

2022

6TH ANNUAL HEALTH FINANCING FORUM

Indonesia's Progress Towards UHC: A Single Payer's Perspective on the JKN Program

Financing Primary Health Care:
Opportunities at the Boundaries

June 14-16, 2022

Co-hosted by:



WORLD BANK GROUP



USAID
FROM THE AMERICAN PEOPLE



GLOBAL
FINANCING
FACILITY

Co-sponsored by:



giz Deutsche Gesellschaft
für Internationale
Zusammenarbeit (GIZ) GmbH

June 15th / 11:45 – 12:45 EST

Lunch Session

Deep Dive on Indonesia's Progress Towards UHC: A Single Payer's Perspective on the JKN Program



Juan Pablo Uribe

Global Director of the Health, Nutrition and Population Global Practice



Daniel Dulitzky

Region Director Human Development - East Asia, World Bank



Somil Nagpal

Senior Health Specialist, World Bank



Christoph Kurowski

Global Lead of Health Financing Global Solutions Group, World Bank



Lily Kresnowati

Director of Health Service Assurance, Indonesian Agency of Social Security Administrator on Health Program (BPJS Kesehatan), Indonesia



Mahlil Ruby

Director of Planning, development and Risk Management (BPJS Kesehatan), Indonesia



Achievements and Challenges: Indonesia Health Security Program

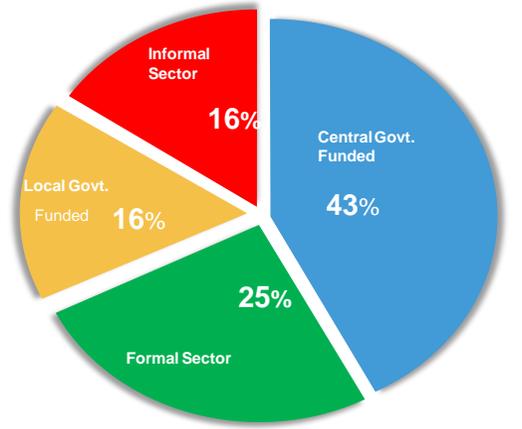
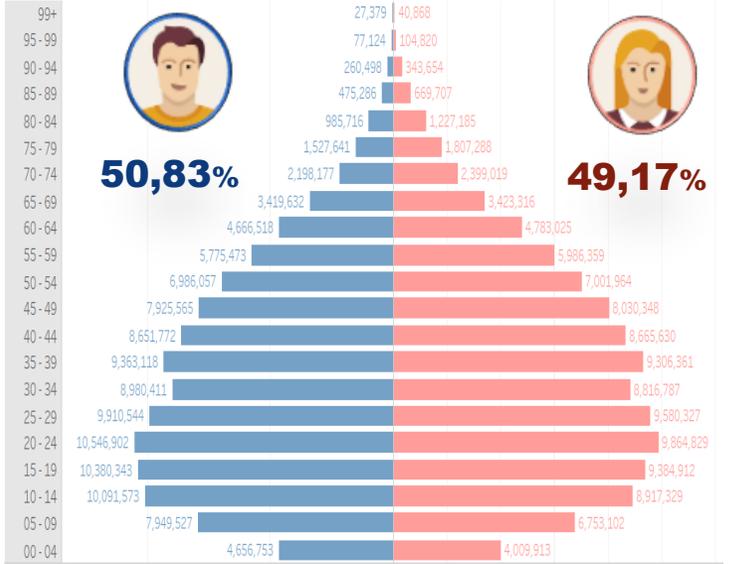
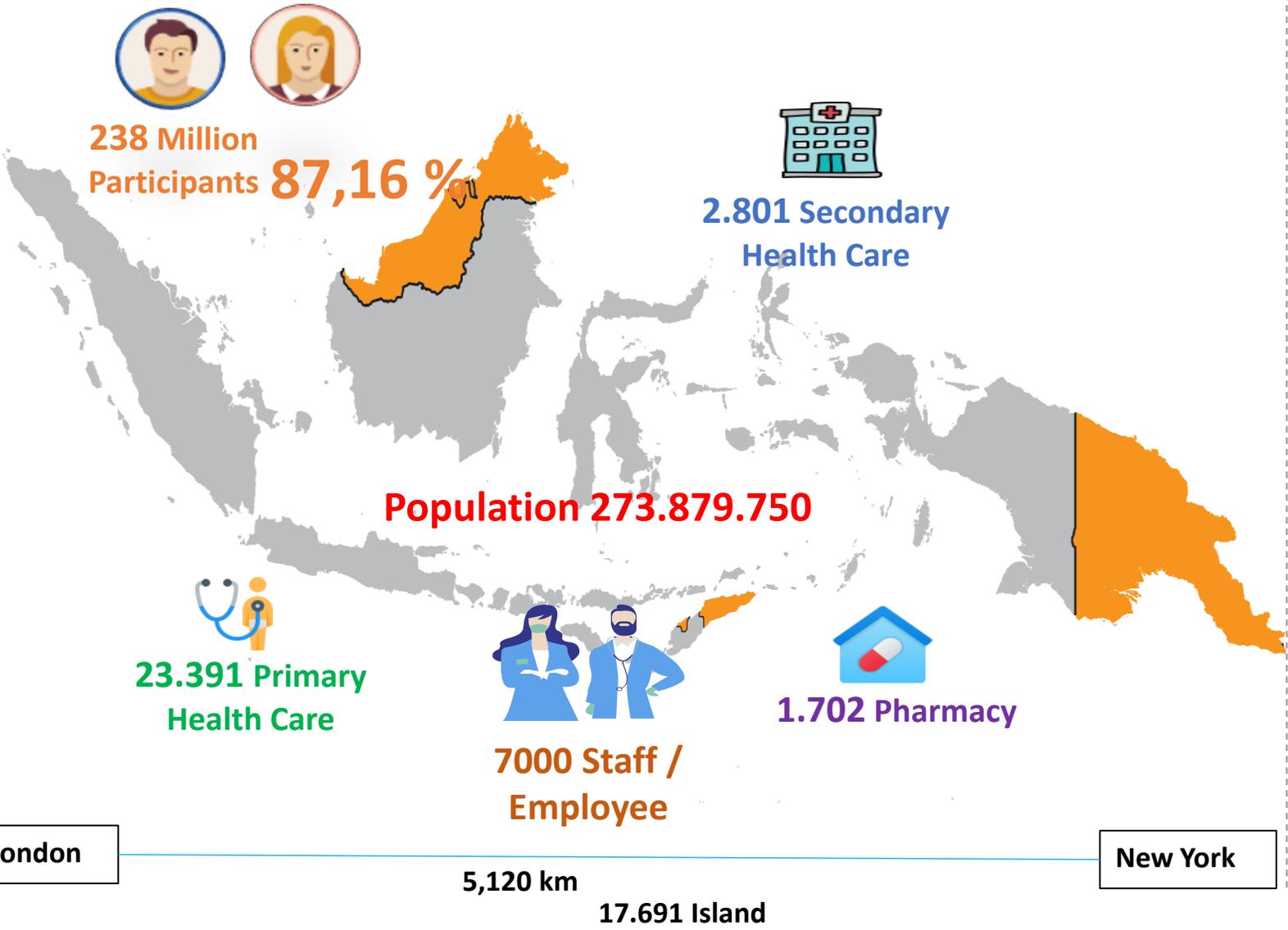
dr. Lily Kresnowati, MKes

