

## Analysis of Public Interest on The participation of BPJS at Health Facility of First Level in Puskesmas Kebaman Banyuwangi 2018

### ABSTRACT

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The purpose of this study is to explore the interest of the community in the participation of BPJS in health centers including; Public perceptions about the Mandiri Health BPJS, Access and Types of services in the Puskesmas and Quality of services at the puskesmas are safe for BPJS Health participants. This type of research is qualitative research. Informants in this study were people in the puskesmas working area who did not have or had not participated in the BPJS. The informant taking method was purposive sampling. The numbers of informants in this study were nine informants. Data collection is done by in-depth interviews. Furthermore, the data were analyzed qualitatively by data credibility testing and source competing. The results of the study found that there were still many people who did not understand the term BPJS / Jamkesmas / KIS. Furthermore, the people also want the BPJS but for free, if they pay, most of the information is objected because of economic reasons. According to informants, access and service and service quality are quite good, but there are still problems with relatively difficult referral requests.

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## INTRODUCTION

The Health Social Security Organizing Agency organizes a National Health Insurance Program in the level of community health services through providing health care protection to participants and to benefit health care and protection in meeting health concerns (MENKES RI, 2014). The Health Insurance Program organized by BPJS Kesehatan, the implementation of which was initiated since January 1, 2014. The program continued to be called the National Health Insurance (JKN) program. The National Health Care Program (JKN) was implemented at the Level I Health Facility and Advanced Health Facilities. In 2015, the Healthcare Service at the Level I Health Facilities which covered the Public Health Center reached 9,799, the TNI Clinic reached 717, the POLRI Clinic reached 570, the Clinical Hospital reached 2,986, the Practitioners reached 4,338, the Doctors reached 1,097, and the Primary D Hospital reached 8, while the 2015 BPJS users reached 150,559,634 (BPJS, 2015). Based on the preliminary results conducted at the health center, the number of patient Banyuwangi Regency is one of the districts in East Java that became a pilot project in the total coverage population of BPJS in 2020.

Meanwhile according to data from the Banyuwangi District Health Office until the end of 2017 the total population who has become BPJS health participants has only reached 30%. This means that there are still 70% of the populations who have not become BPJS Health participants. This is a tough task for all people to succeed the Banyuwangi program Total coverage population of BPJS 2020.ts served by midwifery officers in 2014 was 23,069 patients, while the number of BPJS patients served was 9,644 patients.

## METHODS

This research is qualitative research using observation methods. The focus of this study is to reveal the extent to which the public interest in becoming participants in BPJS health participants at the Kebaman FKTP in Banyuwangi District. This research was conducted in the working area of Kebaman Health Center, Srono Sub-District, Banyuwangi Regency. The data collection tool is needed in this study of items; Guidelines for in-depth interviews, bollpoints, paper / books, recording tools. The method of data collection used in this study is the In-Deep interview to find qualitative data from informants until the data becomes saturated. Extracting data using qualitative approaches is done until the data is thoroughly saturated. The stage of this study was made in the work on the research activities which will be carried out through the subject matter of the study, which is closely examined, and the variables that influence the research (Hidayat,2003).

## RESULTS

The characteristics of informants were chosen by researchers using variations in age, profession, character, experience, education and different economic backgrounds, with the hope of getting a variety of answers that could describe and represent the community groups with regard to interest in becoming BPJS participants. From the results of the study found Characteristics data based on the sex of the most informants were male as much as 55%. While the characteristics of the informants based on the most age were 31 to 35 years old as many as 3 people. Characteristics of informants based on education level were the highest 45%. Characteristics of informants based on Employment, the most are working as farmers as many as 3 people. Characteristics of informants based on ownership of the card, the most are those who do not have a BPJS card that is as much as 89%.

Informants were selected using several considerations, including gender, age, educational background, employment, and ownership of a health insurance card. Between men and women there are different patterns in decision making. This is because in the tradition of the people of Banyuwangi we are considered men as family heads, so that decision making is more dominant for men. If the head of the family or father has made a decision, all families will participate. Apart from that the responsibility for the family economy also exists with the head of the family / husband / father. This is the basis for choosing the characteristics of the informant based on sex.

