

CHAPTER I

Introduction

A. Background

In 2005, the government committed to providing health insurance for the poor with the launch of the Public Health Insurance (Jamkesmas) program. That program has now begun a new chapter in the evolution towards universal health coverage. On January 01, 2014, the Government of Indonesia launched National Health Insurance (JKN), which aims to protect the Indonesian public from the shock of sudden health crises. JKN is being implemented in stages, with the aim of providing universal health coverage to the entire population by 2019.

Since its launch, JKN has undergone a number of improvements. These include enhanced regulations, increased levels of participation, improved benefits, better calculated premiums, a more efficient information management system, improved management and the use of the capitation fund at community health clinics, and the use of a prospective payment system for hospitals. However, JKN will face challenges in the future. These include developing a strategy for its sustainability, finding new sources of revenue for the health sector, expanding its membership, improving the readiness of the supply-side and implementing a pharmaceutical policy for the country's health insurance system.

The function of government as organizers of the government, development and civic, has an important role in managing the Ministry of Public

Health, in particular in the area of delivery of Health Affairs became the authority areas, with decentralization of authority given to local governments. In this case, the ability of local governments to implement a wide range of authority is exercised by the central government. Thus, local governments should be able to provide higher quality service, efficient, effective, and accountable service.

The government of President Joko Widodo contains nine development agenda which will be undertaken in the year 2015-2019 where it alluded to the question of health. In order to realize these programs, the government issued several programs which is Kartu Indonesia Sehat (KIS), Kartu Indonesia Pintar (KIP), Program Keluarga Sejahtera (PKS).

Indonesian Health Card (KIS) appears as a form of program refinement of Social Insurance Administration Organization (BPJS). Indonesian Health Card (KIS) was issued to help entire communities who are poor to get health care, so by implementing Indonesian Health Card (KIS) it is expected that there are no more obstacles for the poor society to get medical services.

In the implementation, the government has appointed BPJS health as its organizers. The number of beneficiaries of KIS increased because it also endured the social welfare problem that has not entered in the recipient data donations such as the homeless. In the first phase until the end of 2014, KIS were distributed to 19 provinces. Other provinces were channeled at a later stage. The distribution was assisted by PT Pos Indonesia and the national banking, Bank Mandiri.

In 2019, it was hoped that all poor residents in Indonesia already have the card. For the people who accept the card cost per month adjusted to the desired class of care, namely the Class 1 Rp 59,500, Class 2 Rp 42,500, and Class 3 Rp 25,500. As it is known, that the monthly cost of the Indonesian health card (KIS) is still not carried out, between paid by the government or the public to pay for themselves. However, the nature of this later changed that the Indonesian card is for the sick financed by health people. Those who do not hurt to finance the sick.

Therefore, Indonesian Health Card (KIS) relationship with BPJS program must be made clear first. This is to avoid overlapping programs, double accounting, power struggles, and conflict between institutions, and so on. If the government view KIS should be implemented as part of the fulfillment of the campaign appointment in Presidential Decree year 2014 then, BPJS card does not need to be replaced.

The idea of establishing a public hospital and education at one location to prospective physicians and physician education experts as well as for the development of research, first was initiated by Prof. Dr Sardjito in 1954. He found and felt the need of General Hospital (RSUP) in order to fulfill the needs of health services for communities in the provinces of Yogyakarta and Central Java to the South.

The reason researcher wants to analyze and why it is necessary to evaluate is RSUP Dr Sardjito has been accredited by Joint Commission International (JCI), because Dr Sardjito hospital get accredited A, and then the

best facilities in Yogyakarta. As the first educational hospital in southeast Asia, a meaning that its human resources must be professional and reliable both in service and education. To obtain quality service, “managerial” is necessary to be held to build a better working culture to improve service satisfaction to internal customers and especially external customers.

B. Research Question

Based on the background described above, this research problem can be formulated as follows.

- 1) How is the public policy evaluation of KIS in the Public Health services in Dr Sardjito Hospital ?

C. Research Benefits

The result and findings throughout this research needs to be translated into new findings that maintain a recommendation for future development. Regarding the proposed goals of this research, the benefits can be drawn from this research are:

1. Public

Indonesian health card (KIS) which guarantees and ensures the community is under privileged to benefit from health services as implemented through the National Health Insurance (JKN) organized by BPJS.

2. Government

For the welfare of the people, so that there is no social gap between the rich and the poor.

