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Quality of BPJS Services at Mitra Sejati Hospital with Importance Performance Analysis (IPA) Method

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ABSTRACT

The number of true partner hospitals in North Sumatra Province has increased since 2012 by 288 units to 310 units in 2023. The increasing number of true partner hospital units does not necessarily mean that true partner hospital services are adequate. This research aims to measure the factors that influence consumer satisfaction and to provide technical responses sourced from the Voice of Customer. This research uses a quantitative analysis method that combines the Importance Performance Analysis (IPA) method to determine service quality factors that influence consumer satisfaction and the Quality Function Deployment method is used to provide a technical response. This methodology uses a quantitative approach using the IPA method to show factors that are among the main priorities, namely services related to providing appropriate diagnoses by doctors at true partner hospitals, services related to responses by true partner hospitals to complaints from patients, and service attributes related to the suitability of drugs given by doctors at true partner hospitals. Increasing responses to patient complaints is a top priority that must be carried out by true partner hospitals to increase patient satisfaction. The technical response with the highest priority order is that medical personnel must provide clear answers regarding the treatment the patient is undergoing, and doctors at true partner hospitals must be more careful in administering medication that is appropriate to the patient's illness.

Introduction

Development in the health sector is part of national development. The government as the agency responsible for maintenance must also fulfill its obligations in implementing the provision of health service facilities. The World Health Organization (WHO) has determined that health is an investment, right and obligation for every human being. This quote is also contained in Article 28 paragraph (3) of the 1945 Constitution, hereinafter abbreviated as (UUD NRI) and Law Number 36 of 2009 concerning Health, hereinafter abbreviated as (UUK), which stipulates that everyone has the right to receive health services. Therefore, every individual, family and community has the right to obtain protection for their health, and the state is responsible for ensuring that the right to a healthy life is fulfilled for its population, including the poor and underprivileged. Therefore, the government has taken a strategic policy to make health services free for the poor. Since January 2005, this program has become the popular Public Health Care Guarantee Program (PJPKM) under the name Askeskin. In 2008 the Askeskin program was renamed Community Health Insurance (JAMKESMAS) and on January 1 2014 the Coordinating Minister for People's Welfare stated that Indonesia would enter a new era, namely the era of implementing the National Social Security System in which Health has a legal entity which will be mandated to guarantee the program. Social security or BPJS. The population of Indonesia, especially the city of Medan, based on the 2021 census, is 31.97%, data from the Ministry of Health

for 2022, the Indonesian population who have health insurance is 52.79% or 43.7 million people, and in 2023 it will decrease to 35.00 %. BPJS is based on appropriate data to receive assistance by contribution. The Social Security Administering Body or BPJS Health is a public legal entity whose function is to organize health insurance programs for all Indonesian people, including foreigners who work for a minimum of 6 months in Indonesia. BPJS participants consist of Contribution Assistance Participants (PBI) which consist of the poor and underprivileged, and non-PBI groups or participants from the ASKES transition (BPJS Law, 2011).

Table 1. Percentage of BPJS Population (2021-2023)

Years	Type of BPJS		
	BPJS Contributions	BPJS Non-Dues	BPJS Employment
2021	31,97	22,93	4,37
2022	52,79	7,73	4,00
2023	35,00	25,62	3,73

Data taken: North Sumatra BPS

The transfer of this program includes 6 things, namely the implementation of coordination and simulation in the process of transferring the Jamkesmas program to BPJS Health, the implementation of socialization of national health insurance, the settlement of payments for claims for health service facilities providing health services to Jamkesmas participants, the utilization of independent Jamkesmas verifiers as Human Resources. BPJS health is required according to the qualifications, utilization of claims verification application technology and the Jamkesmas implementation reporting system into BPJS health and, transfer of membership data for 2013 Jamkesmas recipients into BPJS health as participants receiving contribution assistance (www.depkes.go.id). Several factors can influence the quality of service at BPJS: 1) Physical evidence (Tangibles) such as the appearance of the building, the waiting room is not spacious enough and the facilities are still incomplete, for example limited waiting chairs, not enough parking space, 2) Reliability (Reliability) such as the limited number of tellers and customers in serving customers, 3) Responsiveness, for example the lack of responsiveness of employees in providing services, 4) Assurance, namely the ability of employees to provide a sense of security and trust to their customers, 5) Empathy, namely in serving employee customers provide convenience and establish good relationships with customers (Hafizh et al., 2023). BPJS as a health service facility has a very strategic role in efforts to accelerate the improvement of the health status of the Indonesian people. Increasing public knowledge will have an impact on increasing public demand for quality health services, besides that providing BPJS health services is also widely highlighted by the public.

