

## INTISARI

**Latar Belakang:** Implementasi Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan di tahun 2014 memulai era *single payer healthcare* di Indonesia. Seluruh warganegara wajib menjadi peserta dari program ini. Institusi kesehatan milik pemerintah maupun swasta berhak menjadi provider dari program tersebut. Namun ada beberapa institusi yang tidak bisa menjadi bagian dari provider tersebut sehingga ada kemungkinan institusi-institusi tersebut akan mengalami penurunan kunjungan dan resiko kebangkrutan.

**Tujuan:** Tujuan dari penelitian ini adalah untuk menemukan salah satu atau beberapa model strategi yang ditempuh oleh klinik non BPJS dalam menghadapi implementasi BPJS sejak tahun 2014 sehingga klinik tersebut tidak mengalami penurunan kunjungan dan pendapatan yang dapat mengakibatkan kebangkrutan.

**Metode:** Penelitian ini menggunakan metode penelitian studi kasus. Penelitian ini dilaksanakan di KURI Sumber Bahagia Depok, Jawa Barat, dengan menggunakan data kuantitatif yaitu data kunjungan pasien rawat inap dan rawat jalan dari periode tahun 2013 sampai dengan 2015. Analisis data kuantitatif menggunakan metode regresi linier dan analisa data kualitatif akan menggunakan metode pencocokan pola dengan data kuantitatif.

**Hasil:** Data kuantitatif penelitian menunjukkan penurunan kunjungan secara bermakna ( $p < 0,05$ ) persalinan normal (model regresi kuadratik), persalinan dengan SC, imunisasi secara keseluruhan, KB suntik hormonal. Sebaliknya jenis-jenis pelayanan tertentu mengalami kenaikan secara bermakna ( $p < 0,05$ ), yakni pemeriksaan hamil, pelayanan IUD, dan imunisasi terhadap agent tertentu yang tidak ditanggung oleh BPJS, seperti hepatitis A dan Cervarix. Berdasarkan wawancara mendalam diketahui bahwa pasien memilih pelayanan yang ditanggung BPJS jika berbiaya tinggi, tetapi ada trade off antara pelayanan yang dibayar sendiri atau ditanggung BPJS jika kualitas (utility) dinilai penting, misalnya pemasangan IUD dengan Nova T.

**Kesimpulan:** Terdapat penurunan kunjungan pasien di KURI Sumber Bahagia sejak implementasi BPJS Kesehatan untuk beberapa jenis layanan. Hal ini direspons oleh KURI tersebut dengan menyediakan layanan-layanan lain yang sifatnya berbeda dengan yang disediakan oleh BPJS Kesehatan. Diferensiasi layanan dan penyediaan layanan jasa dan produk yang berkualitas terbukti efektif dalam mempertahankan atau meningkatkan kunjungan pasien dalam beberapa jenis layanan.

**Kata Kunci:** BPJS Kesehatan, Klinik Swasta, KURI, diferensiasi, kualitas layanan

## ABSTRACT

**Background:** The implementation of the BPJS Kesehatan as a single payer healthcover back in 2014 in Indonesia starts a new era of a nationwide coverage of health insurance. Every citizen should be a member of that program, according to the law. The state owned health services are the main providers of the services, along with the private owned hospitals and clinics, as long as they can fullfil the requirements given byt the government. But some small clinics are not eligible to met the criteria of the BPJS Kesehatan, resulting in the inability to be the provider. This can lead to the decrease of revenues of those clinics, and can cause bankruptcy.

**Objective:** The main objective of this research is to find few alternative strategies that can be applied by the non-BPJS clinics so they can still gain a significant portion of the health service industry business and even increase their revenues by applying those strategies.

**Methods:** This research is a case study conducted in a clinic called KURI Sumber Bahagia in the city of Depok, West Java, with using both quantitative data of patient visitation, that was analyzed using a linear regression technique to determine the signification effect of BPJS Kesehatan, as well as qualitative information gathering by means of interviewing the stakeholders in that clinic. The interview data would help the researcher to explain the phenomena found by the statistics measurements.

**Results:** The statistic results of this research showed a significant decrease ( $p < 0,05$ ) in patient visitation after the implementation of BPJS Kesehatan back in 2014, especially in types of services such as manual labor, sectio caeserea labor, infant immunisation in general, and birth control shots. In contrast, there are several services that showed an increase usage ( $P < 0,05$ ) even after BPJS Kesehatan, such as IUDs services, Hepatitis A shots, and Cervical Cancer shots. Based on the interview conducted afterwards, researcher found on most health services, patients tend choose BPJS than private clinics of the same services because it is cost efficient, but on some services they were willing to pay out of pocket in private clinics because the quality of services or the products that were not available in BPJS Kesehatan (eg. NOVA T brand of IUD). Furthermore, the research also found the increase on services which are not available in BPJS Kesehatan (eg. Hepatitis A shots, Cervical cancer shots).

**Conclusion:** There are significant decreases of patient visitation numbers in KURI Sumber Bahagia clinic since the implementation of BPJS Kesehatan. This phenomenon is responded by the clinic by giving a better quality services and products and also by providing other services in which not covered by BPJS Kesehatan. Diferentiation of services and quality services is proven effective to maintain and even increase patient visitation, which in the end can give a good revenues for the clinic.

**Keywords:** BPJS Kesehatan, Private Clinics, Diferentiation, Quality of Services