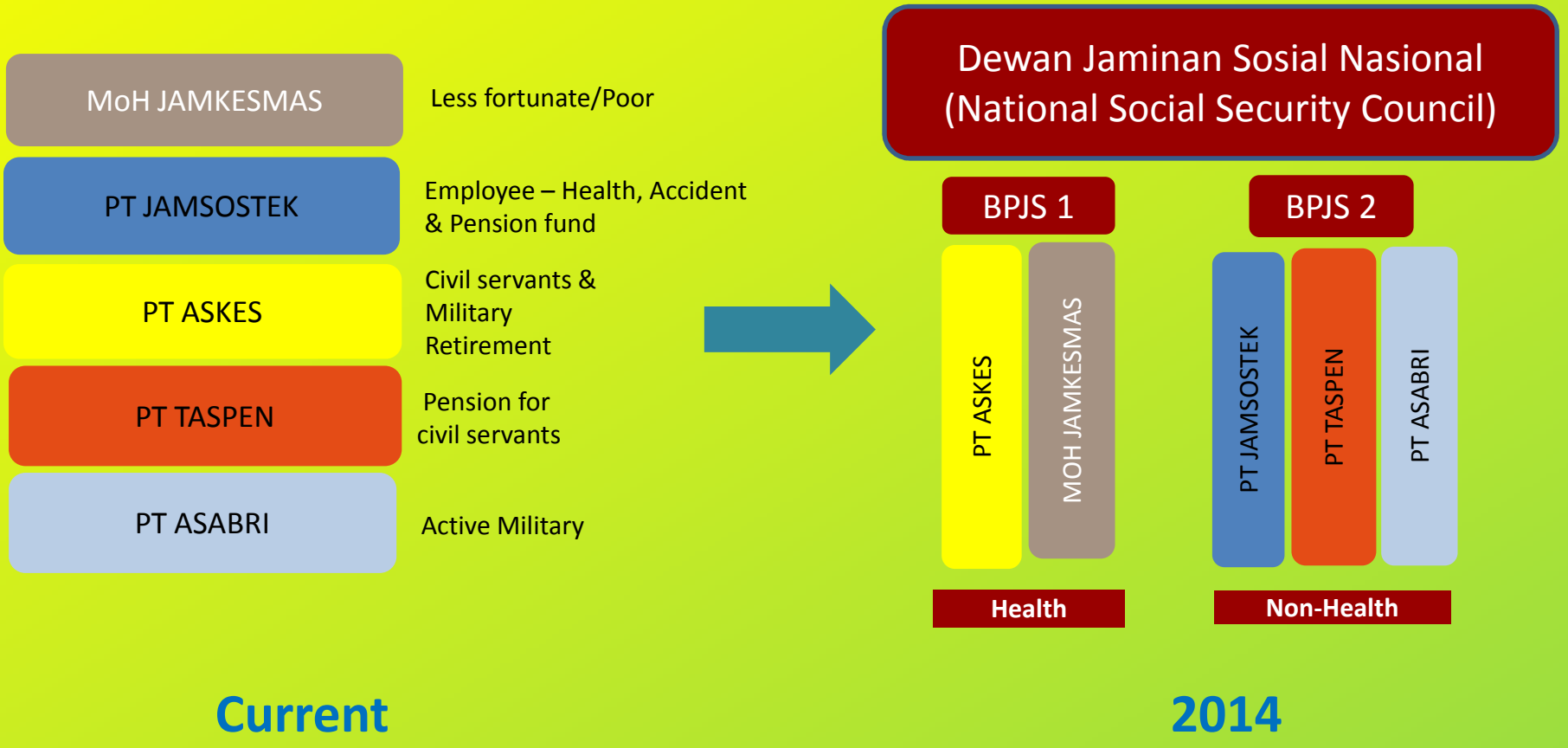
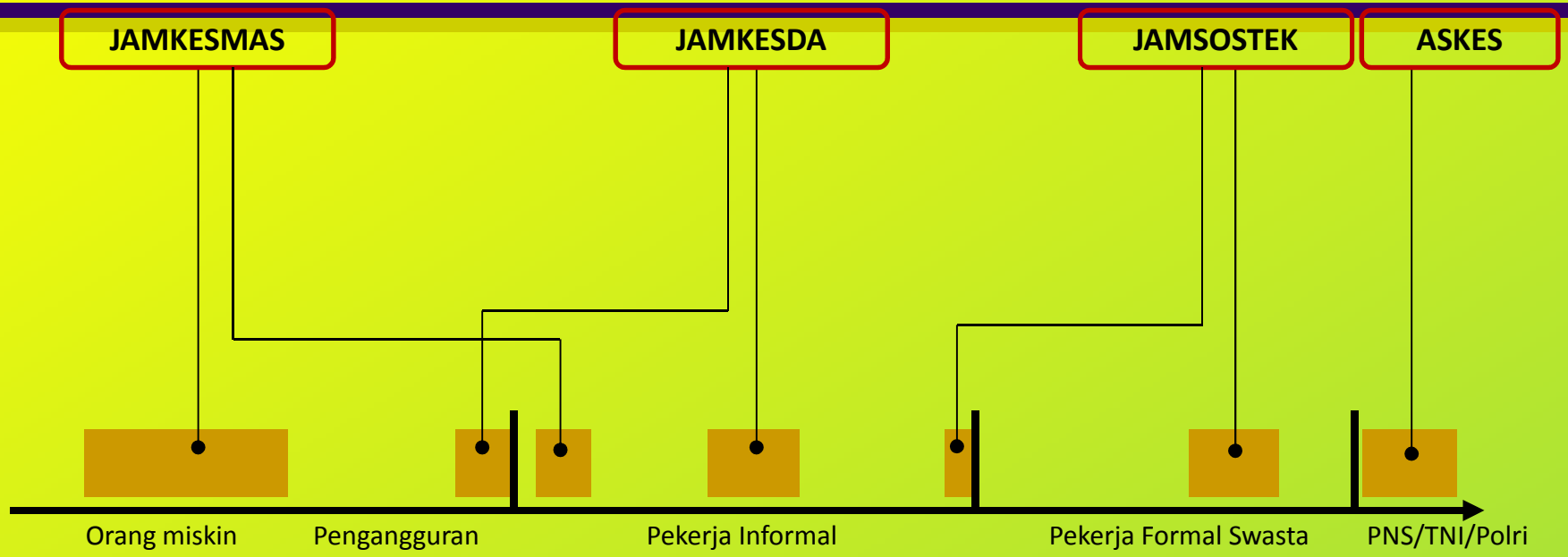
Sistem Jaminan Sosial Nasional

Universal Health Coverage 2014



Cakupan Jaminan Kesehatan Dasar Saat Ini



Cakupan perlindungan sangat ter-fragmentasi:
baik kepesertaan, program maupun skema manfaat

Amanah UU BPJS

BPJS KESEHATAN

BPJS KETENAGAKERJAAN

PENERIMA BANTUAN IURAN
Penduduk Miskin dan Tidak Mampu

PNS/TNI/POLRI
Dialihkan tahun 2029

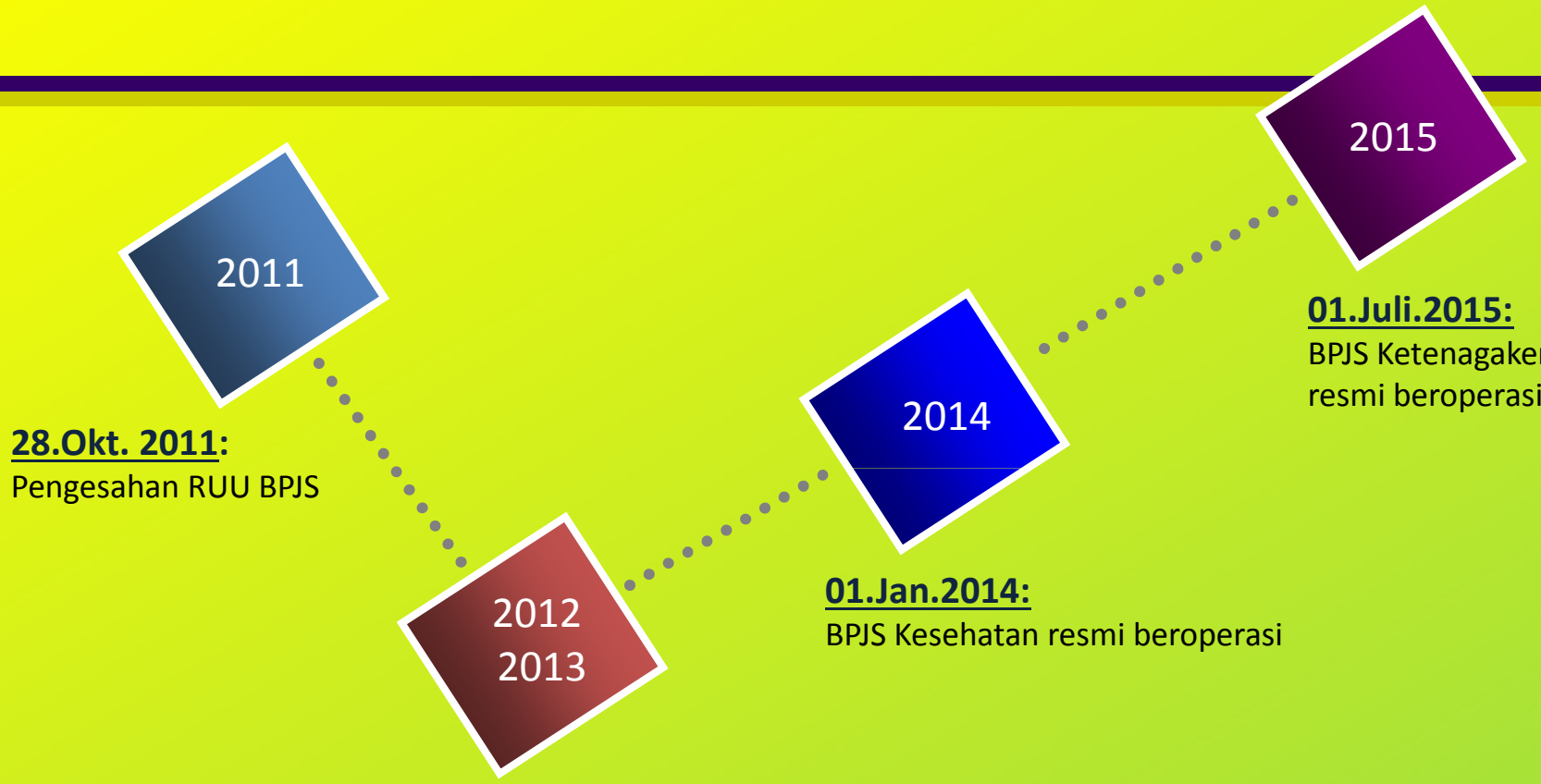
PEMBERI KERJA DAN PEKERJA

TENAGA KERJA
Tidak menerima upah

Konsekuensi UU 24/2011 - BPJS

BPJS KESEHATAN		BPJS KETENAGAKERJAAN
Seluruh penduduk	Cakupan Kepesertaan	Seluruh tenaga kerja
JK	Program Perlindungan	▪ JP (baru), JHT, JKM ▪ Redefinisi manfaat JKK
▪ Desain Program JK ▪ Harmonisasi kompleks	Peraturan Pelaksana	▪ Desain Program JP, JHT, JKK, JK ▪ Harmonisasi sangat Kompleks
Askes/JPK/Jamkesmas/Jam - kesda ke BPJS (2014)	Transformasi Kelembagaan	Taspen/Asabri ke BPJS (2029)
▪ Peralihan & Integrasi Program ▪ Kualitas Pelayanan	Operasional	▪ Kelayakan Manfaat ▪ Sustainabilitas Program
▪ TRANSFORMASI KELEMBAGAAN ▪ FASILITAS PELAYANAN	**TANTANGAN TRANSISI**	▪ KELAYAKAN MANFAAT ▪ HARMONISASI PERATURAN

