

Collaborative Governance BPJS Health In Improving the Performance of First-Level Health Facility Services Inpatient Clinic Bunda Aulia

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ABSTRACT

This study investigates how collaborative governance can enhance the performance of first-level health facilities, focusing on the inpatient clinic Bunda Aulia and its relationship with Indonesia's national health insurance program, BPJS Kesehatan. Collaborative governance involves multiple stakeholders, including government agencies, healthcare providers, and community representatives, working together towards common goals. The research uses a qualitative methodology with a literature review to assess how collaborative governance improves the quality and accessibility of healthcare at the clinic. These findings contribute to understanding how collaborative governance can strengthen healthcare systems in emerging markets, especially in achieving universal health coverage goals.

1. INTRODUCTION

Health is one of the basic needs of the state as a form of realization of the fulfillment of rights for every community that has been protected by the Constitution. In Indonesia itself, health insurance services have also been regulated in Law No. 23 of 1992 which was later replaced by Law No. 36 of 2009 concerning health. The law emphasizes that everyone has the same rights in gaining access to resources in the health sector and obtaining safe, quality, and affordable health services.

The problem that is often encountered in the community is the difficulty of accessing health services, especially for the poor. The poor tend to have low health status. The main causes of the low health status of the poor, apart from food insufficiency, are limited access to basic health services, low quality of basic health services, lack of understanding of healthy living behavior, and lack of health services [1]. Other factors such as financial capacity, availability of health equipment, adequacy of medical and paramedical personnel, information about health conditions, and business networks in the

health sector have a significant influence on health service disparities. However, the poor's low accessibility to health facilities is one of the determinants of health service disparities [2]. This indicates that the poor do not have easy access to adequate health services and there are often delays in providing health services.

Ease of service is important and a top priority for organizers to meet the basic needs of the community. Health facility services are very useful and help people get health services. So that the services provided to patients must be of quality according to the specified service standards, fair and equitable health services are one way to fulfill the health rights of each individual [3]. (BPJS) The national health insurance program (JKN) is a government program that aims to provide comprehensive health insurance for every Indonesian so that the Indonesian people can live healthy, productive and prosperous lives. one of the health services that collaborates with BPJS health is the puskesmas, which is the first level health facility [2].

The government's efforts to provide community healthcare cannot be separated from the role of primary healthcare services. In Indonesia, primary healthcare is the backbone of medical care for the first degree [4]. First level health facility services are the spearhead of community services as they help the community very effectively with first aid after the health system [5].

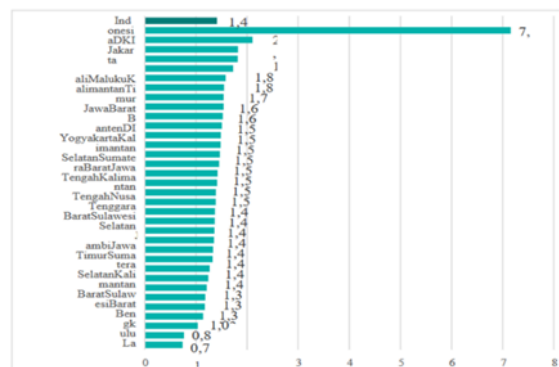


Figure 1. Graph of the ratio of the number of first-level health facilities
 Source: Pusat Data dan Informasi, Kemenkes RI (2021); Kementerian Dalam Negeri (2020)

Figure 1. Explains the number of first health facility services spread throughout the province which are expected to provide easy access for the community to obtain health insurance from the state. that First-level health facilities should be the cheapest and most important health service for the community, but the reality is that many people prefer to see doctors and other health workers [6] Marlina & Putri (2021). BPJS must facilitate widespread cooperation in health insurance with regulations and the performance of first-level health facilities (FKTP) is increasing, optimal service, one of which is the obligation of FKTP to pass accreditation, FKTP accreditation is recognition of FKTP given by an independent accreditation organizer established by the Minister of Health after it is assessed that FKTP has met the service standards set by the Minister of Health to improve the quality of puskesmas services on an ongoing basis [7].

2. LITERATURE REVIEW

In this section, we will review a study based on the triple helix theory that examines improving health clinic performance using collaborative governance. Furthermore, this study investigates collaborative governance in relation to the strategy of primary healthcare as a BPJS Health provider for the community. One of the most widely accepted theories of collaborative governance is the triple helix [8].

