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ANALYSIS OF REGIONALIZATION OF A NUMBER OF REFERRAL PATIENTS' VISITS AND SATISFACTION OF THE NATIONAL HEALTH CARE INSURANCE AT THE PREFERRED FURTHER TREATMENT HEALTH CARE FACILITIES IN THE REGENCY OF BANTUL, INDONESIA

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Abstract- Regionalization policies and tiered referral systems are issued to meet the availability of health facilities facilities and satisfaction of National Health Care Insurance (JKN) participants. This study was conducted to determine the difference in the number of visits and the level of satisfaction before and after the referral regionalization policy enacted. This research type is quantitative research with *Cross Sectional Study* approach. This study used secondary data of JKN participants who came both in outpatient and inpatient at Bantul Regency Hospital. Data analysis using *paired t-test* paired test and *Analysis of variance (Anova).* Based on the *Test of Normality's output* that visit data and satisfaction are normally distributed. The research data were taken in 7 hospitals as they have complete data related to the number of advanced outpatient and in-patient outpatient visits and data of JKN participant satisfaction before and after the policy was enacted. Conclusions of this research the number of visits by JKN participant patients at Further Treatment Referral Medical Care Facilities (*Fasilitas Kesehatan Rujukan Tingkat Lanjutan* (FKRTL)) before and after the implementation of the policy shows a significant difference, statistically. The level of satisfaction of JKN participant patients at FKRTLs before and after the implementation of the policy between 2015 and 2016 does not show any statistically significant difference. The number of visits by JKN participant patients after the implementation of the policy does not show any statistically significant differences. The number of visits by JKN participant patients after the implementation of the policy shows that there is a stastistically significant difference.

Index Terms- National Health Insurance, Regionalization, Policy

I. INTRODUCTION

Health Care Services in Indonesia have now entered the era of funded health care via the National Managing Body of Social Security (*Badan Penyelenggara Jaminan Sosial* (BPJS) as the executive agency. The National Health Care Insurance (*Jaminan Kesehatan* Nasional (JKN)) has and Constitution Number 40 of 2004 on the National Social Security System (*Sistem Jaminan Sosial Nasional* (SJSN)) in order to achieve the entirely holistic health care [9].

One of the targets to be achieved in the development of JKN is the patients' satisfaction. In the current JKN Map, it is stated that at least 75% of the patients have expressed their satisfaction after being provided with the health care services by the health care facilities (*faskes*), in cooperation with BPJS in 2014, and the patient satisfaction index is expected to reach 85% in 2019 [9].

Based on the data provided by Regional Division VI of Health Care BPJS (*BPJS Kesehatan Divisi Regional VI*), it is recorded that as per June 30th, 2016 of the total number amounting to 2,664,906 JKN participants in the Special Province of Yogyakarta 727,077 (27.28%) were from the Bantul Regency, representing the Second Most JKN Participants, after the Minicipality of Yogyakarta (*Kotamadya Yogyakarta*) [4]. This certainly results in the needs for more health care facilities than there were previously, in order to serve the JKN participants.

The Health Office of the Special Province of Yogyakarta has issued Decree Number 441/7102/III dated Juli 21st, 2014 on the policy of regionalization and the ranked reference system to ensure the availability of the health care facilities and satisfaction of the JKN participants [15]. Based on the findings of the interviews with Health Care BPJS *(BPJS Kesehatan Kantor)* Yogyakarta Branch, the complaints expressed by the JKN visitors to the FKRTL of the Bantul Regency include the unfriendly attitudes, less informative services, long waiting lines, refusals of unregistered participants, and refusals of participants from outside the region of the Regency. The number of health care facilities (FKRTLs) in cooperation with Health Care BPJS (*BPJS Kesehatan*) in the Bantul Regency has increased since 2014, with only 10 facilities initially and there were 13 health care facilities plus 2 main clinics (*haemodailisa* and surgery) as per June 30th, 2016. The existence of favorite Health Care Facilities (FKRTL) in the Bantul Regency has led to excessive numbers of visitors/patients at certain Health Care Facilities

(FKRTLs). This shows that a new problem regarding the even distribution and the satisfaction of JKN patients.

