

The Implementation of National Health Insurance Policy in Rural Health Center

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ABSTRACT

Society will not be separated from health, therefore life in society will not run well if it is not supported by good health facilities with government support. So the government's efforts to improve health facilities are by launching National Health Insurance and a national health program. This research aims to find out more about the implementation of national health insurance service policies in rural health centers. Meanwhile, the research method used is qualitative with descriptive analysis, the data collection method is direct interviews, then in-depth observation and is complemented by literature study. The subjects were people who took part in the JKN program whose facilities were at the village health center. The results of the research are that the implementation of the national health insurance service policy in the village has not been optimal, so there is still a lot of need to improve it. The number of human resources in health workers needs to be increased, facilities are still limited, not all poor people use JKN. Rural health centers still really need to intensify the socialization of free health, because there are still many who don't know the information. This can be used as banner media on strategic roads and supplemented with outreach on the JKN service program to any remote village.

Keywords : JKN Policy; Service Quality; Rural Health Center; HR gap.

INTRODUCTION

1945 Constitution article 28 H paragraph (1) that "Everyone has the right live a prosperous life physically and mentally, located stay, And get environmentlife Which Good And Healthy as well as entitled obtain service health" And article 28 H paragraph (3) which contains "Every person entitled on guarantee social Which possible development himself in a way intact as man Which with dignity" (Saputra et al., 2020) .

The JKN (National Health Insurance) program is a program that the community has been waiting for, this program is an idea from the Indonesian government in providing health services to the community of all classes as a whole. (Pertiwi & Gurning, 2023) . This program was published in 2014, the contents of this program include basic services, specialist services, with assistance to the community regarding the heavy

burden of accessing health services (Puspitorini, 2022) . After the emergence of this program, the burden of spending on obtaining health services became lighter for the community. The principle of this program is to help each other, meaning those who are healthy help those who are sick and help the less fortunate, this program seeks to create comprehensive access to health for all society (Rumbekwan, 2022) .

Since the beginning of the government implementing the JKN (BPJS Health) program, many people have been helped, although the implementation of this program has not been optimal (Darmawan, 2019) . Implementation of JKN in Community Health Centers also presents its own challenges, especially in terms of limited health human resources (Purwaningsih, 2023) . Therefore, the government is paying intense attention to improving the quality and quantity of health and services at Community Health Centers through various training programs and the provision of medical equipment (Pratama et al., 2020) . Apart from that, an efficient and effective referral system is also very important to ensure that patients who need more in-depth care can be quickly transferred to a health center with better and more complete facilities (Pertiwi & Gurning, 2023) .

In this case, the most basic public service policy accepted by the community is the service carried out by the community health center which is the front guard in providing health services to the community (Kasenda et al., 2022; Laksana & Meirinawati, 2023; Pariantini et al., 2023) . Problems that occur in community health centers in adopting policies to address the quality of services at community health centers by creating three levels of policy problems are as follows, the first is an easy problem (well-structured), the second is a moderate problem (moderately-structured), and the third is a serious problem (ill-structured) (Pradana, 2016) . These problems are adjusted according to their level of complexity, meaning how much the problem requires other parties. A serious problem is a problem where the decision making is totally intransitive, where the decision at each moment is not arbitrarily determined by one party, but rather by means of discussion by all parties involved. Meanwhile, easy and moderate problems have transitive meaning, and these problems rarely occur in institutions in complex environments (Prihantini, 2015) .

This research is relevant to the results of research conducted by Rosmawati (2018) explaining that the reality is related to the implementation of the National Health Insurance Policy (JKN) at the Sigi District Health Service. Then, as explained by Van Metter and Carl Van Horn, they describe policies related to the size and direction of the policy, resources, criteria used, the character of the users, methods of talking between the organization and the users, as well as the economic, social and political environment. The research in question has the result that the implementation of the national health insurance program at the Sigi District Health Service has not been appropriate and optimal in all aspects, this is due to the number of resources not being in accordance with needs, and the characteristics of human resources not being in accordance with

needs, as well as Insufficient health equipment supplies, so that the patient or person visiting and the existing place and equipment is not balanced. The risk is that the national health insurance service is not optimal, which is far from what everyone expects.

So, community health centers located in rural areas face their own challenges, especially related to accessibility, far from residential areas, lack of infrastructure, making it difficult for people to get health services. In addition, rural health centers often lack medical personnel who are needed to facilitate the best possible health services, indicating a lack of utilization of existing facilities at rural health centers. Nevertheless, rural health centers play an important role in providing basic and preventive health services to communities in remote areas (Engdila, 2021) .

