

The Implementation of Minister of Health Regulation on Performance Improvement in Individual and Community Health Service (Study of Puskesmas Bawen, Central Java)

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Article Info**Abstract**

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One of public services implemented by the government is the fulfillment of public health needs. Health reform is implemented to improve health services that make it more efficient, effective and accessible to all levels of society. Towards a better and overall health insurance, the government issued Law No. 40 on the National Social Security System whereby Health Insurance is a priority that will be developed to achieve the participation of Universal Health Coverage (UHC). This paper discusses the implementation and constraint in the implementation of improving the health services performance in individual and community health services at Bawen Public Health Center (Puskesmas, Pusat Kesehatan Masyarakat). The author argued that the implementation of improving the Public Health Center performance in individual and societal health services perspective Minister of Health Regulation Number 71 of 2013 at Bawen Public Health Center has been running in accordance with the implementation indicators, but there are still some problems internally and externally that is late drugs provision that inhibit delivery Service. In addition, the attitude and clarity in providing information needs improvement.

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INTRODUCTION

PROVIDING of public service by the state apparatus to the public is the implication of the state apparatus function as the public servant. Therefore, the position of state apparatus in public Services will determine the extent of the government is able to provide the best Service to the community, thereby determining the extent to which the state has performed its role in accordance with its objectives.

The most important thing is the extent to which the government can manage these functions in order to produce goods and services that are economical, effective, efficient and accountable to all people who need it. It means that government services should not be given discriminatively. Service

is provided regardless of status, rank, class of society and every citizen has the same rights to these services in accordance with applicable regulations.

At the beginning of Indonesian independence, various matters with the state of society have been regulated in the 1945 Constitution. The founding fathers of the nation hope that the realization of the government of the Indonesia entire blood to realize the common prosperity and participate in world peace (Rodiyah 2016). The changes after independence as well as reformation are more likely to policy reform. Reich (1995) explained more concerning to policy reform that according to him, policy reform is inevitably political because it seeks to change who gets valued goods in society. Five specific reasons can be proposed to explain the political dimensions of policy reform: (1) reform represents a selection of values that express a particular view of the good society; (2) reform has distinct distributional consequences in the allocation of both benefits and harms; (3) reform promotes competition among groups that seek to influence the distributional consequences; (4) the enactment or non-enactment of reform is often associated with regular political events or with political crises; and (5) reform can have significant consequences for a regime's political stability or longevity.

One of substantial policy reforms is on health and medical sector. Siddiqi *et.al.* (2009) emphasized health systems governance is currently a critical concern in many countries because of increasing demand to demonstrate results and accountability in the health sector, at a time when increasing resources are being put into health systems where institutional contexts are changing rapidly.

Health reform is implemented to improve health services that make it more efficient, effective and accessible to all levels of society. As stated in the Indonesian Minister of Health Decree No. 951/Menkes/SK/VI/2000 that "the purpose of health development is to increase awareness, willingness and ability to live healthy for every person to realize the optimal health of society". This implementation of regulation, according to Habibah *et al* (2015) has conducted well enough which both hospitals can manage and execute the health service in the term of the National Health Service. It could be seen from the administrative and health service, as well as about the mechanism of funding.

The drafting of RI Law Number 23/1992 on Health, then replaced by Law No. 36/2009 on Health. In it is affirmed that everyone has the same right in obtaining access to resources in the field of health and health services that are safe, comfortable, quality and affordable, where everyone is obliged to participate in the social health insurance program.

In accordance with Law Number 32 of 2004 on Regional Government in Chapter IV Article 11 paragraph (2) it is stipulated that the areas of government that must be implemented by the Regencies and Municipalities are public works, health, education and culture, agriculture, transportation, industry and trade, investment, environment, land, cooperatives, and labor. Based on it, the health sector occupies second place (after the public works

field) of the area of government that must be implemented by the district and municipal governments.

