



Health Security of the Informal Sector



**UP. JAMKESDA DINAS KESEHATAN
PROVINSI DKI JAKARTA**

Yogyakarta, 30 September 2013



DKI JAKARTA



Population	9.761.992 Jiwa
TARGET KJS	4,7 juta Jiwa
The poor	1,2 juta Jiwa
The vulnerables	3,5 juta Jiwa

Health Facility	Total
PUSKESMAS KECAMATAN	44
PUSKESMAS with beds Number of beds	21 218 beds
PUSKESMAS KELURAHAN	297
RUMAH SAKIT	147
- RSUD / RSKD 7	1604 TT
- RS IKS 92	
- beds at class 3	7989 TT
Ambulans Dinas Kesehatan	51
PBDS / Klinik Utama	152
PBDU / PBDG / Klinik Pratama	248
LAB KLINIK	175
Private practice of specialist	8209
General Practitioner	8201
Dispensary	1824

Program Jakarta Sehat (KJS)

Target population:

1. The poor
2. The vulnerable

→ quota: 4,7 million

Premium: IDR 23.000,- PMPM paid by Jakarta
Provincial Budget

The Jakarta Poor:

Population registered under
the poor list at BPS Statistics
of Jakarta Province

→ 1,2 million

The vulnerable:

Population who are not listed as the poor by BPS Jakarta, but easily effected by government policy or certain condition, and have no health security.

→ quota 3,5 million

Program KJS

The informal sector is included in the quota of the vulnerable population

(Tukang ojek, parking attendance, public transport drivers, teacherbassistant, street wiper, Pedagang Kaki Lima, dan lain lain)



The Implementation of KARTU JAKARTA SEHAT (KJS)

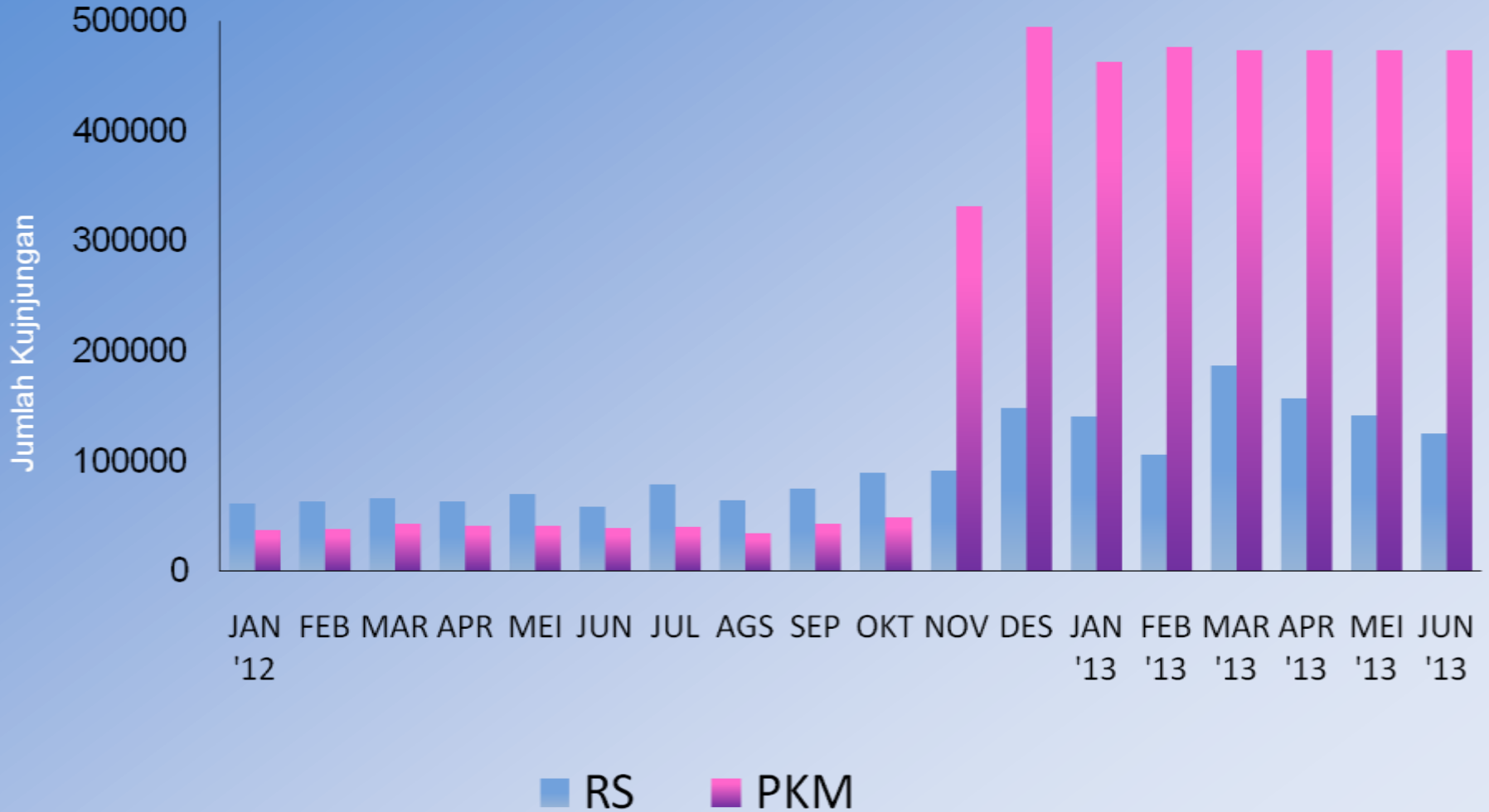
- Launched on 10 November 2012
- Registered members 3,220,637
- Printed KJS cards 2.904.471