2.1 BPJS Kesehatan (Indonesian National Health Insurance)

The BPJS is an official body created to manage social security programs, which are designed to provide social protection and ensure that everyone can meet their fundamental needs for a decent and healthy life. BPJS Kesehatan, as a public legal entity accountable to the president, is tasked with overseeing a health insurance program for all Indonesian residents, including foreigners who have been employed in Indonesia for at least six months [9].

The government has established social security through the BPJS Health program, ensuring that the community, regardless of their economic status, can access basic health services [10]. According to Law No. 40/2004 on the National Social Security System (SJSN), all residents, including foreigners residing in Indonesia for more than six months, are required to participate in health insurance. The collaboration between BPJS Health and numerous health facilities has made it convenient for everyone to access its services, benefiting a larger portion of the population.

2.2 Wellbeing and performance of first-level health facility clinics

Healthcare is fundamental to every individual's well-being and is a fundamental right. Maintaining good health is essential for carrying out daily activities and achieving a prosperous life [9]. The implementation of BPJS Kesehatan has significant implications for welfare, as it assists communities in accessing healthcare services at a low cost, reducing the financial burden of seeking treatment at primary and advanced healthcare facilities [11]. BPJS contributes to improving workers' welfare and resources in first-level health facilities. Service activities offer mutual benefits, aligning with the constitutional mandate to ensure welfare for all Indonesians [12].

The presence of BPJS is expected to motivate first-level health facilities to enhance their services to the community, thereby improving their overall performance. This aligns with research by Bey and Dewi (2018), which suggests that BPJS, as a social security agency, aims to enhance the performance of both employees and first-level health facilities. Employee performance is determined by the quality and quantity of work they achieve in line with their responsibilities [13]. Improving performance is a common goal for both employers and employees, as employees seek self-development and advancement. Performance is a balance between the quantity and quality of work produced by employees [14].

2.3 Collaborative Governance of Triple Helix

Collaborative governance refers to a method of governance that involves interested parties outside the government or state entity. This approach focuses on achieving consensus and deliberation in a joint decision-making process, with the main objective of formulating and implementing public policies and public programs [8]. Collaboration itself is an activity that is essentially related to social network

management, which is a pattern of communication relationships between stakeholders. Thus, collaboration theory can be interpreted as an analysis of the governance process, with a focus on social network dynamics. Collaborative governance models emphasize the involvement of all stakeholders in dialogue, where each party represents itself to voice its interests [15].

Collaborative governance refers to a set of rules involving at least one public institution, which directly includes "non-state" stakeholders in official policy-making processes. This approach is characterized by an orientation towards consensus and deliberative processes, with the main objective of creating or implementing public policies and managing public programs or assets [8]. The Triple Helix model fosters collaboration among academia, industry, and government to drive entrepreneurship and innovation in a knowledge-based society [16]. This framework has been used to analyze collaborative innovation in healthcare, particularly between the government and primary healthcare services. The success of this collaborative approach depends on how well actors work together and the sustainability of their programs [17]. Managing stakeholders effectively and gaining their support are also crucial for success. Moreover, the Triple Helix model can be combined with other models, such as the Quadruple and Quintuple Helix models, to address ongoing collaboration challenges, including improving first-level health facility services for the community [3].

Framework Model

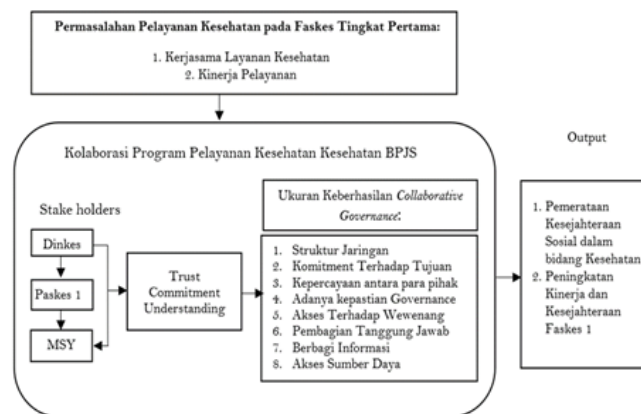


Figure 2. Framework Collaborative Governance Triple Helix Model
Source: Adopted of Ansell & Gash (2008)

Figure 2 illustrates a conceptual framework depicting the relationship between theory and identified research issues. The collaborative governance framework, employing the triple helix model, illustrates the collaboration between the BPJS health service program and first-level health facilities in serving the interests of stakeholders, including health offices, health facilities, and the community.

