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The Influence of Health Financing Model and Control Compliance on Increasing Health Degree in Outcoming Patients in RSUD Dr. H. Moh. Anwar Sumenep

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ABSTRACT

Health is a human right for everyone. Health financing is one of the health economics, which is the amount of funds that must be provided to take advantage of various health efforts needed by individuals, families, groups, and communities. The purpose of the study was to determine the effect of the health financing model and control compliance on improving health status. The design of this research is a correlational study with a cross sectional approach. The study population was all outpatients of Internal Medicine Polyclinic, dr. H. Moh. Anwar Sumenep during January to August 2020 as many as 5,341 people. The research sample was some of the outpatients of the Internal Medicine Poly Hospital, dr. H. Moh. Anwar Sumenep during the research process as many as 302 people. The sampling technique uses Accidental Sampling. Data analysis using chi-square. The results of the data analysis of the financing model variable (X1) with the health degree variable (Y) obtained by Asymp. Sig. (2-sided) (0.000) <0.05, which means that there is a relationship between the financing model and the degree of health. Data analysis of control compliance variable (X2) with health degree variable (Y) was obtained by Asymp. Sig. (2-sided) (0.000) <0.05, which means that there is a relationship between control compliance and health status. Outpatients must invest in the health of themselves and their families by utilizing the National Health Insurance as a form of anticipating health care because of the high cost of health financing through general methods.

Keywords: Health financing, Patients

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INTRODUCTION

Health is a human right for everyone.This has been discussed for a long time globally and has been documented in several international documents/agreements relating to the guarantee of a person's right to health.Article 25 of the Universal Declaration of Human Rights (UDHR) explains that "everyone has the right to a standard of living that guarantees the health and well-being of himself and his family".Article 6 of the International Covenant on Civil and Political Rights (ICCPR) explains the right to life.Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) states that states recognize the right of everyone to the enjoyment of the highest standards of physical and mental health.

Health is a basic need for every individual and group. Aware of these needs, each individual and group will try to fulfill it according to their abilities. Expectations on the

achievement of ideal health require health services as a means to make it happen. The need for health services, consisting of the needs felt by consumers (felt need) and needs that are measured according to the opinion of the provider (evaluated need). Perceived needs according to consumers are influenced by socio-demographic factors and socio-psychological factors. The perceived need for health services is the sum of the individual's physiological and psychological needs for a health service. Felt need arises when individuals want health services and is related to individual perceptions of health services. Perceived needs make individuals make decisions to seek health services or not. The expression of the felt need for health services is the use or utilization of these health services (Notoatmodjo, 2007).

According to Notoadmojo, health services are a sub-system of health services whose main purpose is preventive (prevention) and promotive (health improvement) services with community targets.Meanwhile, according to Azrul Azwar, health services are efforts that are carried out alone or jointly in an organization to maintain and improve health, prevent and cure disease and restore the health of individuals, families, groups, or communities (Arifin, 2016).Utilization of health services is the realization of the health system model or health belief model.

Andersen in Notoatmodjo (2007) describes the health system model as a health belief model which is referred to as a behavioral model of health service utilization. Andersen grouped the determinants in the utilization of health services into three main categories, namely predisposing characteristics, enabling characteristics, and need characteristics. In the characteristics of the ability, it is explained about the circumstances or conditions that make a person able to take action to meet the need for health services, the focus of the study is health financing. Health financing is one of the fields of science from health economics which is the amount of funds that must be provided to organize and or utilize various health efforts needed by individuals, families, groups and communities (Arifin, 2016).

There are several aspects that affect health financing, these aspects are aspects of human behavior and economic aspects. In addition, according to Dwicaksono, et al (2010) there are several variables that determine the health financing situation in the future, namely demographic, economic, health status, and policy variables. According to Azawar in (Febri, 2018) health financing can be viewed from two perspectives, namely health service providers (health providers) and service users (health consumers). In this study, the focus of health financing on service users (health consumers) is the amount of funds that must be provided to be able to take advantage of services. Health costs are the main problem for service users, but within certain limits the government also participates in meeting the needs of health services for people in need. The amount of funds for service users refers to the amount of money that must be spent (out of pocket) to be able to take advantage of a health effort.

Preliminary study conducted by researchers on the outpatient health financing model (Internal Medicine Poly) at RSUD dr. H. Moh. Anwar Sumenep during August 2020 it was known that the outpatient financing model (Internal Medicine Poly) at dr. H. Moh. Anwar Sumenep, almost half of them are health insurance without premiums (Recipients of Contribution Assistance/PBI), as many as 6 people (42.8%). The nominal amount of money that must be spent by patients during outpatient treatment as treatment costs will be a measure of the patient's ability to seek treatment. Patients with low economic status and do not have health insurance tend not to do treatment regularly because compensation for other needs that are more urgent or needed.

