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HEALTH SERVICES OF PATIENT WITH HEALTH INSURANCE AND GENERAL PATIENT IN GENERAL HOSPITALS BULELENG, BALI

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ABSTRACT

Purpose: The purpose of this study was to analyze the dominant factors or dominant indicators carried out in patients with BPJS health insurance. **Method:** This study used an analytical research method with aapproach cross sectional. The technique of using the sample uses non probability sampling with an accidental sampling technique of 45 respondents. The data used in this study consists of primary data taken directly from the questionnaire. Then the data found were analyzed using chi square and then with logistic regression. **Results:** The most dominant indicator perceived by respondents was the timeliness found results that AOR: 28.1 95% CI 1.4-54.8 and ease with AOR 8.6 95% CI 1.2-58.4. **Conclusion:** The most dominant health service indicators carried out in patients with health insurance more feel the services provided are easy and timely.

KEYWORD: Quality of service, Health Insurance, BPJS.

INTRODUCTION

Health problems in Indonesia are currently experiencing a double burden problem that is difficult to overcome. One side of the problem of infectious diseases continues to increase, but it cannot be denied that the problem of infectious diseases continues to expand, coupled with the problem of non-communicable diseases that has become phenomenal nowadays. One thing that can be done in addition to promotive efforts is in the form of preventive efforts by requiring good health services. This is what requires service providers to increasingly improve the quality of health services the better and can improve the quality of life of consumers or recipients of service services (Anderson and Joana, 2009).

At present the Indonesian Government's target is to achieve *Universal Health Coverage* for all Indonesians in January 2019. The BPJS also targets the number of participants to continue to grow from 156.7 million (2015), 188.7 million (2016), 223 million (2017), 235.1 million (2018) and 257.5 million in 2019 (BPJS, 2016).

In accordance with the Republic of Indonesia Health Minister Regulation 2014 states that in order to improve public health status a National Health Insurance Program is organized by the National Guarantee Agency as an effort to provide health and protection in meeting basic health needs (Minister of Health, 2014). To meet all the needs of health services that are getting better, health care providers such as hospitals are increasingly improving service management in order to be able to provide quality health services.

The hospital is an institution engaged in health services undergoing changes, at the beginning of its development the Hospital was indeed a social institution and provided services in the health sector. Consumers or patients generally if they feel dissatisfied will file a complaint. Consumers generally expect good and satisfying services (Assauri, 2003). Sometimes the quality of services provided depends on the class or depends on the patient's health insurance.

Some studies have found that the quality of services provided to patients using BPJS health insurance is quite satisfactory, but some of the service indicators provided are still not good and not in accordance with the expectations of these patients (Widyatmoko, 2015). In addition, the quality of care found in BPJS patients in Pare-Pare shows that there is an influence of reliability, responsiveness and empathy for patients with BPJS health insurance (Abidin, 2016).

The quality of service to patients is one of the benchmarks for knowing patient satisfaction with the services provided to service providers. Quality of srvice starts from the timeliness of service, accuracy of service,

courtesy, ease and comfort of patients. So from that researchers want to know and analyze the quality of services provided to general patients or patients with health insurance in hospitals in Buleleng, Bali.

METHODS

This study is an analytical study with aapproach *cross sectional.* This research was conducted on all patients in the hospital who were being treated and received services or treatment. The population of this study was all patients treated at the Hospital in Buleleng. The sample selection was calculated using a sample of at least double proportions and then selected using non *probability sampling* with an accidental *sampling technique* of 45 respondents. The data used in this study consists of primary data taken directly from the questionnaire that has been tested for expert content analysis and analysis of validity and reliability. This research also has conducted *ethical clearance* to maintain the research code of ethics. Then the data found were analyzed using *chi square* and then with logistic regression and found service quality indicators that were most related to the patient type of BPJS and General users.

RESULTS

Based on the results of univariate analysis related to respondents found the following results:

Table 1: Frequency distribution of characteristics of respondents.

Variables	**f (%)**
Age (Mean ± SD)	43.6 ± 13.4
Length of treatment (Mean ± SD)	6, 5 ± 3.4
Classroom care	
Class 1	4 (8,9)
Class 2	17 (37,8)
Class 3	24 (53,3)
Sex	
Male	17 (37,8)
Female	28 (62,2)
Types of Disease	
Acute	23 (51,1)
Chronicle	22 (48,9)
Timeliness	
Exact	35 (77,8)
Not exactly	10 (22,2)
service accuracy	
Minimumwrong	33 (73,3)
Maximum wrong	12 (26,7)
Manners	
Friendly	29 (64.4)
Fairly friendly	16 (35,6)
Ease	
Easy	26 (57,8)
No	19 (42,2)
patient	
Comfortable	36 (80,0)
No	9 (20,0)
patient type	
BPJS	36 (80.0)
General	9 (20.0)

From table 1 it is found that the average age of patients is 43 years with an average length of stay of 6 days. Most of the respondents are female, which is 62.2%. Most respondents also experienced acute illness as much as 51.1%. Judging from the service quality indicators, most of the respondents were served on time as much as 77.8%. Most of the respondents were served with a minimum of errors through the proper standard operating procedures of 73.3%. In addition, most of the respondents were served with courtesy (64.4%). A total of 57.8% and 80.0% of respondents felt served very easily and comfortably. Most of the respondents were respondents who had national health insurance (BPJS) which was as much as 80%. Judging from the bivariate analysis usinganalysis *chi square* to determine the variables related bivariate and entered into the analysis.

