Indonesian National Health Insurance: Gaps in Communication with Health-Care Providers

Susy K. Sebayang1, Ralalicia Limato2, Desak Ketut Ernawati3, Olivia Waworuntu4, Grace Monica Halim5, Edwin Widodo6

1Faculty of Public Health, Universitas Airlangga, Banyuwangi, East Java, Indonesia
2Department of Pharmacology and Therapeutics, Faculty of Medicine, Udayana University, Bali, Indonesia
3Faculty of Medicine, Sam Ratulangi University, Manado, North Sulawesi, Indonesia
4International Labour Organization - Indonesia, Jakarta, Indonesia
5Department of Human Physiology, Faculty of Medicine, Brawijaya University, Malang, Indonesia

Keywords: National health insurance, BPJS, Health-care providers, Corporate communication.

Abstract: The perspective of health-care provider on the implementation of the Indonesian national health insurance scheme managed by Badan Penyelenggara Jaminan Sosial (BPJS) in 2014 has not been reported much. This study aims to explore the gaps in communication between health-care providers and BPJS. Quantitative data was collected prior to an Indonesian health insurance workshop held in Jakarta in November 2015. Fifty health-care providers in Jakarta responded to a questionnaire. Two months later, a random sample of 20 providers who responded to the initial questionnaire agreed to a follow-up phone interview. Most of the respondents came to the workshop for more information on BPJS (69.6%) and 21.4% came to share their experience and to give feedback to BPJS. 72.7% of the respondents did not find the BPJS operational manual to be helpful for their need of information. 41.2% of respondents wanted more information on INA-CBG and tariff regulation, BPJS operational regulation (41.2%), and the verification system and reasoning (11.8%). The respondents did not have any feedback from BPJS nor did they see any changes in BPJS two months after the workshop. In conclusion: debates between health-care providers and BPJS have continued, indicating the need and willingness for both sides to communicate but the gaps of information persist. BPJS needs more innovation in relation to their communication system.

1 INTRODUCTION

Indonesian Law No 40/2014 established the national social insurance scheme to ensure basic life needs covering from health, work accident, pension, and life insurance. Indonesia started implementing the national health insurance scheme or Jaminan Kesehatan Nasional (JKN) in 2014 and has aimed for universal coverage by 2019 (Mboi, 2015). In Indonesia, JKN was mandated by law to be managed by Badan Penyelenggara Jaminan Sosial (BPJS). Concerns about JKN implementation, the people’s perception of JKN implementation and the financing system has been frequently assessed (Suprianto & Mutiarin, 2017; Utami & Mutiarin, 2017). Concerns about JKN implementation from the health-care providers’ perspective, however, has not been reported often. Issues such as the costs and the payments received by the doctors and providers has been only anecdotally reported. Studies on the gaps of communication between the two institutions in Indonesia are scarce.

It has been previously reported that 83% of health-care providers in Jakarta found that the JKN system was not beneficial for health-care providers. The reasons mostly mentioned were unrealistic costing in Indonesia Case Based Groups (INA-CBGs), a suboptimal payment system and complicated management (Sebayang et al., 2016). It is also known that there is distrust between health-care providers and insurers (Revive Health, 2017; Xu, 2017). However, there may also be gaps in the communication between BPJS and health-care providers that can potentially be bridged in order to improve the trust between BPJS and health-care providers. This study, thus, aims to explore the gaps...
in communication between health-care providers and
BPJS in Jakarta, Indonesia. The study was funded
by the Alumni Grants Scheme No AG 1400075 of
Australia Awards, Indonesia.

2 METHODS

The data was collected using quantitative and
qualitative methods in a descriptive study from the
participants of a one-day JKN workshop held in
Jakarta in November 2015. This workshop provided
an open discussion between JKN, represented by
BPJS, the Ministry of Health, and health-care
providers from public and private sectors including
clinicians and management officers. The health-care
providers who attended the workshop were
represented by clinicians and managers from the
public and private health sectors.

