



WALUYA THE INTERNATIONAL SCIENCE OF HEALTH JOURNAL

Analysis of Implementation the National Health Insurance Program Related to Health Services Based on Resources Aspects in Konawe District

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ARTICLE INFO

Article history

Received : March 1th, 2023

Revised : March 30th, 2023

Accepted : March 31th, 2023

Keywords

Health Insurance,
Workload,
Human Resources.

ABSTRACT

Introduction: The Konawe Regency Government has unilaterally terminated the cooperation program with the Social Security Administrator which has been covering health insurance for the poor in Konawe. The Konawe local government has stopped paying premiums to the Health Insurance Agency for the Konawe community with Family Card holders and the health insurance status of family card holders is unclear until now and Family Card participants are no longer able to use family cards to get health insurance either at the health center or other health facilities. Based on this, the researcher wants to analyze the implementation of the National Health Insurance Program related to health services based on the aspect of resources in Konawe Regency.

Method: Types of research is qualitative research using a case study approach. In this study, the researcher acts as the main research instrument. Key informants and regular informants as supporting instruments totaling 12 people.

Result: In the interview, it was stated that based on our workload analysis, it was sufficient, including the existing health workers, namely 2 (two) general practitioners, 1 (one) dentist, 40 (forty) nurses, 30 (thirty) midwives, 2 (two) analysts people and 15 (fifteen) public health workers.

Conclusion: The availability of health workers in 5 (five) public health center is not sufficient. Of the five health centers that became the object of research, there is still one health center that does not yet have a general practitioner.

Introduction

Guarantee National Health Insurance (NHI) is now increasingly being used by various countries in the world, such as the English, Japan, Australia, the Philippines and other countries.^[1]

Financing through health insurance is a way out of the health financing problems that exist in these countries. The English was the first country to introduce a national health insurance in 1911. Although the health system in the English is now

better known as the National Health Service (NHS), a health system that is funded and managed by the government nationally (not decentralized), its management is a health insurance. national health services which are partly financed from mandatory contributions by the workforce (including in the informal sector) and employers.^[2]

By Nationally, there are two health financing problems in Indonesia which are important issues at this time and the consequences are felt by the community, namely on the one hand the cost of health is getting more expensive, on the other hand there is a limited government budget for health.^[3] This is one of the factors that causes the program implementation to be less than optimal Guarantee national health nationally. From the maintenance side Guarantee national health there are still many poor people who are not or have not become participants in health insurance. Meanwhile, directing people to become participants in the Mandiri Health Insurance is still quite difficult because of the lack of socialization.^[4]

In order to support the implementation of the national health insurance program in the regions, in Southeast Sulawesi Province there are several health facilities, both first-level health facilities and advanced level or referral health facilities, namely as many as 19 hospital units consisting of; 13 Regional Unit Hospital Units, 1 government special hospital unit, 3 private hospital units and 2 Indonesian National Army and Police Hospital units, while the first level facilities consist of 260 Health Center units, independent practice (family doctors as many as 30 units)) and 30 clinics.^[5]

In the context of the Konawe Regency scale, the available health facilities to support the implementation of the National Health Insurance Program in Konawe Regency include 1 unit of the Konawe Regional Unit Hospital, 29 units of Health Center consisting of 3 maintenance health centers, 52 auxiliary health centers and 21 ambulance units for mobile health centers, village health posts. 89 units, integrated healthcare center 413 units, stan by village 145, government or private pharmacies totaling 19 units, which are available in 24 sub-districts throughout Konawe Regency.^[6]

Although there is a Minister of Health Regulation that regulates the implementation of the national health insurance program, empirical phenomena in Konawe still find several problems in the implementation of the national health insurance program in Konawe Regency. Some of these problems are related to the participation aspect of the National Health Insurance for Konawe Health Card holders. Since 2020, the Konawe Regency Government has unilaterally stopped the cooperation program with the National Insurance Administration Agency which has been covering health insurance for the poor in Konawe.^[6]

In addition, problems were also found in the aspect of health services. This is related to the number of doctors who are currently inadequate. Of the 29 Health Center in Konawe Regency, there are still 9 health center that do not have a doctor, even though as previously explained that the health center is a first-level health facility providing health services for the community participating in the National Health Insurance, so the presence of doctors at the Health Center is very important. This causes the participating communities to ask for a referral to the Regional Public Service Agency of Konawe Hospital if complaints of illness require treatment from a doctor and sometimes have to travel relatively long distances to the district capital in Unaaha.