Seven (7) Health Care Facilities (FKRTLs) in the Bantul Regency were taken as samples in this study and 30 respondents in each facility were inquired for their satisfaction at each Health Care Facility. This research was conducted in order to find out the level of the patients' satisfaction before and after the implementation of the patient referral regionalization policy (the policy).

II. METHODS

The method used in this study is the qualitative method using the *Cross Sectional Study approach*. The independent variables of this study of the patient referral regionalization policy conducted by the Office of Health of the Special Province of Yogyakarta (*Dinas Kesehatan Provinsi Daerah Istimewa Yogyakarta)* are the number of visits and the level of satisfaction of further treatment outpatients (RJTL) and futher treatment inpatients (RITL).

The data prior to the patient referral policy implementation is the data of the 2014 period and the data acquired after the implementation of the same plocy is taken from the 2015 and 2016 periods. The Analysis of the data has been made statistically in order to find the differences.

III. RESULTS

The following research data is provided in table 1

Table 1. Data Object of Research

	Name RS	Type RS	Class RS	Number of Visits				Satisfaction			
				RJTL		RITL		RJTL		RITL	
				2014	2015	2014	2015	2015	2016	2015	2016
1.	RSUD Bantul	D	B	116452	127895	12667	11761	73,41	73	74,49	79,85
2.	RS. Dr. S.Hardjo lukito	P	B	57503	79662	5030	7079	75,09	73,37	74,07	73,73
3.	RSK Paru Respira	P	C	926	2201	340	306	72,35	77	73,73	72,40
4.	RS. PKU Muham madiyah	S	C	34351	52893	5425	5689	74,72	74,20	73,17	72
5.	RS. Nur Hidayah	S	D	15740	21443	3258	3130	75,42	78,07	94,20	87
6.	RS. Rachma Husada	S	D	6637	7959	2404	2625	70,05	76,36	71,60	79,30
7.	RS. Santa Elisabeth	S	D	2798	3838	915	987	71,19	76	83,82	75,96

Seven (7) Health Care Facilities (FKRTLs) in the Bantul Regency were taken as samples in this study and 30 respondents in each facility were inquired for their satisfaction at each Health Care Facility

Table 2. Result *Paired t-test*

	RJTL visits		RJTL visits		RJTL Satisfaction		RITL Satisfaction	
	Mean	*P*	*Mean*	*P*	*Mean*	*P*	*Mean*	*P*
before	3.35		4.21					
after	4.23	0.038	4.48	0.462	-2.428	0.084	-2.088	0.082

Based on table 2, the significance of the result of the test of the number of RJTLvisits is 0.038, less than 0.05, which may be concluded that there is a significant difference between the number RJTL visits before and after the implementation of the patient referral policy. The significance of the number of RITL visits RITL is 0.462 greater than 0.05, and therefore this can be concluded that there is no significant different between the significance of the number of RITL patient visits befor and after the implementation of the policy.

The significance of the results of the RJTL visits is 0.084, being greater than 0.05, and it can be concluded that there is no significant difference between the level of RJTL s' satisfaction before and after the implementation of the policy. The mean difference indicates that the number of RJTL patients after the implementation of the policy is greater than that before the implementation of the policy. The significance of the resulted level of RITL patients' satisfaction is 0.082, being greater than 0.05, and therefore it can be concluded that there is a significant difference of the RITL patients before and after the implementation of the policy.

Table 3. *Analysis of Variances (Anova)*

	Type FKRTL		Class FKRTL	
	RJTL	**RITL**	**RJTL**	**RITL**
significant	0.110	0.128	0.037	0.085

Based on table 3, the results of the test indicates that th significance is 0.110, being greater than 0.05, and therefore it can be concluded that there is no mean difference between the number of RJTL patients and that the regular hospitals. Hospital Types D, P and S do not influence the number of RJTL being participants of the JKN. The results of the test indicates that the significance is 0.128, being greater than 0.05, and therefore it can be concluded that there is no mean difference of the number of RITL patients with that of the types of the Hospitals. Hospitals Types D, P and S do not influence the number of RITL patients being participants of JKN.

