

STRATEGIC PURCHASING OF TB SERVICES THROUGH NATIONAL HEALTH INSURANCE IN INDONESIA

Examining the link between incentives for TB diagnosis and treatment, provider behavior, and service delivery patterns and designing strategic purchasing solutions under Jaminan Kesehatan Nasional (JKN)

THE TB BURDEN

The tuberculosis (TB) burden in Indonesia is high and the response has not been completely effective to date.

Indonesia has made progress over the past decade toward reducing TB incidence and increasing treatment success rates, but significant challenges to eliminating TB remain.

The TB burden in Indonesia ranks the

2nd HIGHEST IN THE WORLD

(WHO, 2020)

Approximately

875,000

people are estimated to **DEVELOP TB** in Indonesia each year

TB remains the **LEADING CAUSE OF DEATH** by communicable diseases in Indonesia (IHME, 2019)

There were

97,000

people who **DIED DUE TO TB** in 2019 (WHO, 2020)

THE CHALLENGE

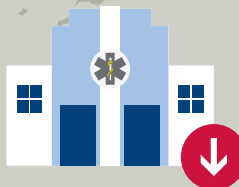
The way providers are contracted and paid through JKN creates incentives for four problematic TB diagnosis and treatment patterns:



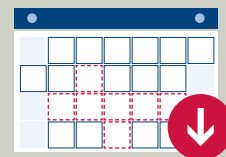
Low rates of TB case notification



Low treatment rates in primary care (high referral to hospitals), especially among private providers.



Low down-referral from hospitals to primary care for treatment



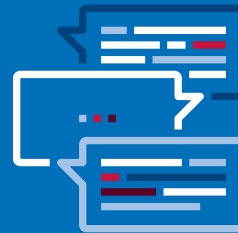
Inadequate treatment monitoring and adherence

ANALYSIS

To design solutions, we needed to better understand the link between incentives, provider behavior, and service delivery patterns. So we conducted two types of analysis:






We analyzed national health insurance claims data to better understand diagnosis and treatment patterns for TB



We also conducted qualitative analysis to understand how the incentives from contracting and payment arrangements influence provider behavior, which in turn leads to problematic TB diagnosis and treatment patterns

The analysis highlighted several problematic service delivery patterns that go against regulations and clinical guidelines, reduce quality of care and treatment outcomes, and drive up costs:

FINDING 1	FINDING 2	FINDING 3
 <ul style="list-style-type: none"> ! The majority (69%) of TB in hospitals was coded as TB without bacteriological confirmation ! Primary care providers indicated that up-referrals for uncomplicated TB were relatively easy, despite regulations that pulmonary TB should be fully managed in primary care 	 <ul style="list-style-type: none"> ! Private primary care clinics referred more than half (58%) of patients with confirmed TB to hospitals for treatment ! Almost all (81%) cases that were referred to hospitals for treatment were for uncomplicated TB 	 <ul style="list-style-type: none"> ! Payments to hospitals for uncomplicated TB care create strong financial incentives against down-referral ! Uncomplicated TB cases in outpatient hospitals were treated at a cost to the government of IDR 188 Billion (12 Million USD)

More strategic purchasing arrangements can increase case notification and shift treatment from hospitals to primary care, where outcomes are better and treatment is more cost-effective

In 2021 a strategic purchasing pilot will test new payment and contracting arrangements for TB in two districts in Indonesia. The pilot addresses the four core aspects of strategic purchasing (Cashin, et al., 2018)

BENEFITS SPECIFICATION <ul style="list-style-type: none"> • Specifying which services will be included in the JKN contracts and the service delivery/quality standards required in order to be paid 	1	3	PROVIDER PAYMENT <ul style="list-style-type: none"> • Pay for TB diagnostics using fee-for-service payment • Pay for TB treatment using a bundled, episode-based payment • Link payment to case notification
CONTRACTING ARRANGEMENTS <ul style="list-style-type: none"> • Add TB to the JKN credentialing process • Update contracts to link payment with the specified service delivery/ quality standards • Improve referral pathway 	2	4	MONITORING <ul style="list-style-type: none"> • Interoperability between National TB Programs and national health insurance (JKN) information systems • Contracting TB case managers

IF	Link contracting and payment with TB reporting and quality requirements	Increase incentives for TB diagnosis; training for screening and contact tracing	Increase incentives for TB treatment in primary care using an episode-based payment	More TB cases are treated in primary care
THEN	<ul style="list-style-type: none"> ➔ More cases notified to the National TB Program ➔ Increased adherence to regulations and clinical guidelines 	<ul style="list-style-type: none"> ➔ More patients screened and cases detected, especially by private providers 	<ul style="list-style-type: none"> ➔ More patients treated in primary care, more private primary care providers offer TB services 	<ul style="list-style-type: none"> ➔ Improved treatment outcomes ➔ Lower total cost per completed patient ➔ Improved medication monitoring ➔ Decreased burden to the patient

¹ IHME. (2019). *Top 10 causes of death in 2017 and percent change, 2007-2017, all ages, number*. University of Washington, Seattle.
² Global tuberculosis report 2020. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.
³ Cashin, C., Nakhimovsky, S., Laird, K., Strizrep, T., Cico, A., Radakrishnan, S., ... Hammer, K. (2018). *Strategic Health Purchasing Progress: A Framework for Policymakers and Practitioners*. Bethesda, MD: Abt Associates Inc.