Another problem that is also related to health services is the inadequate number of dentists and facilities or health support tools for patients with dental pain. Until now, there are still 19 out of 29 Health Center in Konawe that do not yet have dentists and health facilities for toothaches, even though toothache is one type of disease that is covered by the National Health Insurance. This condition also forces the community to ask for a referral to the Regional Public Service Agency, Konawe Hospital or even seek dental practice that is paid for independently because it is not covered by the National Guarantee Agency.

Based on from the description above, it is known that the implementation of the National Health Insurance program has basically been regulated in the Minister of Health Number 28 of 2014 concerning Guidelines for the Implementation of the National Health Insurance Program. The program in Konawe Regency is also

implemented with reference to the Health Government Regulations which covers aspects of the implementation of the National Health Insurance, participation, health services, funding, organizing bodies and inter-institutional relations, monitoring and evaluation, supervision, and handling complaints. However, the facts on the ground show that there are still problems in the implementation of the National Health Insurance program in Konawe Regency, namely problems regarding participation and inadequate health services. From the phenomenon of the problem the author is interested in conducting research with the title "Implementation of the National Health Insurance Program Related to Health Services based on Aspects of Resources in Konawe District".

Method

Types of research is qualitative research using a case study approach. In this study, the researcher acts as the main research instrument. Key informants and regular informants as supporting instruments will be interviewed using interview guides and voice and video recording devices (digital cameras/mobile phones).^[7] The informants of this research were 12 people consisting of 1 (one) Head of the Konawe District Health Office, 5 (five) people; Head of Public Health Center, 1 (one) Head of the National Guarantee Agency for the Konawe Branch, and 5 (five) members of the public who are Health Insurance Agency participants, data collection techniques using observation.

Result

The achievement of the goals of each organization, including in the health sector, both positively (advantages) and negatively (disadvantages) depends on the values that are manifested in their lives. The ability of value-support human resources owned/believed by individuals in each organization will be able to survive and be independent both individually and in organizations to work to carry out their respective roles and functions as well as possible. Aspects that are owned/believed to be able to support the implementation of programs or services for national health insurance, especially those in Konawe Regency to the community are an activity or work carried out in accordance with their respective roles or functions in carrying out a mandate of office either as the mandate of the leadership task National Health Insurance Administration Agency, Health Center, related to participation and health services in Konawe Regency in 2021 as a system/element or component that must always be active, synergistic and integrated in carrying out the process.

The explanation above is in line with the statement from the Head of the Konawe Health Office as follows:

"Our activities are basically synergized with existing programs in the Regional Government such as Jamkesda (regional health insurance) since 2018 we have collaborated but have had problems with budgeting, so in 2021 we will re-collect data. There is our communication forum every 3 (three) months with Regional Apparatus Organizations discussing health problems in Konawe, Ministry of Home Affairs (Ministry of Home Affairs), Ministry of Social Affairs (Ministry of Social Affairs), through online with the Health Office (Health Office), Social Service (Social Service), and the Regional Financial and Asset Management Agency of Konawe Regency. (Interview, 26 April 2022).

Based on this information, it shows that the sub-aspect of human resources has been adequate, especially in supporting part of the implementation of the public health insurance program other than doctors (general and dental), this does not always run smoothly as expected by all health practitioners or in other words. that still have obstacles in the field. However, the efforts made by the health center, especially the Head of the National Guarantee Agency of Konawe Regency, continue to carry out sustainable synergies to solve the problems they face, including efforts to integrate information or community data in the field of card services of the National Guarantee Agency in Konawe Regency (which is centralized at the Konawe Regency Civil Registry Office) which has reached up to 88.

The Konawe Health Card is part of the National Health Insurance for the Healthy Indonesia Card for Konawe residents, it's just that the contribution is borne by the regional government through the regional revenue and expenditure budget. As for the contributions, they experienced an inactive condition due to distance, network and data imbalances that were not yet centralized in the Civil Registry office as stated earlier, this was as disclosed by the Head of the Konawe Health Office:

"constraintthe remote one is usually in arrears or disabled (because it's remote/network). As for the Health Insurance Agency Konawe Health Card in 2018. The problem at the Health Center is that it has been treated but it turns out it is not active and cannot be claimed if it is not active", (Interview, 27 March 2022).

