

Healthy Papua Card As The Health Insurance Of Native Papuans (Case Study at Abepura Regional Public Hospital) Public Service Perspective

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Abstract — This writing aims to analyze the public services and health cost provided as the special health insurance for Native Papuans as instructed by Law Number 21 of 2001 regarding Special Autonomy for Papua. The efforts of Native Papuans to be able to perceive the special health service prevailed in the special autonomous region of Papua. This is a qualitative research with case study approach. The data collection is done through interview, observation, and documentation. The research results show that the principles of easiness, trust, and problem solving have been conducted as in line with the principle of public service. The management of Regional Public Hospital of Abepura should improve innovation on democratic public service management.

Keywords — Public Service and Healthy Papua Card

I. INTRODUCTION

The Provincial Government of Papua has guaranteed health services for native Papuans through several priority regional regulations; one of them is the Healthy Papua Card (KPS) Protection of health services provided by the Papua Provincial government through the support of Medical Personnel, support for Facilities and Infrastructure, and support of health fund varies greatly for each Community Health Center and Regional Public Hospital in districts/municipalities in Papua Province. In [10], it is stated that the government is not made to serve the needs of themselves, but to serve the needs and "interests of the community and make a condition that allows each member of the community to develop their ability and creativity in achieving common goals". Two things are very instrumental in implementing the conception of public services. The first is the commitment factor to implement existing policies (vision and mission of the organization) to carry out the service function properly. The second is the executing apparatus factor (bureaucrats) who carry out the service function.[7]

The focus of this study on the issue of guarantee services for the Healthy Papua Card that was the locus in this study was in Regional Public Hospital of Abepura, Jayapura because it is a referral hospital of several community health centers and hospitals in several districts in Papua Province [4]. The main problems of this study are as follows: a. How Healthy Papua Card made as a Financing Guarantee. b. Why Healthy Papua Card (KPS) Service is not yet of high quality. c. How to improve the quality of Healthy Papua Card (KPS) Service at Regional Public Hospital of Abepura, Jayapura.

II. THEORETICAL REVIEW

1. Public Service in the Perspective of Old Public Administration

The paradigm of Old Public Administration is that the main problem bahwa the main problem faced by the executive government is the low administrative capacity. To develop an effective and efficient government bureaucracy, a renewal of government administration is needed by increasing the professionalism of state administrative management. Therefore, knowledge is needed to be directed at reforming the bureaucracy by producing professional and non-partisan public apparatuses. Therefore, the dominant theme of Wilson's thought is the neutral apparatus or bureaucracy from politics. State administration must be based on scientific management principles and be separated from the hustle and bustle of political interests. This is known as the concept of political and administrative dichotomy [1]

2. Public Service in the Perspective of New Public Management - NPM), New Public Management

This concept intends to introduce concepts that are usually treated for business activities and in the private sector. The essence of this concept is to transform the performance that has been used in the private sector to the public sector. Current developments, further than that, namely new public management has become a normative model, which is characterized by reviewing the role of public administrators, the roles and the nature of the administrative profession, and why as well as how we should act and play a role. New Public Management sees that the previous management paradigm is less effective in solving problems and providing public services, including building society. This paradigm is known as cutting bureaucracy, as an operation of administering governance as a fundamental transformation of public systems and organizations to make amazing improvements in its effectiveness, efficiency, adaptability and capacity to innovate. [2]

3. Public Service in the Perspective of New Public Service (New Public Management).

According to the New Public Service (NPS) paradigm, running government administration is not same as business organizations. State administration must be driven as driving democratic governance. The mission of public organizations is not merely to satisfy service users (customers) but also to provide goods and services to fulfill public rights and obligations. The New Public Service (NPS) paradigm sees the involvement of many actors in the administration of public affairs as important.



Figure 1. The Moment of Truth Model (Public Moment of Truth Model)

Source: Albrecht & Bradford,(1990) cited in Ratminto (2013:58) [8]

III. METHOD

This is a qualitative research with case study approach, because the researcher intends to reveal real events in the field and to reveal the hidden values of this study. According to [11], qualitative research method is a research method used to examine the condition of natural objects in which the researcher is a key instrument, data collection technique is carried out by triangulation (combined), data analysis is inductive, and qualitative research results emphasize the meaning more than the generalization.

