

# National Health Insurance Policy: Benefit-cost Analysis of Primary Care Physician Education Program

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**Abstract:** Indonesia's National Health Insurance holds several programs for society welfare improvement, especially in health matters. One of the programs assumed to be still controversial is the education program for the Primary Care Physician. Indonesian Physicians Association handling and managing professional doctor licensing strongly refuses that program. This study applies a qualitative approach designed to make a benefit-cost analysis of the education program for Primary Care Physician by employing mental accounting theory. The result of the study shows that the doctors are enthusiastic about joining the program if it is free. Unfortunately, the unfixed state of policy by the government brings about a doubtful consideration to deal with the program. The benefit analysis indicates that the material benefit the doctor hopes is not sufficiently covered. However, they still have the humane based benefits by implementing their knowledge and skill to help society. One extraordinary struggle they must go on when taking the Primary Care Physician program is their inmost welfare (satisfaction inside).

## 1 INTRODUCTION

The education program for Primary Care Physician is one of the government's policies in case of health improvement. Through Regulation Number 20 of 2013, the government has proclaimed that the Primary Care Physician program is the continuation of the professional medical program and internship program equivalent to a specialist medical program. That Regulation Number 20 of 2013 "obliges" general practitioners to have an education to the same degree of specialists for a better health care service at the First Level Health Facilities such as Community Health Centers and Outpatient Clinics. This program is a part of the government's National Health Insurance managed by the National Social Security for Healthcare since 2014.

The implementation of health care is one of the basic needs of human beings in life. Each individual of the society is expected to join the National Health Insurance in order to get a primary service at the First Level Health Facilities and hospitals. The First Level Health Facilities consists of clinics, general practitioners, dentists, and Community Health Centers. The National Social Security for Healthcare has emerged pros and cons in its implementation.

There have been many problems in the implementation of National Health Insurance.

One of the spotlights of the National Health Insurance is the arrear of the National Social Security for Healthcare to pay the recommended hospitals for patients holding the National Social Security for Healthcare. Throughout 2018, there was found a deficit of the National Social Security for Healthcare reaching IDR 9,1 Trillion, and its management has predicted that it would have continued to occur, valued at IDR 16,5 Trillion, in 2019. The deficit was presented and discussed by both the Ministry of Finance and the Legislative of the Republic of Indonesia (Anwar, 2018). Thabrany (2015) states that service expense of the National Social Security for Healthcare is over 100%. While in fact, a ratio claim above 90% is no longer ideal in case of its social insurance principle. One of the causes of the high claim by the hospitals is that the quality service is lack at the First Level Health Facilities. It is claimed to have high demands of more significant recommendations at Further Level Health Facilities.

The Ministry of Health (2015) records that the healthcare cost at the First Level Health Facilities is IDR 10,543 Billion or 17% by capitation system. The healthcare cost at the Further Level Health

Facilities is IDR 45,535 Billion or 74%. The significant difference experienced by both the First and Further Level Health Facilities has indicated that the National Social Security for Healthcare should make some perfection. Kurniawan (2015) says that healthcare at the First Level Health Facilities is considered unwell implemented due to the lack of facilities, even no facility provided for better care. The other factor is that the competence of the doctors handling patients at the Community Health Centers is still low so that it leads to upper-level recommendations for hospitals' treatment.

The improvement process is eventually sounded by the government. It leads to one of the efforts to advance the quality healthcare at the First Level Health Facilities through requiring a condition that doctors at the Community Health Centers should have a level of Primary Care Physician as acted under Regulation Number 20 of 2013. There have been 17 universities in Indonesia state readiness for opening the Primary Care Physician program. Moreover, there has been a Primary Care Physician program, which has been operating since 2016.

The effort of the government to improve the quality of doctors through the Primary Care Physician program is logically under a reason. Van Peurse, Pratt & Lawrence (1995) state that the qualities care can be seen through the organizational structure and its service management. The organizational structure is defined as a relatively stable characteristic of care practitioners, instruments, and human resource provided, and physical and organizational setting in which they work. The organizational structure is commonly determined and stable, particularly in the government. The service management or process is defined as a set of activities operating in, and between the practitioners and the patients. The service management or process is an essential part of the healthcare operation. Jacobs, Marcon, & Witt (2004) reveal that a hospital or a clinic is not the center point of healthcare, but a health practitioner (a doctor). It means that service management or process is done by a healthcare practitioner has a vital determining role in the matter of healthcare quality. To improve the healthcare service quality, it is required for some improvements in the human resource's quality, the doctors. In addition, this is a solution implemented by the government and the National Social Security for Healthcare.

