

What Factors that Influences the National Health Insurance Participants to Choose Out of Pocket Payment Method in Hospital?

Nihayatul Munaa¹, Ari Kusdiyana^{2*}, Liya Romayatul³

ABSTRACT

The health financing system is generally divided into two systems, namely Fee for Service (Out of Pocket) and Health Insurance. Initial survey results show that the number of general outpatient visits at X Hospital is quite high. The aim of this research is to analyze the factors that influence Out of Pocket (OOP) payments in outpatients who have JKN at Semen Gresik Hospital. This research design is a correlational type with a cross sectional approach. The sampling method used was purposive sampling of 103 patients. Research data was taken using a review of medical record documents. Data were analyzed using the Man Whitney test and Kruskal Wallis test with sig values. < 0.05. The results of statistical testing showed that there was a relationship between age and type of health service and OOP (Out of Pocket) with a significance value obtained < 0.05. It is hoped that the research results can be used by policy makers to determine UHC achievements and the government can also consider certain types of services that require high coverage costs.

Keywords: *Financing System, JKN, OOP (Out of Pocket), Secondary Data, Man Whitney, Kruskal Wallis*

1. Introduction

Health financing is the arrangement of financial resources that regulates the collection, allocation and expenditure of health costs with the principles of efficiency, effectiveness, economy, justice, transparency, accountability and sustainability (Syamsul, 2023). The three main methods of financing healthcare are general taxation, social health insurance, private health insurance, and out of pocket (OOP) payments (Łyszczarz, 2021). The health financing system in Indonesia is generally divided into two systems, namely Fee for Service (Out of Pocket) and Health Insurance (Ismayanti, 2013). OOP is a direct expenditure made by individuals to health service providers when using services, not a prepayment for health services such as premiums or certain insurance contributions (WHO, 2020).

National Health Insurance (JKN) is a government program which aims to provide certainty of comprehensive health insurance for the entire community (Wahyuni, 2022). Health services provided to JKN patients include health education services (promotive), disease prevention (preventive), treatment and care (curative), and rehabilitative (Stiyawan, 2023). JKN participants are divided into two types of participation, namely Contribution Assistance Recipient (PBI) participants and Non-Contribution Assistance Recipient (Non PBI) participants (Fajrini, 2021). The high level of OOP is one of the problems that has not been fully resolved to date. According to World Bank data, Indonesia's total OOP expenditure on health services is currently 34.9% in 2019. In 2020, Indonesia's OOP expenditure reached 31.79% of total health expenditure. BPJS Health stated that OOP costs in 2021 will begin to improve to 25% of total patient health costs. This percentage is higher than the WHO (World Health Organization) maximum

recommendation of around 20%. OOP in Indonesia is only slightly above WHO standards, but is still far from the average for developed countries, namely 13.26% (Maulana, 2023). The amount of OOP can be influenced by several factors such as sociodemographic factors and health services. Sociodemography is a science that studies the population (of a region) especially regarding its number, structure (population composition) and development over time (Hartina, 2022).

Based on data obtained by researchers from Hospital still has not reached the WHO recommendation which states that the maximum OOP is around 20%. The service centers that will be studied are psychiatric specialist clinics, skin and genital specialist clinics, and ENT clinics. OOP payments are not an efficient way to finance health services and can negatively impact equity and cause vulnerable groups to experience poverty. High OOP treatment costs can deplete financial savings and damage credit as well as negatively impact quality of life, treatment compliance, and different health outcomes (Jalali, 2021). The greater health costs incurred by individuals can worsen household financial conditions and can reduce other basic family needs, such as food, clothing, not being able to pay for education, even to the point of becoming a poor family or making poverty worse (Amalia, 2022).

Several studies are related to the analysis of factors influencing out of pocket (OOP) payments in health services. The results of research conducted by Amalia (2022), regarding Factors that Influence Out of Pocket (OOP) Costs for Outpatient Health Services using Secondary Data Analysis of the Indonesia Family Life Survey Wave 4 (IFLS4) found that sociodemographic factors had a significant effect on OOP costs issued by outpatients in IFLS4 are factors such as education, income, economic background and province.

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This research aims to analyze the influence of sociodemographic factors and health service factors that influence out of pocket (OOP) payments for outpatients who have JKN at Hospital X. The sociodemographic factor in question is gender, age, marital status, education, and employment status. The health service factors in question are distance to health services, type of disease, and type of health service.

2. Research Methods

2.1 Type/Design of Research

This research is quantitative research. This research design is of the correlational type, namely to find out between variables. The approach used is cross sectional.

2.2 Research Subject

The population in the study were all outpatient JKN general patients who received treatment at Hospital The sampling technique used was purposive sampling.