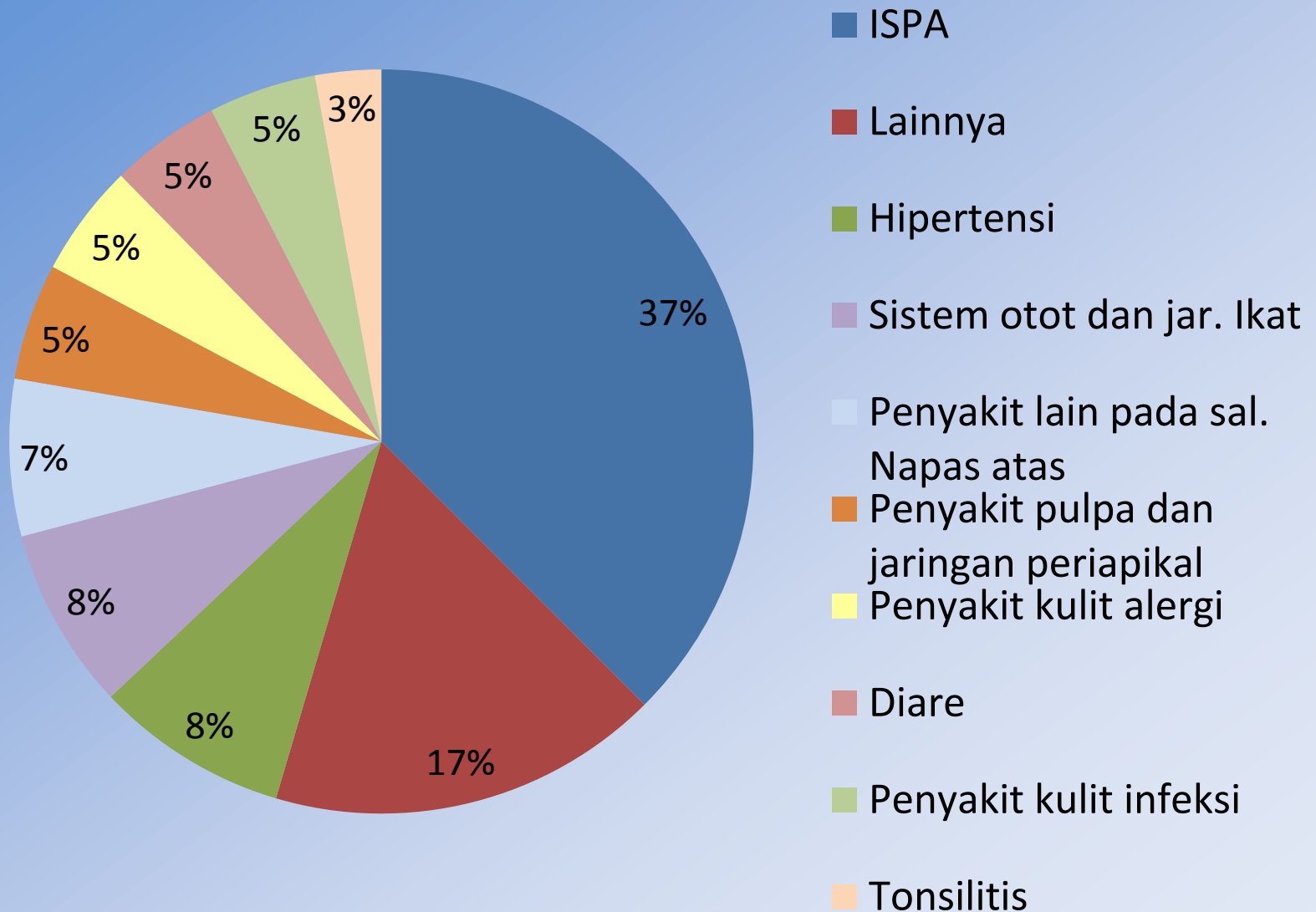
KJS members

No	City/district	Registered Members	Printed KJS Cards
1	Central Jakarta	536.198	479.121
2	South Jakarta	545.314	490.604
3	East Jakarta	881.562	797.961
