

**DENGAN GOTONG ROYONG
SEMUA TERTOLONG**



BPJS Kesehatan
Badan Penyelenggara Jaminan Sosial

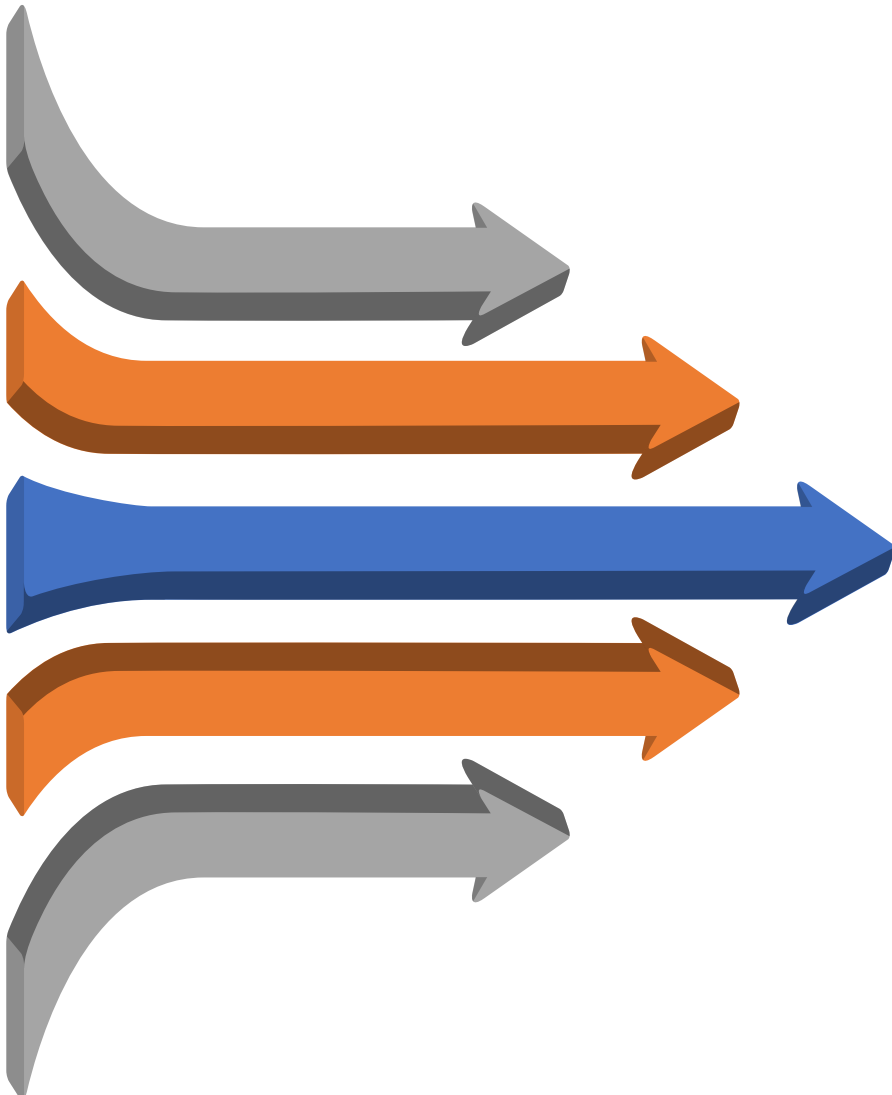


The Role of Social Security to Achieve Universal Health Coverage In-Line with Sustainable Development Goals in the Provision of Affordable Health Care for All

Prof. dr. Ali Ghuftron Mukti, M.Sc., Ph.D, AAK.

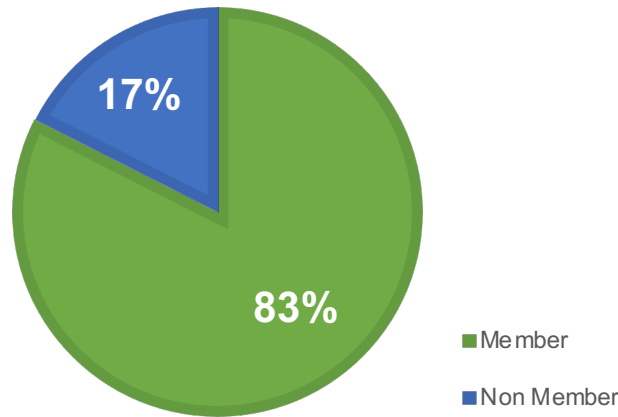
President Director

23 September 2021

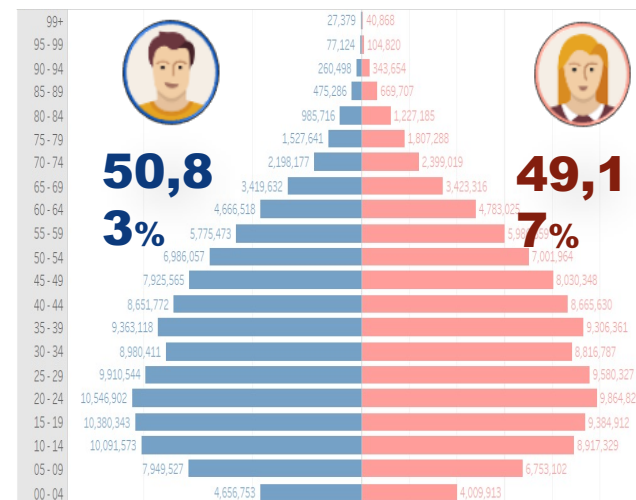
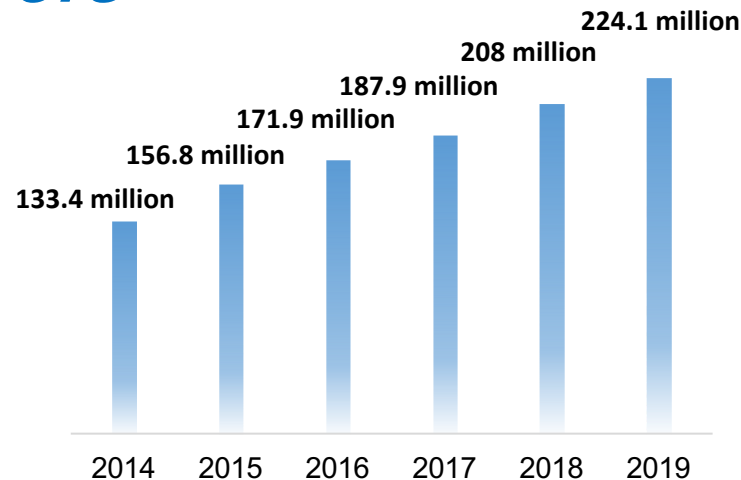
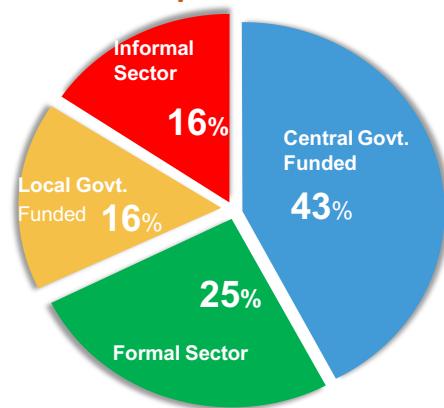
- 
- Overview of Indonesia's National Health Insurance (JKN) programme
 - Achieving Universal Health Coverage
 - Affordable Health Care for All
 - JKN health financing & UHC
 - Efforts to improve financial sustainability
 - Conclusions