Masa Transisi BPJS



28.Okt. 2011:
Pengesahan RUU BPJS

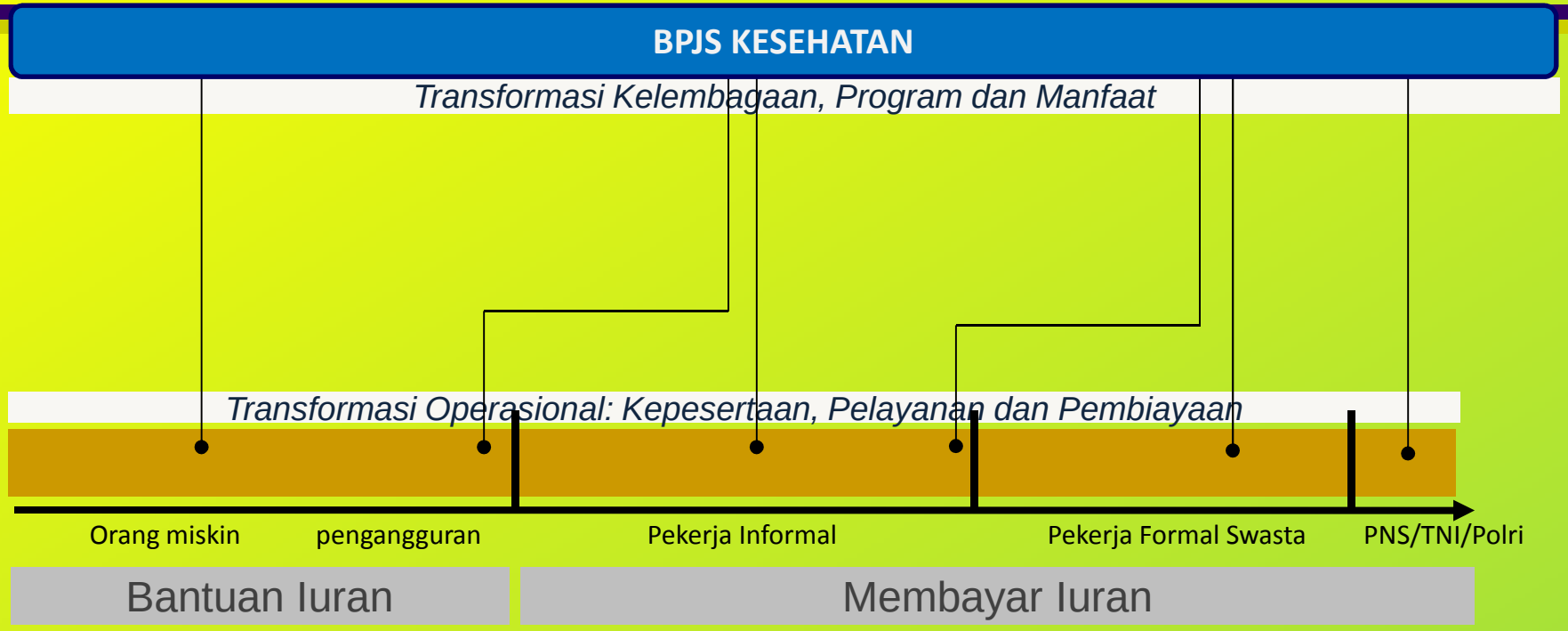
Masa Transisi:

- Penyusunan Peraturan Pelaksana dan harmonisasi Perundangan
- Askes → BPJS Kesehatan
  Pengalihan aset, data, peserta, sistem dan network dari Jamsostek kepada BPJS Kesehatan
- Jamsostek → BPJS Ketenagakerjaan

01.Jan.2014:
BPJS Kesehatan resmi beroperasi

01.Juli.2015:
BPJS Ketenagakerjaan resmi beroperasi

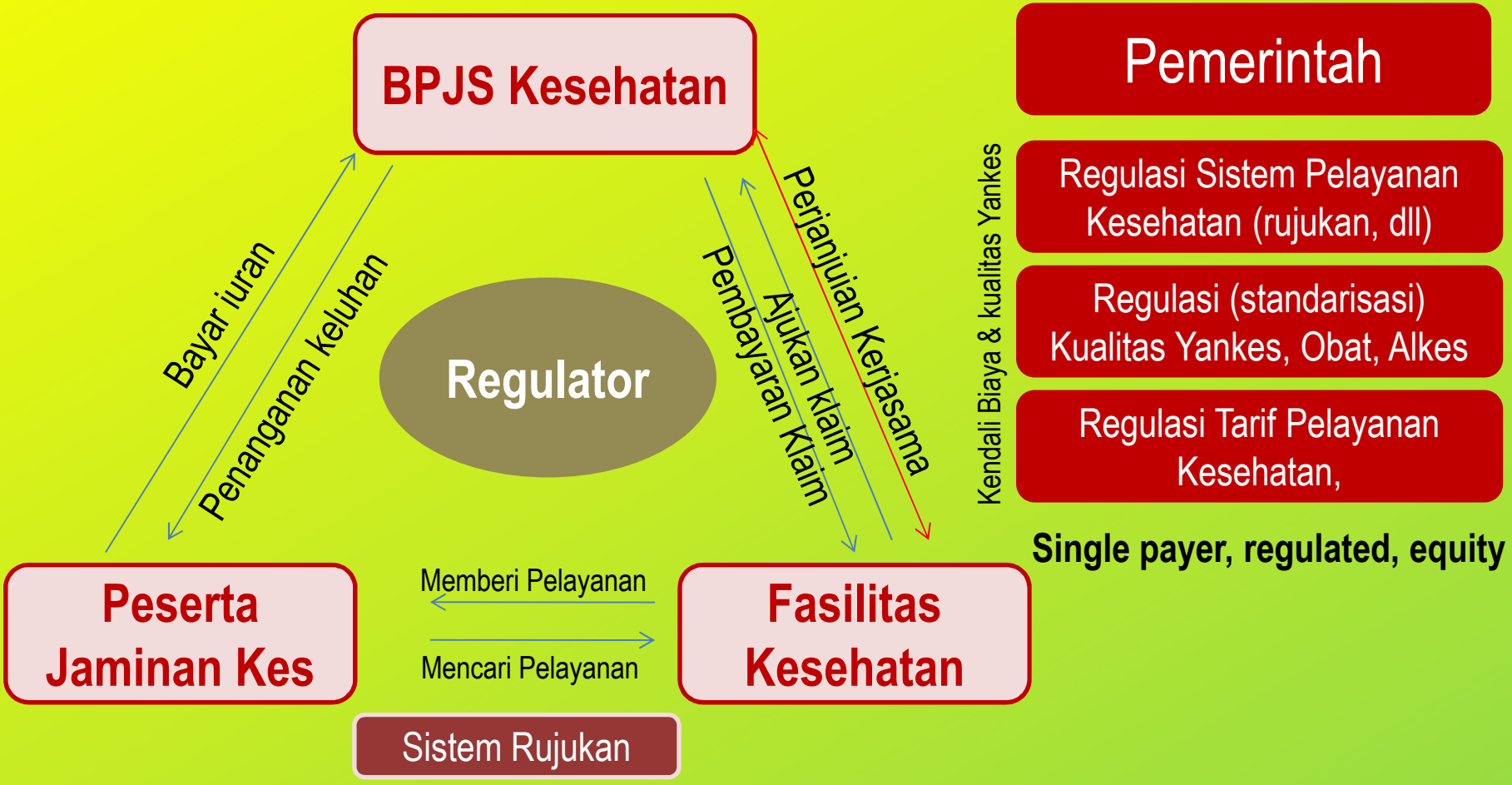
Transformasi BPJS Kesehatan



Transformasi BPJS Kesehatan menuntut perencanaan, koordinasi dan proses peralihan yang sangat kompleks.

Menuju Jaminan Kesehatan Semesta (Universal Health-care Coverage)

Jaminan Kesehatan Nasional



Single payer, regulated, equity

PETA JALAN KEPESERTAAN

96 juta PBI

Penduduk yang dijamin di berbagai skema **148,2** jt jiwa

90,4juta belum jadi peserta

121,6 juta peserta dikelola BPJS Keesehatan

50,07 j Juta pst dikelola oleh Badan Lain

73,8 juta belum jadi peserta

KEGIATAN:
Pengalihan, Integrasi, Perluasan

257,5 juta peserta (semua penduduk) dikelola BPJS Keesehatan

Tingkat Kepuasan Peserta 85%

`Perusahaan	2014	2015	2016	2017	2018	2019
USAHA BESAR	20%	50%	75%	100%		
USAHA SEDANG	20%	50%	75%	100%		
USAHA KECIL	10%	30%	50%	70%	100%	
USAHA MIKRO	10%	25%	40%	60%	80%	100%

2012 → 2013 → 2014 → 2015 → 2016 → 2017 → 2018 → 2019

Pengalihan Peserta JPK Jamsostek, Jamkesmas, Askes PNS, TNI Polri ke BPJS Kesehatan

Integrasi Kepesertaan Jamkesda/PJKMU dan askes komersial ke BPJS Kesehatan

Perpres Dukungan Operasional Kesehatan bagi TNI Polri

Pengalihan Kepesertaan TNI/POLRI ke BPJS Kesehatan

Penyusunan Sisdur Kepesertaan dan Pengumpulan Iuran

Pemetaan Perusahaan dan sosialisasi

Perluasan Peserta di Usaha Besar, Sedang, Kecil & Mikro

B
S
K

20%	50%	75%	100%		
20%	50%	75%	100%		
10%	30%	50%	70%	100%	100%

Sinkronisasi Data Kepesertaan: JPK Jamsostek, Jamkesmas dan Askes PNS/Sosial -- NIK

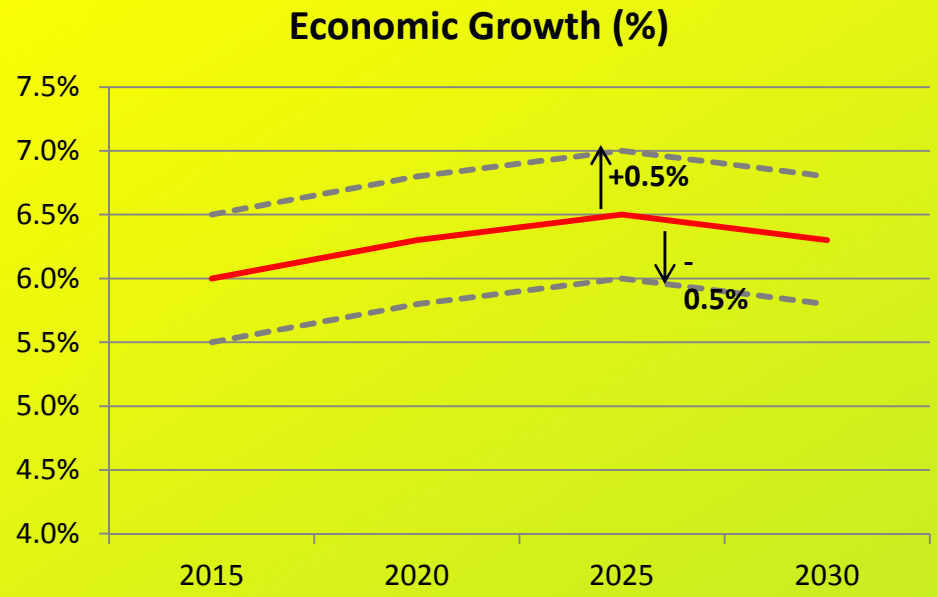
Pengukuran kepuasan peserta berkala, tiap 6 bulan