3. RESEARCH METHODS

This study employs a qualitative research methodology, which aims to elucidate and comprehend various aspects. Qualitative research involves exploration to uncover novel insights, with data primarily sourced from informants. Data analysis is typically cross-sectional or involves a form of crossing [18]. This study aims to depict phenomena by employing in-depth interviews with participants serving as primary

sources of research data. The research involves participants actively engaged in collaborative governance within BPJS health services.

This study collected data through interviews and Focus Group Discussions (FGDs). Interviews were conducted with informants selected based on the study's inclusion criteria. The data, comprising recordings, FGDs, and observations, were processed into research data. Descriptive qualitative data includes words, pictures, and accounts of events experienced during the research, aiming for accuracy in data collection. In the field, data collection will commence with observations conducted by the researcher to assess the performance of the health facility. This preliminary step facilitates the researcher in targeting specific observations aligned with the research objectives.

RELEVANCE STUDY

The author's research is based on previous studies to understand their outcomes and provide a basis for comparison and description in similar future research. One of the studies focuses on the impact of BPJS on the welfare and performance of first-level health facilities. The author also includes a comparison table of previous research to support their own study.

Table 1. The Relevance Studies

No	Title and Authors	Objective	Finding
1	<i>Implementasi Program BPJS Kesehatan Dalam Pelayanan Kesehatan Di Puskesmas Sangkrah Kota Surakarta</i> (Ayuningsih & Gita, 2023)	The purpose of this study was to describe the implementation of the BPJS health program in health services at the Sangkrah Health Center in Surakarta City. This type of research is qualitative research with a descriptive approach. Collection	The study found that the BPJS health program at the Sangkrah Health Center was well-implemented. While communication among program implementers was good, communication between implementers and the community was not optimal, mainly due to the public's lack of understanding of the BPJS program.
2	<i>Pelayanan Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan Di Jawa Barat.</i> Widiastuti (2017)	Improving the quality of public services at the Social Security Agency (BPJS) Health in West Java essential in order to increase the satisfaction of the public in obtaining health services safe, quality, system and an affordable price.	Ministry of health not meet the standards good public services, people's access to the benefits of the service is very limited, the public has not been able to get services in all health facilities.
3	<i>Pengaruh Pelayanan Fasilitas Kesehatan dan Administrasi Terhadap Tingkat Kepuasan Peserta BPJS Kesehatan.</i> Wijaya & Fajriana (2019)	This study aims to determine the effect of health facility services and administration services to the level of satisfaction BPJS Kesehatan's members in Palembang city.	The result of this research indicate that health facility services and administration services have positive and significant effect to the level of satisfaction BPJS Kesehatan's members either partially or simultaneously.

4	<i>Pengaruh Budaya Organisasi Dan Komitmen Organisasi Terhadap Kinerja Karyawan pada BPJS Ketenagakerjaan Kantor Cabang Jombang.</i> Bey & Dewi (2018)	This study aims to determine the effect of organizational culture and organizational commitment on employee performance at the Jombang Branch Employment BPJS.	The study's findings suggest that organizational culture positively impacts employee performance, and organizational commitment significantly improves employee performance at Employment BPJS.
5	Analisis Pengaruh Kualitas Pelayanan dan Besaran Premi Terhadap Tingkat Kolektibilitas dan Kepuasan Peserta sebagai Variabel Intervening pada BPJS Kesehatan Cabang Manado. Lasut et al., (2021)	This study seeks to examine the relationship between service quality, contribution levels, and collectibility rates among JKN-KIS participants in the Non-Recipient Wage Worker (PBPU) segment at the BPJS Kesehatan Manado Branch, with participant satisfaction as an intervening variable.	The study found that better service quality and higher participant satisfaction increase dues collectibility. However, higher premium amounts decrease dues collectibility. Additionally, improved service quality and higher premium amounts lead to greater participant satisfaction.

