Identifying Key Policy Issues for the MoH and for the Medical Profession

OUTLINE

- Backgrounds data
- Historical Policies
- Employment Status
- Healthcare Facilities (MD)
- Recent Policies
- Future Policies (opportunity)
- Role of Medical Association
- Role of Medical Council

Backgrounds data

- RI: 34 Provinces, 497 Districts/Cities, 6.487 kecamatan, 76.613 desa
- Inhabitants: 237M: 119,6M male, 118M female
  - Growth rate 0,92%/year
  - 21,8M under 5 years
  - 4,8M Pregnancy
  - 7,4% Illiteracy
  - Life expectancy : 69 year
  - Mother Mortality Rate : 228/1000 deliveries
  - Neonatal Mortality Rate : 19/1000 deliveries
  - Under 5 Mortality Rate : 44/1000 deliveries

Backgrounds data

- Motherhood:
  - ANC : 85-95%
  - Delivery by health professionals : 85%
  - Delivery by medical doctors : ?

- Hospital (159.144 beds, 70,7 beds/100.000)
  - BOR : 51,43%
  - LOS : 4,33%
  - Utilization rate : 3%

- PHCs (9.133 PHCs, > 300.000 PBHCs)
  - Utilization rate : 1,3%

Historical Policies

- Obligation to serve as physicians in government owned public healthcare facilities (usually PHCs) at rural areas, or as other government officials such as military officers, police officers, and medical teachers (required to get licensed)
- “Gov. scholarship” to be specialist (free)
- University based specialist education run by Government owned Universities

Employment status
(Results of Regulation before The Law No 13/2003)

- Almost physicians older than 35 years old are government officials:
  - Government owned Medical Schools
  - Government owned Hospitals
  - MoH and Local Gov. Health Offices
  - Public Health Centers
- 85% physicians who work in Hospitals and PHCs are government officials
- As part-timer they also work at private HCFs and their private practice

Healthcare Facilities (MD)

Private Hospitals started at the end of 90s

	Gov. owned	Priv. owned
Hospitals	1.180	526
PHCs	9.133	0
	(40% have no physicians)	
Priv.pract.Offices	0	?

Up to Jul 2011

Recent Policies

Medical Education:

- 72 Medical Schools, (33 gov.owned)
  - No specific requirements
- 5-5,5 years + 1 year internship
  - Including Clinical training in teaching hospital
  - Competency exam taken after completion of 5 years education and before graduation

Recent Policies

Healthcare Service:

- Be registered and Licensed before practicing
- Practice at up to 3 places (healthcare facilities)
- Fee for service based healthcare practice
  - No standard of consultation's fee
- DRGs/CBGs based healthcare service for the poor (74mils people) at PHCs and hospitals

Recent Policies

Distribution of Physicians:

- Program for fresh graduate physicians to serve in PHCs at rural areas for min 1 years (no obligation)
- (start from 2010) Internship Program at certain hospitals (required to be eligible for MDs registration)
- Program for certain specialist-resident to serve in remote hospital for 6 to 12 months (special assignment)
- Program Program for certain specialists to serve in remote hospital for 6 to 12 months (special assignment)

Recent Policies

Training/Education to be Specialist (PPDS):

- University based specialist education run by Government owned Universities (generally paid by the students)
- MoH's (and local government) scholarship for those who willing to serve in remote hospitals after graduated as specialist

Constraints

- Difficulties to distribute physicians to the remote area
  - Shortage of MD in rural, border, and islands
- Shortage of specialist
- Inefficient of healthcare service (overutilization, not rational prescription, etc)
- Unstandardized MD consultation fee

Future Policies (opportunity)

- Medical Education : (DPR initiative bill)
  - Proportional distribution of medical students, scholarship for student who willing to serve in remote area,
  - Subsidized, affordable
  - Specialist production acceleration
- Healthcare Service: (DPR initiative bill)
  - Health insurance as part of social security, towards universal coverage

Future Policies

- (start from 2013) obligation to serve in PHCs at rural areas for min 1 years as post-internship program for those who get scholarship
- (start from 2014, gradually implemented) DRGs/CBGs based healthcare service for all (out- and in-patients in “BPJS-HCFs”)
  - Remuneration reform (hopefully) or salary based

Role of Medical Association

- Establishment, monitoring and maintaining:
  - Standard of Competencies (Colleges)
  - Professionalism, Ethical Culture (MKEK)
  - Standard of Care
  - National Clinical Guidelines
  - Standard of Training
  - CPD
- Participate in :
  - Policies and regulation
  - Encourage members to serve in remote area

Role of Medical Council

- Establishing the standard of education
- Registration
- Professionalism
- Professional Disciplining