D. Theoretical Benefit

For researchers this study may be a reference to such research in the future. This research provides descriptions of Effectiveness, Efficiency, Adequacy, Equity, Responsiveness, Appropriateness in hospitals. and this theory is very relevant to the results that can be proven by the theory.

E. Practical Benefit

1. This research will give the information about the program KIS in Dr Sardjito Hospital.
2. This research will give the information about analyzing program KIS in Dr Sardjito Hospital.
3. This research will give the information about problem solving in Dr Sardjito Hospital.

F. Research Objectives

- i. To know whether the Health Indonesian Card (KIS) program is already running well or not.
- ii. To identify public policy evaluation of Health Indonesian Card system applied in Dr Sardjito Hospital.

G. Literature Review

Utami, A. N. F., & Mutiarin, D. (2017). Evaluasi Program Jaminan Kesehatan Nasional Pada Fasilitas Kesehatan Tingkat I Kabupaten Sleman Tahun 2016. *Journal of Governance and Public Policy*, 4(1), page 39-70. The service procedures of the Social Security Agency for Health set a tiered reference pattern. The referral levels start from the primary/first,

secondary/second, and tertiary/third levels of health facilities. Patients who seek for treatments must firstly check their health condition at the first level of health facility. If the first level of health facility is unable to handle the case, it will be referred to the second level of health facility.

Khozin, M. (2014). Evaluasi implementasi kebijakan standar pelayanan minimal bidang kesehatan di kabupaten gunungkidul. *Jurnal Studi Pemerintahan*, 1(1). The author explained that public service in the field of health is not perfect and still has many problems, because public services in Indonesia is widely known by its nature which is too bureaucratic. Thus it is not uncommon to get complaints from the community. This can happen as a matter of the bureaucracy of the people's interests in serving. The paradigm that is used by public service managers tends to be more directive that merely pays attention to the interests of the bureaucracy itself. Meanwhile, the community as a user would not want to be subject to bureaucracy. Public service should be managed with a paradigm that focuses more on community interests.

Ramdhani, A., & Ramdhani, M. A. (2017). Konsep Umum Pelaksanaan Kebijakan Publik. *Jurnal Publik*, 11(1), page 1-12. The results of the discussion showed that public policy implementation is influenced by several factors, including: aspects of authority, resources, communication, and disposition. The dimensions that can be used to evaluate the implementation of public policy include: consistency, transparency, accountability, fairness, effectiveness, and efficiency. Meanwhile, the evaluation of policy implementation needs to be done in a comprehensive way, which includes: evaluation ex-ante, on-going,

and ex-post on the implementation of public policy. In conducting innovations and breakthrough in the service to the public, can be carried out in the implementation of public policy as long as not contrary to the prevailing norms and regulations.

Saputra, M., Marlinae, L., Rahman, F., & Rosadi, D. (2015). Program jaminan kesehatan nasional dari aspek sumber daya manusia pelaksana pelayanan kesehatan. *KEMAS: Jurnal Kesehatan Masyarakat*, 11(1), 32-42. The results of the research showed that public policy health insurance is required by all communities, both in rural and urban areas. The development of health insurance for society is indispensable. Therefore, human resources implementing health services must be available and distributed throughout the community.

Nugraheni, S. W. (2015). Evaluasi Penerapan Jaminan Kesehatan Nasional (JKN) Di RSUD DR Moewardi Surakarta. *Jurnal INFOKES Universitas Duta Bangsa Surakarta*, 5(2). *Jurnal Kebijakan Kesehatan Indonesia: JKKI*, 6(2), page 73-82. The results of the discussion research showed that National Health Insurance (JKN) is a national policy that must be applied in all health facilities in Indonesia. In Indonesia requires health insurance for all residents (Dimension 1), guarantees all diseases (dimension 2), and the portion of the cost that is dependent on the population (Dimension 3) as small as possible. Nevertheless, the level of comfort (satisfaction or choice) of service is limited. For example participants of civil servants, the level of choice or satisfaction is limited to the treatment class, but all diseases or all

maintenance costs are guaranteed if the Askes participant is treated according to the treatment class which is the right. The National Health Insurance (JKN) is organized under the principles of social and equity principles. Social insurance principle according to the LAW of SJSN article 19 paragraph 1 is a mutual, mandatory and non-selective membership, dues based on the percentage of wages or income, and is nonprofit. Meanwhile, the principle of equity is commonality in obtaining services according to medical needs that are not tied to the size of dues that have been paid. The similarity of obtaining service is the similarity of financial reach of health services (Tim JKN, 2012:11).