Based on the information from the Head of the Konawe Health Office, it is known that the Konawe Health Card can be used at any hospital or health center that has collaborated with Health Insurance Agency, namely when taking treatment anywhere, both at Regional General Hospitals in Southeast Sulawesi and outside Southeast Sulawesi and automatically the recipient of this card will also receive this card. already included in the participants of the National Health Insurance Administering Body. The statement from the Head of the Konawe Health Office is in line with the information obtained from the Head of the Konawe Branch of the National Insurance Administering Agency as stated in his statement:

"This is also our commitment to the National Insurance Administration Agency as the organizer of the National Health Insurance for Healthy Indonesia Cards in the regions. We continue to strive to provide optimal health services, so that people really get health insurance from the government." (Interview, 26 March 2022).

The data on the distribution of health workers, especially doctors at the health center, can be seen in the following table:

Table 1
State of Health Workers/General Doctors and Dentists at five Health Center in Konawe Regency in 2021

No.	Public health center	General practitioners	Dentist
1.	Unaaha	dr. Hedwig Tandiyu and Nurmiana	dr. Sariyanti
2	Wawotobi	1. dr.H. Mardi Santosa, M.Kes 2. dr. Moh. Natshir, p	Drg Novita Widya
2.	Uepai	dr. Fadhillah Julianty	-
3.	Tawanga	-	-
5.	Abuki	dr. Fitri Pratiwi	dr. Iin Hariati

The table above shows that of the five health centers studied there is still one Health Center that does not yet have a general practitioner, namely the Tawanga Health Center. As for dentists, there are two Health Center that do not yet have a dentist, namely Uepai and Tawanga Health Centers. In addition to the medical staff as shown in the table above, the health center is also supported by personnel in the fields of Medical Laboratory Technology Experts, Nutrition and Environmental Health in each Health Center. The inadequacy of general practitioners and dentists is basically due to a moratorium policy on the acceptance of prospective civil servants for Konawe Regency from 2018 to 2021. So, the quota for general practitioners and dentists in 2021 is staff from the procurement of prospective civil servants before 2018.

Based on these data, it is shown that the condition of the existing health workforce resources in Konawe Regency which is focused on 5 (five) Health Centers, not all Health Center have fulfilled the resources/manpower. This condition was explained by the Konawe Health Office Head in his interview who stated that:

"Based on our workload analysis, we have enough, including the existing health workers, namely 2 (two) general practitioners, 1 (one) dentist, 40 (40) nurses, 30 (thirty) midwives, 2 (two) analysts, people and public health 15 (fifteen) people. (Interview 27 April 2022).

Discussion

Based on Field research data shows that the general problems that exist in the Unaaha, Uepai, Anggotoa, Latoma and Abuki Health Centers are related to the Human Resources of health workers and the availability of technology to support the implementation of health services. As mentioned at the beginning of the explanation, the aspect of resources, especially the availability of adequate and professional health workers, is one important aspect that determines the success or failure of the implementation of the National Health Insurance program in Konawe Regency. This is in line with the opinion ^[10] which states that society needs and even demands intelligence that is able to harmonize, harmonize and balance other intelligences. With this intelligence, he will be able to identify the slightest things.

The problem of inactivity is caused by 2 (two) things, namely the existence of arrears and regional access (geographical location) which is still not good in some places (road conditions and communication networks), such as card-holder communities in Latoma District, Rوتا District and others. When viewed from the available data, since 2017 as many as 26,021 residents of Konawe Regency, Southeast Sulawesi have received health insurance through the Regional Health Insurance program or known as the Konawe Health Card program from the Regional Government in collaboration with the Southeast Sulawesi Social Security Administering Agency which has been integrated with National Health Insurance for Healthy Indonesia Card.

In connection with the statement of the Head of the National Guarantee Agency Konawe Cabang Branch above ^[11] suggests that to be able to implement any program or policy must be based on factors of knowledge, formal education, discipline, cooperation, creativity and responsibility. So, to support these factors, the main thing that determines is to return to how the leadership is carried out by each organization, whether it works alone or runs it based on the concept of partnerships (linkages) both organizationally and socially. In fact, this becomes the central point (center) of the problem based on

the findings in the field when viewed from the structure of linkages between existing organizations/institutions so that data problems can be integrated centrally, both at the regional and national levels. Therefore, the author concludes that if each element or component can carry out its role and function, then the person concerned (the community using the services of the National Health Insurance Administration and health service institutions at the health center) will be achieved in public service matters, especially in the field of public health.

