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Meta-Analysis

Implementation of Indirect Contact Services for National Health Insurance Participants: A Case Study of Primary Healthcare Facilities in Jambi

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ABSTRACT

Background: In response to the COVID-19 pandemic, Indonesian Health Insurance Agency has introduced an indirect contact program, but many districts and cities, including Jambi, have not achieved the target contact rate. This study aimed to analyze the implementation of indirect contact services for National Health Insurance (NHI) participants of primary healthcare (PHC) facilities.
Subjects and Method: This descriptive qualitative research was conducted at Indonesian Health Insurance Agency and PHC in Jambi, Indonesia, from March to April 2022. Data were collected through in-depth interviews, observation, and document review. Informants were selected using a consecutive sampling technique based on the type of PHC, including community health centres (Puskesmas), private clinics, and individual practitioners (DPPs), representing the lowest and highest achievement levels. Thematic analysis techniques were used to analyze the data.
Results: Implementation of indirect contact services for National Health Insurance participants at PHC in Jambi was influenced by various factors. These factors included challenges in increasing contact rates, dissatisfaction among National Health Insurance participants, and economic constraints faced by the participants. Contributing factors to these challenges was the absence of input guidelines, standard operating procedures (SOPs), dedicated personnel, allocated funds, and specialized equipment for indirect contact. Routine socialization efforts were also lacking. Furthermore, the understanding of officers regarding the objectives, targets, and implementation of indirect contact, as well as their competence, played significant roles in the implementation.
Conclusion: Implementing indirect contact services has not been optimal, necessitating increased support from Indonesian Health Insurance Agency Jambi Branch for improving indirect contact services.

Keywords: Indirect Contact, Primary Health Care, National Health Insurance

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BACKGROUND

Since 2014, the implementation of the National Health Insurance program has continued to expand the targets and benefits as well as control over costs and quality. Indonesian Health Insurance Agency together with health facilities seeks to control costs and improve the quality of health services at

Primary Healthcare Facilities by implementing performance-based payments through Service Commitment-Based Capitation (Kapitasi Berbasis Komitmen Pelayanan-KBKP) (Indonesian Health Insurance Agency, 2019; Salesika et al., 2021). Implementation of KBKP is carried out based on indicators of Contact Rate (AK), Ratio of Non-Specialistic Case Outpatient Referrals (RRNS), and Controlled Prolanis Participant Ratio (RPP)(Indonesian Health Insurance Agency, 2019). The contact rate indicator (AK) is used to assess participants' accessibility and utilization of primary health services, as well as PHC efforts to improve participant health based on the number of health insurance participants who receive health services at PHC per month. This indicator aims to determine the continuity of services for chronic diseases according to the agreement between Indonesian Health Insurance Agency and PHC for Prolanis participants. PHC must achieve the target achievement indicators in the KBKP to get the maximum capitation payment, focusing on achieving a contact rate of ≥150 per mil, fulfillment of RRNS of <5%, and RPPT of ≥50% (Indonesian Health Insurance Agency, 2019).

In the era of the ongoing industrial revolution 4.0, the digital-based communication and information sector is experiencing rapid development, having a positive impact on various fields including health. In this case, the integration of digital, biological and physical systems that enable indirect contact is an effective solution in carrying out remote health services by professionals (Nurhayati and Imron, 2019). One positive form of digital development in the health sector is telemedicine. Telemedicine is a remote health service that utilizes communication technology, enabling patients and medical personnel to consult through applications without face to face contact. Its use has increased during the COVID-19 pandemic to limit the spread of infection(Mahajan et al., 2020). Indonesian Health Insurance Agency implements telemedicine services for national health insurance participants who utilize services at PHCs (Salesika et al., 2021). The indirect contact program is expected to improve the performance of health facilities and achieve the contact rate target of ≥150 per mile.

However, since the implementation of the indirect contact rate in PHCs, the average achievement of the indirect contact rate in PHCs is still below the target indicator of ≥150 per mil. During the COVID-19 pandemic, PHC only served 7.4 million cases of indirect contact services out of 222.4 million National Health Insurance participants in Indonesia as of June 2021, with an average of 531,462 contacts per month (Indonesian Health Insurance Agency, 2021a). Indonesian Health Insurance Agency also evaluated indirect contact services until November 2021 and found several Regencies/Cities that had not reached the contact number target, including Jambi City in Jambi Province. Jambi City has 59 PHCs that cooperate with Indonesian Health Insurance Agency , including 20 community health centers , 26 primary clinics, and 13 DPPs. The number of contact numbers achieved in 2020 in Jambi City has decreased drastically compared to the previous year, especially since the COVID-19 pandemic (Dosaj et al., 2021; Indonesian Health Insurance Agency, 2021a). Data of Indonesian Health Insurance Agency Jambi City as of December 19 2021 shows that the implementation of indirect contact services has not been optimal with only reaching 8,873 contacts, and 4 PHCs have not even reached a single contact (Indonesian Health Insurance Agency, 2021a). Based on the background above, the researcher is interested in analyzing the implementation of indirect contact services for Primary

Healthcare Facilities for National Health Insurance participants in Jambi City.

SUBJECTS AND METHOD

1. Study Design

This research is a descriptive qualitative research. The research was carried out at Indonesian Health Insurance Agency and PHC Jambi City from March to April 2022.