When the significance of the test result is 0.037, being smaller than 0.05, it can herefore be concluded that there is a mean difference in the number of RJTL patient visits as compared with that of the different hospital classes. Hospital Types B, C and D influence the number of visits of RJTL patients being participants of JKN. The significance found as the results of the test is 0.085, meaning greater than 0.05, and therefore it can be concluded that there is no mean difference between the number of visits by RITL patients and the different classes of the Hospitals. Class B, C and D hospitals do not influence the number of RITL patients being participants of JKN.

1. Visits of RJTL and RITL patients before and after the implementation of the policy

The results of the analysis for the number of visits of RJTL patients show that there is a difference in the number of JKN participants before and after the implementation of the policy. According to [23] the high number of the visits by futher treatment outpatients has been influenced by several factors. These factors include the avalibility of doctors at the Primary Level Health Care Facilities (FKTP), the availability of the medicine, health care facilities and, certainly, a lot more factors.

From the available data, it is known that the highest number of visits to FKRTL is at Panembahan Senopati Regional General Hospital (RSUD Panembahan Senopati) in Bantul and the lowest number is at RSK Paru Respira, all these hospitals are owned by the Government. The increase of the number of visits at RSUD Bantul are mostly caused by a number of factors, including the facilities available and the more flexible service hours. According to the observation results and the interviews conducted, it shows that RSUD Panembahan Senopati Bantul provides morning and afternoon policlinics that results in more JKN participant patients benefit from these servicess, in comparision to private hospitals providing/opening the same policlinics. Most of the outpatients require other facilities such as the chemist's (drugstore) and hospitalization and it is only natural to say that the outpatient unit is the showroom for the entire quality of a hospital [14].

[10] states that this increased number of visits in the adults' hospitals benefits more to the outpatients' unit because of the medical technology, patients' demands, safety, complication of the illnesses, effenciency, funds from the third party (insurance), the adjustment of these all will eventually influence the efficiency of outpatient services and the increased number of visits by outpatients. This condition shows that JKN has generated positive influences onto the communication system conducted prior to the referral of patients, that is, to maintain the continuity of the services as expected in the National Heatth Care Insurance (JKN) [14].

[21] points out the differences between urban and rural communities in accessing the halth care facilities. Two (2) main differences stand out between the two different communities, the status of health and the number of people accessing the health care services. This inconsistence shows that the comprehension of FKTP doctors of their role as a *gatekeeper* and their commitment to perform the role is still

insufficient and consequently they simply refer patients without considering the resulted impacts of the high ratio of the RJTP patients to the expenss incurred by health care services [19].

According to the data of visits (table 4), at Sardjito Hospital (RS Sardjito), which is the only Type A FKRTL, there is a tendency that the number of visits by outpatients has slightly increased and that of the hospitalized patients has decreased. This indicates that many diseases (cases of illness) suffered by JKN participants can be handled at Type B, C and D FKRTLs in the region of the Regency of Bantul.

Table 4. Number of Visits from JKN RS Sardjito participants

Kind of service	Number of Visits 2014	Number of Visits 2015
RJTL	151130	155880
RITL	19368	15357

Source: Data BPJS Health Branch Yogyakarta

According to [18] in his study, apart from the FKRTL facilities and amenities available, another factor having been associated with this situation is the transportation system.

The results of the analysis of the number of further treatment inpatients show that there is no difference between the numbers of visits by further treatment inpatients before and after the implementation of the policy diberlakukan. RSUD Bantul is ranked first in the number of visits by JKN participant inpatients, and RSK Paru Respira with the smallest number of visits by inpatients. Although some FKRTLs have undergone increases in the number of visits, others have undergone decreased numbers of visits. This situation is associated with the fact that the majority of people do not have sufficient knowledge about the National Health Care Insurance (JKN), and the definition, goals and the cannels of the JKN services. As a result, a lot of JKN participants not being in an emergency condition visit the Emergency Unit of an FKRTL for medication, while they should in fact visit an FKRTL for examination and medication, as the participants have been registered.

