

# THE EFFORT TO REACH THE CONTACT NUMBER TARGET AT THE PRIMARY HEALTH CARE FACILITIES WITHIN THE NATIONAL HEALTH INSURANCE PROGRAM IN DEPOK, INDONESIA

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## ABSTRACT

**Background:** Health Social Insurance Administration Organization (Health BPJS) set a target of 150/1000 primary health care (PHC) contact number target per month within the national health insurance (NHI) program. The contact number target is an indicator in the commitment-based capitation policy. It is set by the Health BPJS that must be achieved by the PHC. Data from January to February 2017 showed that 98 PHCs in Depok City collaborated with Health BPJS, but only 27 PHCs (27.5%) reached the target. This study aimed to examine the effort to reach the contact number target at the PHC facility within the NHI program in Depok, Indonesia

**Subjects and Method:** A qualitative study was conducted at PHC facilities including 2 clinics and 2 community health centers (puskesmas). The heads of PHCs and persons in charge of the contact number target were selected for this study. The study theme was the success status of PHC in reaching the contact number target. The data were collected using in-depth interview and document review.

**Results:** At clinic, the number of human resources (HS) and facilities was sufficient. But at puskesmas, there was a lack of HS and facilities, such as computer and internet access. The policy of the clinic to pursue the contact number target was the commitment to input data on the day's visit to primary-care on the same day but this policy was not exist in puskesmas. The activities carried out were improving the quality of services, counselling, participating in the integrated health post (posyandu), home visit, and checking the use of BPJS card. The puskesmas faced several obstacles so the contact number target was not reached.

**Conclusion:** The policy of the clinic to pursue the contact number target is the commitment to input data on the day's visit to primary-care on the same day but this policy is not exist in puskesmas. The puskesmas face several obstacles so the contact number target is not reached.

**Keywords:** contact number, capitation, primary health care, clinic, community health center

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## BACKGROUND

Since January 2014, Indonesia has implemented a national health insurance (NHI) by the Health Social Insurance Administration Organization (Health BPJS) (Law No. 24 of 2011).

In the NHI era, health services were carried out in a structured and tiered manner. The first level health care unit is called the primary health care (PHC) facility. In the payment mechanisms, Health BPJS applies a capitation system for the PHC facility. Capi-

tation is the amount of monthly payment paid in the beginning to the PHC facility based on the number of participants registered regardless of the type and number of health services provided (Presidential decree No. 32 of 2014). Health BPJS as an institution with quality control and cost control in the NHI era (Law No. 40 of 2004), establishes policies in order to improve quality and reduce health service costs. Since August 1, 2015, Health BPJS Regulation No. 2 of 2015 regarding

capitation-based fulfillment of commitment has established.

The capitation-based fulfillment of commitment has three indicators, namely contact number (Angka Kontak or AK), referral ratio of non-specialist outpatient cases (Rasio Rujukan Rawat Jalan Kasus Non Spesialistik or RRNS), routine visit ratio of prolanis (Rasio Peserta Prolanis Rutin Berkunjung or RPPB). Achievements for the indicators of referral ratio of the non-specialist outpatient cases and routine visit ratio of prolanis have already been good at the PHCs in Depok City, while the indicator of contact number has still not been achieved. Contact number is an indicators to determine the accessibility and utilization of primary services in the PHC facilities by participants and efforts of the PHC to provide health services to participants who are registered in every 1000 (one thousand) participants in the PHC facilities that cooperate with Health BPJS.

Since the capitation-based fulfillment of commitment system for the PHC facility collaborated with Health BPJS in Depok Branch Office implemented, there were still many PHC facilities that have Contact Number below the indicator target, which were 150 per mile. This is the Contact Number of the PHC facility table in the NHI Program in Depok from January-February 2017.

The Contact Number of the PHC facility belonging to the TNI/POLRI and community health center was still far from the safe zone indicator (150%). Meanwhile, the Contact Number of the PHC facilities in the Private Clinics and Practice of doctor at home was quite good. This study aimed to determine the efforts to reach the Contact Number target at the PCH facility within the NHI Program in Depok in 2017.