Increasing the level of education and social conditions of society then, also increased public awareness about the meaning of healthy living. These circumstances cause the public demand for quality health services, comfortable and customer-oriented satisfaction is increasing urgently so that high service performance is required. In accordance with Law Number 32 of 2004 on Regional Government in Chapter IV Article 11 paragraph (2) it is stipulated that the areas of government that must be implemented by the Regencies and Municipalities are public works, health, education and culture, agriculture, transportation, industry and trade, investment, environment, land, cooperatives, and labor. Based on the Law, the health sector occupies second place (after the public works field) of the area of government that must be implemented by the district and municipal governments. It means that the Regent Government and the Municipal Government are fully responsible for the implementation of health development in order to improve the health status of the people in their region, by providing excellent Service and satisfactory to the community.

The process of health services and the quality of services is related to the availability of health facilities consisting of basic health services (Public Health Center, Clinic), referral services (hospitals), availability of health workers, equipment and medicines. While the performance of services concerning the work, the speed of work, work done in accordance with customer expectations, and timeliness in completing the work.

Bawen Semarang Public Health Center located in Bawen sub-district is a health service provider with work area covering 9 (nine) urban villages of Asinan, Bawen, Dopleng, Harjosari, Kandangan, Lemah Ireng, Polosiri, Poncoruso, Samban with 2 (two) Public Health Sub-Center, namely Harjosari and Kandangan.

Initial observations in the field are still found many deviations in service delivery. The deviation is due to the following reasons:

1. The Health insurance participant does not understand and know the procedure of using health insurance card, for example in the case on Referral from Bawen Public Health Center to General Hospital of Semarang City, if there is no Expert Doctor subsequently submitted to Provincial Hospital.
2. Complaints from patients, who received medication from the Public Health Center, felt less rapidly so that the patient requested a referral to the hospital but not given by the Public Health Center.
3. Re-control/treatment at the General Hospital of the City or Province, there should be a referral from the Public Health Center for the treatment (taking funds from BPJS treatment).
4. Other causes, the Public Health Center did not give a complete explanation to the Health insurance participant so there is a miscommunication (misunderstanding).

The number of visitors to Bawen Public Health Center increased and decreased every month for one year. The decrease trend of visitor that happened in Puskesmas Bawen can be caused by two factors that is external factor which enable the number of patient that sick in work area of Bawen Semarang Public Health Center also decrease. In addition, the community itself is reluctant to get a treatment at Bawen Semarang Public Health Center and choose directly to hospital or other health center service.

Health Insurance is a health protection guarantee for participants to health care benefit and protection in basic needs provided to everyone who has paid their fees or fees paid by the government.

Toward a better and comprehensive healthcare guarantee, the government issued Law No. 40 on the National Social Security System where Health Insurance is a priority that will be developed to achieve the Universal membership. The purpose of this paper is to describe the implementation of improving the health services performance in individual and community health services at Bawen Public Health Center. The second, find obstacles to the implementation of improving the Public Health Center service performance in individual and community health Services at Bawen Public Health Center. This paper uses a qualitative approach to the type of socio-juridical research.

THE IMPLEMENTATION *of* MINISTER *of* HEALTH REGULATION NUMBER 71 *of* 2013 ON PUBLIC HEALTH CENTER PERFORMANCE IMPROVEMENT IN INDIVIDUAL AND COMMUNITY HEALTH SERVICE AT BAWEN PUSKESMAS

PUBLIC policy is a series of activities that have a specific purpose followed and implemented by a group of people who deal with a problem or a matter noticed. One of the implemented public policies is the health policies in the form of the National Health Insurance Program. The National Health Insurance Program, developed by BPJS, is one of the programs based on community empowerment in the scope of health. The purpose of it is to ensure that participants get their health care benefit and protection in the basic health needs.

The National Health Insurance Program, developed by BPJS, works well if there are several variables that must be met. Variables that must exist in the implementation of public policy according to the Van Meter and Van Horn models in Winarno (2014) include the Standards and policy goals / measures and policy objectives, resources, organizational characteristics of implementers, attitudes of executors, inter-organizational communication and implementation activities, the social, economic and political environment.