The analysis steps are shown in the following figure:

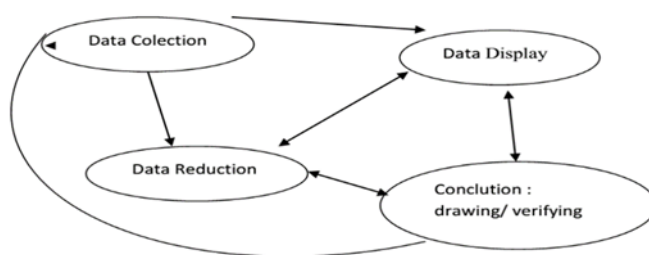


Figure 3.1 Components n Data Analysis (Interactive Model)

This study is intended to describe and analyze the services of the Healthy Papua Card (KPS) and why the services of the Healthy Papua Card (KPS) have not been of high quality and efforts to improve the services of the Healthy Papua Card (KPS). It can then be supported by the theory in the research referred to the implementation of government programs as service providers and the community (patients) as the target of service that affects the most, thus, the focus of this research is the implementation of the principles of public service and service management that affect the quality of public services and efforts to improve service quality.[5]

1 Health Papua Card Service (KPS) at Regional Public Hospital of Abepura.

Health services by hospitals have a strategic meaning in order to realize its mission as a health service institution namely providing quality health services, providing service guarantees when suffering from illness, and are responsible for public health especially in administrative areas which are the administrative authority in carrying out their duties in the district/municipality. Healthy Papua Card (KPS) Service in Regional Public Hospital of Abepura for the public or referral patients is one the forms of service in the implementation of the function of public services oriented to the people or native Papuans as citizens.[9]

The following is a recapitulation of outpatient referral patient data in 2014 and 2015:

Table 1. Source: General Administration Department of Abepura Regional Public Hospital, 2017

Recapitulation of Outpatient Guaranteed by Healthy Papua Card from 2014 to 2015	POLYCLINIC	PAYMENT METHOD : HEALTHY PAPUA CARD					
		2014	2015	Total from 2014 to 2015	Visit Completion	Mean	%
1	INTERN	10.205	12.419	22.624	2.214	11.312	13
2	SURGERY	6.137	7.189	13.326	1.052	6.663	8
3	DERMATOLOG Y	3.037	3.115	6.152	78	3.076	4
4	NEUROLOGY	967	1.023	1.890	156	945	1
5	PHYSIO	872	3.051	3.923	2.179	1.962	2
6	ENT	1.727	2.023	3.750	296	1.875	2
7	OPHTHALMOL OGY	1.229	1.272	2.501	43	1.251	1

8	PULMONOLOG Y	5.070	5.291	10.361	221	5.181	6
9	DENTISTRY	3.219	4.788	8.007	1.569	4.004	5
10	MIDWIFERY	5.060	5.171	210.231	111	5.116	6
11	ACUPUNCTUR E	811	1.764	2.575	953	1.288	2
12	PEDIATRY	11.059	12.797	23.856	1.738	11.928	14
13	EMERGENCY ROOM	25.685	36.031	61.716	10.346	30.858	36
	total	74.978	95.934	170.912	20.956	85.456	100

The results of outpatient processed data in 2014 and 2015 in the recapitulation table number 1 show that the total visits of outpatients from 2014 to 2015, which were distributed in the emergency room and 12 polyclinics in Abepura Regional Public Hospital were 170,912 patients, with an average Outpatient visits were 85,456 patients. The highest number of outpatient visits from 2014 to 2015 was in the emergency room at 61,716 patients. To be clearer, it can be seen in table 1 above:

