

ANALYSIS PREPAREDNESS OF GENERAL HOSPITAL Dr. FL. TOBING SIBOLGA IN IMPLEMENTATION OF ASSURANCE NATIONAL HEALTH POLICY 2014

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ABSTRACT

The enforcement of Law No. 40/2004 on SJSN (National Social Assurance System) and Law No. 24/2011 on BPJS (Social Assurance Provider Board) needs complete preparedness by a hospital as health assurance provider. Dr. FL. Tobing General Hospital, Sibolga, is one of the hospitals which provide SJSN.

The objective of the research was to find out the preparedness of Dr. FL. Tobing General Hospital, Sibolga, in implementing the policy in the National Health Assurance, in 2014. The research used qualitative method with ten informants who were regarded as the qualified persons who understood the preparedness in implementing health assurance program. The data were gathered by conducting interviews, observation, and documentation.

The result of the research showed that socialization had been conducted by the management of the hospital and by BPJS Sibolga Branch. There was no preparedness in health facilities because of the lack of health equipment, human resources were ready both quantitatively and qualitatively, disposition of the implementation of health care in the hospital was good, and coordination between the structure of hospital bureaucracy and BPJS had been done well.

The conclusion of the research was that the management of the hospital had no preparedness in health facilities for the implementation of the National Health Assurance Program. It is recommended that the management the hospital should complete and improve its facility and infrastructure, the government should pay more attention to the implementation of JKN program, and socialization to public should be optimized.

Keywords: Implementation of Policy, National Health Assurance, Hospital

INTRODUCTION

The National Health Insurance (JKN) is part of the National Social Assurance System (BPJS) held by using the mechanisms of social health insurance which is compulsory (mandatory) based on Law No. 40 of 2004 on National Social Assurance System with the aim to meet the basic needs of a decent public health which is given to every person who has paid dues or dues paid by the government. JKN starting from 1 January 2014, which gradually toward thorough coverage (Kemenkes RI, 2013).

JKN purpose generally is easier for people to access health services and obtain quality health services. Changes in the financing system toward a comprehensive coverage is a good thing but it has side effects and risks. Inequality availability of health facilities, health workers and geographical conditions, give rise to new problems in the

form of inequity between community groups (Kemenkes RI, 2013).

Social Assurance Provider Board (BPJS) is an institution established to administer social assurance programs in Indonesia, according to Law No. 40 of 2004 and Law No. 24 of 2011. In accordance with Law No. 40 of 2004 on the Social Assurance, BPJS a non-profit legal entity. Under Law No. 24 In 2011, BPJS will replace a number of existing social assurance institutions in Indonesia, namely PT Health Insurance Agency. Askes Indonesia became BPJS Health and social assurance institutions manpower PT. Jamsostek into BPJS Employment (Sijabat, 2012).

Transformation PT Askes and PT Jamsostek into BPJS done gradually. In early 2014, PT Askes will be BPJS Health, then in 2015 the turn of PT Jamsostek into BPJS Employment (Ariyanti, 2013).

The principle of social assurance benefits is usually the form of cash and the value of health services appropriate basic life needs such as food, clothing, shelter and basic medical needs. Provision of social assurance benefits is based justice in the sense that benefits provided applies to all citizens of the rich countries, poor or nearly poor, because social assurance is a permanent lifetime. The third principle is the cornerstone in the implementation of the social assurance system sustainable (Kemenkes RI, 2012).

In order to materialize the implementation of a sustainable social assurance system, the social assurance held nationwide by forming an independent BPJS based social assurance law. Social assurance guarantees provide certainty for the community in order to achieve the fulfillment of basic life evenly as mandated by Article 28-H of paragraph (1) of the Constitution of the Republic of Indonesia Year 1945 has affirmed that every person has the right to obtain medical care, and in Article 34 paragraph (3) shall be declared the state responsible for the provision of health care facilities and public service facilities are decent (Kemenkes RI, 2012).

As stated in Article 2 of Law of the National Social Assurance System (SJSN), the Social Assurance organized by the principles of humanity, the principle of benefit and the principle of social justice for all Indonesian people. If the implementation of the Social Assurance is not based on the three principles, then there is a violation of that law. Or negligence in covering and serving the health insurance for the poor, including poor people, basically a violation of the principle of humanity. Then, the principle of social assurance benefits in the design should provide significant benefits for the participants, not least to guarantee the fulfillment of basic needs for participants including a comprehensive health services, while the principle of fairness in the administration of the Social Assurance applies to all levels of society, rich, medium or poor order created the principle of cooperativeness (Purwoko, 2012).

