The Ministry of Health Republic of Indonesia

Social Security Reform Towards Healthcare Universal Coverage in Indonesia

Keynote speech:

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Indonesia Vice Ministry of Health

“29th Asean Social Security Association Board Meeting”

Nikko Hotel - Bali, 25th September 2012

Presenting by: Dr.Theresia Ronny Andayani, drg, MPH

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Presentation Outline

1. National Priority Agenda : Towards UHC
2. Preparation of Social Security Law implementation
   a) Roadmap of membership and Premium Estimation
   b) Roadmap benefit package, health services & subsidy Scheme
   c) Roadmap Regulation and Transformation Program & institution
3. Conclussion

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1. NATIONAL PRIORITY AGENDA : TOWARDS UHC

CONSTITUTION BACKGROUND

National Basic Law - UUD 1945

Article no 28 H article (1), (2), (3)

- (1) Every single person have right to life **"prosperity"** and have right to get health services
- (2) Every single person have right to have a similar chance and benefit in order to reach equality and fairness
- (3) Every single person have right of social security with the possibility to self development completely as a human being

Article no 34 article (1), (2)

- (1) the poor people should be look after by the Country
- (2) Country develop social security system for all population ... → UHC

Social Security Law & The Implementation

Universal Health Coverage

Law No 40 Year 2004: National Social Security System (SJSN):	Law No 17 Year 2010 : National Development Middle Plan (RPJMN)	Law No 24 Year 2011: Executing Agency of Secial Security (BPJS)
-5 Program → the 1st implementation is HEALTH - Execute based on humanity, benefit, & social fairness	Indonesia will achieve UHC in the 2014	To provide basic life need nesessarily for all member

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Indonesia MoH Vission & Focus Priority

8 NATIONAL FOCUS PRIORITY FOR HEALTH

1. Improving maternal health and fam planning
2. Comm nutrition improvement
3. CD and NCD control, environmental health
4. Fulfiling Health HR
5. Improving Availbility, affordability, safety, quality, food and farmacys
6. **Jamkesmas (health insurance for the poor)**
7. Community development, disaster and crisis management
8. Improving primary, secondary and tertiary health care

7 PRIORITY HEALTH REFORMATION

1. **HEALTH INSURANCE**
2. Health services in very remote area (DTPK)
3. Availability of farmacy, health equipment in every health facility
4. Birocration Reform
5. Bantuan Operasional Kesehatan (BOK)
6. Overcoming districts Health problem (PDBK)
7. Indonesia World class Hospital

Universal Coverage 2014

RPJMN 2010 – 2014 (National Middle Development Plan)

MDGS 2015

VISSION :
Healthy Community independent and justice

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HEALTH DEVELOPMENT PLAN, NATIONAL HEALTH SYSTEM AND SOCIAL SECURITY

NATIONAL PARADIGM

(PANCASILA, UUD 1945,WASANTARA, TANNAS,)

Law no 36/2009 Health, Law No 17/2007 RPJPN)

Develpment Based on Health

Current conditions

Community health status not optimally yet

Basic problem on health development:

- Law is needed to be sincronized
- Comm behaviour not optimal
- Environment issue
- Food & Nutrition need protection
- Access to public service not o[timal yet
- HRD need improvement

National Long-Term Plan Development & National Health System

Public Goods

Private Goods (SJSN)

Community Health Status

KUALITAS SDM INDONESIA

Healthy and Productive People

National Goals

STRATEGIC ENVIRONMENT:

(IdeologiY PolitiC, EConomiY, Soscal Culture and national security)

GLOBAL, REGIONAL, NATIONAL, LOCAL

Opportunity and Barrier

Sumber: Rancangan Perpres R.I ttg Sistem Kesehatan Nasional 2012 (12-4-2012) Modifikasi dari Presentasi Hapsoro

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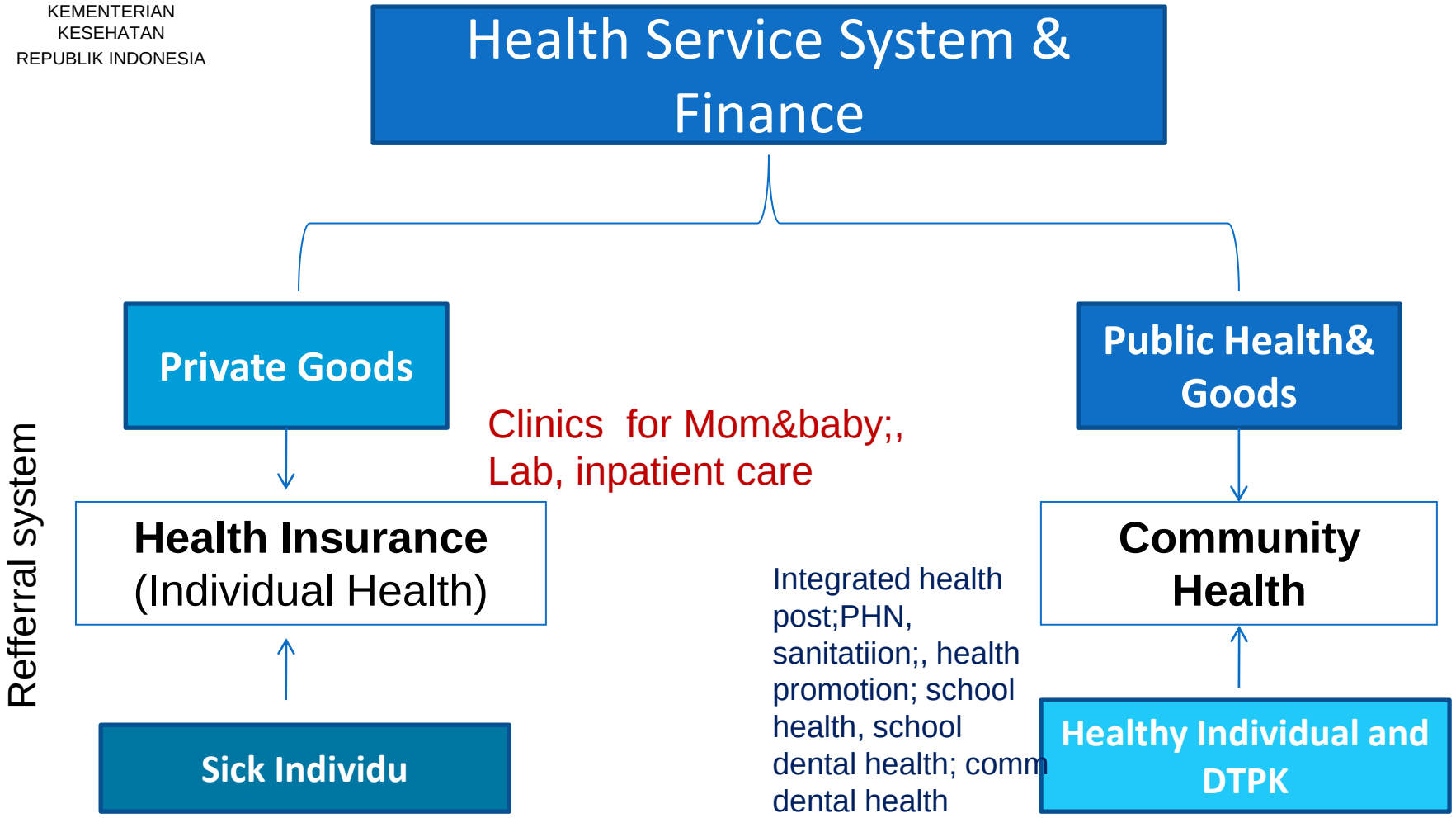

