



**The Implementation Of Referral System Of Papua Health Card (Kartu Papua Sehat- Kps)
Patients At Jayapura Regional General Hospital**

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Abstract

Papua Health Insurance, abbreviated as Jamkespa or “Jaminan Kesehatan Papua” (Jamkespa), is a policy of the former Governor of Papua Province, Barnas Suebu, to release the cost of health services, especially for the indigenous people of Papua. Since 2009, Suebu issued Governor Regulation No. 6 of 2009 concerning Jamkespa

(Papua Health Insurance) to apply to each hospital. Then in 2014 it will be converted into a Papua Health Card or Kartu Papua Sehat (KPS), KPS Basic Health Services that are more comprehensive can be seen in the Governor Regulation Number 6 of 2014 which reads “Guaranteed Financed Health Services in Papua”. (Pergub, umber 6 of 2014) Therefore the name of the Papuan health insurance program is also being replaced,” said the UP2KP Executive Director in Jayapura, so there are some differences in KPS and BPJS, for example differences in Jamkespa, which only serving poor Papuans. However, in the Papua Health Card, there are three categories, the first category is serving indigenous Papuans according to the mandate of the Special Autonomy Law, the second is serving peranakan groups (Papuan or non-Papuan blood from father or mother) and the non-papuans who are not associated with BPJS also receive their portions and will still get KPS.

Keywords: Papua health Card or Kartu Papua Sehat, (KPS). Guarantee The Health Of The People Of Papua

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Introduction

Since 2014 Health Insurance and Social Security (BPJS) has turned into a National Social Security System which is a state program that provides certainty and social welfare guarantee for all the people. To fulfill the goal of the National Social Security System, but in Papua Province, this BPJS program has not run optimally in accordance with the needs of the people of Papua, which causes by many things, such as limited facilities and information, infrastructure and the affordability of government officials to collect data on population or legalize population status, so many indigenous Papuans living in remote and remote areas do not yet have identity cards or identity cards (*E-KTP*), this causes them to have difficulty accessing BPJS services, because the requirements to become BPJS participants/members must have an identity card themselves or *E-KTP* (Jayapura, 2018). To provide solutions while addressing this problem, the Provincial Government of Papua has established the Papua Health Card program or *Kartu Papua Sehat* (KPS) based on the Governor of Papua Province Regulations, Numbers, 6, 7, and 8. In 2014 as of April 1, this KPS program will provide special affirmations and responds to the regulation gap in health services supported by BPJS, so that KPS will support all the needs of Papuans that doesn't cover in the BPJS, for example the costs of support for referral patients, families of patients and officers accompanying from Papua to outside, operational costs for patients and their families while undergoing treatment, all funding for medicines and medical devices that are not affiliated with the *BPJS*, all will be cover by *KPS*, even when the patient is referring back, and coffin purchase packages and repatriation of dead bodies.

Jayapura Regional General Hospital is a hospital that is a referral hospital which implementing the Papua Health Card or *Kartu Papua Sehat* (KPS) program for indigenous Papuans from the data in 2014,(Jayapura, 2018) but since the implementation of the Papua health Card program at the Jayapura Regional General Hospital has not gone well. This can be seen in quantity of referral patients or the increasing number by 20% (240 referral patients) compared to the previous year in 2013, 200 referral patients from regional hospitals and providing primary services to Jayapura District Hospital, this number continues to improve because the national



referral hospital in Papua is responsible for receiving, accommodate and serving all patients who referenced from regional hospitals and basic/primary services in Papua Province, in 2015 this number was decrease (30%) from 2014 because the Jayapura hospital management and KPS managers have collaborated with RSCM in KPS patient referral services, so that most patients who are not cannot be treated at Jayapura Hospital will be referred with medical indication, but in the implementation of patient referral from Jayapura Hospital to RSCM, there are still many patients who are referred with non medical/social indications, makes the service in RSCM is slow and ineffective, this is due to the lack of Coordination and Communication between Officers both in KPS ministries and managers, in 2016 the number of referral patients sent from the regional hospital and primary service is 103 referrals patients which is less than in 2014 and 2015, this is because there are restrictions or standards used in making referrals from regional hospitals to Jayapura Hospital, where not all patients with certain indications have to be referred, but are the responsibility of regional hospitals according to their capacity, this also has a significant impact on the number referral from Jayapura Hospital to RSCM so that the service in RSCM is better, but in 2017 there was a very drastic increase because many patients were referred from Jayapura Hospital to RSCM, of all the patients referred were mostly with social indications, this was caused due to the weakening of the control and supervision system and standard operational in the referral service is not implemented properly. For the referral to happen, the implementation process requires administrative completeness especially for the poor and special groups(Luti et al., 2012). Because of this, hospitals need to improve safety and quality(Management, 2006), to a standard where the governance of the Jamkespa program at Jayapura Regional Hospital is getting weaker in implementation in the field (Jayapura, 2018).

