

Factors Related of Changing First Level Health Facilities (FKTP) on JKN Mandiri Participants in Denpasar City

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Keywords: Factors, Changing, FKTP, JKN Mandiri, Denpasar.

Abstract: The desire to change first health level facilities (FKTP) is a form of patients dissatisfaction and will be a step on the loyalty of patients in utilizing health services. In 2016, there was a significant increased of participants JKN Mandiri who made the change FKTP on June is 453 peoples to become 504 peoples on November in 2016. Based on interviews with BPJS Kesehatan Denpasar obtained data regarding the complaints of JKN participants in Denpasar City include services that are less friendly, less informative, long queues, rejection of patients outside the region and unserved patients for treatment outside working hours FKTP. The purpose of this study is to know factors related of changing FKTP on JKN Mandiri participants in Denpasar City. The design of this study used crosssectional analytic with sample size is 108 peoples. The sampling technique was done by consecutive sampling at several FKTP in cooperation with BPJS Kesehatan in Denpasar City. The data was collected by questioner and analyzed by univariate, bivariate (*chi-square*) and multivariate (*regresi logistic*). Based on the result of mutivariate, there was a correlation between facility availability ($p = 0,005, 95\% \text{ CI} = 2,05-56,57$), waiting time ($p = 0,000, 95\% \text{ CI} = 5,98-233,68$), distance ($p = 0,000, 95\% \text{ CI} = 3,66-51,92$), moved residential ($p = 0,022, 95\% \text{ CI} = 1,34-43,01$) and service of doctor ($p=0,005, 95\% \text{ CI}=2,02-55,32$) with the intention to change FKTP. While the most dominant factor on the desire change FKTP is waiting time ($p = 0,000$ and *Adjusted OR* = 37.38). For the FKTP side, it is better to improve the quality of service provided to JKN participants and for BPJS Kesehatan can increase the assessment of FKTP which cooperate with it in terms of FKTP credentialing and recredentialing.

1 INTRODUCTION

The First Level Health Facility (FKTP) is a facility that provides primary health care for JKN participants, including Puskesmas, Doctor Practice, Dental Practice, Primary Clinic, and Class D Pratama Hospital. First-Level Health Facility (FKTP) will be used by JKN participants to conduct first-time treatment (BPJS Kesehatan. 2014). BPJS Kesehatan also facilitates for JKN participants who wish to change FKTP, with a minimum requirement of having to walk 3 months since registered in previous health facility. With the existence of these rules, in fact many JKN participants who want to changing FKTP.

Based on the data of BPJS Kesehatan Denpasar participants who perform changing FKTP more dominated by participants JKN Mandiri. According to data from BPJS Kesehatan Denpasar there was a

significant increase of participants JKN Mandiri in Denpasar City who made the changing FKTP in June as many as 453 people and become 504 people in November 2016 (BPJS Kesehatan Denpasar, 2016). This situation indicates lack of quality of service provide by FKTP that impact on satisfaction of JKN patient. Based on interviews with BPJS Kesehatan Denpasar, JKN participants in the Denpasar City mostly complained about services that are less friendly, less informative, long queues, rejection of patients outside the region and unserved patients for treatment outside FKTP working hours. This is an indication of problems in satisfaction of JKN patient.

Research by Widiastuti (2015) also states that there is a significant relationship on the type of FKTP selected with the satisfaction of JKN patients. Dissatisfaction of patients or communities in using health services tends to lead to non-compliance of patients in treatment activities, not following advice

and moving to other FKTP (Pohan, 2006). From preliminary study by interviewing 50 JKN participants who had been changing FKTP in BPJS Kesehatan Denpasar found that, there are several factors influencing FKTP movement such as: distance to FKTP, doctor service at FKTP, facility available at FKTP, service time in FKTP, waiting time to get service at FKTP, and moved residential. The purpose of this study is to determine the factors associated with the desire to change FKTP on participants JKN Mandiri in Denpasar City.