4	West Jakarta	664.365	592.640
5	North Jakarta	571.656	524.338
6	Thousand islands	21.542	19.807
	Total	3.220.637	2.904.471

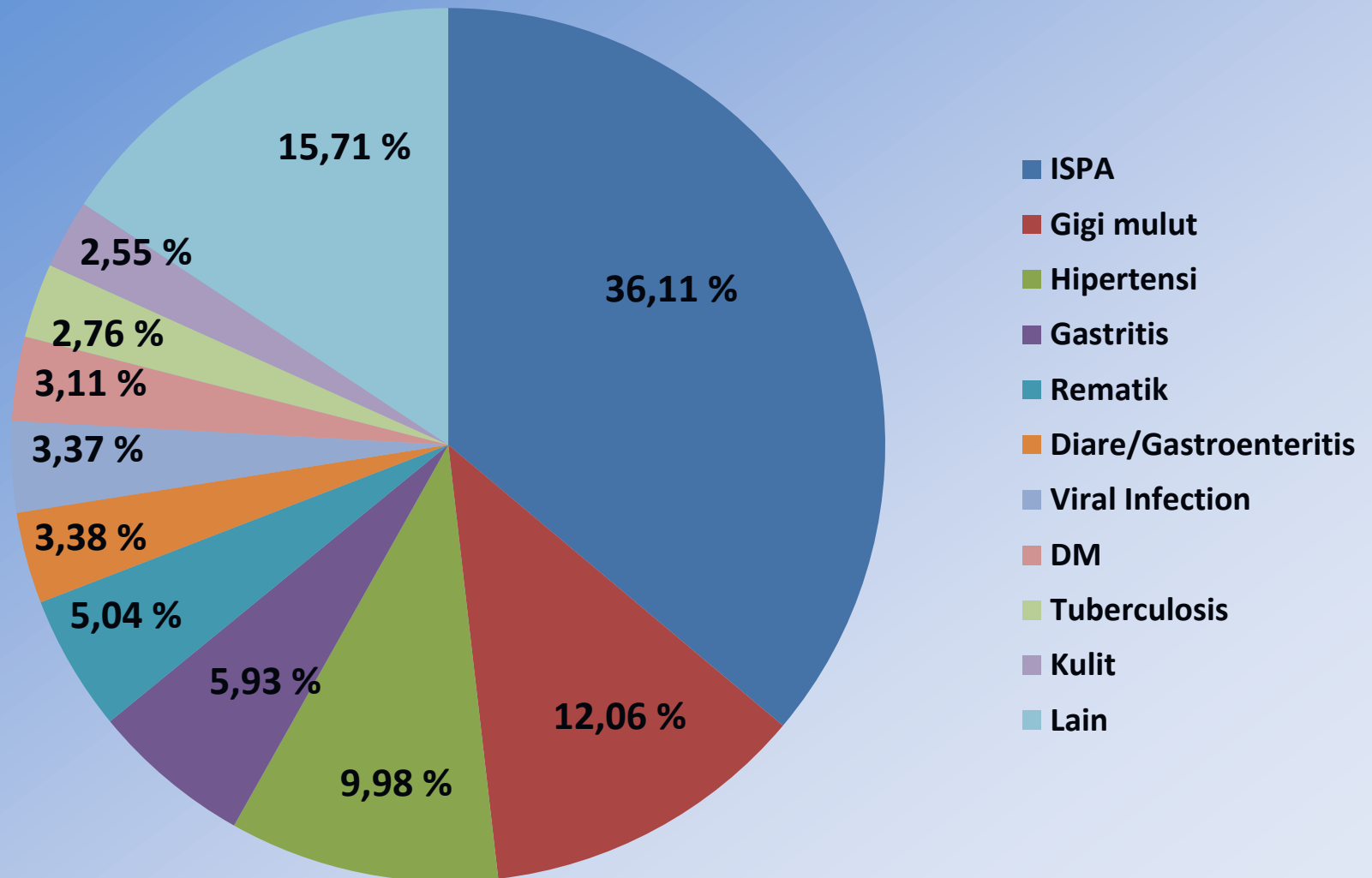
KJS Healthcare Utilization At Hospitals and Puskesmas