According to Carpenito (2006), health financing because of the economic level will affect the behavior of patients' non-compliance with treatment. Outpatient is an activity or realization of health behavior towards treatment in outpatients. Compliance control is a form of patient compliance with treatment that has been determined by health care workers. Patients who adhere to treatment are those who always take treatment to health services at least once a

month. said to be non-adherent in treatment to health services if they do not take treatment for two months (Permenkes RI, 2016).

The choice of out-of-pocket (OOP) health financing model is the largest source of health financing. According to WHO (2000), direct OOP payments at the point of service are an unfair way to finance the health system because it will burden certain social groups, especially the poor and the elderly (Tangcharoensathien et al., 2011). This fact affects the affordability and equity of health services so that it has an impact on the health status or degree of certain economic groups.

Health financing is a strong, stable and sustainable plays a very vital for the provision of health services in order to achieve important goals of health development in a country of which it is the equalization of health care and access (equitable access to health care) and service quality (assured quality).

According to Kotler et al (2013) that basically services try to influence consumer behavior by making mutually beneficial exchanges. Hospitals as service providers offer benefits to consumers while consumers will benefit from them. The transaction model can be explained that the hospital is the source and the patient is the recipient. The hospital will take action, communicate and exchange information in an effort to influence patients. This influence can be in the form of a series of qualities such as attractiveness, cooperation (similarity), expertise, dignity, trustworthiness and status (Hapsari, 2006).

Based on the above conditions, the authors are interested in examining the effect of the health financing model and control compliance on improving health status in outpatients at RSUD dr. H. Moh. Anwar Sumenep.

METHODS

The design of this study was a correlational study with a cross sectional approach. The study population was all outpatients of the Internal Medicine Polyclinic, dr. H. Moh. Anwar Sumenep during January to August 2020 as many as 5,341 people. The research sample was some of the outpatients of the Internal Medicine Poly Hospital, dr. H. Moh. Anwar Sumenep during the research process as many as 302 people. Sampling technique using Accidental Sampling. Data analysis using chi-square.

RESULTS

Financing Model

model pembiayaan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	BPJS	159	52.6	52.6	52.6
	umum	143	47.4	47.4	100.0
	Total	302	100.0	100.0	

The results showed that most of the research respondents' funding was BPJS, as many as 159 respondents (52.6%).

Control Compliance

kepatuhan kontrol

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Baik	51	16.9	16.9	16.9
	Cukup	62	20.5	20.5	37.4
	Kurang	189	62.6	62.6	100.0
	Total	302	100.0	100.0	

The results showed that most of the control compliance of the research respondents was lacking, as many as 189 respondents (62.6%).

Health Degree

derajat kesehatan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak bergejala	108	35.8	35.8	35.8
	Bergejala	194	64.2	64.2	100.0
	Total	302	100.0	100.0	

The results showed that most of the respondents' health was symptomatic, as many as 194 respondents (64.2%).

The Relationship between Financing Models and Health Degrees

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	84.101[a]	1	.000		
Continuity Correction[b]	81.911	1	.000		
Likelihood Ratio	92.365	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	83.823	1	.000		
N of Valid Cases[b]	302				

a. 0 cells (,0%) have expected count less than 5. The minimum expected count is 51,14.

b. Computed only for a 2x2 table

Sumber: Data Primer 2021

The results of the study show the results of data analysis of the independent variable financing model (X1) with the dependent variable health status (Y) obtained by Asymp. Sig. (2-sided) (0.000) <0.05, which means that there is a relationship between the financing model and the degree of health.

Relationship of Compliance Control with Health Degree

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.575E2[a]	2	.000
Likelihood Ratio	172.985	2	.000
Linear-by-Linear Association	154.392	1	.000
N of Valid Cases	302		

a. 0 cells (,0%) have expected count less than 5. The minimum expected count is 18,24.

The results showed that the results of the data analysis of the independent control compliance variable (X2) with the dependent variable health status (Y) obtained by Asymp. Sig. (2-sided) (0.000) <0.05, which means that there is a relationship between control compliance and health status.

DISCUSSION

1. Health Financing Model

The results showed that most of the research respondents' funding was BPJS, as many as 159 respondents (52.6%). Health costs are the amount of funds that must be provided to organize and or utilize various health efforts needed by individuals, families, groups and communities. Every human being who lives needs health costs to maintain and maintain health status or even restore sick conditions to be healthy. Health financing will arise when a person needs health services either from the service element or medical devices and medicines. The need for health services, which can occur immediately and cannot be predicted, makes it difficult for individuals or families to ensure that they have enough money to pay for health services.