2 METHODS

This study is a quantitative analytical research with cross-sectional design. This study was conducted for 3 months (March-May 2017) in Denpasar City. This study using non probability sampling with consecutive sampling technique. Sample were selected from 8 FKTP with 108 samples. The inclusion criteria for study participant included JKN Mandiri 1) participants registered in FKTP BPJS Kesehatan Denpasar and at least have been visit FKTP for 1 time 2) Aged at least 17 years old and 3) able communicate and willing to be a respondent. The data was collected by questioner and analyzed by univariate, bivariate (*chi-square*) and multivariate (*regresi logistik*). The research had been approved by the ethical commission with ethical clearance number 834/UN.14.2/KEP/2017 from Research Ethical Commission Udayana University Medicine Faculty/Sanglah Hospital, Denpasar

3 RESULTS

3.1 Respondent's Characteristic

Variable	Desire to change			
	Want to change	Percentage	Do not to change	Percentage
Age				
>37 years	15	31,25%	33	68,75%
17-37 years	25	41,67%	35	58,33%
Education				
Low(<SMA)	7	33,33%	14	66,67%
High(≥SMA)	33	37,93%	54	62,07%
Occupation				
Not Working	14	33,33%	28	66,67%
Working	26	39,39%	40	60,61%
Total	40	37,04%	68	62,96%

Figure 1: Respondent's Characteristics

Characteristic description of respondents based on the desire to change FKTP is done by using crosstab between dependent variable (age, education, and occupation) with the desire to change FKTP. The results show more respondents want to change FKTP dominately by respondents aged 17-37 years (41,67%), high education (≥SMA) and working participant with percentage respectively (37,93%) and (39.39%).

3.2 Result Of Bivariate Analysis Factors Related with Desire to Change FKTP on JKN Mandiri Participants in Denpasar City (n=108)

Variable	Desire to change FKTP		Crude OR	95% CI	p value
	Want to change (%)	Not want to change (%)			
F. Availability					
Incomplete	8 (66,67%)	4 (33,33%)	4	1,96-19,2	0,0242
Complete	32 (33,33%)	64 (66,67%)	Ref		
Doctor's services					
Bad (skor ≤10)	10 (71,43%)	4 (28,57%)	5,33	1,37-24,8	0,0043
Good (skor >10)	30 (31,91%)	64 (68,09%)	Ref		
Service time					
Not suitable (skor ≤2)	5 (83,33%)	1 (16,67%)	2,42	1,55-13,78	0,0157
Appropriate (skor >2)	35 (34,31%)	67 (65,69%)	Ref		
Waiting time					
Old (>60min)	13 (86,67%)	2 (13,33%)	15,88	3,1-150,2	0,0000
Not long (≤60 min)	27 (29,03%)	66 (70,97%)	Ref		
Distance					
Far (>5 km)	20 (74,07%)	7 (25,93%)	8,71	2,93-27,5	0,0000
Near (≤5km)	20 (24,69%)	61 (89,71%)	Ref		
Moved Residential					
Ever	11 (78,57%)	3 (21,43%)	8,21	1,93-48,2	0,0006
Never	29 (30,83%)	65 (89,17%)	Ref		

Figure 2: Bivariate Analysis Result

Result of bivariate analysis using *chi square* there are 6 variables that have a significant relationship ($p < 0.05$) with changing FKTP namely facility availability ($p=0,0242$, 95% CI=1,96-19,2, Crude OR=4), doctor services ($p=0,0043$, 95% CI=1,37-24,8, Crude OR=5,33) service time ($p=0,0157$, 95% CI=1,55-13,78, Crude OR=2,42), waiting time ($p=0,0000$, 95% CI=3,1- 150,2, Crude OR=15,88) , distance ($p=0,0000$, 95% CI=2,93-27,5, Crude OR=8,71) , and moved residential ($p=0,0006$, 95% CI=1,93-48,2, Crude OR=8,21)

3.3 Final Model Result of Multivariate Analysis Factors Related with Desire to Change FKTP on JKN Mandiri Participants in Denpasar City (n=108)