Many BPJS health participants are still not compensated by health facilities. As of August 2015 alone, the number of participants had reached 150 million people. Meanwhile, there are only around 1,739 hospitals that have collaborated with BPJS Health compared to a total of 2,396 hospitals in Indonesia. Of the total hospitals that have collaborated, 600 of them are government hospitals. Seeing this fact, not many BPJS patients complain, there is a lack of BPJS socialization regarding understanding of BPJS health services, a lack of understanding of BPJS health referrals, difficulties in accessing inpatient rooms, the complexity of the BPJS health service flow because it implements a tiered service flow. Before going to the hospital, a participant must first go to a first level health facility (a true partner hospital) to get a recommendation. BPJS participants who need emergency treatment are often not treated because of this problem. Based on the above phenomena, the purpose of this article is to analyze service quality priorities. Analysis of BPJS Service Quality at Mitra Sejati Hospital using the Servqual indicator so that the author is interested in writing an article with the title "Analysis of BPJS Service Quality at Mitra Sejati Hospital Using the Importance Performance Analysis (IPA) Method)".

Methods

In this research, a questionnaire is used as the main data which will be processed using quantitative methods and the definition of research using quantitative methods means research that meets scientific principles, namely concrete/empirical, objective, measurable, rational and systematic. The quantitative method is also called the discovery method, because with this method it can be discovered and developed as new science and technology with research data in the form of numbers and statistical analysis (Balaka, 2022). In obtaining this data, several stages go through, namely:

a. Conduct literature studies to identify problems In this study, it was obtained from knowing the effect of BPJS quality on patient satisfaction at Rs. Medan City True Partners. Meanwhile, literature studies can be determined from service quality attributes and preparing a questionnaire based on the quality of service provided by the hospital.
b. Distribution of questionnaires in terms of data collection The questionnaires were distributed directly by giving them to hospital patients for approximately one month. The questionnaire used uses a Likert scale.
c. Model evaluation or data processing The data that has been collected will be sample calculated and tested for validity and reliability. If any data is found to be invalid or unreliable, then the data cannot be used and data collection will be carried out again. However, if the data is valid and reliable, it will proceed to the next stage, namely data processing using the Importance Performance Analysis (IPA) method to create a model and determine service factors that influence patient satisfaction.

Result

Data collection carried out in determining the sample size was based on the minimum sample size requirement of five respondents for each question in the questionnaire using the perpusive sampling method (Hair, Black, Babin, & Anderson, 2013). Based on these provisions, the number of samples required in this research is 100 respondents with 20 questions. Questionnaires were taken from 45 respondents according to the criteria of the sample, namely patients spread across Medan City's true partner hospitals.

This collection is based on a representative population, namely :

a. data is fully loaded (p) : 97 kuisioner
b. data is not fully filled (q) : 3 kuisioner
c. level of trust : 95%
d. *sampling error (e)* : 5 %
e. level of significance ((α) : 5%
f. Normal Curve Values Z $\alpha/2$=$Z_{0,05/2}$: 1,96

$$N = \{\frac{Z\alpha/2}{e}\}2_X(\hat{P})(\hat{q}) = [\frac{1,96}{0,05}]2_X\,(97)(0,03)$$

N = 44,72 = 45 kuisioner

So, to calculate the number of questionnaires that will be provided in testing validity and reliability testing, it is 45 questionnaires

Tabel 1 Respondent Characteristics.

No	Characteristics	Category	Amount
1	Gender	Male	45
		Female	55
2	Age (Years)	20-24	12
		25-29	17
		30-34	34
		≥35	37
3	Length of Work (Years)	0-5	32
		6-10	33
		11-15	23
		>15	12
4	Hospitalization History	Ever	35
		Never	65

Data obtained from interviews (2024)

The data obtained from the questionnaire was then tested using validity and reliability tests. Validity testing aims to ensure the suitability of the data collected so that it can be researched further so that it can be used to measure the object under study (Wilujeng & Kusumo, 2018). Reliability testing is needed to ensure that any data that has been collected does not have random error variance. The coefficient used in this reliability test is Cronbach alpha, which is a measuring instrument that can be said to be reliable when Cronbach alpha > 0.7 (Deng & Chan, 2018). After knowing the characteristics of the data search for respondents, what will be done is to carry out a validity and reliability test which is used as a benchmark for calculating the scale in the questionnaire that has been completed by BPJS user patients at Mitra Sejati Hospital.