In this study, there are several variables that influence the successful implementation of policies both individual and group. Policy is whatever the government chooses to do or does not do. This means that if the government has something to do, then there must be an objective (objective) and the State's policy must cover all "actions" of the government. So it is not merely an expression of the will of the government or government officials. Besides that, something which is not implemented by the government, including state policy, is caused because "something that



is done" by the government will have the same impact as "something that the government does" by the government.(Wahab, 2004)

To carry out a good policy implementation there needs to be an implementation of public policy. Implementation means putting a real action to a collective agreement that has been formed or planned to achieve the intended results or objectives. Opinions from experts regarding implementation include: opinions raised by Van Meter and Van Horn claiming that the implementation process are actions carried out by individual officials, groups that lead to achieving a goal in a policy. Pressman and Wildavsky suggested that the implementation should be related to the word policy and to implement a policy really needs attention. Daniel A Masmanian and Paul A Sabatier 1979, explained the meaning of implementation and said that understanding something is real and occurring after a program is said to be valid or formulated is a concern from implementing a policy.(Wahab, 2004)

Methods

This type of research is a qualitative description, the method used for data analysis is content analysis, and data collection is done by in-depth interviews in this study using triangulation informants, the purpose of triangulation with sources is to compare data from subjects/informants different. The key informant is the Director of Jayapura Regional Hospital with 1 person, while the main informant has 7 people consisting of

The head of the KPS management team, vericators, members, treasurers, referring specialist doctors, and nurses, and 2 triangulation informants namely referred patients

Results and Discussion

The implementation of the referral patient system at the general hospital in Jayapura has been going pretty well, which means that from April 2014 until now, this KPS program provides special affirmations and addresses gaps in health services related to guarantees from BPJS, so KPS stands as a companion of BPJS to support all the needs of people Papua is not affiliated



with BPJS, but there are still some obstacles that must be corrected, such as the following variables examined by researchers

1. RESOURCES

Resources are important modal or one of the factors that influence the success and failure, if supported with sufficient budget, adequate resources of course with appropriate human resources competence, guaranteed quality and adequate supporting infrastructure, complete and functioning well.

A). POWER

Personnel are the officer who does the implementation of the KPS referral health service system in hospitals. Key informants and main informants say that they are sufficient and according to their competencies in accordance with box 9, triangulation informants answer that there is insufficient personnel for HR. We can see this in Box 10 related to the availability of medical personnel such as specialists and physical facilities (health facilities) that can support the process of policy implementation, from the analysis of researchers there is still a lack of manpower so it often takes time to refer emergency patients, for example officers or nurses who are willing to take the KPS referral patients, this certainly interferes with health services because officers or nurses concurrently have several tasks at the same time which are not their responsibilities, the next one should be handled here to save more on budget, this is in line with research conducted by Firdaus and friends saying that resources are a main factor in program implementation, if program implementation is lacking in resources the service will not run effectively, (Firdaus & Mawarni, 2013) this is also revealed by Subarsono the availability of resources also affects the success of implementation.

Box 9

Yes in terms of personnel it's enough (IU1)

Eh, for KPS here, it's enough (IU2)

Yes Enough, but usually there are some here that don't exist, so we refer, from the facility, if we cannot refer, if we can resolve patients here (Iu3)

It is enough (IU4)

If you say that it's sufficient, it's not like we have a risk yet (IU5)

Yes so far sufficient (IU6)

Yes, not bad

But in the future may need some additional (IU7)



Human resources are still a problem or one of the factors that influence the implementation such as research carried out by Detty Kurnia. The process of successful implementation is highly dependent on utilizing available resources. Humans are an important resource in determining.

Box 10

If I see that the amount is not sufficient, the answer here must be from the referring hospital, from the doctor referring from the KPS team so there is a people that is responsible for the referral trips and this program there must be a nurse or a doctor accompanying, if the patient is already in the emergency department maybe using a wheelchair or bed, ah but yesterday the case for my wife we go alone without being accompanied by a nurse or doctor, so the patient was with the family only (IT1)

Not enough, there is still a lack of specialist doctors responsible for Java, is the hospital, especially the KPS management team, when referred (IT2)

From the results of the study, key informants said that the funds were sufficient and appropriate but it was different from the main informants and the triangulation of funds was not enough, for this year amounting to 60 billion Rupiahs this was in accordance with boxes 12 and 13.

Box 12

If the problem is the need for funds for this year, yes maybe, specifically for referrals, for our estimation, because the plane ticket problem must be added or raised (IU1)

Not enough in my opinion (IU2)

I do not know, because I left it to the management team (IU3)

I think it's lacking (IU4)

If the funds given by KPS, for example, to Surabaya as much as 8 million for patients I think it is lacking (IU5)



Box 13

For funds, if says it suffices, that's enough because it includes the cost of the ticket, then the cost of treatment for that is all covered by KPS and for the cost of the days too, yesterday we happened to get a place to stay, so we don't use the funds, if the hospital said there was, from the KPS said there were funds for the cost of the day but yes, because we stayed at the motel, so the ones covered by the hospital fees, then the pp ticket, the same as the initial living costs (IT1)