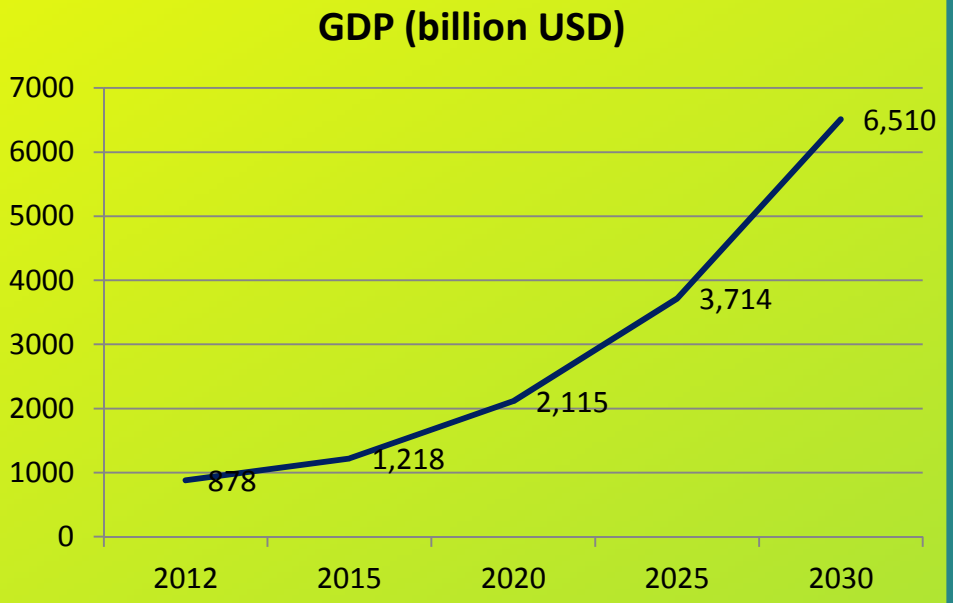
Kajian perbaikan manfaat dan pelayanan peserta tiap tahun

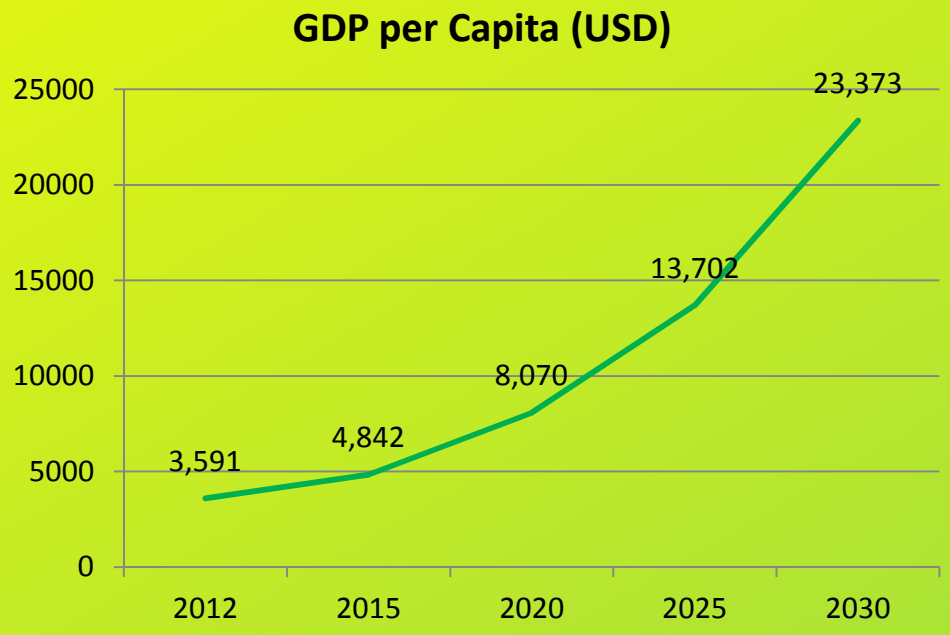
Faktor yang berpengaruh terhadap Potensi Permintaan

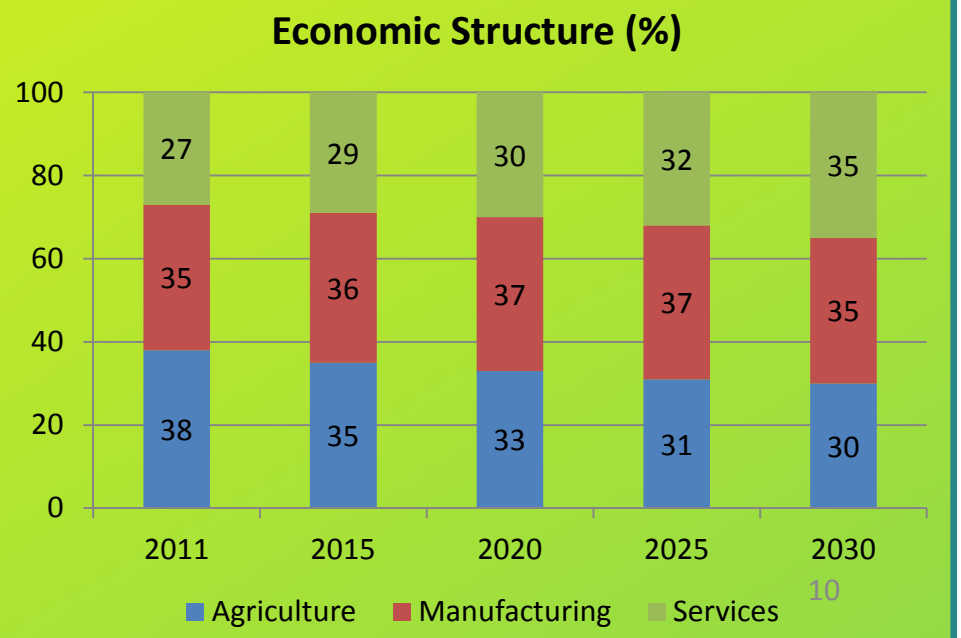
- Pertumbuhan ekonomi
- Pertumbuhan penduduk
- Perubahan demography (struktur umur kependudukan)
- Perubahan pendapatan
- Urbanisasi

Indonesia Future Trend - Economy







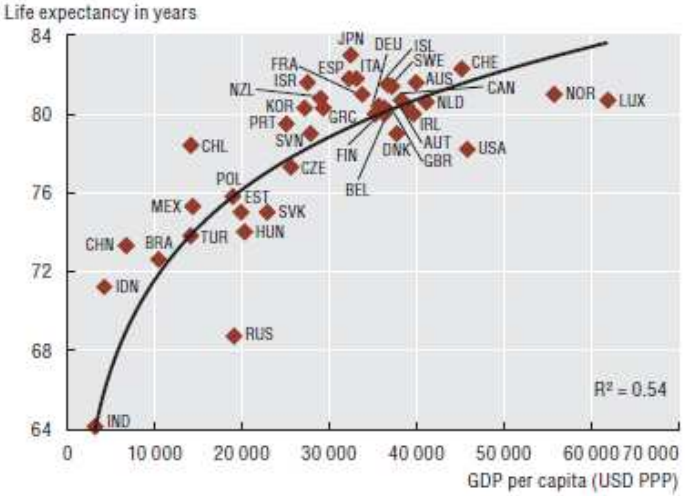


Population growth rate and life expectancy

	1971-1980	1980-1990	1990-2000	2000-2010	2010-2020	2020-2025
Est. LPP	2,32	1,98	1,47	1,14	1,1	0,98
LPP Real	2,32	1,97	1,45	1,49		

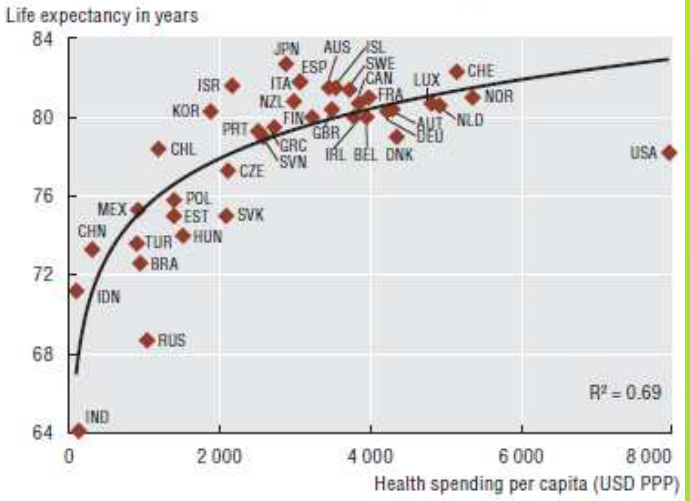
Tren Laju Pertumbuhan Penduduk

1.1.2 Life expectancy at birth and GDP per capita, 2009 (or nearest year)



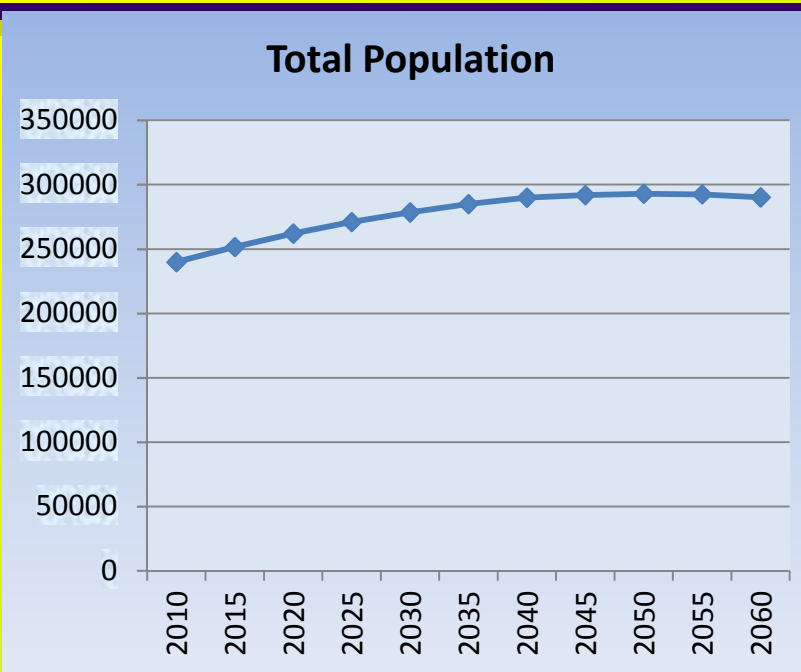
Source: OECD Health Data 2011; World Bank and national sources for non-OECD countries.

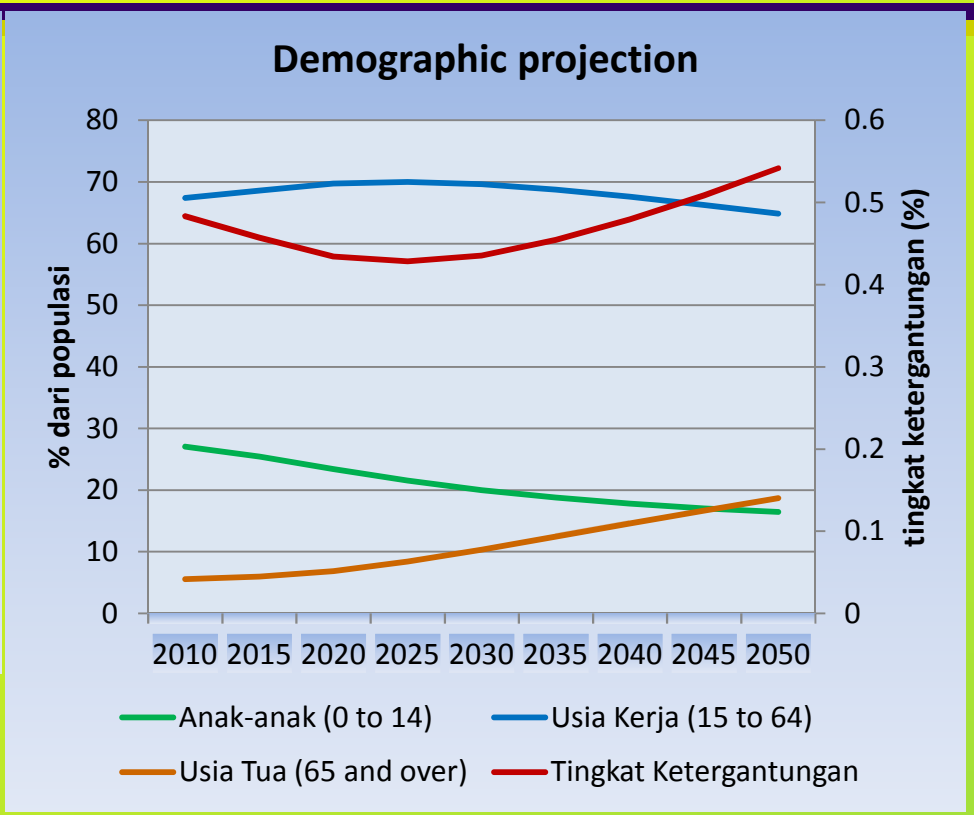
1.1.3 Life expectancy at birth and health spending per capita, 2009 (or nearest year)



Source: OECD Health Data 2011; World Bank and national sources for non-OECD countries.