Tabel 2 Gap Score Value

Atribut	Importance Score	Satisfaction Value	*Gap Score*
Tangible (1)	4,24	3,71	0,53
Tangible (2)	4,35	3,71	0,64
Tangible (3)	4,39	3,74	0,65
Tangible (4)	4,36	3,75	0,61
Realibility(1)	4,31	3,51	0,0
Realibility (2)	4,49	3,56	0,93
Realibility (3)	4,35	3,65	0,70
Realibility (4)	4,22	3,64	0,58
Responsiveness(1)	4,25	3,64	0,61
Responsiveness(2)	4,32	3,68	0,64
Responsiveness(3)	4,27	3,52	0,75
Responsiveness(4)	4,30	3,69	0,61
Assurance (1)	4,35	3,50	0,85
Assurance (2)	4,29	3,63	0,68
Assurance (3)	4,41	3,73	0,66
Assurance (4)	4,29	3,79	0,50
Emphaty (1)	4,47	3,69	0,78
Emphaty (2)	4,36	3,68	0,68
Emphaty (3)	4,27	3,78	0,59
Emphaty (4)	4,28	3,53	0,75
Rata-Rata	**4,20**	**4,60**	**0,93**

Data is processed in SPSS (2024)

(table 2). These results show that hospital performance is still below consumer expectations with the largest gap being 0.93 and the smallest gap being 0.49. All attributes that are under the interests of respondents must receive serious attention from management to improve the quality of service provided to consumers. After calculating the gap score, the next step is to carry out an overall calculation, where this calculation will contain 5 factors that support the BPJS process in accordance with the criteria available to the respondents that have been distributed. The calculation consists of the following:

Tabel 3 Data *Ranking Gap Score*

No	Statement	Gap	*Ranking*
Tangible Indicator (Physical Evidence)			
1	Adequate parking space	0,53	13
2	Attractive interior and decoration	0,64	9
3	Availability of supporting facilities (bathroom, hand washing place, prayer room and wifi)	0,65	8

4	Spacious and comfortable space	0,61	10

No	Pernyataan	*Gap*	*Ranking*
Emphaty (Empathy) Indicator (Four)			
5	Employees who provide good service	0,0	15
6	Nurses who are responsive	0,93	1
7	Doctors who have the right input	0,70	5
8	Security who are willing to help register BPJS to the elderly themselves	0,58	12
Indicator Responsiveness			
9	Employees are quick to respond if anyone has difficulty when registering.	0,61	10
10	The officers at the hospital are quick to respond to provide valid information about what you want to be told about information about the hospital.	0,64	9
11	Hospital officials are willing to assist in all processes when conducting treatment	0,75	4
12	The cashier facilitates the payment transaction process using BPJS	0,61	10
Realibilitas Indikator			
13	Appropriateness of services provided	0,85	2
14	Excellent service quality	0,68	6
15	Speed when performing services	0,66	7
16	Ease of finding the hospital	0,50	14
Assurance Indicator			
17	Employees who are alert to complaints from patients	0,78	3
18	Comfortable hospital atmosphere	0,68	6
19	Employees who can master the hospital environment	0,59	11
20	Guarantee of data security provided	0,75	4

Data is processed in SPSS (2024)

Based on table 3, the Ranking Gap Score calculation has minus results from the questionnaire that has been filled in by each patient which has been carried out to look for the performance service category, which is a category that shows patient satisfaction with the quality of service using the Patient Satisfaction Index Conversion Interval Value (IKP) and the average calculation can be seen -The average Gap Score (Q) is 4.20 which is obtained from the average value of 20 Gap Score ranking calculation functions. According to (Widyarto et al, 2018) if the Q value <1, then the quality of the company's services provided is very good. Based on the calculations above, it can be seen that the quality of hospital services in BPJS services has not met the appropriate requirements for having good quality in terms of service for patients.

Tabel 4 Calculation of Service Quality

Indicator	Satisfaction	Gap	Satisfaction Category
Tangible	4,05	0,61	Very Satisfactory
Realibility	4,14	0,67	Very Satisfactory
Responsiveness	4,04	0,65	Very Satisfactory
Assurance	4,23	0,7	Very Satisfactory
Emphaty	4,26	0,55	Very Satisfactory
Rata-rata	**4,144**	**0,64**	Very Satisfactory

Data is processed in spss (2024)

After knowing the patient satisfaction category given by the Mitra Sehat Medical Center Clinic, the next step is to calculate the average of the average scores for each dimension, calculated using the following formula:

$$\mathbf{IKP^{-}_{Total}} = \frac{\boldsymbol{\Sigma IKP Indikator}}{\textbf{Banyaknya Indikator}}$$

$$\mathbf{IKP^{-}_{Total}} = \frac{\mathbf{20{,}72}}{\mathbf{5}} = \mathbf{4{,}144}$$

The Customer Satisfaction Index (IKP) for all service quality indicators (satisfaction scale) is 4.144 with the IKP conversion score being 4.145 x 20 = 82.9. According to Algifari (2019: 66), if the IKP score is between 81.26 -100, it is included in the very satisfactory category. To find out the percentage of service satisfaction that patients expect that can be fulfilled by the hospital, it can be determined using the following formula:

$$\mathbf{IKP} = \frac{\sum \boldsymbol{S1XSP}}{\sum \boldsymbol{S1X5}} \boldsymbol{X}\mathbf{100}\%$$

Where :

SI = Service score to customers by the company or use of the service (importance)

SP = Service quality score to customers by the company or service provider received by customers or service users (performance).

