

CERTIFICATE

OF APPRECIATION



This certificate is awarded to

Putu Ayu Indrayathi

In recognition for your contribution as a
ORAL PRESENTER

at THE 5th INAHEA ANNUAL SCIENTIFIC MEETING (ASM) 2018
"SPIRALING ECONOMIC EVIDENCE TO BOOST NATIONAL HEALTH POLICIES"
OCTOBER 31st - NOVEMBER 2nd, 2018
JAKARTA, INDONESIA

Prof. dr. Hasbullah Thabrany

A handwritten signature in black ink, appearing to read 'Hasbullah'.

Chairman of InaHEA

Prof. Budi Hidayat, SKM, MPPM, PhD

A handwritten signature in black ink, appearing to read 'Budi'.

InaHEA ASM Co-Chair



THE RELATIONSHIP OF STRUCTURAL SERVICE MANAGEMENT PERCEPTION WITH SELECTION OF FIRST LEVEL HEALTH FACILITIES OF JKN PARTICIPANTS IN DENPASAR

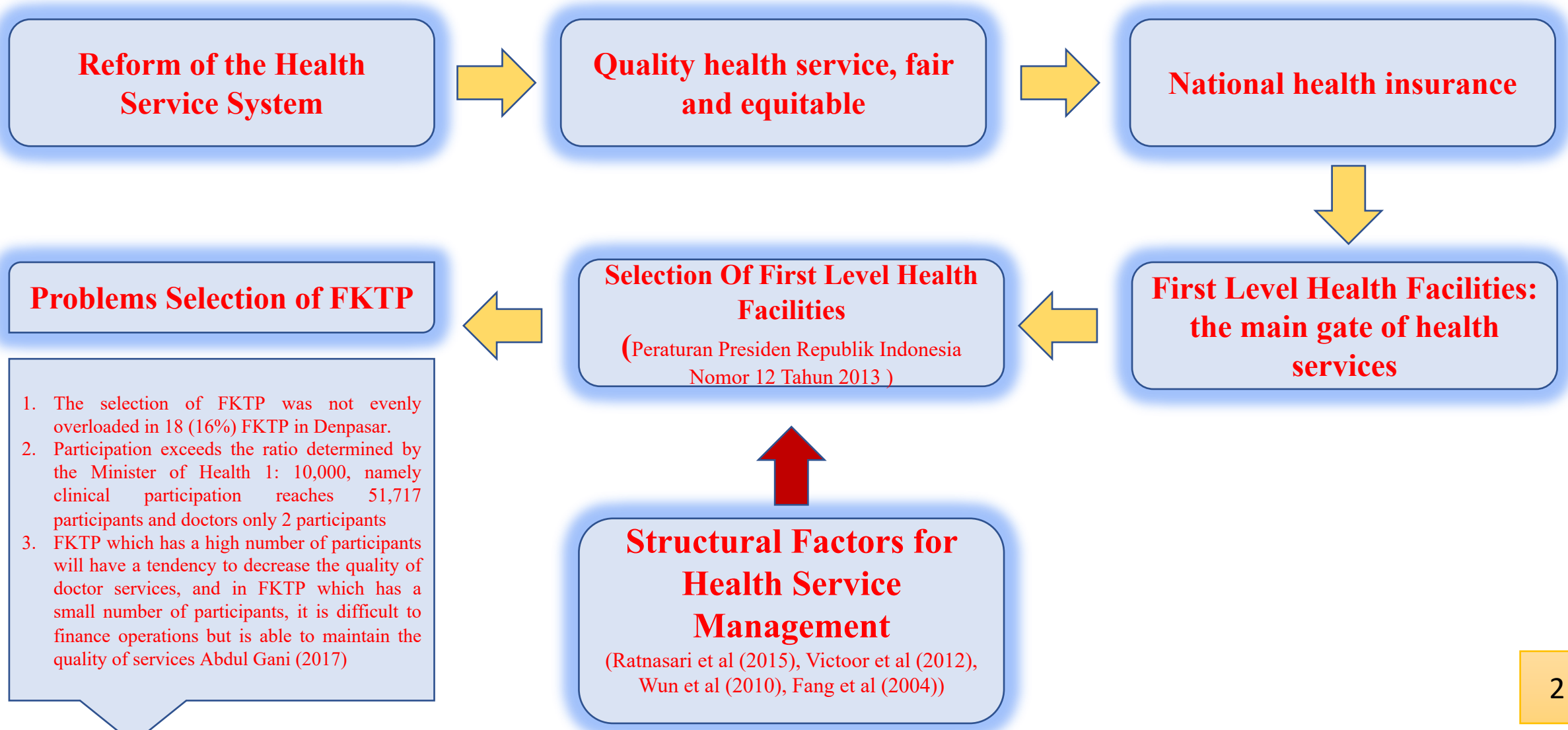
Putu Nitya Nirmala ¹, Putu Ayu Indrayathi ², Pande Putu Januraga³

