USING THE DIGITALIZATION OF THE BPJS PROGRAM TO IMPROVE THE QUALITY OF SERVICES IN FACING THE ERA OF THE INDUSTRIAL REVOLUTION 4.0

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ABSTRACT

Background: Digitalization of the BPJS Service System is getting more and more perfect, proven that in addition to being easy and practical, BPJS services at puskesmas or hospitals have also started using online services that are integrated between Advanced Referral Health Facilities (FKRTL) such as hospitals. Purpose: To determine the use of the digitalization of the BPJS program to improve service quality in the face of the Industrial Revolution Era 4.0. Methods: This study used a qualitative descriptive approach and was conducted at the UPTD Puskesmas I of the North Denpasar District Health Office with the sample of patients using JKN services. The technique of collecting data by interview and data analysis by triangulation. Result: The effectiveness of services and information provided to the public through the Mobile JKN application is quite effective, this has been expressed by many people who use the Mobile JKN application, but there are still many people who do not understand how to use the application . Conclusion: The use of digitalization of the BPJS Health program through the Mobile JKN application has been effective because it has met all the factors for measuring the effectiveness of services and information obtained.

Keywords: BPJS, Digitization, Service Quality, Industrial Revolution

INTRODUCTION

The groups of people who are considered excluded in terms of health insurance are small groups of people and traders and the poor. Poverty is one of the biggest obstacles for a developing country, especially to improve the welfare and quality of life of its people. The level of poverty is also the cause of the poor being unable to meet the need for expensive health services. However, the high cost of health care does not guarantee good quality of health itself because the health quality of Indonesian people has been relatively low.[1]

Improving the health status of Indonesian people is carried out through the National Health Insurance Program (JKN) through the Health Social Security Administration (BPJS) as a manifestation of the mandate of the 1945 Constitution and Pancasila as outlined in Law Number 40 of 2009 concerning the National Social Security System (SJSN). Since the implementation of the National Health Insurance (JKN) system in 2014, many changes have occurred in the health care system in Indonesia. Patients who want to get health services must adjust to a tiered system.

Patients cannot directly get services at FKTL, but go through a tiered process with a referral system. The tiered referral system can indirectly improve health facilities at all levels. However, there are still many challenges to be faced. Financial support and participation are still not optimal. It is common for long queues of patients who want to get health services. The condition in FKTL is that often patients who have received a referral letter do not get health services at FTKL. Although the rules in the tiered referral system have long been applied. However, much remains to be done. Therefore, it is important to continuously evaluate the implementation of a tiered referral system in many locations in Indonesia, so that the quality of health services can be continuously improved.

Internet-based digital applications on smartphones contribute to developing the use of increasingly varied communication media, for example the emergence of various social media applications. The above explanation has become a classic problem in all fields, including the world of health. The conventional system, which is still mostly applied by health service providers, especially at the Puskesmas, has limited access to information and doubted the quality of the existing data. This is evidenced by the frequent discrepancies in the data between the Health Office and the related Puskesmas. So it can be easily concluded that the decision-making process and public health policy

by the relevant Health Office is ineffective due to the slowness of information received and coupled with data quality problems.[2]

BPJS Health is a legal entity formed to administer social security programs as well as an effort to control the quality and costs of health services in Indonesia. BPJS participants are divided into two groups, namely Contribution Assistance Recipients (PBI) and non-PBI. In running the health service program, BPJS Kesehatan cooperates with various health facilities such as health centers, posyandu and hospitals to open the doors of public health services. Puskesmas is a first-level health service that is very important with existing provisions and regulations [7]. The value of accountability for the services provided can provide confidence to the public about the services provided. Accountability for the aspects served is part of the fulfillment of public services to uphold their trust in the community.

BPJS Kesehatan continues to strive to improve services to all BPJS Health participants. In the current development of information technology that leads to mobile application users, BPJS Health provides innovative JKN mobile application development that is useful for facilitating JKN-KIS (National Health Insurance – Healthy Indonesia Card) services. This application utilizes information technology that can be downloaded through the Mobile JKN application on the Goggle Playstore or the Apps Store. The purpose of the existence of Mobile JKN is that people can enjoy services quickly. This application can be used anywhere at any time without time limit (Self Service).

Based on the background described earlier, the purpose of this study is to find out the use of digitizing the BPJS program to improve service quality in the face of the Industrial Revolution Era 4.0. The results of this study are expected to develop knowledge in the field of service management, especially health services carried out by BPJS in collaboration with public health facilities, both government and private. In addition, it can be an input for the Government in formulating policies related to the digitalization system used by BPJS Health services in an effort to improve service quality.