2. Population and Sample

Research informants are individuals who have information, experience and knowledge that can be accounted for regarding the implementation of indirect contact services at PHC and Indonesian Health Insurance Agency .The selection of informants in the PHC was carried out based on the type of PHC which consisted of community health centers, primary clinics, and individual practicing doctors (DPP) who had the lowest and highest achievements. A total of seven people were selected as informants, consisting of the person in charge of the Primary Benefit Guarantee Division (PMP) of the Jambi Branch of the Indonesian Health Insurance Agency, the person in charge at the Jambi City Health Center, the person in charge at the Primary Clinic in Jambi City, and the person in charge of the Individual Practicing Doctor (DPP) in the City of Jambi. Jambi. However, one informant refused to be interviewed in depth, so the researchers triangulated the method using secondary data in order to still obtain relevant data.

3. Study Variables

Dependent Variable: indirect contact services for national health insurance participants in Jambi City's primary healthcare facilities (PHC).

Independent Variable: policy measures and objectives, resource, organizational characteristics, communication between implementing organizations, attitude (disposition), environment.

4. Operational Definition of Variable

Indirect Contact Services are health services implemented through an information system between PHCs and National Health Insurance participants consisting of sick contacts and healthy contacts.

The policy measure and objectives are the standards set by Indonesian Health Insurance Agency which are used in indirect contact services.

Resources are everything that supports indirect contact services including human resources, finance, facilities and infrastructure.

Organizational Characteristics are the characteristics of PHCs that carry out indirect contact services including SOPs, service flow, and open communication.

Communication between Implementing Organizations is the process of transferring information, outreach, and coordination from Indonesian Health Insurance Agency to PHC and PHC to the PHC network.

The attitude (disposition) of implementers is the attitude of the PHC in the form of acceptance and rejection of indirect contact services.

Environment is an external factor that influences the implementation of indirect contact services including the social, economic and political environment.

5. Study Istrument

The research instrument uses interview guidelines that refer to the theory of policy implementation according to Van Meter and Van Horn (1975), Indonesian Health Insurance Agency Regulation Number 7 of 2019 concerning Guidelines for Implementing Performance-Based Capitation Payments (Indonesian Health Insurance Agency, 2019), and Circular of the Minister of Health of the Republic of Indonesia (Ministry of Health) RI, 2020). Other research instruments in data collection are observation guidelines

and questionnaire instruments which are distributed to National Health Insurance participants accompanied by a document review. The tools used include stationery, cameras, and voice recorders. Data validity uses source, method, and data triangulation.

6. Data Analysis

Data were analyzed through three stages, namely data reduction, data organization and interpretation.

7. Research Ethics

Research ethical issues including informed consent, anonymity, and confidentiality, were addressed carefully during the study process.Penelitian ini telah disetujui oleh Komite Etik Fakultas Kesehatan Masyarakat Universitas Sriwijaya, Nomor: 098/UN9.-FKM/TU.KKE/2022.

RESULTS

Sample Characteristics

A total of 6 informants were selected based on the achievement of contact numbers and were appointed directly by the head of the PHC (table 1). The majority of informants were women (66.67%), had an average age of 39.33 years (SD= 15.667), and had an average working period of 5.17 years (SD= 1.772).

Table 1. Characteristics of Research Informants

No	Informant Code	Age	Gender	Position	Length of work
1	P-1	32 y.o	F	PIC	4 years
2	P-2	48 y.o	M	Head of Health Center	5 years
3	K-1	24 y.o	F	PIC	8 years
4	K-2	31 y.o	F	Registration/Midwife	3 years
5	D-1	67 y.o	M	Doctor	6 years
6	D-2	34 y.o	F	PIC	5 years

Implementation of PHC Indirect Contact Services for National Health Insurance Participants in Jambi City

The indirect contact service policy helps PHCs improve the achievement of KBK indicators, especially the contact number indicator. Strategies used by PHC to increase contact numbers include contacting individual patients through healthy contacts, conducting follow-up/evaluating the condition of patients who seek treatment at the clinic by telephone, reminding patients to take routine medicines by patients from the referral program (PRB), providing health education, and consult laboratory results every 6 months. This activity can be inputted into the P-Care application as a health visit. Following are the results of observation and review of documents related to the achievement of indirect contact services at the PHCs in the study locations (Table 2).

Table 2. Achievements of Indirect Contact

No	PHC	Registered Participants	Indirect Contact
1	Pakuan Baru Health Center	21,963	1568
2	Talang Banjar Health Center	8,121	0
3	Dr. Cicilia Clinic	3,578	746
4	PTP IV Primary Clinic	11.173	2
5	DPP 1	3,541	34
6	DPP 2	2,756	9

Even though indirect contact services can help PHCs increase contact numbers, patients feel dissatisfaction. Patient satisfaction is assessed from the PHC survey and patient assessment after receiving the indirect contact service from National Health Insurance Mobile, as well as the patient's desire to use the service in the future. Patients feel dissatisfied with online consultations because they are not examined directly by health workers and are worried about getting inappropriate treatment. Patient dissatisfaction also raises disinterest in using services, especially in elderly patients.

National Health Insurance participants also experience economic constraints in using indirect contact services at the community health centers , mainly due to the lack of access to communication devices such as mobile phones and the difficulty in buying credit or internet quota. This affects the use of these services, especially for people with less economy.

