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Analisis manajemen pelaksanaan program jaminan pemeliharaan kesehatan masyarakat miskin tahap kedua tahun 2005 di Puskesmaa kota Padang

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Abstrak

Dalam rangka menjamin akses masyarakat miskin ke pelayanan kesehatan, sejak tahun 1998 pemerintah mengadakan upaya pemeliharaan kesehatan masyarakat miskin melalui program JPS-BK, PDPSE, PKPS-BBM dan dilanjutkan pada semester I tahun 2005 dengan melaksanakan program Jaminan Pemeliharaan Kesehatan Masyarakat Miskin (JPKMM) yang dikelola melalui sistim asuransi oleh PT Askes untuk pelayanan kesehatan masyarakat miskin ke puskesmas dan rumah sakit, pada semester ke II tahun 2005 terjadi perubahan dimana pendanaan program JPKMM untuk puskesmas disalurkan oleh pemerintah melalui bank SRI ke puskesmas. Pelaksanaan program JPKMM semester ke 1I di kota Padang kurang baiknya penyerapan dan penggunaan dana oleh puskesmas, pemakaian dana baru berkisar 50 % setelah melewati waktu yang ditetapkan program.

Tujuan penelitian adalah untuk mengetahui gambaran manajemen pelaksanaan program JPKMM semester kedua di puskesmas kota Padang dengan pendekatan sistem. Variabel input terdiri dari dana, tenaga, manlak dan juknis, pembinaan, variabel proses terdiri dari perencanaan, pengorganisasian, pengarahan dan pengawasan dan variabel output adalah indikator program JPKMM serta diketahuinya masalah dalam penilaian manajemen yang mempengaruhi kurang baiknya penyerapan dan penggunaan dana.

Penelitian dilakukan di empat puskesmas dikota Padang yang dipilih secara purposif berdasarkan penilaian kinerja paling baik dan kurang serta penyerapan dana paling tinggi dan rendah. Penelitian dengan pendekatan kualitatif melalui wawancara mendalam pada informan dari puskesmas dan Dinas Kesehatan serta melakukan telaah terhadap dokumen. Penilaian tolak ukur penelitian didasarkan kepada dimensi kecukupan dan kesesuaian.

Hasil penelitian menunjukkan puskesmas yang penyerapan dana paling tinggi ternyata mempunyai fungsi perencanaan, pengarahan dan pengorganisasian yang kurang baik dan puskesmas yang memiliki kinerja paling baik ternyata memiliki fungsi-fungsi manajemen paling baik dari ketiga puskesmas lainnya. Hampir sebahagian besar puskesmas yang diteliti memiliki fungsi perencanaan dan fungsi pengawasan yang kurang baik. Kurang baiknya perencanaan disebabkan pembuatan POA JPKMM yang tidak memenuhi aturan dan ketentuan yang berlaku, turunnya dana yang tidak tepat waktu serta jumlah sasaran masyarakat miskin yang tidak akurat. Lemahnya pengawasan disebabkan kurangnya frekwensi pengawasan yang dilakukan oleh Dinas Kesehatan. Perencanaan dan pengawasan yang kurang baik diketahui menyebabkan kurang balk penyerapan dan penggunaan dana.

Hasil penelitian disimpulkan bahwa manajemen pelaksanaan program JPKMM di puskesmas kota Padang masih belum baik terutama dari fungsi perencanaan dan pengawasan. Kepada pimpinan puskesmas

disarankan untuk meningkatkan kemampuan manajerial dan kemampuan leadership. Bagi Dinas Kesehatan disarankan untuk memberikan pelatihan dan kursus manajemen kepada pimpinan, meningkatkan pengawasan secara berkala, mengizinkan realokasi dana dan membantu puskesmas mendapatkan data sasaran yang tepat dari BPS.
.....In order to assure a poor society access to health services, government performed an effort of health care for poor society by]PS-BK, PDPSE and PKPS-BBM program since 1998 and in the first semester of 2005, government also performed a Health Care Assurance for Poor Society which is managed through an insurance system by a Health Assurance Firm of health services for poor society to primary health care and hospital, in the second semester of 2005 has been changed where program fund of Health Care Assurance for Poor Society at primary health care was re-distributed directly by government to primary health care through BRI bank. The performance of Health Care Assurance for Poor Society program in the second semester were not good in reserve and usage of fund by primary health care of Padang, usage of fund is almost 50% after its limited time is over.

This research purpose is to know an illustration of performance management of Health Care Assurance for Poor Society program in the second semester at primary health care of Padang by a system approach. Input variables consist of fund, human resources, operational guideline and technical guideline, supervising. Process variables consist of planning, organization, direction and controling, and output variables are program indicator of Health Care Assurance for Poor Society and also known an internal issue on management assessment which affected unsupport reserve and usage of fund.

Research was conducted at four primary health cares in Padang which was selected purposively based on the most good and less job assessment and the most high and low reserve of fund. This research used a qualitative approach by a deep interview to informan from primary health care and District Health Services and studying document. Indicator assessment research based on sufficiency and conformity dimensions.

Research result indicated that the most high fund reserve of primary health care has not good on planning, guiding and organizing function and the most good performance of primary health care has the best management functions of the third primary health care. Most of primary health care which is studied has not good on planning and supervising functions. This planning is not good due to the inaccurate planning on POA, the funds came late, and the target number of poor society was not accurate. The weakness of supervising is caused by supervising frequency was low of District Health Services. The planning and supervising which were not good known that caused of reserve and usage of fund were not available.

From research result was concluded that the performance management of Health Care Assurance for Poor Society program at primary health care in Padang was still not good yet, especially for planning and supervising function. It was suggested to primary health care leader to improve a managerial skill in planning and controlling and improve a leadership skill in giving direction and guiding. It was also suggested to District Health Services to improve controlling periodically, permitted a fund reallocation for primary health care and cooperated with BPS to get a direct data of poor society.