First, Standards and policy goals / measures and policy objectives at Bawen Public Health Center covering the standards of service providers. The program standard of a policy is crucial to the successful achievement of the objectives of National Health Insurance program implementation, especially in Bawen Public Health Center. In order to a fluent program, this regulation should be understood by every implementer in the field, either Public Health Center or BPJS. The standard of the National Health Insurance program of the Public Health Center includes:

1. The Public Health Center has Operating License.
2. The Public Health Center has a Practice License for doctors / dentists, Pharmacist Practice License for pharmacists and Work Practice License for other health workers
3. Have cooperation agreements with the network, if necessary
4. A statement of willingness to comply with the provisions relating to the National Health Insurance

According to Van Meter and Van Horn (Winarno 2014), there are some things that cause the government regulations not run well, they are: *first*, the area of the program is too broad and the nature of a complex purpose. *Second* the result of the obscurity and contradiction in the statements of basic measures and objectives. Sometimes, the ambiguity in the measures by the decision-makers appeared in order to ensure positive responsiveness of those people who are assigned implementation responsibilities at another level of organization or policy delivery system. Furthermore, Masyitoh *et al* (2016) on their research on Semarang medical and health services, emphasized that, that in order to evaluate the quality of health care there are some things that must be considered, including: (1) tangible (direct evidence) that is in respect of physical evidence such as medical facilities and the performance of health workers; (2) reliability, with regard to the local health center to provide accurate service since it first without making any mistakes in delivering the service in accordance with the agreed time; (3) responsiveness, with regard to the willingness and ability of workers to help patients and responding to patient demand, as well as let you know when the services will be provided and then provide services quickly; (4) assurance, the behavior of officers who are able to foster customer trust in puskesmas and puskesmas can create a sense of security for their patients; (5) empathy, a matter related to peers who understand the patient's problems and act on behalf of the patient, and give personal attention to the patients and have a comfortable operating hours.

Cooperation Standard of Health Facilities with BPJS which is provision of facilities also determines the success of achieving the objectives of the National Health Insurance program implementation, at Bawen Public Health Center. In order for a fluent program, then the provision of facilities in Public Health Center must be understood by its workforce, as well as the BPJS Health. In facts, that at Bawen Public Health Center has a set of regulations that is Minister of Health of the Republic of Indonesia Regulation Number 44 of 2016 on Public Health Center Management Guidelines,

Minister of Health Regulation No. 75 of 2014 on Public Health Center Standard Equipment. Directly researchers also ask about the rules that informants know, but not all can clearly explain the types of documents, but nevertheless they have a guide from the government regulations.

Health Service Standard for participants in Public Health Center covers the type of service, service requirements, cost / tariff of service, service completion time, service product, and service procedure. It has been in accordance with Minister of Health Regulation No. 71 of 2013 Article 13 paragraph 1 stating that every participant is entitled to receive health services that include promotion, preventive, curative and rehabilitative services including in the services of medicines and medical consumables in accordance with the necessary medical needs. In contrast, Prado and Gonzalez (2007) argued that in many low income countries, professional bodies are weak and the private sector is completely unregulated. When the work environment is permissive, work morale is low and monitoring is weak or non-existent, the negative consequences of dual practice are made worse.

Target of Health Service Provider where the participation of JKN program according to Presidential Regulation No. 12 of 2013 Article 6 is mandatory and done gradually to cover the entire population of Indonesia in 2019. Basically, all already know the target of health service providers JKN program is the whole of Indonesia, and the informants understand that the participants must be in the early period is in accordance with the stipulated in Presidential Regulation no. 12/2013 article 6, it is in line with the theory of Van Meter and Van Horn (1975) as quoted by Winarno (2014) stated that the implementation of understanding of the standards and goals of the program is crucial to the success of the implementation process. But in the other conditions, implementation of this regulation, Brugha and Zwi (1998) stated that intervention to optimize provider practice need to be context-sensitive and based upon an understanding of the range of factors which determine or influence provider behavior. In developing and implementing strategies for improving provider practices, consideration needs to be given to the importance of the policy, professional, economic and regulatory contexts in which public and private providers operate, provider knowledge and the factors that determine it, the availability of and access to diagnostic and treatment resources, and the complex range of interacting needs, demands and expectations of providers, patients and communities.

