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SWOT Analysis on JKN Implementation in Ngaliyan Health Center Semarang

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Abstract

The position of Health Center (Puskesmas) as a first level health facility becomes the spearhead in good implementation of JKN (Jaminan Kesehatan Nasional or National Health Insurance). By using SWOT Analysis in 6M dimension (Men, Money, Method, Material, Machine, Market), it is expected to be an alternative for Ngaliyan Health Center to improve the work performance and become a reliable health facility for Ngaliyan citizens. And it can support the realization of totally covered insurance in 2019. This study aims to explore the strengths, weaknesses, opportunities, and threats to the Ngaliyan Health Center in organizing JKN service in 6M dimension (Men, Money, Method, Material, Market, Machine), to find the critical point and make KSF (Key Success Factor). The research is qualitative descriptive with structured in-depth interview approach. Using 15 informants selected by purposive sampling. The results of this study obtained a critical point that is on the dimension of money. There was a deficit between capitation and expenditure funds of the Health Center in the implementation of JKN.

Abstrak

Kedudukan puskesmas sebagai fasilitas kesehatan tingkat pertama menjadi ujung tombak pelaksanaan JKN yang baik. Dengan menggunakan Analisa SWOT dalam dimensi 6M (Men, Money, Method, Material, Machine, Market) diharapkan menjadi alternatif bagi puskesmas ngaliyan untuk meningkatkan prestasi kerja dan menjadi fasilitas kesehatan yang diandalkan bagi warga Ngaliyan. Serta bisa mendukung terwujudnya totally covered di tahun 2019. Penelitian ini bertujuan untuk mengeksplorasi Kekuatan, Kelemahan, Peluang, dan Ancaman bagi puskesmas Ngaliyan dalam menyelenggarakan pelayanan JKN dalam dimensi 6M (Men, Money, Method, Material, Market, Machine), untuk menemukan titik kritis, serta membuat FKK (Faktor Kunci Keberhasilan). Penelitian berupa kualitatif deskriptif dengan pendekatan wawancara mendalam terstruktur. Menggunakan 15 orang informan yang dipilih secara purposive sampling. Hasil penelitian ini didapatkan titik kritis yaitu pada dimensi money. Terdapat defisit antara dana kapitasi dan biaya yang dikeluarkan puskesmas dalam pelaksanaan JKN.

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INTRODUCTION

Health is the needs of every citizen. The government seeks to maximize the health needs to be better. Health costs can not be separated into one of the government's considerations to realize health insurance equally. *JKN (Jaminan Kesehatan Nasional or National Health Insurance)* has been implemented nationally since 2014. Ngaliyan Health Center as one of the existing health facilities in Semarang City that serves *BPJS* patients and general patients. *BPJS* is *Badan Penyelenggara Jaminan Sosial* or Social Security Administrator in Indonesia. The number of *BPJS* patients visits in 2014 was 22 thousand (22.1%) of Ngaliyan sub-district population. The number of *BPJS* patients visits in 2015 was 24 thousand (23.8%) of Ngaliyan sub-district population. The number of *BPJS* patients visits in 2016 reached 33 thousand (33.1%) of Ngaliyan sub-district population. Health Profile of Semarang City had recorded increasing number of *BPJS* patients visits in percentages from 2014 to 2016 by 10%. Data of *BPJS* members in 2014 was 78 thousand (91%), in 2015 was 83 thousand (91.7%), in 2016 was 92 thousand (93.4%) (source from Membership Data of *BPJS* Semarang on 2014, 2015, 2016). Based on data from *BPJS* about 5 - 7% of Ngaliyan District residents have not registered as a *BPJS* member, whereas membership is mandatory. The capitation fund provided by *BPJS* during 2016 was 704 million while the expenditure cost of Health Center was 705 million, there was a deficit of 1 million. The SWOT analysis is implemented in this study to explore strengths, weaknesses, opportunities, and threats in the 6M dimension (Men, Money, Method, Material, Market, Machine). So that can be drawn a critical point and formulated key success factors as Table 1. Internal and External Factor Analysis

an alternative solution to the problem.