METHOD

This research was conducted at the UPTD Public Health Center I of the North Denpasar District Health Office, which is located at Jalan Angsoka no. 17, Dangin Puri Kangin Village, North Denpasar District, Bali, which was carried out on patients who have BPJS Health cards and patients who have BPJS Health service applications on their smartphones.

This study uses a descriptive qualitative approach to create a description of a situation or event, so that this method intends to hold only the accumulation of basic data. The type of data used in this study is qualitative data which is data in the form of information in the form of direct interviews and documents related to research on the implementation of the BPJS Health program digitization system at UPTD Puskesmas I Health Office of North Denpasar District such as photos during visits, conversations patients with medical or administrative personnel.

The non-probability sampling technique used in this study includes purposive sampling with certain considerations where the selected sample is a person who has and is an authority in the field being researched (BPJS), so as to be able to open the door for researchers to collect data. In addition, snowball sampling was also used which was initially small in number, then enlarged at the beginning of this study the researcher chose 3 (three) samples to obtain the desired information and if the data obtained were not complete, the researcher would look for other samples based on the references provided by the researcher. the previous sample who is considered to be a person who understands more about the problem under study.

Referring to the criteria of informants presented above, the sources of informants used to obtain representative data in this study are as follows:
1. Head of UPTD Puskesmas I Health Office of North Denpasar District
2. Head of Primary Benefit Guarantee for BPJS Health Denpasar City
3. BPJS Health participant patients
4. outpatient treatment at UPTD Puskesmas I Health Office of North Denpasar District

Data analysis techniques in qualitative research are carried out during data collection, and after completing data collection within a certain period. At the time of the interview, the researcher had analyzed the answers of the interviewees. If the interviewee's answer after being analyzed feels unsatisfactory, the researcher will continue the question again, to a certain stage until data that is considered credible is obtained. Activities in qualitative data analysis include: (1) data reduction, (2) data display, and (3) conclusion drawing/verification.[8]

To obtain valid data, it is done by carrying out a validity test on the research data in accordance with the data credibility test procedure in qualitative research. The data validity test in this study is a credibility test by triangulation of data sources and triangulation of techniques. Source triangulation is a test of credibility through several different

sources. Triangulation techniques to test the credibility of the data is done by checking the data to the same source but with different techniques, namely by observation, interviews and documentation.

RESULTS

Health is very important for the progress of a nation, because public health is part of human resources that play a very important role in the development of a nation. In accordance with the mandate of the 1945 Constitution, that every citizen has the right to live in physical and spiritual well-being and has the right to obtain health services and the state is responsible for providing adequate health care facilities.

In order to ensure that participants of the National Health Insurance-Healthy Indonesia Card (JKN-KIS) receive quality health services, the role of First Level Health Facilities (FKTP) and Advanced Level Referral Health Facilities (FKRTL) of BPJS Health partners is being optimized through a number of technological system developments, including through an online referral system. This is supported by the results of interviews conducted by researchers on Monday, August 3, 2020 at. 12.30 WITA with PIC Prolanis UPTD Puskesmas I Health Office of North Denpasar District, namely drg. IGA Pradnyadani regarding the procedures for health services for referral recipients. The service of UPTD Puskesmas I Health Office of North Denpasar District above that patients participating in BPJS Health benefits can only be served by First Level Health Facilities if the patient wants to be referred to Secondary Level Health Facilities.

The online referral phase 1 trial by BPJS Kesehatan which started on 15 August 2017 and has now entered phase 2 from 1 to 15 September 2018. Many positive things were obtained from the trial during phase 1, including the collection of hospital data. referrals along with specialist/subspecialist doctors along with the practice schedule. Then the education of First Level Health Facilities (FKTP) for discipline using the PCare application. In addition, the education of Advanced Level Referral Health Facilities (FKRTL) to always complete and update competency data and facilities and the introduction of the concept of online referrals for participants. Now, entering the trial phase 2, various improvements have been made, including the first to facilitate FKRTL in editing competency data and facilities in the Health Facilities Information System (HFIS) application. Then secondly, the FKRTL mapping data (Main Hospital and Clinic) was improved, namely which referral health facilities could be referred from the Puskesmas, Individual Practice Doctors and

Primary Clinics based on distance and competence. The third is the addition of features for referrals of certain cases that require special treatment such as Cancer, Hemodialysis, Thalassemia, Hemophilia, Liver Transplantation, Kidney Transplantation, TB, Psychiatric and Leprosy. good and felt by the participants. In the long term, digitizing this referral will bring JKN-KIS participants closer to health facilities and reduce queues for health services.