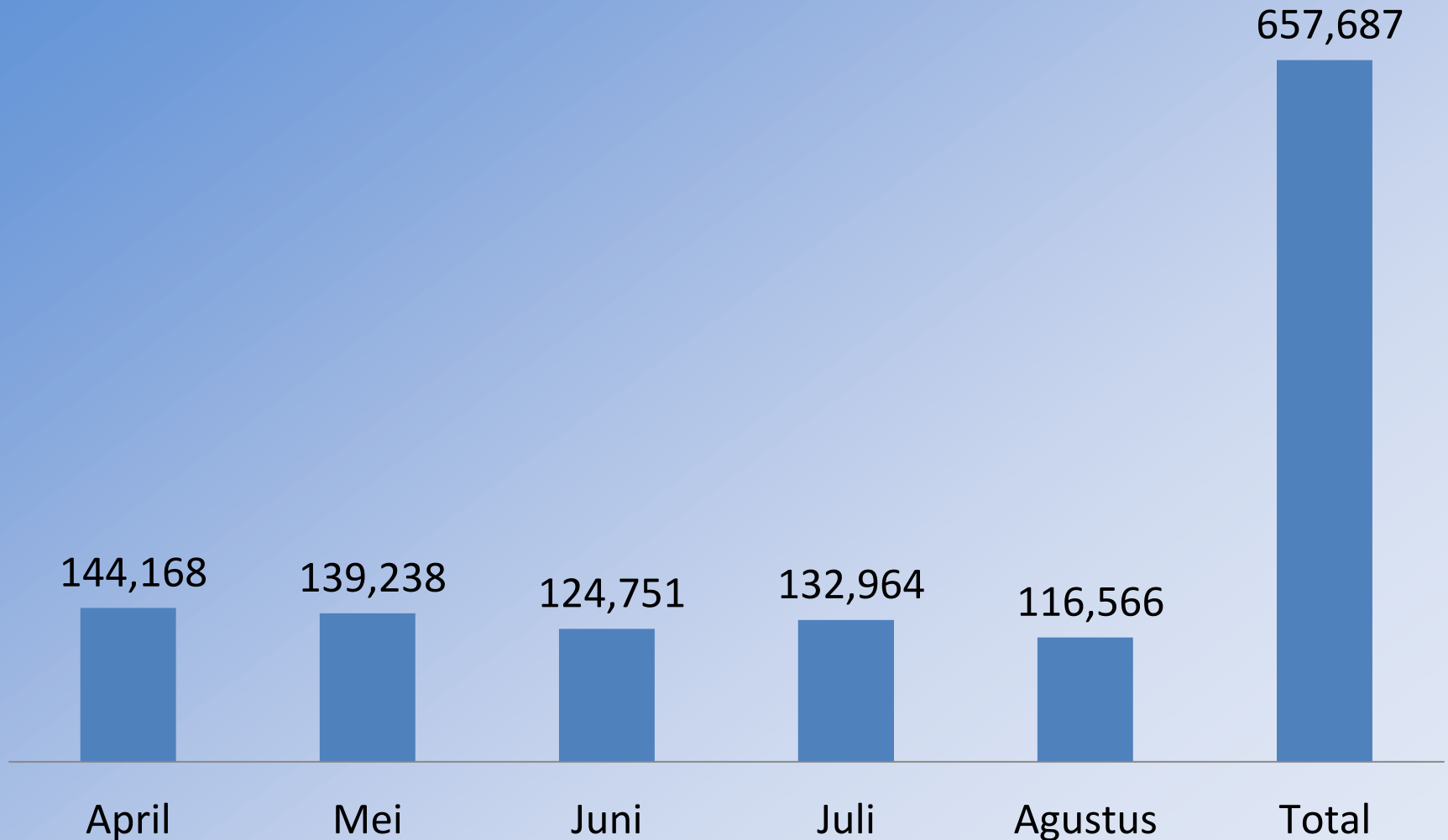
Percentage Distribution of Most Prevalent Diseases AT PUSKESMAS JAKARTA PROVINCE 2012



