# Recommendations for the Selection of the First Level Health Facilities (FKTP) as BPJS Providers

# Durrotun Nafisah<sup>1</sup>

<sup>1</sup>Department of Health Administration and Policy, Faculty of Public Health, Airlangga University, Indonesia; Email: d.naviez@gmail.com

#### Abstract

Health implementation in the JKN era requires the community, especially BPJS participants to carry out treatment in stages, starting from first level health facilities (FKTP) and conducting referrals to advanced levels if needed. FKTP as the first choice must at least fulfill the requirements as stipulated by regulations. On the other hand, FKTP must also be able to be recognized by the community so that the community has reason and is aware of the election. Through this research, the researcher intends to find out the cause of the selection of FKTP types while determining the marketing strategies that can be done. This research was conducted at a foundation with descriptive exploratory methods. Sampling was done by accidental sampling and data was presented in table form. The results of the study showed that most of the respondents, namely as many as 90% had never received a promotion from the first level health facilities. The conclusion of this study is that the demand for health services is a health service needed and desired by patients accompanied by the purchasing power possessed by these patients. The purchasing power of patients is also influenced by several factors both internal and external. Things that can be done by health facilities so that they can be identified and used as alternative choices by patients, including access approaches, improved health facility performance, and standardization of FKTP services.

# **Keywords:** FKTP, BPJS, Marketing strategy

#### I. INTRODUCTION

In the era of National Health Insurance (JKN) health services are no longer centered on hospitals or advanced health facilities. However, health services must be carried out in stages according to medical needs. This is intended to improve the quality of health services for BPJS Health participants. In the implementation of the national health system the principle of managed care is implemented, where there are 4 (four) pillars namely primitive, preventive, curative and rehabilitative. This principle enacts that health services will be focused on First Level Health Services (FKTP) / primary health facilities such as health centers, clinics or individual physicians who will be the main gate for BPJS Health participants in accessing health services. For this reason, the quality of primary health facilities must be maintained, considering the effects of the implementation of national health insurance in the future, will result in an increase in community demand for health services because the assurance of guarantees has been obtained. If the FKTP or primary health facilities are not strengthened, the community will access advanced level health facilities so that the phenomenon of the hospital will occur again as a giant health center.

One of the efforts to strengthen primary health facilities is by improving infrastructure and medical personnel who have the ability to diagnose 155 diseases and must master the latest things about predictions, signs, and symptoms, enforcement of comprehensive diagnosis and management of various diseases. Furthermore and the most important thing is the ability to prevent disease that is now a local product must be understood by every doctor who works in the community so that patients in the future can get services. This is called strengthening FKTP or primary health facilities through promotive and preventive functions.

Minister of Health Regulation Number 71 of 2013 concerning Health Services in Article 2 of the National Health Insurance reads that the first level of Health Facilities can be public health center and its networks, practicing doctors with their networks (pharmacies, laboratories, midwives and nurses), Practices dentists and their networks, ratama clinics and their networks, and class D pratama or equivalent hospitals. In the JKN era, first level health facilities (FKTP) must have a marketing strategy to get the number of participants. The health payment system in the form of capitation by the BPJS requires the first health facilities to compete to get BPJS patient participation. For this reason, an effective and efficient marketing strategy is needed to get the expected participation. So from that the researchers want to do research that aims to get a marketing strategy that is suitable for the first facility in getting BPJS membership.

# II. METHODS

This research was a qualitative research using explorative descriptive research methods. The study was conducted at the Daarul Muttaqien Manukan Foundation for 9 consecutive days starting from December 3, 2016 to December 11, 2016. Exploratory research according to Arikunto (2014) states that the purpose of exploratory research was to explore the cause of an event.

The object of this study was BPJS participants who were also employees of the Daarul Mutaqien Foundation. The respondents were 30 people with the accidental sampling method. Data was collected by observation, documentation, and interviews with questionnaire instruments.

