Healthcare Utilization Trends Under Indonesia's National Health Insurance Scheme: 2011–2016

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Background

The central purpose of Indonesia's national health insurance scheme *Jaminan Kesehatan Nasional,* or JKN, launched in 2014, is to address existing inequities in access to and quality of healthcare, ensuring that all citizens, especially the poor and near-poor, can access quality care without facing financial hardship. Has healthcare utilization improved since JKN and are there variations across socioeconomic status (SES) or geography? What affects healthcare utilization, other than insurance coverage? Is JKN leading to more appropriate use of primary versus secondary/tertiary care?

This analysis, conducted by the U.S. Agency for International Development (USAID)-funded Health Policy Plus (HP+) project and Indonesia's National Team for the Acceleration of Poverty Reduction (TNP2K), compares inpatient (IPD) and outpatient (OPD) utilization trends before and since JKN initiation for both insured and uninsured populations and across SES and island groups. The analysis also identifies factors that influence healthcare utilization in Indonesia that can be targeted by government policy.

Box 1. Factors that may influence healthcare utilization

Explanatory factors:

- Health insurance
- SES (poor, near-poor, middle, rich)
- Island grouping

Other factors:

- Demographic factors: residence type, age, education, household size and composition
- Ratio of hospitals, *puskesmas*, and hospital bed capacity
- Employment status
- Presence of illness

Methods and Data

The analysis examined IPD and OPD utilization using household survey data from Indonesia's National Socioeconomic Survey (Susenas) for 2011–2016, and incorporated health system data at the provincial level from Indonesia's Ministry of Health. Descriptive analysis assessed trends in national-level OPD and IPD use over time. We developed two models to understand the factors that significantly increase IPD and OPD use with a focus on the influence of health insurance on healthcare utilization for different SES and island groups (Java, Kalimantan, Sulawesi, Sumatra, and Eastern Indonesia). We also explored the influence of other factors on healthcare use (see Box 1).

Trends in Healthcare Utilization

In the first year of JKN (2014–2015), utilization increased significantly: IPD use increased by 46% and OPD use increased by 16%. Healthcare utilization remained highest among the insured and uninsured rich. Use of health services was stable among all in the years before JKN (2011—2013), and key increases in utilization occurred in the first year of JKN (see Box 2), where IPD and OPD use among the insured increased by 64% and 20%, respectively. Use of IPD among the uninsured also increased, though at a lower rate compared to the insured. Differences between the insured rich versus other groups are larger for IPD use compared to OPD use (Figures 1a, 1b).

Box 2. For whom did utilization increase most?

IPD

Insured poor: ↑ 81%

Insured near-poor: ↑ 65%

OPD

Insured poor: ↑ 29%

Insured near-poor: ↑ 21%

Inequity persists. In 2016, IPD use was **300% higher** among the insured rich compared to the uninsured poor and **146% higher** among the insured rich compared to the insured poor. OPD use was **24% higher** among the insured rich compared to the insured poor.

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Figure 1a. IPD utilization among insured and uninsured, by SES

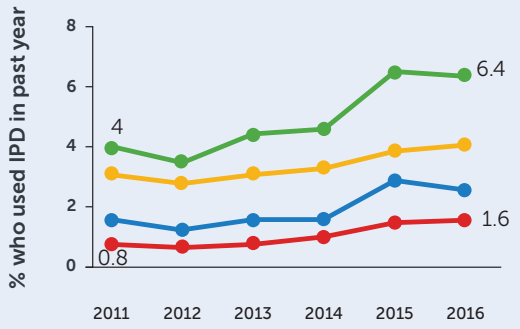
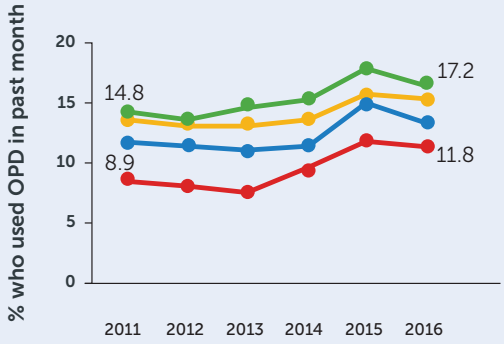


Figure 1b. OPD utilization among insured and uninsured, by SES



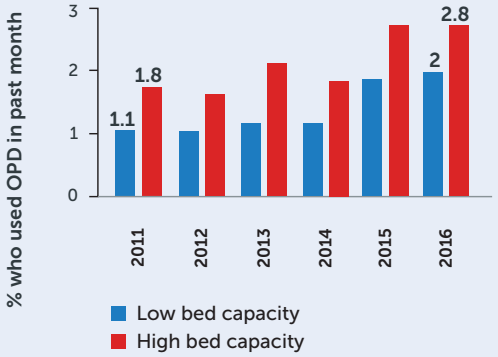
Insured Rich — Uninsured Rich — Insured Poor — Uninsured Poor

Factors Influencing Healthcare Utilization

Our analysis identified factors that significantly influenced healthcare use in Indonesia, including insurance.

- ***Factors influencing IPD use:*** Compared to the uninsured, JKN members are significantly (and increasingly) more likely to use IPD. Prior to JKN, greater differences in likelihood of IPD use existed between different island groups and between different SES groups; in recent years, these differences have narrowed. By 2016, JKN's influence on the use of IPD services by the poor and rich was equal.
- ***Factors influencing OPD use:*** JKN members are more likely to seek OPD care than the uninsured, though this likelihood has not increased over time. Differences persist in likelihood of OPD use by island grouping. Having JKN increases the likelihood of using OPD by 32% for poor, near-poor, and middle SES individuals compared to uninsured individuals.
- ***Supply-side factors:*** OPD use at hospitals increased in provinces with low and high hospital bed capacity (see Figure 2) after 2014. By contrast, OPD use remained relatively unchanged at primary healthcare centers (*puskesmas*). This indicates that supply-side factors increase likelihood of OPD use at hospitals over *puskesmas* since JKN.

Figure 2. OPD use at hospitals



Conclusions and Policy Recommendations

This analysis highlights significant improvements in healthcare utilization since JKN, particularly in use of IPD for most island groups. Although utilization differences between the poor and rich remain, JKN's influence on IPD use is equal for both groups. To better address the inequities that remain by SES and island grouping, we recommend:

- Strengthening OPD use in rural areas where supply-side constraints remain
- Incentivizing individuals to access OPD at *puskesmas* by improving quality and minimizing wait times
- Further exploring barriers beyond financial factors that may influence healthcare use

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