

CERTIFICATE

OF APPRECIATION



This certificate is awarded to

Putu Ayu Indrayathi

In recognition for your contribution as a

ORAL PRESENTER

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"SPIRALING ECONOMIC EVIDENCE TO BOOST NATIONAL HEALTH POLICIES"

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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 Hidayat'.

InaHEA ASM Co-Chair





**'KRAMA BADUNG SEHAT' AS HEALTH FINANCING POLICY TO
ACHIEVE UNIVERSAL HEALTH COVERAGE IN NATIONAL HEALTH
INSURANCE ERA**

INTRODUCTION

The ultimate goal of a country's health financing is to achieve universal coverage (UHC)

January 2017 The Government of Badung District =
KBS Program
regional health insurance that is integrated with the National Health Insurance

The KBS program aims to improve the quality of service and the health status of the residents of Badung Regency.

However, there are several problems hamper its implementation such as:

1. People who have died and moved to domicile still get a card
 2. There was an error in printing card numbers and inactive cards
- The problem of making and distributing cards is interesting to discuss because the presence of medical identity cards such as KBS cards is an important supporting tool for fluency in health care facilities, both FKTP and FKRTL (primary and secondary care)

- ▶ Puskesmas Kuta Utara one of the FKTPs in Badung Regency that participated in KBS-JKN. Based on data in December 2017 the number of general patient visits was 1,006 people (45%) while KBS-JKN participant visits were 1,211 people (55%), but there were 372 KBS-JKN participants whose FKTP was not registered at Puskesmas Kuta Utara . This was because KBS participants did not know about the procedures for using KBS-JKN

- This also happened in the RSD Mangusada, where based on preliminary studies conducted by researchers, most KBS participants did not yet know about the procedures for using KBS-JKN.

- According to Notoatmodjo (2003) in Dian (2014) Knowledge or cognitive is a very important factor in shaping one's actions. By knowing the knowledge of KBS participants, the behavior of KBS participants including behavior in terms of KBS utilization can be predicted

METHODE

- ▶ This research is descriptive cross sectional mix methods (quantitative and qualitative) approach
- ▶ Data was collected through questionnaires to 110 KBS participants who were hospitalized at RSDMangusada, 100 KBS participants at Puskesmas Kuta Utara and in-depth interviews with 1 key informant namely Head of Health Resources at Badung District Health Office and 5 people village officials.

RESULTS

KBS Policy Based on Community Perspective in Puskesmas Kuta Utara

- Based on age, 78 respondents (78%) included the full adult category (26-65 years), the elderly group were 7 respondents (7%), while the young adult group was 15 respondents (15%) Based on gender, male respondents were 51 respondents (51%) and female 49 respondents (49%)
- Based on education, 54 respondents (54%) had the last diploma education and were the highest frequency, 37 respondents (37%) had the last education graduating from high school, 6 respondents (6%) graduated from junior high school, 3 respondents (3%) finished Elementary School, and there were no respondents who did not attend school (0%)
- Respondents with other occupational groups (not working, farmers, traders and entrepreneurs) amounted to 32% (32 respondents), students as many as 9 respondents (9%), civil servants 24 respondents (24%), private employees 26 respondents (26%) and retired civil servants 9 respondents (9%).

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- ▶ In general, respondents' knowledge about the Procedure for Utilizing KBS-JKN Health Insurance is in the less category (69%) and 31 respondents (31%) have good knowledge.
- ▶ Based on the aspects of KBS-JKN membership provisions as many as 43 respondents (43%) had good knowledge, while lack of knowledge were 57 respondents (57%).
- ▶ The level of knowledge of respondents based on the rights and obligations of KBS-JKN participants, 44 respondents (44%) had a good level of knowledge, while 56 respondents (56%) had a lack of knowledge. Knowledge of respondents based on the procedure aspects of the use of KBS-JKN services, good knowledge category 58 respondents (58%) and less knowledge as many as 42 respondents (42%).
- ▶ Knowledge of respondents based on aspects of KBS-JKN service utilization, good knowledge level of 51 respondents (51%) and knowledge lacking 49 respondents (49%)

