

INTERSECTING PATHWAYS: NAVIGATING COMMUNICATION CHALLENGES IN JKN-KIS IMPLEMENTATION

Zarni Adia Purna*

Makassar State University, Makassar, Indonesia

Informasi Artikel	Abstrak
Diterima : 16/04/2024 Disetujui : 16/04/2024 Diterbitkan : 16/04/2024	<p>Penelitian ini mengkaji tantangan komunikasi yang dihadapi dalam implementasi program Jaminan Kesehatan Nasional-Kartu Indonesia Sehat (JKN-KIS) oleh BPJS di Kota Makassar. Penelitian ini mengeksplorasi kompleksitas yang melingkupi komunikasi kebijakan, dengan fokus pada pola transmisi, kejelasan pesan, dan konsistensi dalam implementasi kebijakan. Melalui wawancara dengan pejabat BPJS dan perwakilan pemerintah, serta analisis dokumen terkait, penelitian ini mengungkap beberapa temuan kunci. Pertama, meskipun terdapat saluran komunikasi yang mapan di dalam BPJS, kompleksitas struktur organisasi menimbulkan tantangan, terutama dalam mentransmisikan kebijakan secara efektif kepada petugas di fasilitas kesehatan. Kedua, penelitian ini menyoroti pentingnya komunikasi yang jelas dan kapasitas yang memadai di kalangan petugas lapangan, karena pemahaman mereka terhadap pesan kebijakan secara signifikan memengaruhi pelayanan. Ketiga, penelitian ini menegaskan peran komunikasi antar lembaga, dengan menekankan perlunya saluran formal dan kejelasan dalam direktif untuk memastikan konsistensi dalam implementasi kebijakan. Terakhir, penelitian ini mengidentifikasi dampak desentralisasi terhadap komunikasi kebijakan, mencatat baik keuntungan maupun tantangan dalam mentransmisikan arahan dari otoritas pusat ke pelaksana lokal. Secara keseluruhan, temuan tersebut berkontribusi pada pemahaman yang lebih baik tentang dinamika komunikasi dalam implementasi JKN-KIS dan memberikan wawasan untuk meningkatkan strategi komunikasi kebijakan di sektor kesehatan.</p> <p>Kata kunci: Implementasi Kebijakan; Komunikasi Kebijakan, Pelayanan Kesehatan</p>
	<p>Abstract</p> <p><i>This study examines the communication challenges faced in the implementation of the National Health Insurance (JKN-KIS) program by BPJS in Makassar City. The research explores the complexities surrounding policy communication, focusing on transmission patterns, clarity of messages, and consistency in policy implementation. Through interviews with BPJS officials and government representatives, as well as analysis of relevant documents, the study reveals several key findings. Firstly, while there are established communication channels within BPJS, the complexity of the organizational structure poses challenges, particularly in transmitting policies effectively to frontline officers in healthcare facilities. Secondly, the study highlights the importance of clear communication and adequate capacity among frontline officers, as their understanding of policy messages significantly influences service delivery. Thirdly, the research underscores the role of inter-agency communication, emphasizing the need for formal channels and clarity of directives to ensure consistency in policy implementation. Finally, the study identifies the impact of decentralization on policy communication, noting both advantages and challenges in transmitting directives from central authorities to local implementers. Overall, the findings contribute to a better understanding of the communication dynamics in implementing JKN-KIS and provide insights for improving policy communication strategies in the healthcare sector.</i></p> <p><i>Keywords:</i> Policy Implementation; Policy Communication, Healthcare</p>

BACKGROUND

The National Health Insurance-Healthy Indonesia Card (JKN-KIS) program, launched on January 1, 2014, is a manifestation of the state's presence for its people. This program aims to improve access to health services, particularly for the underprivileged. However, throughout its implementation, the program has faced various challenges. Several studies have indicated that a lack of communication between institutions, especially between the government as policy maker, BPJS as implementer, and the public as beneficiaries, has led to many claims being improperly targeted. Many vulnerable and impoverished groups have not received benefits, while there are well-off groups enjoying JKN-KIS services. Additionally, the program's implementation has been hindered by inadequate civil administration systems. Towards the end of 2018, the government continued to refine the implementation of JKN-KIS, including in terms of regulations. The issuance of Presidential Regulation (Perpres) Number 82 of 2018 on Health Insurance aims to unify the steps of BPJS Health, ministries, institutions, local governments, and other stakeholders in managing this program. This Perpres strengthens the role of local governments in supporting JKN-KIS regulations.

