

Evaluation Of The National Health Insurance Program In Tabalong District South Kalimantan 2014

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Abstract:-Tabalong has a regional health insurance program (Jamkesda) that ensuring the whole Tabalong District population to get free health care services. This study aims to determine the impact of the program on the implementation of the national health insurance program and health services in the Tabalong District. This study use mix method approaches between quantitative and qualitative methods. The implementation of the JKN program in the Tabalong district at six months of initial implementation includes; transitional membership of Askes, JPK Jamsostek, and Jamkesmas to Health BPJS; drafting local regulations and health care standards of health insurance in the area; improvement efforts of both health care facilities and health workers; and the development and evaluation of information systems. Jamkesda programs implementation remains in the Tabalong district, although some people have signed up as participants of Health BPJS. Barriers that occur include the number of health workers who are not sufficient and health workers knowledge who are still lacking in providing health services at JKN program. Local government need to develop policies and regulations to support the implementation of health insurance in the Tabalong district.

Keywords:-program evaluation, program implementation, national health insurance, regional health insurance, health service

I. INTRODUCTION

Jaminan Tabalong Sehat [JTS] was launched by the Tabalong Government in 2009 to respond the disparity faced by the public in obtaining health services both promotive, preventive, curative and rehabilitative caused by the inability of economic society in accessing these services. The people's inability can be looked by more people come to get free health services in Tabalong District, especially remote areas. JTS program is in line with the Vision of Tabalong that Tabalong Healthy, Intelligent, religious-based Prosperous that has placed the Health Sector as one of the priority sectors in Tabalong.¹JTS program started for testing in 2009 and completed for implementation in 2010 and continued until now. JTS program was awarded by the Autonomous Awards of The Java Post Institute of Pro-Autonomy [JPIP] Areas of South Kalimantan in 2012.²

JTS program is a health insurance dedicated to Tabalong people proofed by KTP/JTS card or other identification and t/have not covered by Health Insurance as Askes, Askeskin, Social Security, ASABRI or other. . With universal health coverage program, all the people who have not been assured by the Health Insurance will be able to obtain medical care without having to spend money from their own pockets, because Local Government has provided a grant to the JTS Implementation Unit with allocation of Rp. 4 billion per year.³

JTS program continues to this day. Local government budget for this program is still available even increased to Rp. 6.5 billion in 2014. While at the beginning of the program in 2014 is still valid, the transfer of participation and socialization JKN is still implemented in Tabalong. This study aims to determine the impact of the JKN implementation to the JTS implementation and health care programs in Tabalong District.⁴

II. METHODS

The study design used mixed methods approach between quantitative and qualitative sequential explanatory design. The design goal is to identify the sequence of proof component concept [subconcepts] through the analysis of quantitative data and then collect qualitative data to expand the information to be obtained.⁵

The subjects are people who have an important role in the implementation of JKN in Tabalong. The number of informants in qualitative research is 4 people, consisting of: [1] The Head of District Health Office of Tabalong; [2] The 1 Director of Tabalong General Hospital; [3] The head of the health center in one of the districts in Tabalong. Determination health center performed by selecting one of the health centers; [4]Office of BPJS Health Regional/Branch of Tabalong.

III. RESULTS AND DISCUSSION

JKN program implementation in Tabalong at the beginning six months of the membership transition from Askes, JPK Jamsostek, and Jamkesmas to BPJS Health. Based on in-depth interviews with the Head of Unit Participation and Participant Services of Health BPJS Branch Tabalong, JKN program implementation in Tabalong includes participant data, card distribution, advocacy to local governments and companies, and socialization to all people.

Data collection includes the participants data who never participated to participants who have registered for the Health Insurance and health card. Participants who previously registered immediately transferred into JKN. Participants who have not registered are socialized about the registration and use of JKN. In addition, also information on JKN card distribution to registered participants of the Military/Police and company.

Advocacy to the government decision to integrates jamkesda to BPJS health. While advocacy to the company performed to monitor the participants data in the company. Socialization performed to non participants about JKN marketing programs in both companies and the public. Socialization is also made to the registered participants to learn how to use JKN, both at the institutions [the participants data], companies, and local governments.

