

SOCIALIZATION OF THE USE OF HEALTH INSURANCE PROGRAMS TO REDUCE THE ECONOMIC BURDEN OF PATIENTS

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ABSTRACT

This community service aims to be able to provide information or knowledge to the public who use the national health insurance how to apply the principles of quality control and cost control applied in health facilities to control inefficiencies so that they can provide JKN continuity and equality in getting access to health services, so JKN collaborates with health facilities to always be effective, efficient, rational, in accordance with the needs of patients and synergize with the local government to carry out supervision and coaching. The methods used in this community service are lectures, questions and answers, and discussions. The target of this community service activity is especially for BPJS users in Jatiasih sub-district, South Bekasi. With this socialization, it is hoped that the people of Jatiasih District will better understand the importance of the health insurance program and can make maximum use of it to reduce the economic burden when they need health services. This socialization went smoothly and the community was very enthusiastic about participating in the activity. which can be seen from the results of the pretest and posttest that the participants have filled in.

Keywords: socialization, bpjs, health insurance, patient economics

INTRODUCTION

Health is a fundamental right for every individual. However, the burden of high health costs is often a barrier for people, especially those with low incomes, to get adequate medical services. The National Health Insurance (JKN) program organized by BPJS Kesehatan is present as a solution to provide equal and affordable access to health services for the people of Indonesia.

The Social Security Administration Agency or BPJS is an institution formed to implement social security programs in Indonesia according to Law No. 40 of 2004 and Law No. 24 of 2011 concerning the National Social Security System (SJSN). Based on Law No. 24 of 2011, BPJS will replace a number of social security institutions in Indonesia, namely the health insurance institution PT Askes to BPJS Kesehatan and the employment social security institution PT Jamsostek to become BPJS Ketenagakerjaan. The transformation of PT Askes and PT Jamsostek into BPJS is carried out in stages. In early 2014, PT Askes will become BPJS Kesehatan, then in 2015 it will be PT Jamsostek's turn to become BPJS Ketenagakerjaan.

Everyone always wants to be in good health, a balanced lifestyle, exercise and enough rest are ways to be healthy and physically strong. However, the possibility of getting sick will always exist, because of the high pollution and diet that is currently getting more instant. This can increase the risk to health, so the chance of a person getting sick is very high. Meanwhile, the cost of health or treatment is currently getting more expensive., especially the cost of hospitals and medicines, therefore it is important to prepare for the expenses that may be incurred when sick. This spurs some people to choose health insurance products as a guarantee for their needs.

Health insurance is part of life insurance whose object is life. The purpose of health insurance is to transfer the risk of illness from the insured to the insurer. So that the insurer's obligation is to provide health care services (costs) to the insured in case of illness. Where the health insurance system aims to protect the community from (economic) difficulties in financing health services. The definition of insurance according to Article 246 of the Criminal Code and Article 1 (1) of Law No. 2/1992 is an agreement between the insured and the insured, so that the conditions of the agreement and the legal principles of the agreement that give birth to voluntary insurance apply. However, in addition

to insurance based on agreements, there is also known insurance based on laws and regulations, namely social/compulsory insurance.

The Government of Indonesia is committed to expanding access to quality health services, especially to the poor and near-poor through the National Health Insurance (JKN) program. The introduction of JKN had an impact on a major restructuring of the public health insurance system by incorporating all types of public health insurance schemes into JKN, including the incorporation of benefits including antenatal, childbirth, and postpartum care. The main goal of JKN is social protection to ensure that all people can meet basic needs for proper health. Out of Pocket (OOP) is commonly used to measure the financial burden of mothers or families in obtaining health services (Dorjdagva, Batbaatar, Svensson, Dorjsuren, & Kauhanen, 2016 ; Karan, Selvaraj, & Mahal, 2014; Qosaj, Froeschl, Berisha, Bellaqa, & Holle, 2018).

