

Implementation Of Health Bpjs Service System In Cervical Cancer Screening In Bengkulu City

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Abstract—Cervical cancer is a disease with the highest cases in the world. Primary services with cervical cancer screening use IVA tests as a form of promotion and preventive health services. Health BPJS provides guarantees to participants who have performed cervical cancer screening without fees. The coverage of cervical cancer screening in Bengkulu City is 1.44%, while the WHO target is 80%. This study aims to analyze the implementation of the BPJS health service system in cervical cancer screening in Bengkulu City in 2017. The method used in this study is descriptive with a qualitative approach. Subjects or informants in this study were BPJS staff in the Primary Services section, Head of P2M Section of the Health Office, a program implementing midwives in the Puskesmas, health BPJS participants who have performed cervical cancer screening. Data collection techniques use in-depth interviews. Data processing is done by describing the contents. The results showed that the implementation of cervical cancer screening was not optimal. The implementing staff is not by the rules that are determined, the limitations of cryotherapy equipment are only found in one puskesmas, there is no specific funding source provided for program development, and monitoring activities are only carried out once a year. Suggestions for relevant institutions to be able to increase the number of implementing personnel through training so that implementation is more optimal, and implementing officers can increase socialization, counseling, and collaborate with influential parties in order to increase the coverage of cervical cancer screening.

Keywords: screening, cervical cancer, visual inspection of acetic acid

I. INTRODUCTION

Cervical cancer is the violence that occurs in the cervix and is caused by the Human Papilloma Virus. Cervical cancer is a disease with the highest number of cases in the world, followed by breast cancer. According to the World Health Organization (WHO) 2015, cervical cancer patients, every year increased by 500 thousand people. Research International Agency for Research on Cancer concluded that the death

rate from cervical cancer reached 85 percent of all deaths from cancer [1].

The incidence of cervical cancer in Indonesia is still the top of the ten types of cancer in women, about 68.1%. The prevalence rate of cervical cancer in Indonesia is 28.66%. The number of new women with cervical cancer ranges from 90-100 cases per 100,000 population, and every year there are 40,000 cervical cancer cases in which 70% are in advanced stages. Every day in Indonesia out of 40 women diagnosed with cervical cancer, 20 women died of cervical cancer. WHO estimates that by 2030 there will be a surge in cancer in Indonesia to seven times. The high rates of cervical cancer in Indonesia make WHO as Indonesia with the most significant number of cervical cancer patients in the world [2].

Implementation of cervical cancer control policy in Indonesia is currently emphasizing on primary prevention efforts through early detection of cervical cancer through screening using Visual Acidic Acid Inspection (IVA) and pap smear on women who are considered to be at high risk. Secondary prevention is done by reducing the risk of HPV infection and HPV vaccine delivery, while tertiary prevention is the diagnosis and treatment of cervical cancer as well as palliative care to improve the five-year life rate [3].

The cervical cancer screening program integrated into the policy of the Agency for Social Security Management (BPJS) health is a form of promotive and preventive service. BPJS provides guarantees to participants who want to make early detection of cervical cancer no longer need to spend money. If the results of the examination are positive participants with cervical cancer, they may undergo further treatment at the health facilities that partner with BPJS health by the applicable procedures and provisions. In 2016 healthcare BPJS in collaboration with government agencies and other parties has conducted IVA examinations to 137,465 health-care BPJS and 5,753 positive IVA-infected individuals [2].

The coverage of screening of cervical cancer in Bengkulu Province in 2015 was 0.95%, and in 2016 was 6.29%. The coverage of screening of cervical cancer in

Bengkulu City by 2015 is 0.68% and by 2016 1.44%. The coverage of screening of cervical cancer is still meager when compared to WHO coverage target of 80%. The targets that have not been reached will undoubtedly have some constraints, one of which is due to limited service personnel. Besides, from the community, it is also considered that IVA examination is scary and also uncomfortable by the way it is checked [4].

Health service is a system in which there is input, process, output, impact. Input and process are the main components of it should be noted that a system can achieve the desired output. In this case, the input includes man, material & machine, method, money. Communication, characteristics of puskesmas support and attitude of directors have an immediate effect on the implementation of the IVA program [5].

II. METHODS

The method used in this research is descriptive with the qualitative approach that is research that only describes the object being investigated as it is by digging more in-depth information and obtaining a detailed explanation about a phenomenon. Subjects or informants in this study are midwifery clinicians who have been working with BPJS health while informant triangulation is one person BPJS Kota Bengkulu, Head of Infectious Disease (P2M), and 4 participants of BPJS who have done cervical cancer screening.