Conceptually, new regulations mean the emergence of new configurations expected to address gaps in previous policies. Based on the policy change model, there are three forms of policy changes: incremental, creating new laws for specific policies, and major policy replacements due to restructuring. These changes can take four forms: first, linear, which involves the direct replacement of one policy with another; second, consolidation, which involves merging previous policies into a new policy; third, splitting, where several bodies or agencies are divided into several components; and fourth, nonlinear, which includes elements from other types of changes and is complex. Despite their variations, these forms are unified by the same question: can these changes generate better utility, have no impact, or worsen the situation on the ground? This question highlights the importance of policy implementation studies, including in health service policies. (Cerna, 2013)

Implementation issues often arise due to contextual factors that may not be considered by policymakers and health system managers. Implementation research is crucial for enhancing our understanding of the challenges in facing policy realities by expanding and deepening our understanding of real-world factors and their impact on implementation. Implementation research helps identify gaps between theory and practice in the field, as well as capture and analyze information in real-time, enabling performance assessment and supporting the improvement and integration of interventions into the national health system. (Myomin & Lim, 2022)

Edward III has emphasized the importance of implementation in public policy to achieve the desired goals. Edward III asserted that the main problem in public administration is a "lack of attention to implementation". He stated that "without effective implementation, the decisions of policymakers will not be carried out successfully". Based on his studies, Edward III suggested focusing on four key issues to make policy implementation effective: communication, resources, disposition or attitudes, and bureaucratic structure. The variables identified by Edward III are highly relevant in the context of JKN-KIS implementation.

One of the key factors that play an important role in the successful implementation of health insurance policies is communication. (Hahlweg et al., 2022). Effective communication between the government, healthcare providers, and the public is essential to ensure that the policy's objectives are achieved. Without good communication, misinformation and a lack of understanding about health insurance policies can occur, ultimately hindering public participation and support. Effective communication in this context involves disseminating clear and accurate information about the benefits and procedures of health insurance, as well as providing easily accessible complaint mechanisms. Additionally, communication must include open dialogue among all stakeholders to identify and address any issues or challenges that arise during implementation.

One of the main issues in health insurance policy that causes the disarray in healthcare services at several healthcare institutions in Makassar is the lack of policy socialization. Many people do not have a deep understanding of the registration procedures, the benefits they can obtain, and their rights and obligations as insurance participants. This leads to low public participation in the JKN-KIS program and their inability to utilize the available services. Additionally, the information provided by various parties is often inconsistent or different, causing confusion and misunderstandings among the public. The lack of education for healthcare workers about the latest policies and administrative procedures also becomes a problem, resulting in inefficiency in service delivery and handling of insurance claims. (Mboi, 2015)

The communication channels between the government, BPJS, healthcare providers, and the public are often ineffective, both in terms of conveying information and complaint mechanisms. This leads to public grievances and issues not being addressed properly, thus decreasing their trust in the health insurance system. Furthermore, the absence of open and continuous dialogue among all stakeholders worsens the situation, as issues that should be resolved through communication and cooperation become prolonged. The limited access to digital information is also a challenge, especially for groups in remote areas or those who are less fortunate, leaving them uninformed and unable to benefit from the health insurance program. By understanding and addressing these communication issues, it is hoped that the quality of healthcare services in Makassar can be improved and health insurance policies can be implemented more effectively and efficiently. This article highlights the importance of communication factors in supporting health service insurance policies in providing public services. (Gunawan & Aunguroch, 2015)

METHODS

This study employs qualitative methods with a phenomenological approach to explore the implementation of the National Health Insurance Program (JKN-KIS) by the Social Security Administration Agency (BPJS) in Makassar City. This descriptive research aims to provide an in-depth depiction of the phenomena surrounding health insurance service delivery, including the determining factors that influence it. The focus of the research includes the implementation of health service policies, utilizing the communication approach based on implementation theory. The research is conducted in Makassar City. Primary data sources come from in-depth interviews with key informants, including health officials and community members who

use health services. Secondary data is collected from documents related to health insurance policies. Data collection techniques include in-depth interviews, direct observation, and documentation. Data analysis is carried out through the processes of data organization, reduction, presentation, and conclusion drawing. To ensure the validity of the data, several methods are employed, such as extended observation, triangulation, and member checking. The ultimate goal of this research is to provide a comprehensive overview of the implementation of health insurance policies in Makassar and to offer recommendations for enhancing the effectiveness and efficiency of the JKN-KIS program..