The analysis technique used in this study uses descriptive statistics, namely by describing and analyzing the data that has been collected without intending to generalize. The steps taken in conducting data analysis include calculating percentages and presenting them in table form (Nugroho, 2014). Furthermore, the author will interpret the data supported by references from previous research books and journals.

# III. RESULTS AND DISCUSSION

From the results of the study found 6 problems that can be used as guidelines in determining marketing strategies.

Table 1. Recapitulation of the issue of research problems in the selection of the first health facility at the Daarul Muttaqien Manukan Foundation in Surabaya 2016

Number	Problems List	Percentage
1	Don't have alternative health facilities to choose from	70.0%
2	Following the direction of BPJS employees when choosing the first health facility because of the participants' ignorance about the FKTP to be chose	76.7%
3	Don't have information when choosing the first health facility	76.7%
4	Never get a promotion from the first health facility	90.0%
5	Never had experience with the first selected health facility	86.7%
6	As long as you choose the first health facility	86.7%

According to a study conducted by Damayanti *et al.* (2016) on the analysis of community demand for health services in Blora regional public hospitals, there are several factors that influence people's demand for health services including age, insurance ownership, type of illness, and health beliefs. Furthermore, it was explained that insurance ownership had a large influence on the demand for health services. This is because insurance has a role to reduce the rates of health services when patients are sick. Trisnatoro (2004) added that the more people who have insurance, the higher the demand for health services. On the other hand, health facilities must also provide good quality services so that people will be more familiar with and trust these facilities, according to Kotler (2009) that patient perceptions begin with the needs of patients who are met by good quality. So that in addition to health facilities is one of the community's needs, especially when sick, health facilities must also have a good health communication and marketing strategy to continue to be able to compete and be visited by patients.

As a result of the respondent's lack of knowledge regarding alternative choices of health facilities, BPJS employees will direct the community to choose the nearest health center to the participant's domicile. This can help the community to make choices. However, on the other hand this shows the existence of government policies, especially the Regional Government, which refuses to move beneficiary beneficiaries out of public health center because it will reduce regional income. For first rate health facilities, it will be a medium for introducing health facilities to the surrounding community. For this reason, health facilities can provide a company profile to BPJS employees so that information about health facilities will be more accurate. Public awareness of the types of first level health facilities need to be considered. In addition to referrals for the community, it can facilitate health facilities to carry out health communication because communication has an important function to convey health messages to the community (Setyabudi *et al.*, 2017).

If you look at the results of research that have been obtained by researchers, the biggest problem that occurs between determining health facilities by respondents is due to the lack of promotion of health facilities. This causes the community not to be very aware of the reasons for making these choices and seem to choose from. In fact, the promotion of the first health facility at the foundation, other business entities is very necessary to get the market segment of BPJS participants who will register as BPJS participants. From these data, the first facilitation has not been maximized in terms of promotion as a BPJS provider so that the promotion strategy about health facilities that have collaborated with BPJS to the surrounding community is absolutely necessary. In this case the marketing strategy has an important power to be applied so that patient loyalty to a service in a health facility can be realized (Subianto, 2016). Before implementing a marketing strategy, health facilities can carry out a SWOT analysis to find out the right strategy, as according to Aslan (2014) that the SWOT matrix is one form of analysis that can be developed to create marketing strategies in order to obtain success in the future. The results of interviews conducted with respondents also stated that some of them used health facilities that did not cooperate with BPJS, meaning that at the time of illness there were some respondents who chose to use personal funds rather than using BPJS cards. From the analysis of the researchers, this shows the vulnerability of BPJS participants to

transfer their participation to other health facilities due to a factor in service dissatisfaction. So in this case, the focus is on the way health facilities establish closer relations with the community. According to the researcher, there are several steps that can be taken by involving the community, including making the gymnastics community, the community of pregnant women, and so on.