Director of Health Service Assurance

2022
6TH ANNUAL
HEALTH FINANCING
FORUM

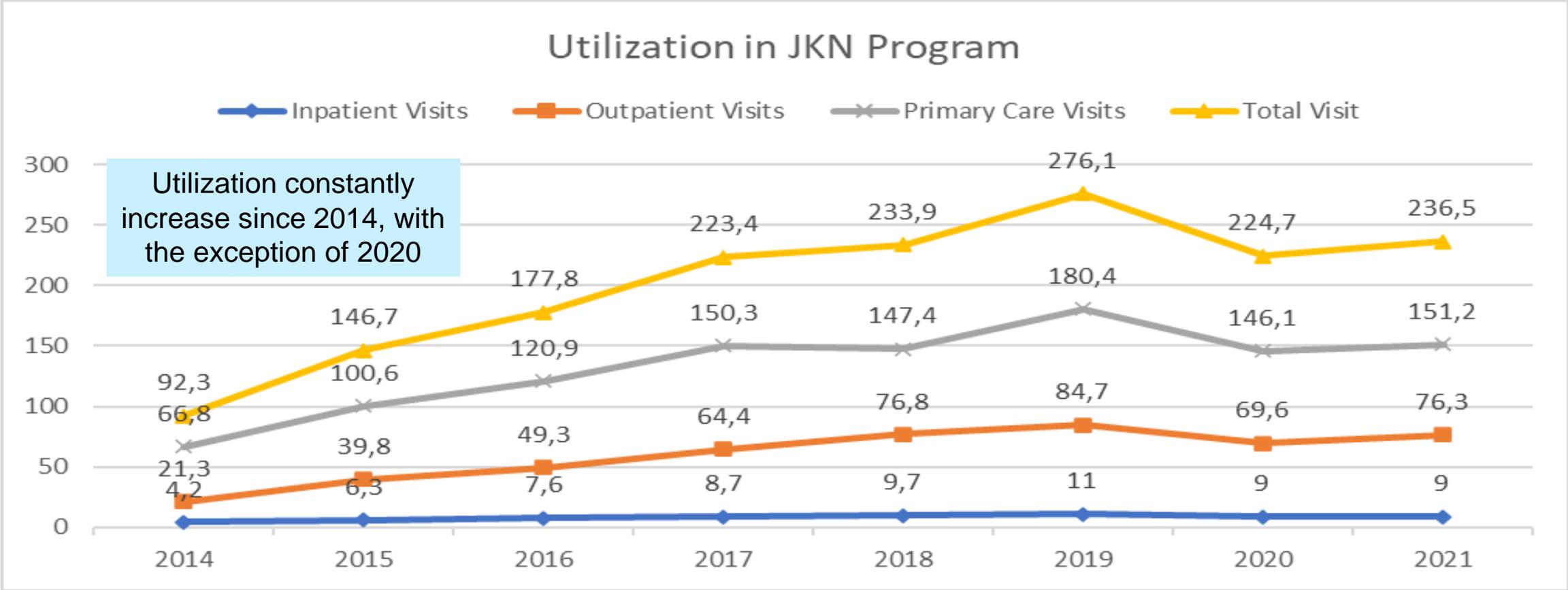
National Health Insurance Program Profiles