Implementating Factors of Indirect Contact Services for National Health Insurance Participants in Jambi City's Primary Healthcare Facilities (PHC)

A. Policy Measures and Objectives

Size factors and policy objectives on the implementation of indirect contact services at first-level health facilities for participants in the national health insurance in Jambi City, include pimplementation rules, methods of increasing achievement, and the implementer's understanding of the goals, objectives, targets.

Implementing Regulation

The implementing regulations for the implementation of indirect contact services are contained in the Information Media document Edition 102 which regulates direct and indirect contact by Indonesian Health Insurance Agency. The research results show that this document is the main source of information regarding indirect contact services, and there are no other documents related to this service. In addition, this research also shows that there are no clear guidelines for inputting indirect contact services and adequate outreach, which creates obstacles in the implementation of these services. Several PHCs overcome this by involving only one officer for input and asking the PIC group directly if they experience difficulties.

PHC Achievement in Indirect Contact Services

To increase the achievement of indirect contact services, PHCs utilize healthy contact numbers by providing individual education. PHC avoids using broadcasting or mass methods in implementing these services. Several types of healthy contacts were made by PHC, such as counseling, contacting exercise participants one by one, as well as education and reminding them to take medicine for PRB patients.

Objectives, Goals and Targets of the Indirect Contact Service

In order for the implementation of the PHC indirect contact service in Jambi City to be successful, it is important for implementers to understand the purpose and regulations related to the service. Even though health workers at PHC know the general purpose of implementing indirect contact, they cannot explain in detail according toIndonesian Health Insurance Agency policies. According to the informant, indirect contact aims to make it easier for PHCs to reach the target contact number which has decreased since the COVID-19 pandemic and to make it easier for National Health Insurance participants to access health services, especially for participants who are far from the PHC location.

The target of indirect contact services is all National Health Insurance participants in PHCs who work with Indonesian Health Insurance Agency, and these targets must be

in accordance with directions from Indonesian Health Insurance Agency. The results of the interviews showed that most of the informants understood the service objectives, but one informant emphasized the importance of active National Health Insurance membership status in PHCs. All informants considered that indirect contact services were very important for health services at primary health facilities. However, they do not know the indirect contact service targets to be achieved.

B. Resource

The resources used to support the successful implementation of indirect contact services at PHC Jambi City include human resources, financial resources, as well as facilities and infrastructure resources.

Human Resources (HR)

Human resources involved in indirect contact services at PHCs include nurses, midwives and doctors in charge and the number is adjusted to the capitation of each PHC other than the Community health centers. There was one PHC that experienced a discrepancy in the number of doctors because there were new doctors who had not been registered with Indonesian Health Insurance Agency.

There are no human resources specifically dedicated to this service, but all human resources are involved in conducting outreach to National Health Insurance participants. The health workers involved receive information from Indonesian Health Insurance Agency through the PIC or PHC leaders. Even though the informants already understood the implementation of indirect contact services, one in six informants revealed that there were HRs who did not understand in detail, especially regarding the input of these services.

Financial Resources

The indirect contact service utilizes BULD funds obtained from the capitation of National Health Insurance participants and is budgeted according to the agreement. Meanwhile the source of funding for indirect contact services at private PHCs such as pratama clinics and DPP are independent and from capitation funds paid by Indonesian Health Insurance Agency . No special funds have been prepared from either the PHC or the Indonesian Health Insurance Agency for indirect contact services, so the funds used are the same for other health services.

Facilities and Infrastructure Resources

PHC has facilities that support the implementation of indirect contact services, such as input applications (P-Care and National Health Insurance health facilities), communication tools, internet networks, and promotional media. Some health facilities still use personal cellphones, but are equipped with social media applications such as WhatsApp, Instagram and Telegram. With these equipments, online consultations can be carried out properly and data input can be carried out in real-time. In addition, each PHC also has different promotional tools such as banners and leaflets. There is no special equipment prepared for indirect contact services, and the equipment used is the same as for direct health services.

Characteristics of Implementing Organizations

The characteristics of the implementing organization to support the successful implementation of indirect contact services at PHC Jambi City are the Bureaucratic Structure as assessed by the presence or absence of Standard Operating Procedures (SOP), having indirect contact service flows, and the application of open communication (communication made to National Health Insurance participants).

Based on interviews and observations, PHC has not had any SOPs since the indirect

contact service policy was launched, such as service flow SOPs, promotions, and input of indirect contact services.

PHC follows the guidelines from Indonesian Health Insurance Agency in the flow of indirect contact services, including two types of services which include preventive promotive consultations and medical consultations according to medical indications for participants with chronic history (PRB and Prolanis). In addition, officers must input indirect contacts into the P-Care or National Health Insurance mobile applications, record them in the log book and medical records, and document services on storage media owned by the PHC.

PHCs conduct open communication regarding indirect contact services with National Health Insurance participants through offline and online outreach, but many participants are still confused about using them because the information provided is too brief. Socialization is carried out through social media, banners, leaflets, and directly when patients come to the PHC, as well as not routinely through WhatsApp groups. Even so, there are still obstacles such as inactive PBI cards, patient locations that are far from health facilities, and difficulties for parents or the elderly in understanding indirect contact services.

