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

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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 accidence, 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

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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 1: Health-care providers' motivation for attending the workshop (N=46)

Motivation for Attending	N	%
Invited	4	8.7
To get new information	32	69.6
To share and give suggestion	10	21.7

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 prevention policy, service coverage, quality and patient safety) after JKN implementation, membership (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 2**:** New information needed by health-care providers (N=34)

Information Needed by Providers	N	%
INA-CBGs and tariff policy	14	41.2
Update on operational regulation	14	41.2
Verification System	4	11.8
Health Service	3	8.8
Membership	2	5.9
Other	3	8.8

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 it's implementation

Perception	n	%
Perceived as negative (N=37)		
Unrealistic INA-CBGS	9	24.3
Referral System	9	24.3
Coding System	8	21.6
Verificators are not doctors	5	13.5
Limited Medicine	4	10.8
Lack of Socialization	3	8.1
Other	5	13.5
Perceived as positive (N=37)		
JKN is a Pro-poor Policy	7	26.9
Coding System	5	19.2
Referral System	5	19.2
Nothing positive	4	15.4
Other	5	19.2

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 &

Vollbracht, 2006). 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.

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