A technique of collecting data is conducted by an in-depth interview that is a process of obtaining information for research purposes using dialogue between researchers and informants. The scope of implementation includes implementing personnel, facilities, and infrastructure, funding, methods, implementation, recording and reporting systems. Data analysis in this study uses open-ended qualitative analysis with inductive processes, which means that in the conclusions of findings derived from collected data or personal decisions then generally concluded. Data processing is done by way of content description. It is then verified and presented in a detailed description.

III. RESULTS

Cervical cancer screening is one of the efforts to prevent and treat immediately if any abnormalities in the cervix are found. The program is integrated with BPJS Kesehatan in Bengkulu City since 2015, but not all puskesmas can implement the program. From 20 Puskesmas in Bengkulu City, only 11 puskesmas have implemented the program. The limited number of puskesmas who have implemented the program due to the lack of executives are given the training to have the certificate to carry out the examination. The health center that has been implementing cervical cancer screening program with IVA is Puskesmas Ratu Agung, Sukamerindu, Fish Market, Wide Rice, Upper Anggut, Kuala Lempuing, Sidomulyo, Small Bridge, West Ring, Gedang Road, East Ring.

In this study, four puskesmas were taken from 11 puskesmas which had been running the cervical cancer early detection program with IVA method. The four puskesmas are Puskesmas Ratu Agung, Sukamerindu, Jalan Gedang, Lingkar Barat. The sampling of the puskesmas is based on the highest number, and the smallest IVA examination has been done.

Implementation of cervical cancer screening program at the health service center includes implementing inputs such as implementing personnel, facilities and infrastructure, funds, methods, and implementation processes covering implementation, monitoring, recording, and reporting. The main informants in this study were four midwives from the four puskesmas. The informant characteristic can be seen in the following table:

TABLE I INFORMANT IDENTIFICATION

Main Informant	Age	Education	Position	Period of Work
Main Informant 1	54	D4 Kebidanan	Bidan Pelaksana	30 years
Main Informant 2	46	D4 Kebidanan	Bidan Koordinator	25 years
Main Informant 3	44	D4 Kebidanan	Bidan Pelaksana	21 years
Main Informant 4	40	D3 Kebidanan	Bidan Pelaksana	15 years

Informant triangulation in this study consisted of 6 people consisting of 1 Head of PTM City Health Office, one full-service primary BPJS, and four patients who had had screening for cervical cancer with an IVA. characteristic can be seen in the following table:

TABEL 5.2 INFORMATION INFORMANT TRIANGULATION

Triangulation Informant	Age	Education	Position	Period of Work
Triangulation Informant 1	39	S2 Kesehatan Masyarakat	Kasie PTM Dinas Kesehatan	18 years
Triangulation Informant 2	27	D3 Keperawatan	Staf Pelayanan Primer BPJS	5 years
Triangulation Informant 3	48	SD	Patient	-
Triangulation Informant 4	47	SMP	Patient	-
Triangulation Informant 5	36	SMA	Patient	-
Triangulation Informant 6	36	SMA	Patient	-

1. Input policy implementation BPJS in cervical cancer screening

The executive who is responsible for coordinating and running of the program. All informants stated that the responsible and coordinating cervical cancer screening program with IVA method was a midwife in the designated puskesmas.

Facilities and facilities for early detection of cervical cancer are available at the health center. All informants stated that for the IVA test using simple

tools and materials were speculum, cotton skins, 3-5% acetic acid solution, instrument tub, spotlight, and gynecological table.

Cervical cancer screening activity with IVA test does not impose a charge on BPJS participants. All informants state that the inspection is free and free.

Screening of cervical cancer using passive and active methods. Passive methods are implemented in puskesmas, patients come to puskesmas, while for the active method of the puskesmas that conduct screening of cervical cancer through certain events that work with cross-sector and cross-program. Primary informants state that effective methods are carried out through mobile services to state or private institutions, during PKK activities, IBI anniversary commemoration.

2. The implementation process of BPJS policy in the screening of cervical cancer

Implementation of screening of cervical cancer through the registration stage, service in KIA room. The services consist of pre-counseling, post-counseling, post-counseling and referral for positive IVA test results for cryotherapy. Interviews from informants stated that before an informant's examination was given information about IVA, then the examination, after examination was given an explanation about the results, re-control time, and if the result was positively referred to the Puskesmas Ratu Agung because in Kota Bengkulu there were only 1 puskesmas that could take action cryotherapy is the Ratu Agung Public Health Center.

Monitoring of screening activity of cervical cancer is performed by the city health department in the form of technical guidance. Informants stated supervision from the city health department during IVA test screening activities in Mother's birthday and the anniversary of Bengkulu City.

The recording and reporting of screening of cervical cancer are performed monthly by the health center. Interviews with informants suggest that the form of recording and reporting is done manually and submitted to the city health department every month.