METHODS

This type of research is qualitative descriptive research with structured in-depth interview approach. The scope of this research is the implementation of *JKN* at Ngaliyan Health Center of Semarang. The informants used in this research consist of 5 people from Ngaliyan Health Center outpatient staff, 5 people from Ngaliyan Health Center inpatient staff, 5 patients of the Ngaliyan Health Center. The triangulation of informants is Head of Ngaliyan Health Center, Treasurer of Ngaliyan Health Center, and Head of *BPJS* Public Service. Sampling technique in this research is purposive sampling technique. Data collection methods used are structured in-depth interviews, observation, as well as data processing, data reduction, data triangulation, data presentation, and conclusions.

RESULTS AND DISCUSSION

Internal and External Factor Analysis

SWOT analysis phase starts with internal and external factor analysis. Based on the results of interviews, observation, and triangulation of data collected by the researcher. Then the following is "The Table of Internal & External Strategic Environmental Identification" in 6M dimension in order from number 1 to 6 are Man, Money, Method, Material, Market, Machine.

The following is the identification of internal & external environment, in the implementation of *JKN* at Ngaliyan Health Center of Semarang and presented in the Table 1. So that, we can see in de-

Internal Strength	External Opportunities
<ol style="list-style-type: none"> 1. The position of Ngaliyan Health Center as a First Level Health Facility that is close to the residents 2. Has inpatient facilities 3. There is PROLANIS activity 4. Able to negotiate strongly on cross-sectoral cooperation with stakeholders and external customers 	<ol style="list-style-type: none"> 1. Population growth 2. Increased number of <i>BPJS</i> members 3. Increased number of <i>BPJS</i> patients visits 4. Competition for achievement and accreditation
Weakness	Threats
<ol style="list-style-type: none"> 1. There is no epidemiology experts in Health Center 2. Health Center Staff are not understand about <i>JKN</i> <i>BPJS</i> Program 3. Expenditure cost for service 4. The need for operational costs 	<ol style="list-style-type: none"> 1. Competition with another health facilities 2. Changes in government regulation, legislation, inflation, monetary crisis 3. There are still residents who have not register 4. There is penalty for members who still arrear on payment of the premium

Table 2. SWOT Analysis Matrix

K A F I	STRENGTH (S):	WEAKNESS (W):
K A F E	<ol style="list-style-type: none"> 1. The position of Ngaliyan Health Center, as a First Level Health Facility, that is close to the residents 2. Has inpatient facilities 3. There is PROLANIS activity 4. Able to negotiate strongly on cross-sectoral cooperation with stakeholders and external customers 	<ol style="list-style-type: none"> 1. There is no epidemiology experts in health center 2. Health center Staff are not understand about JKN BPJS Program 3. Expenditure cost for service 4. The need for operational costs
OPPORTUNITY (O):	S-O:	S-T:
<ol style="list-style-type: none"> 1. Increased number of BPJS members 2. Increased number of BPJS patients visits 3. Competition for achievement and accreditation 4. Population Growth 	<ol style="list-style-type: none"> 1. Utilize Ngaliyan Community health center position as a First Level Health Facility that is close to the residents to manage population growth 2. Utilize ability to negotiate strongly on cross-sectoral cooperation with stakeholders and external customers to increase the number of BPJS members 3. Utilize PROLANIS activity to increase accreditation and achievement 4. Utilize inpatient facility to increase number of patients visits 	<ol style="list-style-type: none"> 1. Utilize Ngaliyan Health Center position as a First Level Health Facility that is close to the residents to reduce competition with another health facilities 2. Utilize ability to negotiate strongly on cross-sectoral cooperation with stakeholders and external customers to reduce the number of residents who have not register 3. Maximize PROLANIS activity to reduce the number of members who arrear on payment of premium 4. Maximize the inpatient facility to overcome the impact of changes in government regulation, legislation, inflation, monetary crisis
THREATS (T):	W-O:	W-T:
<ol style="list-style-type: none"> 1. Competition with another health facilities 2. Changes in government regulation, legislation, inflation, monetary crisis 3. There are still residents who have not register 4. There is penalty for members who still arrear on payment of the premium 	<ol style="list-style-type: none"> 1. Overcome the absence of epidemiology experts to increase the number of patients visits 2. Overcome the lack of socialization on <i>JKN BPJS</i> program to increase the number of BPJS members 3. Manage the operational cost to increase achievement and accreditation 4. Manage the capitation fund to overcome growth population 	<ol style="list-style-type: none"> 1. Overcome the absence of epidemiology experts to reduce competition with another health facilities. 2. Overcome the lack of socialization on <i>JKN BPJS</i> program to reduce the number of residents who have not register. 3. Manage the operational cost to reduce the number of members who arrear on payment of premium. 4. Manage the capitation fund to overcome the impact of changes in government regulation, legislation, inflation, monetary crisis.

