

Analyzing *Kartu Indonesia Sehat*: A Review Based on Implementation Programs

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Abstract: Quality and proportional health care is a dream for every Indonesian, because it is closely related to one aspect of basic human needs fulfilment. In addition, the commitment of the service providers, especially in the Sempaja Urban Village of Samarinda in supporting the implementation of government programs through *Kartu Indonesia Sehat* (KIS). The commitment is realized with the ease in the process of making KIS, but there are still some commitments that have not met patient satisfaction between service quality and KIS system offered to the community. In addition to commitment, community perceptions related to the KIS program to establish the health of the main thing for humans can be emphasized in the community that KIS is a health insurance that acts as a preventive effort. In the selection of Sempaja urban village of Samarinda on healthy card analysis Indonesia as one form of distribution of health programs outside Java Island.

1 INTRODUCTION

1.1 History of Development of Preventive Efforts in Indonesia

The development of public health in Indonesia is divided into three periods namely pre-independence era, the era of independence, and the development of health promotion in Indonesia. In the pre-independence era of 1851 preceded by the establishment of a school doctors in Batavia Java named STOVIA and in 1888 in Bandung established the centre of the Medical Laboratory. The next period is the era of independence. The era of independence is divided into pre-reform and post-reform. In pre-reformation in 1951 has been introduced the concept of Bandung plan. The concept is a service concept that combines curative and preventive services. Year 1967 The concept of Bandung plan continues to develop into the concept of Primary Health Care (*Puskesmas*) so that in 1968 the concept of *Puskesmas* formed on type A, B, C set in the national health work meeting. While in the post-reformation formed JPS-BK program for the poor citizen. Furthermore, the last period is the development of health promotion. At this time there has been a village community health development program, a professional improvement of personnel

through Health Educational Service (HES) program, there are UKS program in elementary school, the formation of *Posyandu* (Arif, 2016).

1.2 Social Health Insurance (*Jaminan Kesehatan Nasional-JKN*)

Social insurance is a mandatory collection mechanism of participants, which is useful to provide protection to participants for the socioeconomic risks that affect them and / or their family members (UU SJSN Number 40 Year 2004). The mechanism has procedures for the implementation of Social Security program by BPJS Health and BPJS Employment. While social security in question is a form of social protection to ensure all people in order to meet basic needs of decent community life.

So it can be concluded that Social Security Insurance (JKN) which is developing in Indonesia is part of National Social Security System (SJSN). Based on Law number 40 Year 2004 states that SJSN is conducted through a mandatory social health insurance mechanism. It is intended for all Indonesians to be covered under the insurance system and to meet basic public health needs⁵.

1.3 *Kartu Indonesia Sehat* Program

Health is the main thing and become one of the sectors that can affect the sustainability of other sectors. This is because the health must be met by the livelihood of many people in nation and state. In UU RI Number 36 Year 2009 states that health is a human right and one of the elements of welfare that must be realized in accordance with the ideals of the Indonesian nation. This statement can mean that everyone has equal rights in the effort to maintain and improve health degree, one of them through health services organized by the government based on non-discriminative, participatory and sustainable principles.

Health services that have been implemented by the government one of them is the existence of *Kartu Indonesia Sehat* (KIS). KIS is a card that has a function to provide health insurance to people who have a non-discriminatory principle in the handling of health. The principle of non-discrimination in the sense that the recipients of KIS do not require administrative difficulties for the poor in accessing the card although they do not have complete data and still get service at the first level or advanced if in an emergency, so that can be said KIS aims to lighten the burden the poor on health. In addition KIS will be given to members of National Health Insurance or *Jaminan Kesehatan Nasional* (JKN) so as not to shift the system JKN, while the implementation of KIS has been channelled to poor families who receive JKN dues as much as 86.4 people and still be covered by *Kartu Indonesia Sehat* (KIS).

2 METHODS

In this study using literature review that is with other research materials obtained from reference materials to be the basis of research activities by understanding the issues under study, including problems implements JKN-KIS Program in improving the welfare indicators of the community in terms of health.

3 RESULTS

In the process of making and administrative process *Kartu Indonesia Sehat* (KIS) in the administrative scope of South Sempaja Urban Office quite easy (Arif, 2016). The first thing to do is that participants are required to make a Social Insurance Card or *Kartu Perlindungan Sosial* (KPS). The process of

making KPS is by applying or get recommendation from the village leaders. After obtaining a cover letter or application file will be forwarded to the sub-district office for follow-up by the village and then the application file will be sent to Post Office. The purpose of sending the application file is to make 3 cards, one of which is making *Kartu Indonesia Sehat*.