Ristrini (2009) states that the marketing of first-level health facilities in this case is that Public Health center are needed to form collaboration between health facilities and the community. Health facilities that apply the management concept do not mean selling oriented or sales oriented (large profits) but marketing orientation, namely health facilities that pay attention to the needs and wants of the community. Health facilities must be dedicated and all units are patient oriented. This was supported by Cooper who revealed that 4 marketing concepts, namely service, sales, marketing, and social marketing (Ristrini, 2009). In the future, first-rate health facilities are expected to be able to provide the best quality services according to community needs both in terms of human resources, accessibility, and service facilities so that the community's demand for healthy living needs is also getting higher. For this reason, first-rate health facilities need to have more intense communication and a planned and mature marketing strategy.

#### IV. CONCLUSIONS AND SUGGESTION

Community demand for health services including age, insurance ownership, type of illness, and health beliefs. Insurance has an important role in health demand because it reduces the rate of health services when patients are sick. Most respondents who are BPJS participants choose health facilities without prior reference. Health communication and health marketing strategies play an important role in shaping collaboration between first-level health facilities and the community.

Increasing the knowledge of the first level health facility community with an agenda that involves the community. Conduct a SWOT analysis to determine the marketing strategy. Provide a company profile facility to BPJS employees to distribute information to the public. Standardization of services in FKTP by means of continuous quality improvement. And improve the performance of FKTP by applying 4 management concepts.

#### References

- 1. Aslan, Imran. 2014. "Developing Strategies for the Future of Healthcare in Turkey by Benchmarking and SWOT Analysis". Procedia-Social and Behavioral Science: pp.230-240.
- 2. Arikunto, S. 2014. Prosedur Penelitian. Jakarta: Rineka Cipta.
- 3. Damayanti, Meitrika., Sutopo P.J., Septop P.A. 2017. "Analisis Permintaan Masyarakat terhadap Pelayanan Rawat Jalan Rumah Sakit Umum Daerah Dr. R. Soetijono Blora". Jurnal Kesehatan Masyarakat,5(1):pp. 85-94.
- 4. Kemenkes RI. 2013. Pelayanan Kesehatan pada Jaminan Kesehatan Nasional. Jakarta.
- 5. Kemenkes RI. 2014. Penggunaan Dana Kapitasi Jaminan Kesehatan Nasional untuk Jasa Pelayanan Kesehatan dan Dukungan Biaya Operasional pada Fasilitas Kesehatan Tingkat Pertama Milik Pemerintah Daerah. Jakarta.
- 6. Nugroho, HSW. 2014. Descriptive Data Analysis for Categorical Data (Analisis Data Secara Deskriptif untuk Data Kategorik). Ponorogo: Forum Ilmiah Kesehatan (FORIKES).
- 7. Ristrini. 2009. "Implementasi Manajemen Pemasaran dalam Rangka Membangun Citra (Image) Masyarakat terhadap Puskesmas". Buletin Penelitian Sistem Kesehatan, 12(4): pp.418-423.
- 8. Setyabudi, R.G., dan Mutia Dewi. 2017. "Analisis Strategi Promosi Kesehatan dalam Rangka Meningkatkan Kesadaran Hidup Sehat oleh Rumah Sakit Jiwa Daerah Dr. RM. Soedjarwadi Provinsi Jawa Tengah". Jurnal Komunikasi, 12(1):pp.81-99.
- 9. Subianto, Arie. 2016. "Analisis SWOT tentang Strategi Pemasaran dalam Upaya Meningkatkan Kunjungan Pasien di Klinik Bunda". Tesis. Universitas Muhammadiyah Surakarta.
- 10. Thabrany, Hasbullah. 2014. Jaminan Kesehatan Nasional. Jakarta: PT. Rajagrafindo Persada.
- 11. Trisnatoro L. 2004. Memahami Penggunaan Ilmu Ekonomi dalam Manajemen Rumah Sakit. Yogyakarta: Gadjah Mada Press.