Maharani, E. A., Lestari, H., & Lituhayu, D. (2014) Evaluasi Implementasi Program Jaminan Kesehatan Masyarakat (Jamkesmas) Di Kecamatan Baturetno Kabupaten Wonogiri. *Journal of Public Policy and Management Review*, 3(4), page 26-34. The result of research showed that Health Care Insurance Program is a social assistance program for health services for the poor and incapable of nationally held, in order to cross subsidy in order to realize the comprehensive health services for the poor. Jamkesmas is the embodiment of the mandate of Law No. 40 year 2004 on the National Social Security System (SJSN).

According Bestari, R. B., & Astuti, P. (2014). Kualitas Pelayanan Program Jaminan Kesehatan Nasional (JKN) di RSUD Muntilan Kabupaten Magelang. *Journal of Politic and Government Studies*, 3(3), 126-135. The result of discussion showed that in the healthcare industry, quality of service, is a very

important thing in realizing customer satisfaction and this is related to the life of death of a person. In an environment that is increasingly full of competition, hospitals should be more aware about the need to provide the best quality of service for its customers. Quality of service is defined as the difference between customer expectations and accepted reality. The service industry is a different sector than the manufacturing sector. One example of the service sector is the health service industry for example hospitals. In the healthcare industry, hospitals provide the same types of services, but they do not provide the same quality of service. Whereas, customers are now smarter to choose the alternatives they offer and increase the level of service that raises their expectations. In the healthcare industry, patients are customers and it is a very important part of the development of this healthcare industry.

Rosyadi, M. A. I. (2016). Implementasi Kebijakan Tatakelola Peserta Program Jaminan Kesehatan Nasional di Jawa Timur. JPAP: Jurnal Penelitian Administrasi Publik, 2(01). The result of research showed that the successful implementation of the health insurance program is determined by various resources involved in implementing the governance policy of JKN program participants, starting from human resources and financing from social Ministry, Social service, BPS, Health Office, or BPJS health involved in the determination of PBI data, as well as the verification, has not run to the fullest. As for the implementation of disciplinary participants, the district health insurance can run smoothly, because the human resources and financing are estimated by the local government.

The results of the study implementation of the National Health Care Insurance program participants are seen from the financing aspect, time and energy, ranging from the data collection from the lower level, until the final determination as a participant is not supported with the enough cost , as well as the time and amount of energy available in the field.

Khariza, H. A. (2015) Program jaminan kesehatan nasional: studi deskriptif tentang faktor-faktor yang dapat mempengaruhi keberhasilan implementasi program jaminan kesehatan nasional di rumah sakit jiwa Menur Surabaya. *Jurnal Kebijakan dan Manajemen Publik*, 3(1), 1-7. The result of the discussion showed that health is one of the basic needs of society and health is the right for every citizen who is protected by the constitution. Every country recognizes that health becomes the largest capital to achieve well-being. Therefore, health care improvement is essentially an investment in human resources to reach a prosperous society.

Suprianto, A., & Mutiarin, D. (2017). Evaluasi Pelaksanaan Jaminan Kesehatan Nasional. *Journal of Governance and Public Policy*, 4(1), 71-107. The result of research showed that health care is one of the fundamental rights of society whose participation shall be held by the government as has been mandated in the Constitution 1945 article 28H subsection (1) everyone has the right to live prosperous born and inner, and have a good and healthy living environment and are entitled to health care.

H. Theoretical Framework

This part is intended as a theoretical framework for this paper which will be used to analyze what happened in the case of public service in Sardjito Hospital. There are two concepts which will be discussed : Public Service and Evaluation.