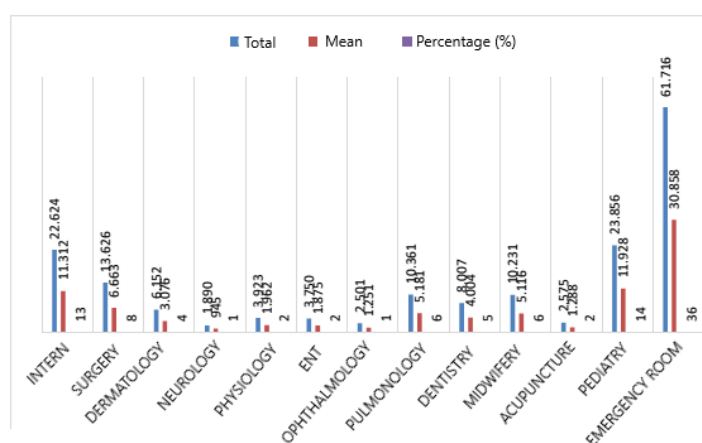


Figure 2. Diagram of Outpatient Guaranteed by Healthy Papua Card in 2014-2015

Source: The Researcher’s Analysis, April 2017

The recapitulation of outpatient visits from 2014 to 2015 in the above table is of 170,912 patients; the increase in the number of outpatient visits guaranteed by Healthy Papua Card was 20,956 patients. The highest increase in outpatient visits was in Emergency Units of 61,716 patients, with an average annual visit of 30,858 patients or 36% of total visits.

The following is the recap of the data of inpatients from 2014 to 2015:

Table 2. Recapitulation of Inpatient Guaranteed by Healthy Papua Card in 2014 & 2015

No	ROOM	PAYMENT METHOD: HEALTHY PAPUA CARD					
		2014	2015	Total from 2014 to 2015	Inpatient Difference	Mean	%
1	RPW	711	675	1.836	-36	693	9
2	RPP	611	654	1.265	43	633	8
3	SURGERY	465	696	1.161	231	581	7
4	PEDIATRY	1.642	1.284	2.926	-358	1.463	18
5	PERINATOL OGY	1.406	909	2.315	-497	1.158	14
6	BIRTHGIVING	2.489	2.090	4.579	-399	2.290	28
7	INPATIENT EMERGENCY UNIT	295	2.171	2.466	1.876	1.233	15
8	ICU	70	92	162	22	81	1
	Total	7.689	8.571	16.260	882	8.130	100

Source: General Administration Department of Abepura Regional Public Hospital, 2017

The results of inpatient processed data in 2014 and 2015 in the recapitulation table number 2 reveal that the total inpatient visits from 2014 to 2015 which were distributed in the emergency room and 12 polyclinics in Abepura Regional Public Hospital was 16,260 patients. It shows that the level of public trust in Abepura Regional Public Hospital is better. More details can be seen in table 2 above.

2. Why is Healthy Papua Card (KPS) Service is Not Yet of High Quality at Regional Public Hospital of Abepura, Jayapura.

Health services are highly essential, which must be maintained or improved in accordance with prevailing service standards. Basically, service is an effort to help prepare everything that is needed by others and can provide satisfaction in accordance with the hopes expected by customers/users. To be able to provide good service in order to realize satisfaction in accordance with the hopes expected by the patient/community, it needs an understanding/perception of the basic concepts of service management. The service standards consist of four (4) basic specialist services namely internal medicine services, surgical services, pediatric health services, and midwifery and obstetric services and are supported by four supporting specialists namely radiology, clinical pathology, anatomical pathology, neurology/nerves and dermatology.

3. Perception owned by Patient/Community.

The goal of the best health services is to provide satisfaction to the community, if necessary, beyond community expectations. Trust is the willingness of someone to rely on others where we have confidence in them. Trust as a mental condition is based on a person's situation and social context. When a person makes a decision, he will prefer decisions based on the choices of those he can trust more than he trusts less [6]. Therefore, the perception of the public or patients about services in Abepura Regional Public Hospital is illustrated that all services must be free because health services are the priority in the era of special autonomy in Papua. Even health service equipment and facilities have not yet been fully addressed by Abepura Regional Public Hospital.

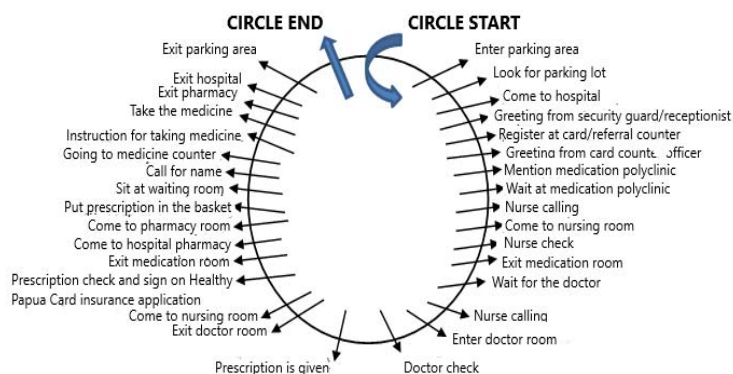
4. Perception owned by the Management of Abepura Regional Public Hospital

