

# HASIL CEK\_Implementation of social security chronic disease management program in yogyakarta

*by* Rochana Ruliyandari Implementation Of Social Security Chronic  
Disease

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## **Implementation of social security chronic disease management program in yogyakarta**

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### **Abstract**

*Elderly is a global concern since the number of elderly populations is increasing, which also become one of the concerns of the national health insurance (JKN). Health insurance for the elderly has a package of benefits according to physical conditions and degenerative diseases. Since the elderly is susceptible to disease, Indonesia has Healthcare and Social Security Chronic Disease Management Program, National Health Insurance known as Badan Penyelenggara Jaminan Sosial Program Pengelolaan Penyakit Kronis (BPJS Prolanis) to guarantee the health of elderly. This study aims to obtain an overview of the implementation of BPJS Prolanis in the community which located in Yogyakarta in order to give the feedback for this program. This research using qualitative method, with phenomenological research approach, which conducted in Yogyakarta during 2020. The result showed that most of the elderly, which is 221 (77.5%) elderly already have the health insurance, but only 38.9% who has BPJS Prolanis. Besides, there are more than 50% of the elderly have disease that often complained of. Hence, this study proposed suggestions for BPJS Prolanis, such as giving a continues education for the elderly through public health center. Besides, public health center can hold a promotive and preventive activities for the elderly to increase the awareness of the elderly on having the BPJS Prolanis.*

**Keywords:** community; elderly; healthcare and social security chronic disease management program; national health insurance

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### **INTRODUCTION**

The population of elderly people in Indonesia has increased sharply by 23.66 million people or 9.03% of the total population. It is predicted that in 2020 the number of elderly people will increase to 27.08% million, then 2025 will increase to 33.69 million people (United Nations Population Division, 2017). Increasing in the number of elderly people has triggered one of the mandates of the amendments to the 1945 constitution, namely the development of a social security system for all people and empowering people who are weak and underprivileged according to human dignity. The increase in the number of elderly people has received the attention of the government, among others by enacting Law No. 36 of 2009 concerning Health and Law No. 40 of 2004 concerning the



National Social Security System (SJSN) which includes healthcare insurance for the elderly which is part of the effort to achieve universal health coverage.

According to World Health Organization (WHO), universal health coverage is a health system where every citizen in the population, including the elderly population, has fair access to promotive, preventive, curative and rehabilitative health services, which are high quality and are needed by the community at affordable costs. Insurance in universal coverage contains two core elements: 1) Access to fair and quality health services for every citizen; and 2) Protection of financial risks when residents use health services (Murti, 2010). Indonesia is a developing country and one of the countries that is currently in transition to a universal healthcare system. Law No. 40 of 2004 requires every individual in the community to have access to health services to improve their health status. Without insurance protection, most people in Indonesia have to pay out of pocket almost all the costs (full cost) of their health services, both in government hospitals, private hospitals and private doctors' practices.

Most of the population, if do not use insurance, will have the risk of experiencing large medical expenses when sick. In accordance with Law Number 25 of 2016 concerning the national action on elderly health which was carried out between 2016-2019, namely by providing health services for the elderly and keeping the elderly healthy, independent, and socially and economically productive. This national action hopes to increase the health status of the elderly and increase their life expectancy. As of 2010, data from the Ministry of Health consisted of 352 cities and 33 provinces that had developed Jamkesda program. The public is much more familiar with the development of Jamkesda program than health insurance for the elderly. The number of Jamkesda participants is almost all people in the district, while the BPJS Prolanis participation is expected to increase and the elderly will understand the benefits of the health insurance offered. It is hoped that the elderly has the motivation to increase their independence in maintaining health (Kementerian Kesehatan Republik Indonesia, 2011).

The BPJS Prolanis is a health insurance program for the elderly from government guided by the Healthcare and Social Security (BPJS Kesehatan). This insurance aims to provide health financing guarantees for all the elderly. The specification of this public health insurance program for the elderly is more specifically for those with chronic diseases such as diabetes mellitus, hypertension, and other degenerative diseases. BPJS Prolanis participants also receive maximum service and special handling. The administration of health insurance for the elderly is based on the principles of social insurance and the amount of the premium is determined by the government (Trisnantoro, 2009).