Prior to the workshop, all 103 attendants of the
workshop, including health-care providers, were
offered to respond to a pre-workshop questionnaire.
The questionnaire obtained information on the
participant’s reason for attending, the information
that they expected to get by attending the workshop,
and their opinion on what part of BPJS
implementation they found useful and what part
made their work more difficult. Two months after
the workshop, a random sample of 33 health-care
providers who responded to the original
questionnaire were contacted for a follow-up phone
interview with open-ended questions to obtain
information on their perception of the updates from
BPJS.

The quantitative data was analysed using
STATA 14. Common themes were obtained from
the qualitative data from the phone interview.

3 RESULT

Sixty eight out of the 103 respondents returned the
pre-workshop questionnaire, 50 of which were
health-care providers. All health-care respondents
worked in hospitals, 66% were female and 78%
represented hospitals that were already BPJS
providers. Of the 33 health-care providers randomly contacted two months later, 20 health-care
providers agreed to take a follow-up phone
interview. The pre-workshop questionnaire showed
that most health-care providers attended the
workshop to get new information about JKN or
BPJS (69.6%) and one fifth (21.7%) of the providers
wanted to share their experience and to provide
suggestions for the better implementation of the
insurance scheme (Table 1).

<table>
<thead>
<tr>
<th>Motivation for Attending</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invited</td>
<td>4</td>
<td>8.7</td>
</tr>
<tr>
<td>To get new information</td>
<td>32</td>
<td>69.6</td>
</tr>
<tr>
<td>To share and give suggestion</td>
<td>10</td>
<td>21.7</td>
</tr>
</tbody>
</table>

For the question about whether or not the
participants found that the BPJS operational
guideline were helpful, 44 providers answered but
only 34 participants provided details of what
information they needed more. Out of the 44
providers who answered, 72.7% reported that they
did not find the BPJS operational guideline to be
helpful. Most providers wanted more information
on the INA-CBGs and tariff policy (41.2%) and
updates on the operational regulations including
the primary update (41.2%). Some providers also
wanted more information on the BPJS verification
system (11.8%). A smaller number of providers
wanted information on the health service (disease
definition policy, service coverage, quality and
patient safety) after JKN implementation,
member (how to be a BPJS provider, what
membership information is to be given to patients)
and other information (BPJS implication on medical
audits and sharing of the patients’ medical record,
BPJS success stories and government expectations
of private hospitals regarding BPJS) (Table 2).

<table>
<thead>
<tr>
<th>Information Needed by Providers</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>INA-CBGs and tariff policy</td>
<td>14</td>
<td>41.2</td>
</tr>
<tr>
<td>Update on operational regulation</td>
<td>14</td>
<td>41.2</td>
</tr>
<tr>
<td>Verification System</td>
<td>4</td>
<td>11.8</td>
</tr>
<tr>
<td>Health Service</td>
<td>3</td>
<td>8.8</td>
</tr>
<tr>
<td>Membership</td>
<td>2</td>
<td>5.9</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>8.8</td>
</tr>
</tbody>
</table>

Only 37 providers reported what they found to be
useful from BPJS implementation and what they
thought made their work more difficult. Health-care
providers found that the unrealistic INA-CBGs
(24.3%) made their work more difficult.
Interestingly, the referral system and the coding
system were perceived as being both positive and
negative. The verificators not having a medical
degree was reported to be a drawback (13.5%) and
was perceived as ‘trespassing doctor’s authority’,
followed by limited medical knowledge and a lack
of socialisation. Other drawbacks reported included
a lack of hemodialysis service, piles of paperwork,
and limited allowable diagnostic checks. Approximately 15% of providers did not find any positive side of BPJS implementation that was useful for their work. They reported other positive aspects, albeit which was small in proportion, including the availability of complete patient information, the emergency unit service, BPJS centres, and providers perceived by the community as having good intentions. A provider also perceived the BPJS verification system as positive (Table 3).

