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
Lunch Session

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

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Achievements and Challenges: Indonesia Health Security Program

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National Health Insurance Program Profiles
Administered by BPJS Kesehatan

238 Million Participants 87.16%

Population 273,879,750

23,391 Primary Health Care

7000 Staff / Employee

1,702 Pharmacy

2,801 Secondary Health Care

Profile of Participants

50.83%

49.17%

London 5,120 km New York

17,691 Island
Utilization JKN Program

Utilization in JKN Program

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.

Source: BPJS Kesehatan Annual Report

- Utilization constantly increase since 2014, with the exception of 2020.
± 238.70 Milion Individual Member
(14 April 2022)

± 243.000 Corporate Member

± 650.000 Payment Channel

23,391 Primary Care
3,950 Pharmacy & Optical
2,801 Secondary Care
(Total: ± 30,070 Health Facilities)

± 1 Milion Medical Personnel (Practice)

756,515 Total Utilization
From 2014-2019

1,1 Billion Utilization of health facilities in 2019 per calendar day
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/dataFaskesTerdftar

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

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)

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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](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.
The Issue or Challenge

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

- Expanding the Coverage to All Indonesian Population
- Improving Participants Compliance for Paying Contribution
- Sustainability issue
- Primary Health Care Financial Arrangement in Health Transformation
- Equity Access to All Participants
- Ensuring access to safe, affordable and effective health care
- Enhancing Health Information System and Data Management
Aplikasi Mobile JKN

Care Center 165

Scan QRCode disamping
untuk mengunduh aplikasi
Mobile JKN
Mahlil Ruby
Director of Planning, Development and Risk Management

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DEEP DIVE ON INDONESIA’S PROGRESS TOWARD UHC

Mahlil Ruby
Director of Planning, Development and Risk Management
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
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 a Public Body, autonomy and Non-Profit and meant to improve the efficiency of the system.
JKN’s Impact

The impact of JKN 2016-2021

Health care industry

Pharmacy Industry

Food and Drink Industry

2016: saving 1,16 Million people from poverty
2019: saving 8,10 Million people from poverty

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

- **Kementerian Keuangan Republik Indonesia**: Approving budget allocation
- **Kementerian Sosial Republik Indonesia**: Giving the poor citizen data to be allocated as subsidized member
- **BPJS Kesehatan**: All health care regulation is determined by MoH including benefit package and health care tariff
- **Otoritas Jasa Keuangan (OJK)**: There is no standardization to audit health insurance, still using general business standard
- **Local health care provider**: is under provision of Ministry of Internal Affairs. Citizenship data provided by Ministry
Challenges and Efforts

MEMBERSHIP DIMINISHING RETURN

GROWTH OF MEMBERSHIP

Policy Turbulence

COVID-19

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

New norm

EQUITY & AVAILABILITY

Medical needs (access, healthcare availability, and human resource)

Operational Cost Efficiency

Operational cost: Maximum plafond is X% on revenue from contribution but limited (cap) by amount. If we can achieve revenue more than cap, we get according amount. If we can't achieve target, based on %

Equilibrium between Cost and Revenue

Quality

Contact rate; Early discharge; Readmission; Referral: Clinical pathway

Efficiency

Prospective; WTA; Customer-visit; Quality Audit

Unnecessary; Fraud; Rebound strengthening SHP; Gate keeper; Revitalization Disease Management Program;

automation/digitalization

THE FRAGILITY OF SOCIAL SECURITY FUND

Managed stakeholders

Telemedicine

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 cap, we get according amount. If we can't achieve target, based on %

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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.

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

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 management solution
- Increase stakeholders engagement
- Innovation

Increase tariff and improve quality

Digital transformation and data security

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Increase tariff and improve quality
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