

Research Article



Drug Cost Analysis on Universal Health Coverage Membership Types and Patients Age for Top Five Diseases in Yogyakarta Public Health Center

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ABSTRACT

Universal Health Coverage (JKN) was Indonesia government's program to provide health assurance for citizens. Through Health Care and Social Security Agency (BPJS), the program joined with Puskesmas as of the first-level health services facility (FKTP) for citizens to access. An inequality in health services including pharmacy services between different health insurance types was still to be found. To achieve the goal of JKN, hence FKTP must have a good and equal service especially for most frequent diseases that been treated in Puskesmas DI Yogyakarta. In this study researcher wanted to analyse and see the difference of prescription cost from patients' ages point of view. This study is a retrospective observational analytic by using medical prescriptions from January to June 2015 that were obtained from several Puskesmas in D.I Yogyakarta. Kruskal-Walis Test was performed to conduct whether there was a difference of prescription cost from among health insurance types. Based on the data, it can be concluded that there was no significant difference between health insurance types in Puskesmas in DI Yogyakarta. Therefore Puskesmas in DI Yogyakarta has equalized pharmacy and drug services among health insurance types. It shows by statistical test result with $P > 0.05$ for each disease.

Keywords: BPJS, Prescription cost, top five diseases, Puskesmas, type of health insurance.

INTRODUCTION

There are several kinds of Health Facilities (Faskes) that are included in the National Health Insurance (Jamkesmas), Social Insurance for Human Resources (Jamsostek), Health Insurance (Askes) for government officials of pension receiver and Local Health Financing Scheme (Jamkesda). There are many types of FASKES and the difference of evaluation standard of FKTP, in this switchover can cause the difference of quality service accepted by JKN patients that influence toward the satisfaction of patients. On the other hand the government through Health-BPJS implements otimalization program for primary service, so that FKTP is required to give primary health service. The first level of Health Facility (FKTP) in JKN era should give comprehensive primary service with health service quality is the priority. The satisfaction and patient safety are very important in the health service in the era of JKN. Several factors that influence satisfaction is patient characteristics include education, employment, income and membership status, and service in systems JKN include services JKN and pharmacy services in the era of JKN have a significant relationship with patient satisfaction in primary health care facilities¹⁴.

National Health Insurance (JKN) that is organized by BPJS divided into categories of Tuition Assistance Recipient (PBI) and non PBI. Special PBI category for the poor who are members of Jamkesmas. Where non PBI category was for the government officials, Indonesian National Arm Forces (TNI), Indonesian National Police who are members of Askes along with for the members with the fee is paid by each company. The previous research

shows that satisfaction index of Non-PBI members in the level FKTP is 80% -81%, for the new members (not ex-ASKES nor ex-Jamkesmas and Jamkesda), satisfaction index in FKTP is 80%. If we see how long the members of Health-BPJS, that divided into three groups, they are ex-members of ASKES, ex-members of Jamkesmas, Jamkesda, along with the new members, we can see that satisfaction index of ex-members of ASKES is a little low, it is 78% in the level of FKTP. For ex-members of Jamkesmas/Jamkesda, satisfaction indeks in FKTP is 79%. Meanwhile, for the new members (not ex-ASKES or not ex-Jamkesmas and Jankesda), satisfaction index in FKTP is 80%. Analysis toward open end of ex-ASKES members, we can see that the satisfaction level is relatively low, in general it is because of the service that they accept now, is not as good as service the accepted when they are members of ASKES (Public Relation of Health-BPJS, 2015).

According to the primary health service quality research of patient who uses assurance of health insurance tends less satisfaction. Quality Service Research of Puskesmas Sukorame District in Kediri city on the basis of payment system reviewed from customer's perception shows that different quality of health services toward patients on the basis of payment¹⁹. The difference of health service is caused by less competition of service personnel, drug prescription system, references system of patients, facility access to health services, the availability of facility and physical condition of that environment². The difference of quality service also caused by the government restriction (for Jamkesmas patients) and PT Askes (for Askes' patients). This restriction influence drug delivery to patients, FKTP should deliver drug in