The financial burden, especially on the underprivileged, can reduce the use of services in health facilities with the result of declining health status (Bonu, Bhushan, Rani, & Anderson, 2009). OOP that is too high increases the risk of households experiencing catastrophic conditions (Qosaj et al., 2018). There is not much literature on the topic of catastrophic delivery expenditure (CDE) in Indonesia, although the topic has been widely researched in Asian countries (Berman, Ahuja, & Bandhari, 2010; Bonu et al., 2009; Goli, Rammohan, & Pradhan, 2016). Several studies have shown that JKN has a role in reducing OOP in Indonesia with varying results (Nugraheni & Hartono, 2017; Tarigan & Suryati, 2017). One study states that many JKN patients still incur high costs (Dewi, Satibi, & Puspandari, 2015). However, other studies state the opposite, the use of government insurance (JKN embryo) reduces OOP payments (Aji, Mohammed, & Haque, 2017).

Although this program has been running for quite a long time, in some areas such as Jatiasih District, South Bekasi, the public's understanding of how to use it is still limited. Many of them do not know the procedure for using BPJS Kesehatan services or are worried about administrative obstacles that may arise. Therefore, it is necessary to carry out socialization activities so that the community can take advantage of this program optimally to reduce the financial burden when they need health services.

The purpose of organizing this community service activity is to: (1) increase the awareness of the people of Jatiasih District about the JKN-BPJS Kesehatan program, (2) Provide an understanding of how to register and use the Health insurance program; (3) Assisting the community in resolving administrative problems related to BPJS Kesehatan; (4) Reducing the financial burden faced by the community when accessing health services through the use of BPJS Kesehatan.

METHOD

The method used in Community Service activities that have been carried out in the Jati Asih sub-district area on Friday, August 23, 2024 Pukul. 09.00 WIB until it is finished, especially at RT 03 Jatikramat Village. The community service carried out is open to the public, especially for people in the Jatikramat sub-district and its surroundings. This socialization activity is a collaboration of the socialization team of lecturers, health workers of the Health Center and the local community in Jatiasih District, South Bekasi. The methods used in the counseling activities are carried out by several methods, namely preparation, delivery of material with lectures and discussion and question and answer sessions as well as the distribution of questionnaires. This lecture method is carried out by presenting material on the use of the BPJS Kesehatan Program. Before the socialization activity begins, one of the relevant officials is welcome to be able to give a speech as well as open the event at the event. Furthermore, the event was fully held by the implementing lecturer of Community Service and the health team. The material was delivered orally with the intention of providing information to the participants about the material and to all participants were also given a display of exposure to the material in front of them using LCD Projectors and using loudspeaker technology because the room was quite spacious and open so that the activity ran smoothly. Then the discussion method where the community service implementation team will invite participants or the community to be involved in the material presented where the presenter will interact with participants who receive input or explanations provided and discuss complaints and complaints from the community about the BPJS health program in the use of health insurance to reduce the financial burden on patients. Then continued with a question and answer session. The people of Jatihasih District, South Bekasi, welcomed the socialization activities carried out.

RESULTS AND DISCUSSION

The Community Service Activity with the theme of socialization of the use of health insurance programs to reduce the economic burden of patients in Jtiasih sub-district, South Bekasi, took place smoothly with a total of 25 participants. When the activity began, the community who came was directed to fill out the attendance list, then the lecturer in charge of distributing the pre-test sheet to find out how much public knowledge is about the use of the health insurance program to reduce the economic burden on patients. After finishing (community material material was given the opportunity to throw some questions, Community Service at that time went smoothly because the community was so active in asking questions, after that the socialization was carried out. In the material delivery session, it turned out that there were still people who did not understand the use of the health insurance program. Therefore, this kind of activity is very necessary for the community with materials that adjust to the problems experienced by the people in the area.