On the contrary, side, many health practitioners (doctors) refuse to have that program of Primary Care Physician. Indonesian Physician Association, as the legitimate organization of doctors in

Indonesia, goes against the program. On October 24, 2016, a group of doctors demonstrated in a peaceful way to refuse the program (detik.com, 2016; tempo, 2016). There were several reasons to contradict to the program. Firstly, it will take a longer study to become a health practitioner or doctor. After six years for a general practitioner title, a doctor should undergo a 1-year internship program in a specific region. If the Primary Care Physician program taken, it will take around three more years to complete it. By calculation, the length of the study will increase up to at least ten years, not to mention the extended period of study. If compared to any other profession, the length of study is much longer. Secondly, the Primary Care Physician program does not have a clear curriculum. For a general practitioner or a doctor's study, the curriculum requires 144 diseases and diagnoses. The same way to reach will be applied to the Primary Care Physician program. As mentioned in the general practitioner study program, a general practitioner is proper for primary care practices. Indonesian Physician Association is worried about the overlapping curriculum applied in both general practitioner study and Primary Care Physician program. It is considered as improvidence.

Thirdly, Indonesian Physician Association assumes that the budget is more properly to use for a better improvement in many First Level Health Facilities. In some cases, many doctors at the First Level Health Facilities are sometimes not able to make any action to handle the patients due to the lack of instruments and facilities available for their healthcare. It is not caused by the personal disability of the doctors. That situation faced by the doctors leads to the next step taken to recommend the Further Level Health Facilities to take action in relation to the needs of the patients' healthcare and safety. The facilities improvement should be a concern of the government to support the healthcare at the First Level Health Facilities. Fourthly, the tuition fee for medical education of general practitioner is high enough. Moreover, it also shares the same problem faced by many doctors when required for joining a specialist program of medical education. To achieve a title of a general practitioner, hundred millions of rupiahs (IDR) are budgeted for the tuition fee and all expenses during the study. Meanwhile, the Primary Care Physician program is equivalent to the specialist program. The calculation claimed by the Indonesian Physician Association indicates that every single student of the Primary Care Physician program will have IDR 300 Million spent per year. If there are 110.000 doctors

plotted to continue and register for the Primary Care Physician program, the government must provide special budgeting to support their study. The estimated payment to fulfill the needs toward achieving the level of the primary care specialist can be very high. Besides that, taking a specialist program has been a big problem in the case of finance. Of course, it may personally affect on the specialists' burden if still required for joining that program.

Some pros and cons concerning the Primary Care Physician program have been following even though the government has operated since before. The Primary Care, Physician education program, is a great topic to study through accounting analysis. The study concerning medical education taking doctors as the center point of view has still a few been done in Indonesia. Medical education in Indonesia has always been alleged as a study that requires a high cost. A high cost of education is not always a determining factor of having "qualified" graduates with great benefit. Therefore, this study aims to analyze the benefits of the Primary Care Physician education program.

A human being is, in fact, doing some accounting processes just like the activities operated in a company in making a record and categorization of expenses into some accounts in minds (Rospitadewi & Efferin, 2007). Human beings do accountancy in their minds and consumption decision-making evaluation. That human's activity reflects a work of a theory known as Mental Accounting popularized by Thaler in 1985 (Thaler, 1999). Mental Accounting is a cognitive process in which humans record, recap, analyze, and report the financial events in order to investigate where the money flows and control the expenses. Like accounting in an organization, a human also analyzes the Benefit-Cost aspects. The Mental Accounting theory is very interesting and applicable to this study.

The pro and cont issues about the Primary Care Physician education program have a great possibility to study (including in accounting as one perspective) which may lead to some recommendations to take by the government for better improvement of the medical profession. The benefit-cost analysis viewed from doctors' side regarding the Primary Care Physician program is the focus of this study. The reason for choosing the doctors' side is that the purpose of the program is their improvement. By doing this, the doctors have their own decision whether or not to take or leave it. Through accounting study, it will be a great practical

contribution to "good government," which helps the government and Indonesian Physician Association make policies concerning with the Primary Care Physician education program.

## 2 THEORETICAL REVIEW

### 2.1 Good Governance

The policy of the government is one of the efforts to improve Good Governance. Good Governance is a set of processes applied to a public or private organization in order to make decisions. Even though Good Governance does not fully ensure its perfect result, but it may reduce the number of power abuse and corruption when applied. Good Governance may comprehensively be understood by holding its basic characteristics, namely: (a) active participation, (b) law upholding, (c) transparency, (d) responsive, (e) deliberation and consensus-oriented, (f) justice and same treatment for all, (g) effective and economical, and (h) accountable.

The National Social Security for Healthcare has become one of the policies taken by the government to deal with its responsibility for the fair and effective healthcare of all Indonesian citizens that is strongly based on mutual-cooperation principle. As for the National Social Security for Healthcare, Good Governance should also become a concern in order to have better quality and accountability for its activities before the government and society. By doing so, the government has a standardized measure to assess the performance of the National Social Security for Healthcare.