IV. DISCUSSION

1. Input policy implementation BPJS in cervical cancer screening

Energy or human being is an essential and essential resource in implementing a program to achieve the stated goals. Cervical cancer screening program with IVA method that the involved executives are midwives and practitioners who have been trained. Based on the results of the study, midwives and IVA program practitioners have been trained, but not all midwives present at the puskesmas were given training. Each puskesmas is only one midwife trained and not all general practitioners in the puskesmas are given training. The lesser executing force causes the maximum implementation of a program. Besides, the program implementers also have other tasks, or cum as well as other program

holders, such as midwives who must be on guard for childbirth and other program activities. This is in line with the research conducted by Fitriya (2013,) that the person in charge of the IVA program has been given other responsibilities so that its duties and responsibilities are duplicated. According to Indiahono (2009), failure in implementation often occurs because human resources are inadequate, inadequate, or incompetent in their field [6,7].

Facilities are all types of equipment, equipment, and facilities that serve as a significant tool in the implementation of a program while the infrastructure is a place or room to carry out the program. Based on research results disclosed by informants, for tools and facilities that are tools and materials supporting inspection such as a speculum, gynecology bed, cotton skins and so on to carry out the inspection is sufficient. Cryotherapy as therapy for patients found positive IVA is only owned by one puskesmas only in Ratu Agung Puskesmas, if found patients with positive IVA in other puskesmas, referral to Puskesmas Ratu Agung. The results of the Mursyid research (2003), stated that the implementation of a program always requires a variety of supporting facilities and infrastructures so that the program can be implemented according to the planned. Without the availability of facilities and infrastructures, an activity cannot be resolved as it should, it will even experience obstacles or not run smoothly. [8]

In the implementation of a program, funding is one of the most critical resources in supporting the success of a program. Funds should be used in such a way that the set goals can be achieved. Funds for activities in puskesmas come from the government which is then managed by the respective health centers to carry out activities. Based on the results of the study, the cost of conducting the cervical cancer screening program activities is claimed from BPJS. The sources of funds issued by BPJS are non-capitals which are paid according to the number of targets obtained by the puskesmas in a service.

IVA inspection activities can use two ways that are passive and active. Passive methods are implemented in health facilities that have trained health personnel. In passive methods, health personnel waits for patients who come to check. While effective methods of early detection are carried out at specific events by coordinating and collaborating with cross-sectoral and cross-sectoral programs such as big day warnings, early detection acceleration, and place of execution not only in health facilities but can be at the office, a qualified center for checks under coordination with local health centers. Based on the results of the study, it can be concluded that all puskesmas use active and passive methods in carrying out the examination. Puskesmas has worked with other sectors so that inspections can be done not only within the building.

2. The implementation process of BPJS policy in cervical cancer screening The cervical cancer

Implementation of screening with IVA method in each puskesmas has different schedules. Based on the results of the research that the puskesmas conduct a check once a week. The officer reasoned that the

scheduling was more coordinated and adapted to the existing officers. The check flow to be followed by the patient is like the patient in general, who first signs into the counter, after which waiting for the queue number and if it is called can go directly to the KIA space. The next implementation stage is the patient who comes with counseling. Counseling is a process of assisting with counseling interviews by an expert to an individual who has a problem that is expected to help with the problem experienced by the individual [9].

Patients who will do the examination first are counseled — early counseling before examination and counseling after examination. Counseling provided before the examination contains questions about health history, giving information about checks, an overview of possible outcomes. While the consultation after the examination contains explanations on the results of the patient's examination, motivation, referral if positive IVA found and advice to re-visit, after the examination and knowing the result, the inspector informs the next result and action that must be taken. If IVA is found positive, then it is given a referral to Ratu Agung Public Health Center which has a cryotherapy tool. If the result is negative, it is advisable to do a re-examination visit at least one year later.

Supervision is performed at any time to determine the progress of the program, the quality of services and constraints encountered. The evaluation of the evaluation is done in stages by the Health Service or through technical guidance. The findings are then followed up by correcting any indicator of the program. Based on the results of the research, supervision is not optimal yet because the new health department conducts one-year guidance on specific events in the screening service of cervical cancer. There has not been any follow-up or evaluation of the implementation of the IVA program.

The recording of the examination results has a function as a follow-up of the subsequent examination. Based on the results of the study, health workers performed recording and reporting in the form of manuals. Manual reports are provided to the Bengkulu Municipal Health Office every month after completion of screening cervical cancer screening.

V. CONCLUSION

Implementation of screening of cervical cancer in Bengkulu is not maximal. Executing personnel are not in compliance with the prescribed rules, limitation of cryotherapy tools is available only in one health center, no particular funding sources are provided for program development, and monitoring activities are conducted only once a year.

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