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INTERNATIONAL SOCIAL SECURITY ASSOCIATION  
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INTERNATIONALE VEREINIGUNG FÜR SOZIALE SICHERHEIT

## Good Practices in Social Security

Good practice in operation since: 2016

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### **Health Facilities Information System (HFIS) for better contracting accountability and more effective referral system**

**Social Security Administering Body for the Health Sector  
Indonesia**

## Summary

*The Health Facilities Information System (HFIS) is a platform developed by the Social Security Administering Body for the Health Sector of Indonesia (BPJS Kesehatan) to improve contracting accountability and referral system efficiency. Before the HFIS, the contracting mechanism was done and monitored manually which was not only time consuming but also sparked dissatisfaction from providers. Referral from one health facility to another was also not based on sufficient information about the availability of medical specialists or facilities at the referral hospitals. This often led to rejections or further referrals because the previous referral hospitals did not have the facilities nor the competency to treat the referred patients. The HFIS allows health facilities to submit their contract application digitally and monitor their progress, with doctors having access to information on the availability of medical services at other hospitals.*

*The HFIS has improved the health facilities satisfaction index attributed to the contracting process and member access to information on inpatient ward availability. The HFIS has also significantly contributed to the strengthening of the referral system. Moreover, the HFIS is a breakthrough in terms of providing a single database of physicians' practice license and medical facilities in 99 per cent of partner hospitals.*

## The issue or challenge

*What was the issue or challenge addressed by your good practice?  
Please provide a short description.*

The HFIS was developed to improve the quality of the contracting process and the efficiency of the referral system. The issues addressed by the HFIS were:

- Accountability in the contracting process. In 2014-2015, many health facilities complained of not being able to track the progress of the contracting process and accused BPJS Kesehatan of not giving a clear service level agreement for each step. On the other hand, accreditation was the most time consuming step in the process as health facilities often did not submit clear and complete documents.
- Insufficient information about referral hospitals. Doctors at contracted health facilities did not have enough information about the available medical and ward facilities at the other facilities, thus referrals to other hospitals were not based on well-informed decisions.
- Unavailability of data. Most, if not all, health facilities and district departments of health did not have digital records on the licenses of practising health professionals in the area. There was no mechanism to track and monitor the expired or almost expired licenses which often resulted in delays to extend the licenses.
- Consumer protection. Some hospitals rejected BPJS Kesehatan members to access their inpatient wards by informing them that there was no ward available. The hospitals prefer non-members as patients because they pay on a fee for service basis while services for BPJS Kesehatan members are paid on the basis of the Indonesia-Case Based Group (INA-CBG) tariff.

## Addressing the challenge

*What were the main objectives of the plan or strategy to resolve the issue or challenge? List and briefly describe the main elements of the plan or strategy, focusing especially on their innovative feature(s) and expected or intended effects.*

- Create a contracting platform. All hospitals are given a login account on <hfis.bpjs-kesehatan.go.id/hfis> through which they submit their contracting applications, do self-assessments based on the contract requirements, and monitor the progress of their contract eligibility. The platform also allows the public without a login account to monitor how the contracting goes.
- Contracted facilities are obligated to list their working physicians, their specialities and licenses to practise as well as the expiration dates. They also need to list available medical equipment such as CT scan, MRI, etc.
- The HFIS issues warnings both to the BPJS Kesehatan branch office and the health facilities if a doctor's license will expire in the next three months.
- Link a feature of the HFIS called Aplicares to monitor hospital wards. Aplicares shows ward availability in the hospitals including very rare neonatal ICU wards in a timely manner.

The HFIS provides a list of options of health facilities that offer the required health services and their distance from the hospitals. These information enable the referral of patients to the appropriate hospital that is at a most comfortable distance to the patient. The list is sorted so that the lower class hospitals appear first, to help the patients to be referred to the hospitals with lower workload which in turn will reduce the waiting time.

## Targets to be achieved

*What were the quantitative and/or qualitative targets or key performance indicators that were set for the plan or strategy? Please describe briefly.*

Targets:

- The annual health facilities satisfaction index attributed to contracting at 80 per cent by 2019.
- All contracted health facilities should have completed the lists of facilities and medical specialists by the end of 2018.
- The minimum score of Walk Through Audit (WTA) attributed to accessibility to inpatient wards in hospitals linked with HFIS Aplicares by the end of the year 2017 at 82 per cent.
- A decline in the number of complaints about the accessibility to inpatient wards.
- The strengthening of the referral system, proven by an increasing proportion of cases treated in lower class hospitals (class C and D) and a decrease in the proportion of cases treated in referral hospitals (class A and B).