### 2.2 Primary Care Physician Program

The Primary Care Physician program has essentially been legalized by the government since 2015. However, to deal with those pros and cons, this kind of program has not been effective yet. In Indonesia, there is only one medical faculty accredited A which conduct such a program. As resulted from the program at that single medical faculty which runs the program, there are only 70 doctors claimed to be successful completing the Primary Care Physician program. There is still a far difference in ratio between the total doctors who have finished taking the Primary Care Physician program and the total doctors in Indonesia. It indicates that the result has not covered a national scale yet.

The Primary Care Physician program emphasizes preventive and promotive ways, even early detection in its works. This sort of work is suitable for the First Level Health Facilities covering Community Health Centers, First Class Clinics, and Doctors' Private Practice. If the patient's illness cannot be handled at the First Level Health Facilities, it can be recommended to have tiered healthcare starting from hospital type C or D, the next is hospital type B or even type A. After cured with the suitable medical actions, the patient may be re-recommended and returned to the First Level Health Facilities. After all, the rehabilitation can be treated to the patient at the First Level Health Facilities.

The doctors graduated from the Primary Care Physician program are given a provision to manage the fund in relation to the capitation system of the National Social Security for Healthcare. The capitation system is based on the number of a family member registered at the First Level Health Facilities. The amount of capitation given by the National Social Security for Healthcare ranges from IDR 8,000-IDR 10,000 per member and multiplied with the number of the registered member at the First Level Health Facilities. The amount is depended on the completeness and ability of the First Level Health Facilities in serving the members' need. The amount should have sufficed when a member is found with illness, covering healthcare, consultation, medicine, and laboratory needs. The ability of financial management must be owned by a doctor who also plays a role as a manager of the First Level Health Facilities. Unfortunately, the doctor with a clinically general practitioner qualification often misunderstands about the financial management authorized by the National Social Security for Healthcare. There should be a special ability of the doctor to get the operational need sufficiently covered, even to have some differences in returns (profit). That is why the ability of financial management is a must in the time of the National Social Security for Healthcare at the First Level Health Facilities.

The other skills unlearned during the medical graduate program will be studied in the Primary Care Physician program, for instance, individual approach and culture. Through a motto saying "better to prevent than cure", doctors who have completed the Primary Care Physician program may have understandings about how to make the individual approach as a preventive way. In fact, it is sometimes found that the health problem cannot be separated from the culture existing in a society. Isnati (2013) exemplifies a patient with leprosy.

Claimed as a part of the culture, it is considered as a curse in a society, ending up with exiling the ill person with leprosy. As for the medical perspective, leprosy is a disease that requires special treatment (medicine). The Primary Care Physician program is able to guide the doctors through understandings about the societies and the culture differently living in. For doctors at the First Level Health Facilities, the approach done in the middle of society is one thing very common. The culture should have its own approach to deal with society's health problems since it is a fundamental thing in life.

The patient recommended to have better care at the Further Health Facilities, and got healed, will be returned to the First Level Health Facilities were firstly taken. The effort to rehabilitate and prevent the illness and its recurrence is under the responsibility of the doctors at the First Level Health Facilities. The doctors at the First Level Health Facilities do not realize that one thing. The Primary Care Physician is claimed to be able to help the doctors understand and conduct their actions in order to press down the number of patient recommendation for healthcare. The health handling at primary care is the initial contact service coordinated and comprehensive. Some studies indicate that there is a link among the coordinated health problem management, the health quality improvement of patients, the number of recommendation for healthcare, and the patient's home care ranging from 8% through 46%. The other study also signifies that through coordination when handling patients will improve the empowerment of the patients and their families in dealing with the illness or disease by maintaining the relation to the patients. Face-To-Face interaction among the doctors, patients, families, and health workers also contributes to the improvement of the healthcare quality (Ministry of Health of the Republic of Indonesia, 2018).

The Primary Care Physician program will be analyzed through the investment calculation method to see the cost-benefit used. The benefit gained should have to be said effective and efficient with the cost allocated. In the Primary Care Physician program, the major reason for doctor quality improvement at the First Level Health Facilities is to reduce the cost amount of recommendations plotted by the National Social Security for Healthcare directed to the Further Level Health Facilities. However, the cost for the Primary Care Physician program is expensive. Therefore, the cost-benefit analysis of the targeted investment should be taken.