Administered by BPJS Kesehatan



Profile of Participants

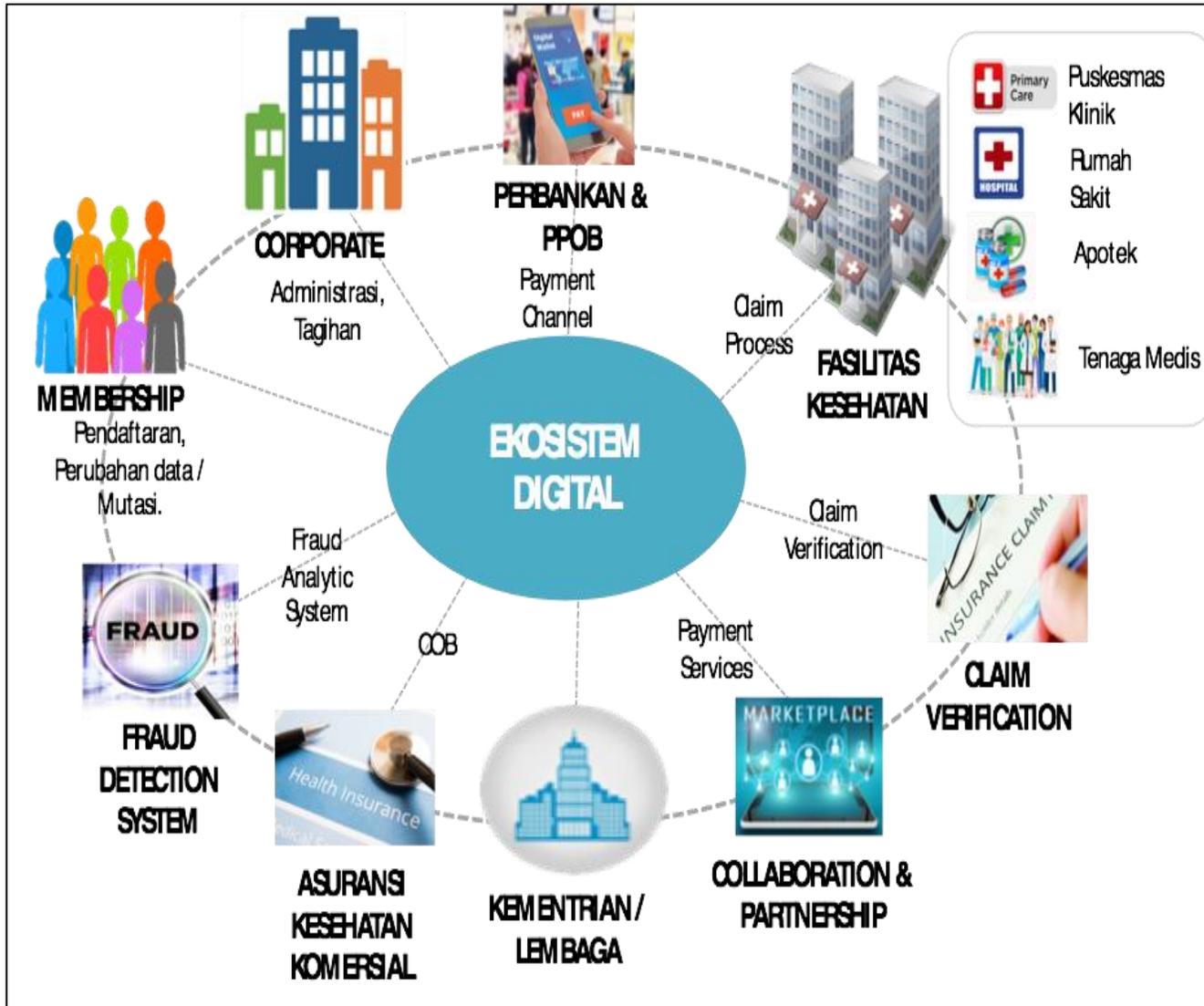
Utilization JKN Program



Source: BPJS Kesehatan Annual Report

- In 2020-2021, most patients avoided contact to physician in hospital, especially for those who have chronic disease that requires routine check-ups to monitor their health condition
- The decrease in health care utilization was a 'blessing in disguise' which caused a positive cash flow for the social security fund
- BPJS Kesehatan implemented teleconsultation and telemedicine services to bridge the physical gap between patients and doctors

JKN Digital Ecosystem



± **238.70 Million** Individual Member
(14 April 2022)

± **243.000** Corporate Member

± **650.000** Payment Channel

23.391 Primary Care
3.950 Pharmacy & Optical
2801 Scondary Care
(Total : ± **30.070** Health
Facilities)

± **1 Million** Medical Personel (Practice)

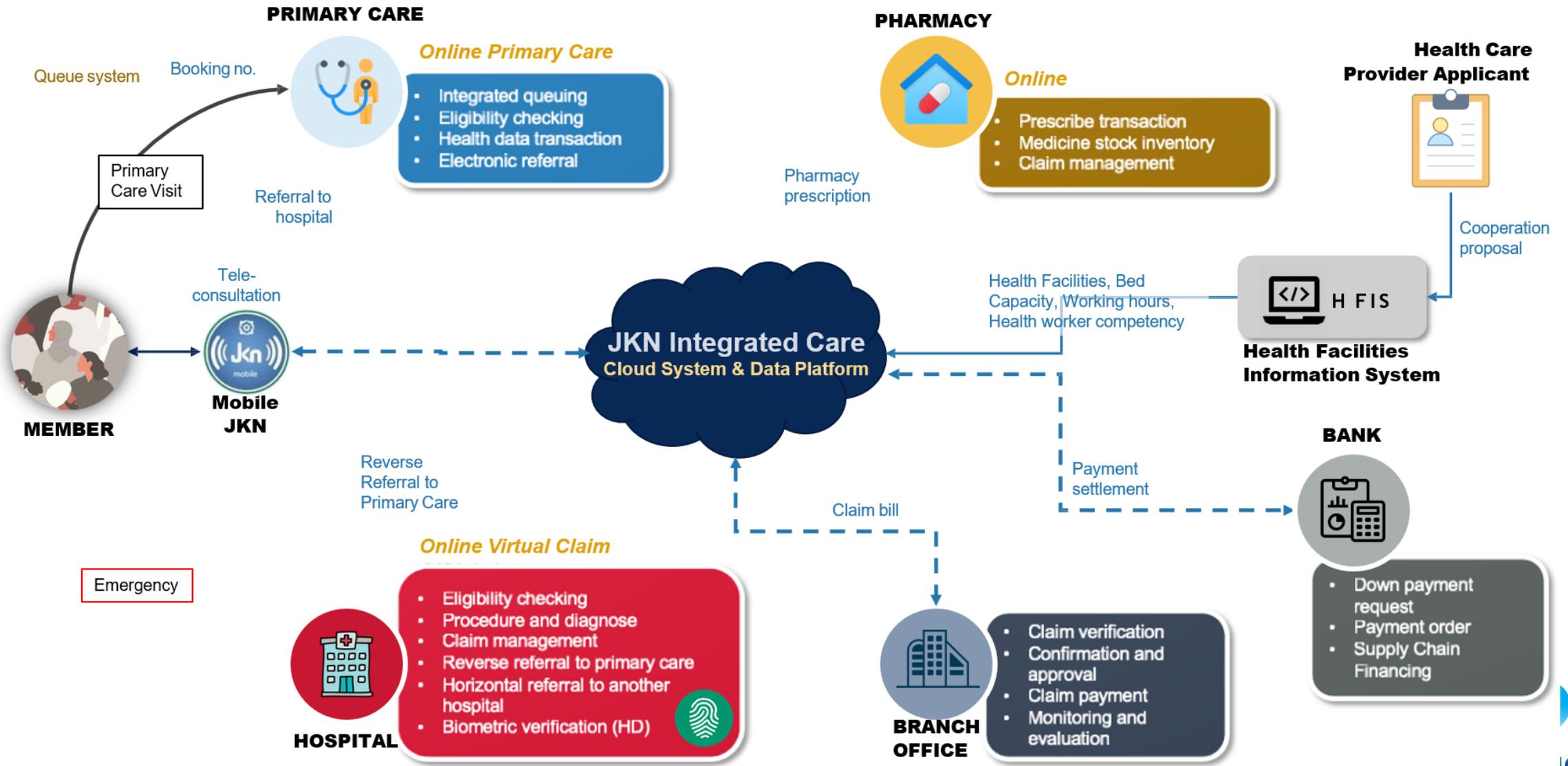
756.515

Total Utilization
From 2014-2019

1,1 Billion

Utilization of health
facilities in 2019 per
calendar day

Development of JKN Healthcare Ecosystem



Healthcare and Pharmaceutical Solutions (1)