Social Assurance System is a system of social protection for all citizens. Social protection has a strategic role to address the vulnerability due to the risk of natural and economic risks. As we know that Indonesia is

one of the disaster-prone areas and the impacts of disasters resulting relocate the budget required to rebuild the damaged infrastructure. The disaster also left many families losing possessions and life, so it is quite difficult in an effort to improve people's welfare (Zaelani, 2012).

One health care provider JKN program in Sibolga City is General Hospital Dr. FL. Tobing Sibolga which is the General Hospital of Class B Non Education, seeks to provide health services as much as possible in accordance with the facilities and tools available, have 204 beds 204, Human resources 338 people, medical services include specialist outpatient services, inpatient care and support services for the installation of medical services. In general, any type of outpatient services take place every weekday and is open to any public or patient health insurance (ASKES) / poor family health insurance (ASKESKIN) / Community Health Insurance (JAMKESMAS) with or without a referral.

Medical record data General Hospital Dr. FL Tobing Sibolga (2012) shows the value of Bed Occupancy Rate (BOR) 50% (national standard of 60% -80%), and Length Of Stay (LOS) was 4 days (standard 2 days) with the highest proportion of patient visits asks 45.24 %, ie 40.06% of patients general, and 13.5% of patients jamkesmas. This condition shows that the public interest to come for treatment to the General Hospital Dr. FL Tobing Sibolga still low.

Viewed from the aspect of management at the General Hospital Dr. FL Tobing Sibolga, still encountered problems of lack of services in accordance with Standard Operating Procedure in every unit of services, such as nursing care and midwifery care. This is indicated by the lack of reports on the development of nursing care of patients and the patients are still many complaints against the availability of drugs and consumables in hospitals.

Based on the results of the initial survey conducted by researchers in January 2014, it is known from the aspect of the facility is very adequate hospital, where medical support units also function optimally as radiology, laboratory and blood services unit. But the results of a brief interview with the head of medical services and treatments suggested that health services for participants

JKN still not well served, it is seen from the limited socialization JKN program for service providers in hospitals, as well as the still weak coordination with BPJS in the claiming process.

Currently the General Hospital Dr. FL Tobing Sibolga also preparing health care participants of the National Health Insurance. Based on the above, the authors are interested in knowing the extent of readiness of the General Hospital Dr. FL. Tobing Sibolga in the implementation of the National Health Insurance Policy 2014. Based on the background described, the problems in this research are: how Readiness General Hospital Dr. FL. Tobing Sibolga in the implementation of the National Health Insurance Policy 2014.

This research aimed to analyze readiness General Hospital Dr. FL. Tobing Sibolga in the implementation of the National Health Insurance Policy 2014. The benefits of this research are:

4. This research is expected to be input for the Hospital of the readiness of the implementation of the National Health Insurance policy so that it can be taken into consideration in improving the implementation of National Health Insurance.
5. It is expected that this research can be used as an additional reference regarding health policy and learning materials as well as contribute ideas in preparation for the implementation of the National Health Insurance policy at the hospital.
6. This research can increase knowledge and scientific insights scientific author on the readiness of hospitals in the implementation of the National Health Insurance policy

RESEARCH METHODS

The method used in this research is qualitative research. This research therefore only describe how analysis Readiness General Hospital FL Tobing Sibolga in the Implementation of the National Health Insurance Policy 2014. Qualitative research is a type of research that revealed the objective conditions of the phenomenon that occurs with the approach of in-depth interviews (Sugiyono, 2006).

Research conducted at the General Hospital dr. FL. Tobing Sibolga. The choice of location is based on the consideration of the

research has not been done the same with this research, because the policy is still relatively new JKN as of 1 January 2014. The research began by surveying beginning in January 2014, the collection of data with in-depth interviews and observations conducted in July 2014.

Qualitative research is not intended to make a generalization of research. Therefore, in qualitative research, is not known for the sample population. The subject of research became an informant who will provide the necessary information during the research process (Maleong, 2002), informants are people who used to give information about the situation and condition of background research.