226.311.576 members

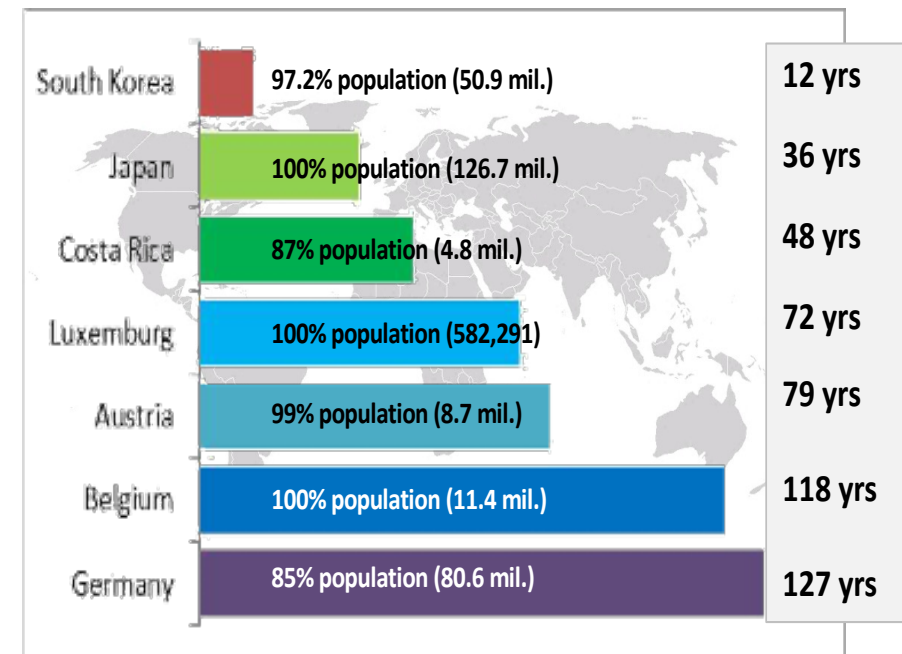
*Indonesia population per February 2020 is 266.912.000
Source: Badan Pusat Statistik



Profile of Participants



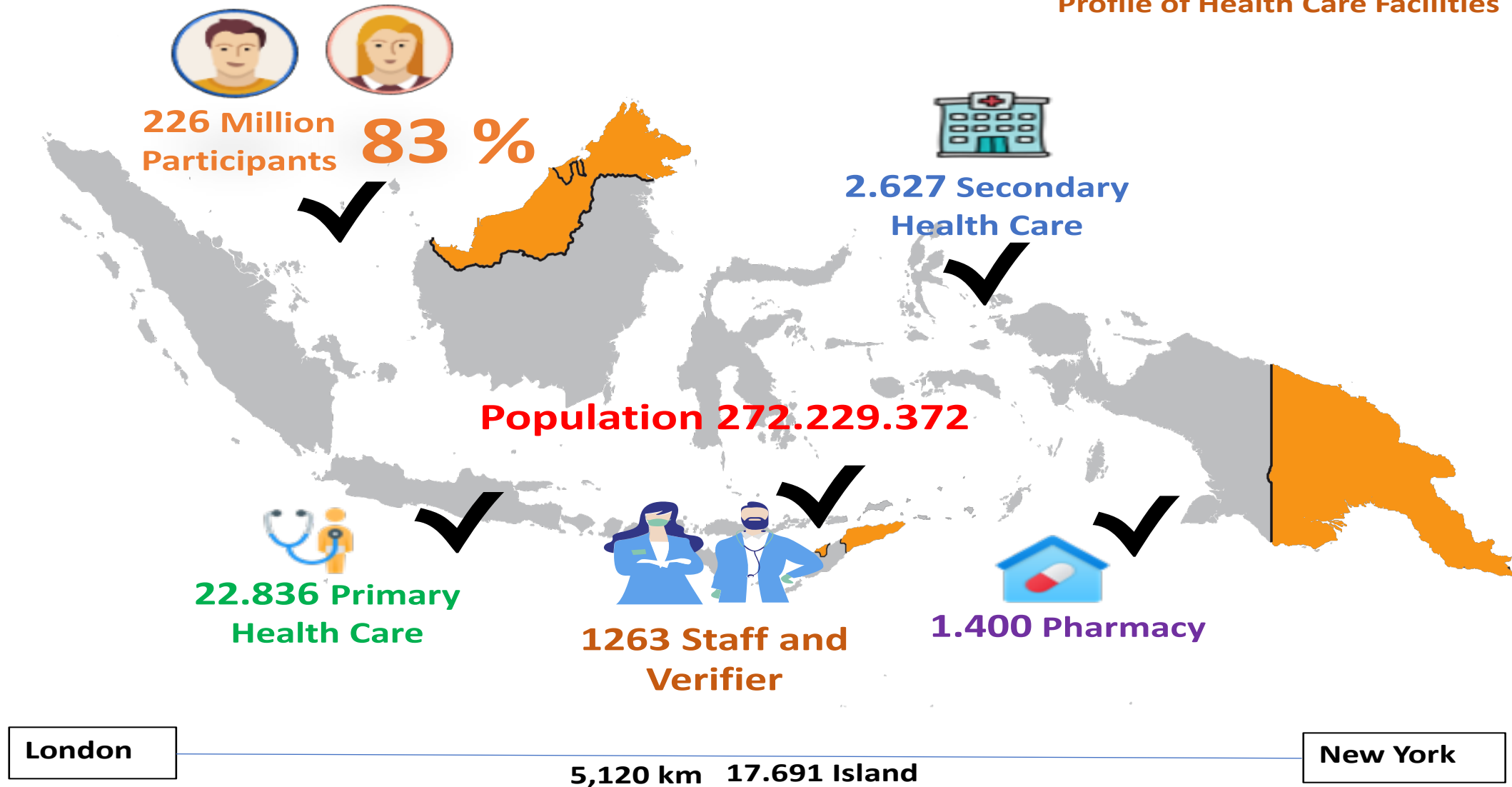
Membership comparison with other nations