Availability of resources in the policy implementation process with regard to supporting resources to implement a particular policy. This resource aspect includes several indicators, namely: (a) Human resources are important actors in the implementation of a policy and are human potentials inherent in a person's existence including physical and non-physical in the form of an employee's ability that accumulates both from the background of experience, expertise, skills and personal relationships; (b) Facilities and infrastructure are tools to support and implement an activity. Facilities and infrastructure can also be referred to as equipment owned by the organization in assisting workers in carrying out activities, and; (c) Funding is an activity to finance the operation of a policy, relevant and sufficient information on how to implement a policy, and the willingness or ability of various parties to be involved in implementing the policy. This is intended so that the implementers do not make mistakes in implementing the policy.^[8]

Conceptually, human resource management is intended to foster human resources, so that they can be used effectively and efficiently in achieving organizational goals, referring to general management and in managing these human resources, human resource management should always apply a basis that refers to the achievement of organizational goals.^[9]

The main principle of management is to see the efficient use of resources generated in the field of work such as time, capital, materials and labor. In the implementation of the national health insurance program in the implementation of health

services, things that can support or support it are the sub-aspects of human resources. Human resources are assets or major and major potentials that arise from humans themselves, both those obtained / born from the educational process, experience and learning that they have gone through. The formation of education, experience and learning will attach to the individual (people) about values,

In the context of this research, the resource aspect can be translated into three operational indicators to see the implementation of the National Health Insurance program related to participation and health services in Konawe Regency in 2021, namely:

- a. Human resources are the availability of medical personnel or health workers. The availability of medical personnel or health workers at the health center is an important thing in the implementation of the National Health Insurance policy in Konawe and is a human potential inherent in a person's existence including physical and non-physical in the form of abilities that accumulate both from the background of experience, expertise, skills and personal relationships.
- b. Health facilities and infrastructure, is the condition and availability of supporting facilities consisting of various supporting facilities and equipment for implementing the National Health Insurance Program at the Health Center. Facilities and infrastructure can also be referred to as medical equipment or health equipment owned by the health center in supporting the operations of health workers at the health center.
- c. Funding is the availability of the operational budget for the National Health Insurance policy which consists of financing claims by the National Insurance Administration Agency, and financing the budget allocation for the procurement of medical personnel and medical equipment to support health services at the health center.

The human resource needs of health workers determined at each public health center consider workload analysis, namely jobs with certain characteristics, human resources with the appropriate level of education, skills, abilities and with the specified characteristics can be carried out in carrying out their duties or work. properly and

can be held accountable for the results her job. Based on the research findings, it was found that the placement of human resources or experts in each Health Center still has limitations, both in terms of the level of education as expertise, such as dental health workers and or general practitioners. It is different with the human resources provided or filled in at other Health Center such as Unaaha and Abuki Health Centers both normatively and competently have met the specified requirements (filled). Furthermore, the implementation of health tasks has been in accordance with the targets that have been set.

The existing human resources at each Health Center can be seen from a value as the ability they hold/have in carrying out their roles and functions in the administration or implementation of the National Health Insurance program related to participation and health services in Konawe Regency in 2021, especially at the health center level. The values that should be owned by health workers are ability and responsibility, openness, discipline, learning, creativity, initiative, innovation, cooperation, knowledge of main tasks and functions and visionary spirit. By showing the good value ability possessed by each individual or health service officer at the health center, it will have an effect on better community behavior and response.

In an effort to explore, study, analyze and reveal facts/phenomena of human resource problems at the health center studied, in this case the level of value ability possessed, the author conducted interviews with the Heads of Public Health Centers, Heads of Service and Heads of the National Health Insurance Organizing Agency and made observations. direct observation (observation) on the object as the research location. The following is detailed or described each of the capabilities of public services carried out by health workers as a capability that supports and hinders the implementation of the public health insurance program, the support factors carried out by the Head of the Health Service, Head of the National Insurance Administration Agency and Head of Public Health Center in general, namely informative, initiative, humanist and learner.