The cooperation of health facilities with BPJS at Bawen Public Health Center generally that the health facility shall ensure that participants to obtain the necessary medicines and medical consumables in accordance with medical indications. Outpatient Health Facilities that do not have supporting facilities must build a network with supporting Health Facilities to ensure the availability of medicines, and required investigations (Presidential Regulation No. 12 of 2013, Article 30).

Target Health services for participants at Public Health Center needed the same understanding in running health service of JKN Program in health

facility, for a fluent program, policy must be understood by every stakeholder in the field according to their respective roles. This is in line with Minister of Health Regulation RI No. 28 of 2014 About Guidelines for the National Health Insurance Program Implementation is stipulated in an effort to provide an understanding of the National Health Insurance program to all relevant stakeholders so that its implementation can run properly, effectively, efficiently, transparently and accountably. Benefits provided to participants in the form of comprehensive health care based on necessary medical needs. By knowing the benefits and the role of implementers both in the Health Office and BPJS, is expected to be a benchmark to improve performance in service delivery for both individuals and communities. So the authors can draw the conclusion that the implementation of a good program is the result of the implementers commitment and understanding of an existing regulation / policy and able to make local policies to improve performance in patient services of JKN participants in the public health service.

The success of a policy implementation must also have an element of resources. Without adequate resources, then a policy implementation will have difficulties. For the sufficiency of medical personnel, can be seen in the table below, and seen the sufficiency rate for medical Services in the Public Health Center quite well done with the number of medical personnel who adequately meet the needs at the health service.

The main source of cooperation between health facilities with BPJS of Public Health Center in program implementation is the human resources (staff). Failure that often occurs in the implementation of the policy, one of them, caused by human is not sufficient, adequate, or not competent in their field. The increase in staff numbers is not sufficient, but sufficient staff is required and have the appropriate skills to run the program. So the need for special attention to human resources for the implementation of future JKN program and the structuring of human resources in an institution must run maximally so that the program can continue to run.

Based on Minister of Health Regulation No. 71 of 2013 Article 32 states BPJS Health makes payments to Health Facilities that provide services to participants. The amount of the fee is based on the agreement between the BPJS Health and the health facility association in the region which refers to the standard tariff set by the Minister of Health.

In general, facilities and infrastructure is a supporting tool to the success of an effort process undertaken in public services, because if both of these are not available, then all activities undertaken will not be able to achieve the expected results in accordance with the plan. Bawen Public Health Center already has sufficient equipment for Public Health Center category and utilized properly and correctly, and is in accordance with the regulations issued by the Minister of Health concerning the categorization of Public Health Center with the service that can be given.

Successful implementation of the policy depends on the ability to utilize the available resources. Humans are the most important resource in

determining the success of a policy implementation. Each stage of implementation requires quality human resources in accordance with the work implied by a politically determined policy.

Third, Characteristics of Implementing Organizations according to Van Meter and Van Horn in Agustino (2006), in the implementation of a program, the character of the implementers of the policy or program must be strict on the rules and obey the applicable legal sanctions.

Characteristics of Implementing Organizers of Health Organizations where the character of Public Health Center that looks serious with the implementation of JKN is also supported by the BPJS who have seriousness in the form of regulations that have been made by the government. But these equally powerful characters without any desire for synergy will be wasted. The expected synergy is the mutual ability to support its implementation with a balanced policy determination and equally facilitated in its implementation.

Health services in the implementation of the JKN program can be seen from health facilities determined by the government or in collaboration with BPJS vary widely. Some use only public health facilities, some use private health facilities and some combine to use public and private health facilities.