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KBS Policy Based on Community Perspective in RSD Mangusada

- ▶ The age group of the respondents with the highest frequency was 30 people (27.3%) in the elderly (> 65 years) while the lowest was as many as 4 people (3.6%) were the early teen age groups (12-16 year). The average age of the study respondents was at 51 years with the smallest age of 14 years and the oldest age was 95 years.
- ▶ Based on gender, respondents who were of the same sex were of a greater frequency than women. The number of respondents male sex is as many as 56 people (50.9%) and the female sex is 54 people (49.1%).
- ▶ Based on the latest education level, the respondents of the study mostly took 42 high school education (38.2%), while the lowest frequency was as many as 6 people (5.5,%) taking undergraduate final education.
- ▶ Based on the type of work, most of the study respondents were 34 people (30.9%) as private employees. While the least frequency is as retirees and civil servants, each of them is 1 person (0.9%).

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Knowledge category	Frequency	%
Good	77	70
Less	33	30
Total	110	100

The results showed that the level of knowledge of inpatients at Badung District Hospital in Mangusada about the KBS program was 77 respondents (70%) in the category of good knowledge and 33 respondents (30%) who had a low level of knowledge

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- ▶ However, if viewed from the aspects of the KBS program, it is known that for aspects of the definition of KBS, 92 people (83.6%) had a good level of knowledge.
- ▶ While as many as 18 people (16.4%) have a lack of knowledge. For the level of knowledge of inpatients about the objectives of the KBS program, most of the respondents, namely 96 people (87.3%) had a good level of knowledge.
- ▶ While as many as 14 people (12.7%) have a lack of knowledge. For the level of knowledge of inpatients about the requirements to be a participant from the KBS program, most respondents had good knowledge as many as 108 people (98.2%).
- ▶ While only as many as 2 people (1.8%) have a lack of knowledge. For the level of knowledge of inpatients about the registration procedure for KBS participants as many as 60 people (54.5%) respondents have good knowledge.
- ▶ While as many as 50 people (45.5%) have a lack of knowledge.

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- ▶ While the level of knowledge of inpatients regarding the place to obtain health services for KBS participants was 57 people (51.8%) respondents had less knowledge. While those who have good knowledge are 53 people (48.2%).
- ▶ For the level of knowledge of inpatients about the additional benefits of KBS participants who were not covered by JKN as many as 73 people (66.4%) respondents had less knowledge. Only 37 respondents (33.6%) had good knowledge. To keep in mind the knowledge of inpatients about the requirements to get health services at the first level health facilities as many as 59 people (53.6%) respondents had good knowledge.
- ▶ While as many as 51 people (46.4%) have a lack of knowledge, and The level of knowledge of inpatients about the requirements for obtaining health services in advanced referral health facilities was 106 people (96.4%) respondents had good knowledge. Whereas only 4 people (3.6%) have a lack of knowledge.

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For aspects of the rights of KBS participants, the level of knowledge of inpatients about the submission of complaints to the KBS program was 66 people (60%) respondents had good knowledge.

- ▶ While as many as 44 people (40%) have a lack of knowledge. For the level of knowledge of inpatients about the KBS card printing flow as many as 79 people (71.8%) respondents had less knowledge. While as many as 31 people (28.2%) have a good level of knowledge

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KBS Policy Based on the Perspective of the Badung District Health Office

Implementing Staff for the Creation and Distribution of Krama Badung Sehat cards is the Health Office, specifically the Field of Health Resources (SDK)

"...Bapak Bupati yang utama, kami dibawahnya hanya bupati... yang melakukan tugas khusus adalah kami di dinas kesehatan terutama di waktu itu adalah eee bidang pemberdayaan kesehatan masyarakat tahun 2016 yaaa".
(Informan Kunci)