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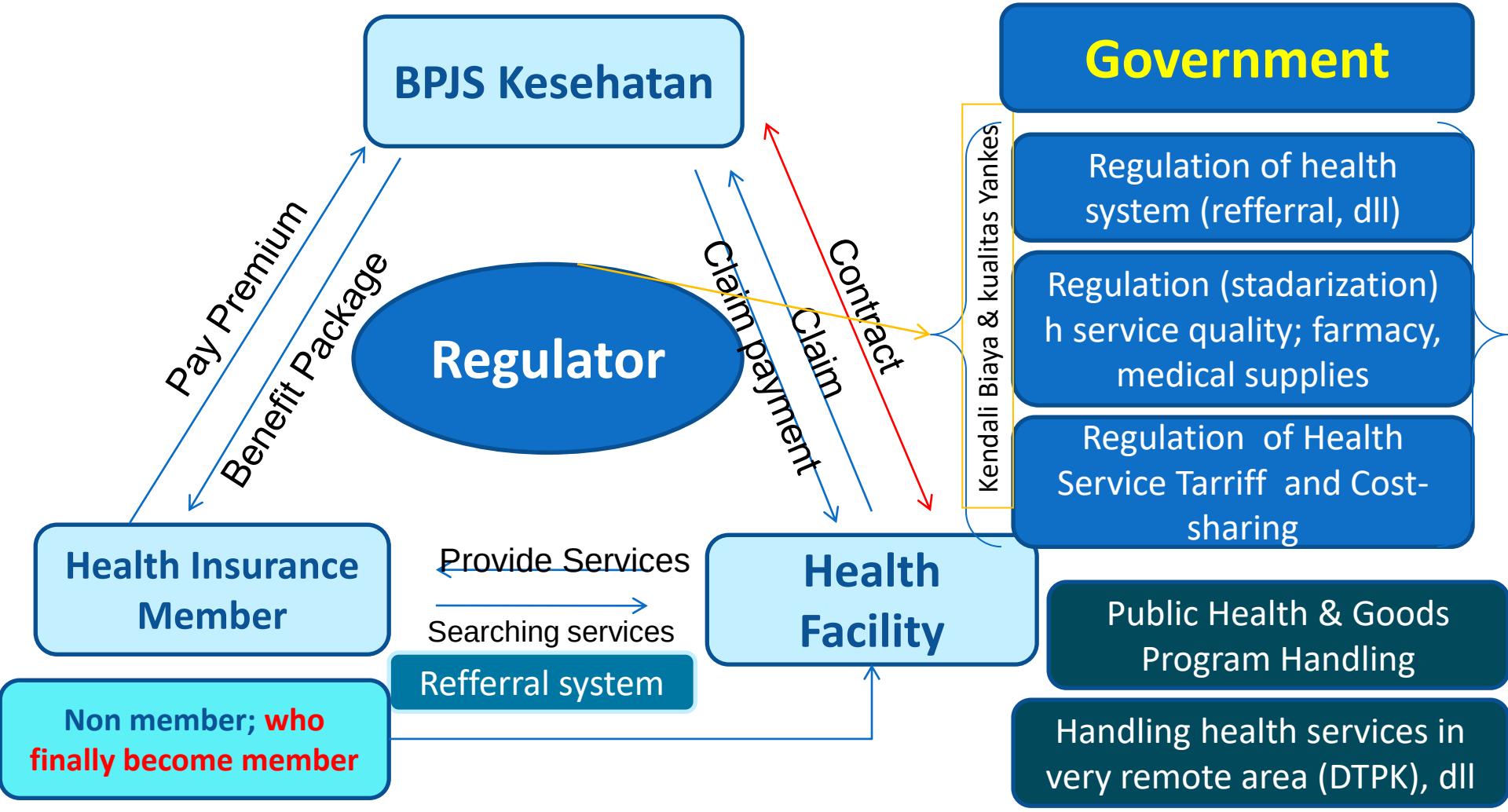
Implementation National Social Security System (SJSN) for Health Program



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2. PREPARATION OF SOCIAL SECURITY LAW IMPLEMENTATION

***ROADMAP*:**

a. MEMBERSHIP & PREMIUM,
b. HEALTH SERVICES, BENEFIT PACKAGE,
c. REGULATION, PROGRAM & INSTITUTION TRANSFORMATION

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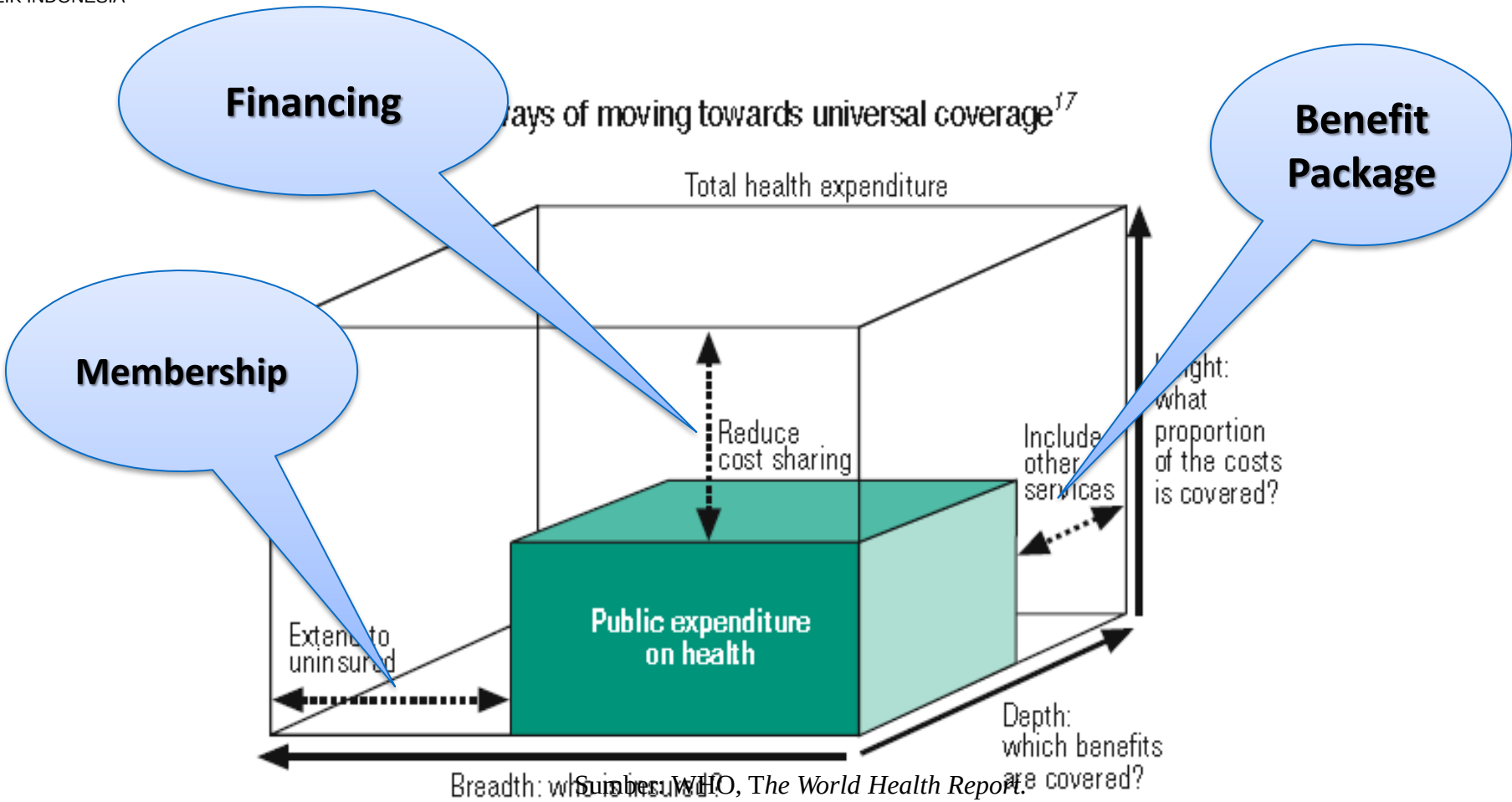
UHC as a Global Priority Agenda