### 2.3 Mental Accounting Theory

Mental accounting as a model of consumer behavior was firstly popularized by Richard Thaler in 1985 (Thaler, 1985). It is a consumer behavior model developed from psychology and microeconomics thoughts. Mental accounting is a cognitive process used by the individual to organize, evaluate, and stay in financial activities (Thaler, 1999). Three components of accounting become a concern, as follows:

- a. to apprehend how a result will be figured out and operated, and how a decision is made and evaluated. Accounting system provides inputs into cost-benefit analysis, through ex-ante and ex-post.
- b. to categorize the activities into specific accounts which cover human resource and financial use. The expenses are categorized into some categories and sometimes spent limited through implicit and explicit funds.
- c. to focus on the evaluated account frequency and classify the options (alternatives). The accounts are daily, weekly balanced, and so on.

Rospitadewi and Efferin (2017) say that humans consider their expenses as experiences requiring evaluation. Like in the organization accounting, an individual will make a cost-benefit analysis. The components of mental accounting theory consist of a framing effect, specific account, self-control, decision-making, self-report, and hedonic treadmill (Rospitadewi and Efferin, 2017). The mental accounting theory opens an understanding of the individual's mind in comparing the cost and the benefit of a decision. This theory is very fit to the analysis to use in this study so that the doctors' cognitive thoughts in the Primary Care Physician program can be figured out through comparing the cost and the benefit to obtain.

## 3 RESEARCH METHOD

This study uses a qualitative approach by taking interpretative paradigms as the fundament. The interpretative paradigm applied to this study aimed to figure out the thoughts of the informants more deeply. The result of this study provides analysis and exposure naturally shared by the informants. The informants in this study consist of the doctors who have completed the Primary Care Physician program and those of "obliged" to take the program.

The mental accounting theory is applied to data analysis. Rospitadewi and Efferin (2017) employs this theory to analyze the data to figure out the humans' thoughts in making a financial transaction, ending up with achieving happiness. The components of the mental accounting theory applied to this study, namely:

- a. Framing Effect. It has to do with the received information forming a perception about what is wanted and needed so that a person may react to the information. The informants search and get their rationalization about the cost-benefit that they may obtain from their previous experiences.
- b. Specific Account(s). Humans usually mark out a "label" to the source and purpose of financial use to illustrate why, and whether or not the expenses are needed to make. Humans categorize their needs in relation to finance and "record" them (in mind or written based on their needs).
- c. Self Control. Humans try to do self-control by making a comparison between expenses and allocations they own.
- d. Decision-Making. Humans will make a decision under their cognitive thought they created. The decision-making will link to how and whether or not the doctors make a decision to join the Primary Care Physician program.
- e. Evaluation. The mind will evaluate the result of the decision made by the individual. This phase, by the writer, considered as a way to determine a conclusion and an opinion in this study so that it will contribute to the Primary Care Physician program.

## 4 FINDINGS AND DISCUSSION

### 4.1 Framing Effect: Difficulties of Introducing the Primary Care Physician Program

The discussion of the Primary Care Physician program has always been daily pros and cons just right after its establishment through this time. Some meetings discussing the Primary Care Physician program are stuck and no solution very often. The last meeting recommends an agreement that the graduates of the Primary Care Physician education program share the same level as a specialist degree. However, some cons amongst the doctors do not

stop here. For instance, Dr. Erwan, one of the doctors at the First Level Health Facilities in Lombok Island. Even though he knows about the Primary Care Physician program, but he does not figure out the essence of the program. Meanwhile, the targets of the program are those doctors at the First level Health Facilities. "My colleagues graduated from the University of X (Dr. Erwan's generation comrades taking medical education program) do not talk in a rush about in on social media groups (Whatsapp). "They stay cool and calm", Dr. Erwan stated. In fact, many of his colleagues work at the First Level Health Facilities, like in many Community Health Centers in the regions. Dr. Erwan, who is also a civil doctor in Lombok Island, has taken an internship program after graduated from his medical education program. Once he met Dr. Nasa, who said, "How to introduce it? When trying to socialize it, there was a warning issued by the Indonesian Physician Association giving no allowance for doctors to follow the program". The socialization of the Primary Care Physician program is very limited. It is because of the obstacle happening between Ministry of Health and the Indonesian Physician Association. "Before this, there was a point jointly agreed by the Indonesian Physician Association with all conditions brought together. It's very tiring of that noise," Dr. Nasa said.

The Indonesian Physician Association still stands on its understanding that the general practitioners have already held the high competences to give service and care for the patients at the First level Health Facilities. Actually, many recommendations are made by the First Level Health Facilities, which suggest the patients take further care at the Hospital Type C, and Type D are still high. "Yes for sure, we should recommend the patients since we lack of medicine and healthcare equipment. The doctors are capable, but they cannot do any action with such conditions. What to do but giving the patients further recommended healthcare?" Dr. Raha revealed. "If the recommendation is returned back to the Community Health Centers, it will be no problem under a condition of enough medicine", Dr. Tuga said.

