



# Problems in the implementation of physiotherapy for BPJS patients in referral facilities: A review of regulation No. 28/2014

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## ABSTRACT

This paper explains that health is a basic right and investment for the welfare of society. This study examines the law and problems encountered in the implementation of physiotherapy services for BPJS patients in advanced referral facilities, in accordance with Minister of Health Regulation No. 28/2014. The results show that the regulation only covers medical rehabilitation by specialist doctors, so not all physiotherapy services can be implemented properly. Other obstacles include administrative bureaucracy and difficulties for the community to access physiotherapy services directly. This study supports the improvement of health services and the reduction of administrative barriers in the BPJS system.

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## 1. INTRODUCTION

Health is one of the basic needs of society, therefore health is a constitutionally protected right of every citizen. Every country recognizes that health is the greatest asset for prosperity. Therefore, improving health services is essentially an investment in human resources to realize a prosperous society (Isriawaty, 2015). The right to health care requires the state to provide health services to citizens who need them, which is part of the state's responsibility. The right to health protection requires the state to take preventive measures to protect the health of all rights holders from imminent harm. This duty is part of the state's regulatory duties (Elsam, 2005).

The success of the state is reflected in the achievement of national development goals, and the measure of success is the welfare of society. Welfare is the most important thing because it involves a decent livelihood for each community, such as access to education services and infrastructure for basic health needs. Because health issues are the focus of the government to improve the welfare of the community, as stated in Article 34 Paragraph 3 of the 1945 Constitution of the Republic of Indonesia which reads: "The state is responsible for organizing adequate public health services"(Teja, 2020).

A phenomenon affecting public health in Indonesia today is the difficulty of the poor in accessing health services. This occurs not only in cities, but also in rural areas, where it is known in the community that poor people are prohibited from getting sick. Service difficulties are mainly influenced by financial factors (Ubur, 2012). Several examples occur in areas of Indonesia where the poor suffer from serious illnesses or diseases that are classified as serious and cannot be

treated due to the lack of medical expenses, so that treatment is slow or even no treatment at all. that the disease will eventually worsen and even cause death (Lauranti & Maria, 2018).

Based on some of the factors mentioned above, the government created a health insurance program for the poor called Jamkesmas. Jamkesmas (National Health Insurance) is a social assistance program for health services for the poor and underprivileged implemented nationally that creates cross-subsidies to implement comprehensive health services for the poor so that the poor can also access health services there. sick The purpose of Jamkesmas is to increase the availability and quality of health services for all poor and underprivileged people in order to achieve an optimal degree of public health effectively and efficiently (Selly, 2022).

Given the importance of health in everyday life, it is necessary to have healthcare providers that are controlled, both in terms of price and quality. With good health care, people naturally feel that they are helped by their health care. Health services are a form of service that is needed by the community because health services provide people with a place for health consultation when facing health problems (Connell et al., 2012).

Various efforts have been made by the government to improve the quality of public health, especially the poor, especially starting with Jamkesmas, but the program is still considered ineffective, so the government finally established the National Health Insurance Program (JKN) through BPJS Health (Putrianti & Wahyudi, 2015).

Article 28 H paragraph (3) of the 1945 Constitution states that "everyone has the right to social security that enables his or her full development as a human being with dignity". Awareness of the importance of social protection guarantees continues to grow until the 1945 Constitution of the Republic of Indonesia in Article 34 paragraph (2), states that the State develops a social security system for the community (Pakpahan & Sihombing, 2012).

The Social Security Organizing Agency (BPJS) is a legal entity that organizes state guarantee programs. Social security is a form of social security that ensures everyone can meet their basic needs for a dignified life and aims to organize guarantees for the fulfillment of the basic needs of a dignified life for each participant and / or family member (Sayekti Waras & Sudarwati, 2018).

The presence of BPJS Kesehatan in Indonesia is good news for the people of Indonesia because with BPJS Kesehatan the community gets health insurance from the government. The Board of Directors dissolved the PT on January 1, 2014. ASKES officially runs a business as a Health Social Security Organizer, or abbreviated as BPJS Kesehatan (Mikho Ardinata, 2020).