The Universal Health Coverage Dimentions



Source: WHO, *The World Health Report. Health System Financing; the Path to Universal Coverage*, WHO, 2010, p.12

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2A. MEMBERSHIP ROADMAP AND PREMIUM ESTIMATION

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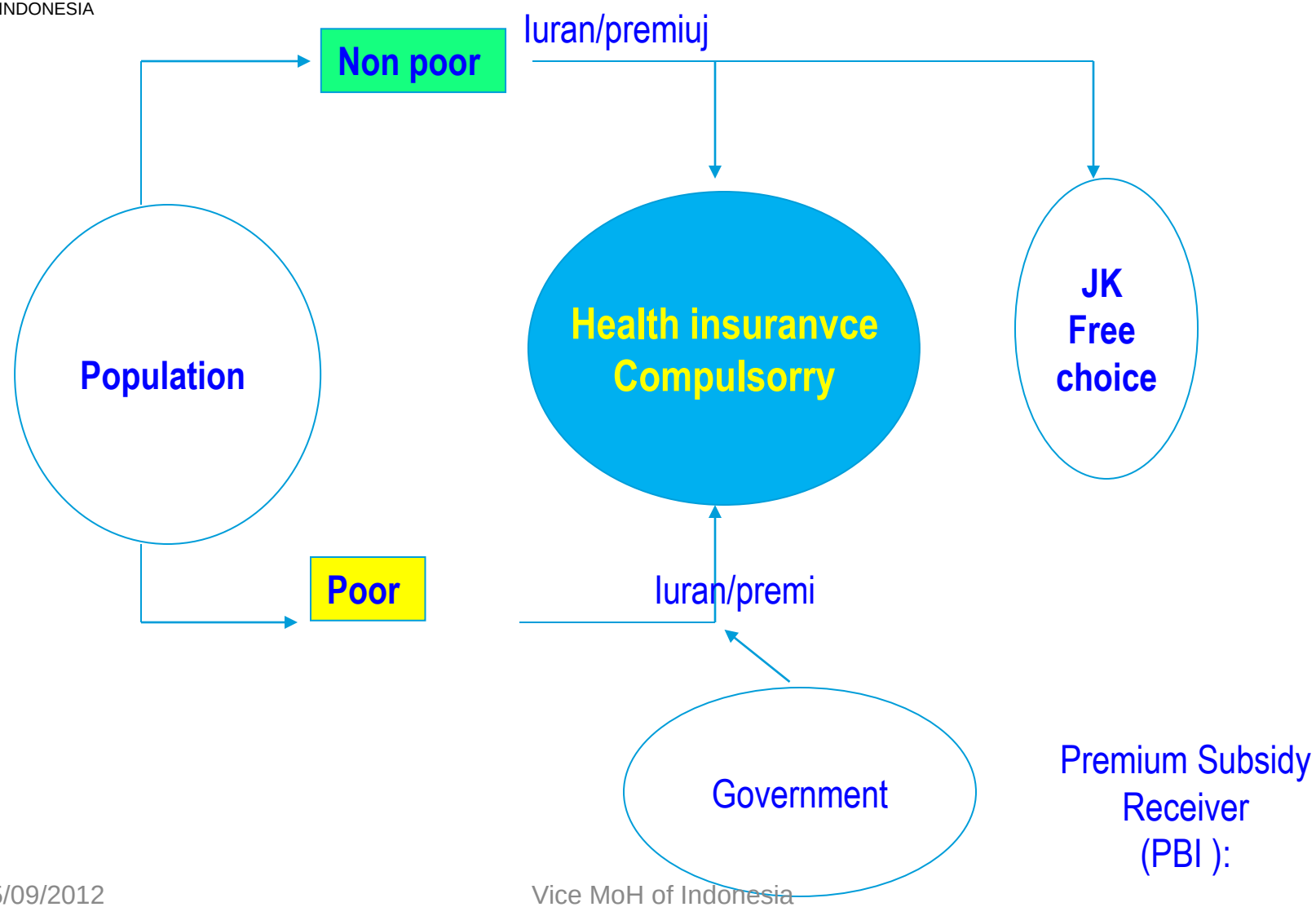
Membership of Social Health Insurance : Towards UHC



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Membership Roadmap towards *Universal Health Coverage*

96,4 million subsidy
2,5 subsidy for
people without ID

124,3 million member be managed by BPJS Health Program

Citizen has been cover with several scheme **148,2** million

50,07 million managed by non BPJS Kesehatan

90,4 million has not yet being member

73,8 million has not yet being member

Activities :
Transformation, Integration, extention

`Company (Perusahaan)	2014	2015	2016	2017	2018	2019
Big company	20%	50%	75%	100%		
Middle company	20%	50%	75%	100%		
Small co	10%	30%	50%	70%	100%	
Micro co.	10%	25%	40%	60%	80%	100%

257,5 million (all citizen) manage by BPJS Keesehatan

Membership Satisfaction level 85%

2012 → 2013 → 2014 → 2015 → 2016 → 2017 → 2018 → 2019

Transforming JPK Jamsostek, Jamkesmas, PJKMU to BPJS Kesehatan

Integration member of Jamkesda/PJKMU Askes comercial to BPJS Kesehatan

Perpres Dukungan Operasional Kesehatan bagi TNI Polri

Pengalihan Kepesertaan TNI/POLRI ke BPJS Kesehatan

Penyusunan Sisdur Kepesertaan dan Pengumpulan Iuran

Pemetaan Perusahaan dan sosialisasi

Membership Extention of big company, midle, smal and micro

	20%	50%	75%	100%		
B	20%	50%	75%	100%		
S	10%	30%	50%	70%	100%	100%
K						

Sinkronisasi Data Kepesertaan: JPK Jamsostek, Jamkesmas dan Askes PNS/Sosial -- NIK

Pengukuran kepuasan peserta berkala, tiap 6 bulan

Kajian perbaikan manfaat dan pelayanan peserta tiap tahun

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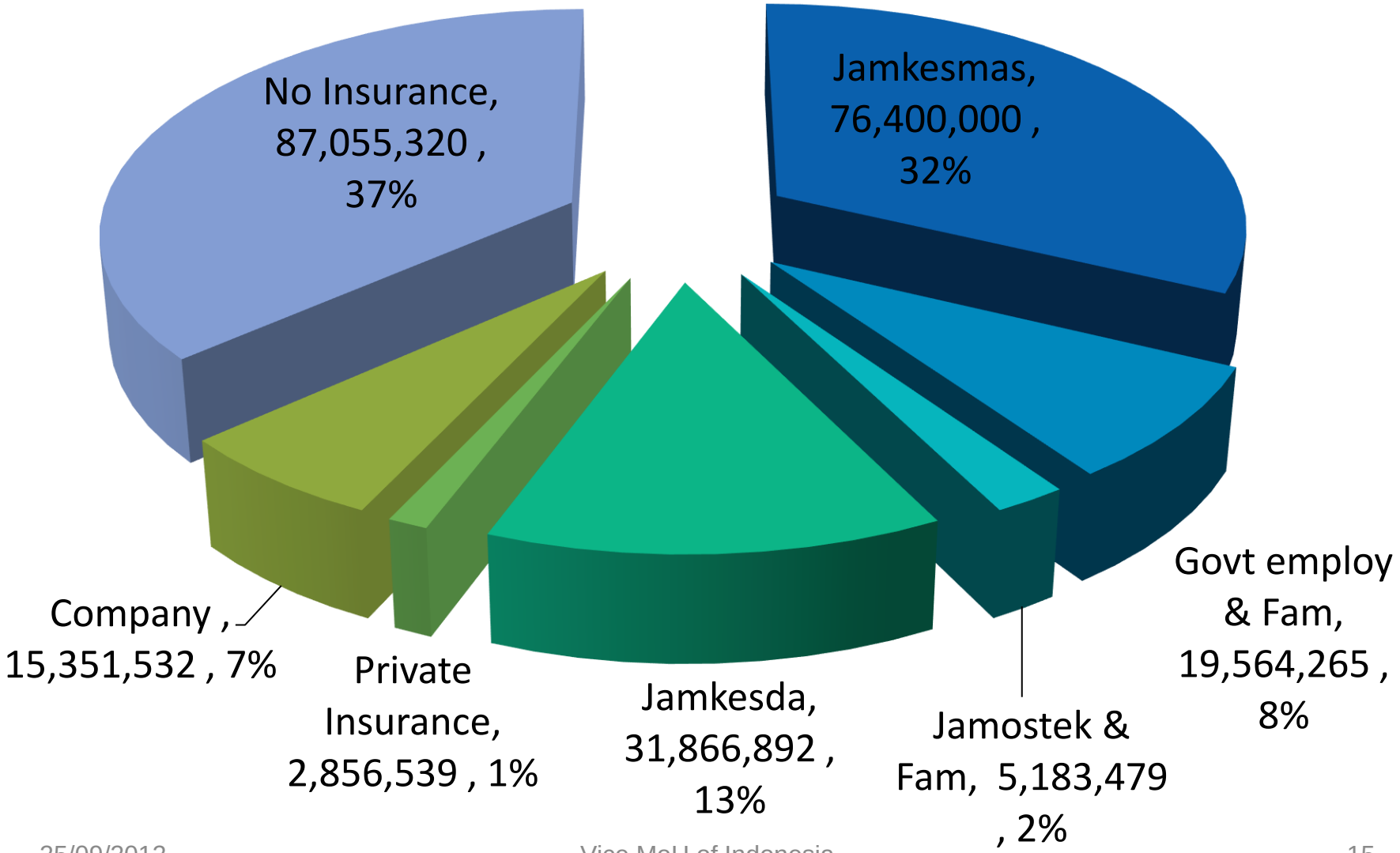
Health Insurance Coverage, 2011