Informants in research in all the elements that are involved in policy implementation JKN program in General Hospital Dr. FL Tobing Sibolga consisting of:

4. Components General Hospital Dr. FL. Tobing Sibolga
 - a. Director of the General Hospital Dr. FL Tobing Sibolga
 - b. Head of Medical Services and Treatments
 - c. Head of Planning and Development
 - d. Chairman of the Medical Committee
 - e. Head of Pharmacy Installation
5. Components branch BPJS Sibolga the head unit hospital services.
6. Inpatients and outpatients at the General Hospital Dr. FL Tobing Sibolga.

Based on the above, the research determines informants using purposive sampling and snowball sampling are. Sampling with purposive sampling technique means that the sampling technique based on certain considerations namely, informants authors choose are the ones who are involved directly to the issues being studied. Snowball Sampling The samples are still provisional data sources and will develop later after researchers in the field. (Sugiyono, 2005). Snowball sampling is used when in the process of data pengumpulan there's more varied opinion, the researchers will look for another informant so that the necessary data is sufficient to describe the phenomena related to the objectives of this research .

Data analysis in qualitative research is rather complicated because the data are quite a lot of variety and there is no standard pattern. According to Bogdan, who was quoted by

Sugiyono (2005), data analysis is the process of systematically searching for and compiling the data obtained from interviews, field notes and other materials that can be easily understood and the findings can be communicated to others. Data analysis was performed by organizing the data, translate it into the units, synthesize, organize into a pattern, choose what is important and what will be learned and make inferences that can be passed on to others.

Sugiyono (2005), citing the opinion Spradley, also argued that the analysis in the research of any kind, is a way of thinking, relating to systematically test for something to define the part, the relationship between parts, and its relationship to the whole. Thus, the analysis is to look for a pattern.

Based on the statement of the experts, Sugiyono (2005) concluded that the data analysis is the process of systematically searching for and compiling the data obtained from interviews, field notes, and documentation, by way of organizing data into categories, describe into the units, perform synthesize, organize into a pattern, choose what is important and what will be learned and make conclusions so easily understood by myself and others.

According Sugiyono (2005) Miles and Huberman cites the opinion that the activity in qualitative data analysis is done in an interactive and takes place continuously at every stage of research so as to completion, and the data until saturated.

RESULTS AND DISCUSSION

Readiness Communications

Communication is one of the means to disseminate information or orders from superiors to subordinates and from subordinates to superiors. The information provided should be clear, accurate in time delivery of information and information submitted must be consistent or significant permanent or not plus-added or subtracted.

According to Hovland, Janis & Kelley communication is a process through someone (communicator) deliver stimulus (usually in the form of words) with the aim of changing or shaping the behavior of others (Riswadi, 2006). While Harold Laswell said communication is basically a process that describes the "who" says what channel what to whom, and with what result or outcome.

Laswell paradigm indicates that communication includes five elements, namely communicator, message, media, communicant and effect.

JKN program policies made by the central government in this case the Ministry of Health are socialized to other interested parties through a socialization program JKN. JKN socialization at the General Hospital Dr. F.L. Tobing is done in cooperation with BPJS Sibolga, socialization is done by creating a meeting / conference or delivered at the time the apples or the circular letter to the hospital management, all nurses, specialists, general practitioners, and all associated with the hospital and the patient. Dissemination to patients conducted by the Health Office of Sibolga City and BPJS.

General Hospital Dr. FL. Tobing Sibolga is a hospital into a referral health services on the west coast of North Sumatera, where the policy JKN with BPJS as the responsible person must be involved in the program. In general, the communication between the hospital with BPJS no problem. BPJS which holds the mandate of the laws directly apply JKN automatically on January 1, 2014, including in cooperation with health care is the hospital. General Hospital Dr. FL. Tobing Sibolga with BPJS branches can work together with effective communication and better coordinate with each other.

Effective implementation will be realized if the implementation of policy implementation to know what will be done. George Edward III suggests three variables that can measure the success of the first communication, namely the transmission or distribution of information. Distribution of good information will produce good policy implementation as well. In this research , the distribution of information is good. Information about JKN received by the hospital received. This is due to the special meeting held to discuss the program with the BPJS JKN.