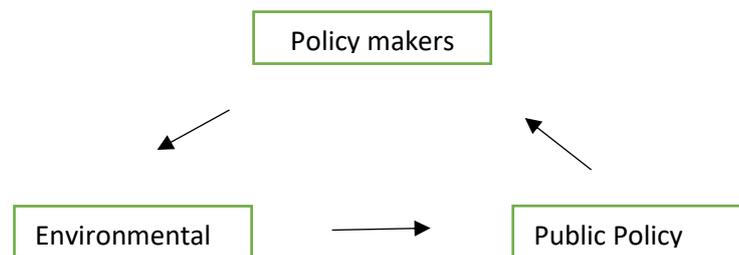
1. Program

As the basis of thinking to uncover the problems that will be discussed in the preparation of this research, then first define the implementation and program, to be clearer about the understanding of the implementation of the program itself. according to Joan L. Herman quoted by Farida (2008:9) presents the definition of the program as, "everything done by a person in the hope of bringing about results or influence." More fully, Hasibuan (2006: 72) also revealed that the program is, a clear and concrete type of plan because in it are already listed targets, policies, procedures, budgets, and implementation times that have been set

2. Evaluation

According to Wiliiam N. Dunn (2003:132), the public policy is a complex dependency pattern of interdependent collective choices, including decisions for inaction, made by the agency or office government. Public policy covers everything that the government states and does or does not do. In addition, public policy is also a policy developed or made by agencies and government officials (Anderson, 1979:3).

In the theory of the system submitted by Dunn (2003:132), in public policy making involves three elements i.e. policy actors, public policies and policy environments that are all interconnected and related. Illustrations of public policy elements are described below:



Public policy is the direction of action that has the intent set by an actor or a number of actors in overcoming a problem or an issue (Winarno, 2002:16). In practice, public policy should contain the following elements (Widodo, 2001:190) :

- A. Policies always have a purpose or are oriented towards a particular goal.
- B. The policy contains actions or patterns of action of government officials.
- C. Policy contains action which is what the government is actually doing, and not, and what it intends to do or the pattern of action of government officials.
- D. Public policy is positive (which is the government's action on a particular matter) and is negative (the decision of government officials not to do something).

E. Public policy (positive), is always based on certain rules of law that are pushy (authoritative).

William Dunn (1999) in his public policy analysis presented four basic characteristics of policy issues, as follows.

A. Interdependent. As Ackoff (1974) states, policy issues are not a stand-alone unity, but rather part of a whole system of problems.

B. Subjectivity. External conditions that give rise to an issue are defined, clarified, described, and selectively evaluated.

C. Artificial nature. Policy issues are understood, maintained, and changed socially.

D. Dynamics of policy issues. The way people view the problem determines which solutions are offered to solve the problem.

Discussions on public issues are no inexhaustible. It is because each individual has different interests. The different interests make the stakeholders sound and follow "Leave" the voice. The bargaining process (collective) among the policymakers, using its freedom and authority, is often misused not to synchronize the interests of the people, but rather to power itself. The large number of interests that enter the policymaker actors are busy in formulating the policy to be applied. The actors have to select the problems. It takes extra time and effort from policy-making institutions (executive, legislative, and judicial) to create policies, because, indeed, each policy comes out as an assessment of public problems. However, the

question that then arises is whether all public issues are policy issues or are there non-policy issues.

A rigid and unresponsive public policy paradigm will result in a rigid and unresponsive state face as well. In contrast, a flexible and responsive public policy paradigm will result in a flexible and responsive state face as well (Fadillah Putra: 2003). That is an idea of how complicated a public policy is. A Western renowned policy expert, William Dunn differentiates between problems that are not policy and policy issues (Dunn: 1995). According to him, there is quite a significant difference between policy and non policy issues.

First, interdependent (interdependence), the intent is that policy problems often affect other policy issues (complicated). Russel L. Ackroff called it by the name of the messes, a policy problem not a stand-alone problem, but rather part of the overall system of the problem (Ackroff, 1974:21). Because of the complexity of the problem, analysis of it is not as simple as imagined. The approach used should be thorough and comprehensive. Secondly, it is subjective (subjective), an external condition that causes problems to be defined, classified, explained, and evaluated selectively. Although it is true, a problem can also be objective, meaning it can be influenced by factors coming from the outside.

The administrators are expected to provide satisfactory service to the customers, which in this case is the community. Public is very big hope to the public administrators, that is hope that the public administrators give

good service to him (good public Service) (Irfan Islamy: 1997). A hope that is not pushy and reasonable considering that public administrators are actually public servants.

In terms of formulation of a policy, the formulation phase of the problem is a crucial and decisive phase. The formulation phase of the problem becomes the basic of and the initial step in policy making. This initial step will determine how the policy will be compiled. If the problem is raised incorrectly, it will be fatal. To that end, it is not uncommon for many public policies to ultimately be afflicted and not to the people.