Health service in a broader context is more focused on how the elements of health care such as the medical team to provide services, where health care are identical to treatment that is the part of health science management. The evaluation of an administrator's success is not merely based on efficiency, economic and other administrative principles, but also on the criteria of special morality for his contribution to the public interest. Hence, the perception of the medical practitioners about Healthy Papua Card (KPS) services at Abepura Regional Public Hospital is illustrated that all services must go through procedures starting from basic/first level services at the community health center that can only be served for free of charge if they bring a referral from the community health center. Even though Papuans are native, if not under the referral from the community health, they are determined to be private patients who must pay. Papua's gold generation has become the concern of Abepura Regional Public Hospital in an effort to reduce maternal and under-five mortality rates, by implementing the first 1,000 days of the life of the Papua gold generation (Integrated Child Identity Card).[4]

5. Service Circle

To be able to provide excellent service, the views of producers and consumers must be same. It is difficult to realize because usually the executing organization has formulated a system and procedure of service. To overcome this, the concept of service circle is a series of service moment of truth experienced by consumers when he utilizes these services. From the model, it can be seen that, for the public/patient, almost every second is a service moment of truth that may not be realized by the service provider (Abepura Regional Public Hospital) and the people in it (medical and non-medical personnel and administrative staff). This can be illustrated in the service circle actions undertaken by the community/patient as follows[5].

Figure 2. Service Circle of Outpatient Guaranteed by Healthy Papua Card in Abepura Regional Public



Hospital, cited in Burdam Yuliance, 2017.

Source: The Researcher's Analysis cited in Burdam Yuliance, 2017.

As shown in Figure 2, patients attempt to find their own information by asking fellow patients or medical staffs who are passing by. This shows that the first services are not arranged properly so that people find it difficult to know health service information that can be provided by Abepura Regional Public Hospital. For patient/public, almost every second/every service is a outpatient care moment of truth that is not realized by Abepura Regional Public Hospital management, especially the medical and administrative staff and technicians as well as security guards/receptionists who must be considered together.

6. The Effort of Improving Healthy Papua Card Service (KPS).

Various efforts have been made by Abepura Regional Public Hospital in improving services for the public, ranging from the arrangement of organizational management to the management of health services to the public through SOPs in each service unit and staff discipline, as well as the arrangement of health service facilities and health equipment. It is as revealed by the former director of Abepura Regional Public Hospital 2013-2016, that: "There are a number of specialists that we have contracted to help with services at this hospital. We have also performed operations", as revealed by the Medical Record and Information Section Head that: "In 2014, there were 270 inpatient guaranteed by Healthy Papua Card who were dead. We continue to reform and

improve medical care services so that in 2015, there was a decrease in the number of inpatients who died of 242 patients”. From the interview transcript data with the medical records and information section head of Abepura Regional Public Hospital, a recap of the data of patients who died in 2014 and 2015 can be seen as follows:

Table 3. Recap of Dead Patients Data in 2014 & 2015 based on Healthy Papua Card Guarantee

No	Year	Number of Dead Patients	Percentage	Difference (%)
1	2014	270	53%	-
2	2015	242	47%	-28 (5%)
	Total	512	100	-28 (5%)

Source: The Researcher’s Analysis, cited in Burdam Y, 2017

Data of dead patients in table number 4.16; show that in 2015, there was an increase in the reduction in mortality to 47% from 2014 (53%). Therefore, there was a decrease of 5% (-28) mortality in 2015.