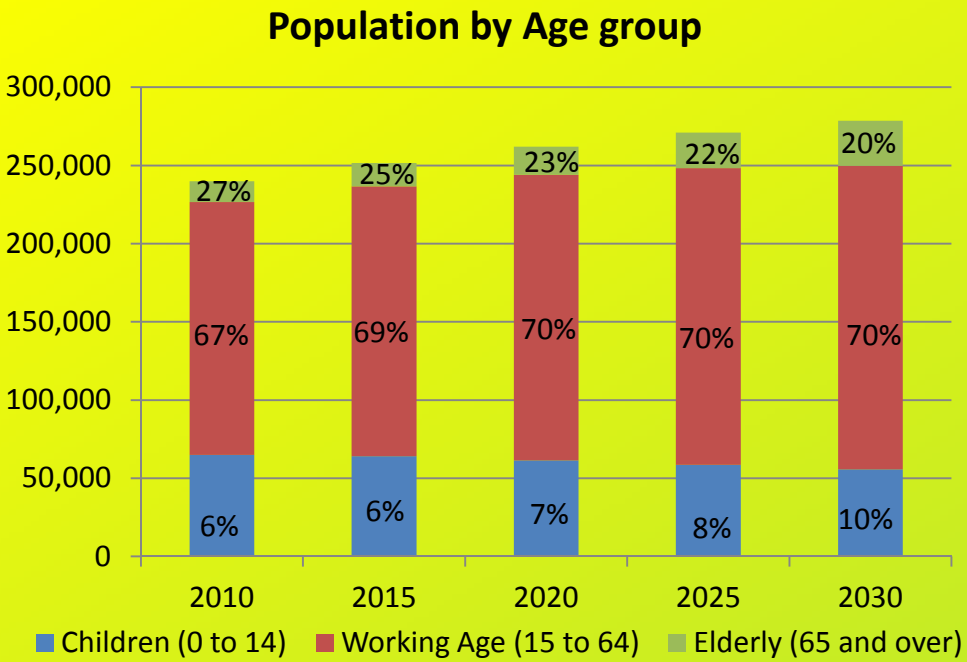
Demographic shift

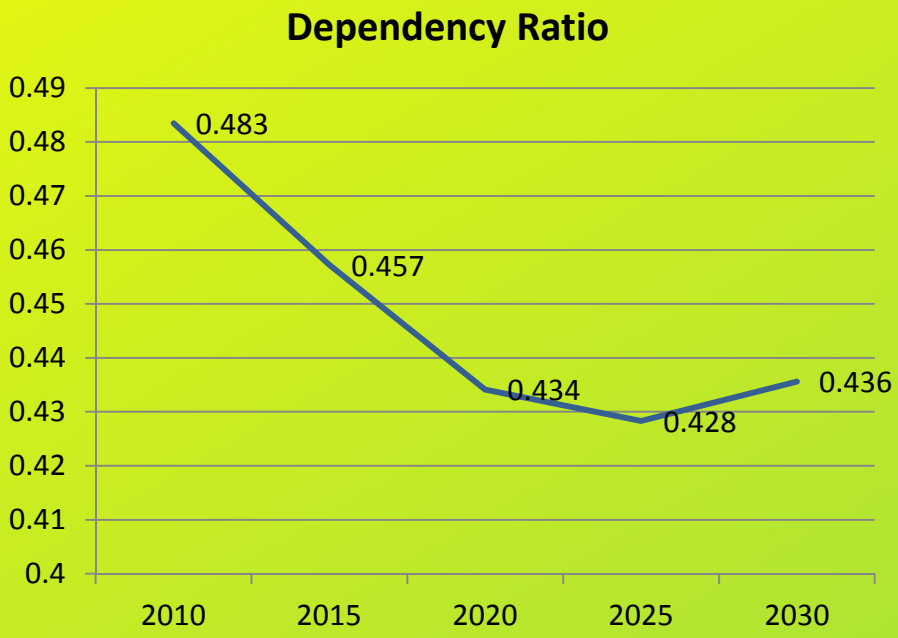




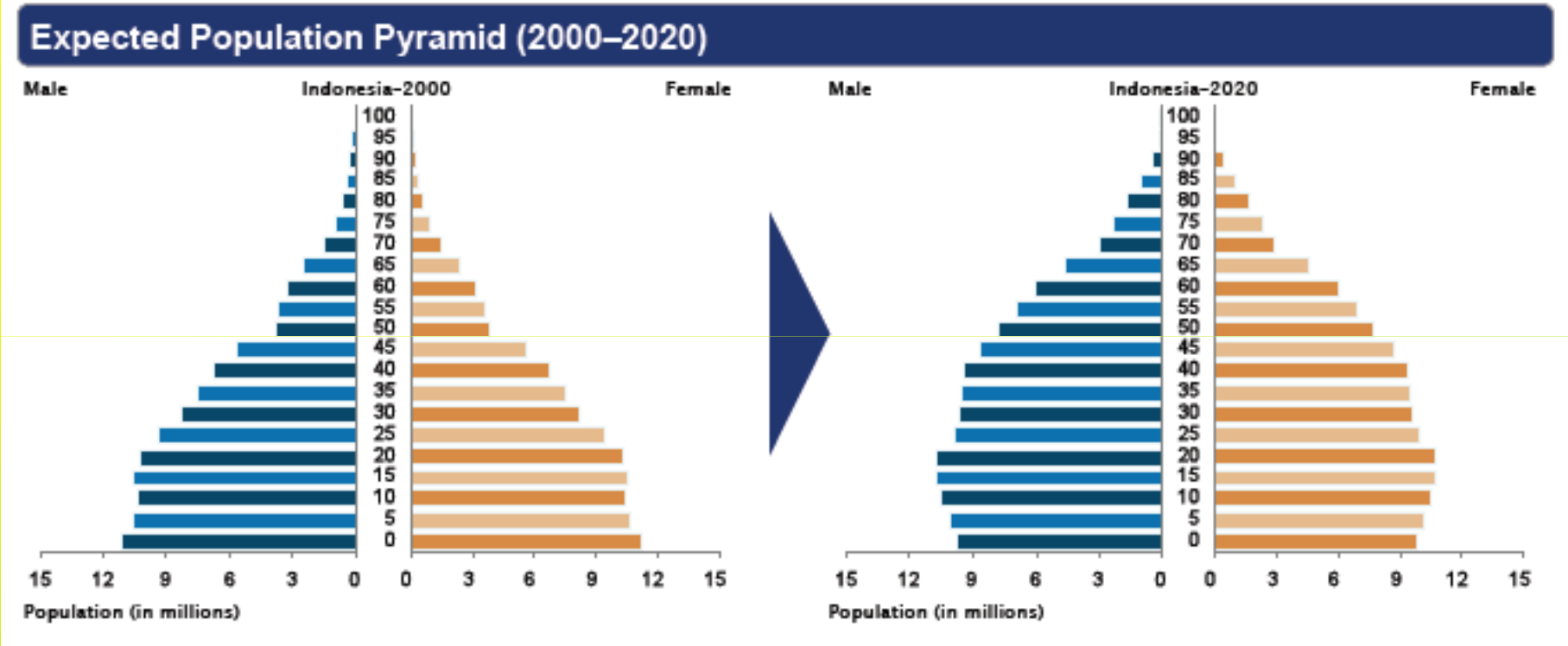
- Hingga tahun 2030, Indonesia akan mengalami bonus demografi dimana jumlah penduduk berusia kerja lebih tinggi daripada jumlah penduduk anak-anak dan usia tua. Pada masa ini, Indonesia akan mengalami peningkatan produktivitas yang menyebabkan kenaikan pendapatan dan konsumsi.
- *Setelah tahun 2030, Indonesia akan menghadapi tantangan baru yaitu peningkatan penduduk usia tua yang berakibat pada perubahan masalah kesehatan dan semakin tingginya beban negara.*

Indonesia Future Trend - Population





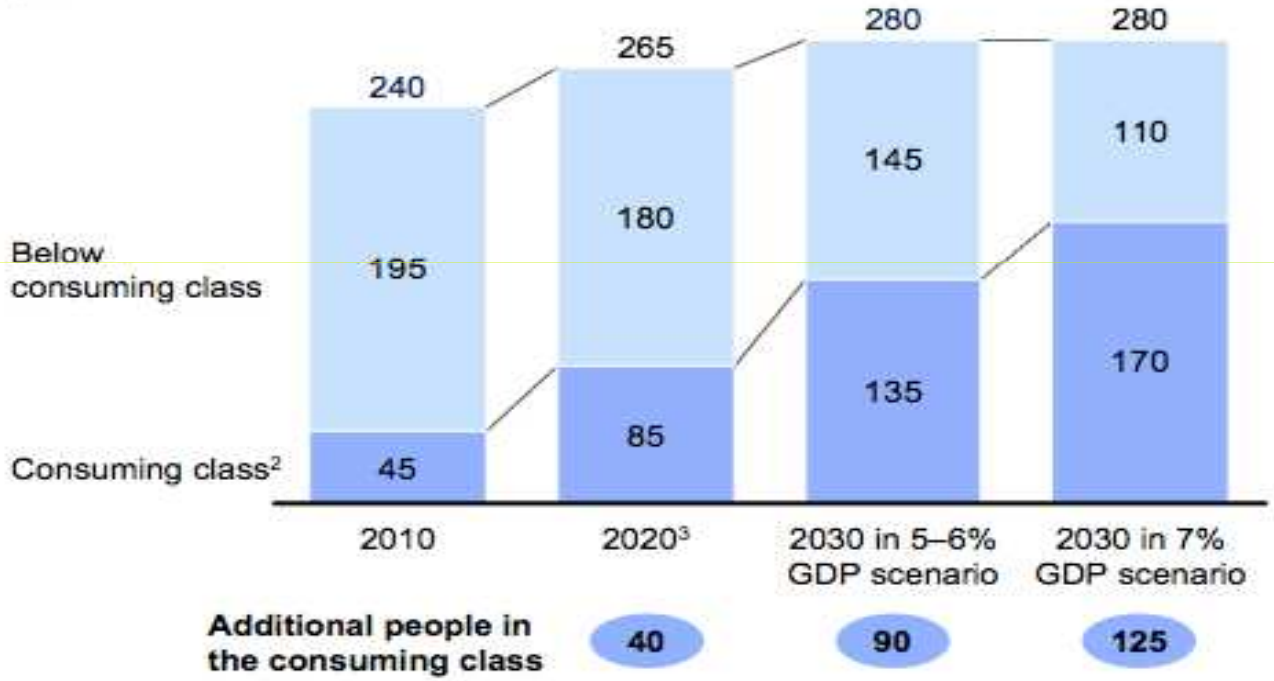
Demographic shift – population pyramid



Potensi kenaikan kelas menengah (Pengkonsumsi)