Table 2: Bivariate Analysis of Service Quality Indicators with.

Variable	Type of PatientsType of Patient		p Value
	BPJS	General	
Gender			
Male	12 (70.6)	5 (29.4)	0.22
Female	24 (85.7)	4 (14.3)	
TypeDiseases			
Acute	21 (91.3)	2 (8.7)	0.053 *
Chronicles	15 (68.2)	7 (31.8)	
Timeliness			
Exact	33 (94.3)	2 (5.7)	<0,0001 *
No exactly	3 (30.0)	7 (70.0)	
Service accuracy			
Min	28 (84,8)	5 (15,2)	0.2
Max	8 (66,7)	4 (33,3)	
Courtesy			
Friendly	25 (86.2)	4 (13.8)	0.16 *
Enough	11 (68.8)	5 (31.2)	
Ease			
Easy	23 (88.5)	3 (11.5)	0.09 *
No	13 (68 , 4)	6 (31.6)	
Patient			
Comfortable	32 (88.9)	4 (11.1)	0.003 *
No	4 (44.4)	5 (55.6)	

* Variables analyzed multivariate

Based on bivariate analysis using *chi square*. It can be found that the health service variables related to the type of patients both BPJS and general are the timeliness, convenience and comfort of patients. But what can be included in the multivariate analysis seen from the p value is the type of disease, timeliness, courtesy, ease and comfort of the patient.

Multivariate analysis using logistic regression analysis found the following results.

Table 3: Multivariate analysis Service quality related to BPJS or general patient type.

Variable	AOR	p value	95% CI	
			Lower	Upper
Disease Type	17.1	0.1	0.57	51.3
Timeliness	28.1	0.036 *	1.4	54.8
Ease	8.6	0.016 *	1.2	58.4
Polite	5.8	0.21	0.36	93.8
Patient Comfort	3.4	0.11	0.47	23, 9

Based on the results of the imultivariate analysis it was found that the dominant service quality variable performed on patients using BPJS health insurance was timeliness and convenience. Timeliness found results that AOR: 28.1 95% CI 1.4-54.8 that means that as much as exactly the time of service as much as 28.1 more is given to patients with BPJS health insurance. Then easier services 8.6 times more are given to patients with BPJS.

DISCUSSION

Quality of a health service contains many different or meaningful definitions and meanings, but the perspective of a quality service is that the resulting aspects emphasize a process, environment and people. The results of the study found that the characteristics of patients ranging from age, length of stay, care class, gender, type of disease are characteristics that are determinants of the quality of services provided. This result is in line with the theory that found that some individual characteristics become determinants and indicators of the quality of health services and affect the level of patient satisfaction ranging from age, sex, length of care, source of costs, diagnosis of disease, occupation, opinion, education, ethnicity, place residence, care class, marital status and religion (Main, 2005).

The results of this study found that timeliness is one of the most dominant indicators performed on patients with BPJS health insurance. Timeliness is the consistency of waiting time with the completion time of the service. Some results have found that timeliness can still be tolerated and most patients also agree that having BPJS health insurance is more appropriate for health workers than those who do not have health insurance (Rahadi, 2010). But there are also some results which find that the timeliness is still very slow, for example, the research in Siak Regency, where most of the jobs as farmers still claim to be disappointed if all matters of health services cannot be resolved in a timely manner (Novrialdi, 2016).

The results of this study also found that convenience was also the most dominant indicator of health services found in patients with BPJS. Most respondents said that they were given the convenience of enjoying health facilities to improve the quality of health services. Health services often involve procedures or procedures that are complicated and difficult to implement. The results of this study are in line with the research carried out in Siak Regency that the administrative completeness required for patients with BPJS health insurance is very easy to implement, medical procedures are easier to administer (Novrialdi, 2016).

Implementation of medical services to a patient is very necessary starting from observation, diagnosis to management carried out on the respondent. Health insurance is one of the best choices that every person in Indonesia must have. Accuracy as a dimension of service quality relates to the obligations and fulfillment of promises, goals to be achieved, goals or objects that are the focus of attention, desires and interests to be gained (Ndraha, 2005). Accuracy in service means service which means that services provided to patients by health care providers are formed based on commitments and according to promises. Whereas indicators of convenience are obtained starting from proximity to services related to distribution problems. Easy service providers and requested fees in accordance with the rates and no additional costs is one form of service that must get more priority (Gafar, 2016).

CONCLUSION

The most dominant indicator perceived by respondents was the timeliness found results that AOR: 28.1 95% CI 1.4-54.8 and ease with AOR 8.6 95% CI 1.2-58.4.

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Suggestions

Need to improve health services that can be provided by health personnel both in terms of ease, courtesy, timeliness and other indicators. So that from this matter, it is also necessary to add medical and paramedic experts to improve the best services.

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