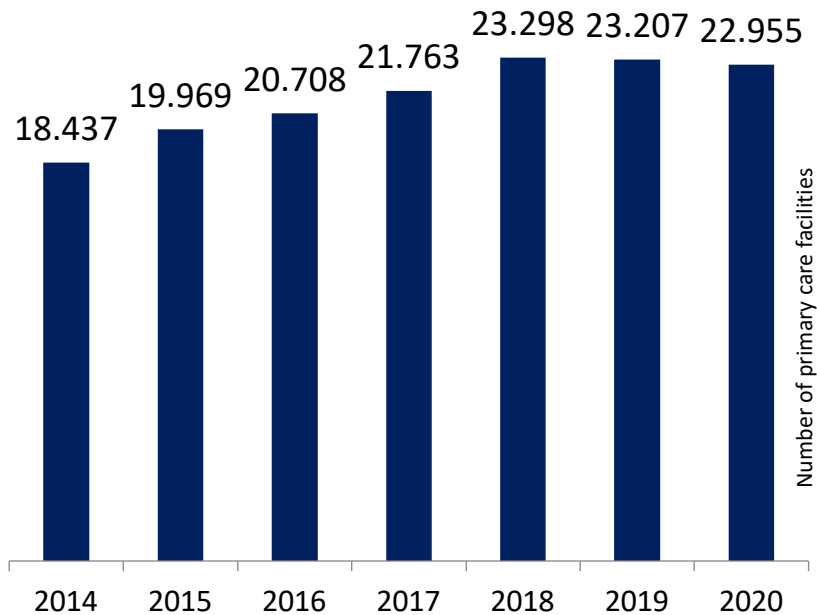


National Health Insurance Program Profiles

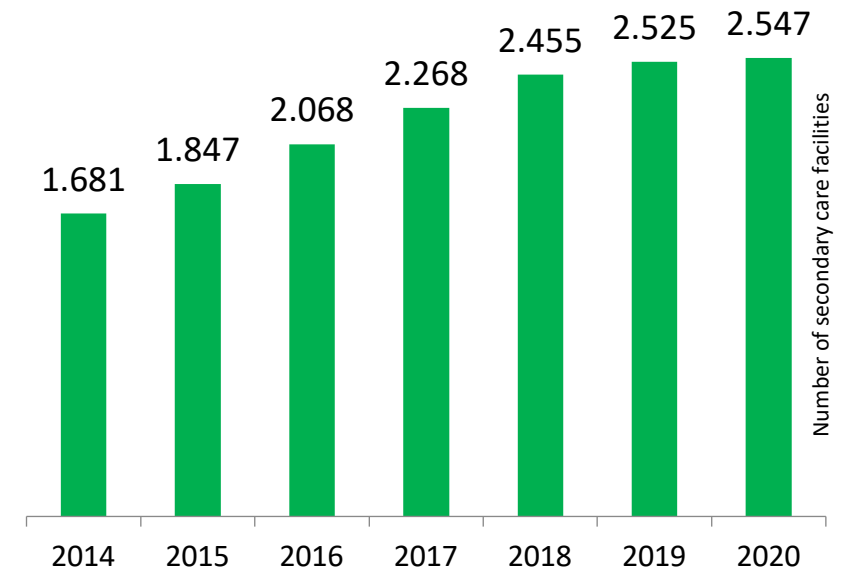
Profile of Health Care Facilities



Primary care facilities 22,836



Hospitals 2,627



Note:

Primary care facilities include public health centers (*Puskesmas*), general practitioner, clinics, type D primary hospital and dentists

Source: BI BPJS Kesehatan, per Sept 17th 2021



JKN: Achieving UHC

Universal Health Coverage (UHC) means

everyone

can access

the quality health services they need

without financial hardship.