To strengthen the implementation of the BPJS program, the government issued several regulations implementing the National Health Insurance Scheme. One of them is the Minister of Health Regulation Number 28 of 2014 concerning Guidelines for the Implementation of the National Health Insurance Scheme, which states that health insurance companies have several rights, including receiving health services from health facilities that cooperate with Sosial (BPJS Kesehatan) (Arruan Albertin, 2018).

Article 1 of PMK number 28 of 2014 reads: "The purpose of implementing the National Health Insurance is to provide a reference for social security providers, the government (central, provincial, district / city) and health providers who cooperate with social security providers (single-level insurance institutions and post-health), health insurance program participants and agencies involved in the implementation of the National Health Insurance.

With the launch of BPJS Kesehatan, individuals seeking treatment at government hospitals using BPJS cards must obtain a referral from a doctor, clinic/community health center or regional hospital (Pengurus Besar Ikatan Dokter Indonesia, 2016).

Changes in disease demographics where non-communicable diseases continue to increase, especially degenerative and traumatic diseases, contribute to the high demand for physiotherapy services in the community. The high demand for physiotherapy services must be balanced with appropriate government actions to organize and manage public health services, including physiotherapy services, to be effective and efficient (Pradono et al., 2005).

The flow of the physiotherapy service process first begins with patient assessment with the aim of physiotherapy diagnosis, which consists of examination and assessment which at least

includes history information which includes general identity, system review, complaint history, and disability assessment (tests and measurements). activity limitations, participation limitations, including pain assessment, fall risk, assessment (if needed) and assessment (Anrianawati, 2020).

Second, the production of a diagnosis, which is a statement that describes the multidimensional condition of the patient/client and is produced through analysis and synthesis of research and clinical aspects of physical therapy (Anrianawati, 2020).

Third, based on the results, prognosis and contraindications of physiotherapy evaluation and diagnosis, physiotherapists plan physiotherapy steps, considering at least the objectives, schedule and dosage of intervention methods and informing patients/clients or their families. Fourth, evidence-based physiotherapy interventions emphasize patient/client safety, are implemented based on the intervention planning program, and can be modified after evaluation and technical considerations with prior approval from the patient/client and/or his/her family. Fifth, physiotherapists conduct evaluation/reevaluation of intervention planning objectives, which can be in the form of conclusions, including but not limited to plans for program termination or referral to doctors/other relevant professionals. Sixth, physiotherapy provides communication and education for patients and their families, other health workers, and the community as part of the process of providing quality and patient-centered physiotherapy services (Anrianawati, 2020).

Minister of Health Regulation No. 28 Year 2014 also regulates the process of physiotherapy services in advanced referral health facilities, namely: "If the hospital does not yet have a physician certified in physical medicine and medical rehabilitation, the clinical authority of a physician certified by the board of physical medicine and medical rehabilitation may be delegated to a physician appointed as the coordinator of medical rehabilitation in the hospital. With limited authority, to the Director of Hospital Clinical Authority and Hospital Medical Committee / upon their recommendation to the manager in the clinical referral letter" (Mukrimaa et al., 2015).

The actual situation in the field is very different when physiotherapy is fully integrated in medical rehabilitation without a coordinating doctor. Allegations of procedural errors by BPJS related to the failure of BPJS to organize physiotherapy services at the Monitoring Center (FTKL) The Indonesian Physiotherapy Association (FTKL) Jambi region submitted a report to the Ombudsman of the Republic. In Indonesia, it was found that international financial institutions were never involved in the preparation of the National Health Insurance Fund (JKN). Therefore, the Decree of the Minister of Health No. 1363/Menkes/SK/XII/2001 on the Registration and License to Practice Physiotherapy and the Decree of the Minister of Health No. 80/2013 on the Implementation of Work and Practice of Physiotherapy are not considered, in Permenkes No. 28/2014 on the Guidelines for the Implementation of Health Insurance, so that the relevant Permenkes regulates that all physiotherapy activities and services are subject to the examination and approval of a rehabilitation doctor (Cahyono, 2022).