Given the importance of this phase, then William Dunn mentioned that there are at least four stages in the formulation of the problem, such as: problem search, problem definition, problem specification (specifying problem), and problem sensing (introduction to problems) (William N. Dunn, 1999:226).

1.1 Problem formulation

According (William N. Dunn, 1999:226), the problem lookup becomes a start when the policy framers will create a policy. Policy analysts should be able to distinguish between public issues with private issues. If a person runs out of gasoline on a motor vehicle, it is said to be a private problem. However, in case of the scarcity of oil and gas that hit the wider community, it is referred to as a public problem. The illustration depicts a very clear distinction between public

problems and private problems. Policy analysts should be prepared to be faced with a metamorphosis.

The next stage is the definition of the problem. This stage is an analysis of the substantive problem. Where the categorizing of issues is fundamental and common. Thereafter, policy analysts can formulate a formal, more detailed and specific issue. Through the specification of the shifting process issue of substantive problems to formal problems can be done. When the problem has been specified, the introduction of the problem becomes the next stage. In this stage, difficulties will be approached by policymakers. These difficulties occur due to the discrepancy of substantive problems with the formal representation of the problem.

Referring to many public policy issues, Robert B Seidman, Ann Seidman, and Nalin Abeysekere tried to design what he called the ROCCIPI. They state that a problem can arise as a result of some of the things they are being the ones that they don't run as they should. These things, he said, among others:

1. Rule

Rules are intended to govern all human behaviour. Either it is as rather than (justification) or otherwise. The rules here concern all public issues or problems posed by the public. Public issues can arise if:

First, the design or the use of the language is used in the rules, such as the unexplained things that are forbidden and that should be done by the

public. Secondly, some rules have the opportunity to cause problematic behavior. Thirdly, the rules often expand the parts of the problematic behaviour, rather than eliminate them. Fourth, the rules open up opportunities for behaviour that is not transparent. Fifth, the regulation provides excess authority to regulatory implementers to act repressive.

2. Opportunity

An individual will be able to perform problematic behavior if an existing opportunity is wide open. The meaning is that if the opportunity is open then it can affect an individual to behave diverged.

In this case, the environment becomes a dominant factor in the cause of deviant behavior. Then, the question arises, "does the environment contribute to the onset of problematic behavior or instead, the problematic behaviour affecting the environment?"

3. Capacity

It is related to the exchange that is not able to govern the individuals to do things beyond its ability. Therefore, there needs to be an understanding of the conditions of each individual.

4. Communication

The emergence of problematic behaviour can result from public ignorance of a rule. Such ignorance is triggered by communication that does not go well (miss-communication). Communication problems are actually a classic problem in the country that is rich in culture and very plural.

5. Interest

This category can be used to explain an individual's view of the consequences and benefits of any behavior. The consequences and benefits can be in the form of material (economic gain) as well as non-material (recognition and appreciation).

6. Process

It is an instrument used in finding a part of the problematic behaviour undertaken in or by an organization. Some processes used to formulate problems in organizations include: first, the input collection process. Secondly, the input processing process becomes a decision. Thirdly, the processing, and the fourth, feedback process.

7. Ideology

A set of values embraced by a society to feel, think, and act. A prevailing value in society is usually the result of a joint agreement in a group. The possibility of conflict is very large considering the value of life in a plural and heterogeneous society (a value that is adopted often does not correspond to the views of each group).

The seven above, are intended to narrow and further disseminated the scope of the view of policymakers or policy analysts in trying to find a part of the issue coming from society. These hopes will only be realized when all parties related to the policy leave each other's egoism and are more concerned with the affairs. However, when the group's egoism is more dominant, then the expectation above is merely a mere wishful.

Policy problems become something very complex like a thread that has been tangled. Several phases must be passed policy framers in formulate policies. This should be coupled with the face of the country. The state of the lately was smudged with corruption, as well as the poverty that grew to dye the face of the Thousand Islands. Complete if the blurred portraits of the country must be blurred again with various policies that eventually afflict the people.

1.2 The phases of public policy according to William Dunn are as follows:

1. Stage Drafting Agenda

Officials were elected and raised to put problems on the public agenda. Earlier this issue competed in advance to be entered into the policy agenda.

2. Policy formulation Phase

Issues that have logged on to the policy agenda are then discussed by policymakers. These problems are defined for then sought best troubleshooting.