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2014 Membership Prediction

BPJS Health Program, 2014	membership	%
Premium subsidy receiver w/ complete ID	96.400.000	39,34%
Premium subsidy receiver w/o ID	2.500.000	1,02%
Govt emply & Fam	19.363.208	7,90%
Jamsostek & Fam	6.075.200	2,48%
sub- Total	124.338.408	50,75%

Non BPJS Health Program		0,00%
Jamkesda	31.866.390	45,13%
Company provide insurance	15.351.532	21,74%
Private insurance	2.856.539	4,05%
Sub-Total	**50.074.461**	70,92%
Population with health insurance	174.412.869	121,66%
Population without health insurance	70.608.831	100,00%
Population	245.021.700	221,66%

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Membership (article 20, SJSN)

- Member: every single person who has been paid premium or paid by Governmant
- Familty member have right to receive benefit package of health services
- Every member can registered all other family member with additional premium

Premium
•**Will be differentiated b/w subsidy receiver and non subsidy**

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Premium Estimation

- The estimation has been proposed by multi stakeholders with different data sources and methodology
- The stakeholders who have been participate on premium estimation are:
  - TNP2K
  - World Bank
  - IDI (Indonesia Medical Association)
  - Ministry of Health

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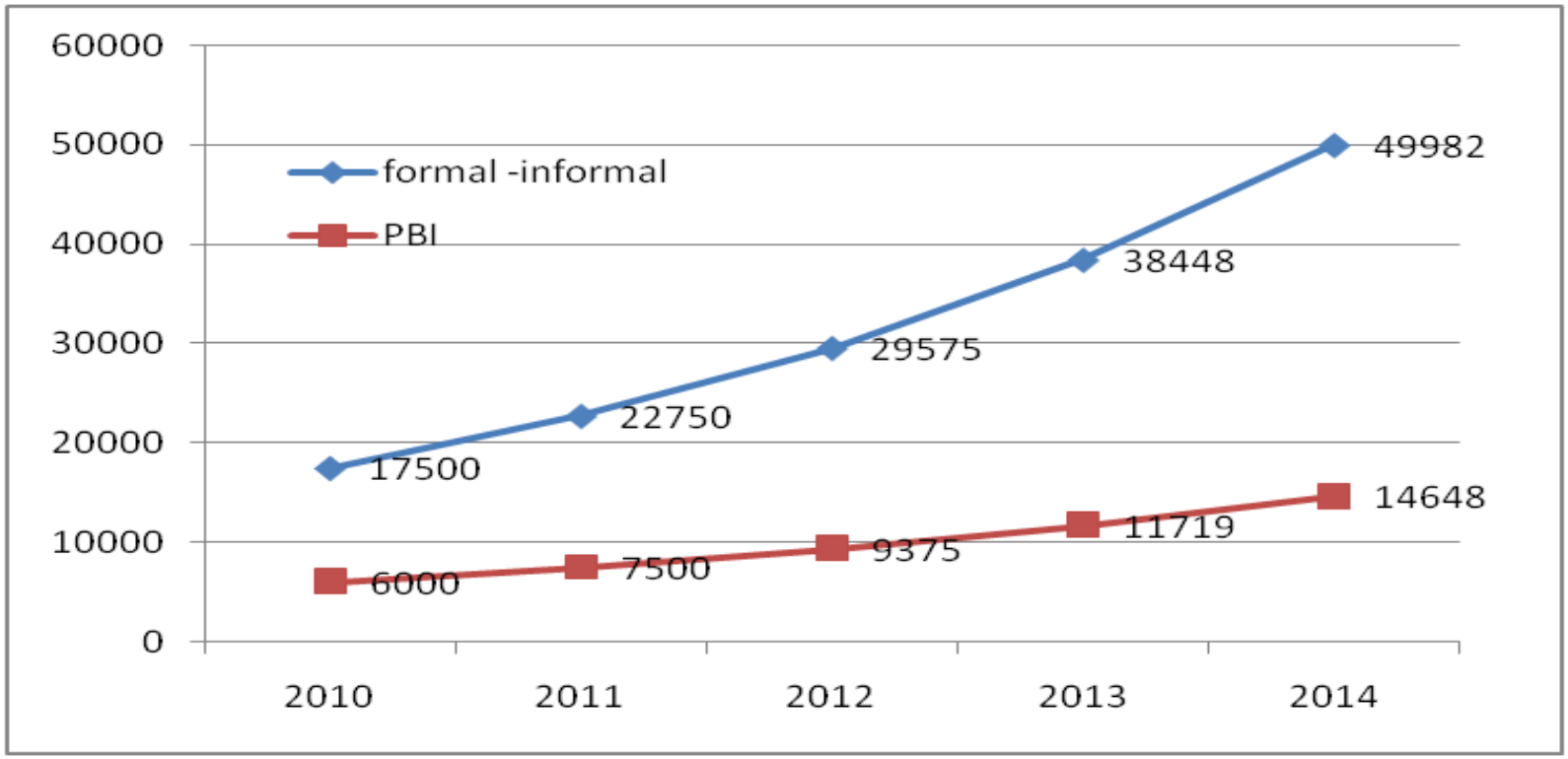
Premium Estimation: on going process (1)

Example 1: Estimation proposed by MoH; using Data Utilisation out-inpatient of Jamkesmas (health insurance for the poor, with 76,4 million membership)



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Premium Estimation: on going process (2)

- Example2: Estimation proposed by TNP2K
  - using Data Utilisation out-inpatient of Susenas, Askes, Jamsostek, Jamkesmas
  - Unit cost Data
  - Asumption : loading factor, increasing utilisation
  - Temporary result by 20.April.12 ; the premium month per person in 2014 ranging from Rp. 19.286; to Rp. 59.413

- Example 3: Estimation proposed by World Bank
  - using Data Utilisation out-inpatient of Askes
  - Factors to be taken into account : (benefit package, ability to provide services, demand for health service; availability of health facility incl doctors; service cost, population and ages composition, and supply side
  - Temporary result by 03.March.12 ; the premium month per person in 2015 ranging from Rp. 28.442 to Rp. 56.705