The second variable is the clarity of the information received by the policy implementer of policy makers should be clear and not confusing or ambiguous. In the results of this research showed that the informant was aware of the policy implementation JKN unknown content of information disseminated in the form of policy regulations, regulations on JKN, a presidential decree, the minister of

health regulations, the method of payment (contribution), referrals, benefit from JKN, the membership of the National Health Insurance, national formulary, e-catalogs, and the Compendium alkes and others concerning the JKN program, while the content (content) submitted by BPJS is PT. ASKES changes to BPJS health.

The third variable is the consistency. The information disseminated via the communication must be consistent, the information disseminated should be fixed and unchanging. Message JKN program has consistently delivered good message to implementing policy and to the parties concerned. This means that the individual is given the same message without any changes. It can be seen with the statement by the informant for the delivery of organizational communication socialization and mass communication in which media organizations to produce and disseminate widely the message to the public is through the media of radio, television, newspapers and leaflet and banners. This research is in line with research Lilian (2013) which is a form of socialization of health insurance programs carried out through leaflets and direct socialization kepadapasien who came for treatment at the health center Batua Makassar. Socialization among hospitals with BPJS done by a meeting between the leadership and the vision to unite the common goal for this JKN program. The unification of this vision should be able to bring the constitutional mandate JKN not to the interests of a particular institution.

Therefore, strong leadership can encourage implemtasi policies to conform with the original purpose as by USAID (2010), which states that leadership is a very substantial factor in policy implementation. Leaders at the top level is policy makers, technical breaker, which decided to cooperate or not on the institution they leads. Therefore, the leadership could be a solution to overcome the problems of communication between institutions that could impede the implementation of this JKN.

Good communication occurs for two reasons, first the intensity in establishing coordination and collaboration between the two institutions. The second is the lack of clarity in implementing this program. This happens because prior to the enactment of the JKN General Hospital Dr. FL. Tobing Sibolga

has been implementing the program JAMKESMAS and other health insurance programs.

The involvement of hospitals in the delivery of programs JKN the key factor in the success of the program. When linked existing socialization field are performed only at the device level only, while for the public to very little or very minimal. This is in line with research Muliaddin et al (2005) and research Riegel et al (2013) which states that the dissemination to the public still needs to be done and further optimized to provide insight to the public about the benefits of the health insurance program. In contrast to research Hastuti (2010) that the socialization conducted by the health department regarding the health program in health centers Magelang district is considered good enough.

Readiness Resources

In the implementation of the policy should be supported by the resources both human resources, material and regulations or guidelines. Goals, objectives and policy content, despite being communicated clearly and konsiten, but if the lack of resources to implement the, then the implementation will not run properly. The existence of factor resources in order to implement policies JKN Program plays an important role in the success of the policy implementasi, without adequate resources, what is planned will not be the same as what is ultimately implemented. Indicators of resources in the implementation of existing policy 3 that policy instrument that is the source of funds, human resources, and facilities.

Policy instruments related to the dissemination of information. No policy information in two forms, namely information relating to the way of doing policy implementation and compliance of information regarding the implementation of the implementing rules and laws that have been established. Policy instruments is one form of information that describes the program or activity that must be done in order to implement the policy, from the data informant mind that they have a policy instrument JKN program that is the president of the Republic of Indonesia regulation No. 12 Year 2013 on Health Insurance, regulation Republik health minister of Indonesia Number 71 of 2013 on health

care in the National Health Insurance. Regulation No. RI health minister 28 2014 on guidelines for the implementation of JKN program, health minister's decision No. 328 / Menkes / IX / 2013 on the national formulary, health ministerial regulation No. 59 of 2014 concerning the standard rates of health services in the administration of the program JKN, health ministerial regulation No. 27 2014 on technical guidelines Indonesian system Base Case Group (INA-CBGs) and others.

Funds or financial aspect is a very important aspect in supporting the implementation of policies JKN. Based on the survey results revealed that the financial resources in the implementation of JKN program in General Hospital Dr. FL. Tobing Sibolga prepared with the payment system (claiming) INA CBGs where hospitals are already doing education and training on computerized data management INA CBGs held in Jakarta. Based on the above statement can be concluded that the health resources or health personnel in the General Hospital Dr. FL. Tobing Sibolga classified prepared in providing health services in JKN program.