An estimated 90 million Indonesians could join the consuming class by 2030

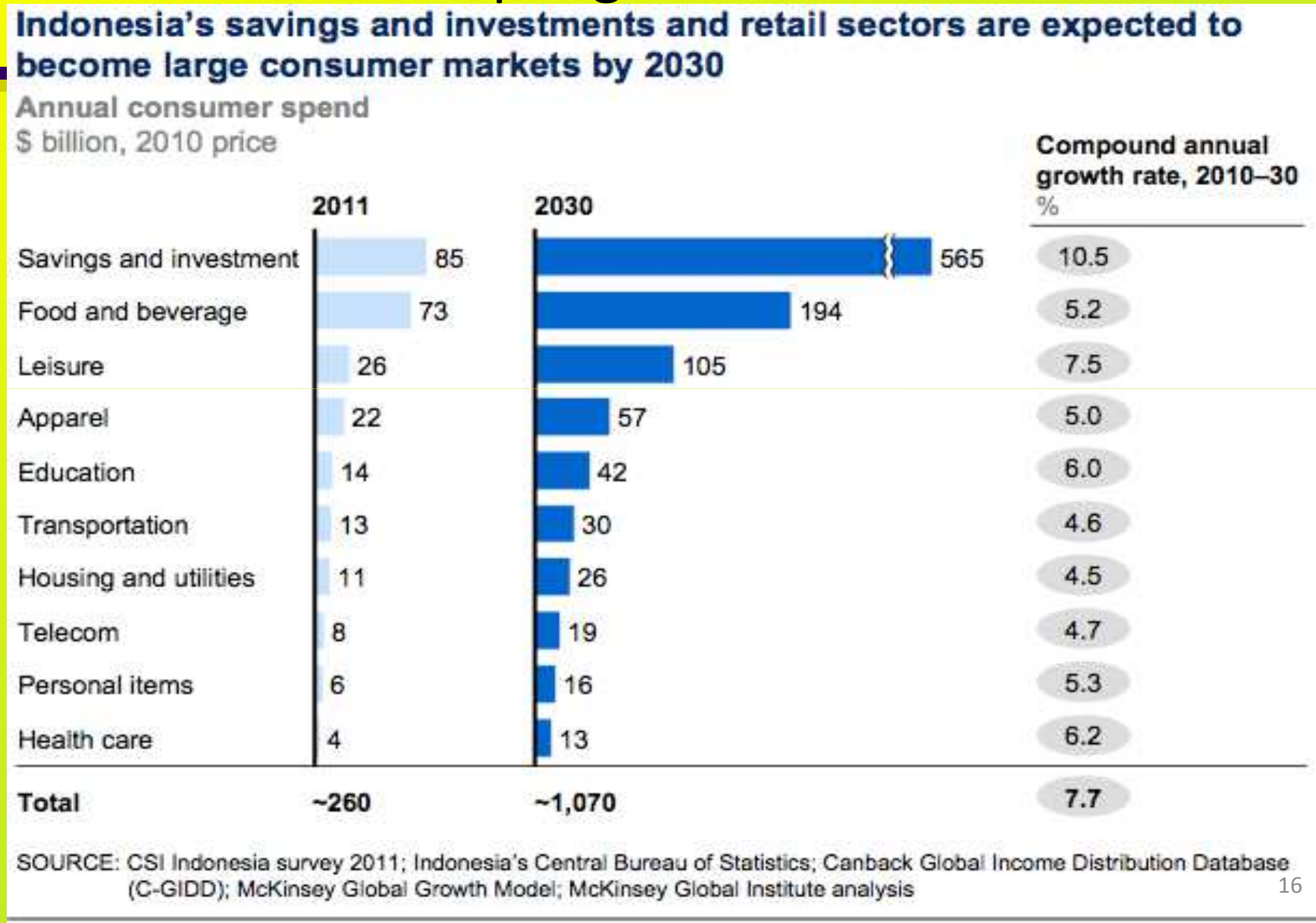
Million people[1]



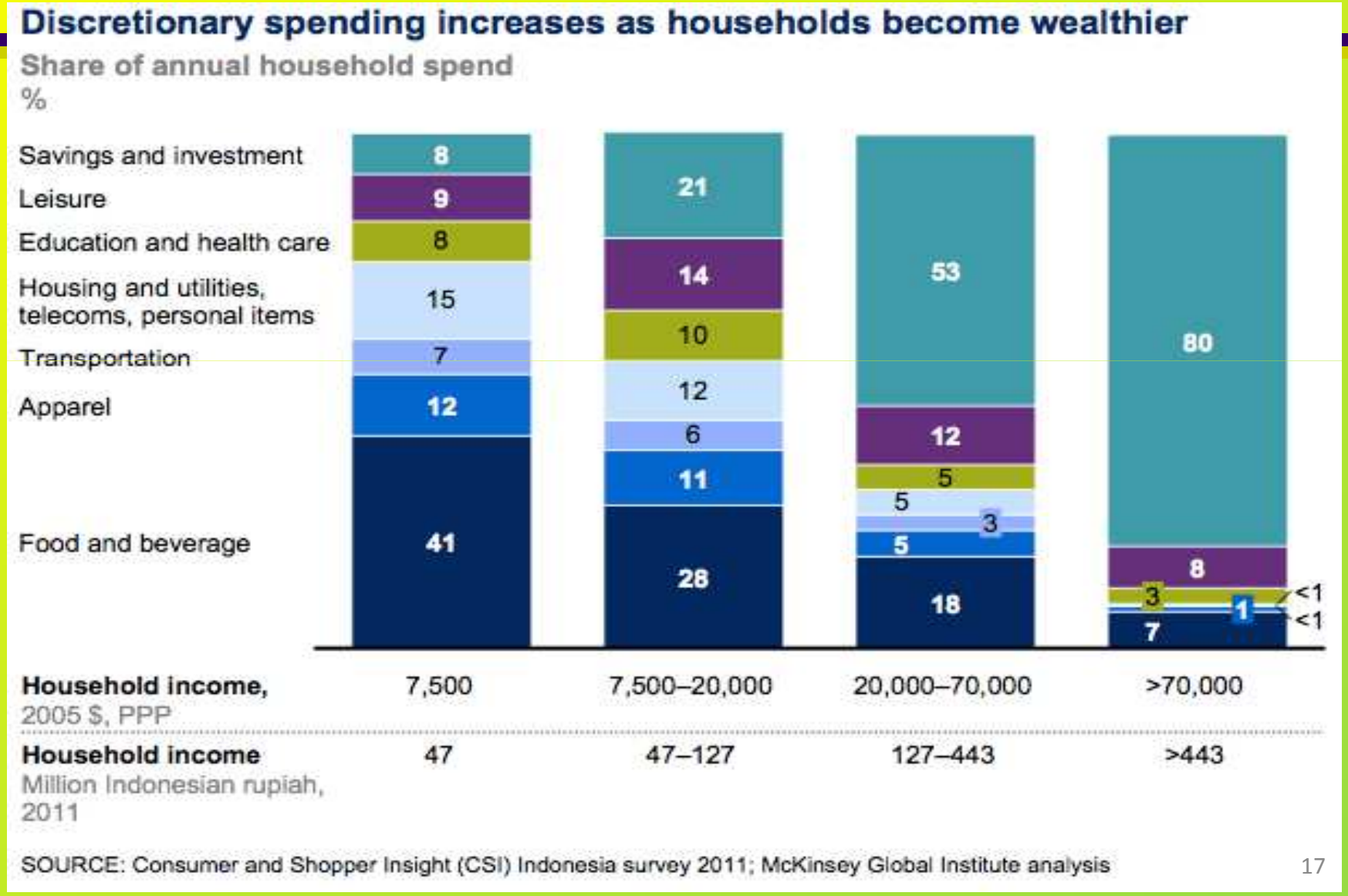
1 Rounded to the nearest five million.
2 Consuming class defined as individuals with an annual net income of above $3,600 at 2005 purchasing power parity (PPP).
3 Based on annual GDP growth of between 5 and 6 percent.

SOURCE: McKinsey Consumer and Shopper Insight (CSI Indonesia 2011); 2010 Population Census, Indonesia's Central Bureau of Statistics; Canback Global Income Distribution Database (C-GIDD); McKinsey Global Growth Model; McKinsey Global Institute Cityscope 2.0; McKinsey Global Institute analysis

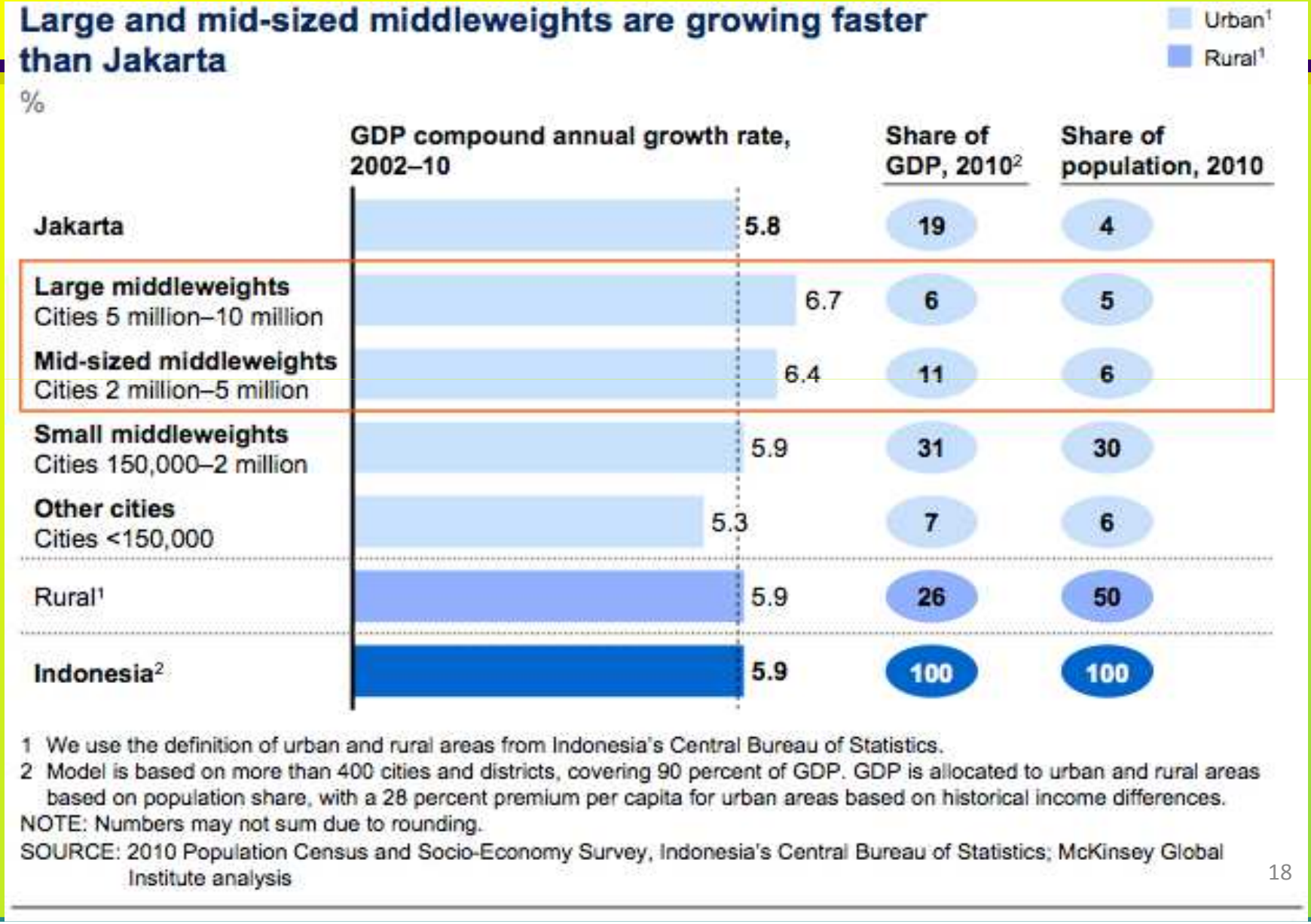
Potensi tabungan, investment/belanja kelas pengkonsumsi