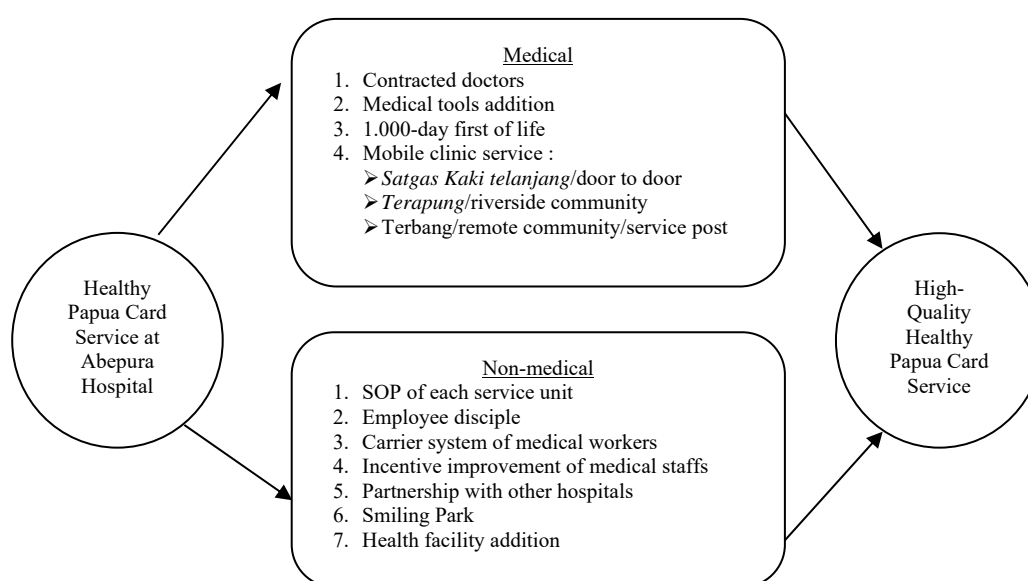


Figure 2. Existing Model of Healthy Papua Card Service at Abepura Regional Public Hospital

Source: The Researcher’s Analysis, cited in Burdam Y, 2017

What is revealed is information that there are still people/patients who come for treatment that do not yet have Healthy Papua Card Service insurance physically but administratively they are registered as patients of Healthy Papua Card Service Insurance. This shows the injustice and dishonesty of health care workers in administering the completeness of patients. The rules have clearly stated that the participants of Healthy Papua Card Service insurance are required to have the card. The Healthy Papua Card (KPS) Service guarantee is used as a "Cost Sharing" for components that are not covered or lacking in the National Health Insurance (JKN). From what is informed, it shows that in this Special Autonomy era with the health costs provided, there must be special health insurance/guarantee for all Indigenous Papuans. This is so that all native Papuans feel the special services that are implemented to the special autonomous region of Papua.

Table. 4. Condition of Healthy Papua Card Service at Abepura Regional Public Hospital

No	Service Principles	Characteristics	Appropriateness	
I	1	Comfort	Easy to understand, easy to implement, easy to access, transparent, straightforward, effective, efficient, fast and precise (use of time)	Appropriate
	2	Security	Health insurance facility, specialists and medical doctors insurance, clean environment guarantee, inpatient information center	Inappropriate
	3	Reliability	The ability of officers, polite and friendly to patients	Appropriate
	4	Personal Attention	Information or socialization of health service insurance or service information	Inappropriate
	5	Problem Solving	Regulatory approach, building partnership	Inappropriate
	6	Fairness	Health insurance service through Healthy Papua Card are applied the same for all Native Papuans	Inappropriate
	7	Responsibility	Service insurance information, service cost, compensation procedures	Inappropriate
	8	Citizen Influence	Doctor service time, medical services and formulary	Inappropriate
	Service Principle of Healthy Papua Card			

Source: The Researcher's Analysis, cited in Burdam Y, 2017

Propositions of the research findings that can be made based on the verification of the principles of public service implementation in Regional Public Hospital of Abepura, Jayapura in Papua Province are as follows: Minor Proposition 1: "Convenience, Reliability and Problem Solving Approaches have been carried out in accordance with the principles of public service, but if the principles of Security, Personal Attention, Fairness, Fiscal Responsibility and Citizen Influence are not in accordance with the principles of public service, then the quality services provided cannot be realized in the Healthy Papua Card service at Regional Public Hospital of Abepura, Jayapura, Papua Province".