226.3 million members

Customer Satisfaction Index

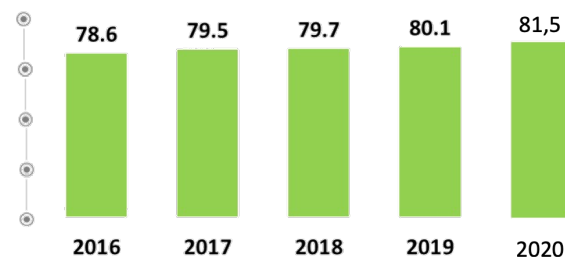


Figure 1a. IPD utilization among insured and uninsured, by SES

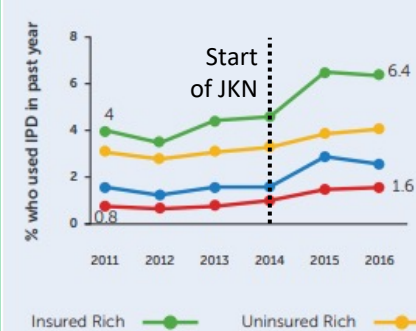
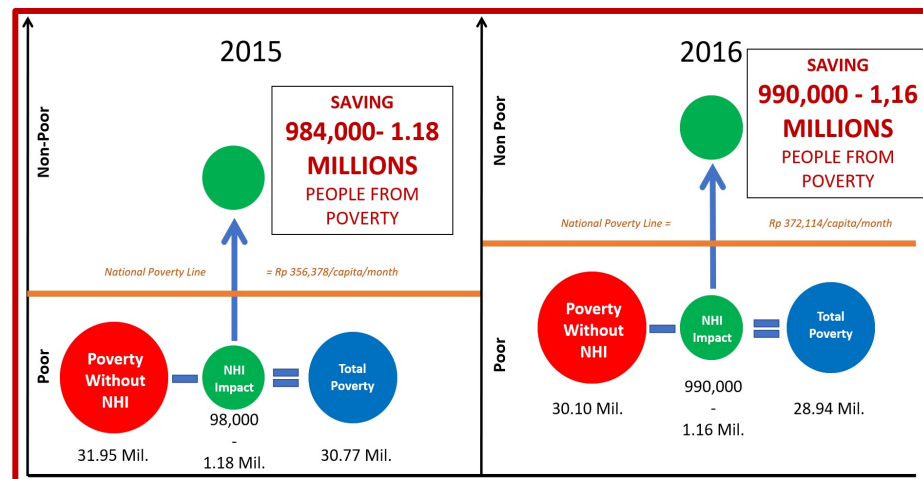
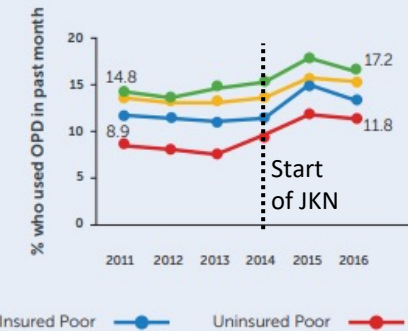
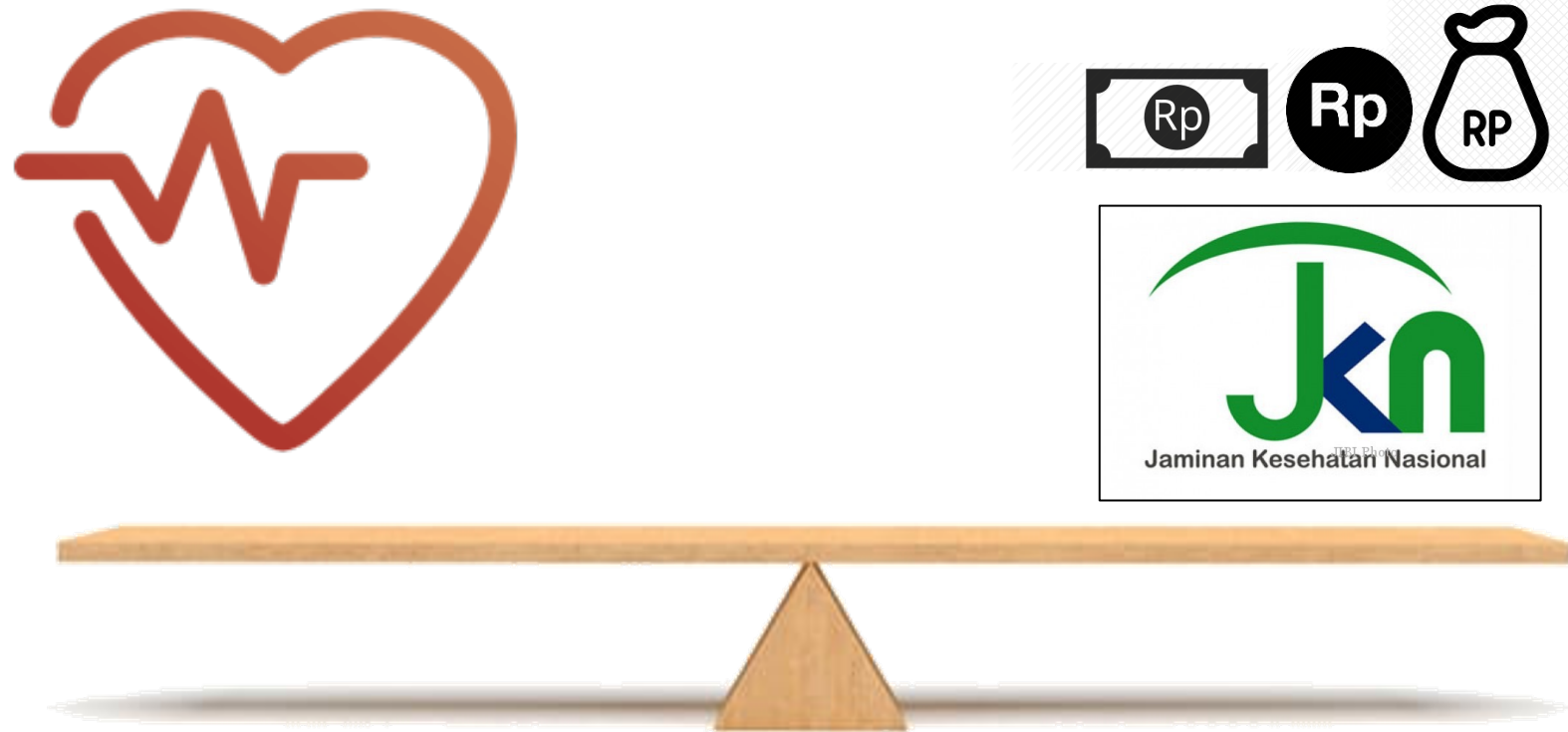


