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The Choices of Providers for Outpatient Healthcare Services: The Role of Social Health Insurance

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Indonesian's healthcare is characterized by underutilized of the healthcare services. One of the ways to improve the demand is through health insurance. Responding to this potentially effective policy leads the Government to expand health insurance by enacting the National Social Security law in 2004. Understanding provider choice is therefore a key to address the broader policy question. This study aims to estimate a model of provider choice for outpatient in Indonesia with specific attention being paid to the role of social insurance. A total of 16485 individuals were obtained from the second wave of the Indonesian Family Life survey. A multinomial logit regression was applied to estimate provider choice for outpatient care in three provider alternatives (public, private and self-treatment). A policy simulation is reported as to how expanding insurance benefits could change the patterns of provider choice for outpatient healthcare services. The results confirms that individuals who are covered by civil-servant insurance are more likely to use public-providers, whilst the beneficiaries of private employees insurance are more likely to use private-ones compared with the uninsured. Less healthy, unmarried, wealthier and better educated individuals are more likely to choose private providers than public providers. Any efforts to improve access to health care through social health insurance will fail if policy-makers do not accommodate peoples' preferences for choosing healthcare providers. The likely changes in demand from public providers to private ones need to be considered in the insurance reform process, especially in devising premium policies and benefit packages.

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Prospective Analysis on Local Health Insurance of Bone Bolango Regency, Province of Gorontalo, Indonesia

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Background : The local government of Bone Bolango regency will provide every one in the community a health insurance (HI). The were 41,361 people (27,12%) who have not covered by available health insurance yet. **Purpose :** The study was aimed to find out amount of fund needed for this additional health insurance (local HI called JAMKESDA) **Method :** Analyzing needed cost by studying the existing health insurance packages. Then, calculating the number of fund provided by District Development Budget (called APBD) through JAMKESDA program **Results :** It is assumed that when these uncovered-health insurance people (41,361 people) are provided a health insurance through the so-called

ASKESKIN (Central Government HI) cost Rp60.000 /person/year, the program needs Rp2.480.660.000 annually. When it is based on the Ascobat estimation which suggests a reasonable premium of Rp96.000/person/year, the program needs Rp3.970.656.000 annually. Likewise, when it is based on the premium provided by JPKM (previous Central Government HI) of Rp120.000/person/year, the program then needs Rp4.963.320.000. annually. APBD of Bone Bolango regency of 2007-2008 is Rp513.320.915.730. From this amount, it is allocated about 2,34% (Rp11.998.668.025) for health program. As such, the government needs starting from Rp2.481.660.000. up to Rp4.963.320.000 annually (0.48% - 0.96% of the APBD) to cover the health insurance for those uncovered ones. Thus, AP

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Measuring Operational Performance and Time-Series Efficiency Change Model on Hospitals of Department of Health

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The study were 22 acute care affiliated hospitals of DOH, and. used Data Envelopment Analysis to evaluate the operational efficiency of year 2007 and analyze the efficiency of time-series from 2005 to 2007. The DEA model in this study used the number of hospital beds, doctors, nurses, medical staffs, and administrative staffs as inputs and used the number of inpatients, surgeries, and both outpatient and emergency visits as outputs. The empirical results of DEA found that when comparing the analytical results of efficiency of affiliated hospitals of DOH with external environments, the overall efficiency of affiliated hospitals of DOH in 2007 ranked the third, the technical performance was poor, and the scale efficiency ranked the second, especially the aspect of technical efficiency. When comparing the internal environments, the analytic results of overall efficiency of 12 hospitals was relatively high, the technical efficiency of 16 hospitals was relatively high, and the scale efficiency of 12 hospitals was relatively high, which was the same with that of overall efficiency. The analytical results of Super-Efficiency indicated that the performance of Taitung Hospital was the best. We found that the time-series efficiency except for Heng-chun Tourism Hospital, the efficiency of other 21 hospitals in 2007 improved much better than that in 2005. It could be concluded that the implementation of regional alliance among hospitals by resources sharing, techniques exchange, and joint marketing did improve the service quality and operational performance of hospitals, reduce the management costs, and achieve great performance in increasing competitiveness.