The obstruction of access to physiotherapy services and direct referral of health workers to physiotherapy services due to administrative bureaucracy associated with physiotherapy and rehabilitation physicians (Sp.KFR) has an impact on people who are unable to reach physiotherapy services and/or increase time and cost commitments. The existence of Sp.KFR is currently very limited and usually only available in a few provincial capitals, so many patients have to travel first to the provincial capital with long distances and costs before returning to the local hospital for physiotherapy services.

The description of the facts about the implementation of the BPJS Health policy shows that the implementation of the program has not been fully implemented as it should. Therefore, the problem of this research is the obstacles in the implementation of physiotherapy services for BPJS patients in advanced referral health services according to the Minister of Health Regulation Number 28 of 2014 concerning Guidelines for Implementing the National Health Insurance Program.

This study reviews the implementation of physiotherapy for BPJS patients at referral facilities, focusing on Government Regulation No. 28/2014. Physiotherapy is important for patients with physical problems, although there may be barriers to implementation. This research highlights concrete barriers and implications, including policy improvements, better clinical practice, and advocacy for better health services.

## 2. RESEARCH METHOD

This research is included in the category of empirical legal research or sociological research, which focuses on evaluation field research with the aim of evaluating the implementation of legal regulations (Muhaimin, 2016). The approach used in this research is an empirical legal research approach, namely. a field research study that examines legal issues or legal issues of jurisprudence as well as legal attitude, legal action, legal knowledge and legal opinion on the main problem being studied. However, it does not rule out the possibility that in this study also if necessary secondary materials will be used with literature studies aimed at answering questions in this study (Liber Sonata, 2014). The use of secondary materials, such as citations or analysis of relevant literature, can provide the necessary context and theoretical framework to better understand the legal issues at hand in this research. Overall, the approach taken in this research combines elements of both field research and desk research. This approach has the potential to provide a comprehensive insight into the implementation of the legal regulations being evaluated as well as the dynamics involved in both practical and theoretical contexts.

## 3. RESULTS AND DISCUSSIONS

### **Barriers to Providing Physiotherapy for BPJS Patients at Advanced Referral Facilities in Accordance with the 2014 National Health Insurance Guidelines**

Physiotherapy is based on scientific and dynamic theories that are widely used to cure, restore, maintain and improve optimal body function, including: managing movement and functional disorders, improving the physical and functional abilities of the body, restoring, maintaining and improving optimal body function, physical condition and health, exercise and health-related quality of life, prevention of disorders, symptoms and development, function and the occurrence of injuries (Widharma, 2023).

Currently, physiotherapy services in Indonesia are growing rapidly. This development encourages physiotherapists to be more professional in their field. Health services provided by physiotherapists to physiotherapy patients are therapeutic services provided upon referral by medical personnel or without referral. Based on the Decree of the Minister of Health Number 778/MENKES/SK/VIII/2008 concerning Guidelines for Physiotherapy Services in Health Services. The scope of physiotherapy services includes investment in health improvement, disease prevention, and repair and recovery of movement and function disorders throughout the life cycle from conception to death (Priscilla Yanuari Christi, 2021).

According to the Decree of the Minister of Health No. 80 Year 2013, as a professional health worker in health services, physiotherapy is indispensable for human mobility in health services. As a form of health care for individuals and/or groups to develop, maintain and restore body movement and function throughout life through manual manipulation, augmented movement, tools (physical, electrotherapy and mechanical), functional training and communication (Edwin Tambunan, 202 C.E.).

Physiotherapists cannot complete the physiotherapy process because the procedures set by BPJS do not allow the implementation of physiotherapy service standards. This will certainly affect the quality of physiotherapy services, including patient safety from physiotherapy services. Only a physiotherapist can provide good physiotherapy service knowledge with a good physiotherapy process. In physiotherapy services, there are often differences in diagnosis, action plans, choice of intervention methods, including dose determination, and physiotherapy evaluation between SpKFR and physiotherapist perspectives (Novlinda Susy Anrianawati Manurung & Indra Gunawan, 2020).