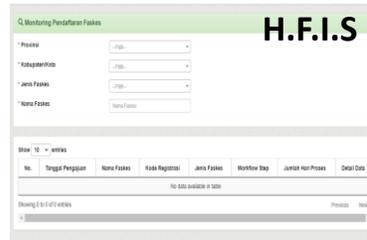
PCARE (Primary Care Application)

Applications used by the primary health care in recording the service delivery at primary health facilities and the billing of non-capitation claims



HFIS (Health Facilities Information System)

HFIS used by the Primary cares, secondary cares, and Pharmacy. The Primary care collaboration/credentialing registration process can be accessed via : <https://hfis.bpjs-kesehatan.go.id/hfis/MonitoringPendaftaran/dataFaskesTerdaftar>



VCLAIM (Virtual Claim)

The application used by the referral health care facilities for the process of recording and billing CBG claims and has been integrated with the INA-CBG e-claim application



Digital information systems of bed availability and surgical schedules

Approximately 1056 hospitals (83% of targeted hospitals) have implemented the surgery schedule information display, and 2171 hospitals (97% of targeted hospitals) have implemented the bed availability displays.

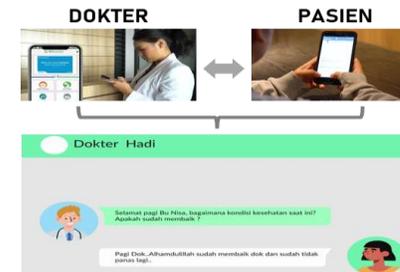
Online Queuing system

Until Dec 2021 Implementation of Primary Healthcare connected to Online Queue as much as 21,066 (89%)



Teleconsultation

Apr 2020 to Dec 2021, 12.7 million teleconsultation services conducted by 20,894 Primary Healthcare facilities



Healthcare and Pharmaceutical Solutions (2)



Online Pharmacy

Application that is used to record the administration of Refer Back Program /“PRB”, Chemo and Chronic drugs and to collect drug claims



Digital Screening

Several chronic disease risks can be detected, such as Diabetes Mellitus (DM) Type 2, Hypertension, Chronic Kidney Disease, and Coronary Heart Disease. Digital Screening can be accessed through Mobile JKN and on <https://webskrining.bpjs-kesehatan.go.id/skrining/index.html>

Big Data Optimization

Optimization of health service data for the development of effective and efficient policy making.



Telemedicine Piloting

Piloting of telemedicine services that provide convenience of health services plus drug services to participants



Teleconsultation & Telemedicine Services Responding Covid - 19

Teleconsultation and Telemedicine Service Flow of Indonesian Ministry of Health (MOH):

- 1/** Residents/patients take PCR tests in laboratories that are affiliated with the Ministry of Health (MOH) system.
- 2/** If the result is positive, the laboratory reports the result to the Ministry of Health database.
- 3/** Patients will receive WhatsApp message from the MOH (verified account) automatically, or can check their NIK independently on the site <https://isoman.kemkes.go.id>
- 4/** Press the link in the WA message or on the link that appears when checking the NIK, then enter the voucher code for teleconsultation and free drug packages.
- 5/** After the consultation, the doctor will give a digital prescription according to the patient's condition and the prescription can be redeemed via [https://isoman.kemkes.go.id/message obat](https://isoman.kemkes.go.id/message_obat)
- 6/** Only patients eligible for Self-Isolation (with asymptomatic or mild conditions), will receive free medicines and vitamins



Facilities being received:

- **Doctor Consultation**
- **Drugs**
 - **Asymptomatic Patient:**
 - 10 pills of C, D, E multivitamins and Zinc
 - **Mild Condition/Symptom:**
 - 10 pills C,B,E multivitamins and Zinc
 - 5 pills Azithromycin 500 mg
 - 14 pills Oseltamivir 75 gr
 - 10 pills Paracetamol 500 gr (if needed)

The Issue or Challenge

Universal Health Coverage aims to ensure that all Indonesian population have the same access to health care services





BPJS Kesehatan

Badan Penyelenggara Jaminan Sosial



Aplikasi **Mobile JKN**



Care Center **165**

Scan QRCode disamping
untuk mengunduh aplikasi
Mobile JKN



BPJS Kesehatan



bpjskesehatan_ri



BPJSKesehatanRI



bpjskesehatan_ri



BPJS Kesehatan



www.bpjs-kesehatan.go.id

2022

6TH ANNUAL HEALTH FINANCING FORUM

DEEP DIVE ON INDONESIA'S PROGRESS TOWARD UHC

Mahli Ruby

Director of Planning, Development and Risk Management

**Financing Primary Health Care:
Opportunities at the Boundaries**

June 14-16, 2022

Co-hosted by:



WORLD BANK GROUP



USAID
FROM THE AMERICAN PEOPLE



**GLOBAL
FINANCING
FACILITY**

Co-sponsored by:



giz Deutsche Gesellschaft
für Internationale
Zusammenarbeit (GIZ) GmbH



DEEP DIVE ON INDONESIA'S PROGRESS TOWARD UHC

Mahlil Ruby

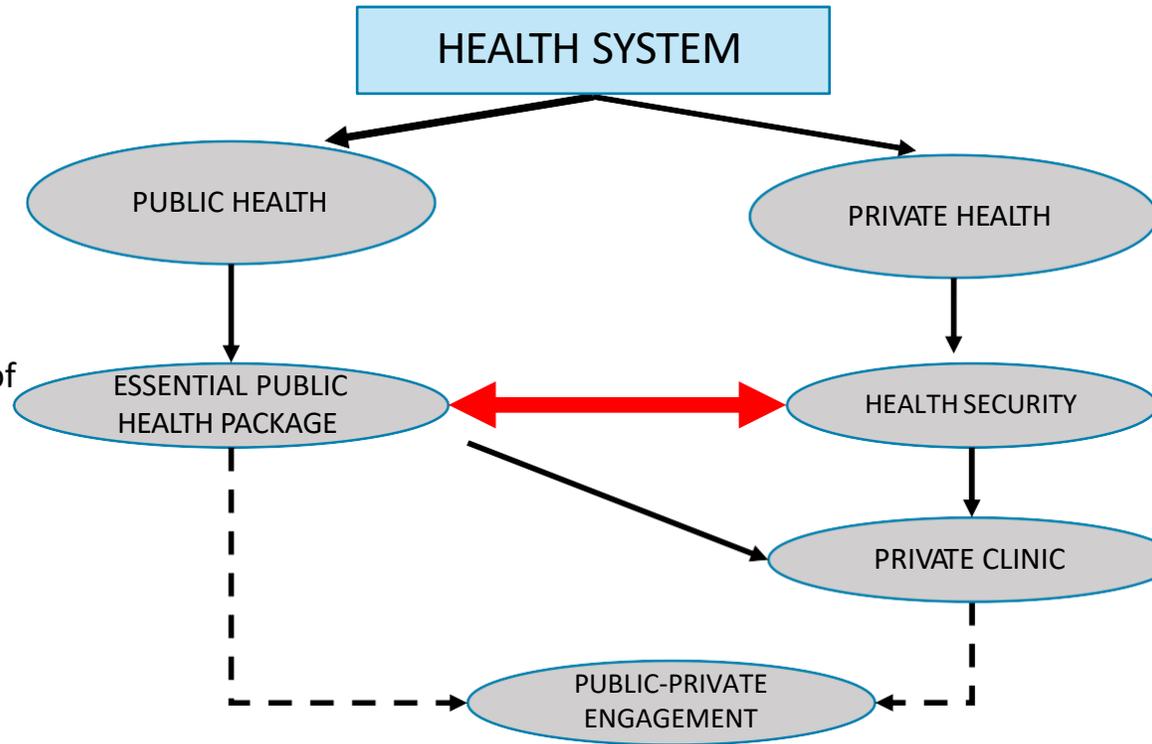
Director of Planning, Development and Risk Management

2022
6TH ANNUAL
HEALTH FINANCING
FORUM

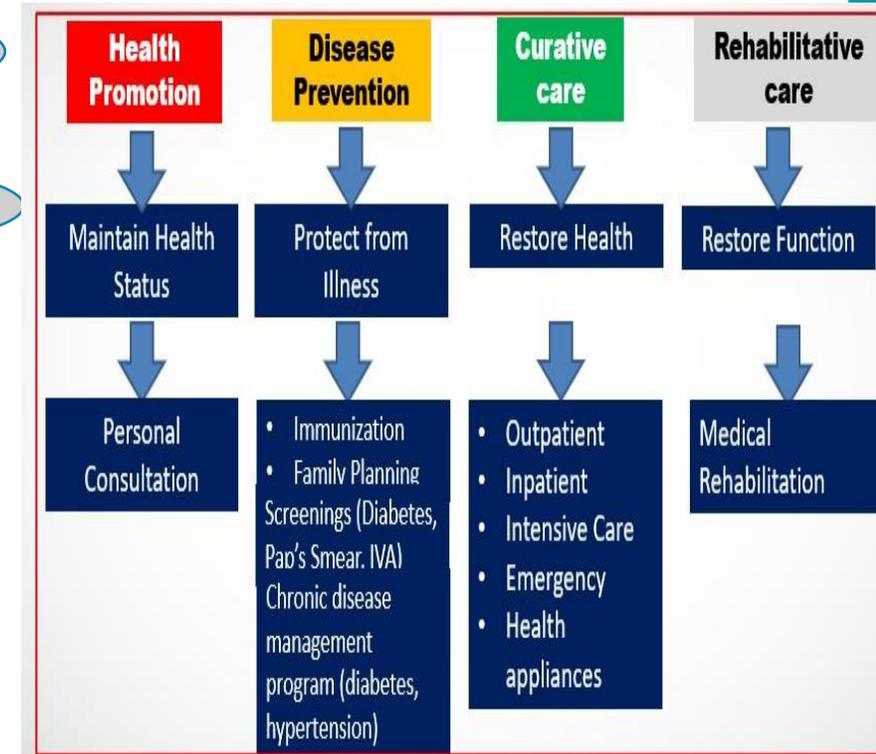
Indonesia has achieved significant progress in health coverage and financial protection



Puskesmas is a coordinator of primary health care



BPJS Kesehatan is ensuring all citizen has access to health care



Four components of effective public-private engagement



Ensure availability and use of quality information on the private health sector.



Strengthen the private health sector to have a strong, unified voice.



Build the capacity of the government to effectively steward the private health sector.



Facilitate the design and implementation of public-private partnership agreements.

The RPJMN* guidance on 5 key goals has largely captured health system challenges and priorities in Indonesia

2020-2024 RPJMN policy direction & indicators

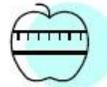
Overall vision

Improve health services towards **universal health coverage**, especially **strengthening primary health care** by encouraging increased **promotive and preventive efforts** supported by **innovation and the use of technology**



Improve the health of maternal, children, family planning and reproductive health

- Maternal mortality rate (per 100000KH)
- Infant mortality rate (per 1000 KH)
- Neonatal mortality rate (per 1000 KH)
- Percentage of basic immunizations in children aged 12-23 months



Accelerate improvement of community nutrition

- Prevalence of stunting in infants (%)
- Prevalence of wasting in infants (%)



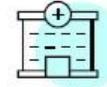
Improve disease control

- HIV incidences (per 1000 population not infected with HIV)
- TB incidences (per 100.000 population)
- Elimination of malaria (district/city)



Healthy Movement Culture (GERMAS)

- Percentage of population aged 10-18 years old that smokes (%)
- Prevalence of obesity in population aged >=18 years old
- Number of healthy districts/cities



Strengthen the health system & drug and food control

- % of health facilities (FTKP) standardized
- % of hospitals accredited
- % of Puskesmas with health workers that meet standards
- % of Puskesmas without a doctor
- % of Puskesmas with availability of essential drugs

*Note: The Medium-Term National Development Plan (RPJMN) constitutes the basis for all ministries and government agencies for formulating their respective Strategic Plans

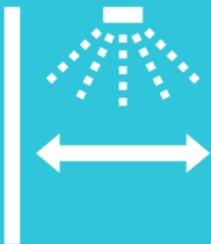
Current structure of the National Health Insurance Program (JKN)

With the introduction of *Jaminan Kesehatan Nasional* (JKN) or National Health Insurance in 2014 Indonesia **consolidated** its Askes, Jamsostek, Jamkesmas, and Jamkesdas and **more than 300+ risk pools** at the local government level **into**:



One national risk pool

This pool is meant to ensure greater financial sustainability.