Table 3 KSF Determination Table

	<ol style="list-style-type: none"> 1. Utilize ability to negotiate strongly on cross-sectoral cooperation with stakeholders and external customers to increase the number of <i>BPJS</i> members 2. Utilize Ngaliyan Health Center position as a First Level Health Facility that is close to the residents to reduce competition with another health facilities. 3. Utilize PROLANIS activity to increase the number of <i>BPJS</i> members. 4. Overcome the lack of socIALIZATION to Health Center staff on <i>JKN BPJS</i> program to increase the number of <i>BPJS</i> members
<ol style="list-style-type: none"> 1. Improving good working environment and treating each other with respect and dignity 2. Put the development of employees as individuals who are more skilled and responsible 3. Understand and always care about the friendly and polite service for each patient served 4. Mobilize health development in Ngaliyan sub-district by involving cross-program and cross-sector in an integrated and sustainable ways. 5. Helping people get information and health services more easily so that conscious, willing, and able to live healthy 	<p>GOALS</p> <ol style="list-style-type: none"> 1) Utilize ability to negotiate strongly on cross-sector cooperation with stakeholders and external customers to increase the number of <i>BPJS</i> members in order to help people get information and health services more easily so that conscious, willing, and able to live healthy (KSF number 1+mission number 5) 2) Utilize Ngaliyan Health Center position as a First Level Health Facility that is close to the residents to reduce competition with another health facilities in order to understand and always care about the friendly and polite service for each patient served (KSF number 2+Mission number 3) 3) Overcome the absence of epidemiology experts to puts the development of employees as individuals who are more skilled and responsible (KSF Number 3+Mission Number .2) 4) Mobilize health development in Ngaliyan sub-district by involving cross-program and cross-sector in an integrated and sustainable ways by overcoming the lack of socialization to Health Center staff on <i>JKN BPJS</i> program to increase the number of <i>BPJS</i> members. 5) Improving good working environment and treating each other with respect and dignity in a way to Utilize ability to negotiate strongly on cross-sectional cooperation with stakeholders and external customers to increase the number of <i>BPJS</i> members.

tail what are the strengths, weaknesses, opportunities, threats on the implementation of *JKN* program at Ngaliyan Health Center in 6M dimension (Man, Money, Method, Material, Market, Machine).

SWOT Analysis

SWOT analysis method begins with the internal factor analysis phase to the preparation of

KAFI KAF KAFE matrix, strategy analysis, and determination of KSF to achieve mission and goal maximally by using pattern matching

6 based on the SWOT analysis Table 2, it can explained that crossings between strength and opportunity produce S-O strategy formulated with “maximizing strength to increase opportunity”. Crossings between strength and threats result in

Tabel 4. Table of Capitation Fund and Expenditure Fund of Ngaliyan Health Center on 2016

YEAR OF 2016	CAPITATION FUND	EXPENDITURE COST	NUMERICAL INFORMATION	INFORMATION
January	60,810,000	60,779,000	+31,000	
February	42,474,000	42,570,000	-96,000	Deficit
March	62,586,000	62,601,000	-15,000	Deficit
April	54,630,000	54,793,000	-163,000	Deficit
May	64,542,000	63,798,000	744,000	
June	59,742,000	59,816,000	-74,000	Deficit
July	63,876,000	63,840,000	+36,000	
August	61,716,000	61,663,000	+53,000	
September	70,956,000	71,123,000	-167,000	Deficit
October	54,876,000	54,986,000	-110,000	Deficit
November	55,986,000	56,756,000	-770,000	Deficit
December	52,146,000	52,811,000	-665,000	Deficit
TOTAL	704,340,000	705,536,000	-1,196,000	Deficit