2.3 Method of Collecting Data

This research uses secondary data by collecting data using a review of patient medical record documents.

2.4 Data Analysis Method

Data analysis used by researchers to determine the influence of each variable uses non-parametric analysis with the Man Whitney and Kruskal Wallis tests. The Man Whitney test is used when a variable has 2 categories and the Kruskal Wallis test is used when a variable has more than 2 categories.

3. Result and Discussion

The characteristics of sociodemographic factors and health service factors in this study are depicted in table 1 with the number of JKN outpatient respondents for this study being 103 patients. The proportion of men is greater than women, namely 60.2%. The age category of respondents that dominates is respondents aged 26-35 years, while the elderly category above 65 years is 7.8%. The marital status of respondents who are married has a higher proportion than those who are not married, namely 70.9%. The final educational level of the respondents that dominates is respondents who have a high school education amounting to 60.2%. The dominant employment status of respondents is respondents who work as private employees with a percentage of 73.8%. The distance to the health services of respondents from Hospital The type of illness experienced by respondents was dominant in the acute category with a percentage of 55.3%. The dominant type of health service visited by respondents was the ENT clinic with a percentage of 50.5%.

Tabel 1. Respondent Characteristics

Variable	N	%
Gender		
1. Man	62	60,2
2. Woman	41	39,8
Age		
1. 12-16	4	3,9
2. 17-25	14	13,6
3. 26-35	26	25,2
4. 36-45	19	18,4
5. 46-55	19	18,4
6. 56-65	13	12,6
7. >65	8	7,8
Marital Status		
1. Marry	73	70,9
2. Not Married	30	29,1
Education		
1. No formal education	1	1
2. Primary school	7	6,8
3. Junior high school	0	0
4. Senior high school	62	60,2
5. Diploma	3	2,9
6. Graduate school	30	29,1
Work Experience		
1. Un employeeed	3	2,9
2. Privat Employees	76	73,8
3. Housewife	12	11,7
4. Retired	1	1
5. Civil Servants/ Teachers/Pemda	7	6,8
	3	2,9

Variable	N	%
6. Businessman	1	1
7. BUMN Employee		
Distance to Health Service		
1. <10 km	9	8,7
2. 11-20 km	48	46,6
3. 21-30 km	14	13,6
4. 31-40 km	17	16,5
5. 41-50 km	7	6,8
6. 51-60 km	6	5,8
7. >60 km	2	1,9
The Type of Disease		
1. Chronic	46	44,7
2. Accute	57	55,3
Type of Health Service		
1. Psychiatric Specialist	6	5,8
2. Skin and Genital Spesialist	45	43,7
3. ENT Poly	52	50,5

Based on table 2, the total OOP costs show that the average total OOP costs incurred by respondents for JKN outpatients is Rp. 555,475,-.

Table 2. Out of Pocket Costs for January 2024 at Hospital

No	Type of Health Service	requency (n)	Total OOP Cost	Average OOP Cost
1	Phychiatric Spesialis	6	Rp 1.195.000,-	Rp 199.167,-
2	Skin and Genital Spesialist	45	Rp 6.750.000,-	Rp 150.000,-
3	ENT Poly	52	Rp 10.728.000,-	Rp206.307-
	Total	103	Rp 18.673.000,-	Rp 555.474,-

The results of tests carried out before using non-parametric analysis show that the data set to be processed is data with an abnormal distribution. So nonparametric analysis was carried out using the Man Whitney test and Kruskal Wallis test. Analysis of the influence of sociodemographic factors and health service factors on OOP costs for JKN outpatients at Hospital as follows,

Table 3. Man Whiteny Test Results

No	Variable	Sig	Information
1	Gender	0.507	no influence
2	Marital Status	0.804	no influence

3	The Type of Disease	0.072	no influence
4	Age	0,0019	there is influence
5	Education	0,879	no influence
6	Work	0,366	no influence
7	Distance to Health Service	0,607	no influence
8	Type of Health Service	0,001	there is influence

The results in the table can be explained as follows:

A. A. Effect of Gender on OOP Payments at Hospital X

From the data obtained, 60.2% of the patients were male and 39.8% were female. However, if we look at employment status, it is found that only 11.7% of patients work as housewives. So it is possible that gender does not influence patients in determining OOP payments because both female and male gender from the data obtained have jobs and generate income. The results of this study are in line with research (Amalia, 2022) which states that sociodemographic factors in the gender variable have no influence on OOP payments. However, this research is not inconsistent with research (Mahumud, 2017) which states that gender has a significant effect on OOP health expenditure. Sex differences in reproductive biology and mortality drive differences in health care use that are reflected in total OOP.