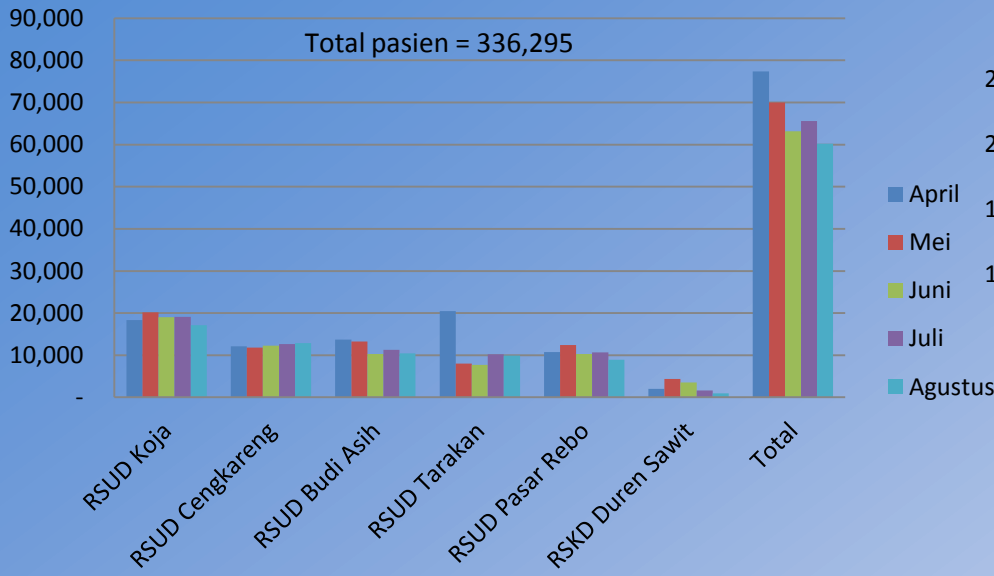
Percentage Distribution of Most Prevalent Diseases At the Puskesmas Jakarta Province until July 2013



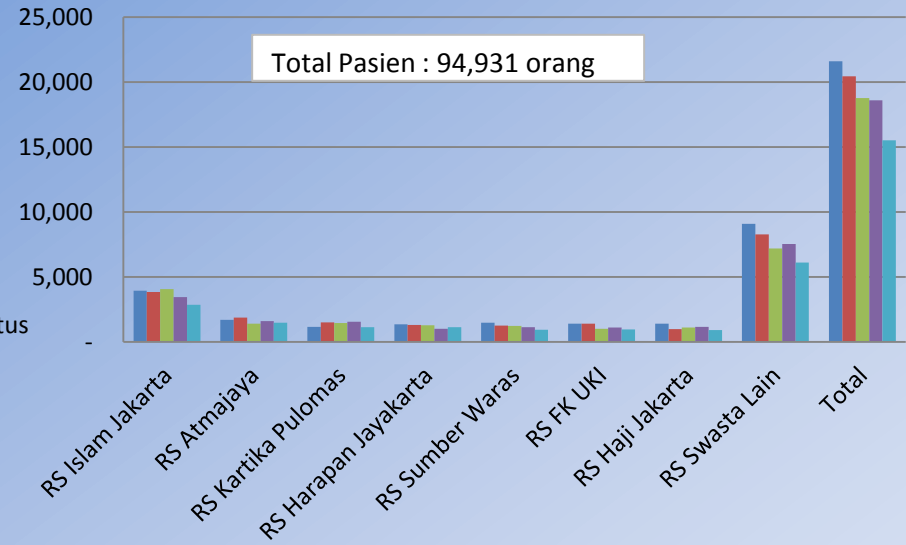
Total KJS Patient Visits to Hospital (April-Agustus 2013)



