

ABSTRAK

Latar belakang: Transformasi sistem kesehatan mendorong perubahan besar pada struktur institusi dan target layanan, khususnya melalui integrasi Kolegium sebagai alat kelengkapan Konsil sebagaimana diatur dalam UU Kesehatan dan peraturan pelaksanaannya. Reformasi ini bertujuan mendukung pemerataan akses layanan kardiovaskular, terutama jantung intervensi, sebagai respons atas tingginya beban penyakit jantung. Namun, implementasi kebijakan menghadapi tantangan kompleks disharmonisasi regulasi yang menyebabkan resistensi terhadap perubahan tata kelola profesi, variabilitas kesiapan institusi, dan keberlanjutan pembiayaan.

Metode: Penelitian menggunakan desain multiple-case study pada tiga RS dan *stakeholder* kunci. Data dikumpulkan melalui wawancara 19 informan, analisis dokumen, dan observasi pasif. Analisis menggunakan 4 domain kerangka CFIR : outer setting, inner setting, individual, dan implementation. Diolah menggunakan Nvivo, dan Ms.Excel.

Hasil: Struktur Kolegium–Konsil baru memunculkan dinamika kompleks dalam penyelenggaraan program fellowship jantung intervensi. Ditemukan beragam persepsi terkait dominasi pemerintah sebagai regulator sekaligus pelaksana teknokratis target nasional, yang berhadapan dengan tuntutan Kolegium untuk mempertahankan independensi akademiknya. Implementasi program menghadapi berbagai kendala: fragmentasi regulasi, ketidakseimbangan kelembagaan, ketidakpastian pembiayaan, disparitas kapasitas institusional, serta lemahnya koordinasi lintas pihak. Namun, terdapat peluang melalui momentum reformasi regulasi, penguatan kepemimpinan kolektif, pengembangan skema fellowship internasional, dan intensifikasi kolaborasi multipihak. Perubahan ini mengakselerasi ketersediaan spesialis, namun keberlanjutannya sangat ditentukan oleh kemampuan mengatasi kesenjangan regulasi, menjaga stabilitas fiskal JKN, serta menyeimbangkan efektivitas birokrasi dengan kebebasan akademik melalui pendekatan kolaboratif.

Kesimpulan: Peningkatan akuntabilitas tata kelola, harmonisasi regulasi, penguatan insentif, evaluasi terpadu, serta pengembangan riset inovasi pendidikan dan kajian pendanaan JKN; diperlukan guna memastikan keberlanjutan program fellowship dan pemerataan layanan prioritas.

Keywords: transformasi kesehatan, kolegium, fellowship, fiskal, JKN, jantung intervensi, CFIR2.0

ABSTRACT

Background: Health system transformation has driven significant changes in institutional structures and service targets, particularly through the integration of the Collegium as an auxiliary body of the Health Council, as stipulated in the Health Law and its implementing regulations. This reform aims to support equitable access to cardiovascular services, especially interventional cardiology, in response to the high burden of heart disease. However, policy implementation faces complex challenges, including regulatory disharmony that triggers resistance to changes in professional governance, variability in institutional readiness, and sustainability of funding.

Methods: This study employed a multiple-case study design involving three hospitals and key stakeholders. Data were collected through interviews with 19 informants, document analysis, and passive observations. Analysis was conducted using the four domains of the CFIR framework—outer setting, inner setting, individual, and implementation—and processed with NVivo and Ms.Excel.

Results: The new Collegium–Council structure has generated complex dynamics in implementing the interventional cardiology fellowship program. Diverse perceptions emerged regarding the government’s dominance as both regulator and technocratic executor of national targets, juxtaposed with the Collegium’s insistence on preserving academic independence. Program implementation encounters several obstacles: regulatory fragmentation, institutional imbalance, funding uncertainty, disparities in institutional capacity, and weak cross-sector coordination. Nevertheless, opportunities exist through regulatory reform momentum, strengthening collective leadership, developing international fellowship schemes, and intensifying multi-stakeholder collaboration. While these changes accelerate the availability of interventional cardiology specialists, sustainability remains contingent upon bridging regulatory gaps, maintaining fiscal stability of the National Health Insurance (JKN), and balancing bureaucratic efficiency with academic autonomy through collaborative approaches..

Conclusion: Enhancing governance accountability, regulatory harmonization, strengthening incentives, integrated evaluation systems, and advancing research on innovative specialist medical education and health financing under JKN are essential to ensure the sustainability of fellowship programs and equitable provision of priority health services.

Keywords: health transformation, kolegium, fellowship, fiscal, NHS, interventional cardiology, CFIR2.0