RESULT

Edward III identified three key indicators for evaluating communication in policy, namely message transmission, message clarity, and message consistency. From his research, he concluded that effective implementation occurs when decision-makers have a good understanding of what they are going to do, which can only be achieved through effective communication. This is reinforced by the assumption that the more parties involved in policy implementation, the greater the likelihood of obstacles and distortions. In the context of implementing the National Health Insurance Program (JKN-KIS) by BPJS in Makassar City, the writer attempts to apply the variables, assumptions, and indicators used by Edward III to evaluate communication aspects. Below are the initial propositions proposed by the writer for each indicator, which will serve as a guide in collecting field data to understand the reality of each indicator. This is presented in the following table:

Table 4.1.

Communication Variable Matrix

Variable	Communication		
Initial proposition	Effective implementation will occur if decision makers know what they are going to do. Information known to decision makers can only be obtained through good communication		
Assumption	The more layers or implementing actors involved in policy implementation, the greater the possibility of obstacles and distortions being faced		
Indikator	Preposition	Data withdrawal dimensions	Finding
Transmition	Good communication distribution will also produce good implementation. Problems often occur in the distribution of communication, namely misunderstanding (miscommunication) caused by the many levels of bureaucracy that must be passed in the communication process, so that what is expected is distorted in the middle of the road.	Organizing structure Number of actors involved Alignment method	Collaboration with many sectors results in potential miscommunication The alignment method is implemented through direct outreach, coordination, seminars, signing of MoUs For the community, the transmission method is through written socialization, but this is hampered by the community's literacy culture
Clearness	Communication received by policy implementers (street-level bureaucrats) must be clear and not confusing or ambiguous	Complexity of rules Understanding of information between implementing units	Even though the policy content is very clear because the operational guidelines are complete, there are still sectors that are late in understanding information regarding policies,

			especially for implementers in health facilities.
Consistency	Orders given in the implementation of a communication must be consistent and clear to be determined or carried out. If the orders given change frequently, it can cause confusion for implementers in the field	Number of rules/procedures/instruction sources/alignments	Policy consistency is not yet completely stable due to rapid external changes, but the coordination pattern with the Makassar city government is able to maintain policy consistency
Data Conclusion	Even though it has a transmission pattern and clarity, the large implementation structure creates several obstacles in policy communication, especially for implementers in health facilities. This is also influenced by the capacity of frontline efficiators in understanding the message of the policy		

Source, Authir 2024

Transmission

The management of BPJS involves multiple sectors, each with its own set of responsibilities and functions. These sectors interact through various relationships, including functional coordination, oversight, reporting, dispute resolution, authority, and civil law relationships. However, the complexity of these inter-institutional relationships poses a challenge, as miscommunication can arise if policy messages are not effectively transmitted. This challenge is highlighted by the head of BPJS in an interview, who emphasizes the need for coordination among various parties involved in the implementation of JKN-KIS, as it is a policy that requires collective responsibility from the government. Miscommunication often occurs, especially in articulating the intentions and interests of each party, making it crucial to find effective ways to communicate policy messages.

In the context of BPJS Makassar's role in policy transmission, the writer concludes that it serves as a policy translator from sectoral policies to technical and operational policies. This translation involves interpreting core policies issued by the SSJN council, reflecting the need to bridge sectoral policies with practical implementation. Various methods are employed for policy transmission, including policy documents, plans, procedures, meetings, joint decision letters, teams, and one-stop services. However, despite these efforts, challenges remain, particularly in communication between sectors and the public.

Internally, BPJS Makassar relies on coordination mechanisms among implementing bureaucracies to transmit policies effectively. Circular letters are used to centralize policy communication and ensure efficient transmission through hierarchical channels. Externally, BPJS Makassar interacts with the local government, health facilities, and the general public. However, the fragmented nature of these relationships often leads to miscommunication, especially regarding membership status coordination and health service standards confirmation.

Policy transmission to the public involves direct socialization activities. While these efforts have benefited JKN participants, challenges persist, including inadequate adjustment of socialization media to the target audience and limited understanding of JKN BPJS products among marginalized communities. Overall,

while BPJS Makassar endeavors to communicate policy messages effectively, there is a need for further improvement to address existing challenges in policy transmission.

Clearness

Clarity of message in policy signifies that the communication received by implementing bureaucracy must be clear and unambiguous. Therefore, the writer endeavored to understand the extent of comprehension regarding information among implementing units, especially amidst the complexity of existing regulations. In the context of clarity, the complexity of regulations plays a crucial role in implementation. For JKN-KIS, this complexity lies at a high level due to its involvement across multiple sectors. However, fundamentally, the clarity of regulations can be measured by the level of understanding among implementers regarding policy content. Results from interviews with BPJS employees indicate that many rules are not fully understood by them, especially those involving other sectors. This is reflected in the statement that rules in the implementation of JKN-KIS encompass various aspects, not just healthcare regulations. This arrangement demands comprehensive understanding from the implementers.