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Premium Agreement

- Has been agreed that the premium will be differentiated between PBI (subsidy for the poor) and Non PBI (non subsidy for non poor)
- Premium :
  - premium subsidy for poor people Rp. 22.201,- per person per month
  - Premium non subsidy, still on going discussion with proposal as follow:
    - Worker salary receiver: 5% of salary (3% employee, 2% employer)
    - Worker non salary receiver:
      - Rp. 40.000 pmpp (inpatient in 2nd class)
      - Rp. 50.000 pmpp (inpatient in 1st class)

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2B. ROADMAP BENEFIT PACKAGE, HEALTH SERVICES & SUBSIDY SCHEME

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Benefit Package

Medical Benefit Package

Based on Medical Need :

1. Health Service covered
2. Health Service **limited**
3. H Service with cost-sharing
4. Health Service NOT covered

NON Medical Benefit Package

- **At least similar to current benefit**

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Benefit package and Premium

Manfaat bervariasi belum sesuai kebutuhan medis

- Manfaat standar -Komprehensif sesuai keb medis -- Berbeda non medis

KEGIATAN-KEGIATAN

Manfaat sama untuk semua penduduk

Iuran bervariasi

Iuran : Masih berbeda PBI dan Non PBI

Nilai Iuran Relatif sama untuk semua penduduk

2012 → 2013 → 2014 → 2015 → 2016 → 2017 → 2018 → 2019

Konsensus paket manfaat

Penetapan paket manfaat dlm Perpes JK, termasuk koordinasi manfaat

Penyesuaian Perpres Jamkes

Penyesuaian Perpres Jamkes

Kajian berkala tahunan tentang upah , iuran, efektifitas manfaat , dan pembayaran antar wilayah

Telaah utilisasi kontinyu untuk menjamin efisiensi, menurunkan moral hazard, dan kepuasan peserta dan tenaga/fasilitas kesehatan

Disepakati: Iuran PBI : Rp 19. 286 – Rp. 22.201 (DJSN usul Rp 27.000)
Non PBI: 5% upah 3% - 2%; 1% tambahan

Pokja Sepakat: Rp. 22.201

Health Service Aspect

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- Distribusi belum merata
- Kualitas bervariasi
- Sistem rujukan belum optimal
- Sistem Pembayaran belum optimal

-Perluasan dan Pengembangan faskes dan nakes secara komprehensif
-Evaluasi dan penetapan pembayaran

KEGIATAN-KEGIATAN:

- Jumlah mencukupi
- Distribusi merata
- Sistem rujukan berfungsi optimal
- Pembayaran dengan cara prospektif dan harga keekonomian untuk semua penduduk

2012 → 2013 → 2014 → 2015 → 2016 → 2017 → 2018 → 2019

Rencana Aksi Pengembangan Faskes, Nakes, Sistem Rujukan dan Infrastruktur

Implementasi roadmap: facilty development, HR, referral system, and other infrastructure.

Kajian berkala tahunan elijibilitas Faskes, kredensialing, kualitas layanan dan penyesuaian besaran pembayaran harga keekonomian

Penyusunan Standar, prosedur dan Pembayaran Faskes

Implementasi, pemantauan dan penyempurnaan sistem rujukan dan telaah utilisasi

Implementasi pembayaran Kapitasi dan INA-CBGs serta penyesuaian besaran biaya dua tahunan dengan harga keekonomian

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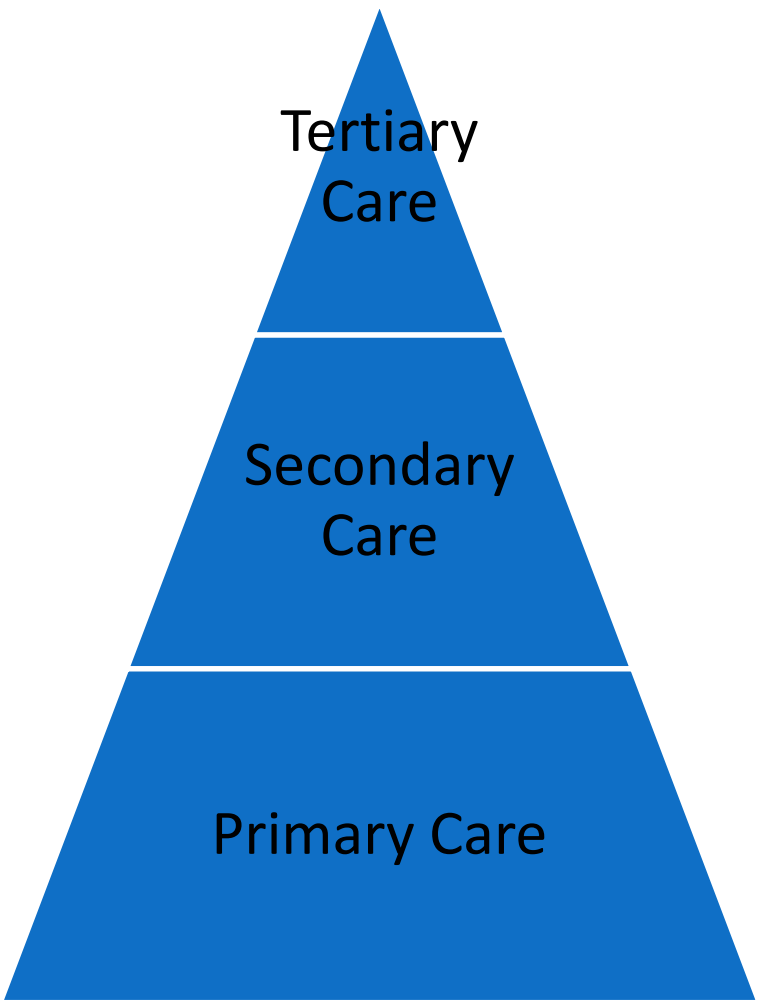
Referral Health System

- The referral health system has been renewd → Ministry of Health Regulation No 1 year 2012
- The social health insurance will use the referral health system based on the severity of disease
- Refferral can be done reversely
- General disease can be served by primary health services and should not be serve at upper health services facilty

Referral Health System

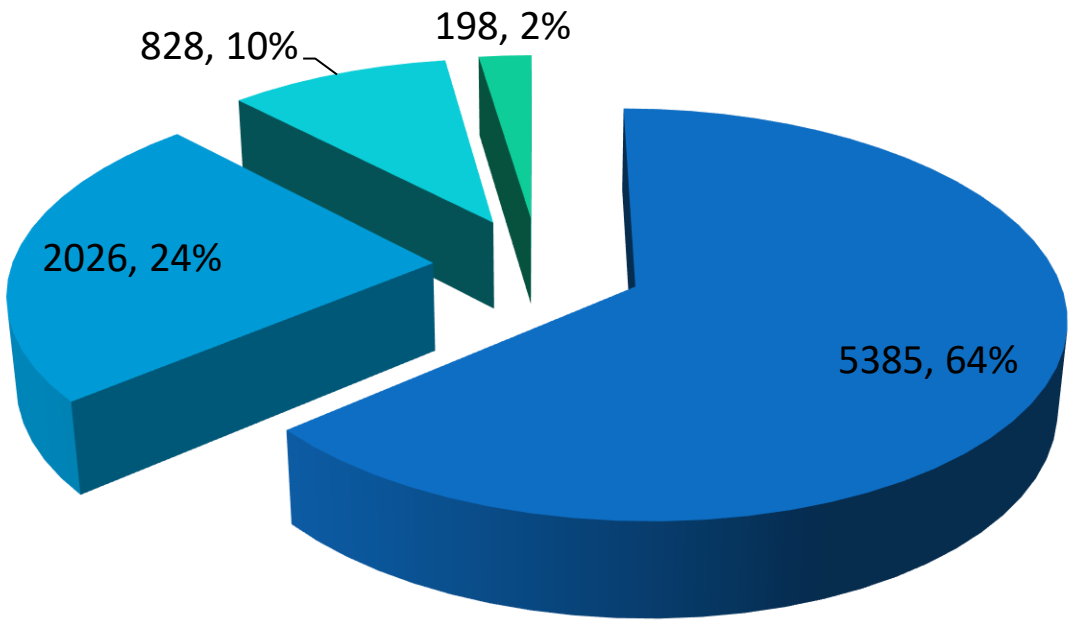


Hospital type A/ B
Hospital with sub-spesialist doctor

Hospital type D/C
Hospital type D: Hospital with GP & 4 basicc specialist (Obgyn, pediatics, surgery, internist)