accordance to the list of drugs that has been written, there are several medical treatment that are not certified, or only be certified up to certain limit. Because of this limit, the doctor can't be maximal to determine what treatment and kind of treatment that can be given to Jamkesmas or ASKES patients, so that patients feel that they are discriminated¹⁸. Quality service that is received by Jamkesmas patients from the provider (doctor, nurse, midwife and administration staff) the average of 6,9 points lower than quality service received by government employees ASKES patients. The difference of statistical significant ($p < 0,001$).³ The satisfaction and patient safety are very important in the health service in the era of JKN. Several factors that influence satisfaction is patient characteristics include education, employment, income and membership status, and service in systems JKN include services JKN and pharmacy services in the era of JKN have a significant relationship with patient satisfaction in primary health care facilities¹⁴.

Decree of Ministry of Health No. 71 year 2013 regarding Health Service of National Health Insurance explains that drugs prescribed including to the benefit coverage for members. JKN program assure the members to get access of drug facility easily. The government conducts an effort with utilization management to see how to use drugs in the health facility. The objection of utilization management is to make sure that members accept the service in accordance to the good quality and efficient cost (Mukti, 2004). To improve access of health facility, the government implemented National Health Insurance (JKN) that conducts efficiency and using drugs rationally. Insurance system contributes to determine the price of drugs. Cost of drugs has proportion around 15% in the government service facility. The cost that is calculated with actual cost is higher compared to normative cost, so that the factors such as ages, treatment period, drugs stocks should be calculated in the estimation of drugs cost. Access equity to the health service constitutes the objection of National Health Insurance in Indonesia. Enhancement of health cost will aggregate economic

$$PC = \frac{DDD}{Dose\ Strength} \times Duration\ of\ Treatment \times Unit\ Price\ of\ Drugs$$

Result of calculation of actual *Prescription Cost* each prescription in one type of diagnoses of the same disease shows several differences of PC value. The difference of that prescription can happen because socio-demography of doctor who writes the prescription and other factor related to doctor practice can influence the doctor in prescribing the drugs⁸. Other potential causes the difference in prescription cost is level of severity of diseases⁵.

RESULT AND DISCUSSION

From 10 Top Diseases in the period of January – June 2015 in Puskesmas of each regency can be collected with SIMPUS method combination of *p-care* system. Result gotten in each Puskesmas then averaged and determined

burden for all of stake holders' health insurance¹⁰. On the basis of that background so that this research objective is to see utilization of drugs of Five Top Diseases in Puskesmas DI Yogyakarta during JKN era.

METHODS

The choice of that location is based of high rate of total number of visit by patients, it reaches 80-150 patients each day along with Puskesmas has sufficient health manpower so that data can be collected well. Puskesmas located in Sleman regency that is used as research location are Kalasan Puskesmas, Ngemplak 2 Puskesmas, and Mlati 1 Puskesmas. In Bantul regency are Banguntapan 2 Puskesmas, Pleret Puskesmas and Sewon 1 Puskesmas. In Yogyakarta City are Mergangsari Puskesmas, Tegalrejo Puskesmas and Jetis Puskesmas. Research subject used is all of adult patients with primary diagnose of Five Top Diseases in Puskesmas.

Collection of data done by observing data resources, they are prescription data, medical record data, Management Information System (SIM) and pharmacy installation. Sample used is 783 pieces of prescriptions that spread in three Puskesmas in each regency especially for 5 Top Diseases in Puskesmas. The method used is proportional method. Total number of samples showed total number of prescriptions that will be taken to calculate actual *prescription cost* value.

Data Processing by calculating actual *prescription cost value*. Data that gotten then analysed through computerized statistical program with *Kruskall-Wallis* method. This method is used to see the difference of *prescription cost* value inter types of members and inter age groups.

Actual *prescription cost* value gotten by multiplying unit cost from drugs item in the prescription with total number of the drugs. In short, formula to calculate *prescription cost* is:¹⁵

PC = Total Number Drugs Received by Patients x Unit Cost of Drugs.

Five Top Diseases in each regency. Data of Five Top Diseases in each regency can be seen in Table 1.

