scientific journals, the internet and relevant publications. After doing the research and data collection, it will be explained further to solve the problems discussed. The issues discussed are barriers in the health insurance system in Indonesia, as well as the evaluation of the national health insurance system policies through applications.

3 RESULT

From the literature study that has been done, it is necessary to measure the success of health policies especially the National Health Insurance (NHI) Policy. One innovation that can be developed is to create an E-Hope (Health Insurance Policy Evaluation) application. This innovation is an idea or concept that can be developed. In addition, to measure a policy, this application must contain three indicators. The indicators used are the degree of compliance level, smoothness/lack of disruption for any disruption to performance and impact. Furthermore, this system is expected to be a suggestion for the government to help them to improve the implementation of NHI and other health insurance policies.

4 DISCUSSION

An evaluation is an activity that contains the consideration of the value of a phenomenon. Public policy evaluations are divided into two; namely the outcomes of public policy implementation that refer to the policy objectives and the process of public policy implementation (Mustopadidjaya, 2002). The process of public policy implementation refers to an evaluation based on implementation and technical guidelines. According to Team for the Acceleration of Poverty Reduction (2015), the government of Indonesia launched National Health Insurance (NHI) or known as Jaminan Kesehatan Nasional (JKN) in Indonesia, which aims to protect the Indonesian public from the shock of sudden health crises. NHI/JKN is being implemented in stages, intending to provide universal health coverage to the population by 2019.

The health insurance system in Indonesia needs to be evaluated to overcome the existing barriers and to increase the effectiveness of the program. National Health Insurance (NHI) can be used for using health services in health care facilities. In accordance with the research that had been conducted by Marisah (2016), participants of BPJS could choose first level health care facilities that are in cooperation with BPJS Health. In the implementation of National Health Insurance/Jaminan Kesehatan Nasional (NHI/JKN), there are many obstacles that have arisen. Besides that, a research that had been conducted by Putra (2014) mentioned the obstacles that existed during the implementation of NHI/JKN including the delayed disbursement of claims, the difference in the value of service tariffs, information technology that often experiences disturbance and a lack of human resources. This is in line with the research that had been conducted by Andita (2016), where the factor of delay in claims was a health insurance barrier.

An application system called e-Hope will be made to evaluate the national health insurance policy. The design of this application innovation idea is based on the Ripley and Franklin Theory which includes three aspects. There were some research that using Ripley and Franklin Theory. The research that had been conducted by Putra (2014) stated the successfulness of NHI/JKN policy implementation using Ripley and Franklin Theory. Another research that using that theory is a research that had been conducted by Subadi (2013). The successful of a policy will be easier if there is an application that provide measurement of policy evaluation. So, this application aims to measure the

success of a policy from three aspects. Those are degree compliance, smoothness/lack of disruption and impact.

In spite of evaluating policy, this application can also support the National Health Information System in the future. It needs both human resources and the facilities to support it. It also includes a procedure to run the application. A research that had been conducted by Isnawati et.al (2016) stated that there were many challenges about Health Information System from the input such as procedure and form; the process needed a dependable human resources and the good quality data as an output. The better input and process of health information system, the better outcome would be seen.

This application will need human resources, facilities to support it and a procedure to run the application. The internet will be used to access the application. Because of its function, it will make this application can be accessed or connected by thousands of computer networks worldwide. Besides that, this application system contains forums to share, monitor and evaluate that can be accessed by health experts or the leaders of the health care facilities in Indonesia. They have to fill in three aspects of the application.

The first aspect to be filled in is the degree of compliance. The fulfilment of the requirements becomes the first indicator to be seen in this aspect. This indicator looks at whether the health care facilities already have an MoU with BPJS so that it can manage both parties. The MoU itself refers to the Regulation of Indonesia Health Ministry No 28 2014 on Guidelines for Implementation of the National Health Insurance Program (Peraturan Menteri Kesehatan RI No 28 Tahun 2014 tentang Pedoman Pelaksanaan Program Jaminan Kesehatan Nasional). The MoU must contain health services, health care facilities that organise people, the benefits guaranteed in JKN and the procedures for obtaining health services in Advanced Healthcare Referral Facilities. The second indicator in compliance is claims reporting. The submitted claims must be verified by the BPJS as a verifier in order to verify the admittance of service responsibility. The health experts have to fill in the indicators by way of a checklist which has been made previously.