For the sake of the availability of human resources who are expected to be able to move people in the organization, they must have an

integrated ability between thinking power and physical power. Based on this data and information, the author found that since the implementation of the National Health Insurance program related to participation and health services in Konawe Regency in 2021, seen from the support of health personnel resources, there are still Health Center whose resource conditions are not adequate, this is due to the education of medical graduates, both specialists and generalists. The general population in Konawe Regency is still limited so it requires additional (quota) to fill some vacant manpower fields.

Besides being so important in overcoming and keeping up with the challenges of the times, it can also have a positive influence on the development of various other areas of life, including in carrying out its roles and functions in an organization wherever individuals/members are. In other words, development in the field of education is the main key to the creation of qualified and competitive human beings both at the regional and global levels. Thus, it will be able to create an effective, equitable and sustainable implementation of policies or programs. With a better level of education, it can be assumed that it will improve the ability of individuals, members of an organization at all levels in community service.

The phenomenon in the field shows that the duties, authorities, responsibilities and roles that are attached to leadership policies in responding to the limitations of existing human resources (health ministry) so that a reliable ability is needed for a leader (as top management) in order to be able to integrate other resources for the continuity of health services. effective, so that in the end the public health insurance program in Konawe Regency can be implemented as expected. This is very necessary considering the socio-governance paradigm that requires health services to appear smarter, independent, creative, innovative and professional.

Based on the results of field research and conceptual analysis, the author finds that education with a system unit requires organization and requires internal elements that need to be improved, such as the procurement of manpower and funding (through scholarship programs) for the region, which must be carried out by local governments (strengthening of human resources). In addition, externally education also requires

organizing in relation to health, socio-economic life, in order to contribute to each other or income and services in a comprehensive or comprehensive manner. The education must be understood by anyone, especially by local governments as policy makers that education functions to build personal (individual) character, groups to the character of the nation in general.

From the results of the conceptual analysis, it can be concluded that based on the resource aspect, the division of labor of the implementor actors at the health center in the implementation of the National Health Insurance program related to participation and health services in Konawe Regency in 2021 in the five study Health Center was in accordance with their educational background in carrying out health service tasks. Even in terms of the level of education of health workers is also adequate so that it can support the implementation of the work that can be completed by each of the existing fields. However, in terms of numbers, there is still one Health Center (Tawanga) which does not yet have a general practitioner, and two Health Center (Tawanga and Uepai) which do not yet have a dentist.

Then, as the data presented in the sub-chapter of the profile of the five study health centers, it is known that financing is one of the supports for the implementation of the National Health Insurance program in Konawe, from these data it can be seen that the budget allocated for financing health care in the five health centers at the research locus is sufficient enough. generally sourced from the Konawe Regency Regional Revenue and Expenditure Budget for the 2021 fiscal year which is attached to the 2021 Konawe District Health Office budget specifically for the allocation of the Health Center Operational Budget. In addition, there is also a budget sourced from the State Revenue and Expenditure Budget in the form of non-capitation funds, Health Operational Assistance funds, allocations for the National Health Insurance for Contribution Assistance Recipients and Non-Contribution Assistance Recipients.

Conclusion

Implementation of the National Health Insurance program related to participation and health services in Konawe Regency in 2021 based

on the resource aspect seen from the indicators: (a) The availability of health workers in five Health Center is also not adequate. Of the five health centers that became the object of research, there is still one health center that does not yet have a general practitioner, namely the Tawanga Health Center. As for dentists, there are two health centers that do not yet have dentists, namely Uepai and Tawanga health centers. The inadequacy of general practitioners and dentists is due to the moratorium on the acceptance of prospective civil servants in the Konawe district which has been going on since 2018 until now; (b) The availability of supporting facilities and infrastructure for the implementation of health services in all Health Center in Konawe is generally not adequate. Of the 29 health centers in Konawe, only nine health centers have dental care facilities, and as many as 20 health centers are not equipped with dental care equipment. Specifically for the five study health centers, there are two health centers that do not yet have dental equipment facilities, namely the Uepai and Tawanga health centers. In general, the finances for financing health care in the five study Health Center were adequate. The budget for the implementation of health care for the Health Center is sourced from the Konawe Regency Regional Revenue and Expenditure Budget for the 2021 budget year which is allocated for the Operational Cost of the Health Center.

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