Human resources are not only talking about the number of health workers alone. Due to successful implementation of policies is also strongly influenced by the ability of (quality) of these resources. This is according to Edward III which states that the principal amount in analyzing the resources needed for the implementation of the policy is to analyze the magnitude and quality.

It was found that the availability of health workers in health service delivery in the era of JKN according to the informant is sufficient or adequate, but instead according to researchers both in terms of the amount still lacking, it can be seen from the number of available 204 bed compared with the amount Source its human General Hospital Dr. FL Tobing Sibolga which is about 338 people consisting of basic medical personnel (doctors and dentists), specialist doctors, nursing and midwifery personnel, medical support staff and non-medical support personnel. Human Resources for specialist doctors in the General Hospital Dr. FL Tobing Sibolga suffice as many as 17 people, just not all the medical specialists are / live in the city of Sibolga so if suddenly required will hinder the process of work in the General Hospital Dr. FL. Tobing Sibolga. This is in accordance with

the opinion of informants stated that for anesthesia personnel just one person, if the doctor is unable to attend the hospital will be shorthanded.

Nursing staff at the General Hospital Dr. FL. Tobing Sibolga also inadequate seen from the number of nursing personnel, only 164 people while 204 bed, based Pemenkes no. 340 / Menkes / Per / III / 2010 that the ratio of nursing staff and the bed was 1: 1, it is compared with the opinion of the informants who said that the nursing staff at the General Hospital Dr. FL. Tobing Sibolga is enough. Informants stated that education and training had been conducted by a team at the hospital JKN held in Jakarta for the management of computer data for INA CBGs. Training is needed not only for the power that would operate a computer for recording and reporting administration, but also health workers need to do the training, including the hospital director. Director of the General Hospital Dr. FL. Tobing Sibolga has never participated in the training because the director of the General Hospital Dr. FL. Tobing Sibolga only is the task of implementing the newly served by June 2014.

Observation and in-depth interviews to health facilities for aspects of the physical appearance of a physical building standard is good, the location is easy to reach the community, well-organized health services, medicines and consumables sufficient, for there are still some health facilities are lacking because of broken tools and still in improvements, such as a HD yet prepared at the General Hospital Dr. FL Tobing Sibolga and planned to be prepared in 2014, for the infrastructure still not ready because medical equipment is lacking and needs to be completed.

This research is in line with research conducted Luti et al (2012), which states that the condition of the facilities and infrastructure of health services in the district of Lingga archipelago area pretty much inadequate, eg medical devices, drugs, facilities, transportation, and communication tools so that access to reach or reach people is still inadequate.

Assessing the adequacy of health workers is not an easy thing. Differences in rural and urban areas in terms of sociological, geographic, demographic, infrastructure gives

trouble to create a standard of how the need for health workers in the hospital.

Based on the above it can be concluded that the information resources, funds, human and infrastructure related to one another. Although the policy instruments already owned by the informant, still required the deployment and administration of the instrument more so that implementers can find the National Health Insurance program as a whole. Funding for health insurance programs using INA CBGs and hospitals no difficulty because the existing hospital management training. Human resources already owned General Hospital Dr. FL. Tobing is sufficient and abilities they have been good. Facilities and infrastructure are still very limited, coupled with a tool is still inadequate.

Disposition Readiness

Other factors that are considered influential on policy implementation is the attitudes and perceptions of policy implementation to the task and its responsibility. If the executor behave like honesty, commitment to the democratic nature of a particular policy then it is likely they give support to the policy (Winarno, 2012). Integration of the characteristics of the structures. Patterns of behavior, interests, education, capabilities, and potential of a person.

Disposition is one important factor in the implementation of effective policies. If the policy implementers have a tendency or a positive attitude in the implementation of the policy implementation is likely to be run in accordance with the original purpose. And if the policy implementers to be negative then the implementation of the policy will not run effectively or even the implementation of the policy will fail.

Based on the research results get that from the disposition in the running policy were quite prepared JKN obtained from interviews to patients at the General Hospital Dr. FL. Tobing Sibolga well treated in inpatient and outpatient in the room stated that the attitude of specialist doctors, general practitioners, nurses, midwives and administrators in providing good health services, does not discriminate with other patients. The same thing was also stated by the head of medical services and treatments as well as chairman of the medical committee that they look

objectively attitude of health workers in providing better health services.