Health Centers, Private Clinics, private doctors

Health Center condition



Source: RIFASKES, 2011

Water & Electricity

Health Center without Water	852
Health Center with no 24 hours electricity	4.160

Source: PODES, 2010

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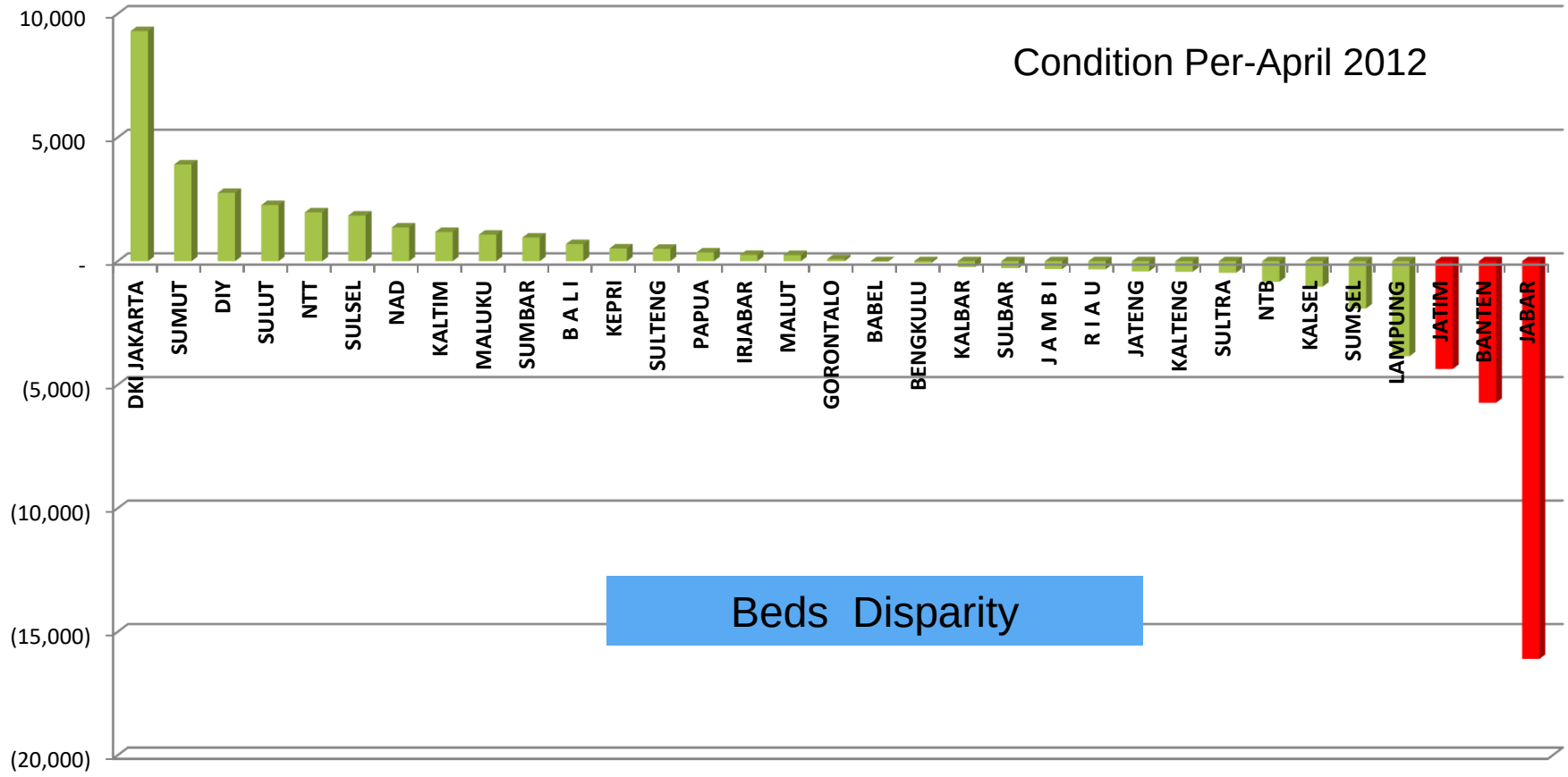
The Distribution of Hospital &Health Center (Puskesmas) Beds per Provinsi



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Providing the Health Facility Strategy

1. Setting up fulfilling beds Roadmap; 1 beds for 1000 population
   - national minus 7000 beds,
   - disparity at district level minus 100.000 beds
2. Building up Pratama Hospital in 42 New Distrik
3. Building up Puskesmas in 383 sub-district
4. Renovating Puskesmas damage (middle – heavy) including water and electricity
5. Information System Development on Referral system

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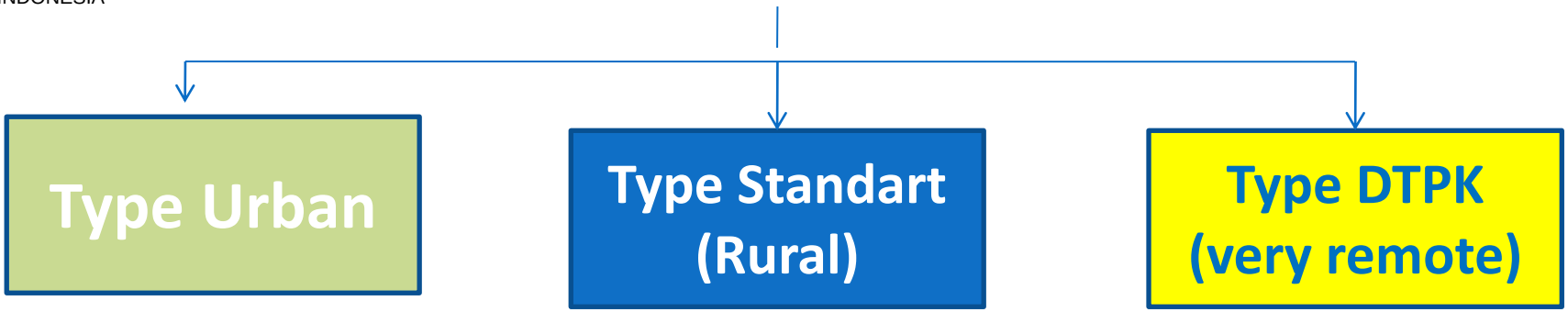
Primary Care Policy adjustment (1)



Adjustment of Main function of Primary Care:
- **How is the Level of services at Primary Care Urban/Rural-Standart /DTPK**

HR Standart adjustment:
How is HR for Primary care Urban type different to Standart /DTPK type

Adjustment of Input – Proces – Output of Primary Care :
How is Input – Proces - Output of Primary care Urban type different to Standart /DTPK

Information Technology :
How is the ervices system, referral among Primary Care, Standart tarrif, etc

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Primary Care Policy adjustmen (2)

- Policy macro: basically similar → can be added for specific conditions will be treated as a special treatment
- Puskesmas (health cednter) type Urban – Rural
  - Urban: focus more services
  - Rural: yang ada DTPK nya, konsepnya memang harus beda sekali; kalau perlu Dokter Umum diberi kewenangan plus
  - How is payment mechanism for both type of health center??
- Health services issue still being (on going) discussion;

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Secondary – Tertiery Care Policy

Hospital Type A,B	Hospital TypeC,D	Private hospital type

RS Pratama?

Clinic Spesialistic?

GP / Spesialis individual Practice?

Main Function :
How is main function of every Type hos[ital? Govenment hosp? Private hosp?