Regulation of the Minister of Health (PMK) Number 65 of 2015 concerning physiotherapy service standards is one of the regulations that regulates that every physiotherapist is obliged to provide physiotherapy services according to predetermined standards so that physiotherapy services are safe, effective and efficient. The obligation of every health worker to comply with professional service standards is regulated by several laws, among others: Health Personnel Law Number 36 of 2014 Article 58 Paragraph 1 which states: In practice, health workers are required to provide health services in accordance with professional standards, professional service standards,

standard operating procedures, and professional ethics, as well as in accordance with the health service needs of recipients of health services (Rahmadiani, 2021).

Provisions regarding the code of ethics and professional standards as referred to in paragraph (1) are regulated by professional organizations.

In addition to Law Number 36 of 2014, the obligation to provide services in accordance with professional standards is also mandated in Law Number 36 of 2009 and Law Number 44 of 2009. The dilemma between implementing the mandate in the law or following the rules of the BPJS Health game is what triggers the emergence of obstacles in the implementation of Physiotherapy Services for BPJS Patients at Advanced Referral Health Facilities according to the Minister of Health Regulation Number 28 of 2014 concerning Guidelines for the Implementation of the National Health Insurance Program.

The implementation of physiotherapy service standards will provide guidance for physiotherapists in carrying out physiotherapy services in accordance with the correct physiotherapy process. The physiotherapy process in the form of physiotherapy assessment which includes examination and evaluation, physiotherapy diagnosis, physiotherapy intervention planning, physiotherapy intervention, and evaluation/re-evaluation/re-assessment/revision provides compatibility between the results of the examination with the best intervention options based on evidenced based practice physiotherapy and things that are contra indications of physiotherapy intervention (Munawarah, 2022).

Regulations governing the flow of patients who need physiotherapy services in principle have been regulated in PMK No. 65 of 2015 which explains the flow of patients who need physiotherapy services directly from the doctor in charge of services (DPJP), namely specialist doctors based on each case and not from Sp.KFR doctors. After getting physiotherapy services as needed, the patient can return to the DPJP case/sending doctor.

The provisions of PMK No. 65 Year 2015 are in line with other ministry regulations on insurance. other ministry regulations on health insurance. However, BPJS does not refer to these regulations, but to the recommendations of PB PERDOSRI, which cannot be used as a legal basis and can be implemented by issuing a circular letter. Service quality cannot be guaranteed if physiotherapy service rules are ignored.

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Based on the description above, there are several obstacles in the implementation of physiotherapy services for BPJS Health patients. First, the current physiotherapy service does not run in accordance with the physiotherapy process and physiotherapy standards, so that the patient safety element is low. This is due to the health policy of BPJS which according to the medical rehabilitation services are only provided by specialist doctors of physiotherapy and medical rehabilitation, without regulating the activities of FKRTL physiotherapy services by physiotherapists, because physiotherapy expertise is essentially only in physiotherapists, not in other professions.

The rule that every patient receiving physiotherapy services must first see a Sp.KFR doctor adds to the bureaucratic burden, which not only burdens BPJS by increasing service fees, but also by increasing treatment. From the patient's perspective, the severity of the disease increases and even leads to disability and possible loss of productivity. Valverde said waiting is the first interaction that connects customers to the service process. Waiting time continues to be a common problem in healthcare and a component that can lead to dissatisfaction, while long waiting times lead to patient dissatisfaction. This can lead to stress. According to Lazarus & Folkman, stress is defined

as follows: "Psychological stress is a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being (Aldwin, 2004)/

Stress is a unique relationship between the individual and the environment that is judged by the individual to exceed resources and jeopardize his or her well-being.

As a state of law, all aspects of the life of society, nation and state, including government, are based on applicable law, which is often called positive law. This law is a law that applies in Indonesia with all elements that support each other in anticipating and overcoming problems that arise in the life of society, nation and state based on Pancasila and the 1945 Constitution. Rule of Law: Law is the most important pillar of governance and protection of people's rights. To achieve this, synchronization is needed between existing norms, institutions or bodies that implement or oversee the law and the attitude of the community in responding to the law (Riskiyono, 2015).