From these interviews, it is evident that employees have a fairly good understanding of the messages desired by decision-makers, as these messages are available in guidebooks or manuals disseminated both in written and oral form through technical training or internal briefings at healthcare facilities. Furthermore, to gain a broader understanding of the clarity sector within JKN that must be known to the public, researchers inquired with the Head of HR, General Affairs, and Public Communication of BPJS Health Branch Makassar. According to the informant, clarity in policy emphasizes three things: membership, financing, and healthcare services. This is crucial because these three aspects are the main targets in implementing BPJS JKN policy, as stipulated in Law No. 24 of 2011 concerning BPJS Health.

Awareness of information clarity encompasses not only detailed and clear information provision but also responsiveness from the public. Simple and easily understandable information is key to effective information dissemination. Therefore, efforts are needed to explain the mechanisms of membership, financing, and healthcare services in the JKN program in simple language. Overly specific instructions regarding policy implementation can hinder information clarity, as the public may be burdened with too much information. Posters in the BPJS Makassar office serve as one of the information sources noticed by the public, as they are presented with concise language and supported by attention-grabbing visuals. However, efforts in the form of books, leaflets, or magazines do not receive sufficient attention, possibly due to a lack of literacy culture among the public. This indicates that the literacy culture of the public can be a barrier in conveying JKN-KIS policy messages from BPJS to the public.

Consistency

The next variable is Consistency, which refers to messages that tend to remain unchanged and not confuse implementing units. This can be observed in the number of regulations encompassing existing policies. Consistency, in the context of implementing BPJS JKN-KIS policy, entails the firm and continuous

implementation of the JKN-KIS policy as stipulated in the National Health Insurance Law. To further understand the consistency of BPJS Health Makassar in implementing JKN-KIS, the researcher inquired with the Head of BPJS Health in Makassar City. According to the informant, "Yes, we consistently implement it. This is the government's mandate for the health of the people of Makassar. Therefore, we continue to improve, enhance cooperation networks with healthcare providers (hospitals, community health centers, clinics), including the city government, so that people can receive treatment anywhere according to their illnesses."

This explanation indicates that BPJS Health in Makassar City consistently provides information about healthcare services by continuously fostering partnerships with healthcare providers and various government agencies. Based on document analysis, the researcher found evidence of collaboration between BPJS Health Branch Makassar and the Makassar City Government regarding the Integration of Regional Health Insurance (Jamkesda) into the Regional Budget Insurance (PBI APBD) in 2018, held at the Makassar Mayor's Office on Tuesday, January 2, 2018.

In terms of the consistency of JKN-KIS implementation, the support of local governments includes budget allocation from the Regional Budget (APBD), membership, Regional Regulations, and healthcare infrastructure development. For local governments, BPJS Health can help alleviate budgetary burdens by providing comprehensive coverage with clear contributions, especially for costly illnesses. Law No. 36 of 2009 concerning Health mandates that local governments allocate 10% of the APBD for the health sector, while 5% comes from the national budget (APBN), including funding for public health promotion and the provision of healthcare facilities and equipment.

Regarding the integration of Jamkesda registered as Regional PBI, BPJS has signed memoranda of understanding and cooperation agreements with the Ministry of Home Affairs as the department responsible for local governments implementing health insurance in districts/cities. As outlined above, the support of local governments is crucial to ensuring the smooth and consistent implementation of JKN-KIS and serving the entire population. To further understand the contribution of the Makassar City Government, the researcher inquired with the Head of the Kesra Department of the Makassar City Government. According to the informant, "On June 18, 2018, the City Government, along with Bappeda, the Health Office of the City, and BPJS, held a coordination meeting attended by all sub-district heads in Makassar. It was emphasized that all leadership elements should encourage the community to participate in JKN-KIS."

Based on this explanation, it is evident that the Makassar City Government, along with its departments and even sub-district administrations, has been working to integrate the Jamkesda Program into JKN-KIS since February 2016, particularly for the less fortunate. This is in line with Presidential Instruction No. 8 of 2017, instructing local governments to instruct all government agencies to help expand membership so that Makassar City can achieve Universal Health Coverage (UHC) by 2019, with a minimum target participation rate of 95%.

Still concerning the consistency of BPJS Health in Makassar City, it pertains to service consistency. The researcher redirected the question to the Head of Service at BPJS Health in Makassar City regarding the

numerous complaints about the low quality of healthcare services for JKN-KIS participants. According to the informant, "We need to clarify that BPJS Health services include issuing membership for eligible participants and processing claims payments by healthcare providers. However, the service provided by hospitals is no longer under our authority but is the responsibility of the hospital/community health center/clinic management. Therefore, if the public complains about service issues during illness, it is not related to us."