From the results of an interview with the Head of UPTD Puskesmas I, North Denpasar District Health Office, dr, Agung Ayu Ampera Prihatini, MM, it can be understood that currently BPJS Kesehatan has developed an online referral system, this system is the digitization of a tiered referral system. For JKN-KIS participants, this referral system has many benefits, services can be carried out more efficiently, reduces queues, mitigates all potential refusal of service because they do not bring referrals, all patient documents have been recorded in the system so that participants no longer need to carry referral documents. This system can run well if it is supported by all health facilities. In addition (AA) also said "Health facilities must be fast and willing to adapt to current technological advances, the quality of health services and patient satisfaction are our shared responsibility, therefore let's support this tiered referral digitization system, with this system we all facilitated both in making service plans, as well as coordinating between health facilities."

similar opinion was also expressed by the Head of Primary Benefit Guarantee for BPJS Health Denpasar City, I Kadek Budi Astawan, hereinafter abbreviated as (BA) based on the results of an interview conducted on August 5, 2020 pk. 10.00 makes it clear that the use of online referrals is starting to have a positive impact. In order to ensure quality health services for participants of the National Health Insurance-Healthy Indonesia Card (JKN-KIS), First Level Health Facilities (FKTP) and Advanced Referral Health Facilities (FKRTL) which are partners of BPJS Health are increasingly being optimized through a number of technological system developments, including through an online referral system.

According to the Head of the Primary Benefit Guarantee for the Denpasar City BPJS Health, I Kadek Budi Astawan (BA) based on the results of an interview conducted on August 5, 2020 pk. 10.00 which said that for referral system services in health facilities, they have also started using online services that are integrated between First Level Health Facilities (FKTP) such as Puskesmas and clinics with Advanced Referral Health Facilities (FKRTL) such as hospitals. As a step to improve services for participants of the National Health

Insurance-Healthy Indonesia Card (JKNKIS), BPJS Kesehatan continues to present the latest technology-based innovations. With the presence of the Mobile JKN application, now people do not need to bother going to the BPJS Health office to register for JKN-KIS and simply use the JKN mobile application. As for the results of an interview with the Head of Primary Benefit Guarantee for BPJS Health Denpasar City, I Kadek Budi Astawan (BA) "There is a lot of information about the JKN mobile application, there are many services that can accommodate all the needs of JKN-KIS participants such as making it easier to register participants, making it easier if there are any. Changes in participant data, such as email addresses, mailing addresses, telephone numbers, even if you want to change the service class at a health facility or change your treatment class rights."

Mobile JKN is currently one of the icons of the National Health Insurance - Healthy Indonesia Card (JKN-KIS) program managed by BPJS health, with mobile JKN participants can take advantage of various existing features for participant registration, data change, service registration in FKTP and other features. Currently, a new feature has also been developed so that participants can also consult online with the doctor of their choice, besides that FKTP doctors can also maximize this feature to be able to monitor the health of participants registered in their FKTP, especially during the covid 19 outbreak which requires JKN-KIS participants to stay at home and seek treatment at the clinic only under certain conditions.

Here too, the author conducted an interview with one of the General Practitioners who worked at UPTD Puskesmas I, North Denpasar District Health Office, namely dr. Luh Nick Ratna Sari Dewi (40) on August 10, 2020 at 12.00 who concluded that BPJS Health launched an innovation that made it easier for the public and JKN-KIS participants to access services both at health facilities and at the BPJS Health office. The innovation is called the Mobile JKN application. The author also conducted an interview with one of the patients who was visiting on August 5, 2020 at 09.30, named Ida Ayu Tunjungsari (28), where Tunjungsari was one of the JKN-KIS participants from the second class Non-Wage Recipient Workers (PBPU) segment. worried that his JKN-KIS will be lost, because there is a digital card available on Mobile JKN. In this all-digital era, Mobile JKN makes it easy to access health services practically in the palm of your hand.

DISCUSSION

In a company or organization the existence of an information system is very necessary. Utilization of information systems in presenting the need for fast, reliable and accurate information is very necessary. Organizations can take advantage of information systems by implementing computerized systems and applications that can already be used on smartphones. Currently the technology that is often used is smartphones, so many companies or organizations provide services through information systems based on mobile applications. The information system that has been applied to the organization can support the smooth running of the organization to assist the community in getting good service.