C. Communication between Implementing Organizations

The implementation of indirect contact services involves a communication process which includes the provision of information, socialization, and coordination between implementing organizations. Communication is measured in two stages, namely between Indonesian Health Insurance Agency and PHC, and between PHC and PHC networks such as midwives, network laboratories, network pharmacies, and supporting health facilities that work together with . Indonesian Health Insurance Agency.

The Jambi branch of Indonesian Health Insurance Agency has communicated online with PHC regarding indirect contact services through zoom meetings, PIC groups, and monthly evaluation meetings. However, research shows that this communication has not been carried out routinely and is general in nature. Information received by the PHC PIC will be forwarded to other staff so that it is not interrupted. During the zoom meeting, the Jambi branch of theIndonesian Health Insurance Agency provided an explanation regarding the meaning, purpose, types, flow, media, and KBK indicators for indirect contact services, as well as opening opportunities for PHCs to ask questions.

The Jambi branch of the Indonesian Health Insurance Agency has carried out outreach, monitoring and evaluation regarding indirect contact services to PHCs. Every month,Indonesian Health Insurance Agency monitors and evaluates the achievements of the PHC indirect contact service and conveys the results of these achievements to the PHC. Socialization and evaluation is carried out through monthly evaluation meetings held via Zoom meetings. In the evaluation meeting, Indonesian Health Insurance Agency conveyed the number of contact number indicators and other indicators that had been achieved by PHCs during one month and provided directions to PHCs that still had low contact rate achievements. In addition, the communication is also two-way, so that the PIC from each PHC can convey the problems encountered during the indirect contact service.

Meanwhile, there has been no communication made by PHCs with the PHC network (including midwives, network laboratories, network pharmacies, and other supporting health facilities) which work directly with Indonesian Health Insurance Agency).

D. Executor's Attitude (Deposition)

All informants from the government (Community Health Center) and the private sector (Primary Care Clinic and Private Practitioners) provided support for the indirect contact service policy. The executors also take the initiative to use personal facilities, such as mobile phones and internet quota, if there are problems with the PHC network. Even though there was no objection, there were still obstacles in its implementation that influenced the attitude of the executors. These obstacles include technical problems such as problematic internet networks and limited communication tools for Indonesian Health Insurance Agency participants, as well as technological difficulties for parents or the elderly. There are also problems with chat consultations, such as patients forgetting to open the application and not responding to messages. In addition, the low awareness of Indonesian Health Insurance Agency participants about this service is due to the lack of promotion from health workers, as well as the low motivation of staff to input data.

E. Environtment

The results of the study show that many National Health Insurance participants do not know how to use communication tools to access health services online. The lack of socialization and technological difficulties for some people, especially the elderly participants, has caused many National Health Insurance participants to not know how to use indirect contact services. In addition, the habit factor is also an obstacle in implementing these services. However, the influence between participants who have used the service can help other participants access the indirect contact service. In addition to dissemination of information, social environmental factors also influence patients' willingness to use indirect contact services such as online consultations.

DISCUSSION

The indirect contact service policy was introduced after Indonesia's Indirect Contact Service Week. Amid the COVID-19 pandemic, health protocols were enforced in healthcare services, including telemedicine, as the Ministry of Health of the Republic of Indonesia recommended, to prevent the spread of the virus. Implementing public policies is crucial phase for achieving policy objectives, requiring thorough planning and preparation during policy formulation and implementation stages. However, policy implementation can be challenging due to conflicts of interest, delays, abuse of authority, and deviations from policy direction. Therefore, a flexible and adaptable implementation strategy is necessary (Dosaj et al., 2021; Elwan and Pramusinto, 2011; Minister of Health Republic Indonesia, 2020; Winarno, 2014).

This study found the obstacles related to patient perception, satisfaction, and economics affected the implementation of the PHC indirect contact service policy for National Health Insurance participants in Jambi City. Although implementing PHC indirect contact services in Jambi City increased the number of contacts, several PHCs faced obstacles in achieving the target (≥150 per mile). The underutilization of registered participants for contacting and communicating with the Health Center contributes to difficulty in achieving contact level indicators. Registered participants tend to perceive FKRTL services as superior, resulting in PHCs primarily used for referral letter requests (Rahma et al., 2017). Previous study explain the efforts to increase the number of contacts include ensuring availability and adherence to service standards, optimizing the behavior of healthcare providers, and ensuring sufficient medical supplies. In Addition, promoting education, conducting health education sessions, and

home visits by PHCs can also enhance patient loyalty to PHC services, thereby increasing contact (Dewi et al., 2019; Khujaefah et al., 2020; Widyastuti, 2016).

Prioritizing patient satisfaction is crucial in enhancing indirect visits. This is achieved when healthcare services meet or exceed patient expectations. Some patients expressed dissatisfaction due to unusual things and worried about misdiagnoses and medication administration. Patient satisfaction is an essential indicator for assessing healthcare quality, as satisfied patients tend to revisit healthcare facilities facilities (Khujaefah et al., 2020; Marhenta et al., 2018; WHO, 2019). The reuse of health services by patients contributes to the contact rate. If this contact rate achieves the predetermined target, it indicates service quality, positively impacting patient satisfaction. Although the relationship strength is weak, the contact number indicator is the only CBC indicator related to patient satisfaction (Khujaefah et al., 2020).