Prolanis itself is a health service system with a proactive approach that is implemented in an integrated manner that involves not only the participants, but also health facilities and BPJS Kesehatan. This is in the context of healthcare for BPJS Kesehatan participants who suffer from chronic diseases to achieve an optimal quality of life with efficient health service costs. The activities written in the Prolanis Practical Guide book consist of: 1) Medical consultation; 2) Prolanis participant education; 3) SMS gateway reminder; 4) Home visit; 5) Club activities (gymnastics); and 6) Monitoring health status (Badan Penyelenggaraan Jaminan Nasional (BPJS), 2010). The goals to be achieved from this Prolanis activity are to encourage participants with chronic diseases to achieve an optimal quality of life. This activity with an indicator that 75% of registered

participants who visited the First Level Health Facilities had "good" results on specific examinations for type 2 diabetes mellitus and hypertension according to related clinical guidelines so as to prevent disease complications (Badan Penyelenggaraan Jaminan Nasional (BPJS), 2010).

The Prolanis health financing system is a subsystem of social security, especially targeted at the elderly even though they have other health insurance memberships (such as Axxa Mandiri, Jiwasraya). The principles adopted in the BPJS Prolanis health insurance system have different, more complex and detailed characteristics according to the health conditions of the elderly (Setyawan, 2017). BPJS Prolanis uses a special elderly program-based implementation approach. This program is implemented with techniques that integrate financing and health services for elderly with chronic diseases. This aims to implement an integrated service program for the elderly by increasing the feasibility and efficiency of health services. This program management for the elderly aims to provide comprehensive services for the elderly.

In terms of management, at the end of 2011 Law No. 24 of 2011 concerning the Social Security Administration (UU BPJS) to carry out the constitutional mandate of Law No. 40 of 2004. The implementation of the National Prolanis health insurance is under the authority of BPJS. The provision of all authority for administering health insurance to BPJS Law which states that BPJS is a legal entity established to administer social security programs. According to Law No. 13 of 1998 concerning the welfare of the elderly so that their life expectancy increases. Elderly is awarded health services. BPJS is tasked with administering the National Social Security System based on the principles of humanity, benefits and social justice for all Indonesian people including the elderly. All forms of National Social Security System administration are held nationally by BPJS. This is reinforced by Kementerian Kesehatan Republik Indonesia (2011) the BPJS Law which states that BPJS Kesehatan organizes health insurance programs for the Indonesian people.

In the implementation of insurance for the elderly, various substantive materials that are needed are not only set out in regulations but must integrate various patterns of elderly health insurance that have been running in the regions. The issue of healthcare benefit packages for the elderly is one of the main issues in the implementation of regional health insurance that must be considered in integrating the national social security system through the BPJS framework (Nasional, n.d.). The transformation of social security in the health sector for the elderly has been taken seriously from year to year. Health financing for the elderly will continue to be increased and allocated by the government. Local government programs for the elderly will continue to be developed as an appreciation for the elderly.

In the implementation of Prolanis, one of the primary health facilities that plays a role in running this program is the public health center (*puskesmas*). The role of the *puskesmas* as the spearhead of BPJS Kesehatan tiered services in carrying out Prolanis is very vital (Kementerian Kesehatan Republik Indonesia, 2015). *Puskesmas* plays an important role in reducing the incidence of non-communicable diseases (PTM), especially for type 2 diabetes mellitus and elderly hypertension (Rahajeng, 2012). The disease is considered capable of being handled in a primary health facility. In addition, the *puskesmas* also plays an important role in preventing disease complications by carrying out screening or early detection of PTM (Meiriana, Trisnantoro, & Padmawati,

2019). According to Samiati and Qomariyah (2019), not all *puskesmas* ' staff got training about Prolanis from BPJS Kesehatan. Beside<sup>11</sup> there is no general socialization about Prolanis for all the elderly in Klaten District. This study aims to obtain an overview of the implementation of BPJS Prolanis in the community which located in Yogyakarta in order to give the feedback for this program.

### RESEARCH METHODS

This research using qualitative method, with phenomenological approach. A phenomenological approach is carried out with the aim of understanding a social group situation, elderly motivation, interaction, policies and support for the elderly. In this case, an outline of the need for health insurance for the elderly can be obtained. This study seeks to find meaningful relationships accurately by exploring each object and the nature of several individual phenomena in the group. This article focuses on individual motivation in groups, using a quantitative approach using a questionnaire. This emphasizes to explore one of the individual cognitive abilities in the group and social support.