4. ANALYSIS AND DISCUSSION

Analysis

The research findings include interview results from respondents engaged in collaborative governance between BPJS Kesehatan and primary healthcare facilities. Each respondent's response is presented in a separate line within the excerpt, encompassing both short and long answers. The verbatim interviews are included in the subtopic of BPJS Health collaborative governance at first-level health facilities in Bekasi district, which consists of 3 sub-topics, namely: 1) Trust, 2) Commitment, and 3) Understanding.

4.1 Collaborative governance with sub-theme Trust

Question: *Is the governance of BPJS cooperation with health facilities in accordance with government programs, and how is service to the community?*

Response: *".....BPJS Kesehatan's approach is effective and beneficial as its products align with established programs and regulations. The organization offers a program that caters to participants through a wide network of accessible health facilities. Additionally, BPJS Kesehatan provides services that meet the needs of its participants, in compliance with regulations."*

BPJS Kesehatan's governance is governed by government regulations, particularly Regulation Number 71 of 2013 regarding Health Services in the National Health Insurance. The organization provides products and services that adhere to established programs and regulations, aligning with its vision of achieving quality and sustainable health insurance for all Indonesians. In practice, BPJS Kesehatan implements government programs such as equal health insurance distribution and offering benefits and economic opportunities for its cooperation partners (health facilities).

“...I believe that BPJS Kesehatan's cooperation governance is effective and constantly improving. The availability of health facilities and staff is crucial for quality health services. Participants assess the cooperation's governance based on these factors and on the ease and speed of the claims process. It would be ideal if the cost of health insurance premiums could be kept reasonable.”

Question: How transparent is BPJS in managing cooperation with health service providers?

Response: *“We consider openness and transparency in managing BPJS Kesehatan's cooperation with First-Level Health Facilities crucial and beneficial. These principles build trust among participants, leading to greater satisfaction and confidence in the cooperation's integrity and fairness. Transparency also helps facilities understand the rules, procedures, and policies, reducing misunderstandings and improving compliance.”*

Good transparency in the management of cooperation can strengthen the relationship between BPJS Kesehatan and Health Facilities, building a mutually beneficial partnership that has the potential to provide long-term benefits for both parties.

“During this collaboration, I have noticed that transparency about procedures, costs, and service quality is key to building trust among BPJS Kesehatan participants in our clinic. This trust can ultimately lead to a sustainable increase in patient visits.”

Transparency allows BPJS Kesehatan participants to easily find information about the health facilities they can visit, leading to more visits to the clinic.

4.2 Collaborative Governance with sub-theme Commitment

Question: *What is your opinion regarding BPJS's dedication to engaging the government (DHO), health facilities, and communities in the decision-making process regarding health program enhancements?*

Response: *“BPJS's dedication to engaging the government (DHO), health facilities, and the community in the decision-making process concerning health program improvements is evident in various steps and policies. For instance, BPJS Kesehatan enables local governments and health facilities to participate in decision-making related to health program enhancement, including policy formulation, program planning, and evaluation.”*

By involving the government, health facilities, and the community in decision-making about health program improvements, BPJS Kesehatan can ensure that policies and programs meet community needs. This approach supports the creation of a more inclusive, effective, and sustainable health system. BPJS Kesehatan can ensure transparency and accountability by providing clear information about the policy-making process, decisions made, and how input from the government, health facilities, and the community influences these decisions.

“..... By considering input from the government, health facilities, and the community, BPJS Kesehatan can ensure that health programs are more aligned with local needs and

circumstances. Engaging the community in decision-making helps to ensure that health policies and programs better meet their expectations and requirements. This approach can enhance community satisfaction and participation in health programs.”

“...by involving Health Facilities in decision making, BPJS Kesehatan can ensure that the policies and programs implemented support the improvement of access and quality of health services at the local level.”

Through the involvement of the government and Health Facilities, BPJS Kesehatan can leverage their knowledge and experience to design policies and programs that are more efficient and effective in achieving set health goals. Involving the government and health facilities in the decision-making process strengthens partnerships and collaboration between BPJS Kesehatan and other health stakeholders. This can improve coordination and synergy between various parties in the delivery of health services.