Financial constraints frequently hinder National Health Insurance (National Health Insurance) participants from utilizing online health services or engaging in indirect contact due to limited access to devices and insufficient funds for mobile data and internet usage. The economic challenges National Health Insurance participants face have implications for the availability of indirect contact service facilities, indicating a connection between environmental (economic) and resource-related (facilities and infrastructure) factors (Hill and Hupe, 2022). Previous studies have shown the influence of economic factors on healthcare service choices, including the accessibility of mobile health (mH) services (Jannah et al., 2021). Furthermore, the economic aspect also presents challenges and barriers in implementing telemedicine, alongside technological aspects, healthcare institutions, human resources, and policies (Afandi et al., 2021).

Moreover, other elements such as policy size and objectives, resources, characteristics of implementing organizations, communication between implementing organizations, implementation attitudes, and the overall environment can also impact policy implementation, including implementing the PHC indirect contact service policy for National Health Insurance participants in Jambi City.

A. Policy Measures and Objectives

Policy implementation's effectiveness relies on policy measures and objectives in line with socio-cultural conditions. Therefore, it is necessary to identify performance indicators in analyzing policy implementation (Hill and Hupe, 2022). In this study, the measures and objectives of the indirect contact policy encompass various aspects, including implementation regulations, input guidelines, achievements at each primary healthcare facility, utilization of the designated contact number for indirect contact services, as well as the limited understanding of staff regarding the objectives and targets of indirect contact services.

While Indonesian Health Insurance Agency has established significant regulations concerning indirect contact services and performance-based capitation for primary healthcare facilities during the pandemic in the media document Info Indonesian Health Insurance Agency Edition 102, some primary healthcare facilities lack comprehensive guidelines or proper socialization for data input in the p-care application. The Primary Care Application, developed by Indonesian Health Insurance Agency, serves as a platform to facilitate payment and grant access to Indonesian Health Insurance Agency servers, encompassing registration, diagnosis, therapy, and laboratory services (Indonesian Health Insurance Agency,

2021b). Guidelines play a significant role in policy implementation. They promote consistency and flexibility in applying regulations within complex and widespread organizational settings (Cahyani et al., 2020). Therefore, Indonesian Health Insurance Agency must provide detailed guidance documents for all primary healthcare facilities, mainly targeting older officers, to overcome the obstacles encountered when utilizing the application through explicit references.

The achievement of contact numbers through healthy contacts in this study is consistent with prior research findings (Khujaefah et al., 2020). Some aspects, including immunization, maternal and child health check-ups, family planning services, and physical exercise, substantially impact patient loyalty to attending health visits (Widyastuti, 2016). However, Ardhiasti and Setiawan (2021) study uncovered challenges in attaining contact numbers, particularly regarding health visits. Multiple funding issues arise when the fulfilment of health visits includes programs that other sources, such as BOK, have financed. This finding aligns with Wulandari's observation of double funding concerning the achievement of health visit indicators in conjunction with other programs (Wulandari et al., 2017). The 2016 DAK technical guidelines underscore the significance of avoiding duplication with APBN, APBD, or other funding sources in implementing DAK-funded activities within the health sector (Ministry of Health Republic Indonesia, 2018). Furthermore, the health centre prioritises meeting contact rate indicators over the Germas program due to the punitive measures implemented by the KBKP, resulting in reduced allocated capitation. In contrast, the Germas program does not enforce any punishment system, despite its emphasis on achieving the contact rate indicator, which aligns with the objectives of the healthy visiting program (Ardhiasti and Setiawan, 2021).

Despite limited knowledge regarding the specific objectives of indirect contact implementation, the informants' understanding of policy objectives, in general, remained unaffected. Implementers must comprehend the policy's purpose, as their attitudes are closely linked to policy standards and objectives. Van Meter and Van Horn stated that understanding the overall intent of the bars and policy objectives is crucial. Insufficient awareness of policy standards and objectives among officials can impede successful implementation. Additionally, each implementer should be able to comprehend the objectives and ongoing monitoring conducted by policymakers (Hill and Hupe, 2022).

B. Resource

The success of policy implementation depends on the effective utilization of available resources such as human resources, financial resources, and infrastructure resources (Agustino, 2016; Meter and Horn, 1975). Adequate resources, including human, financial, and facility resources, are needed to support the implementation of indirect contact services in primary health facilities. Policy implementation failures are often caused by insufficient or incompetent human resources (Agustino, 2016). Inadequate organizational and personnel resources are a significant barrier to the development of telehealth in Indonesia (Santoso et al., 2015). In addition, HR competence has a significant impact on the quality of public services, because competent human resources have the skills to carry out assigned programs. Factors such as education, training, work experience, and position affect the competency of HR (Djalla et al., 2018).

Limited sources of funds, facilities and infrastructure, and special human resources

for executors have caused obstacles to the implementation of this policy. In private PHCs, limited funding sources create a burden because they have to manage capitation funds to cover all health services provided. Limited financial resources are a major challenge in implementing effective health policies (Campos and Reich, 2019). Further challenges arise when policy implementers are unable to reallocate existing funding or seek new sources of funding (Wright, 2017). Meanwhile, the limited human resources specifically for executors can add to the workload.