Email :nitya_nirmala@yahoo.com

¹Magister of Public Health, Faculty of Medicine, Udayana University

^{2,3}Department of Public Health and Preventive Medicine, Faculty of Medicine, Udayana University

BACKGROUND



Structural Factors For Health Service Management

(Ratnasari et al (2015), Victoor et al (2012), Wun et al (2010), Fang et al (2004))



Completeness Of Health Facilities

Ability Of Health Workers

Distance Of Health Services

Service Operating Time

Completeness Of Medicines And Medical Devices

AIMS :

GENERAL :

1. To find out the relationship between the structural perception of health service management and the selection of the first level of health facilities carried out by participants of the National Health Insurance in Denpasar.

SPEISIFIC :

1. To find out the complete relationship between health service facilities and the selection of FKTP types chosen by JKN participants.
2. To determine the relationship between the ability of health workers and the selection of FKTP types chosen by JKN participants.
3. To find out the relationship between the distance of health services and the selection of FKTP types chosen by JKN participants.
4. To find out the relationship between the operational time of health services and the selection of FKTP types chosen by JKN participants.
5. To find out the relationship between the completeness of medicines and medical devices with the selection of FKTP types chosen by JKN participants.
6. To find out the relationship between the characteristics of JKN participants, the gender of the respondents, the respondent's education, the age of the respondent, the history of the participant's check with the health workers in the selected FKTP, the selected National Health Insurance class and the chronic disease history of the respondents with the selection of FKTP types chosen by JKN participants.

METHODS

Design

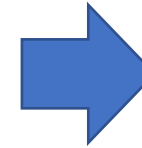
- Cross sectional analytic

Population

- Target Population: All JKN participants in Denpasar
- Affordable Population: All JKN participants in 22 Banjar selected