The researcher also finds out some data through doctors' specific social media groups. There are many debates about the Primary Care Physician program. Mostly, they accuse that the Primary Care Physician program is merely a target to make doctors as the 'Doctors of the National Social Security' who are prepared for giving service to and under the provisions of the National Social Security

for Healthcare. Factually, in the future, Indonesian citizens are plotted to join the National Health Insurance managed by the National Social Security for Healthcare.

The Primary Care Physician program has already been over framed as a power abuse to force the doctors to fulfill the wants of the National Social Security for Healthcare. Obviously, the Primary Care Physician program is able to improve the doctors' preventive handlings based on the culture living in and to help them manage the capitation funds under the National Social Security for Healthcare which is "very limited", but demanding for "very optimum" result. Also, the Primary Care Physician program is targeted to be able to develop the palliative ability to handle recommended patients in return through building a good habit in maintaining their health after the treatment at the hospital.

#### **4.2 Specific Account(s): If Free, It Is Fine**

Indeed, humans are whether conscious or not labeling their financial uses. However, it is naturally widely known that costs spent on education are very high. Besides the tuition fee for education, there are also some costs that must be allocated for some needs, for example, those who are taking studies out of their local residence, would have thought about their expenses for living costs at a temporary or permanent home covering boarding house, house for rent, or apartment (for sale or rent). Not to mention, those doctors with family also should think about the other costs out of their expenses for education. Of course, the costs will get higher. "But, I am free because I am granted for a scholarship", Dr. Nasa answered. "For sure, there are some extra costs for my transportation since my campus is quite far, at the University of X. Though so, it's all fine," he continued. Realizing that the cost for the Primary Care Physician program is free, it then becomes a consideration. Dr. Erwan said, "If free and already a policy regulated by the central government, it is then a must to do". When being asked about how if the cost for that program will charge the student around IDR 300 Million, he responded: "If the program is free, there will be no reason". Free meant here indicates that the minimum cost will be from humans.

The expenses for the Primary Care Physician program have been a spotlight discussion by many sides. In a social media group, many doctors deeply deplore the Primary Care Physician program in case

of costs to spend. They One good reason is that the funds for the program can be differently allocated for some benefits, for instance improving the facilities and infrastructure of the First Level Health Facilities, optimizing the medicine distribution, increasing the welfare of the colleagues who struggle for healthcare at the regional, remote areas. "Later on, for the First Level Health Facilities on which Primary Care Physician program alumni work, there will be 38 types of equipment to support the activities," Dr. Nasa farther said. The costs spent by the government are for some improvement in the facilities and infrastructure at the First Level Health Facilities. Through adequate facilities and infrastructure, of course, the First Level Health Facilities have a chance to become the front guardian of the health of society.

The result is in accordance with Kurniawan's (2015) discussing the doctors' service at the primary health facilities through the family medical approach. Kurniawan (2015) evaluates the direction of government policy towards some cases now faced at the First Level Health Facilities. Through the Primary Care Physician education program, the role of the First Level Health Facilities and the family medical approach should be the solutions for primary healthcare. The conclusion withdrawn by the writer is that the solutions of the primary healthcare, both the family medical approach and the Primary Care Physician program, share the same chance to serve primary healthcare with a high cost-benefit ratio through minimum-expenditure and maximum-result. The Primary Care Physician education program is hoped to be a strong point in order to reduce the number of recommendations for hospitals' healthcare so that the National Health Insurance budgeting management can be "more secure". The deficit of the National Social Security for Healthcare can be pressed-down. The writer believes that as the managerial holder the National Health Insurance, the National Social Security for Healthcare is not allowed to have some "profits" but "break event points" at least. "However, the number of the doctors of the Primary Care Physician program (70 doctors now) indicates that the program is still not showing the optimum result," Dr. Nasa said. It is true that the deficit of the National Social Security for Healthcare has been IDR 6 Trillion since 2015, and continued to occur through 2018 at IDR 9,1 Trillion. Even, it is estimated that the deficit would probably reach IDR 16,5 Trillion in 2019". The government effort through the Primary Care Physician program is to make the First Level Health Facilities as the front

guardian of the society healthcare so that the deficit of the National Social Security for Healthcare can be reduced. The program to cope with the deficit is not merely depending on the Primary Care Physician program. Some ways are also taken to give supports like as tiered recommendations, monthly cost increase, etcetera. The Primary Care Physician is not a short term program to reduce the deficit. The number of doctors (70 doctors) of the Primary Care Program is not sufficient to handle all problems at the First Level Health Facilities. The condition leads to proof that the goal of the Primary Care Physician program to minimize the number of recommendations for Further Healthcare at the hospital is still open for farther studies.