One uniform benefit package

This is meant to enhance equity.



A single purchaser of health services

This purchaser – *Badan Penyelenggara Jaminan Sosial-Kesehatan* (BPJS-K) – is Public Body, autonomy and Non-Profit and meant to improve the efficiency of the system.

JKN's Impact

2016: saving 1,16 Million people from poverty

2019: saving 8,10 Million people from poverty

The impact of JKN
2016-2021



	Tahun 2016	Tahun 2021
Health care industry 	Rp 57,9 triliun	Rp 110 triliun
Pharmacy Industry 	Rp 10,1 triliun	Rp 19,1 triliun
Food and Drink Industry 	Rp 17,1 triliun	Rp 32,6 triliun
	2021: 289 triliun 2016: 152,2 triliun ↑ 90% 136,8 triliun	

Increasing health care access in 2019

Outpatient care : 3,6%

Inpatient Care : 3,2%

Increasing the rate of life expectancy: 2,1 year in 2019

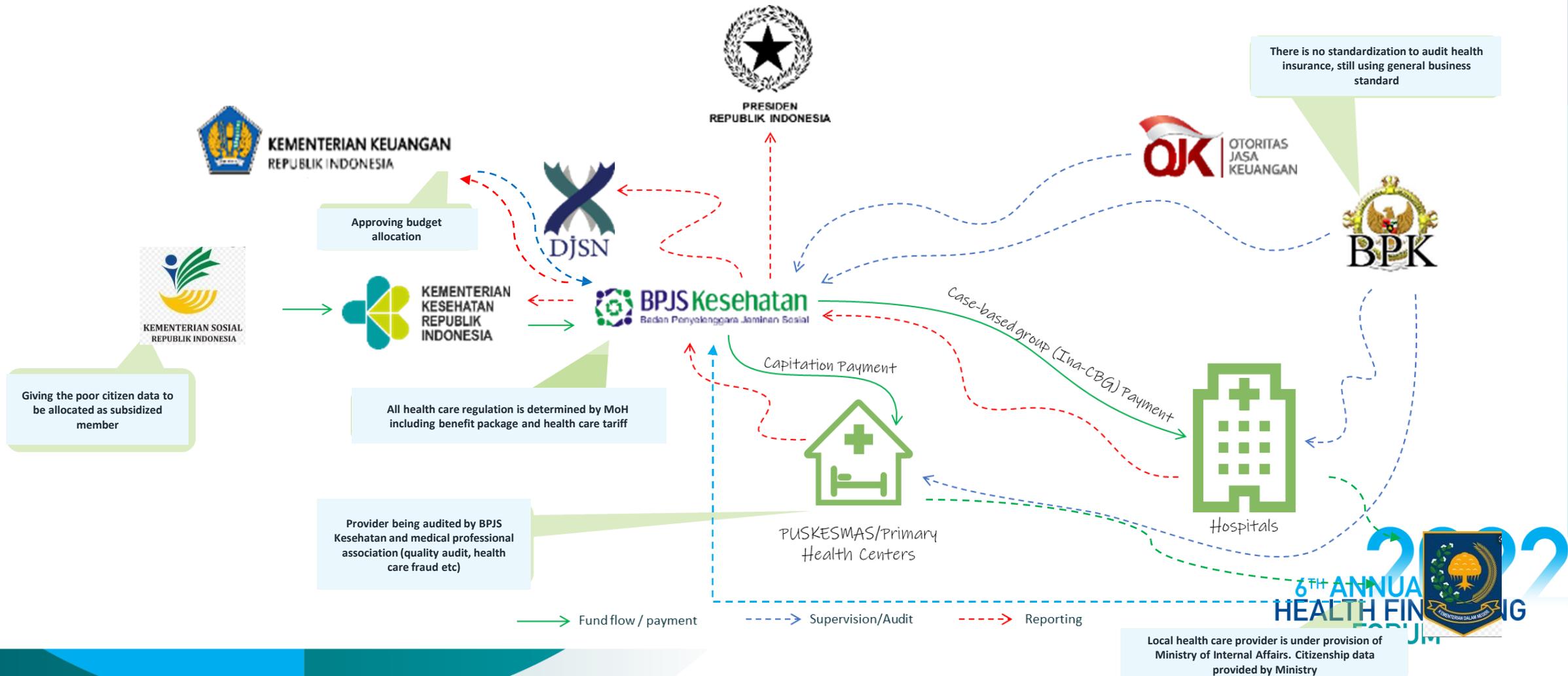
Reducing out-of-pocket

2013 : 47%

2018 : 31,9%

Prevent deaths - Indonesia loses 28,200 Disability Adjusted Life Years (DALYs) per 100.000 population in preventable causes each year (IHME) - 2016