The health services provided at the Bawen Public Health Center are for services on basic care category. For not provided services at the Public Health Center, a referral system to other advanced health facilities will be able to handle the case. So that no patient that is a JKN participant who does not get JKN services, as long as it has been in accordance with the rules and implementation procedures established by the government and health service as health provider. Referral is made to hospitals that accept JKN patients. One of them is RSUD Ambarawa which has the ability of health equipment more complete as stated in Minister of Health Regulation Number 71 of 2013 Article 3 Paragraph 4.

Implementation of the National Health Insurance program outlines several government components from the President, National Social Security Council which serves to assist the President in the formulation of public policy and synchronization of the National Social Security System, BPJS as an institution of the National Health Insurance, and up to the Hospital or Public Health Service level team. The implementation of this sector—health sector—become one of the important things, because as emphasized by Sandiata (2013) health services (medical) is an important thing that must be maintained or improved quality in accordance with applicable service standards, so that the community as consumers can feel the services provided. The service itself is essentially an attempt to help prepare everything that is needed by others and can provide satisfaction in accordance with the wishes expected by consumers. There are three components involved in a service process that is, the service is determined by the quality of service provided, who is doing services, and consumers who value a service through the expectations it wants.

According to data analysis obtained that the division of tasks and responsibilities of program implementers and service providers have been adjusted to their respective areas of expertise. The structure of the bureaucracy is made very flexible and not complicated. In implementing a program, the character of the policy or program implementers must have a strict nature of the rules and obey the applicable legal sanctions.

Characteristics of health services for the participants of the service provide good service and appropriate with the patient expectation that every patient who needs help/information or complaints then Public Health Center directly responded. This is felt by the patient from the way the officer treats them well and patiently whenever there are difficulties and complaints. This situation indicates the commitment of the officer in providing services that the patient needs clearly, it means that the officer has been able to provide satisfactory service of the patient.

Furthermore, attitude of the implementers (disposition) is an important part that if the implementer has a good disposition, then the implementer can run the policy as well as what the policy maker wants. The attitudes of the implementers (disposition) health service providers also determine the success of the National Health Insurance program implementation. Without good attitudes and behavior also high dedication from the National Health Insurance program implementers, it is very difficult for health service providers and program beneficiaries to implement programs in the form of health services. A personal attitude is one part of an effort to generate mutual trust between the patient and the officer so that the patient feels there is comfort, closeness, and openness will help establish communication between them. At Bawen Public Health Center, the people/patients treated are always handled by the appropriate staff or doctors in their fields so that the patient does not have to worry about getting the services and attention from the Bawen Public Health Center officers though not thoroughly. However, it is in accordance with Minister of Health Regulation No 71 of 2013 on health service facilities at the first level in article 2, paragraph 2.

The attitude of the implementers (disposition) of health facilities cooperation with BPJS is influenced by its perspectives on a policy and how to see the influence of the policy on the interests of its organization and its personal interests. In general, officers who implement the JKN program both from the medical and non-medical side should perform their duties as best as possible because it is a top-down policy where the policy or program is born from the central government for all of Indonesia.

Attitudes of health service implementers (disposition) for participants at Public Health Center based on the attitude of acceptance seen from the opinions of informants about this new program, this is one of the positive things that the program can run sustainably. In the position of informants is the spearhead of program implementation, they know clearly the duties and functions of the position. Based on the opinion of Van Metter and Van Horn (Winarno 2014), the attitude of acceptance or rejection of the policy

implementing agent greatly influences the success or failure of public policy implementation. This is very possible because the policies implemented are not the result of formulation of local people who know the problems and problems they feel.

Fifth, the communication is the process of delivering information from the communicator to the communicant. Communication is the promotion or explanation of the form of the program, the goals, and objectives of the health service program by the implementer of the Public Health Insurance policy to the community.

Communication between JKN members/organization of program organizers in Bawen Public Health Center consist of BPJS as the organizer of JKN program and Bawen Public Health Center as provider (service provider) of JKN program. Public Health Center from the beginning already have their own team who take care of the guarantee program, since 2013 the number of Guarantee team in Bawen Public Health Center consists of 1 coordinator and 2 members. The whole team is directly responsible to the Section Head of Non-Medical Services.