#### **4.3 Self-control: Nonstop Benefit in the Value of "Money"**

Humans always make some efforts to do self-control by considering the purposes of the finance use and the budget they have. "It is no problem whether or not to increase welfare after graduated. If it is a policy of the central government, it will then be taken," Dr. Erwan answered. When someone has an effort to make some self-upgrades, it will surely be concerned about welfare for him and his environment. Dr. Nasa stated, "certainly we can manage the Community Health Center or clinics based on its capitation funds. The capitation fund can be reached at IDR 10,000,- if the facilities and the infrastructure are complete. In the Primary Care Physician program, we are taught to manage it to be enough to use". There is specific learning through the Primary Care Physician program. There is a science benefit for those who have completed the Primary Care Physician program.

The First Level Health Facilities successfully optimized the capitation fund gifted by the National Social Security for Healthcare are those of with the ability to manage the funds and the activities supported by the National Social Security for Healthcare's budgeting. For example, a therapy group connected to palliative activities is "a plus profit" that the National Social Security for Healthcare also gets. The recommended patients for better healthcare at the hospital and returned to the First Level Health Facilities, and would take a continuous control for healthcare and medicine at the First Level Health Facilities are no longer requiring hospital healthcare.

In relation to that benefit, Dr. Nasa further said, "Many friends now have a chance to do more works in their places. Some create a therapy group for

patients with diabetes and other illnesses. As for this kind of palliative work, there is an additional fund provided by the National Social Security for Healthcare. It has been working with those doctors of the Primary Care Physician program. Work is one of the benefits obtained from the program. Of course, work cannot be valued in forms of money since the writer also believes that the benefit does not stop for a money-oriented result. The welfare is not merely about the economy (money), but it has to do with internal satisfaction (inmost welfare). For those who join the Primary Care Physician program, actualized as doctors at the First Level Health Facilities bringing more benefits for the society, there is inmost welfare for themselves. The heartily-call in the doctors' soul should exist (Sari, 2014) so that the tasks are operated under the guidance of the heart.

#### **4.4 Decision-Making: The Primary Care Physician Program, More Advantages or Disadvantages**

Doctors who have decided to take the Primary Care Physician program have, of course, some considerations. "Indonesia is already left behind tens of years compared to the other countries. In regional of ASEAN, Indonesia is mentioned to be one of the countries that have not developed the family doctor. In many foreign countries, family doctors have been increasing in number. Indonesia is really left too far," Dr. Nasa expressed. Actually, the Primary Care Physician program is a part of the family doctor development in Indonesia. It allows an individual approach, including cultural approach in a specific environment. "The doctors of the Primary Care Physician program are targeted from the Community Health Centers, clinics, or any others labeled as the First Level Health Facilities. For those who do not work at the First Level, Health Facilities are not necessary for taking the program. If interested to join any other specialist program, it is wide open. So, the program actually does not burden the doctors with more hours in learning, but is specifically aimed at those who work in the Community Health Centers or clinics", Dr. Nasa explained. The Primary Care Physician program is commonly addressed to those doctors who operate at the First Level Health Facilities (Community Health Centers or clinics) with a total of 50.000-60.000 in Indonesia. Through that program, the doctors professionally working at the First Level Health Facilities are able to serve the society with

good care so that there will be no recommendation taken if not necessary.

The pro and cons following the Primary Care Physician education program have not ended yet. Even though the alumni of the Primary Care Physician program have got a direct certification given by the Ministry of Health, the documents for having a medical practice permit are in the authority of Indonesian Physician Association and Collegiums (for those with specialist status). This situation has also become the doctors' concern at the First Level Health Facilities who are still unsure about taking the Primary Care Physician program. "The residential school of the Specialist Medical Education Program usually takes 4-5 years with a single specialty. The skill improvement during the specialist program is claimed to have limited time. How about that Specialist Program of the Primary Care Physician? What about General Practitioner Specialists? In what skill which makes different and highlighted?" Dr. Erwan asked back. The curriculum of the Primary Care Physician program is indeed a special focus since it has overlapped design as that of the general practitioner program. The highlighted offerings can be seen in the fund's management and the individual approach, just like the family doctors'. Dr. Erwan even wishes that the Primary Care Physician program will not be divisive among Indonesian doctors for a certain group's interest. He does not continue to mention the specific group he meant. In reality, there are still many doctors who agree and disagree with the program. Though a tough mediation has been done for many times, both sides are still contradicted to each other. Even there is a perception coming up among the doctors who disagree with the Primary Care Physician program. It is said that the program is purely squandering the national budget for the interest of the National Social Security for Healthcare.

In regarding the situation, whether or not to join the Primary Care Physician education program lies in the doctors' decision. Its cost side indicates that there are still many doctors in the program get the minimum cost or free due to the cost coverage borne by the national budgeting. The free cost offered has attracted the enthusiasm of the doctors to take part in the program. It will be another case if the cost of the program is no longer free. In accordance with the benefit, many doctors realize that the Primary Care Physician program does not help much for their welfare (economy improvement). However, the benefits taken in forms of works and self-actualization may be assumed as the results of the program.