S-T strategy formulated with “exploit the maximum strength to suppress threats”. Crossover between weaknesses and opportunities to generate W-O strategies formulated with “tackling weaknesses by taking advantage of opportunities”. The cross between weaknesses and threats resulted in a W-T strategy formulated with “overcoming weaknesses to minimize threats”.

The next step is determine the Key Success Factors (KSF)

KSF Strategy Discussions

Based on Table 3. KSF Determination Table obtained KSF as follows :

First, utilize the ability to negotiate strongly on cross-sectoral cooperation with stakeholders & external customers to increase the number of *BPJS* members. This strategy is chosen with the consideration of relying on the internal strength of the Health Center that is the ability to negotiate on cross-sectoral cooperation. Strong cooperation can be used to educate Ngaliyan residents. For example by holding seminars about *JKN BPJS* program to increase the number of *BPJS* members. If the number of *BPJS* members increased, it is expected the number of patient visits also increased (Reich et al., 2016; Harris, 2015, Listiyana & Rustiana, 2017).

Secondly, utilize Ngaliyan Health Center position as a First Level Health Facility that is close to the residents to reduce competition with another health facilities. This strategy is chosen with consideration the importance of maintaining the Health Center credibility. So that, the Health Center remains as the first accessible health facility (close to the citizens). The Health Center as the spearhead in

the implementation of *JKN* (Elizabeth et al., 2017; Harris, 2015, Rodin, 2012; Purwandari & Maharani, 2015).

Thirdly, utilize *PROLANIS* activity to increase the number of *BPJS* members. This strategy is chosen with the consideration of *Prolanis* activity held by the Health Center can be used as a mainstay activity, to educate people who have not registered as *BPJS* members.

Fourthly, overcome the lack of socialization to Health Center staff on *JKN BPJS* program to increase the number of *BPJS* members. This strategy was chosen with consideration as a basis for educating people, who have not registered as a member. Health staff at the Health Center as the spearhead to educate people who have not registered as a participant. Knowledge & understanding as a solid foundation to educate people, who have not registered as a *BPJS* member, by way of conveying information about *BPJS* well and precisely (Evans et al, 2012; Primasari, 2015; Putri, 2014; Meutuah & Ishak, 2015).

Critical Point Discussions

Critical point in this research is on the dimension of money. The results of research conducted by researchers throughout the year 2016. There was a financial deficit between capitation funds and expenditure fund of Ngaliyan Health Center. The Table 4. is the data of capitation fund and expenditure fund of Health Center. This critical point was found by using SWOT analysis in 6M dimension (Men, Money, Method, Material, market, Machine). The results of the research with structured in-depth interview approach and triangulation of data, can be explained the deficit was caused by a communicati-

on error during the handover, between the old treasurer with the new treasurer. In 2016 there was organizational restructure of Ngaliyan Health Center (Ikegami et al, 2011; Puenpatom & Rosenman, 2008; Evans & Boerma, 2013).

3 CONCLUSION

Based on the results of research, it can be concluded as follows: a. The implementation of the JKN program at Ngaliyan Health Center has been done as well as possible. b. The critical point in this study is when there is a deficit in the implementation of health services. An alternative suggestion that can be given by researchers is to improve work performance. So that, when the performance of the Health Center works up, the capitation fund can be raised. The second alternative to overcome the critical point in the implementation of JKN is to reduce operating costs. The third alternative to overcome the critical point in the implementation of JKN is to buy e-budgeting software, that can be applied in the Health Center or in BPJS. The fourth alternative to the Health Center in an effort to suppress the deficit, the Health Center should add accounting staff who focus on accounting bookkeeping, so that no post errors occur. c. In an effort to achieve the vision and missions of Ngaliyan Health Center, so the Ngaliyan Health Center can implement the results of KSF.

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