Sample Size

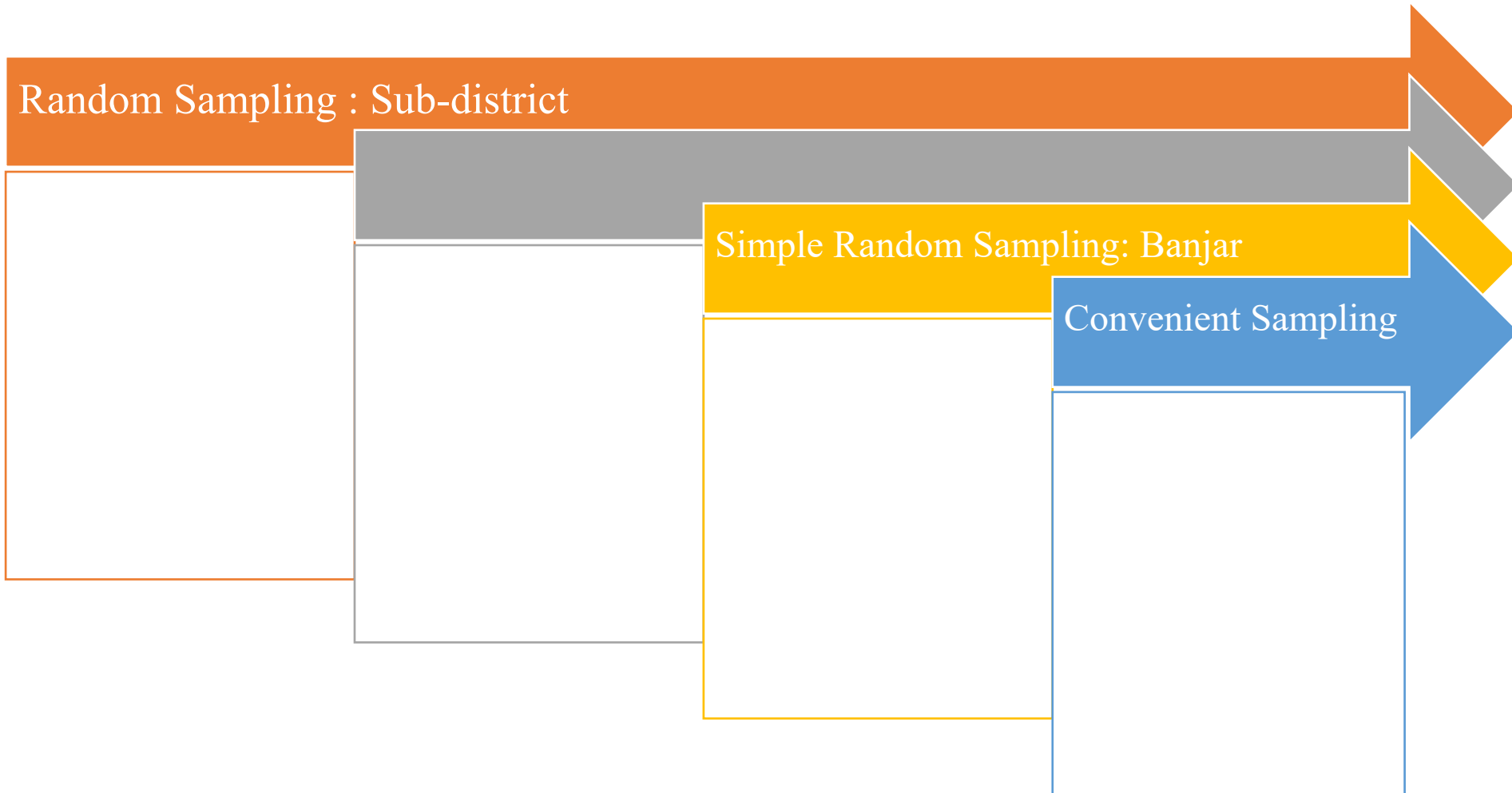
$$n = \frac{\left\{ z_{1-\alpha/2} \sqrt{2\bar{P}(1-\bar{P})} + z_{1-\beta} \sqrt{P_1(1-P_1) + P_2(1-P_2)} \right\}^2}{(P_1 - P_2)^2}$$



273

Sumber: Sample size WHO

Sample Frame



Data Source: Primary Data



Research Instruments

- Questionnaire (Leksana (2016), Ratnasari et al (2012) dan Permenkes No 71 Tahun 2013)
- Skala Likert: strongly disagree to have a value of 1, disagree with a value of 2, doubtful has a value of 3, agree to have a value of 4 and strongly agree to have a value of 5.

DATA PROCESSING

- Giving a score, including in the work table then the data is entered into the computer using the SPSS application

- Data cleaning by checking missing data, inconsistent data and illegal codes.

- Researchers analyzed the data by means of univariate analysis, bivariate analysis and multivariate analysis.