Table 1. The Contact Number of the PHC facility in the NHI Program in Depok from January-February 2017

No	Type of PHC facility	Average of Contact Number per Month (Per mile)
1	Community health center	53.48
2	Practice of doctor at home	107.58
3	TNI/POLRI clinics	46.13
4	Private clinics	174.40

## SUBJECTS AND METHOD

### 1. Study Design

This was a qualitative study conducted at the PHC facilities collaborated with the Health BPJS in Depok Branch Office in 2017. This study aimed to examine efforts to reach the Contact Number target. It was analyzed based on a system approach, namely inputs (human resources, funds, facilities, and policies) and processes (planning, organizing, implementing, and evaluating).

### 2. Population and Sample

This study was conducted in June 2017 by using in-depth interviews with 4 PHC facilities (2 clinics and 2 community health centers). They were selected based on the Contact Number that had been and had not been reached. They were represented by each head of clinic/community health center and the person in charge for the contact number.

### 3. Data Analysis

This study examined the documents of sources of fund and the allocation, and the report of the contact number at the PHC facilities. The data were analyzed descriptively.

## RESULTS

### 1. Input

#### a. Human Resources

According to the informants, the number of human resources in the clinics or in the community health centers was sufficient.

*“That's enough, I have 2 clinic staff, 1 nurse, 3 general practitioners, 4 dentists, and 2 pharmacist assistant” (CI1)*

*“The standards of the employee is in line with the regulation of the minister of health no.75 and have met the target. There are civil servants and non-civil servants whose numbers are in accordance with the standard” (CHCI1)*

However, based on the type of workforce that must be applied in the community health center, there was one community health center that did not have environmental health worker, while the other community health center had few administrative staff to input data of Health BPJS to the primary-care.

#### b. Fund

According to the informants, the source of fund from the clinics generally came from the private capital, capitation, and payment of non BPJS public patients. Meanwhile, the source of fund from the community health centers came from the local government budget (APBD), and local community service agency (BLUD). The fund would be used for clinic/community health center operations, employee salaries, drug shopping, and others.

*“Actually, the source, besides private capital, also comes from capitation processed” (CI1)*

*“There are funds from the APBD, Depok government, and from the center. Funds from the center are the BOK that is specifically used for promotion/ prevention. Some of the Depok APBD was used for salaries and some for other activities. There is also from BLUD, the allocation was for activities of health facilities, polnet, 24 hours, and first aid.” (CHCI1)*

#### c. Facility

According to the informants, the most important facility needs were in the administration section namely computers

and internet access for data input to the Health BPJS website. There was lack of facilities in the community health center.

*“The internet access from the BPJS system often has errors. We admit that we don't have enough computers. We have already done the procurement. However, due to the proposal funds for each of them, each of them should have a computer to input what was done. The number of computers is minimum. Each nurse, doctor, etc. should have a computer to input the data directly and people who come to the integrated health post should be facilitated by android or whatever to input data online, so, they don't have to give data to the community health center” (CHCI1)*

#### d. Policy

According to the informants, the clinics and the community health centers had received socialization and documentation from the Health BPJS policy regarding the regulation. The policies in clinics and community health centers were in the form of instruction, appeals, and socialization both to employees and Health BPJS participants.

*“If anyone supports, I like if BPJS provides a lot of training. Socialization is also quite often held. If there is a new policy and BPJS socialization, we will be surely invited and gathered” (CI1)*

## 2. Process

#### a. Implementation

According to the informants, the activities carried out by clinics and community health centers were counseling, consultation, and reminding participants and families to always carry a Health BPJS card and input data to the primary-care. For outdoor services, the community health centers carried out integrated health post, integrated guidance post, immunization, and Maternal and Child Health (MCH) services.

*“The activities in the building are counseling and input every day so that they won't*

*forget. The outside activities are prolamist because it is conducted outside the building and also home visit” (CI1)*

*“For outside activities, we reach them through integrated health post, integrated guidance post, home visits, larvae visits, health counseling, and social services...” (CHCI1)*

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## DISCUSSION

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### 1. Input

#### a. Human Resources

According to Notoatmodjo (2003), an institution must be supported by capable human resources because they are very instrumental in carrying out business and activities within the institution. Based on this opinion, human resources are the most important thing in an institution due to their role as policies and operational activities executors (Pakpahan, 2014). The number of human resources was quite good at the community health centers and clinics. However, there were types of human resources that were still lacking in the community health centers, namely environmental health workers. Meanwhile, this was not found in the Clinics.