3. Phase Adoption Policy

Of the many policy alternatives offered by policy framers, in the end one of these policy alternatives was adopted with the support of the majority of legislative, consensus between agency directors or judicial decisions.

4. Policy implementation phase

A policy program will only be the elite records if the program is not implemented, namely implemented by administrative agencies and government agencies at the lower level. The policies that have been taken are implemented by the administrative units that mobilize financial and human resources. At this stage of implementation, various interests will compete with each other. Some implementation of the policy has the support of the implementors, but some others may be opposed by the executor.

5. Policy Evaluation phase

In this stage the policy that has been executed will be assessed or evaluated, to see the extent to which the policy is made to achieve the desired impact, which is solving the problems faced by the community. It is therefore determined the measures or criteria that are the basis to assess whether the public policy has been implemented has achieved the desired impact or objectives.

In the implementation of policy evaluation used general criteria intended for member directives for evaluators. Formulated criteria will be used as one of the benchmarks in determining whether a habit has succeeded or failed. William Dunn (2003: 609) describes policy evaluation criteria covering the following 6 types:

a. Effectiveness

Outcome or reaches the goal of the action. Close effectiveness is related to technical rationality, always measured from the unit of the product or

service or its monetary value. William N. Dunn states that: "effectiveness (effectiveness) in regard to whether an alternative reaches the goal of the holding of action. That closely relates to technical rationality, always measured from the unit of the product or service or its monetary value."

If a policy has been implemented but apparently the impact is not able to solve the problems that exist in the community, then it can be said the policy is not successful, but also the result of an effective policy in the long term so it takes a long time. Whereas Mahmudi defines effectiveness as the relationship between output and goal, the greater the contribution (donation) output to the achievement of the objectives, the more effective the organization, programs or activities.

b. Efficiency

With regard to the amount of effort needed to increase certain levels of effectiveness. The efficiency that is synonymous with economic rationality, is the connection between the effectiveness and the latter effort is generally measured from the monetary cost.

Mark Zahnd (2006) also mentions that efficiency means it is appropriate or appropriate to do things by not wasting time, effort and cost.

Based on the above opinion, efficiency can be interpreted as a standard to assess how much effort is made by activities or policies implementers in achieving the objectives and objectives to be achieved (Lukman, 2015).

c. Adequacy

With regard to how far the effectiveness level satisfies the needs, values or opportunities that grow the problem, adequacy criteria emphasizes the strong relationship between policy alternatives and expected outcomes.

Adequacy in the context of public policy can mean that the objectives that have been achieved after the implementation of the policy are perceived to have resolved the problems found in the policy object. William N. Dunn (2003) argues that sufficiency (adequacy) means how far a level of effectiveness satisfies the needs, values, or opportunities that foster a problem. From this opinion, it can be known that sufficiency has a relationship with effectiveness that predicts the long absence of existing policy alternatives, can satisfy the needs, values or opportunities in resolving the problems that occur (Lukman, 2015).

In the adequacy criteria, this emphasizes the strong relationship between the policy alternatives and the expected outcomes. The criteria pertain to four types of problems (Dunn, 2003) as follows.

- 1) Problem type I. Problems in this type include fixed costs and effectiveness that change from policy.
- 2) Problem type II. Problems in this type concern the same effectiveness and costs changed from the policy.
- 3) Problem type III. The issue in this type concerns the cost and effectiveness that change from the policy.
- 4) Problem type IV. Problems in this type contain the same cost as well as the fixed effectiveness of the policy.

d. Equity

This indicator is closely related to legal and social rationality and refers to the distribution of consequences and efforts among different groups in society. A leveling policy is a policy that consequently (for example, service units or monetary benefits) or businesses (such as monetary costs) are fairly distributed. Policies designed to distributing revenue, educational opportunities or public services are sometimes recommended on the basis of common criteria. The criteria of similarity closely relates to competing conception, i.e. fairness and against ethical conflicts around a sufficient basis for distributing resources in society.

The alignment that can be interpreted with fairness gained public policy objectives as a policy object against the policy executor. The equity criterion is closely associated with legal and social rationality and refers to the distribution of consequences and efforts among different groups in society (Dunn, 2003).

An alignment-oriented policy is a policy that is consequently or the business is fairly distributed. A particular program may be effective, efficient, and adequate when costs and benefits are evenly distributed. The key to the alignment is the doctrine of fairness (Herlina, 2009).