Pengeluaran berdasarkan tingkat pendapatan

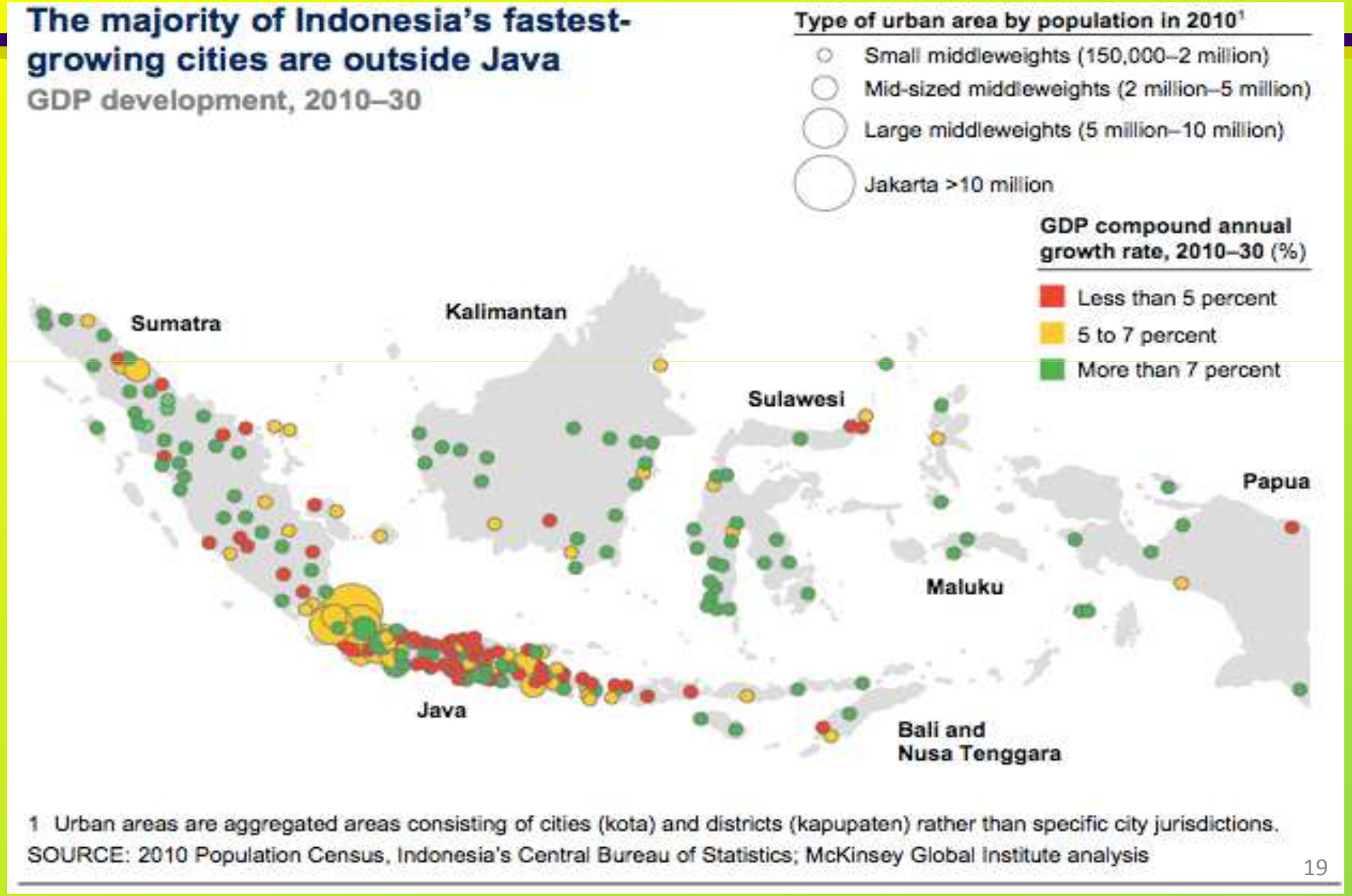


Potensi luar Jawa sangat besar



1 We use the definition of urban and rural areas from Indonesia's Central Bureau of Statistics.
2 Model is based on more than 400 cities and districts, covering 90 percent of GDP. GDP is allocated to urban and rural areas based on population share, with a 28 percent premium per capita for urban areas based on historical income differences.
NOTE: Numbers may not sum due to rounding.
SOURCE: 2010 Population Census and Socio-Economy Survey, Indonesia's Central Bureau of Statistics; McKinsey Global Institute analysis

Kota kota luar Jawa bertumbuh lebih cepat



Perubahan jenis penyakit

- Pertumbuhan ekonomi dan lifestyle
- Perkembangan demography
- Lingkungan hidup/polusi
- Globalisasi, pergerakan penduduk dan penularan

- ***Untuk mempersiapkan penyediaan pelayanan kesehatan sesuai dengan kebutuhan yang up to date dan antisipatif***

Penyebab Kematian berdasarkan jumlah

No	Penyakit
1	JANTUNG KORONER
2	TUBERCULOSIS
3	STROKE
4	PENYAKIT PERNAFASAN
5	PENYAKIT BAYI BARU LAHIR
6	PENYAKIT PARU-PARU
7	KECELAKAAN LALU-LINTAS
8	DIABETES MELLITUS
9	HIPERTENSI
10	DIARE

Survei dilakukan oleh WHO 2008

Perubahan Pola Penyakit

- From younger, communicable, maternal, perinatal and nutritional → older ages and non-communicable (depressive disorders, ischemic heart disease, stroke, cancer, diabetes mellitus) plus HIV/AIDS and road traffic accident.
- Double burden : communicable/infection still a problem and new problem come, non-communicable diseases.
- Increasing incidence of chronic diseases – check up due to disease awareness
- Cause of death and disability is changing
- Risk factor for health : Smoking & overweight, *alcohol*

Trend Beban Penyakit

1990	
Infeksi pernafasan bawah	1
Penyakit diare	2
Keadaan yg timbul pada periode perinatal	3
Depresi mayor unipolar	4
Penyakit jantung iskemik	5
Penyakit serebrovaskular	6

2020	
1	Penyakit jantung iskemik
2	Depresi mayor unipolar
3	Kecelakaan lalu lintas
4	Penyakit serebrovaskular
5	Penyakit paru obstruktif kronik
6	Infeksi pernafasan bawah

- Makin berkurangnya penyakit infeksi, digantikan penyakit bukan infeksi dan kejiwaan.
- Kecelakaan lalu lintas meningkat pesat.

(Global Burden of Disease – WHO)

Perubahan Penyebab Kematian

2002		2030
1. Ischaemic heart desease		1. Ischaemic heart desease
2. Cerebrovascular desease/stroke		2. Cerebrovascular desease/stroke
3. Lower respiratory infections		3. HIV/AIDS
4. HIV/AIDS		4. COPD
5. COPD		5. Lower respiratory infections
6. Perinatal conditions		6. Trachea, bronchus, lung cancers
7. Diarrhoeal diseases		7. Diabetes mellitus
8. Tuberculosis		8. Road traffic accident
9. Trachea, bronchus, lung cancers		9. Perinatal condotions
10.Road traffic accident		10.Stomach cancer
11.Diabetes mellitus		11.Hypertensive heart desease

Source:WHO 2006

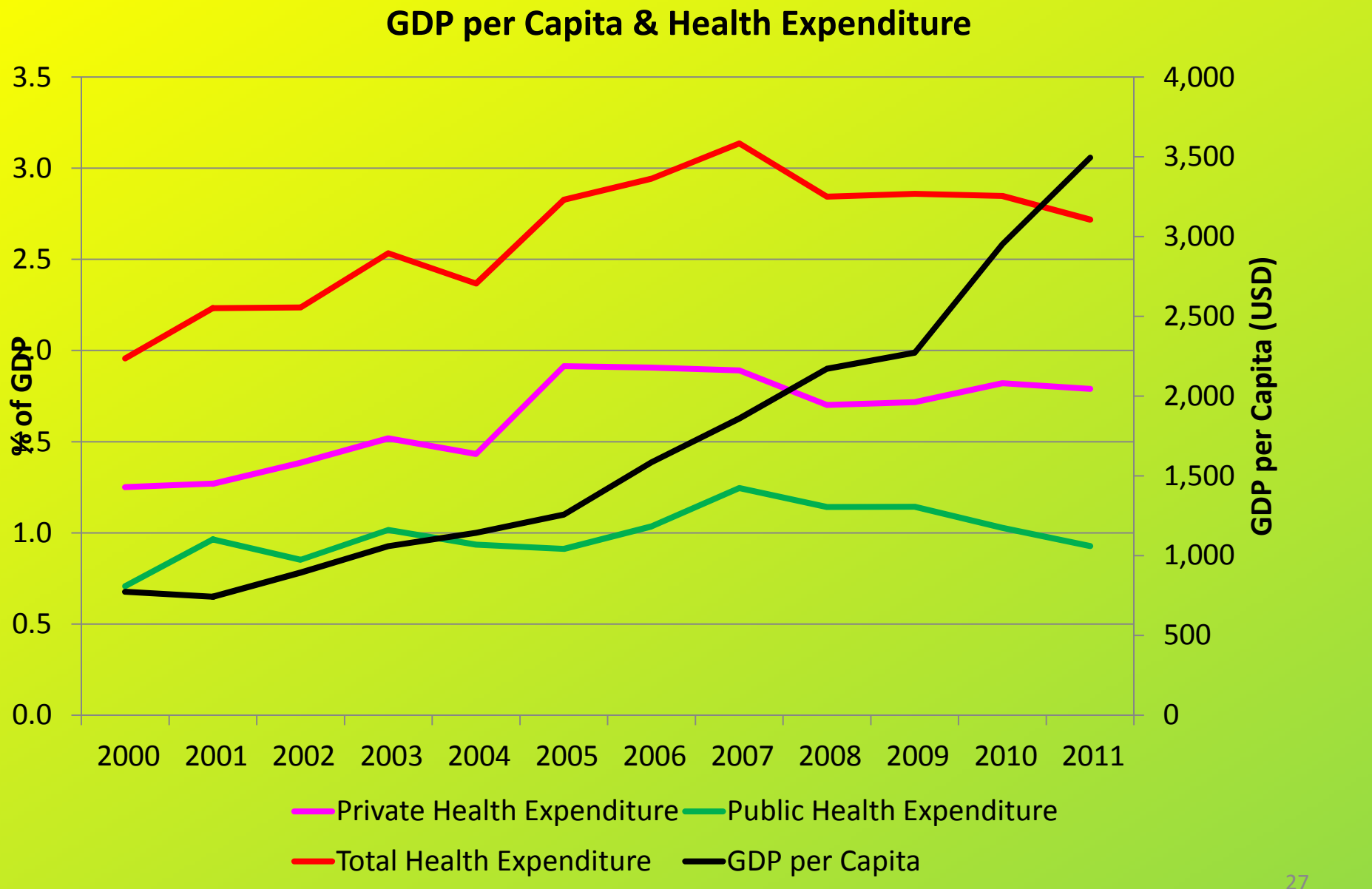
Trend Penuaan Penduduk

- Pattern of diseases: Higher occurrence of chronic, non communicable lifestyle related diseases (such as stroke, cardiovasculer and cancer) and age related disease (arthritis and diabetes).
- Higher requirement for diagnosis and hospital based treatment.
- Longer duration of care.
- (though, Indonesia will faces this ageing problem start in 2025)