DATA ANALYSIS

Univariate

- Frequency Distribution → Tables and interpretations

Bivariate

- Simple multinomial logistic regression

Multivariate

- Multinomial logistic regression

Table 1. Characteristics of Respondents

Variable	Selection Of FKTP (N=273)
Age	
Young adult	61 (22,3%)
Adult	86 (31,5%)
Pre elderly	126 (46,2%)
Gender	
Female	142 (52%)
Man	131 (48%)
Education	
High	61 (22,3%)
Medium	143 (52,4%)
Low	69 (25,3%)
Class of JKN	
First	80 (29,3%)
Second	125 (45,8%)
Third	68 (24,9%)
Health check history	
Ever	91 (33,3%)
Never	182 (66,7%)
History of chronic diseases	
Yes	41 (15%)
No	232 (85%)

Table 2. Proportion of characteristics of respondents based on FKTP selection

Variable	Type of FKTP				
	Puskesmas		Private pratama clinic		Doctor Practice (referensi)
	(N=58)	p	(N=180)	p	(N=35)
	n(%)	value	n(%)	value	n(%)
Age					
Young adult	8 (13,1%)	-	43 (70,5%)	-	10 (16,4%)
Adult	19 (22,1%)	0,120	58 (67,4%)	0,420	9 (10,5%)
Pre elderly	31 (24,6%)	0,118	79 (62,7%)	0,756	16 (12,7%)
Gender					
Female	25 (17,6%)	0,067	95 (66,9%)	0,275	22 (15,5%)
Man	33 (25,2%)	-	85 (64,9%)	-	13 (9,9%)
Education					
High	14 (23%)	0,927	39 (63,9%)	0,518	8 (13,1%)
Medium	31 (21,7%)	0,742	92 (64,3%)	0,375	20 (14%)
Low	13 (18,8%)	-	49 (71%)	-	7 (10,1%)
Class of JKN					
First	18 (22,5%)	0,363	54 (67,5%)	0,389	8 (10%)
Second	23 (18,4%)	0,021	79 (63,2%)	0,032	23 (18,4%)
Third	17 (25%)	-	47 (69,1%)	-	4 (5,9%)
Health check history					
Ever	33 (36,3%)	0,981	38 (41,8%)	0,001	20 (22%)
Never	25 (13,7%)	-	142 (78%)	-	15 (8,2%)
History of chronic diseases					
Yes	9 (22%)	0,583	28 (68,3%)	0,532	4 (9,8%)
No	49 (21,1%)	-	152 (65,5%)	-	31 (13,4%)

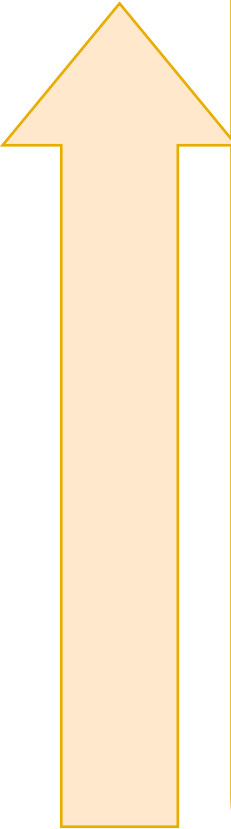
Table 3. Proportion of structural perception of health service management based on FKTP selection

Variable	Type of FKTP				
	Puskesmas		Private pratama clinic		Doctor Practice (referensi)
	(N=58)	P	(N=180)	p	(N=35)
	n(%)	value	n(%)	value	n(%)
Structural health service management					
Important	27 (17,5%)	0,376	114 (74%)	0,005	13 (8,4%)
Not too important	31 (26,1%)	-	66 (55,5%)	-	22 (18,5%)
Completeness of health facilities					
Important	39 (21,4%)	0,001	134 (73,6%)	0,001	9 (4,9%)
Not too important	19 (20,9%)	-	46 (50,5%)	-	26 (28,6%)
Ability of health workers					
Important	20 (19,8%)	0,283	65 (64,4%)	0,285	16 (15,8%)
Not too important	38 (22,1%)	-	115 (6,9%)	-	19 (11%)
Distance of health services					
Important	41 (22,5%)	0,064	123 (67,6%)	0,057	18 (9,9%)
Not too important	17 (18,7%)	-	57 (62,6%)	-	17 (18,7%)
Service operating time					
Important	31 (16,2%)	0,649	143 (74,9%)	0,001	17 (8,9%)
Not too important	27 (32,9%)	-	37 (45,1%)	-	18 (22%)
Completeness of medicines and medical devices					
Important	19 (18,3%)	0,894	74 (71,2%)	0,286	11 (10,6%)
Not too important	39 (23,1%)	-	106 (62,7%)	-	24 (14,2%)