Figure 1b. OPD utilization among insured and uninsured, by SES



JKN pools health risks and contributions

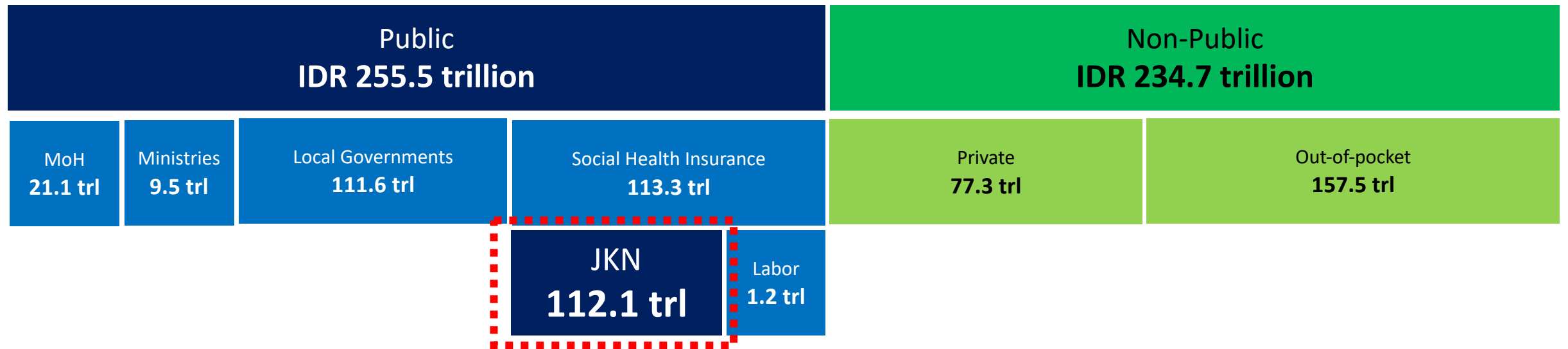


Source: WHO, 2003

IN 2019 JKN PAYS 23% OF TOTAL HEALTH SPENDING IN INDONESIA

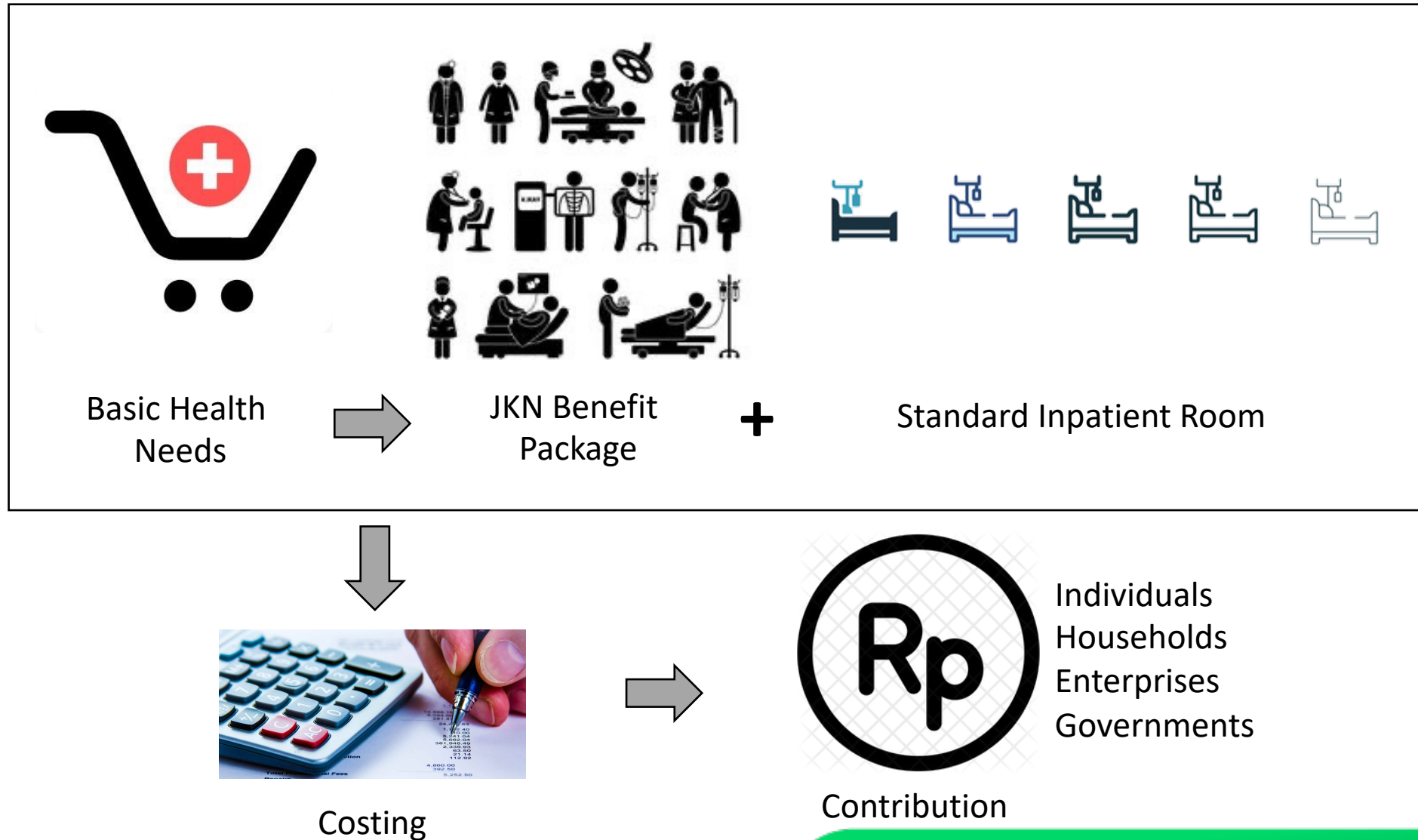
Total Health Spending 2019

490.3 trillion



Source: National Health Account 2019

Ensuring affordable & high-quality health care for all





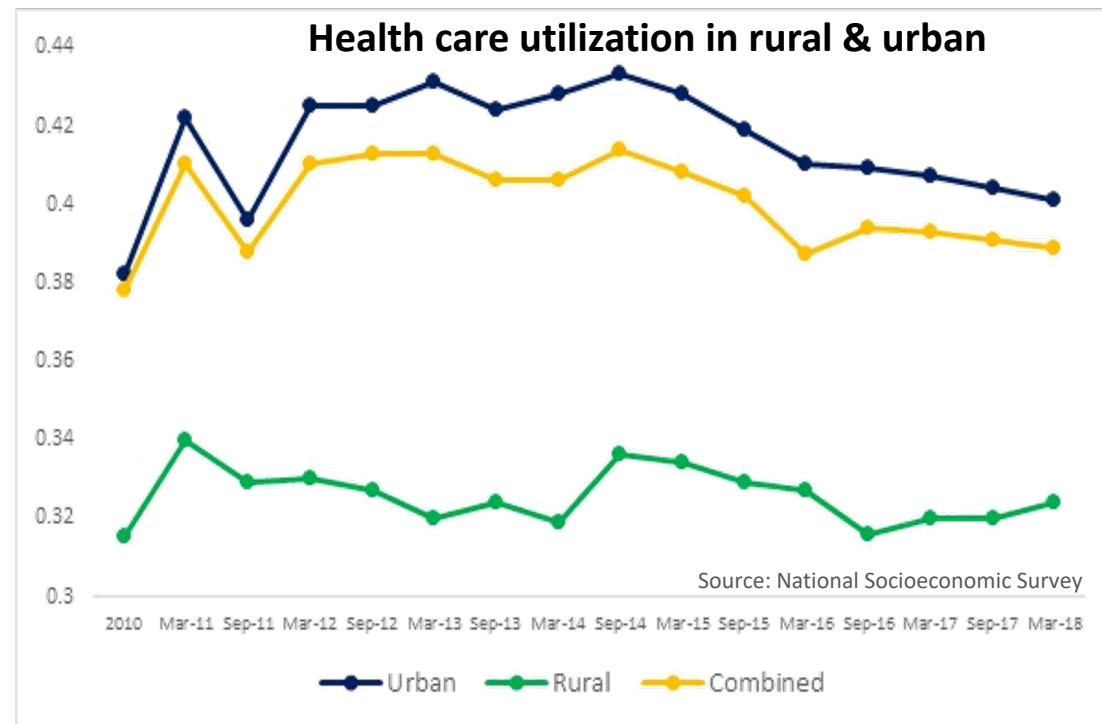
Healthcare Utilization Rate Across Economic Segments Pre- and Post-JKN

Healthcare services	Economic Segment	Pre-JKN	Post-JKN	
		2013	2014	2015
Outpatient (all facilities)	National	13.5%	15.4%	17.0%
	The poor	12.2%	13.9%	16.0%
Outpatient (private facilities)	National	8.7%	10.4%	8.7%
	The poor	7.1%	8.5%	7.6%
Inpatient (all facilities)	National	2.3%	2.5%	3.6%
	The poor	1.6%	1.8%	2.6%
Inpatient (private facilities)	National	1.0%	1.1%	1.7%
	The poor	0.4%	0.6%	0.9%