B. Effect of Age on OOP Payments at Hospital X

From the data obtained for the dominant age group, namely the productive age group 19-59 years, so that in this age group people are still able to work and earn income, so that the income obtained can influence decisions in making OOP payments for health services, because The higher the income earned, the greater the health expenditure incurred. The results of this study are in line with research (Bedado, et al., 2022) which states that age influences people to make OOP payments for health services.

This research is also in line with research (Lyszczarz, et al., 2021) which states that age in the population has a positive relationship with OOP health spending.

C. The Influence of Marital Status on OOP Payments at Hospital X

From the data obtained on marital status, 70.9% of patients had married status and 29.1% were unmarried. However, it can also be seen from the employment and age data that the majority have jobs and are of productive age, so that marital status has no influence on OOP payment decisions because married or unmarried patients have jobs and income that can determine decisions regarding OOP payments. The results of this research are in line with research (Amalia, 2022) which states that sociodemographic factors in the marital status variable have no influence on OOP payments.

D. The Effect of Education on OOP Payments at Hospital X

From the data obtained, the educational level of the majority of patients had higher education, namely 60.2% had high school graduates and 32% had diploma and bachelor degrees. This means that the higher the patient's level of education, the more it can influence the level of knowledge related to the impacts that can result when making OOP payments for health services. The impact resulting from OOP payments is that it can worsen poverty. For this reason, education has no influence on OOP payment decisions for health services. The results of this research are in line with research (Witcahyo, 2016) which states that adequate and good education will influence individuals to get access to the latest information, including health insurance.

E. Effect of Employment Status on OOP Payments at Hospital X

This suggests that work-related income is used as a source for OOP health expenditures. This is likely caused by people with high incomes and those with uncertain income who are unable to pay for health services and do not want to join the upfront payment mechanism, preferring to pay OOP payments due to the poor

quality of services in public health facilities. So people in general are willing to spend more money on quality health services, so they are expected to incur higher spending. The results of this study are in line with research (Bhattacharjee, et al., 2022) which states that income is not a determining factor that influences people to make OOP payments for health services.

F. Effect of Distance to Health Services on OOP Payments at Hospital

From the data obtained, the majority of people who live in the same district as Semen Gresik Hospital and there are also people who live outside Gresik Regency who receive treatment, this may happen because the area where they live does not have this type of service. required. So the distance between health services and the patient's area of residence has no influence on the decision to make OOP payments. The results of this research are in line with Dong H (2009) who stated that the distance from residence to health facilities did not show any influence on respondents' availability to pay OOP. This research is not in line with research conducted by Masiye and Kaonga (2016) which states that OOP payments are significantly related to distance to health facilities and area of residence.

G. Effect of Type of Disease on OOP Payments at Hospital X

From the data obtained, acute diseases dominated patients at 55.3% and chronic diseases at 44.7%. So from the data obtained, the type of disease has no influence because there are chronic disease patients who prefer to make OOP payments, because people who work and earn high incomes tend to choose better health facilities and spend more money even though chronic disease treatment is carried out in a long period of time, namely 6 months or more. This is in line with research (Boenjamin, 2019) which states that the type of disease does not influence respondents' preferences for choosing treatment using OOP.

H. Effect of Type of Health Service on OOP Payments at Hospital

From the data obtained, the types of health services studied were at the psychiatric specialist clinic, skin and genital specialist clinic, and ENT clinic. This policy is covered by BPJS health, but in terms of treatment, not all diagnoses can be covered by BPJS, so in some treatments patients pay for certain diagnoses independently or OOP. This influences patients in making OOP payments. Apart from that, the cost of medicines for psychiatric clinics in particular is relatively high, which affects the OOP costs incurred by patients. This research is also in line with research conducted by Sarker (2022) which states that disease-specific symptoms also have a relationship with OOP payments, this is caused by seeking relatively better health services such as private health services.

4. Conclusions and Suggestions

4.1 Conclusions

The research data used came from secondary data totaling 103 respondents. The average OOP cost in January 2024 at Hospital X is Rp. 555,474. OOP in January 2024 at Hospital X based on data analysis is influenced by the following:

- 1) The age variable has a significant influence on OOP payments because the significance value obtained is smaller than 0.05, namely 0.019.
- 2) In the service type variable there is a significant influence on OOP payments because the significance value obtained is smaller than 0.05, namely <0.001.

4.2 Suggestions

Hospital Apart from that, hospitals can pay attention to supporting innovation in certain types of services if hospital rates are higher than INACBGS rates, thus increasing hospital income. Policy makers also need to consider certain types of services that require high coverage costs. Future researchers are advised to conduct further research on other factors that can influence out-of-pocket payments that have not been examined in this study, such as patient knowledge, ability to pay, willingness to pay, and hospital quality.

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