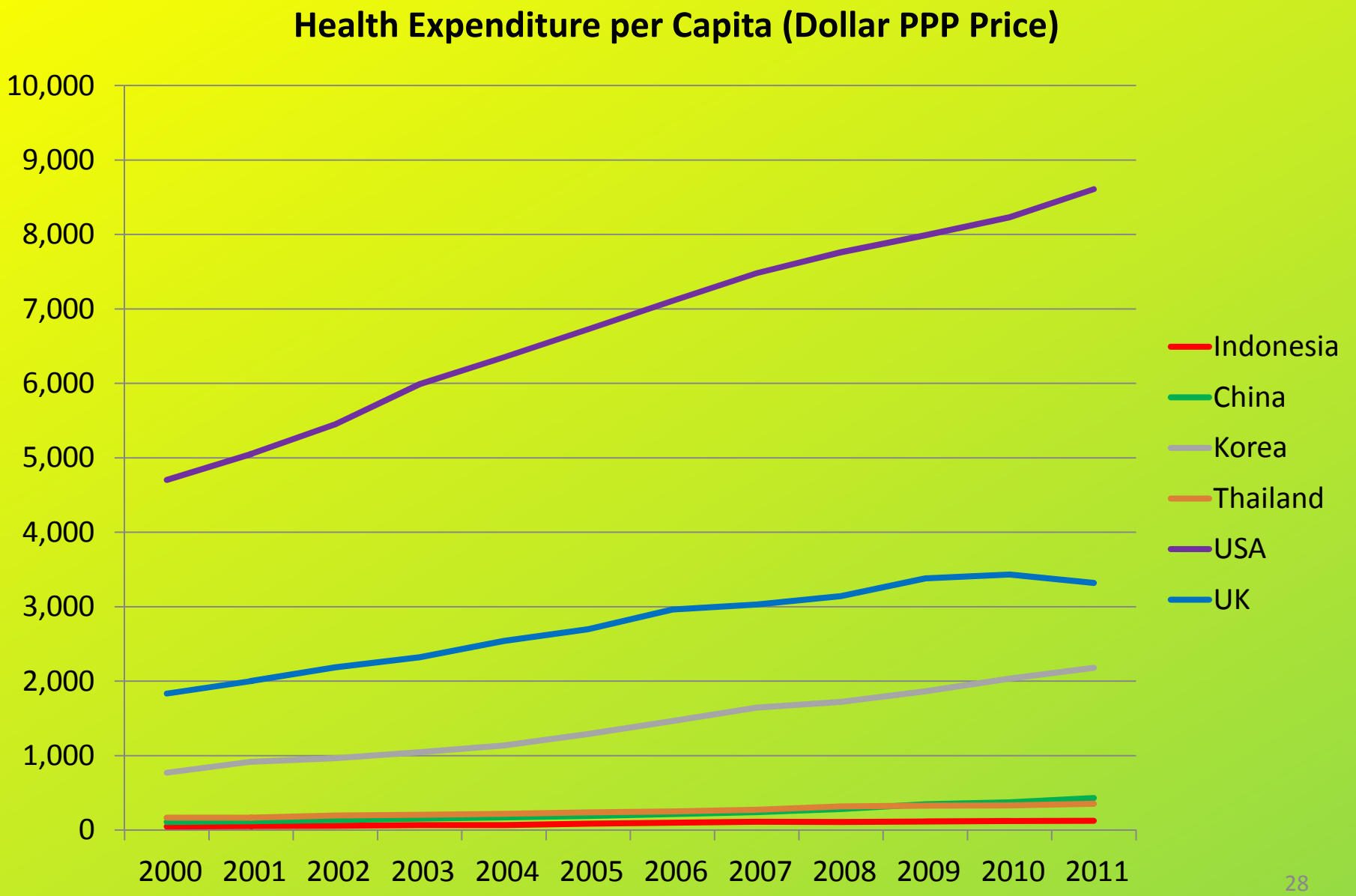
Perubahan Teknologi

- New medical technology: genetic and genom analysis, T-Ray for 3D medical imaging, nano-machine technology, robotic surgery, artificial eye.
- New drugs: lowering cholesterol, neuropathic pain, hypertension, cancer and diabetes.
- New vaccinations: childhood leukemia, malaria, stimulate immune system, E coli and salmonella.

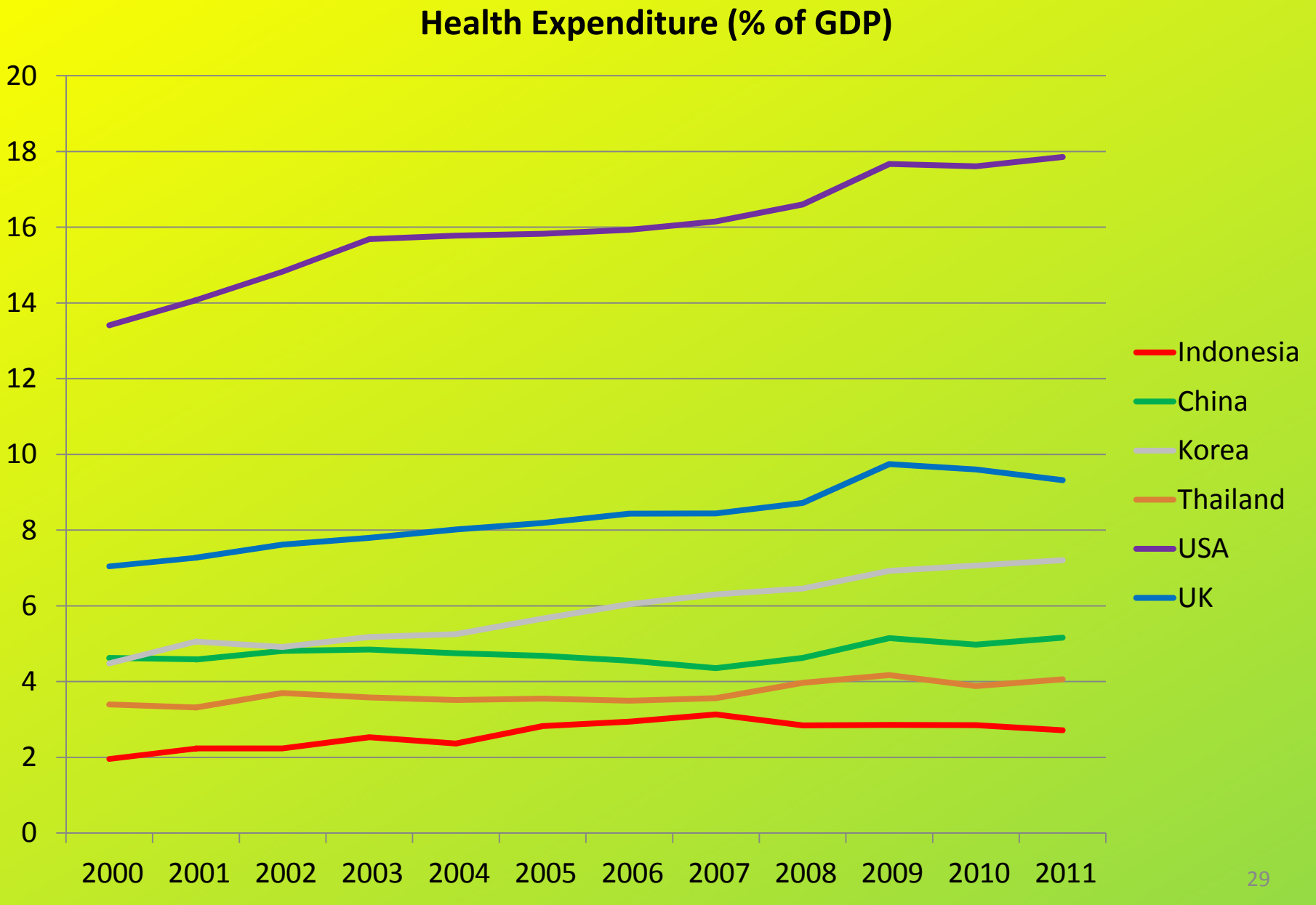
Pengeluaran kesehatan Penduduk Indonesia