Main governmental agencies and process involved in JKN

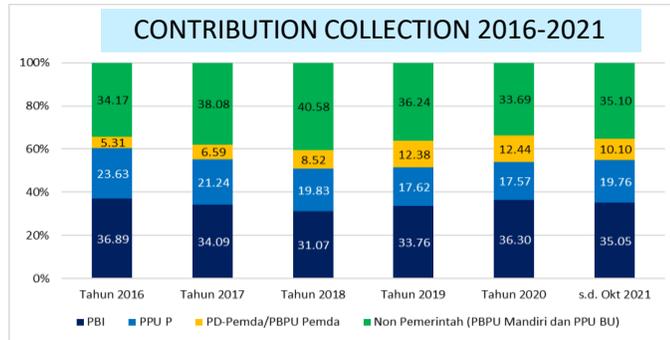


Challenges and Efforts

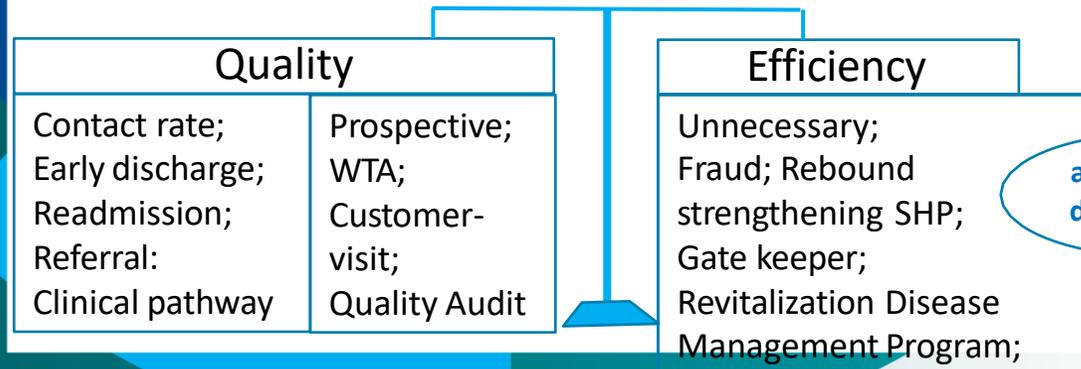
MEMBERSHIP DIMINISHING RETURN



SHIFTING TO GOVERNMENT CONTRIBUTION DOMINATION



EQUILIBRIUM BETWEEN COST AND REVENUE



COVID-19

New norm

POLICY TURBULENCE

Managed stakeholders;
Co-creation;
Co-owner;
Advocacy

Basic health needs;
Standard inpatient class;
Screening;

Covid;
Tariff;
Universal Birth assurance;
Cost sharing;
COB;

THE FRAGILITY OF SOCIAL SECURITY FUND

EQUITY & AVAILABILITY

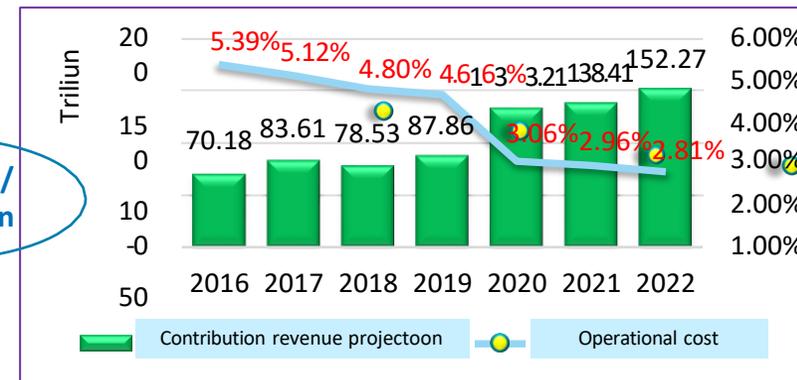
Telemedicine

Medical needs (access, healthcare availability and human resource)

Managed stakeholders

Inconsistency of operational cost policy

OPERATIONAL COST EFFICIENCY

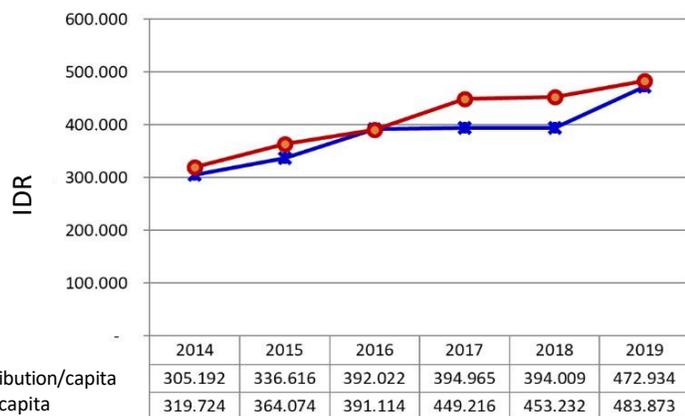


Unfair of BPJS operational cost: Maximum plafond is X% on revenue from contribution but limited (cap) by amount. IF we can achieve revenue more than target, we get according amount, but if we can't achieve target, based on %

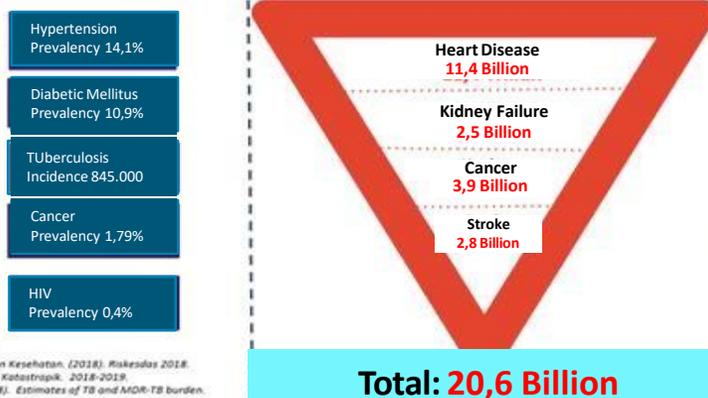
JKN needs to introduce reforms to have more and better spending, as its financial sustainability is under threat

JKN has incurred a cumulative deficit of IDR 50 trillion (US\$ 3.5 billion) as of end of December, 2019

Lack of Contribution leads to mismatch claims ratio or cost per capita...

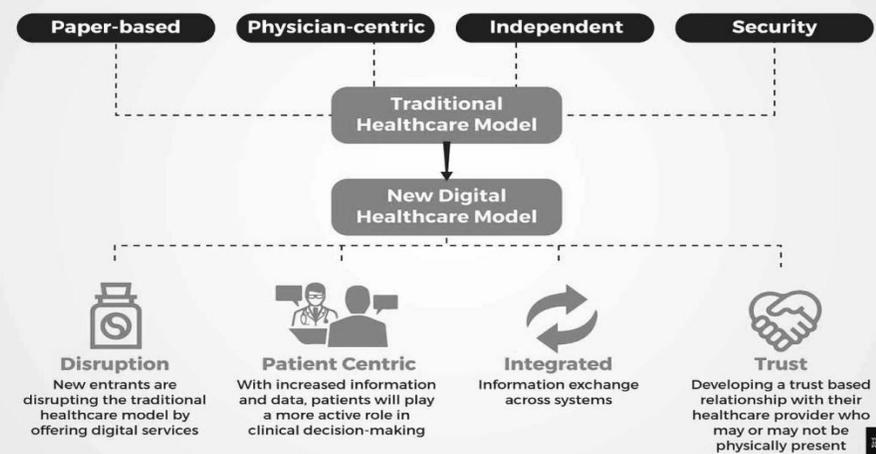


...and quasi-unlimited benefit package, chronic disease, lack of gate keeper drive the deficit.



Source:
-Kemenristek Kesehatan. (2018). Riksesdas 2018.
-BPJS. 2020. Katastristik. 2018-2019.
-WHO. (2018). Estimates of TB and MDR-TB burden.
-WHO. (2019). Indonesia HIV Country Profile 2019.