In the development to improve service quality, BPJS Health provides information technology-based services, namely the latest innovation developed by BPJS Health, namely Mobile JKN. This latest innovation is an effort to improve health services with the JKN-KIS (National Health Insurance-Healthy Indonesia Card) program where every Indonesian citizen is required to get health insurance. This JKN Mobile Application is a BPJS Health application which was originally in the form of administrative activities carried out at Branch Offices or Health Facilities, which was changed in the form of an application that can be used by the public and participants anytime and anywhere.

Denpasar City is one of the cities that have implemented the electronic-based National Health Insurance for the Healthy Indonesia Card (JKN-KIS), the implementation of the electronic-based JKN is based on observations while almost all of the informants have knowledge regarding the Mobile JKN application. what happens in the field.Many people who are BPJS Health participants have not been able to access the application themselves, even from several sources who said that they did not know what the JKN Mobile Application was, but what became the focus of this research was whether or not the services provided to the community through this application and also to knowing the obstacles faced by BPJS Health in implementing the JKN Mobile Application and using the digitization of the BPJS program to improve service quality. Effectiveness is how well performance is done and the extent to which employees are able to produce a contribution as expected. This means that if something can be completed according to plan, and both in time, cost and quality, it can be said to be effective.

Likewise, the same thing was conveyed by Handoko who said that service effectiveness can be said to be effective if the community has received fast, short and quality service at a low cost of course.[10] Effectiveness can also be said how the accuracy in choosing the goals of a plan in achieving targets in an organization. So in this

study the extent to which the effectiveness provided through the JKN application is short, fast and of good quality. Services that are said to be precise and fast or effective if the community gets convenience in service with easy, fast, and precise procedures and the community is satisfied with the services provided. Effectiveness is a measurement process that can provide an overview of the plan from both the quality and time determined and focus on the results. In measuring effectiveness there are three factors, namely:[11]

1. Time Factor

The time factor here is the fast and timely service provided by the service provider. However, the use of the right size or not or the speed of the services provided differs from one person to another depending on the needs of each service. The speed of service obtained by the community can help increase community satisfaction in getting effective services, with the Mobile JKN application it is an convenience that provides services and information that the community gets quickly and at the right time.

2. Accuracy Factor

The accuracy factor can also be used as a reference for measurement in assessing the level of work effectiveness of organizations that provide services to the community. This accuracy factor can be seen in terms of the accuracy of service providers to the community. The persistence of BPJS Health in providing information to the public can also affect the level of effectiveness of services and information provided to the public in the form of the Mobile JKN application.

3. Style Factor

Service delivery style is one of the other benchmarks that can and is usually used in measuring performance effectiveness. Style of service delivery, ways and habits in providing services to the community. Friendliness and courtesy to the community as service recipients, and also provide a sense of comfort when the community gets a service through the Mobile JKN application.

From some of the factors above, it can be concluded that effectiveness is a concept that can be used as a means of measuring the success of an organization that can be realized by taking into account the factors of energy, cost, time of facilities, infrastructure, responsibility, and access which still pay attention to risks and a situation faced. Based on the results of research in the field related to the Mobile JKN application, there are many features that can be utilized by the community. The JKN Mobile application is currently in the process of being developed to improve services. As is well known, the purpose of this application is to make it easier for the public and JKN-KIS participants to view JKN-KIS cards, changes to health facilities and many other features. In the aim of achieving effective services that can be a benchmark for the quality of a service organized by the government. In providing services and information to participants and the community must be in accordance with the standard procedures that have been established and in achieving an effectiveness the service must include fast, short and quality.

Based on the results of research that has been carried out, it states that the effectiveness of services and information provided to the public through the Mobile JKN application is quite effective, this is widely expressed by people who use the Mobile JKN application but there are still many people who do not understand how to use the application and still there are obstacles in interviews with patients who visit the UPTD Puskesmas I Health Office of North Denpasar District, there are also many weaknesses of the Mobile JKN application, including those who cannot use gadgets or do not have gadgets, obstacles depend on the age or age of JKN-KIS participants because the more Older people tend to be lazy to use gadgets, let alone don't want to use gadgets. In addition, not many people know about the Mobile JKN application, users or Mobile JKN users when registering on the application there is an error in the suitability of the data entered by participants in the application with data already in BPJS Health so that participants must re-confirm the membership information at the Office. BPJS Kesehatan nearest branch.