Formulation of local regulations and laws about standard fare and health care on health insurance in the region was carried out. During 2014, there were two local laws on the Management and Utilization of Capitation Fund of JKN and about Jaminan Kesehatan Daerah Sehat Sejahtera Bersama [New Tabalong Health Insurance Program].

Efforts were carried out to increase both health care facilities and health workers. First-level public health facilities has been all covered by health BPJS. While only five family doctors [the first-level private health facilities] are covered. Referral health facilities include district general hospitals H. Badaruddin Tanjung. While the private referral health facilities are still under process of credentialing.

Information system development and evaluation was also conducted, such as the provision of internet system at first-level health facilities. Provision of Internet network aims to facilitate information and evaluation system through primary care software [PCARE].⁶ In addition, the system also performs a routine evaluation. Supervision and control by health BPJS to referral health facilities by verification of the claim in the hospital. While at first-level health facilities to supervise and control of compliance in the delivery of referral visits by verifying the participants data. Supervision and control of the company performed by verification and payment of data [financial].

Jamkesda program remain to be implemented in Tabalong, although some people have signed up as a the BPJS Health participants. Implementation of jamkesda in Tabalong has been performed since 2009 through the launching of Jaminan Tabalong Sehat program [JTS]. JTS program is an insurance of health services dedicated to people of Tabalong evidenced by KTP/JTS card and not covered by other health insurance, such as Askes, Askeskin, Jamsostek, ASABRI.r. With the JTS program, the "universal coverage" ideally can be achieved. With the JTS program, all the people who have not been covered by Health Insurance will still be able to obtain medical care without having to pay [out of pocket], because Local Government has provided a grant to the Tabalong Insurance Program Unit with an allocation of Rp. 4 billion per year. In 2014, funding for the program budget JTS increased to Rp. 6.5 billion. Through the District Health Office of Tabalong. Implementation of the JTS in 2014 experienced improvements through the new regional health insurance program [Jamkesda Sehat Sejahtera Bersama]. Implementation of this program is set in the Local I Regulation No. 21/of 2014 of the Jaminan Sosial Sehat Sejahtera Bersama.

Barriers include the number of health workers who have insufficient knowledge and health workers who are still lacking in providing health services in the program. Based on data from health workers in Tabalong, the number and distribution of health workers still do not reach the standards.

Table 1. Comparison of Number of human health services with Standard Health Workforce

Position	Number [2013]	Number [2014]	Standard	Explanation
Specialist doctor	6	6	14	Lack
Doctor	42	48	91	Lack
Dentist	9	13	25	Lack
Nurse	253	267	269	Lack
Midwife	171	211	228	Lack

Source: District Health Office of Tabalong, 2013 and 2014

Based on above data, it can be seen that the number of health workers in Tabalong is still lacking. However, the distribution is quite evenly distributed in community health centers, but not in hospitals. Below are the distribution of health workers in one of health centers and hospitals that serve the participants data.

Table2. Distribution of Health Workers in One Health Center

Position	Number[2013]	Number[2014]	Standard	Explanation
Doctor	2	2	2	Appropriate
Dentist	1	1	1	Appropriate
Nurse	10	12	10	Appropriate
Midwife	7	9	6	Appropriate

Source: Kelua Community health center, 2014

Table3. Distribution of Health Workers in Hospitals [Type C]

Position	Number[2013]	Number[2014]	Standard	Explanation
Specialist doctor	4	4	8	Lack
Doctor	11	11	9	Appropriate
Dentist	2	2	2	Appropriate
Nurse	66	75	100	Lack

Source: H. Badaruddin Tanjung Hospital, 2014

Local government and District Health Office have made several efforts such as increased collaboration with primary care doctors, adding temporary employees [PTT] and provide fellowship to local students.

IV. CONCLUSSION AND SUGESTION

Implementation of the JKN program in South Kalimantan has been running and there is some improvement that has been achieved in the number of membership. In addition, the local health insurance is still running with the increased of funding from the previous year. Advice for the government to develop policies and regulations to support the JKN implementation has been formulated. In addition, there is a need for additional facilities and health workers in some areas that are still lacking.

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