I think it's still not enough because yesterday we were out for about a few months, because we were with the family while, only spending money and there was no income, in the future if there are other patients who come together, maybe the funds could be added again, because the day-to-day needs also exist (IT2)

The Jayapura Regional General for this KPS fund amounted to 60 billion rupiah when in-depth interviews was done with the Hospital Director said that it was sufficient for the health care of KPS patients, but this was not in line with the KPS management team at the Hospital during in-depth interviews and this is also the same as some KPS referral patients who say that the funds have been used in accordance with their designation but are still lacking, given the rise in the price of plane tickets that are far soaring from normal prices and the lives of patients and their families, while living in referred areas such as Jakarta, Surabaya, Still not enough. Thus the researcher analyzes that the source of the budget shows that it is still lacking so there are complaints from various parties, this is certainly an evaluation for the Hospital and KPS management team. According to Budi Winarno, a large amount of funds is not easy to met with skilled and creative personnel.(WINARNO, 2014)

This research was also carried out by Detty Kurnia, saying that when resources such as funds, like it or not, when competent human resources are available while funding through the budget is still lacking, it is indeed a complicated issue to realize what is intended by public policy.(Di, Pagarsih, & Dan, 2016)



c). FACILITIES

Facilities and infrastructure are things that support the operation of referral patient health services at the Jayapura District Hospital ac

Box 16

It's sufficient and very helpful, because here I see a difference between KPS and BPJS, for example patients who come with self-injury still come served, but the BPJS cannot be served, secondly, KPS when referring patients to all responsibilities until the family and the accompanying nurse, if the BPJS is not alone, then the next, if there is a drug that must be purchased out, you can claim to the hospital for the KPS that the money will be replaced, but if the BPJS not is valid (IT1)

According to key informants said that the infrastructure is sufficient, but this statement is not supported by key informants and triangulation informants, this can be seen in boxes 15, 16 and 17 key informants

said that the facilities were sufficient, this was in accordance with the statement of the key informant, it can be seen in box 16.

Box 15

If the hospital here is already supporting, which means if the patient, it means that the patient is referring from the area and outward referral. If the patient from outside the area must refer to us, who might think about the addition of Human Resources and the number of members of the infrastructure must be complete, so there is a doctor if there are no tools, then if there are tools and there are no doctors, so all must be balanced, from human resources, from infrastructure, equipment, and budget resources, we have a little problem in transportation today, we refer patients, we cannot handled and the government must budget to make a halfway home for patients who seek treatment in hospitals in this area (IU1)

As for facilities, building yes, but transportation is still lacking hearses or ambulances (IU2)

Our facilities and infrastructure are still referring, still lacking, for now it is tolerable, (IU3)

That's enough (IU4,5)

■ Yes, it is enough, but there are a number of cases that we have to refer to that we consider to be referred out (IU6)

Not yet fulfilled (IU7)



In-depth interviews about the availability of infrastructure to support the health service of the KPS referral system, can be seen in box 17.

Box 17

Yes, it is very helpful, but what I see here may still lack infrastructure, so maybe more attention to the future (IT2)

Infrastructure facilities in the service system of Papua Health Card referral patients in Jayapura Regional General Hospital, is still lacking when interviewed directly with key informants, for example such as the lack of ambulance. The statement said to the management officer during an in-depth interview, this certainly becomes an obstacle in the implementation process, in research by Risky F Rustam said that if there are supporting facilities, both facilities and infrastructure, the implementation of the policy will not succeed. Resources, energy, funds and infrastructure are one of the benchmarks for the success of the implementation process that is made, according to George Edward III's theory in Nugroho, physical facilities are important sources in implementation. An implementer may have adequate staff, perhaps what needs to be done and may have the authority to do his job, but without building an office to coordinate, without equipment, without supplies, it is probable that the planned implementation will not succeed.

As Gardin Y did in his research on the integration of information systems: Access to Information on Health Facilities Resources in Referral Services, in Yogyakarta which stated that physical facilities played a major role in the subsequent policy implementation of physical facility resources playing a role in supporting access to good information. Limited physical facilities and resources will hamper the successful implementation of policy. (Guardian Y. Sanjaya a, Ni'mah Hanifah, Hendri K. Prakosaa, 2016) From the results of discussions related to resources by looking at previous research and theories conveyed by experts, that resources in the implementation of health service policies are very important.



Conclusion

The implementation of the Papua Health Card or *Kartu Papua Sehat* (KPS) patient Referral System at the Jayapura Regional General Hospital has not been fulfilled. There are still many complaints from various parties, ranging from medical personnel still needed, and those that are still lacking in funds and infrastructure that must support the service in DOK II Hospital in Jayapura, so that this results not quite optimal for KPS referral patients.

Recommendation

The director of the general hospital in the Jayapura area is responsible for the implementation of Papuan Health Card referral patients.

Need to socialize the purpose of using KPS and channel to get PPP services so that the community can understand. The Hospital needs to pay attention to the resources that are not yet available immediately so that the process of implementing the Papua Health Card program can run smoothly.



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