#### 4.5 Evaluation: The Primary Care Physician Education Program, A Dilemma

The evaluation phase in this study focuses on how the writer makes a conclusion after some perspectives and data presented. This study was initially inspired by many programs offered by the National Social Security for Healthcare that induce the pro and cons, not only in the middle of the society, but also among health practitioners (doctors or First Level Health Facilities, and hospitals) under the management of the National Social Security for Healthcare. The National Social Security for Healthcare is claimed to effortlessly "drive" to the direction of health policies in Indonesia. A good intention sometimes does not end up with a positive result. The limitation regulated by the National Social Security for Healthcare aims to reach shared health goals. However, the National Social Security for Healthcare should "realize" and learn to deal with the circumstances in the field. One of the programs allegedly directed for the benefit of the National Social Security for Healthcare is the Primary Care Physician education program.

The news following the problems faced by the Primary Care Physician program is mostly among medical practitioners (doctors in particular). A doctor is a central figure in healthcare as said by Jacobs, Marcon & Witt (2004). The doctors become the target of the Primary Care Physician program. That is why; the decision to join the program is under the doctors' control. The trouble comes when the government's policy under Regulation Number 20 of 2013 proclaims that the Primary Care Physician program is the continuation of the Medical Professional Program and the internship equivalent with the Specialist Practitioner program. It "demands" for the general practitioners to continue to taking education as same as the specialist program so that they have the ability to give healthcare at the First level Health Facilities covering Community Health Centers and Outpatient Clinics. Unfortunately, only 70 of hundred thousands doctors have joined the Primary Care Physician program in Indonesia. Why is the number of doctors who have completed the program very low?

The first reason is the cost of the Primary Care Physician program. Dr. Nasa is indeed one of the doctors granted for free education for the Primary Care Physician program. The cost for the program is supported by the National Budget, allocated by the Ministry of Health so that many doctors are given a chance to have free. On another side, the Indonesian

Physician Association makes a calculation and believes that the Primary Care Physician program will require IDR 300 Million funds per student (participant). Based on the calculation, the budget for the Primary Care Physician education program allocated by the government is not a little. Medical education is one of the studies widely known for its high cost in Indonesia. For those who are not able to take the Primary Care Physician program, the required high cost will be one consideration. If it is free, of course, many doctors may have the enthusiasm to join the Primary Care Physician education program with some conditional policies by the central government, as mentioned by Dr. Erwan. The cost spent on the program is always a serious problem. For the doctors, the further education that is free may become a good choice when necessary to take. The cost is still a burden in mind for them. Through free education offered by the government in taking the Primary Care Physician program, the doctors remain enthusiastic.

The second reason is that there is disagreement shown by some doctors and an organization corroborating them, namely Indonesian Physician Association. The refusal influences on the decision of the doctors with enthusiasm to join the program. It is very dilemmatic for them. If the doctors manage themselves to join the program, there would be some consequences they probably face. They can be rejected in the community of doctors. They also may not get the Indonesian Physician Association's recommendation for Practice Permit. Another trouble that may come up is their colleagues do not admit their specialty as specialists. The inmost welfare becomes a measure for the problems. "It is tiring with the noise," Dr. Nasa said. The fragment indicates that the framing made for the Primary Care Physician program is exclusively for the interest of the government, the National Social Security for Healthcare in this case. The term "National Social Security for Healthcare doctors" tends to be weird when it refers to those doctors who operate all activities under the wants and policies of the National Social Security for Healthcare. The inmost welfare is not common in public. Sari et al. (2016) states that there are values out of money of the doctors' income, and one of them is the feeling satisfied by the patient's successful recovery. Though different in meaning, but the inmost feeling also needs for welfare. Because of the inmost welfare, those doctors who have not taken the program may wait for the acceptance shown by their colleagues or Indonesian Physician Association or after the government comes up with a must-to-do

policy binding all doctors at the First Level Health Facilities. If not so, many doctors (general practitioners) decide not to join the program for their inmost welfare. For those who have completed the program, the inmost welfare they wish to gain is being comfortable when doing the profession with or without their colleagues' acknowledgment. They should do their profession in accordance with the study they have taken during the Primary Care physician education program.

The third reason is that the central government policy is vaguely regulated. The Primary Care Physician program is through Regulation Number 20 of 2013 and agreed by 17 universities opening the program. It is not fully a mandatory (whom the program aims to?) In relation to the program, the unfixed state of regulation has made those doctors doubt. Of all medical faculties accredited A, only a single university that runs the program. It then becomes a worry among the doctors. They are afraid of the change of the leader that may lead to the change of regulation. Dr. Erwan's answer signals his readiness to join the program if "it is already a policy of the central government). The statement illustrates the inmost feeling and shows the reason that many doctors have not comprehensively understood and intended to join the Primary Care Physician program. In fact, the regulation remains an uncertainty.