The research was conducted in the Special Region of Yogyakarta in Bantul District, which is in the elderly community in 2020. The data collected included primary data. Primary data were collected through a questionnaire, with a yes and no question to ease the elderly in answering the question. This activity was guided by cadres. There are 285 elderly that become sample for this research. Besides literature study and observation are carried out. Data collection by in-depth interviews, participatory observation, was carried out with the main policy actors from the central level (Head of BPJS), hospital managers, and the community who are directly related to the implementation of BPJS Prolanis in Bantul, Yogyakarta.

### RESULTS AND DISCUSSION

Characteristics of respondents as a sample of elderly research in Bantul Regency, Special Region of Yogyakarta, the characteristics include region, gender, age, education, marital status, income, occupation<sup>7</sup> and religion. According to Handayani (2012) and Sulistyorini (2010), there are several factors that influence the use of public health center for the elderly, including age, gender, education, occupation, knowledge, attitude of health workers, distance from home, family support.

In this study, sociodemographic characteristics<sup>2</sup> were used to determine the condition of the elderly as a sample in Bantul district. Table 1 shows the characteristics of the respondents.

**Table 1.** Distribution of sociodemographic characteristics of the respondents

Characteristic	Description	n	Percentage (%)
Area	Rural	129	45,3
	Urban	156	54,7
	Total	285	100,0
Gender	Male	132	46,3
	Female	153	53,7
	Total	285	100,0

Characteristic	Description	n	Percentage (%)
Age	46-55 years old	5	1,8
	56-65 years old	79	27,7
	>65 years old	201	70,5
	Total	285	100,0
Income	Retired	23	8,1
	Entrepreneur	32	11,2
	Family Support	147	51,6
	Other	83	29,1
	Total	285	100,0

Sources: Primary Data 2020

More than 50% of the respondents are live in urban area and female as the gender. The age of the respondents mostly are more than 65 years old. Most of the respondents obtained income from the family support.

**Table 2.** Distribution of the Number of Elderly Community, Diagnosis Status of Chronic Diseases, Use of “BPJS Prolanis” 2020

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	111	38,9	38,9	38,9
	No	174	61,1	61,1	100,0
	Total	285	100,0	100,0	

Sources: Primary Data 2020

The data above was taken with 285 elderly respondents, elderly who have chronic disease as much as 38.9% or 111 respondents. While elderly who do not have chronic disease, there are 174 respondents or 61.1%. The role of the government is needed to be able to provide program information for the elderly so that the elderly can make good use of the program for their health.

In terms of age and physical condition, elderly people really need special attention, especially their health. Hence, family support is needed to maintain their health. One of the supports the family can have is giving the elderly an insurance. Table 2 shows the distribution of rural and urban elderly in having health insurance in 2020.

**Table 3.** Distribution of Rural and Urban Elderly Participants in individual insurance in 2020

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	221	77,5	77,5	77,5
	No	64	22,5	22,5	100,0
	Total	285	100,0	100,0	

Sources: Primary Data 2020

As shown in Table 3 there were 221 elderly people who took insurance and 64 people did not participate in insurance at all. There are great benefits when applied in the existing elderly community especially the programs provided. The qualitative results show that there are various obstacles in providing understanding to the community about the Prolanis BPJS Program, so that the implementation of the program will be more beneficial if applied to individuals in the community because in the community there are cadres who are able to provide information needed by the elderly, limited health human resources and lack of information. will also hinder the uptake of information for participants.

The needs of the elderly due to their age and physical condition need special attention, the BPJS Prolanis program is very much needed by the elderly, the constraints faced by the limited number of personnel who deal with elderly health problems specifically, such as doctors, nurses and others, are in line with Radina & Damayanti (2013) states that the incomplete availability of human resources (HR) will affect HR performance in the program process (Radina & Damayanti, 2013; Saputra, Marlinae, Rahman, & Rosadi, 2015). Currently, there are still found *puskesmas* that are difficult to access by the community because they are far from residential areas. Another problem is that the number of medical and non-medical personnel at the *puskesmas* is limited, the lack of professionals willing to be placed in remote areas, health facilities and infrastructure, economic status, even in some health centers the availability of electricity and clean water is still a problem (Jiang et al., 2018; Kumar & Shafee, 2014)

This limited workforce is one of the factors that the Prolanis program in remote areas has not benefited maximally by the elderly (Abdullah, Sjattar, & Kadir, 2017). The lack of programs for the elderly and the lack of information on BPJS Prolanis in remote areas has resulted in the lack of benefit packages received. Elderly people in border areas and small islands when compared to other areas or cities in terms of implementing a concept of health insurance are still deemed lacking (Karim, Moenta, & Riza, 2018). In the case of the benefit package provided by BPJS Prolanis, it is still not applicable to remote areas. This is due to the limited number of health workers, making it difficult to implement. Many elderly people do not understand the existence of health services for the elderly. Some examples of problems that occur in the implementation of elderly health insurance in remote areas, borders and farthest islands, for example, in Maluku Province (Dinkes Maluku, 2014).