Referring to the above regarding the attitude of the implementers in the General Hospital Dr. FL. Tobing Sibolga, research findings show a positive attitude and support towards the implementation of JKN, the General Hospital Dr. FL. Tobing Sibolga Sibolga with BPJS branches have the same commitment to the program JKN. Commitments related parties is strongly needed in strengthening the implementation of this JKN. Hospital as health services are well-prepared mengintegrasikan themselves with this JKN program. BPJS constitutively already very ready to apply JKN, though always in the process of refinement.

Commitment is a predisposing factor in self implemetator a policy, then it is proper implementation of this JKN supported by the commitment of all parties concerned. Even if there are problems that commitment should be able to solve these problems by improving communication and coordination. When, in principle, all parties want to fix this JKN the operational constraints should also be addressed.

In applying JKN program director of the hospital should be able to have a positive attitude and be able to compile and menetapkan staff appropriately and selectively. A positive attitude shown by the ability to carry out their duties with full responsibility. A positive attitude held by the director of the hospital will affect the staff to be positive as well to the program, so that the staff are motivated and doing their best to carry out his duties. Proper staffing would also ensure the implementation of good policies. Someone will perform optimally when placed on the specialty.

Bureaucratic Structure Readiness

Although the resources to implement a policy of sufficient and implementers of what and how to do it, and they have a strong desire to do so, the implementation could be ineffective because ketidakefisiensinya bureaucratic structure.

The policies are so complex demands the cooperation of many people, when the bureaucratic structure is not conducive to the policy, then this will lead to resource becomes ineffective and impede the course of policy. Bureaucracy as implementing a policy must be

able to support policies that have been decided by way of a well coordinated. In this research , the standard bureaucratic structure that is intended is Standard Operating Procedure (SOP).

Based on the results of the research showed that the standard operational at the General Hospital Dr. FL. Tobing Siboga in the implementation of this JKN ready. It can be seen from the secondary data that the author can General Hospital Dr. FL. Tobias has been carrying out accreditation and obtain the value of "B".

An operational standard-setting concrete efforts in maintaining the quality of health services. Various countries are implementing national health insurance implement operational standards for the implementation of health care. For example in Ghana to implement that facility health care providers should provide standardized equipment and services. Later in the Philippines which sets standards that health care must have been operating for 3 years and is accredited and must conform to the standards Phil Healths especially in the relationship between human resources, equipment, and physical structure (Hsiao, 2007).

CONCLUSION

Based on the results of this research concluded that:

1. Readiness Communications
Communication about JKN already quite ready and well established where hospitals in the dissemination of cooperation with BPJS to socialize in hospital visits from their banners installed in some parts of the hospital.
2. Readiness Resources
 - a. Health manpower resources in running JKN program can't meet the health care has not been effective due to the quantity and quality of resources available health workers have not been adequate.
 - b. The readiness of health facilities in the program so far have not seen JKN readiness due to the infrastructure that still need to be completed
3. Readiness Disposition
Commitment as one form of disposition in carrying out policies JKN ready. Overall

the parties have agreed and are committed to implement JKN as well as possible.

4. Readiness Bureaucratic Structure
Coordination of JKN program in General Hospital Dr. FL. Tobing BPJS Sibolga Sibolga to run properly. Hospitals as health care providers are ready to provide services and BPJS as the giver of the budget prepared by claiming system.

ADVICE

5. Communication
Expected to hospitals and BPJS order to improve socialization JKN with clear information dissemination and provide technical guidance JKN in order to provide information and socialization completely and correctly to all employees and staff in the hospital.
6. Resources
 - a. Expected to hospitals in order to meet the human resource needs by proposing health workers and improve the quality of health personnel in accordance with the needs of patients through training.
 - b. Recommended to the hospital to pay more attention and increase more facilities facilities and infrastructures in accordance with the strategic plan of the hospital.
7. Disposition
Expected to hospitals to be able to maintain a good commitment to conduct regular meetings, and carry out monitoring and evaluation in order to improve JKN services at the General Hospital Dr. FL. Tobing Sibolga
8. Structure of Bureaucracy
Expected hospital with BPJS can maintain and improve the coordination for the smooth implementation of JKN in Sibolga City.