The second aspect is smoothness/lack of disruption. The current implementation of the routine functions can be seen from within the existing processes of the health services. The speed of the health services provided to the health care patients shall be made in accordance with MSS and

SOPs as established by the government. The health services provided are divided into two such as outpatients and inpatients. It can be seen from the checklist of each component of MSS whether the health care facilities have been fulfilled or not.

The last aspect is the desired impact. The desired impact is the end result to see whether the policy is appropriate or not. The first indicator is the level of patient satisfaction that can be seen from the existing complaint box or the pre-prepared questionnaire. The second is the income surplus for the health care facilities. In each health care facility, there will be seen the level of acceptance and expenditure during the health services. If a surplus is there, then it can be input in to this application. After these three aspects have been filled in, then can the success of the implementation of health insurance system policy can be seen. This system may be used by trained health personnel, administrations or third persons. There is a forum between health facilities which will mean sharing the obstacles that exist there. Each expert's solution will be shared. The most alternative solution to overcome the obstacles of NHI/JKN implementation will be shown so that the government or BPJS can use this application to see the obstacles that exist in each of the health care facilities and suggested solutions from the expert.

5 CONCLUSIONS

E-hope would be an innovation system idea that can evaluate health policies. This system provides a forum to share, monitor and evaluate national health insurance policies in all of the health care facilities. Furthermore, this system can be suggested to improve the national health insurance system and policy.

REFERENCES

Andita, Wenny, 2016, Implementation of Badan Penyelenggara Jaminan Sosial (BPJS) Health at Regional Public Service Agency Regional Hospital I Lagaligo East Luwu (*Implementasi Kebijakan Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan di Badan Layanan Umum Daerah (BLUD) Rumah Sakit Daerah (RSUD) I Lagaligo Kabupaten Luwu Timur*). Undergraduated Thesis (Skripsi) Hasanudin University.

CDC, 2011, Office of the Associate Director for Policy. Definition of policy, Available in www.cdc.gov.

Isnawati, Khairina., Eka Nugroho and Lutfan Lazuardi, 2015, Implementation of Generic Regional

Health Information System in Gambut Primary Health Care, Banjar Regency (*Implementasi Aplikasi Sistem Informasi Kesehatan Daerah (SIKDA) Generik di UPT. Puskesmas Gambut Kabupaten Banjar*), *Journal of Information Systems for Public Health Vol 1 No 1*.

Marisah, 2016, Implementation of Regulation Badan Penyelenggara Jaminan Sosial No 1 of 2014 on the Implementation of Health Insurance in Samarinda City. (*Implementasi Kebijakan Peraturan Badan Penyelenggara Jaminan Sosial Kesehatan No. 1 Tahun 2014 tentang Penyelenggaraan Jaminan Kesehatan di Kota Samarinda*). *Journal Ilmu Pemerintahan Volume 4 No 2*, Available from ejournal.ip.fisip-unmul.

Mustopadidjaya, AR., 2002, Manajemen Proses Kebijakan Publik, Formulasi, Implementasi dan Evaluasi Kinerja, LAN, Jakarta.

National Team for the Acceleration of Poverty Reduction, 2015, The Road to National Health Insurance (JKN), National Team for The Acceleration of the Poverty Reduction, Jakarta, Available from www.tnp2k.go.id.

Putra, Wahyu Manggala., 2014, Analysis of National Health Insurance Policy Implementation at South Tangerang City General Hospital in 2014 (*Analisis Implementasi Kebijakan Jaminan Kesehatan Nasional di Rumah Sakit Umum Kota Tangerang Selatan Tahun 2014*), Undergraduated Thesis (Skripsi) Islam Negeri Syarif Hidayatullah University.

Regulation of Indonesia Health Ministry No 28 year 2014 on Guidelines for Implementation of the National Health Insurance Programme.

Ripley, Randal B. and Grace A Franklin, 1986, Policy Implementation and Bureaucracy, The Dorsey Press, Chicago.

Subadi, 2013, Implementation of Haj Service Policy at the Office of Religious Affairs Ministry of Bintan Regency of Kepulauan Riau Province (*Implementasi Kebijakan Pelayanan Haji pada Kantor Kementerian Agama Kabupaten Bintan Provinsi Kepulauan Riau*), Undergraduated Thesis (Skripsi) Terbuka University.