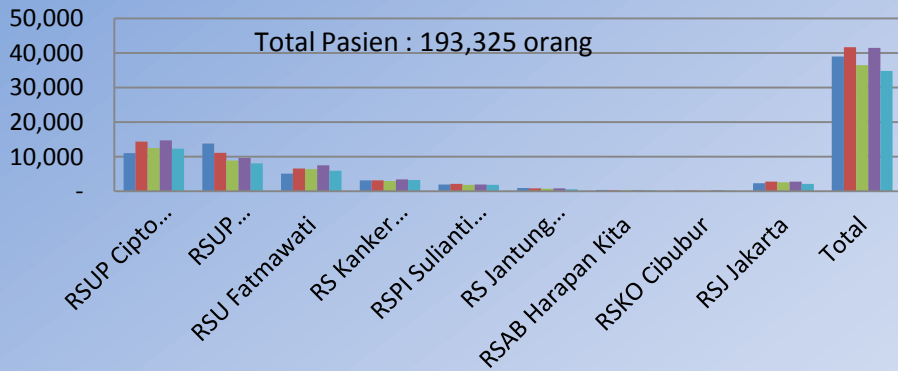
Total Pasien KJS berobat Ke RSUD



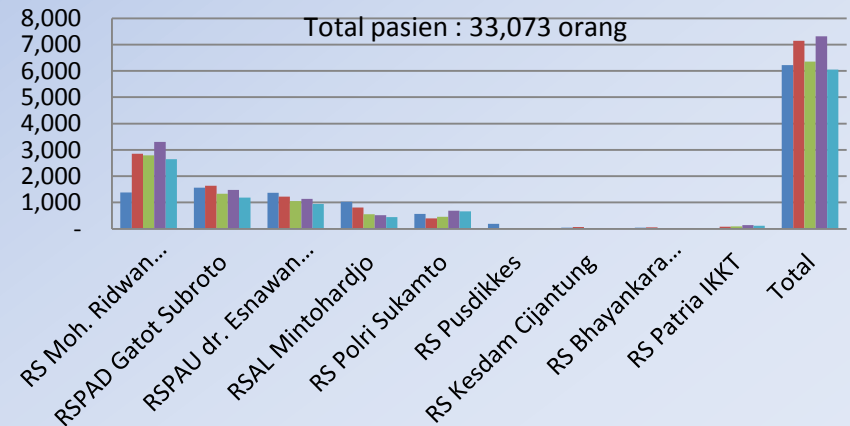
Total Pasien KJS Berobat di RS Swasta



Total Pasien KJS yang Berobat di RS Vertikal



Total Pasien KJS berobat di RS TNI-Polri



Total Number of KJS Patients with Inpatient Care

No	Rumah Sakit	Bulan					Total
		April	Mei	Juni	Juli	Agustus	
1	RSUD Koja	2.502	2.752	2.035	2.001	2.479	11.769
2	RSUP Persahabatan	1.760	1.156	1.177	1.310	1.102	6.505
3	RSUD Tarakan	1.897	1.096	912	1.423	1.103	6.431
4	RSUD Cengkareng	1.168	1.100	1.115	1.459	1.407	6.249
5	RSUD Budi Asih	729	500	1.059	1.170	1.044	4.502
6	RSUP Cipto Mangokusumo	665	784	714	832	810	3.805
7	RSUD Pasar Rebo	377	798	419	479	411	2.484
8	RSU Fatmawati	411	434	491	529	539	2.404
9	RS Islam Jakarta	379	385	340	359	307	1.770
10	RS Kanker Dharmais	228	239	230	279	325	1.301
11	RS Lain	3.410	3.331	3.235	3.112	2.750	15.838
Total		13.526	12.575	11.727	12.953	12.277	63.058

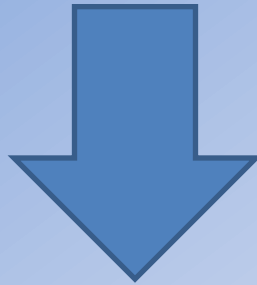
Total Number of KJS Patients with Ambulatory Care