Communication becomes very important for implementing a policy because of the communication issues such as the collaboration of each executor occurs (Goggins 1990 in Hill and Hupe 2002). According to Minister of Health Regulation No. 71 of 2013 article 2 paragraph 1 and 3 stated that the Health Service Provider covers all facilities in cooperation with BPJS Health such as Main Clinic, General Hospital, and Special Hospital. This is reinforced by the Presidential Regulation no. 12 of 2013 Article 36 paragraph 2 states, Health Facilities owned by the Government and Regional Government that meet the requirements must cooperate with BPJS Health, thus Bawen Public Health Service which is part of Regional Work Unit of Semarang City Government must be the provision of health services in cooperation with BPJS.

Communication of health facility cooperation with BPJS is better, that is communication coordination among the parties involved in policy implementation then the mistake will be smaller. Implementing directly in the field for the JKN program is the Public Health Service as the provider (service provider) and BPJS Health as the organizer of its national health insurance program. Communication within the framework of delivering information to policy implementers about what is to be a standard and a goal must be consistent and uniform (consistency and uniformity) from various sources of information.

According to Carl I Hovland (*in* Suhandang 2009) states that communication is a process in which a person (a communicator conveys a stimulus is usually a symbol in the form of a word) to change the behavior of other human beings (audiences). Communication established between program implementers is Puskesmas Bawen and BPJS, if drawn the conclusion from the quotation statement, the above interviews prove that the coordination is happening quite awake, as well as the observance of the two

rules implementers are also seen. Hovland also identified four factors involved in the communication process, *ie*:

1. Communicator, who initiated his communication,
2. Stimulation, or a stimulus or commonly also called a communication message delivered by the communicator,
3. Audience, commonly called communicants who reach the communication message,
4. The response of the audience to the communication message communicated by the communicator.

The communication established between the program implementers namely Bawen Public Health Center and BPJS proved that the coordination that occurred was quite awakened, and the observance of the two implementers of the regulation was also seen. As now, the Puskesmas is obliged to immediately file for the claim of JKN, as well as the BPJS must immediately disburse claims bill as soon as possible when the file has been received. Communication and good coordination is very helpful for the well implementation process. The two executing parties can be concluded mutual co-ordination of the procedures or regulations that have been made by the central government.

Communication of health services for community participants/patients who have treatment generally have a perception or response about the illness he suffered and required figure of a doctor who handle and hope (cured) desired by the patient

Bawen Public Health Center implements a good communication between employees one with the other employees in providing services to service users. If there is a case or problem between employees, they can exchange ideas to find the best solution in solving the problem so it is expected to give satisfaction to the patient as the recipient of the service.

Implementation of the National Health Insurance program outlines several government components from the President, National Social Security Council which serves to assist the President in the formulation of public policy and synchronization of the National Social Security System, BPJS as an institution of the National Health Insurance, and up to the Hospital or Public Health Service level team. At the Public Health Service level, the coordinating team from the person in charge of the program, the treasurer to the data entry officer and the verification of fund claims. It is in order to achieve the goals that have been set.

Sixth, the last thing to note in the implementation of public policy in the perspective offered by Van Metter and Van Horn is the extent to which the external environment to drive the success of public policy has been established.

The economic, social and political environment of national health insurance as stipulated on The Economic, Social and Political Environment of the National Healthcare Provider the Health Service Provider has an important influence on the wishes and capabilities of the juridical or

implementing organization. The external environment—Social Economic and Political environment—contributes to the success of public policy. Especially in Bawen Public Health Service, the whole BPJS health program process is given to the people who need it.

The BPJS Law stipulates that "BPJS Health is functioning to organize a health insurance program." Health insurance under the SJSN Law is nationally organized based on the principle of social insurance and equity principles, with the aim of ensuring that participants benefit health care and protection in meeting basic health needs. BPJS Employment under the Act BPJS is used to organize 4 (four) programs, namely work accident, insurance program, pension, and death guarantee.