Question: *How would you evaluate the commitment of the Government, Health Facilities, and BPJS in ensuring the availability and accessibility of health services required by participants?*

Response: *“...Regarding the question, I think it's the government's duty to ensure that essential health infrastructure, such as hospitals, health centers, and clinics, are accessible to the community. Similarly, Health Facilities (hospitals, health centers, and clinics) need to provide the facilities and resources required to deliver quality health services.”*

The commitment of the Government, Health Facilities, and BPJS to ensure the availability and accessibility of health services is shown through joint efforts. These include providing enough health infrastructure, expanding the network of health facilities, efficient referral programs, emergency services, monitoring service quality, and community health education. The Government, BPJS, and Health Facilities work together to educate the community about disease prevention, healthy lifestyles, and the benefits of using health services. Regular monitoring and evaluation of service quality are conducted by BPJS and the Government, ensuring that Health Facilities comply with health service standards and improve quality as needed.

4.3 Collaborative Governance with sub-theme Understanding.

Question: *What are your thoughts on the agreement outlined by BPJS concerning the rights and responsibilities of participants in the healthcare program?*

Response: *“...in our view, BPJS Kesehatan explains the rights and duties of participants in the health service program in a contract or agreement document between BPJS Kesehatan and participants. This document covers various aspects that reflect the rights and duties of participants, as well as the benefits for Health Facilities. The community has the right to quality health services according to the standards applied, and BPJS Kesehatan participants have the right to receive clear and accurate information about the benefits, procedures, and costs of health services.”*

Based on this, it is believed that this agreement helps maintain a clear relationship between BPJS Kesehatan, participants, and Health Facilities, and confirms the rights, obligations, and benefits of each

party in the health service program. It can also help ensure transparency, accountability, and fairness in the delivery of health services provided by BPJS Kesehatan.

Question: *Has there been a fair agreement between BPJS, DHOs, and health facilities regarding the determination of participant contributions for health service programs?*

Response: *“...We believe a fair agreement should guarantee that all participants, even those in remote or vulnerable areas, can access quality health services. The assessment should determine how participants' contributions have supported the delivery of fair health services throughout the region.”*

By carefully evaluating these factors, we can assess the extent to which the agreements between BPJS, DHOs, and health facilities have achieved fairness in determining participants' contributions to the health service program. A fair agreement should balance resource availability with the accessibility of health services. This ensures that participant contributions are effectively used to enhance service accessibility and quality.

“...A fair agreement should take into account participants' ability to pay contributions without sacrificing their basic needs. The evaluation should assess participants' compliance with their contribution obligations and their satisfaction with the health services provided, leading to a positive relationship between health facilities and patients.”

Health facilities should support agreements on participant contributions. They must ensure that the rates set by BPJS or the local government are enough to cover their costs and offer quality services. Patients expect fair treatment, receiving healthcare benefits in line with their contributions

DISCUSSION

4.4 Implementation of trusts to increase income and welfare of health facilities

In implementing trust, BPJS Kesehatan cannot change its products due to government regulations. However, it can expand benefits to enhance participant trust and satisfaction. Trust in the system is crucial for participants of Indonesia's National Health Insurance, as it boosts confidence and encourages them to use the services. Providing reliable and quality health services can effectively build trust among participants [19]

The implementation of trust in healthcare facilities has been found to significantly boost revenue and enhance well-being. Building trust between healthcare providers and patients can raise patient satisfaction and loyalty, increasing service use and referrals. Trust can also improve financial outcomes by boosting patient retention and reducing turnover rates. Additionally, trust can lead to patients being more willing to pay higher prices for services or treatments, ultimately increasing revenue for healthcare facilities. Overall, implementing trust in healthcare facilities offers various benefits, including increased revenue and enhanced well-being for both facilities and patients [20]. In summary, implementing trust in healthcare facilities is crucial for boosting revenue and enhancing welfare. It has been proven to offer significant benefits for both facilities and patients.

4.5 Implementation of BPJS Kesehatan's cooperation governance commitment to improve clinic performance and welfare.

The implementation of the governance commitment in the collaboration with BPJS Kesehatan directly impacts the improvement of clinic performance and well-being [21]. By adhering to the governance commitment in collaboration with BPJS Kesehatan, clinics can enhance their efficiency and effectiveness in delivering healthcare services. Additionally, this commitment ensures that clinics meet the standards and guidelines set by BPJS Kesehatan, thereby enhancing the quality of services for patients. Furthermore, clinics prioritizing the governance commitment in collaboration with BPJS Kesehatan are more likely to receive adequate funding and resources from BPJS Kesehatan, which can contribute to the growth and sustainability of the clinic. Clinic staff members also tend to experience increased job satisfaction and well-being due to better working conditions and resources provided as a result of implementing this commitment [22].