Referring to the statement above, the implementation of government policy in Improving the quality of health services in rural community health centers must be in line with the expectations of people in rural areas, different from the quality of community health services in urban areas. Realizing this, how can the implementation of Health Insurance service policies at rural health centers be implemented according to community expectations ? Some of the problems that arise occur in rural health centers, accessibility is far from residential areas, lack of information, incomplete infrastructure, lack of human resources who must apply the same policy regulations.

METHOD STUDY

The method used in this research is qualitative, with a descriptive type and data analysis using qualitative descriptive. According to the opinion expressed by Harahap (2020) , qualitative is a deductive type of analysis used in social research, different from quantitative which uses an inductive analysis model. In qualitative research, you must be able to develop theory using various methods such as interviews, observation and documentation. Qualitative can find theories according to data collection in the field and existing social phenomena.

RESULTS DISCUSSION

Based on observations at rural health centers regarding the National Health Insurance policy and can be analyzed with the data obtained, the implementation of the JKN service policy at rural health centers has several significant challenges that influence its success. Based on the results of our research, it shows that although there has been an increase in community access to basic health services, there are also obstacles in terms of limited human resources and inadequate infrastructure. Supporting factors in this implementation include active participation from local governments and local communities, but the main challenges remain centered on the availability and equitable distribution of resources.

Implementation of health service policies often faces complex challenges and requires a deep understanding of existing realities and dynamics. The following are some

common problems that often arise: namely limited resources such as limited funds, inadequate health facilities, and a shortage of medical personnel are the main obstacles in providing quality health services. For example, remote areas often face challenges in providing adequate access to health services, with long distances and limited access to transportation being major barriers for residents to access necessary medical care. That the results of the policy monitoring stage must involve regular data collection to monitor policy implementation. This includes checking whether the program has been implemented according to the set schedule, and whether initial achievements are in line with the set targets. Therefore, the results of policy monitoring observations from the private sector and non-governmental organizations are also strategies that can be implemented to improve the quality of health services in rural areas. This partnership can help overcome state budget and resource constraints and bring innovation and efficiency to health service delivery. Public service policy theory supports this collaborative approach and emphasizes the importance of multistakeholder participation in effective policy development and implementation. Thus, the combination of benefits for medical personnel, improved health services and cooperation between various sectors can be a comprehensive solution to the shortage of medical personnel and improve the quality of health services in rural areas.

In addition, the quality of health services can vary significantly from one place to another. Some Community Health Centers may experience difficulties in meeting established health service standards, whether due to a lack of adequate infrastructure, a lack of trained medical personnel, or managerial problems in managing health facilities.

Leadership and management aspects also play a crucial role in the success of policy implementation. The level of commitment and ability of local leaders to manage and coordinate various health initiatives can influence the overall effectiveness of policy implementation. Active community participation in supporting and implementing policies is also important to ensure widespread and sustainable adoption of proposed health programs. In addition, challenges in terms of infrastructure such as unstable electricity, inaccessible transportation, and limitations in information and communication technology often slow down or even hinder the effective delivery of health services.

Frequent policy changes or political uncertainty can disrupt the continuity of health policy implementation in the field. Changes in priorities or policy direction can create confusion and complicate long-term planning to improve public health. In facing these various problems, it is important for the government, health institutions, society and the private sector to work together collaboratively. A holistic, evidence-based approach and a strong commitment to improving infrastructure, increasing accessibility, and improving the quality of health services are the keys to achieving the common goal of improving overall public health.

Law Number 25 of 2019 concerning Public Services is important for establishing a strong legal foundation in an effort to improve the quality of public services in Indonesia, ensuring that services are better, more efficient and more responsive to community needs. This law also aims to increase public trust in the government and public institutions in providing services that meet their expectations and needs. That the results of the policy evaluation stage of the evaluation process are carried out to evaluate the impact of the policy on the target population. This evaluation can include analysis of the effectiveness, efficiency, and social and economic impacts of the policy. This evaluation helps to assess whether the objectives of the national health insurance service policy in rural health centers have been achieved properly. Therefore, the results of policy evaluation observations must be collaborative between the government, health institutions, society and the private sector to work together optimally.

Addressing education about JKN in the community requires a structured and sustainable approach. The priority is an intensive multi-stakeholder training campaign so that messages about the benefits and operational methods of JKN can be communicated effectively. Regional governments can collaborate with local health centers and village health cadres to carry out direct activities in villages. Social media can be used to disseminate information widely and quickly, while posyandu's direct efforts can provide more detailed and interactive explanations to the community. Collaboration with them can ensure that the information conveyed is more easily accepted and understood by the wider community. Apart from education, it is necessary to simplify the JKN administration system to reduce complexity and speed up the service process. The development of an integrated information technology system between Community Health Centers and BPJS Health can be an effective solution in speeding up the administrative process and minimizing complicated bureaucracy. An integrated system allows patient data and health information to be accessed easily and quickly, thus speeding up the registration process, claims and other services.