7. Why is Healthy Papua Card Services Not Yet of High Quality at Regional Public Hospital of Abepura, Jayapura.

The public willingness for excellent public services is generally defined as the attitude and ability of employees/staffs in serving the public to the fullest. Stewardship or service management is needed to realize a good service. Service Moment of Truth is the part of service management that is more directed to contacts or events that are very important or special or even vital in a process or stage of health services provided by hospital management and perceived by patients/public. The factors that affect the perception of service quality from patients, the needs and expectations of patients can be determined and fulfilled which in turn can increase satisfaction and can form patient/public loyalty. Health services include medical services, medical support services, medical rehabilitation and care services.

Table 5. Analysis Result of Healthy Papua Card Service Management at Abepura Regional Public Hospital

No	Service Management	Appropriateness	Service Moment of Truth				
II	I	Service Moment of Truth		Service Context	Patient's Perception	Medical Perception	Service Management of Healthy Papua Card
		Attitude/Behavior	Appropriate	Inappropriate	Inappropriate	Critical/Less Attention	
		Value	Appropriate	Inappropriate	Inappropriate	Appropriate	
		Trust	Appropriate	Appropriate	Appropriate	Appropriate	
		Willingness	Inappropriate	Appropriate	Appropriate	Appropriate	
		Perceiving	Inappropriate	Appropriate	Appropriate	Critical/Less Attention	
		Expectation	Inappropriate	Inappropriate	Appropriate	Critical/Less Attention	
	Service Circle	Critical Actions Identification				Critical/Less Attention	

The Researcher's Analysis, cited in Burdam Y, 2017

The summary results in table 5 show that in the Service Moment of Truth, there is no common perception between the patient/public and the medical/employee in the context of democratic healthy Papua card (KPS) service at Abepura Regional Public Hospital. The results of the critical actions identification in the service circle indicate that almost every action is a moment of truth that must be considered being managed well/professionally. Therefore, the management of the Healthy Papua Card (KPS) service at Abepura Regional Public Hospital is not well-managed.

The implementation of management is expected to apply modern management. Modern terminology: the latest: modernism: modern attitudes, thoughts, behavior. Modernization: renewal to fit the current age.

8. Efforts to Improve the Quality of Healthy Papua Card (KPS) Service at Regional Public Hospital of Abepura, Jayapura in Papua Province.

Public service is a responsibility of the government and its apparatus to the community in order to make and realize the conditions of a just, prosperous and prosperous society. In addition, as we know that one of the essence of good governance is the creation of an effective, efficient and accountable service product from the government directed to the community. Public service is a series of activities carried out by the government and its apparatus to the community in realizing the improvement of the quality of people's lives while providing satisfaction to the people served. Efforts to improve the quality of non-medical Abepura Regional Public Hospital services are carried out through SOPs that have been made in all service units in Abepura Regional Public Hospital. SOP is a reference in providing services to patients/public. Moreover, employee discipline is also carried out, especially during service hours, service attributes completeness, even official sanctions for undisciplined employees.

IV. CLOSING

Based on the research data and discussion, the service for patients/public with Healthy Papua Card (KPS) at Abepura Regional Public Hospital based on the Principles of Convenience (comfort/convenience); Reliability (trust/reliability); Problem Solving

Approach; has been carried out in accordance with the Principles of public service from Carson and Schwarz. a). Healthy Papua Card (KPS), as a solution. helps Native Papuans in obtaining medical expenses that are not counted in BPJS (Social Insurance Administration Organization) financing, because it only supports 3 children and the dependents are Healthy Papua Card (KPS). b). Healthy Papua Card (KPS) is also extremely helpful for Native Papuans who are less able in medical expenses. c). There is a need to synchronize population administration data (Database) between the relevant offices and hospitals/community health centers in identifying Native Papuans and non-Native Papuans status. This is revealed in the findings in the field that many non-Native Papuans also use Healthy Papua Card (KPS) in medical expenses. d). Many Native Papuans do not yet understand in detail the Healthy Papua Card (KPS) ownership procedure. This is affected by the lack of continuous socialization by the government to the community. e). Patients of the Healthy Papua Card (KPS) are classified as unique and special, because it is only specifically for Native Papuans and Non Papuans who cannot afford it. When there is a service in Abepura Regional Public Hospital that had a system and service procedure, then the specificity and uniqueness do not apply because all patients/people who come for treatment must follow the established system and procedure. In accordance with the understanding of the principle of democratic/participatory/openness, democratic management is implemented by prioritizing the involvement of citizens/communities in the process of providing public services.

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