Types of Memberships

According to Faden (2011) there is a relationship between type of health insurance and the difference of prescribed drugs, gap difference on therapy given, the difference of using of drugs on patients particularly chronic disease, and also level of obedience during regime therapy. This will influence the patient's satisfactory. In this research there are types of memberships, ASKES memberships, BPJS memberships and JAMKESMAS memberships. Data of total visit type of membership on each disease can be seen on the following table 2.



Table 1: Data of Five Top Diseases in each Regency

Diagnosis	Total
Yogyakarta City	
Primary Hypertension	12.440
Non Specific of Upper Respiratory Tract Infection	6.264
Mellitus Diabetes	5.122
Myalgia	3.307
Dyspepsia	1.973
Sleman Regency	
Primary Hypertension	4.900
Pulpa Disease dan Periapikal Tissue	3.716
Non Specific of Upper Respiratory Tract Infection	4.318
Dyspepsia	3.167
Common Cold/ Akut Nasopharyngitis	2.477
Bantul Regency	
Common cold	6.834
Primary Hypertension	4.731
Myalgia	3.396
Mellitus Diabetes	3.173
Fever	1.881

Actual *prescription cost* values used in analyzing drug cost inter type of memberships. Actual *prescription cost* value of each sample that has been calculated analyzed with computerized statistical methods. This is because there are more than two groups so that *kruskal-wallis* test is used.

Table 2: Data of Total Number Types of Memberships in Puskesmas DI Yogyakarta

Yogyakarta City			
Names of Diseases	ASKES	BPJS	JAMKESMAS
Primary Hypertension	120	91	124
Non Specific-Upper Respiratory Tract Infection	45	49	75
Mellitus Diabetes	50	42	46
Myalgia	25	37	27
Dyspepsia	14	15	24
Sleman Regency			
Primary Hypertension	43	62	102
Pulpa Disease and Periapical Tissue	28	58	71
Non Specific-Upper Respiratory Tract	23	67	92
Dispepsia	40	58	35
Common Cold/ Akut Nasopharyngitis	33	38	33
Bantul Regency			
Common cold	16	232	48
Hypertension	6	140	16
Myalgia	6	96	27
Mellitus Diabetes	7	98	20
Fever	4	59	8

Table 3: Result of Kruskal Wallis Test of Type of Memberships Health Insurance Puskesmas

Yogyakarta City					
No	Diagnosis	Type of Memberships	n	Result of Kruskal-Wallis test	
				Mean \pm SD (Rp)	P
1	Primary Hypertension	ASKES	120	1.980 \pm 1.387	0,060*
		BPJS	91	1.541 \pm 718	
		JAMKESMAS	125	1.810 \pm 886	
2	Non Specific-Upper Respiratory Tract Infection	ASKES	45	2.812 \pm 2.101	0,638*
		BPJS	49	3.206 \pm 2.269	
		JAMKESMAS	75	2.969 \pm 2.266	
3	Mellitus Diabetes	ASKES	50	4.363 \pm 2.578	0,696*
		BPJS	42	3.179 \pm 1.609	
		JAMKESMAS	46	3.673 \pm 1.983	
4	Myalgia	ASKES	25	1.806 \pm 901	0,381*
		BPJS	37	2.065 \pm 910	
		JAMKESMAS	27	2.233 \pm 1.114	
5	Dyspepsia	ASKES	14	1.815 \pm 633	0,343*
		BPJS	15	1.493 \pm 523	
		JAMKESMAS	24	1.462 \pm 715	