One of the most important elements of KIS services is the provision of basic health services such as *Rawat Jalan Tingkat Pertama* (RJTP). Health services including RJTP have several substances including examination and treatment handled by general practitioners as well as by dentists, family planning services, maternal and child health and diagnostic services. The provision of some substances contained in the RJTP is also directly proportional to the supporting facilities that have been provided by the government in the scope of *Puskesmas* of South Sempaja Sub-district. This is evidenced by the supporting facilities in the form of *Puskesmas* rooms in accordance with their respective utilities and the provision of complete medical equipment. Supporting facilities in the form of the provision of room and complete medical equipment can be seen from some substance or poly contained in the scope of *Puskesmas* such as examination of dentist serves special action in dental patients only, contraception services and child and maternal health services include special services of mothers and children with diagnoses of certain diseases, as well as providing referral letters if the patient experiences an emergency and the ability and capacity beyond the scope of the *Puskesmas*. At the service of *Puskesmas* in South Sempaja Sub-district, it is proved that the application of KIS to RJTP has fulfilled the public welfare indicator with the RJTP implementation in accordance with the SPM.

The next section Emergency Unit service can be used by users of *Kartu Indonesia Sehat* (KIS) in times of emergency situations such as accident. On one of the informants KIS users tell the experience related to the emergency that had happened ie an accident. Handling emergencies can be rushed to the ER directly and get medical action in the form of wound care. In addition to medical treatment, other services are also given in the form of prescription drugs. In the statement can be seen that the Emergency Unit service on KIS users have been in accordance with the basics and act in accordance with applicable rules. This is in accordance with Indonesian Republic Law Number 36 Year 2009 section of health service article 53 that the implementation of health services should prioritize

the safety of patient's life compared to other interests so that it can be interpreted that the meaning of patient's life safety covering health services individuals and families for the healing process to restore health (Health Office, 2014).

4 DISCUSSION

Based on the description related to the implementation of KIS in South Sempaja Village Office and health service there is easy access to making Healthy Indonesia Card. Prospective KIS users only follow the path that has been determined by first requesting an application or later of introduction from the village device and then the introductory letter will be returned to the village office and immediately followed up by the authorities of the village. The ease of making the KIS or the system contained in the KIS program becomes a positive trend for health insurance providers in a country including Indonesia. This is apparent from the index of satisfaction of health insurance participants who fall into the high category that is equal to 78.9%. The achievement of the positive trend was also followed by the increase of JKN-KIS program participants to 156,790,287 million. This achievement is in line with the expectation of the Indonesian government targeting the increase of Indonesian society in JKN-KIS ownership by 2020. It is also proven by the government-funded free health guarantee fund in 2015 reaching 57.08 Trillion.

Implementation of health services is the provision of basic health services *Rawat Jalan Tingkat Pertama* (RJTP). Health services including RJTP have several substances including examination and treatment handled by general practitioners as well as by dentists, family planning services, maternal and child health and diagnostic services. It is also supported by the data that health insurance has cooperated with 19,969 Primary Health Care and 1,874 Hospital and with 2,813 Supporting Health Facilities such as pharmacies, optics and others. The provision of health facilities makes the existence of JKN-KIS can be utilized by the community in the process of restoring their health condition. Utilization of health services is seen from the amount of community visits as much as 100.62 million in the primary health care (*Puskesmas*, private doctors, primary clinics), 39.81 million advanced outpatient visits (Hospital Polyclinic) and 6.31 million inpatients advanced level (hospital).

At the achievement of the JKN-KIS era which is considered positive between the program objectives and the implementation system does not mean that JKN-KIS has been running in the right path or not have a negative trend for a repair. Some things that still occur in the JKN-KIS program that still cause dissatisfaction KIS participants such as long queue in general policemen, want to perform operations until related to the availability of competent health personnel and must meet operational standards. The problem must be improved immediately in order to maintain the positive trend of JKN-KIS service to better support the welfare of the community in terms of health.

The existence of the JKN-KIS program in addition to curative and rehabilitative efforts, also emphasizes promotive and preventive efforts. This has been supported by the provision of health-free funds amounting to 99.39 billion. Health service activities related to promotive and preventive efforts include health counselling, family planning, routine immunization, health screening for disease risk detection to prevent the continued impact of the risk of a particular disease. Nevertheless, the ownership of JKN-KIS slightly shifts the healthy paradigm to the sick paradigm. This is evidenced by the existence of data mentioning 6.31 million inpatient cases so that it can be said with the existence of JKN-KIS healthy behaviour for prevention before illness should still be cultivated and not true if JKN-KIS ownership make life behaviour becomes arbitrary regardless of health. Healthy paradigm must keep going straight with the aim of JKN-KIS program that is improving welfare indicator for society.

5 CONCLUSIONS

Quality and proportional health care is a dream for every Indonesian, because it is closely related to one aspect of basic human needs fulfilment. This is realized with the JKN-KIS Program with ease in the health care system. Nevertheless, the existence of JKN-KIS must also go straight with a healthy paradigm to realize the welfare improvement for the community.

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