#### b. Fund

Funds are money provided for a purpose (Balai Pustaka, 2016). According to Nawawi (1994) in Rohendi (2011), the greater the activities that will be implemented to achieve certain goals, the greater the funds or money needed. Besides capitation, the source of fund from the clinics came from the private capital and payment of non BPJS public patients. Meanwhile, the source of fund from the community health centers came from the central and regional APBD, and BLUD. The fund would be used for clinic/community health center operations, employee salaries, drug shopping, and others. There were no specific arrangement or allocations to the

capitation funds to reach the contact number target.

#### c. Facility

Facilitites are all things that can be used as a tool in achieving goals or objectives (Balai Pustaka, 2016). The lack of fulfillment of the computer facilities and the availability of internet access made it difficult for the community health centers to input data to the Health BPJS website. However, it was not found in the clinics.

#### d. Policy

Policy is a way in which an organization can find out what is expected, such as programs and mechanisms in achieving its products (Aneta, 2010). The policy of series of concepts and principles is an outline and a basis of a plan in the implementation of work, leadership, and action (Balai Pustaka, 2016).

The clinics and the community health centers had received socialization and documentation from the Health BPJS policy regarding the regulation. The way to delivering policies in clinics and community health centers were in the form of instruction, appeals, and socialization both to employees and Health BPJS participants. The policies carried out by Health BPJS in supporting those policies were by carrying out training, socialization, seminar, as well as giving rewards to the PHCs that were successful in reaching the contact number target.

### 1. Process

#### a. Implementation

Implementation is the realization of a plan by using the organization that has been formed into reality. The role of a leader is needed at this stage. Leaders must be able to motivate subordinates to responsibly carry out various activities that have been arranged (Azwar, 1996).

The activities carried out by the clinics and the community health centers in reaching the contact numbers were basically

the same. They held health counseling and consultation, and reminded the participants and families to always bring Health BPJS cards to the health services and input data on the day's visit to primary-care, so it did not postpone work on the next day. For outdoor services, the community health centers actually had privilege because they could carry out outdoor service obligations such as integrated health post, integrated guidance post, immunization, and maternal and child health services as well as to get contact number.

Based on the results and discussion of the study related to the Efforts to Reach the Contact Number Target at the Primary Health Care Facilities within the NHI Program in Depok in 2017, the human resources in the clinics were sufficient in terms of number, competent, and had received sufficient training from Health BPJS. The source of fund from the clinic came from the private capital and capitation. The clinic's facilities to reach the contact number target were sufficient. The clinic's policy to reach the contact number target was the commitment to input data on the day's visit to primary-care. Meanwhile, there was a lack of human resources in the community health centers, a lack of facilities such as computers and internet access, as well as differences in policies between the Health BPJS and the Health Office.

In terms of the process, the activities carried out in the clinics to meet the contact number target were improving services to the participants and conducting counseling and home visits. In implementing these activities, it was difficult to bring the Health BPJS participants to the clinic. However, the implementation of activities at the community health center was in line with the Minimum Service Standards.

There were many programs in the community health centers that could be used

as references to increase the contact number, but the community health centers had problems with the large number of participants coming to the service areas, especially outside services. They did not bring Health BPJS cards, so that the community health centers had difficulty in collecting data on services. High workload also affected the level of focus of the community health centers to reach the contact number target. The highest number of the participants in the community health centers compared to the clinics made them difficult to map their whereabouts.

Based on the inputs and processes that clinics and community health center had, there was an output in the form of contact number target. The clinics reached the contact number target set by the Health BPJS, while the community health center did not reach the target.

The limitation of this study was the data of the contact number obtained only in January and February. In addition, the selection of the locations of this study had not considered the number of registered participants; therefore, it has not been comparable enough to be compared.

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