Individuals are required to prepare health costs by predicting health and illness conditions with an estimated cost within a certain period of time. This readiness ensures the health and well-being of individuals and families in living life. Economy and health are two sides that are intertwined in ensuring the availability of health costs. different economies must be able to reach decent health services according to standards and needs at a cost that is proportional to income. The state is here to guarantee every citizen in the distribution of health services in the form of affordable health costs. One of the government's policies regarding health financing is through the National Health Insurance. Health insurance is a form of social protection organized by the state to ensure that its citizens meet the basic needs of a decent life. The health insurance program is a government and community program whose purpose is to provide stian comprehensive health insurance for every Indonesian people so that the Indonesian population can live healthy, productive, prosperous (Yudha Indrayana. 2014).

The Social Security Administering Body (BPJS) for health is a product of a national health insurance policy that helps reduce health costs with the principle of mutual cooperation. BPJS comes with the category of recipients of contribution assistance (PBID) and is independent. not yet prosperous. Meanwhile, BPJS Mandiri is a health insurance based on awareness to pay premiums. In this study, the majority of respondents used BPJS as health financing for control at the Poli RSUD dr. H. Moh Anwar Sumenep.

Respondents have been able to feel the benefits of using BPJS in facilitating health financing while being treated at health care facilities and for mere control. Health costs are only calculated from the premiums that must be paid, while the need for services, medical

devices, and medicines is usually without having to spend Cost. The use of health costs with BPJS can be done repeatedly so as to provide a sense of security to respondents with degenerative diseases who must carry out routine controls.

Different facts are felt by respondents with general health costs who have to make payments when carrying out control. Payments start from registration, services, medical devices, and medicines. This condition becomes the burden of economic needs which increasingly affects the welfare of the respondents.

2. Compliance Control

The results showed that most of the control compliance of the research respondents was lacking, as many as 189 respondents (62.6%). Control compliance is a form of health behavior because it actualizes the awareness and ability of respondents in assessing and responding to health and illness conditions. Control compliance can be assessed through behavioral theory approach in general. Compliance factors based on the modified theory approach of Lawrence Green in Notoatmodjo (2012) health behavior is determined by 3 factors, namely predisposing factors, enabling factors, and reinforcing factors.

Compliance is an open form of behavior that is easy to measure by looking at the consistency or behavior of individual disciplines. In this study, control compliance was measured by frequency parameters, rules, and control information. repeated period of time as recommended by health workers. Routine control becomes a medium for finding health problems so that treatment can be carried out immediately.

In the control information, respondents did not keep secret about their health conditions. The purpose of the control was to find health problems through information submitted by respondents to health workers. Information submitted based on complaints if necessary will be followed up with supporting examinations. Dishonest respondents will result in misdiagnosis and unresolved health problems. Losses will befall respondents who have to incur costs that do not provide benefits to improving health status.

Obedience factor descriptively and relatively can be traced by researchers based on the characteristics of the respondents (age, education, and occupation). The results showed that almost half of the research respondents were elderly (46-65 years), as many as 139 respondents (46.0%). Age as one of the characteristics of people in epidemiological studies is a fairly important variable because quite a lot of diseases are found with various variations in frequency caused by age (Noor, 2008). The more a person's age, the level of maturity and strength of a person will be more mature in thinking and behaving. The more mature a person, the more mature and regular way of thinking takes an action. Ideally, respondents who are older are rich in life experiences, especially those related to health status.

The results showed that almost half the education of the research respondents was advanced education (SMA), as many as 140 respondents (46.4%). The level of formal education is the basis of a person in doing something, making more understanding and understanding something, or accepting and rejecting something. The level of formal education also allows differences in knowledge and decision making. Someone with a high education will have the opportunity to behave well. Highly educated people are easier to understand and adhere to dietary behavior compared to people with low education. A higher level of education will make it easier for a person or society to absorb information and implement it in daily behavior and lifestyle, especially in complying with the DM diet management. According to Heryati (2014) someone with higher education will have broader knowledge than someone with a lower level of education because education is the main basis for success in treatment.

The results showed that almost half of the research respondents' jobs were other (other than unemployed, ASN, TNI-POLRI, and BUMN employees), as many as 149

respondents (49.3%). Employment affects compliance in terms of income. Respondents who have low incomes are more disobedient in doing compared to people who have high incomes. This is because people who have low incomes are less likely to reach financing in general.