Sleman Regency					
No	Diagnosis	Type of Memberships	n	Result of <i>Kruskal-Wallis test</i>	
				Mean \pm SD (Rp)	P
1	Primary Hypertension	ASKES	43	2.067 \pm 1.022	0,094*
		BPJS	62	1.619 \pm 756	
		JAMKESMAS	102	1.818 \pm 860	
2	Pulpa dan Periapikal	ASKES	28	2.935 \pm 2.135	0,426*
		BPJS	58	2.466 \pm 2.382	
		JAMKESMAS	71	3.692 \pm 3.602	
3	Upper Respiratory Tract Infection	ASKES	23	2.724 \pm 1.643	0.136*
		BPJS	67	2.840 \pm 2.622	
		JAMKESMAS	92	3.362 \pm 1.961	
4	Dyspepsia	ASKES	29	1.263 \pm 523	0.099*
		BPJS	69	1.693 \pm 896	
		JAMKESMAS	35	1.282 \pm 346	
5	<i>Common Cold</i>	ASKES	24	1.630 \pm 369	0.395*
		BPJS	38	1.825 \pm 451	
		JAMKESMAS	42	2.136 \pm 1.080	
Bantul Regency					
No	Diagnosis	Types of Memberships	n	Result of <i>Kruskal-Wallis test</i>	
				Mean \pm SD (Rp)	P
1	Common Cold (Nasopharingitis Akut)	ASKES	16	2.908 \pm 2.229	0,280*
		BPJS	232	2.193 \pm 1.086	
		JAMKESMAS	48	2.323 \pm 1.162	
2	Primary Hypertension	ASKES	6	1.870 \pm 591	0,254*
		BPJS	140	2.306 \pm 1.291	
		JAMKESMAS	16	3.165 \pm 2.121	
3	Myalgia	ASKES	6	2.385 \pm 1.094	0,212*
		BPJS	96	2.275 \pm 824	
		JAMKESMAS	27	2.575 \pm 844	
4	Mellitus Diabetes	ASKES	7	5.926 \pm 3.546	0,162*
		BPJS	98	4.965 \pm 2.766	
		JAMKESMAS	20	3.733 \pm 2.200	
5	Fever, Unspecified	ASKES	4	913 \pm 87	0,052*
		BPJS	59	2.440 \pm 2.125	
		JAMKESMAS	8	1.292 \pm 717	

According to statistical result P value of all Puskesmas is bigger than 0.05. This shows that value of actual *prescription cost* among types of memberships is not different significantly. On the basis of previous and this research data it can be concluded that DI Yogyakarta is capable to give service inter kinds of memberships. Puskesmas in the DI Yogyakarta is capable to give pharmacy service in accordance to the implementation of service principle in JKN era, it states that health service insurance is valid in all Indonesia territory and medical service is applied for all of Indonesian inhabitants.¹¹ Research is in accordance to Law No. 36 that health

constitutes human right in improving level of public health and on the basis of nondiscriminative. It means there is no discrimination treatment in all things including in conducting therapy.

Previous research in Manado explains that there is no discrimination of treatment service quality, one of them is in giving therapy.¹² Equal service can influence the patient's perception toward JKN. Previous findings says that respondents with good perception has 3,1 times bigger to utilize health service in Puskesmas. Perception factor regarding Universal Health Coverage (JKN),

together with Askes Service along with perception toward treatment of health official has meaning relationship and with utilization of health service in Puskesmas.¹³

It is difference with the previous research. According to Trisnawati (2015) there is a meaningful difference between hope's and respondent's perception in the era of implementation of Askes and JKN also there is meaningful difference between the satisfactory of respondent in the era of implementation of Askes and JKN in RSUP Dr. Sarjito Yogyakarta. The satisfactory of patient or member of insurance constitutes one of factors that can be used as a reference in determining if a

program conducted is success or not.²⁰ Management of health service that less achieves the society, hopefully can be solved, so that there is no term of discrimination of health service and all groups can access that service.¹

Age of Patients

In this research the ages of patients is not the same and most of them are at the age of 40 up to 60 tahun. So that it is necessary to classify the ages to make it easier in the process of analysis. The determined category is the age of < 45 tahun, the age of 45-65 ears, and > 65 tahun on the basis of ages classification explained by the Ministry of Health of the Republic of Indonesia (2009).

Table 4: Total Number of Samples on the basis of Ages

Yogyakarta City					
Ages	Hypertension	Not specific of Upper Respiratory Tract Infection	Mellitus Diabetes	Myalgia	Dyspepsia
<45	16	68	7	9	9
45-65	292	95	121	71	40
>65	27	6	10	9	4
Sleman Regency					
Ages	Hypertension	Pulpa	Upper Respiratory Tract Infection	Dyspepsia	Common Cold
<45	32	120	97	62	53
45-65	110	33	71	43	41
>65	65	4	14	28	10
Bantul Regency					
Ages	Common Cold	Hypertension	Myalgia	Diabetes Mellitus	Fever
<45	216	22	50	25	50
45-65	67	100	59	89	14
>65	13	40	20	11	7

According to Puspandari (2015) Variables that influence toward cost of breast cancer patient's drug including the characteristics of patients (age, duration of treatment, using of ICU), health facility characteristics (stock of drugs disruption) and location of health facility. So that it is necessary to analyze actual prescription cost value for each sample to see if there is a relationship between cost of drug and ages factor. This research used computerized statistical analysis of *Kruskall Wallis test*.