Source: World Bank Policy Brief – Indonesia Health Financing System Assessment: Spend More, Right and Better (2016)



JKN lessons healthcare access inequality



GINI 2015 **With** JKN: 0.4075

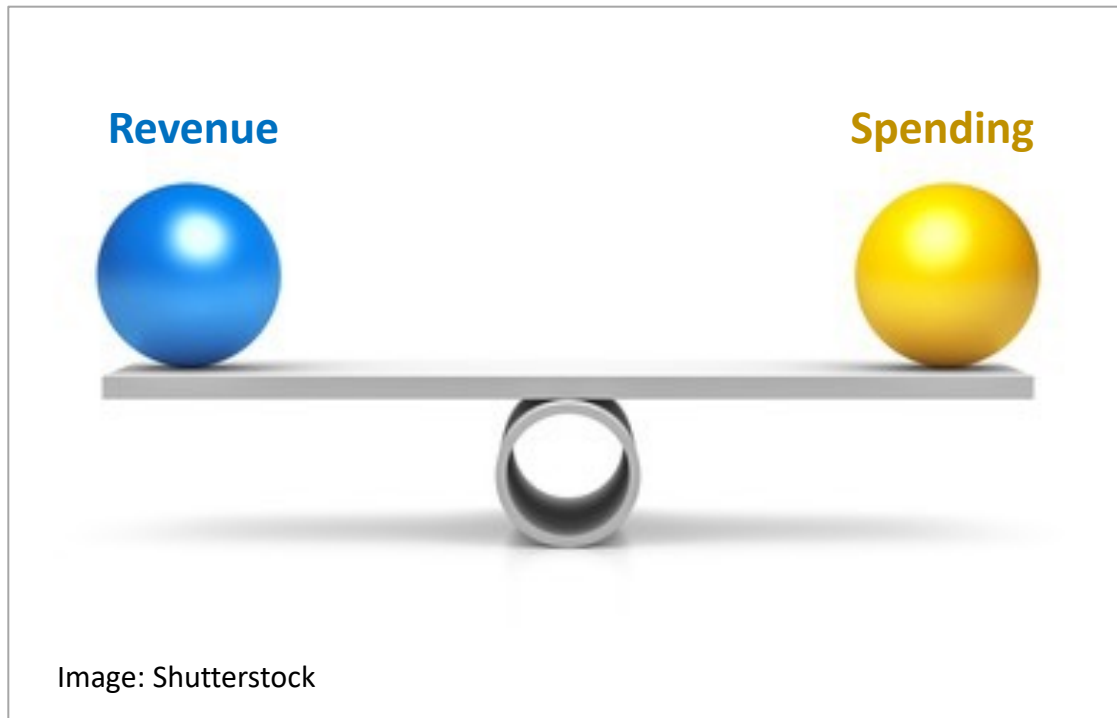
GINI 2015 **Without** JKN: 0.4107

GINI 2016 **With** JKN: 0.3830

GINI 2016 **Without** JKN: 0.3855



THE FINANCIAL SUSTAINABILITY OF JKN



- Sustaining pharmaceutical financing in JKN is inseparable from sustaining the financing of JKN itself
- The challenge of improving JKN financial sustainability is not only to ensure more revenues are collected than spent, but also ensuring that health services are effective and efficient without creating financial burden from the population
- Revenue collection strategy varies as JKN members are segmented into several groups, each with its unique strategy
- Efforts to establish an effective and efficient JKN benefit package involves multi-stakeholders