No	Variable	95% CI			P value
		Adjusted OR	Lower	Upper	
1	F. Availability	10,78	2,05	56,57	0,005
2	Doctor service	10,56	2,02	55,32	0,005
3	Waiting time	37,38	5,98	233,68	0,000
4	Distance	13,78	3,66	51,92	0,000
5	Moved residential	7,60	1,34	43,01	0,022

Figure 3: Final Model Result

Multivariate test with logistic regression showed that five variables which be significantly related to the desire of change FKTP are facility availability ($p = 0,005$, 95% CI = 2,05-56,57, Adjusted OR=10,78), waiting time ($p = 0,000$, 95% CI = 5,98-233,68, Adjusted OR=37,38), distance ($p = 0,000$, 95% CI = 3,66-51,92, Adjusted OR=13,78), moved residential ($p = 0,022$, 95% CI = 1,34-43,01, Adjusted OR=7,60) service of doctor ($p=0,005$, 95% CI=2,02-55,32, Adjusted OR= 10,56) with the intention to change FKTP. The waiting time variable has a chance of 37.38 times higher than the other variable *Adjusted OR* = 37,38 (95% CI: 5,98-233,68). Statistically predictable, waiting time is the most dominant variable affecting the willingness of changing FKTP on JKN Mandiri participants in Denpasar City

4 DISCUSSION

4.1 Description Desire to Change FKTP Based on Socio demography

Result of research indicate as much (37,04%) respondent want to change FKTP and based on socio demographic characteristics, respondents who want to change FKTP more dominantly by respondents aged 17-37 years (41,67%), high education (\geq SMA) and working participant with percentage respectively (37,93%) and (39.39%). This is in accordance with research conducted by Indriyani (2013) which states adult age (> 40 years) tend to be more loyal in utilizing health services in a health service. Conversely, younger people (≤ 40 years old) tend to

be less loyal to utilize health services and want to seek new health services (Indryani, 2013).

The results of this study are also in line with research Khudhori (2012) which states the higher the client's education, the level of satisfaction and loyalty in utilizing health services is lower and tend to want to seek new health services (Khudhori, 2012). This is well-founded, because usually a low-educated client does not have too high expectations of others. Conversely, a highly educated person usually has high expectations of others over him.

While in terms of work, clients who are already working tend to be less loyal to health services provided and want to seek new health services. This is because they already have income and they tend to prefer to seek health services more optimal without taking into account the cost (Khudhori, 2012).

4.2 Relationship of Facility Availability with the Desire to Change FKTP

Research indicate that there is significant correlation between facility availability in FKTP with the desire to change FKTP. This research finding in line with research by Indryani (2013) which states the facility availability has a relationship with the loyalty of antenatal care patients at Puri Cinere Hospital (Indryani, 2013). Incomplete availability of facilities in a health service, so the fewer people who want to use health services and have an impact with the desire to seek other health services.

In JKN era the application of credentialing at present it is quite difficult, especially in meeting the requirements indicators as they relate to large budgets in completing tools and facilities, while the amount of capitation they will receive is not worth the cost they spend to provide it complete facilities, so some FKTP that do not have complete facilities this makes some respondents prefer to move to FKTP which has complete facilities (Ulandari & Indrayathi, 2016).

4.3 Relationship of Doctor's Service with the Desire to Change FKTP

From result of research indicate there is significant relation between doctor service at FKTP with desire to change FKTP. The results of this study are in line with Hanif's (2011) theories which states that doctors have a very important role in the process of health services both treatment, healing, and health care of patients, so the better the patient's perception of the doctor, the better the impact on patient health

and utilization of health services. Where the better the doctor's service then the possibility of patients will return again to treatment at the doctor, and the less good the doctor's service then the possibility of patients want to find a new doctor (Hanif, 2011).