Figure 1. Coordination with sub-district and village eads



Figure 2. Submission of PKM material

The principles of quality control and cost control in health facilities play an important role in ensuring that the National Health Insurance (JKN) program runs efficiently and effectively. The application of this principle aims to reduce

inefficiencies in the implementation of health services, so that the JKN program can be sustainable and ensure equal access to services for the entire community. Health facilities that collaborate with JKN are required to implement services that are in accordance with the needs of patients, by maintaining a balance between the effectiveness of treatment and the efficiency of the use of resources. Local governments are also involved in supervision and guidance of health facilities so that services remain under control. The effectiveness of the program is also supported by a tiered referral system, where patients are directed to receive treatment at the right facility according to the level of medical need. In addition, medication control and treatment duration are the focus to prevent unnecessary waste of resources, without sacrificing the quality of patient care. One of the main goals of social health insurance programs such as JKN is to reduce the financial burden on people when they need health services. Through good collaboration between the government, health facilities, and BPJS Kesehatan, it is hoped that people can access health services more fairly and affordably, without having to worry about the high costs that may be incurred.

The BPJS-Kesehatan program aims to alleviate medical and hospitalization costs for all Indonesia people with the principle of mutual cooperation, where each member of the community collectively contributes through contributions. As a state-owned enterprise that monopolizes the implementation of national health insurance, BPJS-Kesehatan is expected to provide equal and affordable access to health services. However, in its implementation, there are several problems that are often faced by BPJS-Kesehatan participants. One of them is the quality of service that is often felt to be less professional, especially in the administrative process at the hospital counter when participants take care of files for hospitalization purposes. This service sometimes takes a long time and is not uncommon to cause inconvenience to patients and their families. In addition, in terms of medicines, BPJS-Kesehatan only provides generic drugs that are in accordance with the predetermined Drug Price Ceiling List (DPHO). Patent drugs or more expensive drugs are often not included in the scope of BPJS. As a result, patients who need drugs outside the generic list have to buy themselves at pharmacies at a higher price. This can be burdensome for the patient's family, especially for those with financial limitations. Based on the combined data of the 2018-2020 National Socio-Economic Survey (Susenas), it can be seen that there is still significant out-of-pocket expenditure from the public for medical needs. This includes costs for curative services, the purchase of medicines, as well as preventive services. This indicates that although BPJS-Kesehatan has helped ease some of the financial burden, there are still gaps in health service guarantees, especially related to access to more expensive drugs and other health service needs. To improve the quality of the BPJS-Kesehatan program, there needs to be improvements in several aspects, including the efficiency of administrative services, expanding access to more affordable patented drugs, and strengthening supervision so that the services provided to the public are really in line with expectations. Thus, the goal of this program in easing the economic burden of the community can be achieved more optimally.

The National Health Insurance Program (JKN) has a significant impact in reducing people's direct expenditure on health costs (out-of-pocket / OOP). In addition, JKN also contributes the least to the occurrence of financial catastrophic events compared to other types of health insurance. This shows that JKN not only helps to reduce the burden of healthcare costs, but also provides better protection against financial risks caused by serious illnesses or emergency medical conditions. Efforts to expand JKN membership are very important so that all Indonesia residents can be immediately covered by this health insurance. There needs to be more strategic steps to achieve universal health coverage, including changing people's mindsets regarding the obligation to be a JKN participant. This is in accordance with the mandate of Law No. 40 of 2004 concerning the National Social Security System, which requires all citizens to be registered in the social security system. However, in order for the public to be more enthusiastic in participating in this program, it is necessary to change the mindset from just seeing JKN membership as an "obligation" to a "necessity." In this case, continuous socialization and public education are urgently needed. By providing a deep understanding of the benefits of JKN, how this system works, and the importance of health protection, it is hoped that the community will be more proactive to join and utilize this program optimally (Hidayat, 2016).

