

# Editorial Note

## Medical Rehabilitation and National Health Insurance Era in Indonesia

Rehabilitation has become one of the keys to health strategy for the 21st Century. Demographic and epidemiological shifting trends to the rise in life expectancy and the growing number of chronic non-communicable diseases are creating rehabilitation needs. However, the capacity to provide rehabilitation is still limited or non-existent and fails to adequately address the needs of the population. In 2017 WHO has made a strategy to scale up rehabilitation for greater awareness and advocacy, also increase investment into rehabilitation workforce and infrastructure known as Rehabilitation 2030: A Call for Action. Therefore countries are called to coordinate and concert global action towards strengthening rehabilitation in health systems, including in Indonesia.

Indonesia, with a population of 262 million people spread over 17.744 islands, presents unique challenges for health systems and universal health coverage (UHC). Indonesia launched a comprehensive UHC program called the National Health Insurance System (NHIS) or *Jaminan Kesehatan Nasional (JKN)*. The novel UHC system introduced in 2014, focused on improving health equity and service access, managed by a public entity named *Badan Penyelenggara Jaminan Sosial Kesehatan (BPJS)*.

Medical rehabilitation is a health service covered by NHIS in Indonesia. Rehabilitation service access and utilization have been the 10 of highest services volume in NHIS. Despite providing and accommodating wide health care, rehabilitation service remains challenging. The Indonesian case-based group (INA-CBG) and payment scheme has been based according to diagnosis in ICD 10 and ICD 9 classification. Unfortunately, this scheme is not well suited to the Medical Rehabilitation services payment, where the payment scheme is not only based on diagnosis but also functional limitations (degree of disabilities). One diagnosis may have a different degree of disability and therefore will affect the treatment cost.

Other challenges include an inadequate number and quality of rehabilitation health care facilities, an insufficient number of rehabilitation practitioners (Physical medicine and rehabilitation specialists and other health practitioners such as physiotherapists, occupational therapists, speech therapists, and orthotist prosthetists). Besides, we are still suffering from the limited number of covered assistive devices, orthosis and prosthesis. As well as inadequate health equipment supplies, as a result of the geographic issue caused unequal distribution throughout the nation. Accumulation of these challenges may lead to limited accessibility to rehabilitation health care facilities, quality of service, existence, and development of a rehabilitation health system.

In conclusion, efforts focused on establishing infrastructure and human resources, creating and updating the INA-CBGs, with complete coverage will enhance a better health care system. Moreover, investments in promotive and preventive actions are needed to reduce morbidity and disability. These challenges are not only the responsibility of the government, but also of all stakeholders to ensure the sustainability of the national health insurance system in Indonesia.

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