In the democratic era, the state does not become an absolute power without any control, so it can make laws arbitrarily without considering the interests of the people. In addition, people are powerless. In the era of democracy, people have a position that can influence government policies. This is nothing but the functioning of the rule of law and constitutionalism. The state is a power with political "infrastructure"; without control, the rights of the people are violated. One of the "infrastructures" of the state is legislation. It is therefore important to protect the rights of the people in shaping legislation and ensuring fair legal certainty. Legal regulations made unilaterally by political decision-makers are very likely to be rejected because they are not in accordance with social justice. This shows the importance of public participation in the development of legislation. Therefore, in the process of law formation, it must be able to adjust to the aspirations of the existing society. On the contrary, it is detrimental to the people affected by the application of the law (Valentinus, 2014)

Another obstacle is the lack of direct community access to physiotherapy services and referral of other health workers to physiotherapy services, due to the administrative bureaucracy created by Physiotherapy and Rehabilitation Specialists (Sp.KFR). This impacts the community by not accessing physiotherapy services and/or increasing their time and costs. The existence of Sp.KFRs is currently very limited and usually only found in a few provincial capitals, so many patients have to travel first to the provincial capital with long distances and costs before returning to the local hospital for physiotherapy services. This is certainly not in accordance with Azwar's theory of health services, which states that health services should be easily accessible to the community. In addition to the example above, there are other examples of the impact of the BPJS bureaucracy that requires BPJS patients to see a rehabilitation doctor before getting physiotherapy services, namely the practice schedule of Sp.KFR doctors or rehabilitation doctors who are not available every working day, even in some districts can only visit or do physiotherapy once a week and physiotherapy once a week, and there is once a week and physiotherapy once a week. Patients were late in using physiotherapy services (Toda, 2019). That is, the basic requirements for good, accessible and sustainable health care. The Physiotherapy Service Access Policy, which requires Physiotherapy and Rehabilitation Physicians to have no legal basis to make a policy that patients who use Physiotherapy Services first visit DPJP depending on the case or disease.

This is not in accordance with the principles of effective and efficient health services, patient care (PCC) and patient safety. To obtain physiotherapy services, patients require the services of a dual board doctor, which also requires BPJS funds. In addition, the existing skills and knowledge are not in accordance with physiotherapy competencies and evidence-based physiotherapy practice.

Efforts have been made to promote health equity through the National Health Insurance Fund. This system ensures that everyone receives good health care without financially burdening the community. However, in practice, equity and fairness in health service delivery does not work as expected. One of them is the equitable availability of health services in FKRTL or hospital physiotherapy services, which does not happen (Djamhari et al., 2020).

It cannot be denied that fairness or unfairness is relative. According to Hans Kelsen's take on legal positivism, a just social order means a social order that organizes people's actions in such a way that everyone is satisfied, so that everyone finds happiness in that order. The longing for

justice is the longing for happiness. As individuals, people cannot find the happiness they desire and seek to find it in society. So justice is social happiness

Some reviews of these obstacles show that there are problems in the regulation of physiotherapy services, especially in FKRTL Indonesia, which do not necessarily guarantee legal certainty, so that effective regulation of physiotherapy personnel becomes difficult. The lack of legal certainty in regulating physiotherapy personnel makes legal protection for physiotherapists also not guaranteed and in the end health services provided by physiotherapists in Indonesia become dangerous and far from quality.

#### 4. CONCLUSION

The conclusion of the analysis shows that there are a number of obstacles in the implementation of physiotherapy services for BPJS patients at FKRTL. These constraints contribute significantly to the quality and accessibility of physiotherapy services in the context of health services handled by FKRTL. The first obstacle identified is the limited scope of physiotherapy services based on the Minister of Health Regulation No. 28/2014. This regulation only covers medical rehabilitation services performed by specialists in Physiotherapy and Rehabilitation Medicine (Sp.KFR) at FKRTL. As a result, not all types of physiotherapy services, service management, and related resources can be implemented optimally. This can have an impact on the fulfillment of patient needs and the potential for obstruction of the recovery and rehabilitation process. The second obstacle expressed is the difficulty of public access to physiotherapy services directly, which is caused by administrative bureaucratic constraints from BPJS Health Physiotherapy and Rehabilitation Specialist Doctors (Sp.KFR). Complicated or inefficient administrative bureaucracy can create barriers in the registration process, selection of health facilities, as well as patients' direct access to needed services. This can lead to delays or even impossibility for some patients to get the physiotherapy treatment they need.

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