Table 4. Adjusted OR respondent characteristics and structural perceptions of health service management

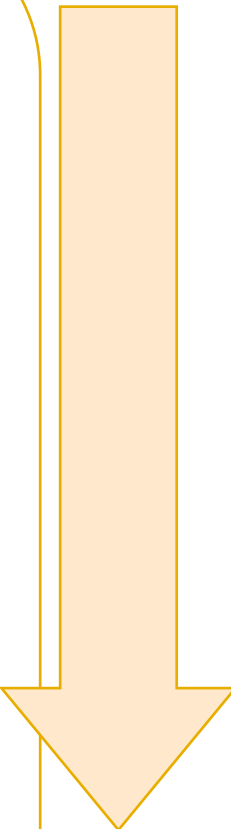
Variable	Type of FKTP								
	Puskesmas				Private pratama clinic				Doctor Practice
	Adjusted OR	95%CI		P value	Adjusted OR	95%CI		P value	(referensi)
		Lower	Upper			Lower	Upper		
Health check history	0,733	0,275	1,958	0,536	4,512	1,858	10,957	0,001	ref
Completeness of health facilities									
Important	7,833	2,722	22,541	0,001	7,176	2,757	18,679	0,001	ref
Not too important	-	-		-	-	-		-	
Ability of health workers									
Important	0,4	0,141	1,134	0,085	0,298	0,116	0,768	0,012	ref
Not too important	-	-		-	-	-		-	
Service operating time									
Important	0,625	0,228	1,713	0,361	2,666	1,054	6,741	0,038	ref
Not too important	-	-		-	-	-		-	

DISCUSSION

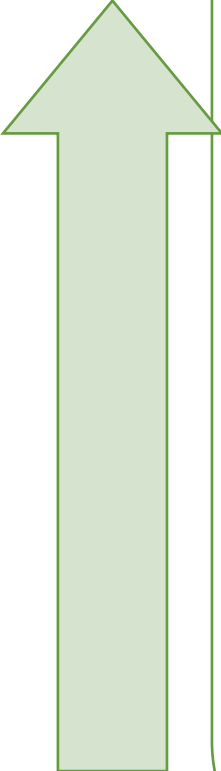


Checking history with FKTP before becoming a JKN participant was able to give consideration in choosing FKTP, this is in line with the research of Kao, et al (1998) which mentions in his research that the relationship of patients with doctors affects patient trust in doctors who will handle their health problems with $p = 0.001$. The longer the duration of the doctor's relationship with the patient creates stronger trust which results in the patient no longer taking into account costs

In contrast to the research of Katherine Harris (2003) states the source of information about the trust and quality of doctors by other consumers who have chosen the doctor does not affect other consumers to move to choose the doctor. Patients as consumers are passive towards health services, patients choose personal doctors by highlighting the evidence that health care places are widely chosen by the general public (market oriented), without any previous check history.

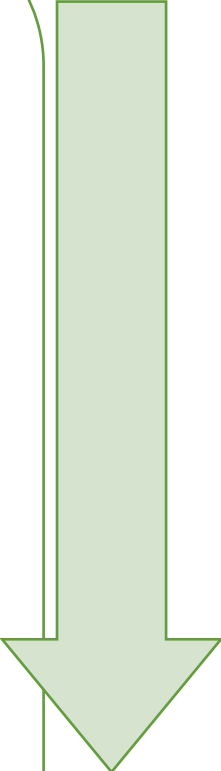


Continue..

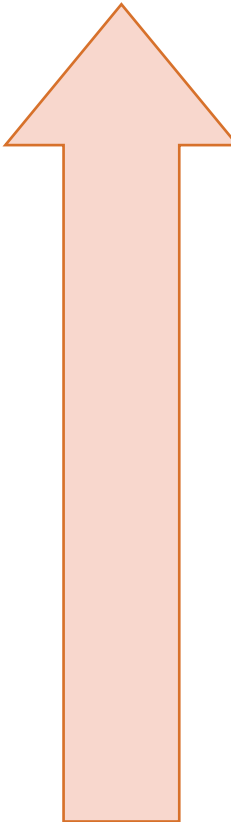


The results of this study were supported by Ratnasari et al. (2012), an amount that is likely to have a significant relationship to the determinants of health facilities with a value of $p < 0.001$ where complete facilities such as primary facilities and health facilities will provide appropriate information to select these health facilities.