4.4 Relationship of Service Time with the Desire to Change FKTP

Research indicate that there is no relation between service time in FKTP with the desire to change FKTP. Further research conducted by Dinik (2008) also shows that there is correlation between suitability of service schedule in Bringin District Health Center of Semarang with level of patient satisfaction which progressively according to service schedule hence more high level of patient satisfaction (Dinik, 2008). This level of patient satisfaction will lead to loyalty of patients in utilizing health services, where patients will tend to reuse health services if the promised service schedule in accordance with their working time and if the service schedule is less appropriate then patients prefer to seek new health services (Dinik, 2008).

Based on the result of the research, the service time in FKTP shows that 94.44% is in accordance with the work schedule. This means that most participants are satisfied with the service time in FKTP. This is why there is no relationship between time of service with the desire to change FKTP.

4.5 Relationship of Waiting Time with the Desire to Change FKTP

Research indicate that waiting time has significant relationship and become the most dominant factor with the desire to change FKTP. The results of this study are in line with research conducted by Bambang (2011) which mentions the waiting time has a strong relationship with patient family satisfaction and impact on loyalty of patients in utilizing health services.

Based on the research (Aisyah, 2015) mentioned that long waiting time in health service is due to high number of patient visits, lack of officers at registration booths, limited space available, and also due to lack of medical personnel (doctors, midwives, nurses) to service patients who come. Where if the waiting time to get medical services quickly then patients will tend to re-utilize the FKTP and if the time to get medical services too long, then the patient will likely have a desire to seek new health services.

4.6 Relationship Distance with the Desire to Change FKTP

The results of the analysis test also shows that there is a significant relationship between the distance to FKTP with the desire to change FKTP. The results of this study are in line with research conducted Meylanie (2010) which states that there is a significant relationship between access to health facilities with the selection of health service.

The farther the geographical location of the FKTP is from residence, the more respondents who want to change FKTP and the closer the geographical location of the FKTP from the residence causes the fewer who want to change FKTP. This is what makes distance is one of the important considerations in choosing health services and the emergence of the desire to change FKTP if the health facilities far from residence.

4.7 Relationship Moved Residential with the Desire to Change FKTP

The result of the analysis also shows that there is a significant correlation between moving residential with the desire to change FKTP. At the time of the survey, it was because there were still many participants of JKN Mandiri in Denpasar City where their residence was not permanent, they moved due to work, lecture / school, and had a new house. This is what makes them have the desire to get health care insurance in a new residence. Based on research Rahmad (2016) also shows patients who have moved residence tend to choose health services close to his new residence. This is what causes a significant relationship between ever moved residential with the desire to change FKTP on the participants JKN Mandiri in the city of Denpasar.

As for the limitations of this study are On the questionnaire, the answer to the question of availability of facilities and distance, the respondent can not predict exactly the availability of facilities in his FKTP and distance from residential address to FKTP. So there are some respondents can only give answers in accordance with its estimates.

There are several limitations to this study. Some of the respondents can not predict exactly the distance from their residential address to the health facilities (FKTP). It might affect the results of the study due to respondents bias. Moreover, respondents do not really know what is the requirement of facilities in FKTP so the answer really based on their

subjectivity not the standard of credentialing from BPJS Kesehatan.

5 CONCLUSIONS

Most respondents (37.04%) want to change FKTP and there is a relationship between the availability of facilities in FKTP, waiting time at FKTP, distance to FKTP, doctor service at FKTP and move domicile with the desire to change FKTP. The most dominant factor is the waiting time, so that for FKTP can improve the quality of service provided to the JKN participants such as conducting training to medical personnel, increasing human resources, especially medical personnel and improving facilities and infrastructure, and for BPJS Kesehatan can improve FKTP assessment which cooperated with it in credentialing and recredentialing of FKTP.

BPJS Kesehatan can also immediately apply Presidential Regulation No. 19 of 2016 article 29 reaffirmed on BPJS Regulation No. 1 of 2017 concerning Equitable of Participants in First Level Health Facilities so that the number of registered participants in each FKTP can be evenly distributed to overcome waiting time to get service in the old FKTP.

ACKNOWLEDGMENTS

Acknowledgments delivered to all parties who have helped smooth the process of this research, whether in the form of technical support, motivation and support to complete this research

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