The external environment, in this environment of Social Economy and Politics, contributes to the success of public policy. Especially in Bawen Public Health Centre, the whole BPJS health program process is channeled to the people who need it.

The economic, social and political environment of service to participants coincides with its launch in the political year, which is in 2014 also a party of Indonesian people's democracy, namely the General Election. People are eager for this National Health Insurance program to continue to be the government's priority program in fulfilling people's right to healthy living, so that all the people, especially those who are less able to obtain the health Services they need without being limited by financing that they cannot meet.

Social and political factors in Bawen Sub-district are conducive, local government policy policies support the implementation of the JKN Program. This can be seen from the positive response from the public to the JKN Program, without adjusting it because this program only improves the previous health financing system in the form of Jamkesmas, Askeskin, Askes and other health financing programs.

Policies that have the primary objective of meeting the basic needs of the people who are also the main problems for them, according to Van Meter and Van Horn (Winarno 2014) this provides a social impact where people will be more enthusiastic and accept the policy to be implemented. In view of the underlying objectives of the implementation of the National Health Insurance program, the policy-makers' alignment of the people especially those with limited access to adequate health care. So the tendency to be accepted and implemented in the community as a target group can work well. The tendency to be accepted by society well will certainly be closely related to the implementation process later. When the implementation of the program is not in line with the objectives of the program itself, it will potentially emerge a polemic that will impact on political rejection. However, the condition of health sector, it also refers to the increasing privatization of health care provision has been a central element of health sector reform in many countries. Kumaranayake (1997) stated that regulation is often seen as a potential response to address the many problems which arise in the private production, financing and delivery of health services. It is seen as having a

crucial and balancing role in the push towards privatization. Despite the existence of basic regulatory legislation in most developing countries, the degree to which regulations are enforced and effective is low.

Public acceptance of the implementation of the National Health Insurance program at Bawen Public Health Center is not only because of the objectives that describe the alignment to them, but it requires consistent attitude of the implementers to implement the program in accordance with the basic goals, so as not to deal with the problems that hinder the implementation of the program.

The people are eager for this National Health Insurance program to become the government's priority program in fulfilling the people's right to healthy living, so that all the people, especially those who are less able to obtain the health services they need without being limited by financing that they cannot meet.

Seventh, the performance of the national health insurance policy at Bawen Public Health Center with the National Health Insurance helps many people in the region. The government's action through the Health Office of Semarang Regency by implementing the National Guarantee program also shows how the government of Semarang Regency has utilized the abilities that he has as much as possible for the welfare of the people. After the policy of this National Health Insurance program, then it is not less important and need to get attention by mobilizing the ability of institutions or institutions executing effectively that is how to implement this policy in order to achieve the goals or objectives of the policy itself.

Bawen Public Health Center with the National Health Insurance help many people in the region. It also improves public health and achievement of JKN program objectives. Public Health Center is a health service facility that organizes public health and individual health efforts at the first level, by prioritizing promotion and preventive efforts to achieve the highest level of public health in its working area (Minister of Health Regulation RI No. 75/2014). It has performed its function as a provider of health services, and BPJS has also performed its duties as an interlocutor of the JKN program, and the government as a mediator in the implementation.

In fact, the implementation of BPJS as well as JKN Program, should be become the priority of government, as pointed up by Lestari (2001) that the first of private hospitals in the shape of social institution or other corporation is helping the poor people, but they are forced to change their principle to be social economy. It means that the hospitals are organized economically in order to survive but they don't leave their social functions. The condition as stated above has multiple effect in one side it is good for human life but in other sides it causes a lot of dilemmas of biomedical norms and commercialization of health services.

OBSTACLES IN IMPLEMENTATION OF PUBLIC HEALTH CENTER PERFORMANCE IMPROVEMENT IN INDIVIDUAL AND COMMUNITY HEALTH SERVICE AT BAWEN PUSKESMAS

SINCE the implementation of the JKN policy, there have been problems with socialization, commitment between management and health providers with different communities, resulting in different commitments related to mechanisms, and still the capacity gap between regions (Infrastructure, database, budget, and human resources).