Furthermore, the characteristics of respondents based on age indicate the maturity level of a person will develop a mindset in interest and decision making. The more mature a person the more knowledge and experience he gets. This is what distinguishes the basic interests and patterns of decision making. Educational background also distinguishes perceptions and interests and the basis of one's

decision making. The high level of education makes people more knowledge and experience which in turn will change the mindset that tends to be conventional to be professional.

Job background makes people focus on skills or special skills that change one's mindset, perceptions and interests. People who work only using physical work without much use of the work of the brain, then over time the brain will experience a decline in function. In addition, from the financial side, the work determines the level of income. The better the job, the income also increases. In connection with the independent BPJS premium payment, the work determines the level of ability to pay premiums and determines the class or class of BPJS.

From the results of interviews conducted by researchers, three informants expressed that they did not know the term BPJS or KIS, they knew it was a free medical card. In Banyuwangi Regency in 2005 the Banyuwangi Community Health Insurance Card (JPMKB) was issued, this card is a free card to go to a health center. Furthermore, a policy from the central government emerged with the Community Health Insurance Card (Jamkesmas). The difference in this card is the target. cards distributed to all the people of Banyuwangi without exception while the JAmkesmas card is a public health insurance card that is intended for the poor. For free medical cards for government employees it is called a Health Insurance card (ASKES). All of these cards are free medical cards with targets that are different.

## DISCUSSION

Furthermore, with the development of existing policies, since 2014 PT ASKES has changed to BPJS Kesehatan with the National Health Insurance (JKN) program so that the BPJS card appears. Furthermore, regarding the government program for the total BPJS membership coverage in 2020 in Banyuwangi Regency, a number of variations arose, some refused, others resigned to those who chose private sector assistance. Another informant also said that the principle is that the community is happy with the BPJS card ownership program, but what is hard is when the community has to pay premiums or contributions to the BPJS every month in each family. Access to BPJS health services in Puskesmas has indeed increased starting from basic laboratory examination services to prolanis chronic disease management services. But with these various efforts there are still some problems that occur in services at puskesmas, especially in referral services. Puskesmas are indeed complicated, complicated and very restricted. This makes participants uncomfortable with the reason that they have not been cured and need further treatment but the puskesmas or FKTP do not want to refer.

Until now, BPJS has tried to improve its services, so that BPJS continues to innovate in its service programs, starting from easy access to registration, all of which must come alone at the BPJS office, then can register at the sub-district office until they can register in the village office can be done via online. However, for the referral system, BPJS still uses guidelines for 144 diseases that cannot be referred to and must be handled by the puskesmas or FKTP. In addition, BPJS has changed policy several times from the beginning in 2015, there were 114 diseases that should not be referred to, then changed around 2017 to 152 diseases that cannot be referred to and now turn into 144 diseases that must be handled in FKTP and may not be referred. With the provision that at least two treatments not as new as possible can be referred to with a note or Tacc from the FKTP doctor. This policy must be reviewed often often creating ambiguous and even ambivalent policies. The existence of various kinds of problems above, is an inconsistency between the rules made with what the people want.

The quality of BPJS participant services is also the quality of service from the Puskesmas or FKTP, these service quality indicators arise from different perceptions between the officers and the community. One side of the community wants all hygiene to be fulfilled, as above, request referrals, request laboratory tests and request x-rays but it cannot be served because it must be on the recommendation of the examining doctor. Puskesmas is the spearhead of health services in the community so that with various efforts and innovations trying to improve the quality of its services, so that every complaint is always tried to be followed up. In an effort to improve service to the community, it is necessary to have readiness from service institutions so that they are quick to respond immediately to BPJS participants. From the data above there is a public expectation for BPJS about services to be conveyed by informants who stated that they should not be complicated, clear and not detrimental to the community, not complicated and not politicized.

## CONCLUSION

It is expected that complaints and information from the public regarding the BPJS can be directly consulted by the BPJS to obtain clear and correct information. At present there is a lot of information that can be accessed by the public, so that the community must wisely respond to various policies and ask the parties directly related if there are those that are not in line with the expectations of the community. Likewise with services, so that the focus is on optimizing service delivery so that the community can be well served.

The main purpose of health services in the puskesmas is promotive and preventive without leaving curative and rehabilitative efforts. So that the community is expected to be able to maintain health and conduct clean and healthy living behaviors which leads to increasing health status of the community whose impact is to improve the quality of life of the community. So that the community's vision to create a healthy and prosperous society can be realized.

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