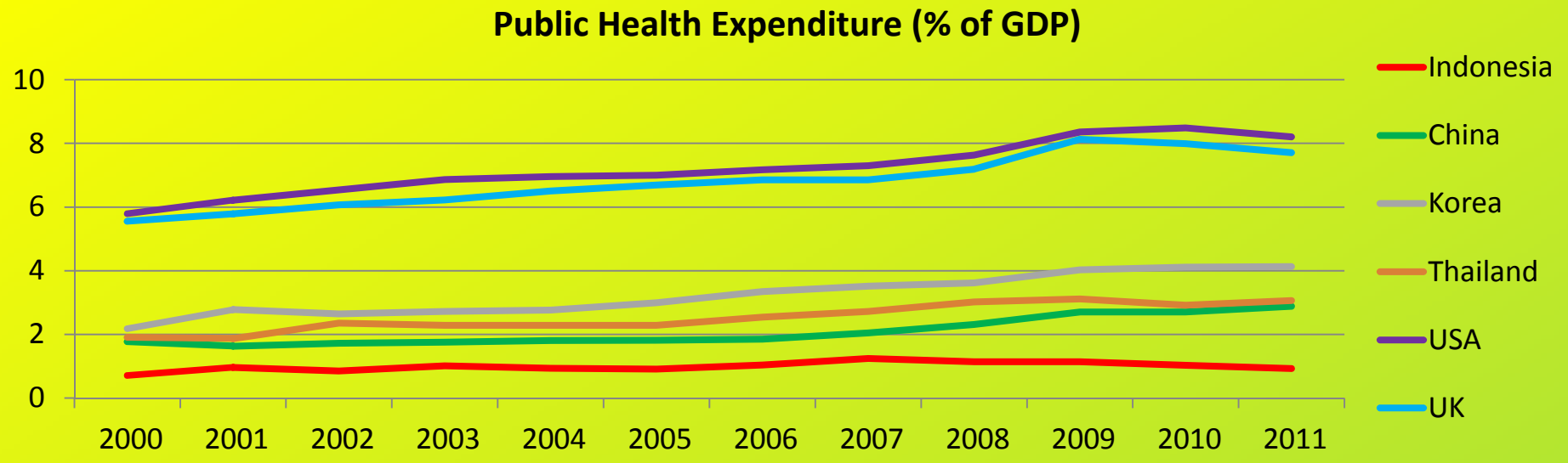
Pengeluaran belanja percapita dalam PPP

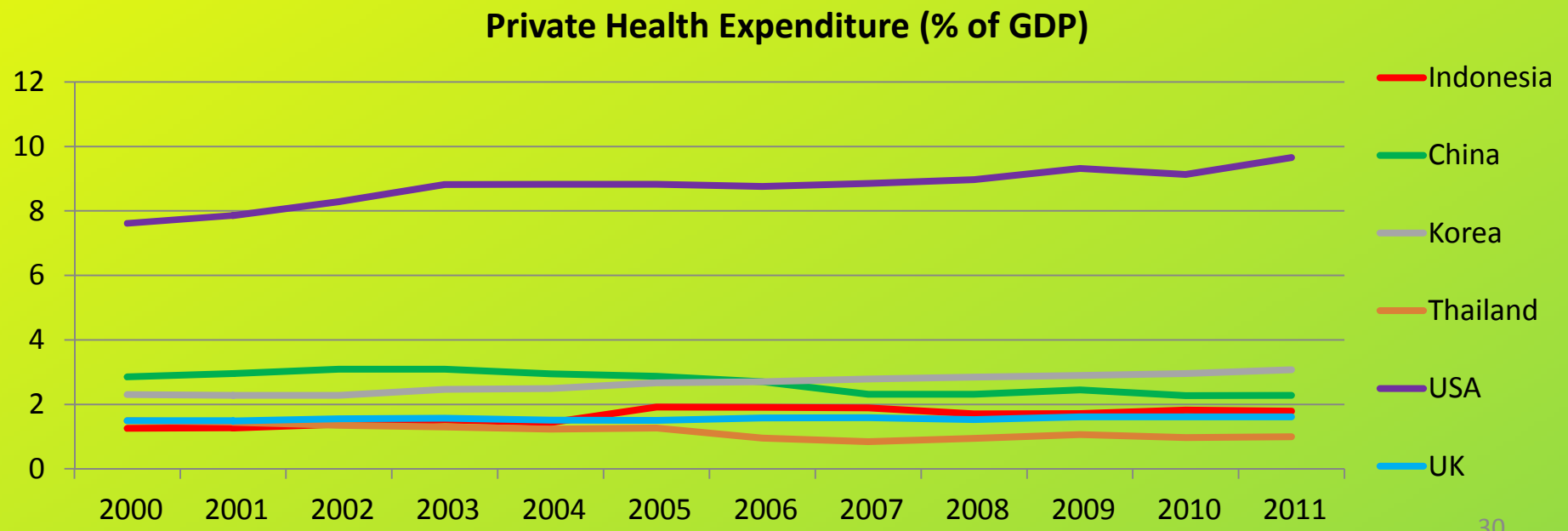


Pengeluaran Kesehatan Berbagai Negara

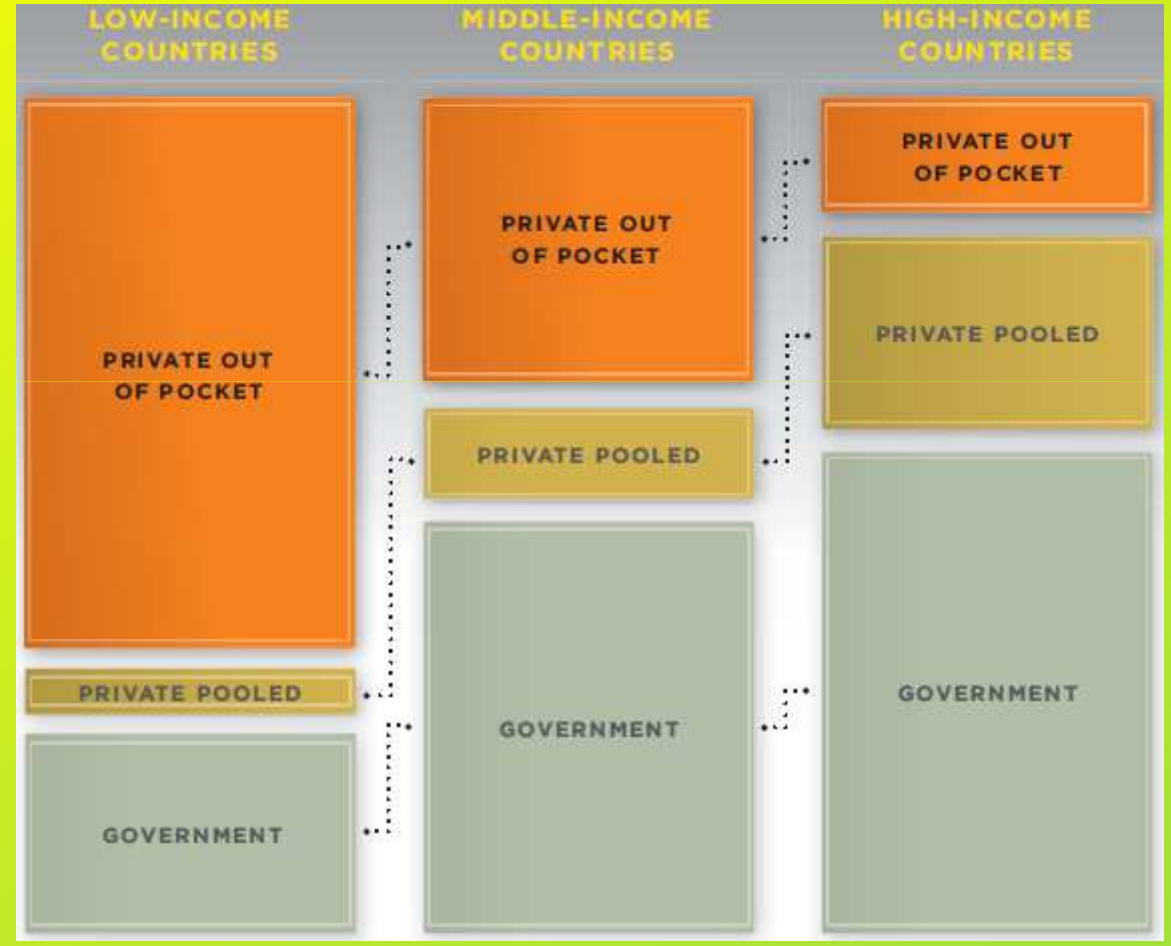


Health Spending per GDP

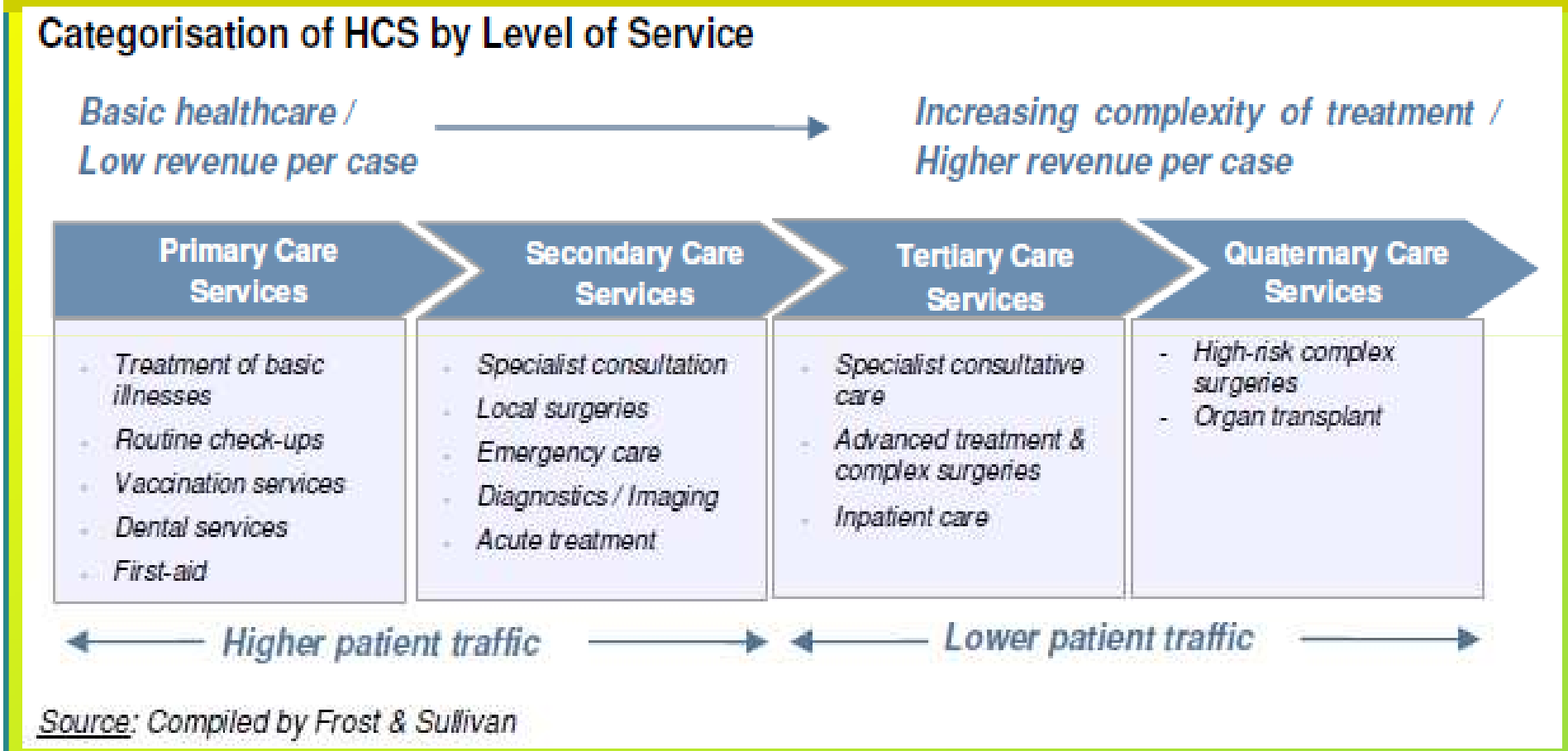




Sumber pembiayaan pelayanan kesehatan (evolusi berdasarkan tingkat pendapatan)



Jenjang Pelayanan kesehatan



Menuju Pelayanan Kesehatan yang lebih baik

Evolution of service delivery models.

Service delivery model	Historical	Current and future
Community health network	▪ Traditional physical locations and services	▪ Non-traditional locations (for example, home) and services (for example, prevention / wellness / health promotion) ▪ Electronic access and new channels (for example, remote monitoring, telemedicine)
Center of excellence	▪ Focus on treating medical conditions at a specific care venue ▪ Compete primarily on reputation	▪ Focus on prediction, prevention, diagnosis, treatment and rehabilitation, and ongoing management of certain medical conditions ▪ Compete on documented quality and safety ▪ Change the definition of – and raise the bar for – quality through data-driven improvements and innovation
Medical concierge	▪ Plush, amenity-rich facilities ▪ Friendly staff	▪ Comforting, safe, preference-sensitive facilities for patient and families ▪ Friendly, empowered (IT-enabled) staff ▪ Convenient, electronic access (for example, registration, e-visits) ▪ Patient-friendly administrative processes
Price leader	▪ Streamlined processes ▪ Services centralized for economies of scale ▪ Focus on individual productivity	▪ Evidence-based, standardized processes ▪ Services performed at most cost-effective setting, fully exploiting IT-enabled capabilities ▪ Focus on team productivity and on activating patients

Source: IBM Global Business Services and IBM Institute for Business Value.

Shortage

- Ratio Doctors per 100.000 population
  - Indonesia (2010) : 50
  - Indonesia (2025) : 140
  - OECD (2009) : 200
  - Korea (2009) : 290
- Indonesia (2025) going to be OECD (2009) Shortage 60 (200-140) per 100.000 = 163.000 doctors

Peluang Pasar

- Kenaikan pendapatan dan kebutuhan kesehatan yang sangat besar
- Kesadaran akan kesehatan
- Tingkat belanja yang masih rendah namun meningkat dengan cepat (dari basis yang rendah)
- Penyebaran pelayanan yang belum merata ditengah pertumbuhan yang sangat pesat terutama diluar jawa
- Pemanfaatan perubahan struktur demography seiring dengan peningkatan pendapatan yang sangat cepat terutama oleh kelas menengah ke atas
- Namun tidak menutup peluang dari perubahan sistim pembiayaan yang mengarah ke pelayanan kesehatan semesta melalui skema Jamkesnas atau SJSN

Sejumlah besar pasien dari Indonesia dilayani RS Singapore dan Malaysia

Country	Capability to Perform Complex Procedures (Relative to other medical travel hubs in the region)	Price Benchmark[6] (Average cost of selected surgeries in US$)	Diversity of Patients (Top countries)	JCI Accredited Hospitals
Singapore	High Key Treatments: Cardiology, Cardio-thoracic surgery, Orthopaedics surgery, Reconstructive surgery, and Oncology	CABG[7]: 20,000 Hip replacement: 11,000 Rhinoplasty: 4,375	Indonesia >47.0% Malaysia 14.0% Russia, Vietnam >4.0% (each) Middle East, Europe, Korea >3.5% (each) North America >1.0%	14
Malaysia	Medium-High Key Treatments: Cardiology, Cardio-thoracic surgery, Orthopaedics surgery, In-vitro fertilisation (IVF), , Reconstructive surgery, and dental related treatment	CABG: 9,000 Hip replacement: 10,000 Rhinoplasty: 2,083	Indonesia 75.0% Singapore/Middle East/Others 21.0% India 4.0%	6
Turkey	High Key Treatments: Ophthalmology, Dental, Orthopaedic, Cardiology, Reconstructive surgery, Oncology, and Neurosurgery	CABG: 10,000 Hip replacement: 10,750 Rhinoplasty: 3,500	Germany 39.0% Holland 8.0% Austria 5.0% Cyprus 4.0% Azerbaijan, Russia, Iraq, France 3.0% (each) Belgium 2.0%	38
Thailand	Medium-High Key Treatments: Botox and face lift	CABG: 13,000 Hip replacement: 12,000 Rhinoplasty: 2,500	UAE >40.0% Qatar 9.0% Oman 6.0% Japan, Myanmar> 5.0%	13

Benchmarking : Indonesia 2030 = OECD atau Korea sekarang

Indicator – Health spending	Indonesia 2011	OECD 2009	Korea 2011	OECD 2020	Korea 2020	Indonesia 2020	Indonesia 2030
Total health expenditure (THE) as percent of GDP (WHO minimal 5%)	2.72	9.6	7.2	15	11	4?	5?
Total health expenditure per capita (US$)	126.89	3,233	2,181				
Private health expenditure as percent of THE	49.1	28	41.1				
Out of pocket health expenditure as percent of THE	38.25	19	32				
Out of pocket health expenditure as percent of Private health expenditure	75.13	-	76.4				
Government health expenditure as percent of Government expenditure	7.75	-	12.36				
Indicator – Healthcare infrastructure	**Indonesia 2011**	**OECD 2009**	**Korea 2009**			**Indonesia 2025**	
General doctors per 100,000 population	39	200	290			112	
Specialist doctors per 100,000 population	10.5					28	
Nurses per 100,000 population	158	840	530			158	
Hospital beds per 1000 population (WHO 1:1000)	0.6	3.1	8.3				

	2010	2020	2030
Population (million)	237.6	262	279.6
GDP (USD) (billion)	700	2,115	6,510
GDP per capita (USD)	2,952	8,010	23,373
Health spending (% of GDP)	2.85	4	5
Health spending (USD) (billion)	19.95	84.6	325.5
Health spending per capita (USD)	122.8	320.4	1,168.7
Private health spending (% of total)	49.1	<49	<<
(If Health spending 300% in 2020) → % of GDP	19.952.8 5%	59.85 2.83%	