Standart HR & equipment:
How is Standart of HR & equipment in every refferral services ??

Adjustment Input – Proses - Output:
How is Input – Proses - Output Secondary/Tertiery Care?

How is System Informasi Technologi:

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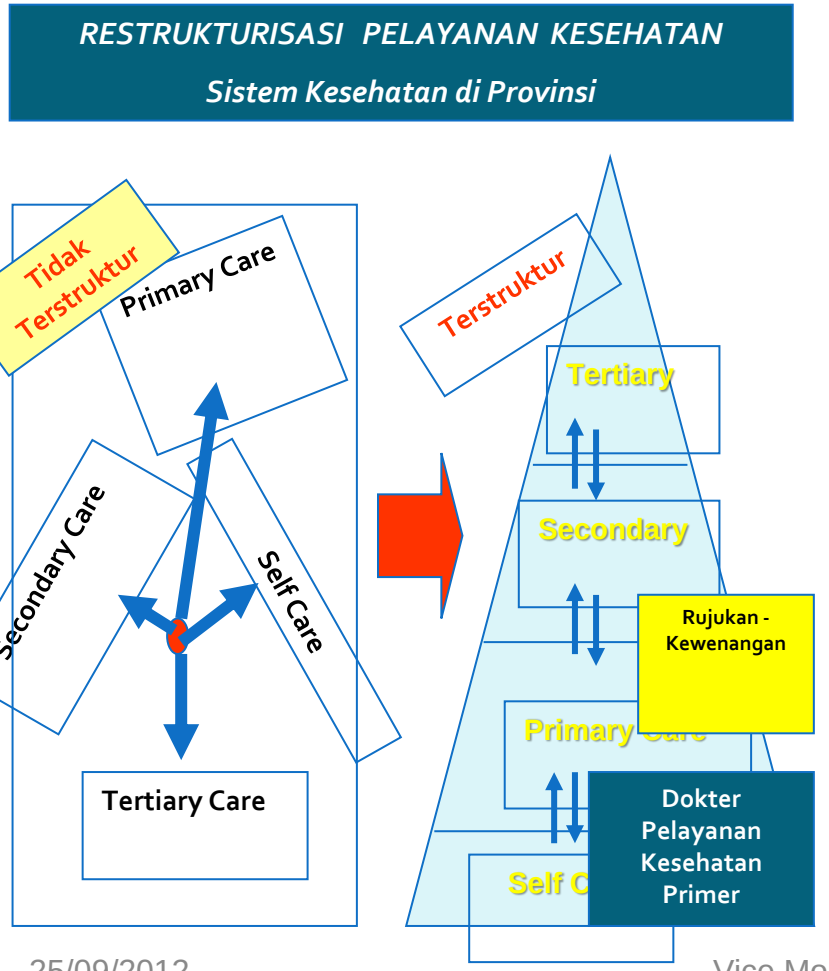
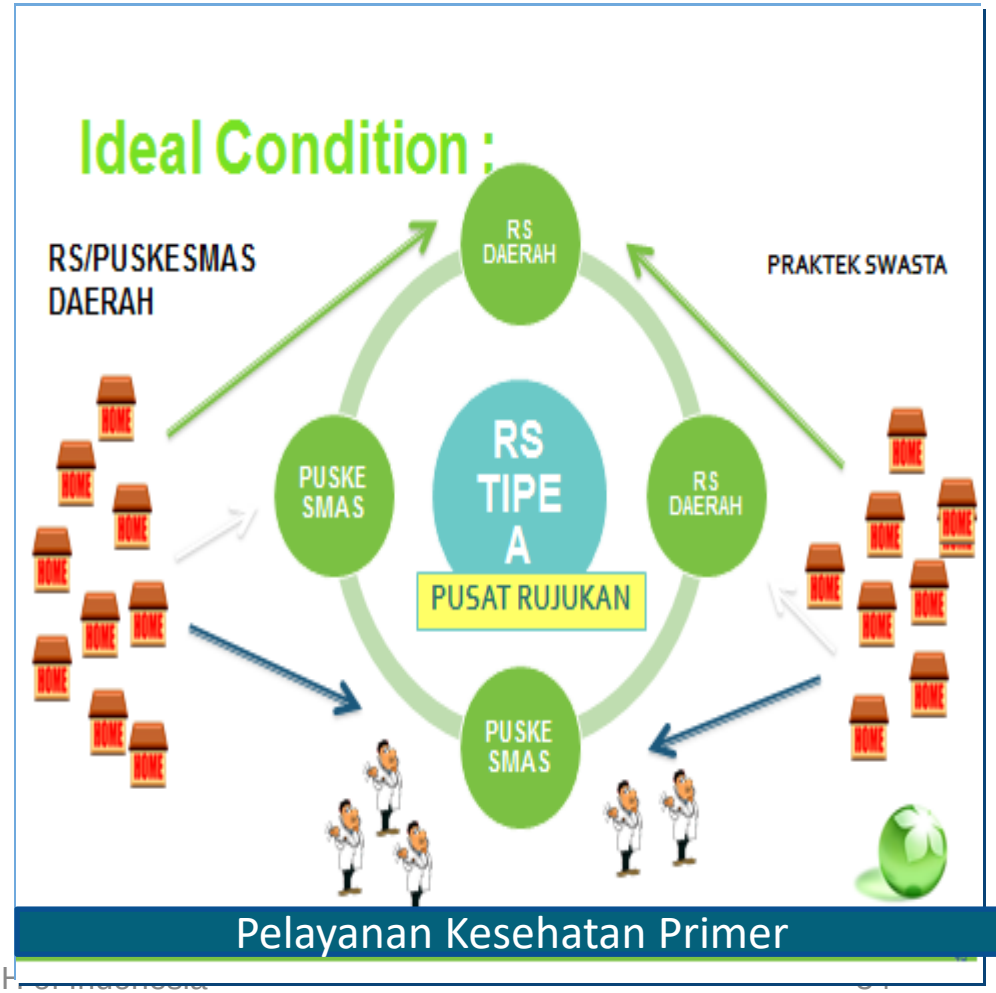
Refinement Referral System