No	Rumah Sakit	Bulan					Total
		April	Mei	Juni	Juli	Agustus	
1	RSUD Koja	12.649	13.914	13.225	13.333	10.903	64.024
2	RSUP Cipto Mangokusumo	10.206	13.452	11.646	13.791	11.336	60.431
3	RSUD Budi Asih	12.417	10.623	8.976	10.078	9.086	51.180
4	RSUD Cengkareng	9.981	9.800	10.245	10.360	10.276	50.662
5	RSUD Pasar Rebo	9.872	11.177	9.082	9.633	8.134	47.898
6	RSUD Tarakan	15.581	7.074	6.807	8.850	8.144	46.456
7	RSUP Persahabatan	12.050	9.770	7.329	7.805	6.543	43.497
8	RSU Fatmawati	4.256	5.738	5.399	668	5.086	21.147
9	RS Islam Jakarta	3.568	3.376	3.717	3.096	2.550	16.307
10	RS Kanker Dharmais	2.833	2.900	2.711	3.129	2.906	14.479
11	RS Lain	30.719	32.871	29.575	30.196	24.936	148.297
Total		124.132	120.695	108.712	110.939	99.900	564.378

Total Number of KJS Patients with Hospital Emergency Care

No	Rumah Sakit	Bulan					Total
		April	Mei	Juni	Juli	Agustus	
1	RSUD Koja	3.189	3.508	3.796	3.800	3.750	18.043
2	RSUD Cengkareng	925	900	917	851	1.170	4.763
3	RSUD Budi Asih	562	2.118	254	5	311	3.250
4	RSUD Tarakan		937	618	932	691	3.178
5	RSUD Pasar Rebo	467	420	764	577	372	2.600
6	RSU Fatmawati	431	431	500	263	355	1.980
7	RSUP Persahabatan		188	393	489	435	1.505
8	RSPI Sulianti Saroso	250	275	50	319	50	944
9	RS Harapan Jayakarta	290	131	143	146	104	814
10	RSUP Cipto Mangokusumo	125	165	116	134	201	741
11	RS Lain	889	1.137	1.178	599	934	4.737
Total		7.128	10.210	8.729	8.115	8.373	42.555

Jakarta Experience: The Vulnerables Sickness



SAkit Ja**DI** Mis**KIN**

The vulnerables frequently face problems when being admitted in hospital or suffering from chronic diseases, because of lack of understanding of membership in KJS Program

Several Problematic facts:

1. When admitted in hospital, most of them are having the status of common patients that have the ability to pay. After 4-5 days, they experience funding problem that needs financial support.
2. Not actively register themselves as members of Jakarta KJS (though with easier procedure). This resulted in the issue of membership status when they need financial support for hospital care.

Several problematic facts:

3. The problem of “Owing/Utang” to the hospital
4. The patient is not allowed to be discharged from the hospital.
5. “CALO/Intermediator” in queing and getting membership status (document completeness etc) for the settlement of “Utang”.

**Are these problems
based in the culture or
lack of understanding
???**

Problem solving approach:

Implementation strategies
to ease the poor and the
vulnerable in KJS Program

Problem solution:

1. Membership status →

Identity evidence with KJS Register Number only for those newly registered in KJS Program while KJS Card is not printed yet.

Problem Solution:

2. Jakarta Provincial Health Officer policy: Financing System of Class Three in Hospitals.



1. No pre-payment from any patient with Jakarta identity card that is admitted to Class three in hospital. The sick people need not to do prepayment.
2. All healthcare payment during hospitalization is referred to INA-CBG system.
3. If the patient could not satisfy his identity as Program KJS membership at the time of hospital discharge, it is mandatory for the patient to pay cash according to the hospital tariff.
4. Apabila pasien dapat membuktikan diri sebagai peserta Program Jakarta Sehat (KJS) pada saat lepas rawat inap (pulang), maka seluruh pembiayaan pasien tersebut dibebankan kepada Pemerintah Provinsi DKI Jakarta sesuai mekanisme pembiayaan Program Jakarta Sehat (KJS) yang berlaku.

Penyelesaian Masalah :

3. Perbaiki pola rujukan berjenjang
4. Penambahan sarana dan prasarana pelayanan kesehatan
5. Peningkatan kerja sama dengan pihak fasilitas kesehatan swasta
6. Perbaiki tarif pelayanan fasilitas kesehatan yang “LAYAK”

Kesimpulan :

Pelaksanaan Program Jakarta Sehat (KJS) akan terus disempurnakan sehingga semua Warga miskin dan rentan di DKI Jakarta mendapatkan pelayanan kesehatan yang baik dan bermutu, begitu juga fasilitas kesehatan provider Program KJS mendapatkan penggantian pembiayaan yang LAYAK

Terima kasih