In implementing a policy, justice should be the primary basis, in the sense that all sectors and all layers of society that are targeted and the object of policy must be equally able to feel the outcome of the policy (Lukman, 2015).

e. Responsiveness

Responsiveness in public policy can be interpreted as a response to a public policy on implementing a policy. According to William N. Dunn, the responsivity (responsiveness) with regard to how far a policy can satisfy the needs, preferences, or values of certain community groups (Dunn, 1999).

A successful policy can be seen through the response of the community responding to the implementation after first predicting the influence that will occur if a policy will be implemented, as well as community responses after policy impacts has begun to be felt in a positive form in the form of support or negative form of rejection.

In regard to how far a policy can satisfy the needs, prefix, or value of certain community groups. The criteria of responsivity is important because the analysis that can satisfy all other criteria of effectiveness, efficiency, adequacy, similarity still fails if it has not responded to actual needs of the group should benefit from a policy.

f. Appropriateness

It is the close accuracy criteria associated with substantive rationality, because the question of the accuracy of the policy does not pertain to individual criteria but two or more criteria together. Accuracy refers to the value or price of the objectives of the program and to the strong assumptions that the objectives are based.

Health policy should be based on evidence using a problem solving linear approach. Health research is an activity to get accurate evidence. After the study of pain and disease from the community, including the need for health, health system, the next challenge is to know the exact cause of pain and illness. Although it is realized how complex a proof-based understanding is made to be the basis of policy (Fafard, 2008).

Health policy not only consists of strategy documents within a country, but also how the policy is implemented by decision makers and health program holders, and how to do it practically on each level of government.

I. Conceptual Definition

Choosing an analysis instrument in approaching a reality or research object is very necessary for researcher. Conceptual definition will define a concrete theory and approach used by researcher. These following concepts are main concepts used by researcher to understand the dynamic of research object

a. Program

. A program is a plan that involves various units containing policies and a series of activities that must be carried out within a certain

period of time. Theory advocates research on the evaluation of a learning program used for the process, where success is achieved compared to the expected set of successes. Know the effectiveness of learning objectives and the implementation of each teaching learning process. By obtaining the data, it can be evaluated against the implementation of the program that has already occurred. Based on the evaluation results, it can be utilized to make the next learning program even better.

b. Evaluation

Evaluation is decision-making based on measurement results and standard criteria. Measurement and evaluation are two activities that synergize. Evaluation is done after measurement and evaluation decision is done based on measurement results. Decision making is done by comparing measurement results with defined criteria. Therefore, there are two activities in evaluating the evaluation, which is measuring and making decisions by comparing the results of measurement with its criteria.

J. Operational Definition

Operational definition and execution of instructions is to measure a variable. By reading the definition of operational research in a researcher will know a variable so it can be known to be good or bad measurements. Thus, the operational definition is an indicator that the researcher needed in research that is used to describe the how the progress public services after being Health Card Indonesia (KIS) and evaluation of public policy in Dr Sardjito Hospital.

In the implementation of policy evaluation used general criteria intended for member directives for evaluators. Formulated criteria will be used as one of the benchmarks in determining whether a habit has succeeded or failed. William Dunn describes policy evaluation criteria covering the following 6 types:

- a. Effectiveness : Achievement of achieving the objectives.
- b. Efficiency : Efficiencies relating to effectiveness.
- c. Adequacy : Could have solved the problem in the policy object
- d. Equity : Public policy objectives against the policy executor.
- e. Responsiveness : Public policy responses to the implementation of a policy.
- f. Appropriateness : A policy on solving problems that occur in the midst of society.

K. Research Methodology

1. Type Resourch

This study used qualitative description research. Moleong (2007) defines qualitative research as "the type of research that intends to understand the phenomenon of what the subject of research is experiencing holistically and by way of description in the form of words and language". The descriptive approach, which describes the socio-political facts of various variables that come into contact with the object under study (Moleong, 2007). Meanwhile, Nawawi (1983) more specifically explained that the descriptive approach used in social science is generally a step in

doing objective representation of the symptoms contained in the problem under investigation.

With descriptive approach, it is used to describe and explain clearly the findings of facts in seeing how the implementation of e-budgeting in the budget formulation process in the central java provincial government. However, according to Nawawi (1983: 77) often in social research is not enough just to collect the facts as they are. Many facts turn out to be related to each other, by linking the facts objectively. Therefore, this descriptive approach uses case study form (case studies), because this research only concentrated on one object that is government of Central Java province, by studying it as a case (Nawawi, 1983: 77), and assisted with some other aspect and data on other social support groups from various sources.