Efforts are also made to improve health services according to standards in Maluku Province by adding basic specialists and other human resources to referral health service facilities. The increase in the number of general practitioners, dentists, midwives and other health workers must be increased in number. Several health centers. From several studies on public health center facilities and infrastructure, there is a need for improvements in facilities and infrastructure for the elderly, for the district of Sleman there are already standard facilities and infrastructure for the public health center (Ruliyandari, 2018).

Health services for the elderly using BPJS Prolanis are expected to be integrated and directed towards universal coverage for the elderly, where all elderly individuals have access to comprehensive health services at affordable costs and maximum services (Chuma & Okungu, 2011). The design of this system also includes not only the elderly health system, the management system should be designed so that all elderly people have easy access to special health services. This is not in accordance with Permenkes RI No. 43 of 2016 that health services for people with diabetes mellitus and hypertension are provided according to their authority consisting of at least doctors/DLP, nurses, midwives, pharmacists, nutritionists.

From the above, the government gives appreciation to the elderly through the BPJS Prolanis Program, this program is designed to increase the life expectancy of the elderly, the BPJS elderly program is part of Universal health coverage which ensures that health service benefits are distributed based on the need for services not based on the ability to pay (Chuma, Maina, & Ataguba, 2012).

The achievement of BPJS Prolanis has been constrained by several things inside and outside the health sector. From an economic perspective, there are always limited resources. The government is obliged to guarantee all health service providers, especially services for the elderly and vulnerable. Vulnerability in the health of the elderly is described as substantial inability, inability to protect oneself from potential harm and vulnerability to harm resulting from the interaction of risk factors and the availability of resources and support from individuals and groups (Allotey, Verghis, Alvarez-Castillo, & Reidpath, 2012).

Vulnerability and elderly services are discussed in various studies that the government gives attention through the BPJS Prolanis Program, this program is expected to be able to provide benefits for the elderly, by using elderly patient satisfaction indicators as a benchmark for developing health management to improve services for the elderly. Reform and improvement of elderly health services at various levels requires feedback from external clients through the satisfaction of the health services they receive. Based on a study on the level of patient satisfaction with health insurance in Turkey and the factors that affect consumers using insurance, it shows that most respondents are satisfied with health insurance. High patient satisfaction is associated with increased access to health services and continuity of care (Jadoo, Puteh, Ahmed, & Jawdat, 2012).

Based on a study of Thailand's experience that has achieved universal health coverage since 2002 through the implementation of a universal coverage scheme for 47 million people out of a total of 65 million people, there is a higher utilization and better financial risk protection for universal health coverage participants who come from the population poor people. BPJS Prolanis is part of a new program launched by Indonesia which is expected to be part of universal health coverage that appreciates the needs of the elderly as an individual program. This BPJS Prolanis is a package of benefits for elderly people with chronic diseases, primary health services, and no co-payment for the services provided (Limwattananon, Tangcharoensathien, Tisayaticom, Boonyapaisarncharoen, & Prakongsai, 2012).

## CONCLUSION

The role of BPJS Prolanis in society is very much needed seeing the elderly population increasing from year to year. The motivation of BPJS Prolanis participants in rural and urban areas is not different, but it can be seen that the motivation of the participants is higher if this BPJS Prolanis is implemented in the community, participants will feel highly motivated because he has many friends who join the program.

Policy actors at the central level must be able to equalize the perceptions and understanding of policy actors under them in understanding the policy steps to be taken for the elderly. The concept of integrated policy formulation must provide room for greater flexibility and be able to explore the needs of the elderly in health services. The integration of data collection on elderly in a coordinated manner will provide accurate data so that all elderly residents can become BPJS Prolanis participants. It is hoped that elderly people as program beneficiaries and premium payers will receive maximum program benefits. Besides, this study also proposed suggestions for BPJS Prolanis, such as giving a continues education for the elderly through public health center. Moreover, BPJS can giving the public health center staff training so that the public health center can



hold a promotive and preventive activities for the elderly to increase the awareness of the elderly on having the BPJS Prolanis.

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