Analisis koeksistensi kebijakan di tingkat Puskesmas Kabupaten Bogor tahun 2019 = Analysis of the coexistence of policies at Community Health Center level in Bogor Regency 2019

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Abstrak

Puskesmas merupakan ujung tombak pelaksana pelayanan kesehatan yang sangat strategis dalam melaksanakan berbagai kebijakan dan program kesehatan, seperti SPM, PISPK, dan KBK-BPJS. Kebijakan-kebijakan yang dilaksanakan secara bersama-sama menimbulkan situasi koeksistensi. Penelitian ini bertujuan untuk mengetahui apakah pelaksanaan kebijakan SPM, PISPK, dan KBK-BPJS di Puskesmas terjadi koeksistensi secara mutually exclusive (saling berdiri sendiri), competitive (berkompetisi), complementary (saling mendukung) dan integrated (terintegrasi) dalam hal tenaga, waktu, sarana, dana, dan pelaporan di Puskesmas di Kabupaten Bogor. Penelitian ini menggunakan pendekatan kualitatif melalui wawancara mendalam terhadap 15 orang informan yang berada di Puskesmas Bojonggede, Puskesmas Cibinong, Puskesmas Cirimekar, Puskesmas Kemuning dan Dinas Kesehatan Kabupaten Bogor. Hasil penelitian menunjukkan bahwa koeksistensi secara mutually exclusive terjadi pada aspek pelaporan, sistem pelaporan program mempunyai aplikasi masing-masing seperti SIKDA, SIMPUS, dan Laporan Suplemen pada program SPM, Web Keluarga Sehat pada program PISPK, dan P-Care untuk pelaporan KBK-BPJS. Koeksistensi secara competitive terjadi pada aspek tenaga dan waktu kerja. Pelaksanaan program yang dinilai paling berat adalah PISPK, sementara SPM dinilai program rutin yang biasa dilakukan di puskesmas. KBK BPJS dinilai lebih mudah dilaksanakan daripada PISPK dalam hal pencapaian angka kontak. Complementary terjadi pada aspek sarana dan dana. Pelaksanaan ketiga kebijakan SPM, PISPK, dan KBK-BPJS sistemnya belum terintegrasi sempurna.<

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Centre or in Indonesia called Puskesmas plays a crucial and strategical role as a health care provider in implementing various policies and health program such as Minimum Service Standards (SPM), Healthy Indonesia Program with family approach (PIPSK), and Capitation-Based on Service Commitment (KPK-BPJS). Implementing the policies and programs simultaneously creates a condition called coexistence. This study aims to investigate whether implementation of the policies in Puskesmas works in a coexistence manner that is mutually exclusive, competitive, complementary and integrated in terms of human resources, work time, health facilities, funds and reporting. This study used a qualitative approach through in-depth interviews with 15 informants who were met at the community health centre in Bojonggede, Cibinong, Cirimekar, Kemuning and at the department of health of Bogor. The results of this study showed that the coexistence of mutually exclusive occurs in reporting. Specifically, program reporting systems have their own applications including SIKDA, SIMPUS, supplement report for SPM program; Health Family Web for PISPK and P-Care for KBK-BPJS. This study also found that the coexistence of competitive occurs in human resources and work time. PISPK is claimed as the most difficult program to carry out at the health centre in Bogor in comparison to KPK-BPJS in terms of achieving contact rates. Also, the program that routinely is done at the primary health centre in Bogor is SPM. The current study further indicates that the coexistence of complementary occurs in health facilities and funds. Finally, the coexistence of integrated

policies such as implementations of SPM, PIPSK and KPK-BJS has not been fully worked at the community health centre in Bogor.