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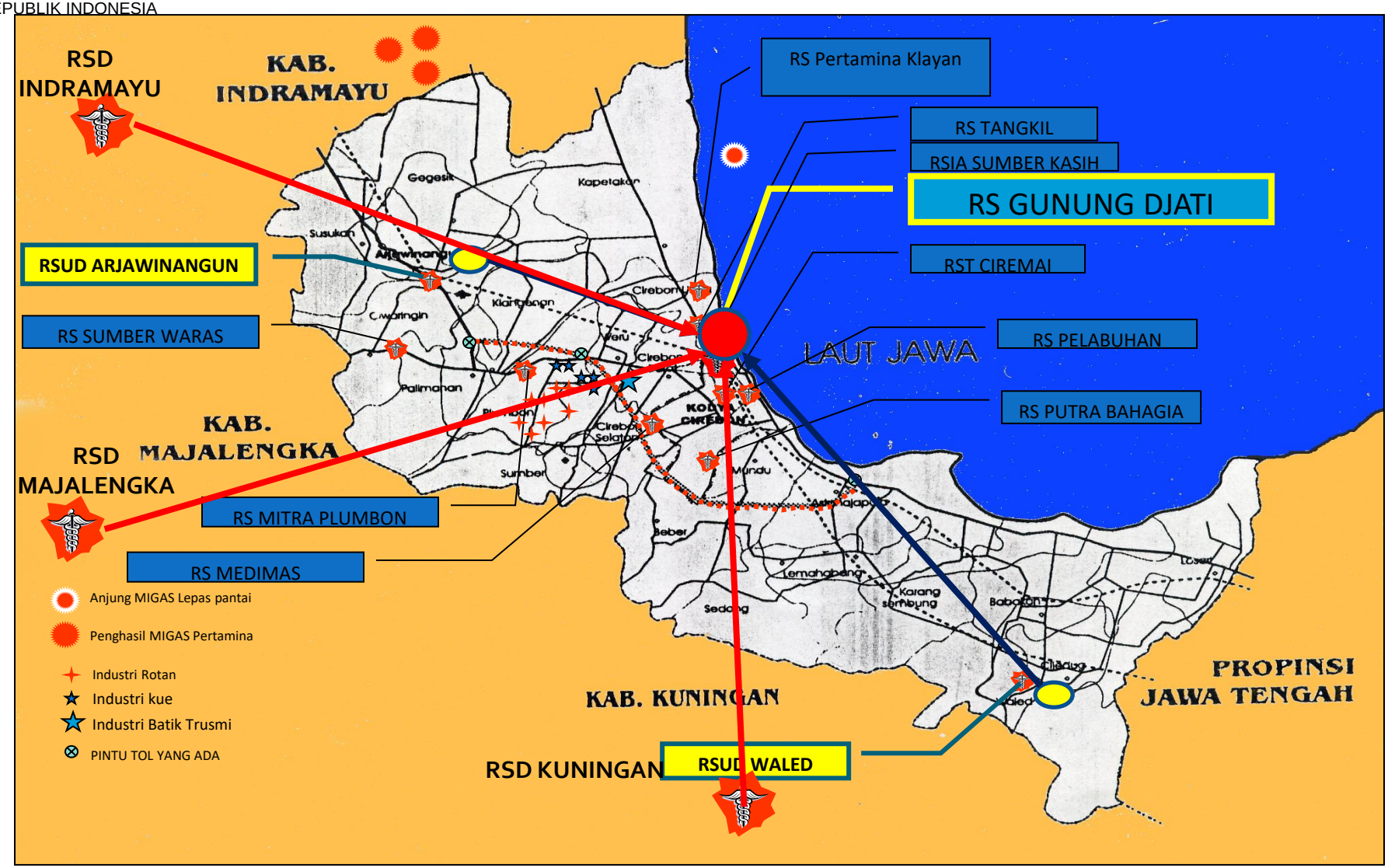
Mapping model
Regionalization referral system using GIS approach:
At Ciayumajakuning Jabar



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Fufilling the HR Gap Strategy

1. Medical Doctor Spesialities Program (PPDS)
2. Program Doctor Plus
3. Non Permanent Employer (PTT)
4. Individual special assigment (Residen & D-3 Nakes)
5. Team special assigment (team based)-→ contracting & contracting out
6. Revising recruitment and posing regulation including carrier path

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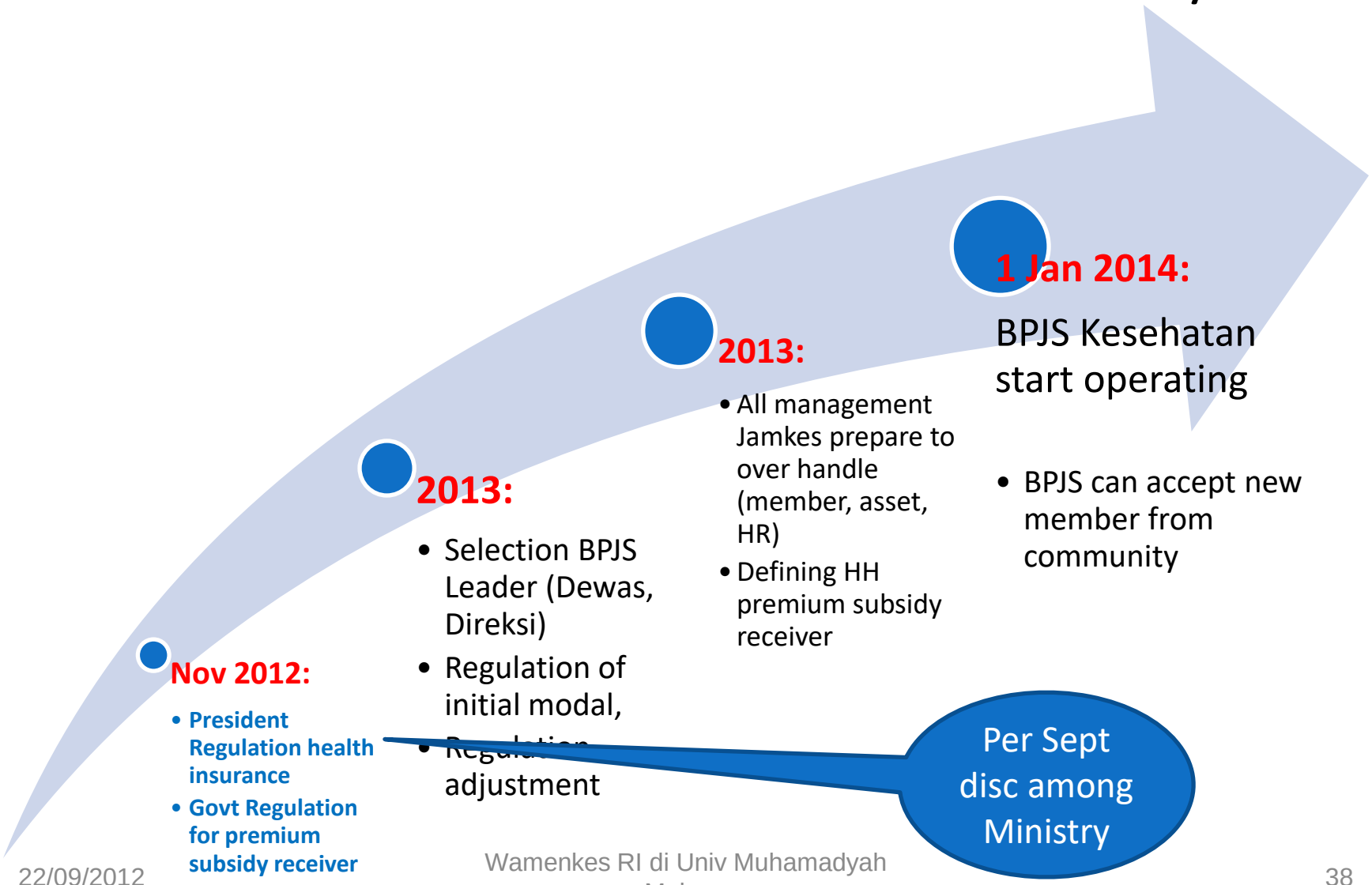
2C. ROADMAP REGULATION TRANSFORMATION OF PROGRAM & INSTITUTION

Steps BPJS Kesehatan Implementation based on UU No 24/2011



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Institution and Organization Aspect

1st Januari 2014

- BPJS Kesehatan terbentuk
- Semua pengelola jaminan kesehatan yaitu
  1. Jamkesmas
  2. PT Askes
  3. PT Jamsostek
  4. TNI
  5. POLRI

  menyerahkan pengelolaannya ke BPJS Kesehatan

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3. CONCLUSSION

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Conclussion (1)

- The Indonesia Law No (40/2004; 17/2010; 24/2011) → support to achieve Universal Health Coverage
- Ministry of Health Vission and national middle planned to achieve the UHC in the year 2014; at the end of 2011 has already reached 63% of population or 142 million people have health insurance with different type of insurance and benefit package

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Conclussion (2)

- Propose benefit package has been agreed:
  - Will be divided into Medical benefit package and Non Medical benefit package
  - Medical benefit package will be based on the Medical NEED
  - Medical benefit package no less than on-going current benefit package
- **Medical Benefit Package has been agreed:**
  1. Health Service covered
  2. Health Service limited
  3. H Service with cost-sharing
  4. Health Service NOT covered

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Conclussion (3)

- Has been agreed that the premium will be differentiated between PBI (subsidy for the poor) and Non PBI (non subsidy for non poor)
- Premium :
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  - Premium non subsidy, still on going discussion with proposal as follow:
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Indonesia Vice Ministry of Health
In Asean Social Security Association Board Meeting

THANK YOU
TERIMA KASIH
MATUR NUWUN