The fourth reason is that the lack of socialization about the distinguished roles of both the General Practitioners and the Primary Care Physicians. The overlapping duties operated by both are still high. Dr. Erwan ever questioned about, "In which skill are they distinguished?" Dr. Nasa explained that financial management at the First Level Health Facilities under the National Social Security for Healthcare is very important since that sort of learning is never taught during the General Practitioner Program. The other points, the cultural approach and individual approach (closely related to the term "family doctor") are also studied in the program. Annisa Putri and Yuristo (2013) may have the answer to the fourth reason. Some parts show the differences. In the family doctor concept, a general practitioner only focuses on learning the concept, knowledge, and healthcare principle of the family doctor. In the Primary Care Physician program, besides those learnings, the understandings about job description and function as the Primary Care Physician, and the influence of the family, community, and environment, is also studied. In the Division of Family Doctor Clinic Management, a general practitioner has not studied (will be studied

in the Primary Care Physician program) about Human Resources Management, facilities management, information management, and financial management. In the Division of Clinic Skills, a general practitioner has known non-surgical clinic skill, specific clinic skill, and surgery medical skill. Through the Primary Care Physician program, the other skills added to the Division of Clinic Skill are general clinic management and supporting facilities management. In the Division of Science and Knowledge, through the Primary Care Physician program, a general practitioner will have some improvement in cases of Age Category-Based Health and Specific Category-Based Health that may be applied in accordance with the circumstances of each First Level Health Facility. The lack of understandings requires further socialization. The scientific benefits gained from the Primary Care Physician program refuses the term "overlapping." However, those rejections in many regions indicate that the framing of the Primary Care Physician program is hard to change. The activators of the Primary Care Physician program cannot go on, but cannot step back as well.

The fifth reason is that the outputs of the Primary Care Physician program are not clear. Actually, the goal of the program is to develop the First Level Health Facilities as the front guardian in the primary healthcare so that the number of recommendations to the further healthcare (hospital) can be minimalized. The long-term target that the National Social Security for Healthcare wants to achieve is the deficit reduces. For doctors, it remains unclear. In the matter of economic welfare, whether or not the doctors at the First Level Health Facilities fairly paid as those specialists or the same amount as the general practitioners have. It is still questionable. Nevertheless, the other outputs have just come up to the surface. "Some colleagues have begun operating therapy groups for diabetes and some other illnesses' patients, Dr. Nasa said. It means that the doctors who graduated from the program have tried their best to make benefits in the society where they have patients to care. The benefits represent the real outputs of the program. The doctors of the program do not only make benefits in the financial management of the First Level Health Facilities, but also in the society for better healthcare. Sari et al. (2016) also state that the doctor is a humane characterized profession and cannot measure material meanings. The benefit analysis found in this study shares the same meanings with Sari's findings (not material only, but humane).

Those five reasons lead to some findings in this study. Through the mental accounting theory, one of the findings is that the doctors also analyze the cost-benefit in making the decision whether or not to join the Primary Care Physician education program.

## 5 CONCLUSION

For doctors, further studies are widely open. Besides master degree, there are some Specialist Programs that they may take based on the interests and abilities required in their profession. One of the programs, the Primary Care Physician, remains pros and cons among the doctors. The cost-benefit analysis in the doctors' thought leads them to decision making towards the program. The result of the study shows that the doctors are enthusiastic about joining the program if it is free. Unfortunately, the unfixed state of policy by the government brings about a doubtful consideration to deal with the program. The benefit analysis indicates that the material benefit the doctor hopes is not sufficiently covered. However, they still have the humane based benefits by implementing their knowledge and skill to help society. One extraordinary struggle they must go on when taking the Primary Care Physician program is their inmost welfare (satisfaction inside). The result of the study also signifies that the Primary Care Physician programmed by the government needs more time to have a better implementation. The prioritized work to do is the clear certainty of the policy so that those who want to participate in the program can achieve the inmost welfare. Besides those problems, the number of recommendations through the Primary Care Physician program requires more studies. The government and the National Social Security for Healthcare should think more alternatives following the circumstances.

This study is still probably limited. The data seem to be the major limitedness. It is hard to collect more data since there are only a few doctors who open themselves to join the program. Therefore, this qualitative design of the study has limited informants. It has an effect on the result of the study. The generalization cannot be taken. Even though it has become a new start opened for further studies, particularly in case of the Primary Care Physician program or any other policies made by the National Social Security for Healthcare.

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