The obstacles found in the efforts of Bawen Public Health Center in performing health services to patients of Health Insurance include complaints that occur both from external experienced by service providers who come from outside the organization itself as well as internal obstacles derived from within the organization itself.

Obstacles or constraints could come up from inside and outside the organization. Obstacles from inside can be seen from the availability of human resources, organizational structure, funds, facilities, information and rules of the system and procedures are clear. Obstacles from the outside can be seen from the forces that influence directly or indirectly such as rules, targets, economic conditions, political, socio-cultural and so forth. Barriers that affect and can determine the course of success in implementing a health policy.

The first is the external obstacles that include the lack of awareness of the community. The community as the object of the National Health Insurance Program at Bawen Public Health Center, in fact has not fully understood in detail and deeply related to this policy. Where the understanding of some people is limited to the existence of free health services whose fees will be charged each month by paying dues and free for them to get BPJS PBI, but other technically not too well understood. This condition reflects that the level of people's understanding of the program is diverse, depending on how they perceive it. If then associated with the conception of the policy, the understanding of the recipients of the program must be in line and synergize with the wishes of the program. This is so that in the implementation, people can follow the rules and paths that have been determined. Not based on the perspective of each that can cause misunderstandings in understanding the wishes of the program. Even just the community as the recipient of the program, in the scope of health officials at the health center level also has a different perspective and understanding of the National Health Insurance/BPJS.

Then JKN participants have not understood the tiered referral system and JKN service procedures. It is related to the socialization conducted, may be less comprehensive or may also tend to people who are indifferent when an

officer comes and explains about this Health Insurance. So they do not understand where to seek treatment when sick, not only the community which as program user but also for employee in the health scope especially at the village and sub-district levels. So, that synchronization between society and health officer can run to minimize misunderstanding when people get health service by using National Health Insurance program facility.

Furthermore, the implementation of JKN Program, Suryati and Putri (2012) stressed that it need to rearrange the association of existing service facilities, to be able to accommodate its role as a negotiating representative of its main duty as a provider of health services. As far as possible the form of representative / branch association in all administrative areas that exist.

Second, the internal obstacles that cover the availability of facilities and infrastructure needed as an organizer in supporting the fluent program. In addition, the lack of equipment related to the mobilization of employees working in Public Health Center affects the performance of employees in disseminating the program up to the village level.

CONCLUSION

THE implementation of the JKN Program at Bawen Public Health Center has been ongoing from the beginning of 2014 where the new program was launched by the Central Government simultaneously throughout Indonesia and until now the implementation of JKN in Bawen Public Health Center has been run in accordance with the rules and implementation guidelines. This is evident from the commitment or policy of Public Health Center in the form of SOP, service flow, until the implementing regulation established by Public Health Center to support the implementation of the program. In addition, implementing human resources in Public Health Center which is sufficient, supported by adequate facilities and infrastructure and funding sources from BPJS Health claims. This is also supported by the characteristics of Public Health Center that make implementing regulations that match the character in Bawen Public Health Center. The acceptance attitude of the program implementers is also very visible. The social, political and economic environment also supports the implementation of the JKN program.

Obstacles that arise in the implementation of improving the performance of Public Health Center in individual and community health services at Bawen Public Health Center, namely:

The first is the external obstacles that include the lack of awareness of the community. The community as the object of the National Health Insurance Program at Bawen Public Health Center, in fact has not fully understood in detail and deeply related to this policy. And JKN participants

do not understand the tiered referral system and JKN service procedures. It is related to the socialization conducted, may be less comprehensive or may also tend to people who are indifferent when an officer comes and explains about this Health Insurance.

Second is the internal obstacles that cover the availability of facilities and infrastructure needed as an organizer in supporting the fluent program. In addition, the lack of equipment related to the mobilization of employees working in Public Health Center affects the performance of employees in disseminating the program up to the village level.

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