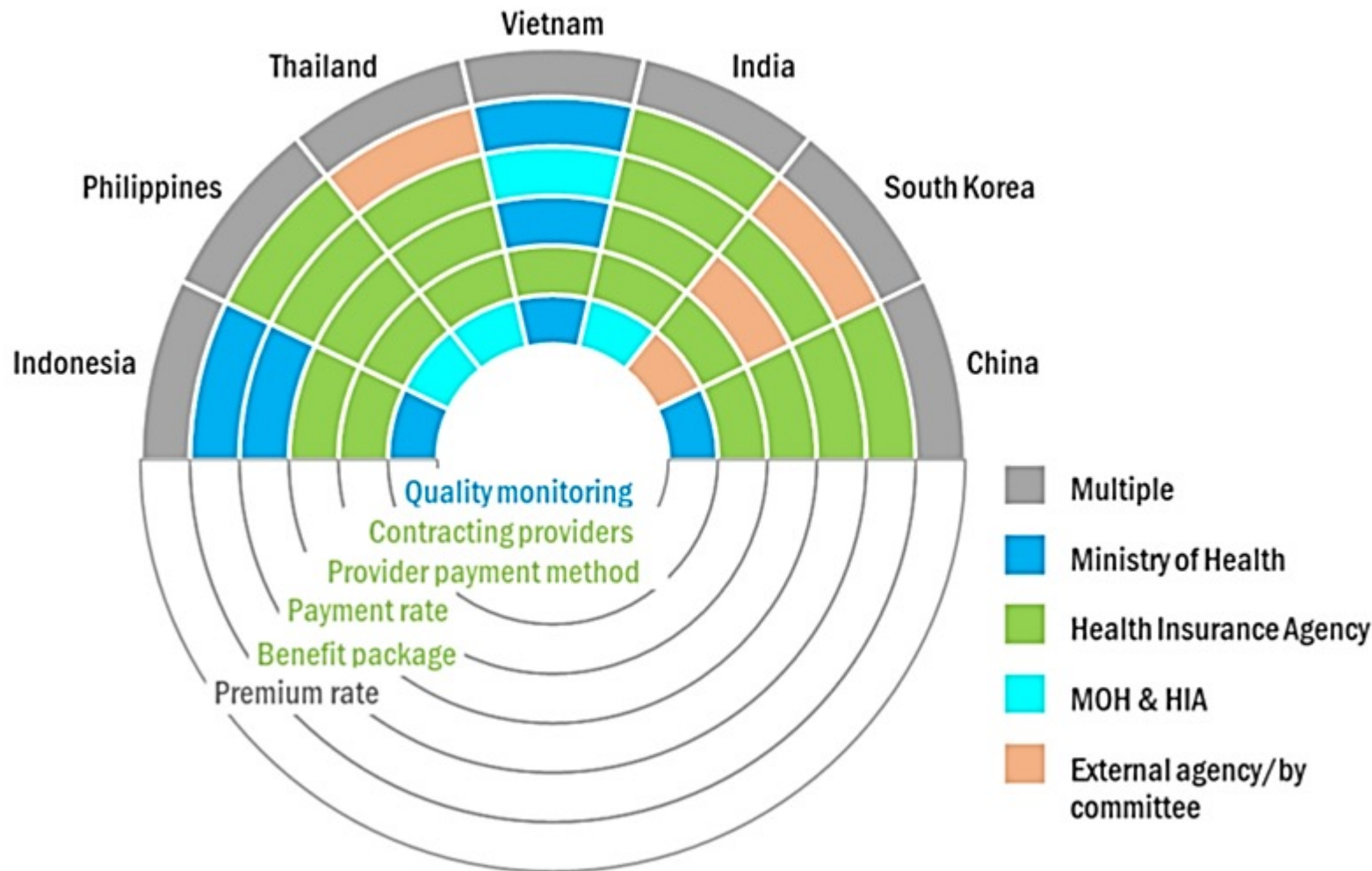
EFFORTS TO COLLECT REVENUES



JKN Premium Collection Points

- Indonesia's workforce is predominantly informal sector workers which makes contribution collection a major challenge
- Indonesia -like Thailand and Vietnam- uses mixed-financing method of tax-based and social health insurance
 - Additional sources of funding are available from national & local cigarette tax, and philanthropy
- Innovation in contribution collection:
 - Automatic saving deduction
 - Financial technology (Fintech) platforms
 - JKN Agents
 - Bank Agents
 - SMS reminder

EFFORTS TO ENSURE EFFECTIVE & EFFICIENT JKN BENEFIT PACKAGE

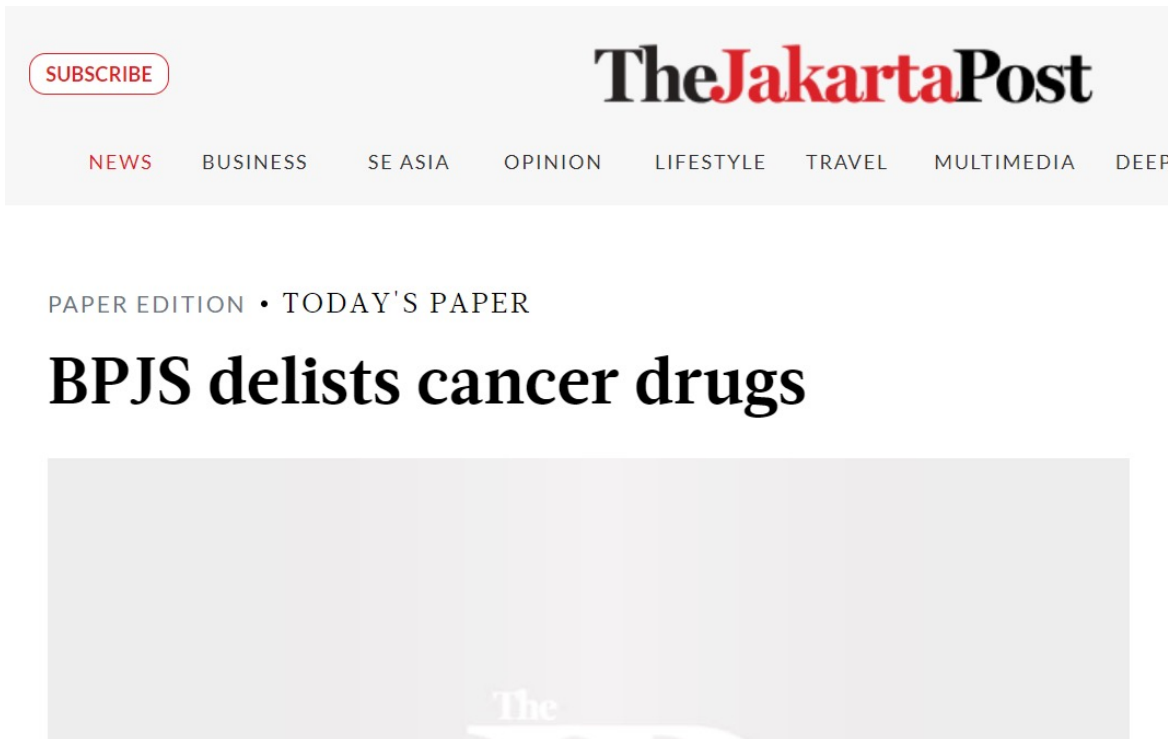


- These efforts involve multi-stakeholders according to their specific authorities
- Benefit package and payment rate are set by the Ministry of Health
- Premium rate is a national consensus from multiple stakeholders
- BPJS Kesehatan is mostly in charge of provider contracting and payment method

ENSURING HIGH QUALITY AND AFFORDABLE MEDICAL SERVICES, PHARMACEUTICALS, AND MEDICAL DEVICES

- The role of health technology assessment (HTA) committee at the Ministry of Health
- Main function: conduct studies on cost effectiveness and budget impact analysis of new health technologies (services, drugs, devices)
- Source of funding: national budget, BPJS Kesehatan, donors





HTA STUDIES FINANCED BY BPJS KESEHATAN

2017:

Bevacizumab & Cetuximab: recommended to be delisted from JKN benefit package

2018:

Trastuzumab & Rituximab: recommended to remain enlisted in JKN benefit package

2019-2020:

Phacoemulsification vs ECCE

Phacoemulsification is more cost effective than ECCE. Both remain enlisted in JKN benefit package

C-section criteria

Recommended Robson classification as criteria for c-section procedure

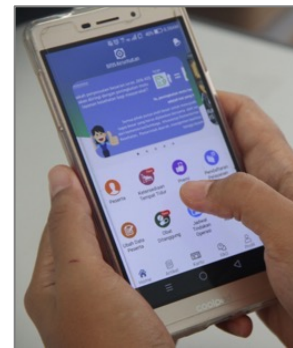
Membership Administration Service Improvement

Information and Complaint Handling Officer Services in Hospitals



- BPJS Siap Membantu means our officers are readily help JKN participant when they experience issues with hospital service.
- Routine monitoring and coordination with hospital officer to make sure that JKN participant get a good quality services

Provision of Participant Administration Service Channels No Face to Face



Administration, Information and Complaint Services through the JKN Mobile Application



Care Center 165

Administrative Services, Health Consultations, Information and Complaints through Care Center 165 which is integrated with social media.