JKN patients still often spend out-of-pocket (OOP) expenses even though they have been enrolled in the National Health Insurance program. One of the main causes of OOP is the patient's decision to upgrade the class of care to a higher class than the one covered by JKN. This class increase is allowed under regulations that allow patients to move to a higher class of care for an additional fee that does not exceed 75% of the cost of the treatment room. In addition, the availability of treatment facilities is also a factor causing OOP. When the treatment room that is in line with the patient's rights is full, the patient is forced to move to a higher class, which is outside the JKN guarantee, and this results in additional expenses from personal pockets. These two factors—the option to upgrade treatment and limited facilities—often force JKN patients to pay additional fees, which should not be the case in the universal health insurance system. As a solution, the proposed policy includes several regulatory changes, one of which is the elimination of the option to increase the class of care on the initiative of JKN patients. This aims to reduce the occurrence of OOP caused by the patient's own initiative. In addition, there needs to be a policy that ensures the

provision of treatment facilities at no additional cost for JKN patients when the treatment room that suits their rights is full. With the provision of these facilities, patients do not have to worry about additional costs or have to move to higher classes just because of the limited number of beds in the hospital. The implementation of the policy will help reduce the financial burden of JKN participants and increase more equitable access to health services that should be the right of every citizen.

National health insurance is synonymous with moral hazard in health services, whether carried out by patients, health workers or hospitals. Health care is difficult to analyze compared to buying a good, because health care is a necessity, not an economic or social problem, but health can affect the economy and society. If someone carries out preventive management of disease control, the level of public health will be better. This will automatically reduce the use of health services, so that JKN participants will use less health insurance benefits.

Since the implementation of the JKN program, many patients have come to the hospital to use health services. The reason is because the community has obtained convenience where they usually cannot access health services, now they can easily get health services. In other words, they use the opportunity to get free services so that the moral hazard arises, including health workers and health facilities that provide unnecessary services. The determination of the amount of contributions is carried out by the government, not BPJS as the organizer. The government determines the amount of contributions by considering the ability of the community. The amount of contributions is not calculated based on the level of risk. The classification of the amount of contributions is determined based on ability. Therefore, it can be understood that currently the amount of contributions is still under actuarial calculations. Because it is mandatory and the target is all citizens, there is no selection process, whether someone has a disease or not. People who already have a clear disease are accepted as participants and the contribution is not greater than that of those who are still healthy, for the same class.

The implementation of the JKN program plays a very important role in reducing the financial burden of patients using health facilities. The contributions that have been paid will help patients in using health facilities, both when carrying out treatment due to illness or for ordinary health checkups. It's just that there are still many people who are not aware of the importance of using JKN. Another factor is because the family's income is only enough for daily needs.

CONCLUSION

Socialization of the health insurance program is an important step in providing understanding to the public about the benefits and procedures for using health insurance facilities, such as BPJS Kesehatan. With the right socialization, the community can better understand how this program can help reduce their financial burden when they need health services. This socialization has been carried out according to plan, attended by representatives of residents with a total of 25 participants. People who are not familiar with the BPJS Kesehatan program, by carrying out socialization, will trigger those who have not yet become BPJS Kesehatan participants to become participants. With this socialization, the community understands how to apply the principles of quality control and cost control in health facilities to control inefficiencies so that they can provide JKN continuity and equality in getting access to health services, so JKN collaborates with health facilities to always be effective, efficient, rational, in accordance with patient needs and synergize with local governments to carry out supervision and coaching. The difference in the average cost incurred by patients has an impact on reducing the economic burden on the family, especially in the direct medical cost component. There are patients who are aware of the consequences that must be borne if they upgrade to a treatment class, but there are also patients who are surprised when they have to pay off the additional cost of upgrading their treatment. This is due to the sharing of reasons, including from the regulatory aspect where JKN still allows patients to transfer treatment classes to higher classes at a cost of no more than 75% of the cost of the treatment room. Through a better understanding, it is hoped that the public can take advantage of BPJS Kesehatan to reduce the economic burden when they need medical services. This activity is also a solution in solving various administrative problems that are often faced by BPJS participants. In the future, it is necessary to hold further socialization and collaboration efforts with various parties to ensure that the entire community can take advantage of this program properly and appropriately.

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