From the above analyse result shows that there is no difference of actual *prescription cost* value inter ages group. This is different with the previous research shows that there is a significant difference between drug cost per piece for patients under five years, babies, children, adult, and elderly with P value 0,00.⁷

From this research it can be seen that age is not the only factor that determine the total cost of drug. Level of severity is factor that influence in determining drug and the effect in the difference price of drug. Level of severity constitutes limitation in research because the researcher cannot see that only from the prescription. The higher therapy class of drug, the price is not always more expensive.

Patient's factor influence prescriber cannot be seen in this research. Where actually it is possible for patient to influence the *prescriber* in determining total and type of given drug.

Table 5: Result of Uji *Kruskal Wallis* Analysis of Patient's Age

	Yogyakarta City				
No	Diagnosis	Ages	n	Result of <i>Kruskal-Wallis test</i>	
				Mean ±SD (Rp)	P
1	Primary Hypertension	< 45	16	1.655 ± 358	0,166
		45-65	292	1.769 ± 718	
		>65	27	2.101 ± 678	
2	Not Specific-Upper Respiratory Tract Infection	< 45	68	3.423 ± 2.179	0,055
		45-65	95	2.615 ± 2.170	
		>65	6	4.270 ± 1.982	
3	Mellitus Diabetes	< 45	7	4.129 ± 2.043	0,260
		45-65	121	3.837 ± 2.204	
		>65	10	2.747 ± 2.551	
4	Myalgia	< 45	9	1.926 ± 997	0,216
		45-65	71	1.827 ± 1.005	
		>65	9	2.205 ± 785	
5	Dyspepsia	< 45	9	1.616 ± 446	0,784
		45-65	40	1.508± 616	
		>65	4	1.918± 1.256	
	Sleman Regency				
1	Primary Hypertension	< 45	32	1.621 ± 913	0,240
		45-65	110	1.836 ± 773	
		>65	65	1.858 ± 1.017	
2	Pulpa dan Periapikal	< 45	120	3.237 ± 3.206	0,543
		45-65	33	2.636 ± 2.165	
		>65	4	2.962 ± 2.677	
3	Upper Respiratory Tract Infection	< 45	97	3.148± 1.827	0,127
		45-65	71	2.939±2.690	
		>65	14	3.423±1.972	
4	Dyspepsia	< 45	62	1.594 ± 803	0,057
		45-65	43	1.563 ± 786	
		>65	28	1.184 ± 304	
5	<i>Common Cold</i>	< 45	53	2.023 ± 820	0,089
		45-65	41	1.802± 766	
		>65	10	1.703± 555	
	Bantul Regency				
1	Common Cold (Nasopharyngitis Akut)	< 45	216	2.255 ± 1.096	0,576
		45-65	67	2.297 ± 1.536	
		>65	13	1.989 ± 822	
2	Primary Hypertension	< 45	22	2.349 ± 1.301	0,999
		45-65	100	2.245 ± 1.206	
		>65	40	2.217 ± 1.295	
3	Myalgia	< 45	50	2.544 ± 865	0,069
		45-65	59	2.258 ± 853	
		>65	20	2.090 ± 662	
4	Mellitus Diabetes	< 45	25	5.315 ± 2.828	0,523
		45-65	89	4.577 ± 2.707	
		>65	11	5.676 ± 2.958	
5	Fever, Unspecified	< 45	50	1.698 ± 1.432	0,223
		45-65	14	2.975 ± 2.558	
		>65	7	2.430 ± 2.933	

CONCLUSION

From the research can be concluded that there is no significant difference of actual prescription cost value inter types of memberships and ages group. This is evidenced by result of statistical analysis $P > 0.05$.

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