Discussion

The initial assumption that the more layers or implementing actors involved in policy implementation, the greater the likelihood of obstacles and distortions faced is supported by field data. Despite having transmission patterns and clarity, the extensive structure of implementation creates several communication barriers, especially for frontline officers at healthcare facilities. This is also influenced by the capacity of frontline officers to understand the policy messages.

In transmission, the presence of intensive communication patterns and appropriate mediums for delivering information is believed to be key in the policy communication process, especially considering the multitude of actors involved as partners of BPJS. Moreover, the diverse participant pool and varying levels of knowledge and understanding among the target audience determine the clarity of policy message content. This seems to be a contributing factor to the success of communication in implementing JKN-KIS. (Kusuma et al., 2023; Myomin & Lim, 2022)

Regarding inter-agency communication issues, significant problems do not seem to exist except for resource-sharing issues. The pattern utilized involves formal communication between two or more bureaucratic decision-making channels. The lack of discretion in implementing units leads to constraints in the transmission process. The most effective policy message transmission comes from BPJS headquarters, as it directly links to hierarchical regulations and holds binding authority over other implementing agencies.

The decentralization of public policy implementation results in a reduced likelihood of a policy being accurately transmitted to its primary implementers. Decentralization typically means that a decision must be communicated through several levels of authority before reaching those who will implement it. However, for BPJS in Makassar City as a branch unit, this communication gap can be minimized due to the direct decision-making pattern from the headquarters. This lack of decentralization actually brings positive impacts. In the implementation of JKN-KIS, the emerging issue is BPJS's control over the quality of services provided by healthcare facilities. The lack of discretion results in minimal supervision over the quality of services provided by healthcare facilities. It is not uncommon for public complaints, as service users, to be triggered by dissatisfaction with the service units in healthcare facilities. (Myomin & Lim, 2022)

Regarding communication clarity, this dimension requires that policies transmitted to implementers, target groups, and other stakeholders are clearly understood so that they know the meaning, objectives, targets, and substance of the public policy. There is an interesting tendency regarding message clarity. Among officials and implementing personnel, communication clarity barriers arise from the gap in understanding between

frontline officers working in healthcare facilities and the knowledge and understanding of the community. Communities with low literacy levels are still hindered in understanding the content of BPJS policies. (Gunawan & Aunguroch, 2015; Rosyidah et al., 2019)

As for policy message consistency, it is suggested that implementation orders must be consistent and clear for effective implementation. Sending clear but conflicting instructions will not make operational personnel more efficient in accelerating implementation. Concerning message consistency in implementing JKN-KIS at BPJS in Makassar City, it is due to the complexity of existing policies. Although not conflicting, they are strongly interconnected with policies from other institutions, which sometimes disrupts their consistency due to the existence of other influential agencies affecting JKN-KIS implementation.

CONCLUSION

In conclusion, the implementation of policies, particularly exemplified by the Jaminan Kesehatan Nasional-Kartu Indonesia Sehat (JKN-KIS) program by BPJS (Badan Penyelenggara Jaminan Sosial) in Makassar, presents a multifaceted landscape of challenges and successes in policy communication. While transmission patterns and clarity of communication are identified as crucial elements in effective policy dissemination, the complex structure of implementation, involving multiple layers of actors and stakeholders, poses significant barriers to communication. The extensive bureaucracy and varied levels of knowledge among frontline officers impact the clarity and consistency of policy messages, especially in healthcare facilities. Despite efforts to establish formal communication channels and provide training, gaps in understanding persist, hindering the smooth transmission of policy directives. Additionally, while decentralization offers certain advantages in streamlining decision-making processes, it also introduces challenges in ensuring consistent and accurate policy transmission to implementers. The involvement of multiple agencies and the lack of discretion at the implementation level further exacerbate these challenges, potentially leading to inconsistencies in policy implementation. However, amidst these complexities, efforts to enhance communication clarity and consistency remain essential. Effective communication channels, tailored messaging, and improved literacy initiatives are vital in bridging the gap between policymakers, implementers, and the community, ultimately ensuring the successful implementation of public policies such as JKN-KIS. In essence, addressing the challenges of policy communication requires a multifaceted approach that encompasses both structural reforms and targeted interventions to improve understanding and engagement among stakeholders. Only through concerted efforts can the objectives of public policies be effectively communicated and realized, ultimately benefiting the broader community.

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