Tabel 5 Total *Score Performance and Importance*

Indicator	S1	SP	S1XSP
Tangible	4,05	4,04	16,36
Realibility	4,14	4,02	16,64
Responsiveness	4,04	4,02	16,24
Assurance	4,23	4,05	17,13
Emphaty	4,26	4,03	17,16
TOTAL	**20,72**	**20,12**	**83,53**

Data obtained from SPSS (2024)

Based on the calculation results from the table above, the following calculation results are obtained:

$$\mathbf{IKP} = \frac{\sum \boldsymbol{S1XSP}}{\sum \boldsymbol{S1X5}} \boldsymbol{X}\mathbf{100}\%$$

$$\mathbf{IKP} = \frac{\sum \mathbf{83{,}53}}{\sum \mathbf{20{,}72X5}} \boldsymbol{X}\mathbf{100}\%$$

$$\mathbf{IKP} = 80{,}62\ \%$$

From the results of the IKP calculation, it shows that the quality of service that can be provided by Mitra Sejati Hospital or service providers to patients or service users is 80.62% of the quality of service expected by patients or service users. From these results, a mapping matrix of performance values (x) and expectations (y) will be formed which consists of four quadrants, each of which describes the priority scale in making policies in the form of improving performance or maintaining company performance. The following is data on the distribution of patient performance and expectations.

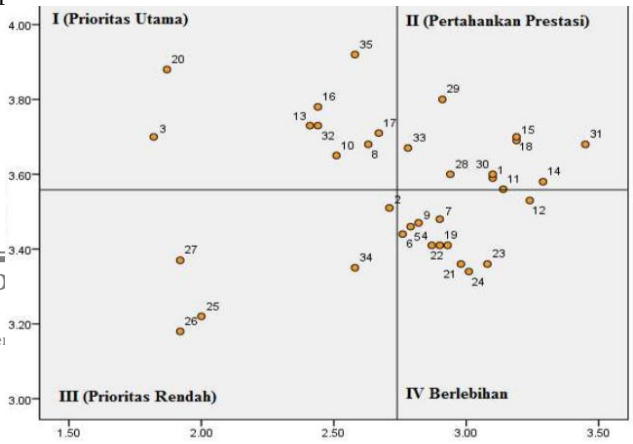

Figure 1. distribution of patient performance and expectations.

Data diolah diagram excel (2024)

a. Quadrant I (Top priority) The factors included in the first quadrant are health service attributes that have the highest gap scores, including: providing appropriate diagnoses by doctors at true partner hospitals (attribute 6), responses from true partner hospitals to complaints from patient (attribute 13}, suitability of medication given by doctors at true partner hospitals (attribute 7).

b. Quadrant II (Maintain Achievement) Factors included in the second quadrant which are included in the ten highest gap scores include: politeness of employees at true partner hospitals in serving patients (attribute 17), attribute number 15 related to fulfilling patient wishes towards partner hospitals genuine, such as asking for a sick note or prescription for medication, and the patient's trust in medical personnel who have handled the treatment appropriately (attribute 18).

c. Quadrant III (Low Priority) The factors included in the third quadrant which are included in the ten highest gap scores include: service attribute number 5 related to the treatment carried out by medical personnel at true partner hospitals for patients, service attribute number 11 related to the ability of medical personnel in answering patient questions, service attribute number 20 is related to medical personnel's concern for patient recovery, and medical personnel's preparedness in treating patient illnesses (attribute 14).

d. Quadrant IV (Excessive) None of the factors included in the fourth quadrant are included in the ten highest gap scores. Therefore, it is considered excessive if efforts are made to improve the quality of services in order to increase patient satisfaction. Factors included in this quadrant include: confidentiality of patient treatment information to outside parties (attribute 10), service attribute number 12 related to suitability of services for BPJS and non-BPJS patients provided to true partner hospitals, and facilities adequate media in true partner hospitals (attribute 1).

Conclussion

Based on the results of the analysis above, the conclusion is that the priority of service quality Analysis of BPJS Service Quality at Mitra Sejati Hospital with Serqual indicators using the Importance Performance Analysis (IPA) method is that to obtain research results requires 45 questionnaires that have been answered by every existing BPJS visitor at the hospital. True Partner. With the results obtained, the total average Gap Score value was 4.20, the Patient Satisfaction category value was 4.144% and the Service Satisfaction Value provided by the Rs was a total of 80.62%.

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