Card printing is carried out by other parties, due to the limitations of implementing staff in IT matters

"Tim pelaksananya waktu itu ya karena program itu harus kita wujudkan, nah itu harus kita anu ee eee apanamanya cukup engga cukup yaa kita harus laksanakan, ya sesungguhnya kalo dibilang dari pengalaman untuk mencetak kartu secara IT itu kita kan tidak punya pengalaman itu, yaa kita harus melelangkan sih program itu yaa, kegiatan itu". (Informan Kunci)

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Funding for the Creation and Distribution of Krama Badung Sehat Cards

- ▶ from the Badung Regency APBD in accordance with the Badung Regent Regulation Number 73 of 2016 concerning the Healthy Badung Krama Program. The informant said there were no problems in terms of funding. So the budgeted funds are sufficient for the needs of the program.

“Ndak dari dana anggaran tidak ada masalah, cukup”. (Informan Kunci)

Printing errors have been handled internally, that is, tenders have compensated for card printing

“saya kan minta di speknya yang datang direkam, udah, yang datang direkam direkam sidik jari photo. itu yang dicetak, dia yang yang dia cetak yang tidak datang pun cetak kan itu tanggung jawabnya dia sekarang mengembalikan gituuu...”. (Informan Kunci)

LANJUTAN..

Coverage of Communities with Healthy Krama Badung Cards

The people of Badung Regency have not all obtained KBS cards, but in terms of service, the entire Badung community can use them even though they do not have a KBS card.

“Kalo dengan kartu belum, apalagi dalam proses pencetakan awal itu banyak yang belum mendapatkan kartu. Tapi dari segi pelayanan, dari segi pelayanan KBS dia dapatkan semuanya...”.
(Informan Kunci)

According to the informant, the problems in terms of making and distributing cards arise due to two things, the first data is inaccurate and the second is due to errors during distribution.

“eee yang pertama mungkin karna eee ingin cepatnya biar masyarakat mendapatkan pelayanan kesehatan yang sebanyak-banyaknya sehingga tidak akuratnya antara data yang dihasilkan dari perekaman dengan data yang dipakai dasar untuk mencetak kartu, sehingga ada masyarakat kami yang sudah meninggal masih mendapatkan kartu, berarti tidak ee ee akurat. Nah itu terus yang kedua, pada waktu eee kartu sudah ada yang siap, pada waktu pendistribusiannya ada eee miss distribusi artinya yang satu banjar namanya tercantum terus kartunya eeee tiba di banjar lain nike...”. (Informan 5)

DISCUSSION

- ▶ The lack of knowledge of KBS participants about some aspects of the KBS program can have an impact on the low behavior of respondents to the participation and use of KBS later. This is supported by the research of Soewartoyo and Triyono, (2013) which states that if the low level of knowledge of the objectives of a guarantee can cause the low behavior of the target to participate in the guarantee.
- ▶ In addition, based on Lukiono's research (2010), it is known that there is a significant relationship between the knowledge and attitudes of respondents to the behavior of Jamkesmas respondents. The limited knowledge of respondents regarding the KBS program was due to a lack of socialization which caused limited information held by respondents. In addition, these problems arise after the distribution of cards due to inaccurate data and errors during distribution. In this case there is a great need for enthusiasm and involvement from various parties, both the government, village officials and the Badung community.
- ▶ Support from various parties will make a program run optimally. Oktavia and Saharuddin (2013) show that there is a relationship between the role of stakeholders and community participation in program implementation. Thus, the higher the level of the role of stakeholders, the higher the level of community participation.

RECOMMENDATION

- ▶ Socialization has been done frequently through social media and in cooperation with education institution such as Dhyanapura University which has Faculty of health and science
- ▶ Monitoring and Evaluation should be done in proper manner so that District of Health can produce better planning in the implantation of KBS

THANK YOU