2. Focus and Location

The focus of research is the implementation of Health Indonesia Card in Dr. Sardjito Hospital and the factors that support and inhibit the implementation of the card. The research sites are the city of Yogyakarta and Dr. Sardjito Hospital.

3. Type of data

In general, the data in this study can be divided into 2 types, as follows:

3.1. Primary Data

Primary data is data obtained directly from research subjects by using measurement tools or data retrieval tool directly on the subject as a source of information sought (Azwar, 2007: 91).

Primary data in this research is data obtained from technical administrators (admin) and employees in hospital.

Primary data in this research is data obtained from:

Table 3.1.2 Source of Primary Data

Source of Data	Name	Data Collection Technique
Patient User KIS Card	Supriyaningsih	Interview
Patient User KIS Card	Dedi	Interview
Nurse in the hospital	Oki	Interview

Source: Organized by author on March 12, 2020

3.2. Secondary Data

Secondary data is data obtained from other parties in the form of documentation data or available report data (Azwar, 2007: 91).

4. Research Instruments

In qualitative research, the instruments used in data collection

depending more on the researchers themselves as a means of data collection. This is due to the difficulty of precisely specifying what will be examined. In addition, people as an instrument can make decisions gracefully. People can assess circumstances and be able to make decisions (Moleong, 1988: 19).

In this study, research instruments used to collect data are interview guides, a set of computers and stationery.

4.1. Interview Guide

The interview guidelines are used in interview methods conducted to people involved in hospitals, as well as experts and competent practitioners in the health field. It contains questions relating to the formulation of problems and targets on research conducted. More questions focused on the process of Health Indonesia Card program in the hospital.

5. Data Collection Techniques

Nawawi (2013: 100) stated that in every research in addition to the appropriate method of using the necessary ability to select and arrange relevant techniques and data collection tools, so that will affect objectivity and validity of research results. The data collection techniques used are as follows:

a. Interviews

Salim (2006: 16) revealed the data in qualitative research more in the form of words, then the interview becomes a device that is so important. In this research, the researcher uses guided free interview technique, it means that first the list of questions is provided as a guide, but does not close the possibility of variation and improvisation of questions adapted to the situation and data needs during the interview process (Hadi, 1985: 26).

In this study will be conducted interviews with informants that have been determined and the stakeholders associated in the search data.

b. Document

One of secondary data, used to support and complementary data. The data is arranged in the from documents, journals, magazine , and web (internet).

6. Data Analysis Techniques

This study uses qualitative methods, where the process of data collection and analysis takes place during and post data collection. The process of analysis flows from the beginning to the conclusion of the study (Salim, 2006: 22). Thus, as Miles and Huberman's statement in Salim (2006) analyzes qualitative data as a flow model, which consists of data collection, data reduction, data presentation, conclusion drawing, and verification.

1. Data reduction is a selection process, focusing attention on simplification, abstraction and transformation of rough data obtained in

the field stud (Salim, 2006: 22). Thus, in this study the researcher simplifies and sorts out the selection of appropriate data and what is needed in this research later.

2. Presentation of data, ie description of collated information collection that allows to make a conclusion and take action (Salim, 2006: 23). Researchers describe back data that has been in the previous reduction either obtained from the interview or data from the documentation, making it easier to understand.

3. Conclusion and verification, ie from the beginning of data collection, the researcher searches for the meaning of each symptom obtained in the field, noting the regularity or pattern of possible explanations and configurations, causality flow, and proposition. Any conclusions that have been concluded by the researcher will continue to be verified until the conclusions are obtained that is valid and strong (Salim, 2006: 23). The researcher is led to take the final decision of the study of all the variables available, and from the data collection and the results of the data reduction and data presentation process, so that on the basis of these findings a scientific conclusion is made.

7. Technique of Data Analysis Results Presentation

Data presentation is a set of organized information that can provide the possibility of conclusion and action taking. The presentation of information is done in the form of narrative text which shows the planning process and parties involved in the planning process.

Conclusion drawing is one part of a complete configuration activity. Drawing conclusions is based on careful and in-depth analysis of the data obtained. The conclusion must be able to provide answers to some questions that have been raised in the formulation of this research problem.