INTERVIEW OF DR. WASISTA BUDIWALUYO

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PERSI (Perhimpunan Rumah Sakit Seluruh Indonesia) or Indonesian Hospital Association is an independent, not-for-profit and non-governmental organization. PERSI is an umbrella organization for all hospitals in Indonesia. There are eighteen hospital associations under PERSI. These are ARSADA, PELKESI, MUKISI, PERDHAKI, ARSPI, ARSSI, Asosiasi TNI/POLRI, BUMN, ARVI, ARSABAPI, ARSAWAKOI, Gigi Mulut, ARSANI, Mata, Bedah Islam Nahdatul Ulama, Aisyiyah Muhammadiyah, ARSPTN.

To encourage hospital members to participate in international affairs, PERSI joined as member in the International Hospital Federation and Asian Hospital Federation in addition to partnering with the Hospital Management Asia annual conference. All of these memberships are important for PERSI to expose hospital members into a rapid progress of international development in healthcare.

For this purpose, PERSI established the International Compartment within the organization, which works in co-operation with international organizations and coordinate overseas organizations who are interested to partner with PERSI. As deputy chairman of the International Compartment, I am assigned to represent PERSI as an IHF GC Member.
The biggest challenge in Indonesian healthcare is the Universal Health Coverage program, which covers healthcare for more than 265 million Indonesians. The program is organized by Social Security Administrator for Health or BPJS-Kesehatan (Badan Penyelenggara Jaminan Sosial – Kesehatan).

For this purpose, PERSI has an important role to guide its members to deliver cost-effective, but good quality services since the price of hospital services are paid based on INA-CBG. Therefore, hospitals must adjust the cost efficiently to gain profit.

A lot of various of educational workshops, seminars, and training focusing on topics on quality, patient safety and efficiency have been provided by PERSI for both hospital managers and clinical staff.

Another challenge is related to the government regulation that every hospital must be accredited to gain an operational license. This regulation has been followed by BPJS, that hospitals must be accredited to be BPJS providers. Not all hospitals are capable to pass hospital-accreditation. Co-operation workshop with KARS (Komisi Akreditasi Rumah Sakit) or Hospital Accreditation Commission are being done intensively to support hospitals for accreditation.

One of the key challenges is the very high outbound Medical Tourism from Indonesian patients to overseas. The government must do something to counter the trend of outbound medical tourism, and if possible followed by reverse flow from overseas to Indonesia for seeking medical services.

Whatever the causes, the answer is clear; Indonesian hospitals must do ongoing improvement in quality and patient safety. This has been done by the government through launching of the Law No. 44 Year 2009 for hospitals. It is stated that every hospital must be accredited to get an operational license. So, this compulsory regulation enforces hospitals to comply with the KARS standards as a routine-activity in hospital jobs. Accreditation by KARS will increase the images of domestic hospitals in Indonesia and hopefully will significantly decline the flow of medical tourism going overseas.

KARS is accredited internationally by ISQua (International Society for Quality in Healthcare). Being accredited by KARS means a good leap to attaining international standards.

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EXPECTATIONS FROM AND CONTRIBUTION TO THE IHF

As a Representative of PERSI, we expect that the IHF will grow and get a strong position among other global health organizations such as the WHO, Red Cross International, OECD, et. For this purpose, the role of IHF is very important to promote the benefit of activities to hospitals organizations so that more hospitals will be eager to join as a member.

Knowledge sharing and advocacy activities are very in-line with the expectation of IHF members. As a Representative of PERSI, we support the IHF with the interconnection of IHF website through PERSI website for getting direct access to IHF publications. In addition, we are seeking support from the Ministry of Health to host IHF-WHC in Indonesia. We acknowledge that the WHC Fee is high compared to HMA, but we facilitate participants to submit innovative papers that entitle them to get concession.

I am sure that IHF will grow well as long as it could keep updated on all activities done now to cope with the healthcare disruptive industry 5.0, 6.0 and the like. IHF must be aware and focus closely on every new global developments in healthcare.

All of the IHF mission: To be a strong organization, to support its member organizations, to promote good practices, to influence health policies, to inform communities, to foster a global network, should be refreshed periodically in line with disruptive industrial changes in hospital services. IHF is a strategic template in knowledge sharing and advocacy of updated information of healthcare for international organizations, NGOs, hospital organizations, and their members respectively. Meaning that the IHF is very important for its stakeholders.

I am glad that the IHF Journal, newsletters, bulletins, social media platforms and website serve as an exchange platform for topics on quality management and performance excellence in hospitals, access and availability of drugs, violence against people in hospitals are well-maintained beside other activities in education and training, the World Hospital Congress, Special Interest Groups, IHF CEO Circle, etc.

On the other hand, this success cannot be achieved without the active participation of its members. So, a survey regarding satisfaction of members must be done periodically.

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The highest healthcare organizational structure in Indonesia is the Ministry of Health. It represents the government in policy and regulation in healthcare. The MOH has several general hospitals throughout the country.

There are also hospitals with a variety of ownership types such as: regional government, city government, state-owned hospitals, private-for-profit, private-not-for-profit (such as religious hospitals), military, university, etc. All hospitals must comply to the laws and regulations issued by the government and the MOH.

Owners of hospitals are responsible for financing, policy of strategic planning, compliance to government regulations, etc.

Provision of services are related to hospital classification and hospital specialty. Hospitals in Indonesia are graded A (highest), B, C, D (lowest) class. This classification is used for both general hospitals and specialty hospitals. Examples of specialty hospitals are: eye hospitals, ENT hospitals, psychiatry hospitals, surgery hospitals, mother and child hospitals, et.

The growth in quantity of private hospitals are much higher than government hospitals. Another challenge is competition. Government / MOH also regulates the distribution of new hospitals and encourage to locate it in the second tiers areas such as in outside Java Island to increase equal access for patients in remote areas.