[10] in his study states that the increased number of inpatients is caused by the admission procedures serving as the selector of the requirements/criteria of the patients to be hospitalized, although such selection is not compatible with the actual condition. From the data, it is known that the number of visits of inpatients (hospitalized patients) being the participants of JKN has increased every month, which means that the problem is not yet solved. Results of the on-site observation indicate that the roles of the administrative officials are crucial in providing the services to inpatients as these officials function as the coordinator in admitting the patients. In performing the duties, these admission personnel must have clear working procedures in the form of Protap (permanent procedures) or SOP functioning as the guidelines for the selection (*filter*) feasible JKN patients to be referred to hospitalization at an FKRTL [12].

2. Satisfaction of RJTL and RITL patients after the implementation of the policy

Results of the analysys of JKN participant patients' satisfaction for their level of satisfaction indicate that there is no difference in the level of JKN participant patients' satisfaction before and after the implementation of the policy. This shows that the services provided to the JKN participant patients at the FKRTL are not maximal, for both further treatment outpatients and inpatients.

One of the indicators or measurements of the quality of the health care services in hospitals is the fulfillment of the patients or their families' expectations, so they may be able to get satisfaction [3]. The positive perceptions toward the service prosedures (registration) at the outpatient unit will eventually grow satisfaction, trust and hope on the part of the patients, on which they will further determine their attitude and subsequent behavior toward the services given by the hospitals. Polite gretings and words from the admission or registration officials or attendants at the hospital can make the patients feel that they are psychologically not suffering and may decide to come back for futher health examinations in this hosptal [17].

The patients' dissatisfaction with regard to the required emphaty at a FKRTL may be associated with the high number of visiting patients which lead to the inadequate attention to individual patients. Results of the study conducted by [20] and [23] indicate that there are positive corelations between the doctors' communication and the satisfaction of the outpatients. A good relationship will create mutual trust and respect, responsiveness and affection. Similar findings have been found in the study done by [22] which shows that there is a correlation between the comfort, information, access and competence of the serving officials and the satisfaction of the patients.

It can be concluded that the performance of the health care officials will determine the quality of the health care services because they are able to directly satisfy the patients. In addition, the patients' satisfaction is also influenced by reliability, assurance, humanity, responsiveness, tangible attitud*e*, accessibility, emphaty, fund sources, diagnoses and the characteristics of the patients [7]. Some studies conducted in 21 European countries are similar, in that the petients' level of satisfaction at private healt care facilities is lower than that of the health care facilities owned by the government because the petients receiving the services from a private health care facility tend to expect more satisfying services from the private provider [6]. Results of the analysis of the Survey of Aspects of Indonesian Household Life (*Survei Aspek Kehidupan Rumah Tangga Indonesia*) indicate that insurance police holders tend to prver private insurers or providers to the government-owned insurance companies because government-owned insurance companies do not provide the required level of satisfaction [11].

According to the DJSN roadmap, the achievement of JKN participant patients' satisfaction was expected to reach 75% 2014 and will achieve 85% in 2019. From the mean level of each FKRTL, varied levels of mean rate of satisfaction are found; some having achieved the targets and other have not.

3. Number of visits at FKRTL Types after the implementation of the policy

Results of the analysis of the different types of FKRTL with the number of patients' visits show that there is not difference in the number of visits by patients between the type of the FKRTL and the number of JKN participant patients' visits before and after the implementation of the policy.

Based on the data of patients' visits to hospitals, the Panembahan Senopati Regional General Hospital of Bantul (*Rumah Sakit Umum Daerah Panembahan Senopati Bantul)*, which is owned by the government, has received the most visits fron JKN patients.[16], states that this hospital is also the favorite FKRTL in the region of the Bantul Regency and its vicinity because it is located in the center of the town and it has the adequate facilities. [8] points out that the greatest obstacles in the implementation of JKN are financial problems, inadequate access to public health care, poor quality of the services and discrimination felt by the JKN participants accessing the health care services.