This will ultimately have a positive impact on the overall performance of the clinic and the well-being of patients and healthcare providers. By prioritizing the governance commitment in collaboration with BPJS Kesehatan, clinics can achieve improved clinic performance and well-being. Furthermore, the implementation of the governance commitment in collaboration with BPJS Kesehatan can also enhance trust and confidence from the community, as they see the clinic's commitment to providing high-quality and easily accessible healthcare services [23].

4.6 Implementation of BPJS Kesehatan's cooperation governance Understanding to improve clinic performance and welfare.

The collaboration between BPJS Kesehatan and clinics plays a crucial role in ensuring the effective implementation of healthcare services and improving the overall performance and well-being of clinics [21]. By understanding and implementing the principles of this collaborative governance, clinics can enhance their ability to provide quality services to patients, optimize resource allocation, streamline administrative processes, strengthen financial management, and create a conducive working environment for healthcare professionals. Moreover, this collaboration can increase patient satisfaction and trust in the healthcare system, improve access to healthcare services for individuals covered by BPJS Kesehatan, and ultimately contribute to the goal of achieving universal healthcare coverage [24].

The implementation of collaborative governance Understanding of BPJS Kesehatan is crucial to optimizing clinic performance and improving well-being. This governance encourages accountability, transparency, and effective communication between BPJS Kesehatan and clinics, promoting a collaborative approach that prioritizes the needs and well-being of patients and healthcare professionals [25].

5. CONCLUSION AND SUGGESTION

Research shows that before the BPJS collaborated with healthcare facilities, there were few non-BPJS patients and visits were infrequent. But after the collaboration, patient visits increased, suggesting

public trust in Bunda Aulia inpatient clinic for healthcare. Trust in healthcare facilities is crucial for boosting revenue and well-being, benefiting both the facility and its patients.

Implementing commitments to regulate cooperation with BPJS Kesehatan greatly benefits clinics. It ensures efficient healthcare services and a supportive environment for providers to grow. Prioritizing these commitments strengthens clinic relationships with patients and the community, promoting a healthier, more sustainable healthcare system. This leads to increased profits from more patient visits and improves the well-being of clinic employees, medical staff, and owners

IMPLICATION

Collaborative governance encourages clinics to focus on improving the quality of health services. By collaborating with BPJS Kesehatan, clinics can access the resources, training, and guidance needed to enhance service standards. Collaboration between BPJS Kesehatan and clinics helps in more efficient allocation of available resources. This includes better financial management, inventory arrangements, and other operational efficiency improvements. Increased Accessibility and Affordability. By leveraging a collaborative framework, clinics can ensure broader access for patients, especially those from lower to middle economic groups. This helps improve the overall welfare of the community. Therefore, the implementation of collaborative governance between BPJS Kesehatan and clinics brings broad managerial implications in improving the performance of inpatient first-level health facilities in clinics. This has a positive impact on patients, clinics, and the community as a whole.

SUGGESTION

The scope of this research focuses only on the discussion of the implementation of Collaborative Governance BPJS Kesehatan with the Triple Helix Model through the three dimensions proposed by Ansell & Gash, 2008, namely Trust, Commitment, and Understanding in one company, namely BPJS Kesehatan and first-level health facilities (Bunda Aulia Inpatient Clinic) as the research location. Based on the conclusions and recommendations to the management from the results of this study, the following suggestions can be given for further research. Researchers can expand the scope of research informants from several branch offices of BPJS Kesehatan, especially Branch Offices that are not potential in the participant acquisition process, collaboration with health facilities, or located in small towns. Researchers can use other analysis components of the Helix Model, such as the Quadruple Helix and Quintuple Helix, to deepen the discussion of the implementation of Collaborative Governance in BPJS Kesehatan and its effects on company performance, health service distribution, and the welfare of health facilities and BPJS Kesehatan participants.

LIMITATION

This research has several limitations, such as time and logistical constraints in data collection. Respondents come from various organizations scattered in distant locations. Therefore, this study only uses interviews as a data collection method. To ensure accuracy, confirmation was conducted with other respondents and references from literature sources as well as respondents' work reports. However, this research lacks information regarding BPJS Kesehatan participants due to limitations in knowledge and time to obtain objective experiences related to health services at first-level facilities.

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