Table 3: Providers’ answers on their perception of JKN and its implementation

<table>
<thead>
<tr>
<th>Perception</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived as negative (N=37)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrealistic INA-CBGs</td>
<td>9</td>
<td>24.3</td>
</tr>
<tr>
<td>Referral System</td>
<td>9</td>
<td>24.3</td>
</tr>
<tr>
<td>Coding System</td>
<td>8</td>
<td>21.6</td>
</tr>
<tr>
<td>Verifiers are not doctors</td>
<td>5</td>
<td>13.5</td>
</tr>
<tr>
<td>Limited Medicine</td>
<td>4</td>
<td>10.8</td>
</tr>
<tr>
<td>Lack of Socialization</td>
<td>3</td>
<td>8.1</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>13.5</td>
</tr>
<tr>
<td>Perceived as positive (N=37)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JKN is a Pro-poor Policy</td>
<td>7</td>
<td>26.9</td>
</tr>
<tr>
<td>Coding System</td>
<td>5</td>
<td>19.2</td>
</tr>
<tr>
<td>Referral System</td>
<td>5</td>
<td>19.2</td>
</tr>
<tr>
<td>Nothing positive</td>
<td>4</td>
<td>15.4</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>19.2</td>
</tr>
</tbody>
</table>

In the follow up interview, the health-care providers reported that they had not received any more updates from BPJS since the workshop and most providers reported not seeing any improvement in the BPJS system (85%). Fifteen percent of the providers reported that they were starting to become BPJS providers after the workshop.

4 DISCUSSION

The study found gaps in the communication between BPJS as JKN implementers and health-care providers. Most of the providers found that the information provided in the BPJS operational manual was unsatisfactory and they needed to come to the workshop to get more information and clarification. In addition, the providers came to the workshop to share their experiences to give suggestions for the better implementation of BPJS, indicating a willingness to open up communication.

Although literatures on communication between patients and health-care providers are abundant (Anderson, Wescom, & Carlos, 2016; Kee, Khoo, Lim, & Koh, 2017; Sandu, Caras, & Nica, 2013), there is a lack of reports on communication between health care providers and insurance company, not only in Indonesia, but globally. However, our finding was in-line with a review study of publication on JKN reporting that socialization of technical aspects of BPJS to both hospitals and community health centres were limited (Irwandy, 2016; Marlinae, Rahman, Saputra, & Anhar, 2016).

The study previously reported that 83% of health-care providers found that BPJS was not beneficial to providers due to the unrealistic costing in relation to INA-CBGs, the suboptimal payment system and complicated management (Sebayang, et al., 2016). The current study has shown that health-care providers found some positive sides to BPJS although clarifications are urgently needed to close the gaps in communication. The clarifications mostly needed by the providers were for the INA-CBGs and tariff policy and for updates on the new regulations. The finding is in line with a study that reported health care provider dissatisfaction on the tariffs (Irwandy, 2016).

Participants during the workshop claimed that the regulations changed too often and sometimes the changes in the regulations were made effective retrospectively, affecting past cases that consequently brought more administrative burden to the providers. Referrals and the coding system have the potential for easy clarification as they were perceived as being both positive and negative by the participants. Having an effective referral and back-referral system as well as case coding system will help the providers in managing their workload. Clarification on the verification system was also needed. Providers, mostly having a medical background, felt that having verificators without a medical background made their work harder. Although not opposing verification per-se, the workshop discussion revealed that the participants perceived the verificators as not understanding the cases properly and trespassing doctor’s authority. The opposition against non-medical personnel doing the verification of a doctor’s work is a source of distrust between BPJS and the health-care providers. Another remaining important challenge for BPJS was that 15% of the participants did not find any benefits of BPJS. BPJS may need to design a comprehensive communication strategy specifically for providers.

Like other companies, BPJS will benefit from a more active stance of corporate communication, such as increase in market, long term reputational risk management and better management (Eccles &
As BPJS relies heavily on health-care providers and their quality of care, good communication between BPJS and providers will build trust and benefit BPJS in long term collaboration with health-care providers in providing health access to all.

5 CONCLUSION

There are gaps in the communication between BPJS and the health-care providers. Debates between health-care providers and BPJS have continued, indicating the need and willingness for both sides to communicate but the gaps of information persist. BPJS needs more innovation in their communication system to bridge the gap with health-care providers by providing the information that they need and ensuring updates and socialisation immediately after any changes in the regulations. Common understanding needs to be reached for a better accepted verification system.

REFERENCES