C. Characteristics of Implementing Organization

The focus on implementing organizations is crucial as it significantly impacts the performance of public policy implementation, as highlighted by Van Meter and Van Horn (Agustino, 2016). Policy or program implementers must adhere strictly to legal rules and sanctions. Furthermore, the characteristics of the implementing organization can be observed through the commitment of implementers to strengthening policies and establishing supporting regulations or SOPs that all involved parties should comprehend. Adhering to SOPs in the delivery of health services contributes to enhanced performance and meeting global standards. PHC service providers should demonstrate social accountability based on professional standards to fulfil patient needs (Cempakasari et al., 2020). Applying SOPs encourages the attainment of organizational objectives, ensures the provision of high-quality health services, and enhances patient satisfaction. However, PHCs lack SOPs for a service flow, promotion, and the inclusion of indirect contact services, relying solely on guidelines from Indonesian Health Insurance Agency.

Healthcare services require a clear flow and understanding by patients and healthcare providers to ensure effective and efficient service delivery. However, this study conducted in six PHCs revealed the absence of documented service flow. To ensure continuity and effective communication, it is essential to disseminate the current flow of Indonesian Health Insurance Agency to PHCs and National Health Insurance participants. This aligns with Meter and Horn (1975) which emphasizes the correlation between communication and the characteristics of implementing organizations. Failure to provide patients with information on the service flow can impede the service process (Rachmayanti, 2017).

D. Communication between Implementing Organization

Effective inter-agency communication is critical to the successful implementation of policies, particularly in dealing with issues of collaboration among implementers (Meter and Horn, 1975) (Hill and Hupe, 2022). Establishing and developing effective communication channels can increase the likelihood of accurate command transmission (Winarno, 2014). Consistent and uniform to policy implementers, as well as reducing problems between the parties involved. In the context of implementing indirect contact services, communication involves the provision of information, socialization, and coordination between implementing organizations, including communication from Indonesian Health Insurance Agency to PHCs and between PHC networks. However, the study findings show that socialization of Indonesian Health Insurance Agency to PHC is not routine and there is a lack of outreach to PHC networks. it shows communication between implementing organizations is not yet effective because it has not been carried out routinely and information, ideas or messages are conveyed only in general terms so that there are still HRs who do not understand in detail

regarding indirect contact services. Communication that exists between implementing organizations must remain in accordance with the standards and objectives of the policy and supported by adequate resources (Meter and Horn, 1975). Clarity of information from policy makers and can be understood and implemented consistently by policy implementers to produce optimal health programs (Laili and Choiriyah, 2020). While the implementation of monitoring and evaluation that has been carried out can have an impact on service quality (Sukma and , Sudiro, 2017).

E. Executor's Attitude (Disposition)

One of the factors that influence the effectiveness of policy implementation is the attitude of the implementer. When the implementor has different characteristics or perspectives from policy makers, then the policy implementation process is also not effective (Suhadi, 2015). In addition, a good commitment from the implementor is support for implementation (Winarno, 2014). To get the good attitude of executors needed socialization that was carried out effectively as well. In addition, the characteristics of implementing organizations, environmental factors, and resources are also related to the disposition of implementing organizations. The attitude of executors is influenced by views on indirect contact service policies and ways of seeing their influence on the interests of their organization and their personal interests.

F. Environment

The external environment also contributes to the success of established public policies (Hill and Hupe, 2022)(Putra et al., 2015). An environment that is not conducive can lead to performance failure of indirect contact service policy implementation. The severity of program challenges, combined with the mobilization of implementing organizations and key groups, tends to hinder or even result in program rejection (Hill and Hupe, 2022). This shows the importance of environmental factors in determining the success of implementing agencies and implementing preferences. The economic and social environment of the implementing organization significantly influences the characteristics of the implementing agency, the disposition of the implementing organization and, ultimately, the success of the program (Meter and Horn, 1975).

The implementation of the indirect contact policy faces obstacles due to the lack of knowledge of the participants. In particular, their limited understanding of the range of services provided by PHCs, which should prioritize promotive and preventive activities alongside curative and rehabilitative efforts, hindered achievement of the contact level indicator (Pratiwi and Raharjo, 2017). In addition, the lack of public understanding of telehealth is also a significant obstacle to its successful implementation (Wootton et al., 2009). In addition, previous research has highlighted challenges faced by some in the population in adopting telehealth, such as requiring training and adaptation to digital care practices, difficulties for patients to access communication tools and computerized systems, and technological problems arising from inadequate patient instruction, assistance, and support (Fadhila and Afriani, 2019; Jnr, 2021; Prastiwi and Ayubi, 2008).

Social factors also play an important role in implementing indirect contact services, by disseminating information in the community or "word of mouth" (WOM). WOM forms an assessment of what is conveyed (Toruan, 2018). Consumers' positive experience of the product or service consumed will generate positive word of mouth, which influences decision making regarding purchase or use. Conversely,

negative experiences can generate unfavorable word of mouth and discourage potential customers from buying or using them (Sernovitz, 2012; Sopiyan, 2022).

AUTHOR CONTRIBUTION

Resty Mauliana, Misnaniarti, and Rizma Adlia Syakurah are responsible for the conception and design of the study. Resty Mauliana performed data collection, analysis, and drafting. All authors performed data interpretation. Misnaniarti and Rizma Adlia Syakurah did critical revision and final approval of the version to be published.