In contrast to the completeness of health care facilities in the study Rahmad (2016) is not a factor that influences the selection of FKTP, the results of the study stated that health care facilities available in FKTP especially health centers did not have a significant relationship in the selection of FKTP on JKN participants but the most related, that is, the friendliness of officers with $p = 0.001$. Hospitality of the staff provides a sense of comfort in accessing health services.

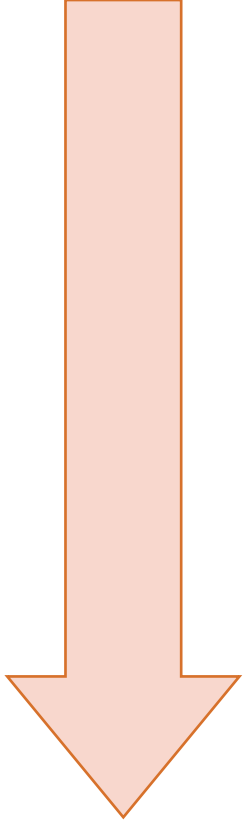


Continue..

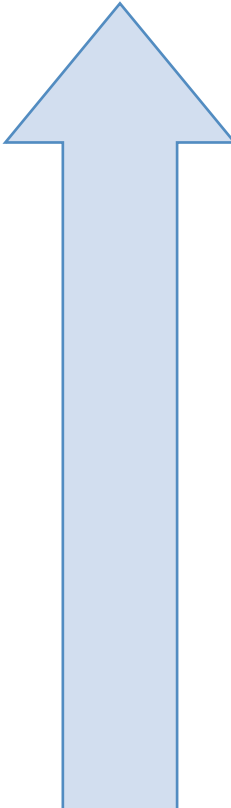


The results of Victoor's research, et al (2012), support the results of this study which mentions in his research the belief in the ability of doctors related to people's perceptions in choosing health facilities that will deal with health problems that occur in the community itself or their families. Hospitality friendliness is one of the factors related to the selection of health facilities with $p = 0.026$ (Ratnasari et al. 2012).

In contrast to Schmittiel et al. (1997) stated that the relationship between the selection of personal physicians by patients is not only judged by the high satisfaction with the ability of doctors, but many factors that influence such as patient demographics, socioeconomic differences, health values, physician demographics and all these factors together high satisfaction so that the doctor can be chosen as the patient's personal doctor.



Continue..



Ratnasari et al. (2012), support the results of this study where the results of the study stated that the service time associated with the selection of health facilities seen from $p < 0.001$ indicates that service time has a significant relationship to the selection of health facilities. According to research Bornstein, et al (2001), mentions management practices of health services such as waiting time is an important thing to consider in choosing a health facility.

Gupta and Denton (2008) state that service or scheduling times have many influential factors such as arrival variability and service time, patient and provider preferences, available information technology and scheduling staff experience levels, there are barriers to determining a good scheduling system for service performance cannot be a determining factor in community consideration to access health services because this is relative.

RESEARCH LIMITATIONS

The limitation in this study is that the place of this research only examines in Denpasar City so that for broader generalizations must pay attention to the characteristics of the place that has the same characteristics.

CONCLUSION

Perceptions of the importance of structural factors in health care management, especially in the completeness of service facilities and service operational time, increase the selection of FKTP, especially in private pre-clinical clinics, while the perception of the importance of health workers' ability to increase FKTP selection, especially the practice of doctors, in addition to check history related to FKTP selection.

Therefore, BPJS Kesehatan can arrange the selection of FKTP by considering the structural management of services, especially the completeness of facilities, the ability of health workers and the operational time of services in reducing the accumulation of participants in FKTP.

THANK YOU