Then, the Mobile JKN application was down. Users of the Mobile JKN application experience complaints of not being able to log in to the Mobile JKN application, so users who want to know membership or billing information must contact the care center via telephone with a queue system so they must be tried periodically. The symptoms of these problems raise concerns about the continuation of the application of the Mobile JKN application in the future, especially regarding user acceptance. User acceptance is important to determine the success of the system. But overall so far the services provided have been good.

So it can be concluded that the services and information provided through the Mobile JKN application have been effective because they have included these three factors and many people and participants are satisfied with the services of the Mobile JKN application features.

CONCLUSION

The use of digitizing the BPJS Health program, one of which is the use of the Mobile JKN application and the services provided through this application, are said to be effective because they have fulfilled all the factors for measuring the effectiveness of services and the information obtained. Because many people are satisfied with the services provided through the application where people can feel convenience such as registering new participants for BPJS users, being able to change participant and family data, being able to view information related to JKN-KIS. The public and participants can also feel the speed and accuracy in getting the services and information provided through this Mobile JKN application. The factors of time, speed and accuracy of services and information provided through the Mobile JKN application have been effective because the data provided at the right time and in accordance with the needs of the community. The factor of accuracy, this factor is also a very important scope in providing services to the community according to the wishes of the community and the accuracy of providing information is also thorough. The style factor of service delivery provided through the Mobile JKN application with friendliness, politeness and courtesy, the language used in delivering information through the Mobile JKN application has also been said to be very good. The constraint factor from implementing the Mobile JKN application is that there are still some people due to age or advanced age, they don't want to use gadgets, therefore they don't use the Mobile JKN application. In general, it can be concluded that the services and information provided through the Mobile JKN application have been effective because they include these three factors and many people and JKN-KIS participants are satisfied with the services on the Mobile JKN application.

References

1. Ardiansyah, Sulasno. ImplementasiPelayanan Kesehatan terhadappasienpengguna Badan PenyelenggaraJaminanSosial (BPJS) Di RumahSakitUmum Daerah Kota Cilegon. JurnalIlmiah Niagara. 2017;9(1):40–6.
2. Effendi, U., Basid, A., & Negara, C. K. (2022). Nursing Quality Audit Model At Sultan Agung Hospital Banjarbaru. JurnalEduHealth, 13(01), 173-186.
3. Wulanadary A, Sudarman S, Ikhsan I. InovasiBpjs Kesehatan DalamPemberianLayananKepadaMasyarakat :Aplik asi Mobile Jkn. J Public Policy [Internet]. 2019;5(2):98. Available from: http://jurnal.utu.ac.id/jppolicy/article/view/1119
4. Parman P, Majid R, Lisnawaty L. Studipelaksanaansistemrujukan Rawat Jalan tingkatpertama (rjtp) Pada pesertabpjskesehatan Di PuskesmasPerumnas Kota kendaritahun 2016. (JurnalIlmiahMahasiswa Kesehatan Masyarakat) [Internet]. 2017;2(5). Availablefrom:http://ojs.uho.ac.id/index.php/JIMKE SMAS/article/view/2096
5. Dwiheryana R. Kiat BPJS Kesehatan Mengahadapi Era Digitalisasi Halaman 1 -Kompasiana.com [Internet]. Kompasiana.com. 2019. Available from: https://www.kompasiana.com/santarosa/5ceb441e3b a7f7073b34f496/kiat-bpjs-kesehatan-mengahadapi-eradigitalisasi?page=1
6. Kemenkes RI. Riset Kesehatan Dasar (RISKESDAS) 2013. Jakarta: Kemenkes RI; 2013.
7. Hardiansyah. KualitasPelayanan Publik: Konsep, dimensi, Indikator dan Implementasinya. Yogyakarta: Gaya Media; 2018.
8. Lewis CW. The ethics challenge in public service: A problem-solving guide. John Wiley & Sons; 2005.
9. Miles MB, Huberman AM, Saldana J. Qualitative Data Analysis: A Methods Sourcebook. 4th ed. Thousand Oaks, CA: SAGE Publications; 2019.
10. Masruri M, Muazansyah I. Analisisefektifitas program nasionalpemberdayaanmasyarakatmandiriperkotaan (PNPM-MP). J Gov Publ Pol [Internet]. 2017;4(2):363–93. Available from: https://journal.umy.ac.id/index.php/GPP/article/view /2995
11. Hani Handoko T. Manajemen Personalia dan SumberDayaManusia. Yogyakarta: BPFEYogyakarta; 2003.
12. Siagian S. Manajemensumberdayamanusia. Jakarta, Indonesia: BumiAksara; 1996.