Administrative Services via WhatsApp in all Branch Offices



Chat Assistant JKN, via facebook messenger, Telegram and WA at 08118750400

Innovation - Improving Health Care JKN Program During Covid-19 Pandemic



Development of digital-based health services through teleconsultation between FKTP and participants and telemedicine between FKTP and FKRTL

Drug Iterations For Chronic Patients In FKRTL & PRB Patients In FKTP



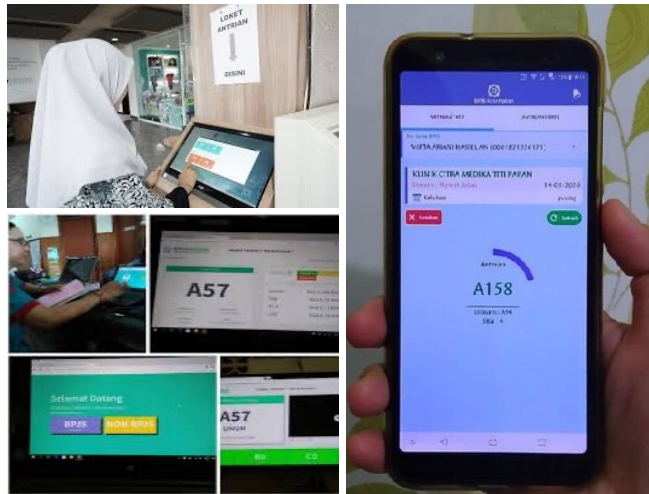
Monitoring the health status of chronic participants by FKTP to control comorbid conditions of JKN participants in Covid-19 cases

Discretion Of Permissions For Health Services Facilities During The Covid-19 Pandemic*



* SE Menkes No. 455 Tahun 2020

Improving The Quality Of Primary Health Services

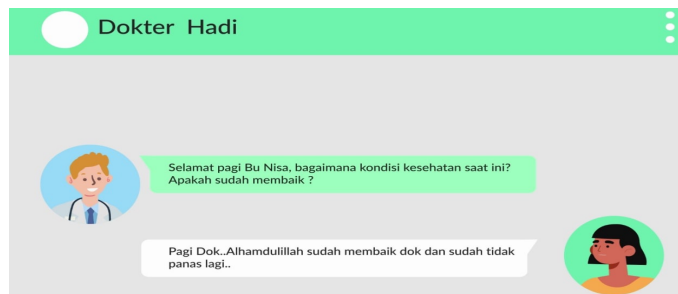


Time Management of Participant/Patient Health Services with Online Queue System

Online queuing system of primary health providers that has been connected to the Mobile JKN application are around **18,022 Primary Health Providers** or **79.2%** of the total primary health providers

DOKTER

PASIEN



Improvement of Promotional And Preventive Services Through Teleconsultation Services

Since Mar-20 to July-21, there was **7.74 million teleconsultation services** using primary healthcare communication media. Specifically for teleconsultation using Mobile JKN, 9,656 doctors on primary healthcare have used it

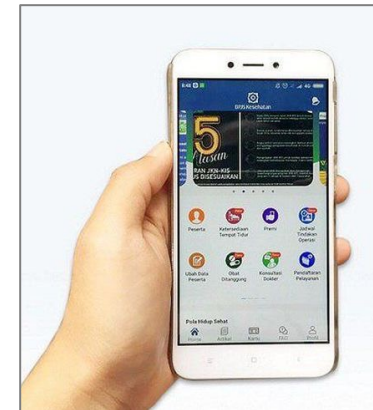
Improving The Quality Of Referral Health Services



Online Queuing System

Implemented in **95% (2,123) of partner hospitals)** and **877 hospitals have been** fully integrated with Mobile JKN in.

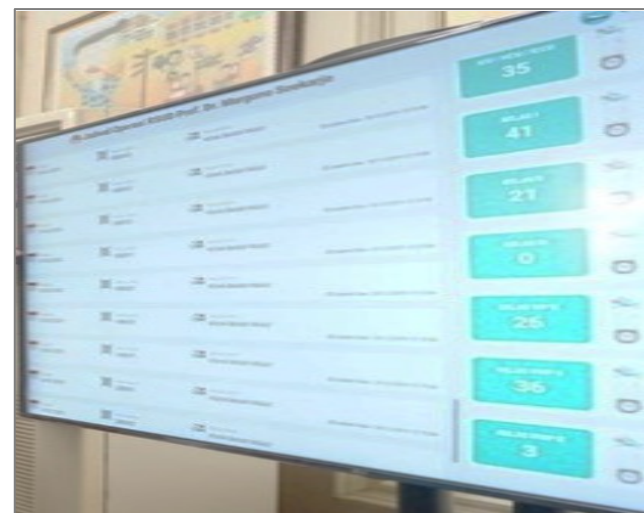
Optimizing the implementation of Online Queuing System is necessary to improve customer experience, to reduce the waiting time, and to ensure that the participants have immediate access to intended services.



BPJS Kesehatan			
Ketersediaan Tempat Tidur Rumah Sakit			
Penanggung Jawab Informasi : Rumah Sakit			
KELAS I	Total Tempat Tidur Tersedia	276	
130	Last Update	07-01-2020 16:11	
KELAS II	Total Tempat Tidur Tersedia	20	
1	Last Update	07-01-2020 16:11	
KELAS III	Total Tempat Tidur Tersedia	122	
		3R	

Information Display of the Availability of Beds in Hospital

Implemented in **97% (2,171 Hospital)**, in which 60% of hospitals update it once in 24 hours. The challenge is related to compliance of data updates by hospitals, so that they can meet the needs of participants .



Display Of Operation Schedule Information In Hospital

Implemented **47% (1,056 Hospital)** Implementation in all hospitals will be able to provide transparency of surgery waiting list



Primary Care To Hospital Teleconsultation

PCare application



- To accommodate consultation between primary care doctors with specialists in hospitals, BPJS Kesehatan integrates its PCare application with TEMENIN from the Ministry of Health
- TEMENIN allows primary care facilities to perform tele-EKG and tele-USG
- The results can be consulted with specialists in hospitals through TEMENIN
- All health care transactions are recorded in PCare

1. JKN's journey to achieve universal health coverage has been proven in its relatively short period of implementation. Many improvements should be made, but in general JKN is heading towards the right direction
2. Social security for health systems must endure the rapid dynamics of the world through developing a robust mechanism to ensure affordable and high-quality health care can be delivered to the people on a timely basis. Indonesia's government have created an important milestone towards that goal by inter-institution cooperation and coordination
3. The challenge to improve JKN financial sustainability is not only to ensure more revenues are collected than spent, but also to ensure effective and efficient JKN benefit package
4. Strong commitment from the government and support from all stakeholders are needed for JKN quality health services



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THANK YOU



Aplikasi **Mobile JKN**



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