3. Health Degree

The results showed that most of the respondents' health was symptomatic, as many as 194 respondents (64.2%).

Health is the initial capital for the development of individual potential in life. Health is also a basic need of every human being. Health can be seen as an investment that contributes greatly to the development of a country. According to the Health Charter, it is a human right (World Health Organization, 1986), while the Health Law of the Republic of Indonesia Number 36 of 2009 states that health is a state of health, both physically, mentally, spiritually and socially that allows everyone to live socially and economically productive lives. The health development program aims to maintain and improve the health status of the community by prioritizing non-discriminatory, participatory and sustainable principles.

The degree of health in the study was measured and observed from the presence or absence of symptoms during control at the RSUD dr. H. Moh. Anwar Sumenep. The degree of health as a condition that defines the actual condition of the respondent and the risk. There are four factors that influence the health status of the environment, behavior, health services and offspring. The most dominant factor is the environment as a place to live and the respondent's interaction with himself and outsiders .

During their life, respondents will experience health and illness conditions as part of the normal cycle of living things. Healthy conditions must be maintained and improved while sick conditions must be restored and prevented from recurring. Sick conditions in respondents are symptoms experienced due to degenerative diseases.

4. Analysis of the Relationship between Financing Models and Health Degrees

The results showed that the results of the data analysis of the independent variable of the financing model (X1) with the dependent variable of health status (Y) obtained by Asymp. Sig. (2-sided) (0.000) <0.05, which means that there is a relationship between the financing model and the degree of health.

Health costs are the amount of funds that must be provided to organize and or utilize various health efforts needed by individuals, families, groups and communities. Health costs are needed to meet the basic needs of individuals to achieve prosperity. The financing model is generally carried out independently and with the help of other people or organizations. Organizational financing is a form of government presence in protecting its citizens.

Self-financing health services cannot reach all respondents. Respondents with good economic ability will be able to meet their health needs well. This ability guarantees an increase in the health status of respondents in sick or healthy conditions. Government involvement to reach all targets and health equity is also a domain that determines the health status of respondents.

5. Analysis of the Relationship between Control Compliance and Health Degree

The results showed that the results of the data analysis of the independent control compliance variable (X2) with the dependent variable health status (Y) obtained by Asymp. Sig. (2-sided) (0.000) <0.05, which means that there is a relationship between control compliance and health status.

Health care is the right of every person to restore, maintain, and improve the degree of health. Health care as a right is a necessity that must be accepted not on the ability to pay. But in reality access to health services still depends on the individual's ability to

finance or pay for products and services There is a contradiction when examining the specific nature of health services that providers and recipients of health services rarely consider the cost aspect when it comes to health status. In the end the individual will be forced to pay for his health.

Respondents who have financial strength will tend to be more obedient to control. Financial strength is a guarantee for respondents to reach all types of health financing. Especially if financial strength is combined with participation in health insurance insurance. Respondents with low economic status can also reach health financing by utilizing health insurance either independently or with assistance. important in the era of modernization related to welfare. This happens because the cost of health is increasingly expensive that applies globally.

The results showed that respondents with good control compliance, almost all of them were asymptomatic 49 (96.1%). Respondents with adequate control compliance, most of them are asymptomatic 40 (64.5%). Respondents with good control compliance will show asymptomatic health status or degree which indicates that those who adhere to control are not affected by illness. In healthy conditions, respondents continue to exercise control to maintain and improve their health status. Respondents are more concerned about their health status by actualizing anticipatory behavior to prevent illness.

CONCLUSION

1. Most of the research respondents financed at the Poli RSUD dr. H. Moh. Anwar Sumenep is BPJS.
2. Most of the control compliance of research respondents at the RSUD dr. H. Moh. Anwar Sumenep is lacking.
3. Most of the health of the research respondents at the Poli RSUD dr. H. Moh. Anwar Sumenep is symptomatic.
4. There is a relationship between the financing model and the degree of health in the Poli RSUD dr. H. Moh. Anwar Sumenep.
5. There is a relationship between control compliance with health status in the Poli RSUD dr. H. Moh. Anwar Sumenep.

SUGGESTION

1. For Further Researchers
   Further research can use the cohort method to look at the issue of sustainable health financing so that it can provide equitable solutions for service providers and service users so that it can be used as a renewable reference on health management.
2. For Outpatients
   Outpatients must invest in the health of themselves and their families by utilizing the National Health Insurance as a form of anticipating health care because of the high cost of health financing through general methods.
3. For RSUD dr. H. Moh. Anwar Sumenep
   Promoting the benefits of accuracy in choosing a health financing model so that it is affordable and does not burden service users so that there is no gap between ability and health financing.

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