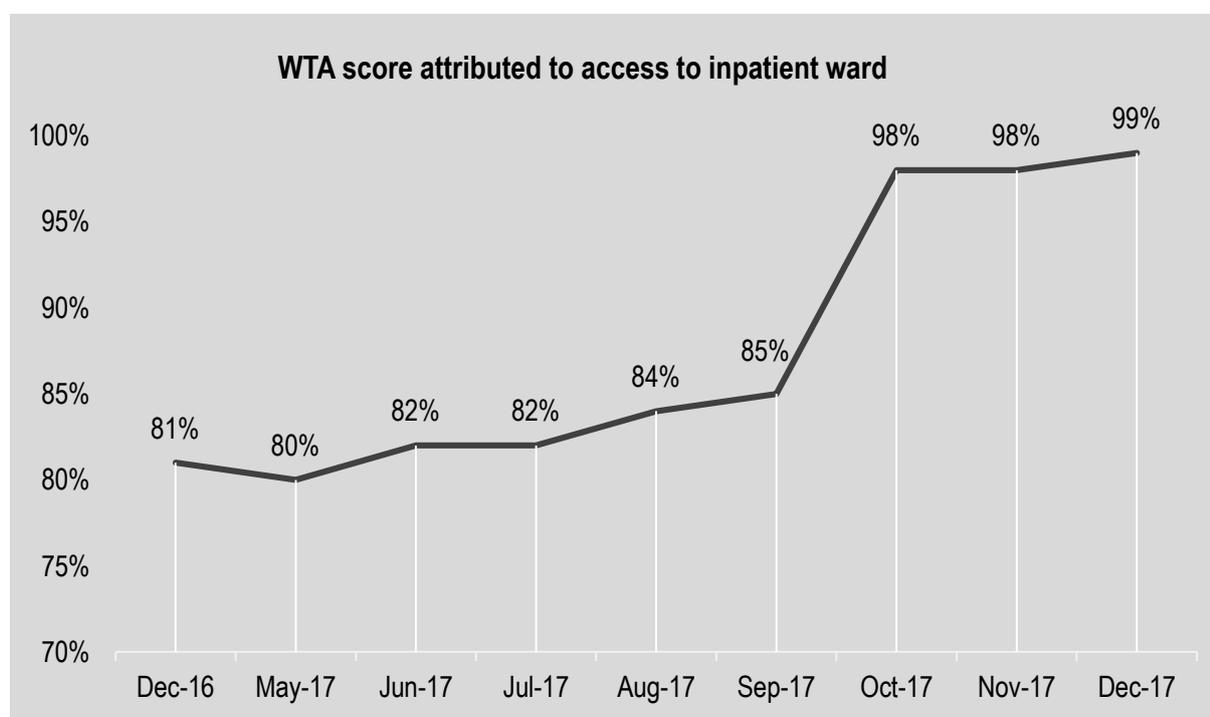
## Evaluating the results

*Has there been an evaluation of the good practice? Please provide data on the impact and outcomes of the good practice by comparing targets vs actual performance, before-and-after indicators, and/or other types of statistics or measurements.*

Based on consumer satisfaction surveys, the average hospitals satisfaction index attributed to the contracting process prior to the implementation of the HFIS (year of 2014 to 2016) was 76.5 per cent, while in 2017 the index has improved to 79 per cent.

By January 2018, 99 per cent of the contracted hospitals have accurate and complete information on available facilities and medical professionals in the HFIS database. The other 1 per cent of hospitals are geographically challenged ones with internet connections problems.

The average WTA scores in hospitals which integrate their ward monitoring with the HFIS Aplicares attributed to the accessibility to inpatient ward was higher than the targeted score.