MOVING FROM TRADITIONAL HEALTHCARE MODEL TO NEW DIGITAL MODEL



Raise Contribution and additional revenue for BPJS-K



- 2019: increased: contribution, ceiling salary, and add all components take home pay of civil servant.
- Increase collectability
- Increase Recruitment new member and reactivation
- Advocacy: sin tax (tobacco, alcohol, Sugar sweetened beverages, fuel) would increase revenue IDR 28 trillion (US\$1,96 billion).
- Interoperability

Manage expenditure growth & improve strategic health purchasing



- Assess whether facilities are able to deliver all services included in the benefits package
- Refine capitation based on facility readiness
- Improve comply and anti fraud
- Introduce a global budget
- Improve claims management
- Strengthen gate keeper (PHC facilities): in patient, chronic disease management, incentive
- Increase tariff and improve quality

Improve governance and accountability



- Digital transformation and data security
- Develop diagnostic and treatment protocols including referral pathways
- Improve the quality and use of data
- Strengthen the purchasing role of BPJS-K
- Gradually move towards a whole-of-government digital data governance solution
- Increase stakeholders engagement
- Innovation



The proposed PforR framework focuses on second generation reforms needed to improve the implementation of JKN.

In particular, the PforR focuses on reforms to improve the **quality of service delivery** and the **efficiency of health spending**.

RESULTS AREA 1: STRENGTHEN THE QUALITY OF CARE

DLI 1+2 Improve quality of care and referral pathways

- Develop clinical pathways/processes of care for FKTPs and hospitals for most common conditions
- Train front line providers in use of clinical decision support tool
- Identify tracer indicators to monitor compliance with clinical guidelines

RESULTS AREA 2: IMPROVE EFFICIENCY

DLI 3 Incorporate findings from health technology assessments into the benefits package

DLI 4 Improve claims management and fraud detection processes

DLI 6 Improve capitation design to reflect need and service availability at FKTPs

DLI 7 Improve INACBG implementation

RESULTS AREA 3: SUPPORT JKN POLICY FORMULATION AND IMPLEMENTATION

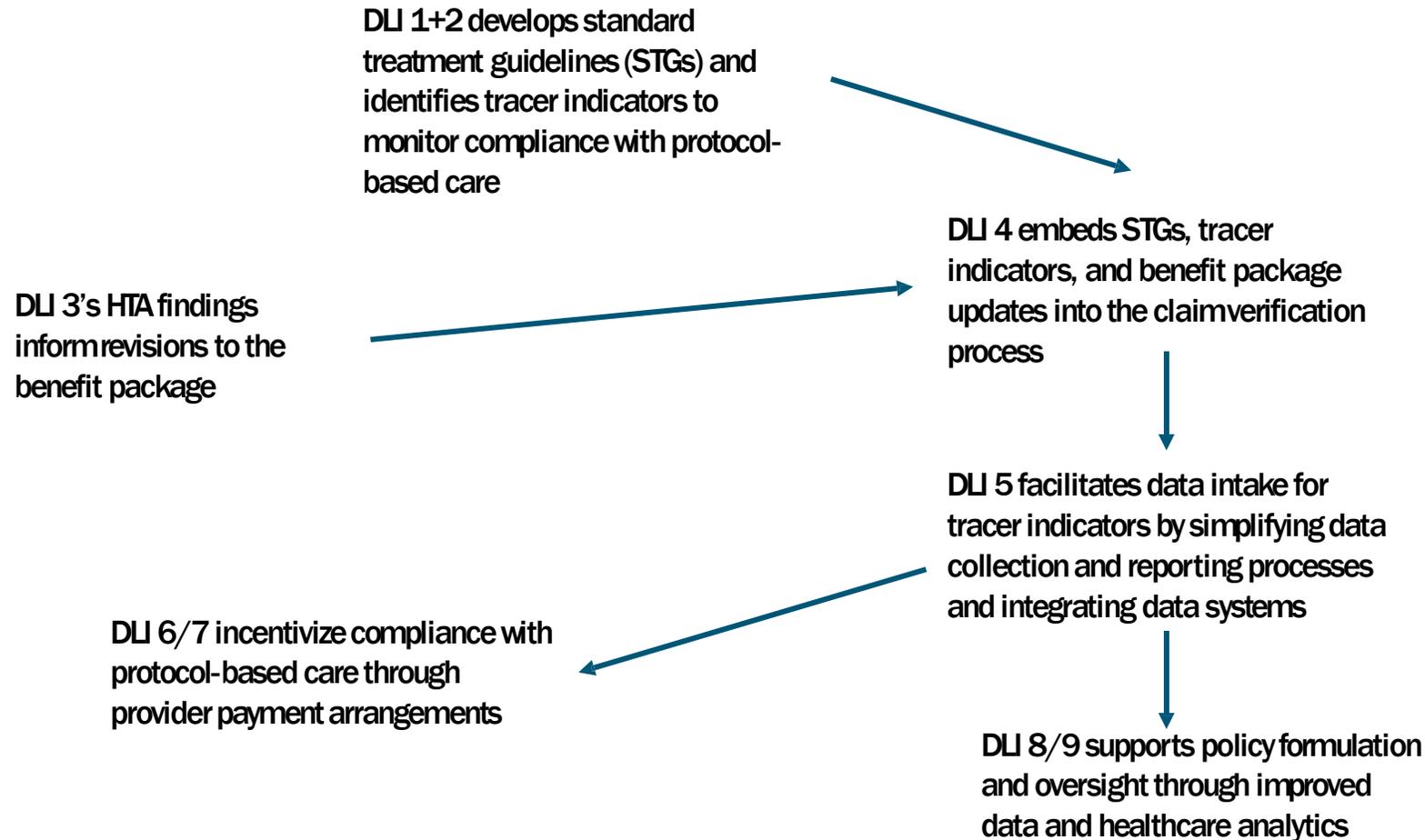
DLI 5 Improve use of data in decision making to support:

- quality of care improvements
- claims management and fraud detection
- revisions to the base capitation formula
- revisions to hospital tariffs

DLI 8 Improve policy formulation and oversight of JKN

DLI 9 Improve management and coordination of JKN across stakeholders

DLIs mutually reinforce each other, creating improvements in quality and efficiency by improving monitoring and provider payments incentives.





THANK YOU

2022
6TH ANNUAL
HEALTH FINANCING
FORUM