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CONFLICT OF INTEREST

There are no conflicts of interest.

REFERENCES

Afandi HA, Suharto G, Utomo U, Machroes BH (2021). Peran Telemedicine Di Masa Pandemi Covid 19 (The Role of Telemedicine during Covid-19 Pandemic). J.Indones Forensic Leg Med. 3(1): 237–246.

Agustino L (2016). Dasar-Dasar Kebijakan Publik (Edisi Revisi). Alfabeta, Bandung.

Ardhiasti A, Setiawan ER (2021). Pembayaran Kapitasi Berbasis Kinerja pada Fasilitas Kesehatan Tingkat Pertama (FKTP) Kota Malang. Jurnal Pendidikan Kesehatan. 10(2): 208–225.

Cahyani DI, Kartasurya MI, Rahfiludin MZ, (2020). Gerakan masyarakat hidup sehat dalam perspektif implementasi kebijakan (studi kualitatif). Jurnal Kesehatan Masyarakat Indonesia. 15(1): 10–18. https://doi.org/10.26714/jkmi.15.1.2020.10-18.

Campos PA, Reich MR (2019). Political Analysis for Health Policy Implementation. Health Syst Reform. 5(3): 224–235. https://doi.org/10.1080/23288604.2019.1625251.

Hakim NR, (2020). Hubungan pelaksanaan standar operasional prosedur pelayanan kesehatan dengan tingkat kepuasan pasien rawat jalan di Puskesmas Pembantu Tanjung Benoa. Media Keperawatan Politeknik Kesehatan Makassar 11(1): 51. https://doi.org/10.32382/jmk.v11i1.1549.

Dewi NMR, Hardy IPDK, Sugianto MA (2019). Gambaran Pencapaian Indikator Kapitasi Berbasis Komitmen Pelayanan (KBKP) di Klinik Kimia Farma Diponegoro Kota Denpasar. In: Seminar Ilmiah Nasional Teknologi, Sains, Dan Sosial Humaniora. 161–172.

Djalla A, Nur HR, Patintingan A (2018). Faktor-faktor yang mempengaruhi profesionalisme petugas kesehatan di puskesmas Baroko Kabupaten Enrekang. Jurnal Ilmiah Manusia dan Kesehatan. 1(1): 16–23. https://jurnal.umpar.ac.id/index.php/makes/article/view/97/92.

Dosaj A, Thiyagarajan D, Ter HC, Cheng J, George J, Wheatley C, Ramanathan A (2021). Rapid Implementation of Telehealth Services During the COVID-19 Pandemic. Telemed. J. e-health Off. J. Am. Telemed. Assoc. 27, 116–120.

Elwan LOM, Pramusinto A (2011). Implementasi Perda Kota Kendari No. 15 Tahun 2003 Tentang Partisipasi Masyarakat Dalam Perumusan Kebijakan Daerah Pada Penyusunan Anggaran Pendapatan Belanja Daerah Tahun 2010. Universitas Gadjah Mada.

Fadhila R, Afriani T (2019). Penerapan telenursing dalam pelayanan kesehatan: Literature Review. Jurnal Keperawatan Abdurrab. 3(2). https://doi.org/-10.36341/jka.v3i2.837.

Hidayat AA (2007). Metode penelitian keperawatan dan teknik analisis data. Jakarta: Salemba Medika.

Hill M, Hupe P (2022). Implementing public policy: Governance in theory and in practice. SAGE Publications, London.

Indonesian Health Insurance Agency (2019). Peraturan Badan Penyelenggara Jaminan Sosial Kesehatan Nomor 7 Tahun 2019 tentang Petunjuk Pelaksanaan Pembayaran Kapitasi Berbasis Kinerja.

Indonesian Health Insurance Agency (2021a). Evaluasi Capaian Indikator Pembayaran KBK.

Indonesian Health Insurance Agency (2021b). Kapitasi Berbasis Kinerja Optimalkan Layanan FKTP Di Masa Pandemi. Media Inf. BPJS Kesehat. Ed. 102.

Jannah SR, Husain F, Iswari R, Arsi AA (2021). Pemanfaatan Mobile Health (mH) dan Dampaknya pada Perilaku Kesehatan Mahasiswa Universitas Negeri Semarang (UNNES). J Sosiol Nusant. 7: 181.

Jnr BA (2021). Implications of telehealth and digital care solutions during COVID-19 pandemic: a qualitative literature review. Informatics Heal. Soc Care. 46(1): 68–83. https://doi.org-/10.1080/17538157.2020.1839467.

Khujaefah K, Ratnawati R, Yuliyanti S (2020). Hubungan Tingkat Pencapaian Indikator Kapitasi Berbasis Kompetensi (KBK) Dengan Kepuasan Pasien. Bul Penelit Sist Kesehat. 23: 205–213.

Laili EN, Choiriyah IU (2020). Komunikasi Dalam Program Bina Keluarga Lansia di Kabupaten Gresik. Jurnal Kebijakan dan Manajemen Publik. 9: 1–5.

Mahajan V, Singh T, Azad C (2020). Using telemedicine during the COVID-19 pandemic. Indian Pediatr. 57(7): 658–661. https://pubmed.ncbi.nlm.nih.gov/32412914/.