To improve service quality, it is also important to train Puskesmas administrative staff in the effective use of information technology and administrative management. With adequate knowledge and skills, administrators can manage the system more efficiently, provide faster and more accurate services, and reduce administrative errors which often become obstacles in the service process. Overall, the combination of intensive and continuous training and simplifying the administration system through information technology can significantly increase public understanding and access to JKN. These steps are in line with the political theory of public services which emphasizes the importance of public education, administrative efficiency, and the use of technology in improving the quality of public services.

It's needed too standardization of health services across all community health centers to eliminate service inconsistencies. Regional governments must set minimum service standards that must be met by each community health center and carry out

regular monitoring and evaluation to ensure compliance with these standards.

Through a comprehensive evaluation of the implementation of JKN service policies in rural health centers, related parties can identify strengths, weaknesses and areas that need to be improved to increase the effectiveness and positive impact of this program for rural communities.

CONCLUSION

In the context of JKN health services in rural community health centers, William N Dun's theory highlights the importance of policy legitimacy to be accepted by local communities and other related parties. Apart from that, resource mobilization which includes financial aspects, human resources and health infrastructure is also key in ensuring policies can run well.

Good arrangements from local governments and effective coordination between various related institutions (such as BPJS Health, Health Services, and community health centers) are needed to support efficient operationalization of policies in the field. Finally, effective policy operationalization will ensure quality and affordable health services for rural communities, in line with the objectives of the JKN program.

By adopting an approach that is in accordance with the above theory, it can be hoped that the implementation of the JKN service policy in rural health centers can successfully achieve the stated goals, namely increasing the accessibility, quality and sustainability of health services for the entire population of Indonesia, including those in rural areas.

BIBLIOGRAPHY

- Darmawan, D. (2019). *Analysis of the Impact of the BPJS Health Budget Deficit on Health Services at the Medan Haji General Hospital*. North Sumatra State Islamic University.
- Engdila, P. (2021). *Implementation of the Nagari Swa-JKN (National Health Insurance) Program in Nagari Taram, Harau District, Limapuluh Kota Regency*. scholar.unand.ac.id.
- Harahap, N. (2020). *Qualitative research*.
- Kasenda, T., Tulusan, F., & Laloma, A. (2022). Quality of Health Services in the Covid-19 Pandemic Situation at the Teling Atas Community Health Center, Wanea District, Manado City. *JOURNAL OF PUBLIC ADMINISTRATION*, 8 (123).
- Laksana, BT, & Meirinawati, M. (2023). Quality of Public Services in the General Poly Sector at the Summersari District Health Center, Jember Regency. *Publica*, 2547–2560.
- Pariantini, NPD, Kurniati, NM, & Putri, KFA (2023). Analysis of the Implementation of the Regional Public Service Agency (BLUD) Puskesmas System in Bangli Regency in 2022. *Journal of Health, Science and Technology (JAKASAKTI)*, 2 (3).
- Pertiwi, C., & Gurning, FP (2023). Implementation of Regional Health Insurance in Achieving Universal Health Coverage in Medan City. *Journal...*

- Pradana, GA (2016). Discretion in the Implementation of Public Policy (Study on the Implementation of BPJS-Health Policy at the Kepanjen Community Health Center). *Scientific Journal of Public Administration*, 2 (3), 79–87.
- Pratama, S., Susanto, HS, & Warella, Y. (2020). Integrated development post program for non-communicable diseases in island areas. *HIGEIA (Journal of Public Health Research and Development)*, 4 (2), 312–322.
- Prihantini, T. (2015). *There are no great children without extraordinary fathers*. QultumMedia.
- Purwaningsih, E. (2023). Policies Related to the Health Crisis: Analysis of Health Personnel Needs During the Covid-19 Pandemic in Indonesia. *Indonesian Health Policy Journal: JKKI*, 12 (2), 66–73.
- Puspitorini, P. (2022). *Introduction to Agricultural Science*.
- Rosmawati, HD, & Nilwana, A. (2018). Implementation of the National Health Insurance Program (Jkn) at the Enrekang District City Health Center. *Social Politics & Economics*.
- Rumbekwan, ICY (2022). *Implementation of the Healthy Papua Card Health Guarantee Policy in Jayapura City, Papua Province*. eprints.ipdn.ac.id.
- Saputra, KP, Wardani, S., & Widodo, S. (2020). Implementation of Employment Social Security Fulfillment for Official Parking Attendants in Banyumas Regency. *Cosmic Law*, 19 (2), 123–132.

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Journal of Health Science

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