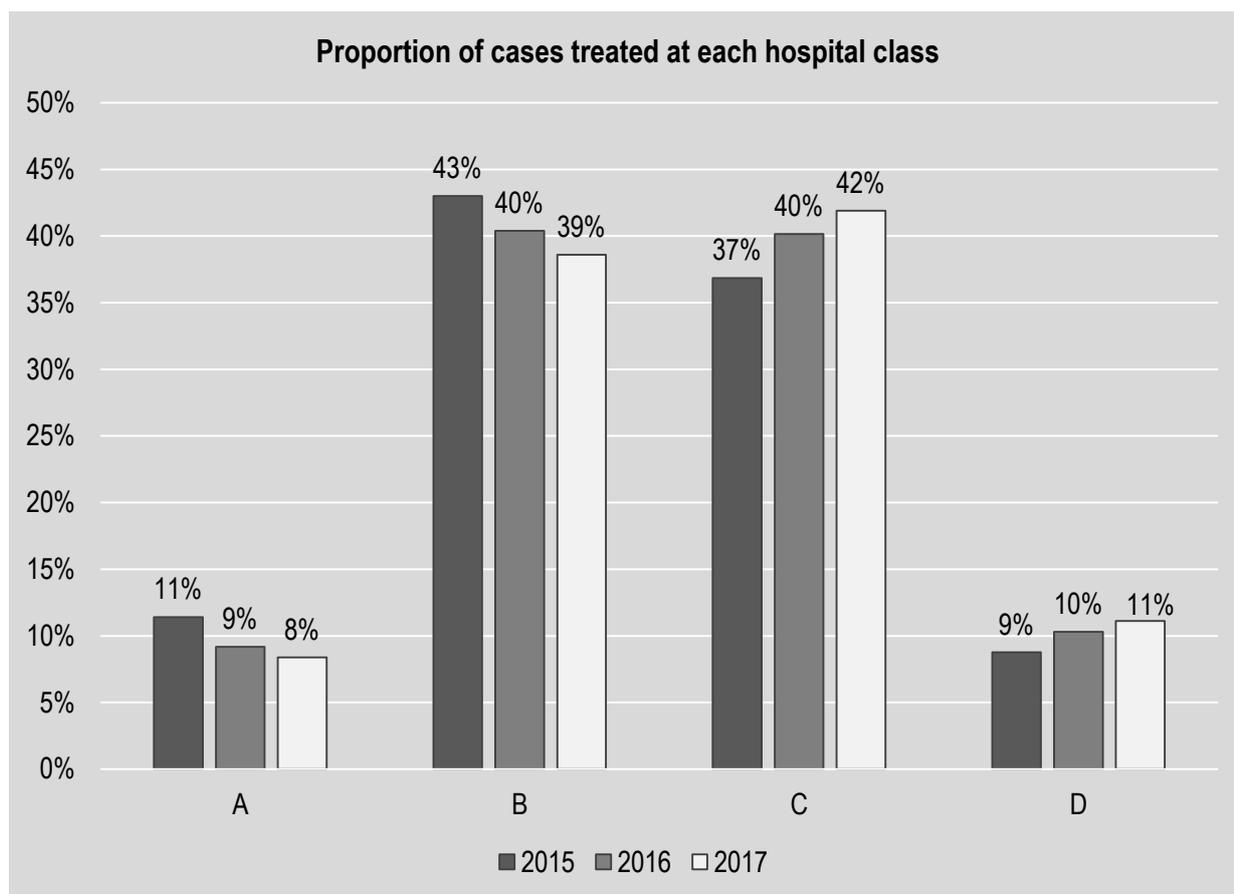


The number of hospitals with the integrated HFIS Aplicares-ward monitoring by March 2018 reached 505 or 37 per cent of the contracted hospitals. The number is slowly increasing since the integration system needs the hospital to invest in it, both to develop the online ward monitoring platform and to hire hospital staff in charge of monitoring and maintenance.

The number of complaints on difficulty to access inpatient wards in the non-integrated HFIS Aplicares – ward monitoring shows a decrease after implementation of the HFIS.

Year	Number of complaints
2015	346
2016	272
2017	191

The referral system has shown to be more effective every year.



## Lessons learned

*Based on the organization's experience, name up to three factors which you consider as indispensable to replicate this good practice. Name up to three risks that arose/could arise in implementing this good practice. Please explain these factors and/or risks briefly.*

Indispensable factors are:

- Purchaser's bargaining power. The social security organization needs to have enough power to push through contracting requirements and require the facilities to submit their contract applications through the platform.
- Commitment to invest in technology. Developing a platform such as the HFIS requires commitment to invest as developing the platform is resource consuming and needs capable human resources. The organization also needs to continuously update features of the platform to serve the needs of the public and stakeholders. For example the HFIS has been incorporated to mobile JKN (a mobile platform for the Indonesian Social Health Insurance) upon assessment that the public needs information on health facility locations on their mobile gadgets).
- Stakeholders' cooperation. The HFIS relies heavily on the cooperation of the health facilities to continuously update their medical personnel and facilities availability. The benefit of the HFIS also lies in data accuracy in a timely manner. This is possible by linking the HFIS with the hospitals' information system. The bridging of the systems, especially

to the hospital-owned system, is challenging since not all hospitals have resources nor willingness to invest in this technology. The success of this HFIS feature is due to multi-stakeholders cooperation with the Ministry of Health, the local government, the National Hospitals Association and the local District of Health Department.

Risks in implementing the good practice:

- We basically open ourselves to public judgement. The public is able to monitor the contracting process and they may question why health facilities in their neighbourhoods are rejected to be contracted, as they may see this as limiting their access.
- Although information on the license to practice stored in the HFIS website are only accessible to BPJS Kesehatan and the health facilities, there is concern about data security. Doctors are concerned about their reputation if it were exposed to the public that their licenses have expired. The organization needs to ensure that data are not being misused.
- Data accuracy. Since the platform relies on data, accuracy plays an important factor. Information of ward availability needs to be timely and accurate for patients arriving at the hospitals.