Marhenta YB, Satibi WC (2018). Pengaruh Tingkat Kualitas Pelayanan BPJS dan Karakteristik Pasien Terhadap Kepuasan Pasien di Fasilitas Kesehatan Tingkat Pertama. JMPF. 8(1): 18–23.

Menteri Kesehatan Republik Indonesia, (2020). Surat Edaran Nomor HK.02.-01/MENKES/303/2020 tentang Penyelenggaraan Pelayanan Kesehatan Melalui Pemanfaatan Teknologi Informasi dan Komunikasi dalam Rangka Pencegahan Penyebaran Corona Virus Disease 2019 (COVID-19).

Meter DS Van, Horn CE Van (1975). The Policy Implementation Process: A Conceptual Framework. Adm Soc. 6: 445–488.

Ministry of Health Republic Indonesia (2018). Peraturan Menteri Kesehatan tentang Petunjuk Teknis Penggunaan Dana Alokasi Khusus Nonfisik Bidang Kesehatan Tahun Anggaran 2018.

Nurhayati, Imron MAA (2019). Utilization of Telemedicine for Medical Staff As a Impact of the Industrial Revolution 4.0. In: 1st International Conference of Health, Science & Technology (ICO-HETECH) 2019. 98–100.

Prastiwi EN, Ayubi D (2008). Hubungan Kepuasan Pasien Bayar dengan Minat Kunjungan Ulang di Puskesmas Wisma Jaya Kota Bekasi Tahun 2007. Makara Kesehat. 12: 42–46.

Pratiwi A, Raharjo BB (2017). Pemanfaatan Pusat Layanan Kesehatan (Puslakes) Universitas Negeri Semarang. Higeia J Public Heal Res Dev. 1: 49–60.

Putra WM, Febrianti KR (2015). Analisis

Implementasi Kebijakan Jaminan Kesehatan Nasional di Rumah Sakit Umum Kota Tanggerang Selatan. Universitas Islam Negeri Syarif Hidayatullah.

Rachmayanti (2017). Gambaran Pelaksanaan Sistem Pelayanan Pasien Rujukan Rawat Jalan Pelayanan Tingkat II Pada Pasien Peserta BPJS di Rumah Sakit Al Islam Bandung. Universitas Islam Negeri Syarif Hidayatullah.

Rahma A, Arso SP, Suparwati A (2017). Implementasi Fungsi Pokok Pelayanan Primer Puskesmas Sebagai Gatekeeper Dalam Program JKN (Studi Di Puskesmas Juwana Kabupaten Pati). J Kesehat Masyarakat. 3: 11.

Salesika, Sitorus RJ, Syakurah RA (2021). Analisis faktor yang memengaruhi pemanfaatan layanan telemedicine pada peserta jaminan kesehatan nasional di fasilitas kesehatan tingkat pertama Kabupaten Musi Rawas. Universitas Sriwijaya.

Santoso BS, Rahmah M, Setiasari T, Sularsih P (2015). Perkembangan dan masa depan telemedika di Indonesia. In: National Coference on Information Technology and Technical Engineering (CITEE).

Sernovitz A (2012). Word Of Mouth Marketing: How Smart Companies Get People Talking, 3rd edition. ed. Greenleaf Book Group Press, Austin, TX.

Sopiyan P (2022). Pengaruh Digital Marketing dan Kualitas Pelayanan Terhadap Keputusan Pembelian. Coopetition J Ilm Manaj. 13: 249–258.

Suhadi R (2015). Perencanaan Puskesmas. Trans Info Media, Jakarta.

Sukma SNF, Sudiro EYF (2017). Analisis Perencanaan Quality Assurance Ditinjau Dari Aspek Input Pelayanan Keperawatan Rawat Inap Pasca Akreditasi Paripurna Rs Swasta X Kota Semarang. J Kesehat Masy. 5: 127–136.

Toruan RRML (2018). Proses Implementasi Word of Mouth Dalam Strategi Komunikasi Pemasaran La Perla Plaza Senayan. J Pustaka Komun. 1: 155–166.

WHO (2019). Delivering quality health services: a global imperative for universal health coverage. Geneva.

Widyastuti K (2016). Pelaksanaan Uji Coba Kapitasi Berbasis Penemuhan Komitmen Pelayanan [WWW Document]. BPJS Kesehat. URL https://docplayer.info/33826229-Pelaksanaan-uji-coba-kapitasi-berbasis-pemenuhan-komitmen-pelayanan-oleh-kartika-widyastuti-kepala-unit-mpkp.html

Winarno (2014). Kebijakan Publik, Teori, Proses dan Studi Kasus. Center For Academic Publishing Service (CAPS), Yogyakarta.

Wootton R, Ho K, Patil NG, Scott RE (2009). Telehealth in the Developing World. Royal Society of Medicine Press/-International Development Research Centre (IDRC), London, UK.

Wright A (2017). What's so important about health policy implementation?. SPICe Brief. SB 17-62: 1–33. https://bprcdn.-parliament.scot/published/2017/9/7/What-s-so-important-about-health-policy-implementation-/What's%20-so%20important%20about%20health%20policy%20implementation%3F.pdf.

Wulandari R, Mahendradhata Y, Hendrartini J (2017). Implementasi Kapitasi Berbasis Pemenuhan Komitmen Pelayanan di Puskesmas Kabupaten Pacitan. Rpository: Universitas Gadjah Mada.