In general, the quality of both government-owned and private hospitals is affected by three (3) factors: First, the aspect of the structure which is visible in the physical conditions of the facilities, health care and non-health care personnel and the patients. Second, the process which includes the the condition of the inter-personal management, techniques and –the services at the hospital, reflected in both the medical and the non-medical actions or treatments to the patients. Third is the outcom*e*, which is visible in the professional appearance (the clinical aspect), efficiency and affectiveness, the safety and satisfaction of the patients (as the customers) [17].

From the on-site observation it is undeniably known that the number of FKRTL in each region is not properly equal. JKN participants' perpective being limited to the government-owned facilities serving this program may also have an effect. As the visits to government-owned health care facilities are in great quantities and the number of visits to private FKRTLs is still small although the facilities and amenities available at private FKRTLs may be of equal to those owned by the government. With better socialization by the Health BPJS and the increased number of private FKRTLs cooperating with the BPJS, it shows that the numbers of visits become more even, although not maximally even.

4. Number of visits at FKRTL Classes after the implementation of the policy

The analytical results show that there are different average numbers of visits with regard to the hospital classes. Class B, C and D hospitals do affect the number of visits by JKN paricipant patients after the policy has been implemented.

It is known from the existing data, that the JKN System has made the referral channel of social insurance policy holders from PPK I to PPK II become better. The referral for outgoing patients has been mostly made to the Central Hospital (RS Pusat), despite the fact that there are referral hospitals on the provincial level [14].

Based on the results of the data analysis, the number pf visits by outpatients and inpatients in respect of the classes of hospitals, Class D hospitals have undergone the highest increase as compared to Class B and Class Chospitals. The observation findings show that the FKRTLs in the Regency of Bantuk is classified as Type D and the deployment of such RKRTLs is not properly even, especially in the western and southern parts of the region of the Bantul Regency. [1] points out that many JKN participants do not feel that they receive a referral to an FKRTL of a higher type when they are referred to this FKRTL type. The expectation of the JKN participants when being referred to this type of FKRTL ends when the medication provided ends. According to [13], in his observation article, in practice the Health Care BPJS has repeatedly announced the importance of the compliance with the regionalization of patient referrals in order to avoid excessive numbers of patients in certain hospitals.

Based on the issues pointed out above, a referral system based on the topography and geographical areas must be developed so that the facilities available to provide health care services to the communities are accessible for them. The hospitals in the Bantul Regency can be divided into several areas so people who need health care services di not have to directly go to the Regional General Hospital of Bantul (RSUD Bantul).

IV. CONCLUSION

1. The number of visits by JKN participant patients at Further Treatment Referral Medical Care Facilities (*Fasilitas Kesehatan Rujukan Tingkat Lanjutan* (FKRTL)) before and after the implementation of the policy shows a significant difference, statistically.
2. The level of satisfaction of JKN participant patients at FKRTLs before and after the implementation of the policy between 2015 and 2016 does not show any statistically significant differences in 2015 and 2016.
3. The number of visits by JKN participant patients after the implementation of the policy does not show any statistically significant differences among the typer of the FKRTLs.
4. The number of visits by JKN participant patients after the implementation of the policy shows that there is a stastistically significant difference among the various classes of the FKRTLs.

IV. RECOMMENDATION

1. Suggestions for further studies

   As no hospitals in the FKRTLs located in the Regency of Bantul have been observed as samples for this study therefore further observations or researches with regard to the relations of the regionalization of patient referral system and its effects on the number of visits by the JKN paticipants patiens and their level of satisfaction at all the FKRTLs located in the Regency of Bantul are still required.

2. Suggestions for JKN providers.

   The findings of this study may be used as feedbacks and considerations to improve the quality of the health care services for FKRTLs and and for Health Care BPJS, as the JKN management.

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