

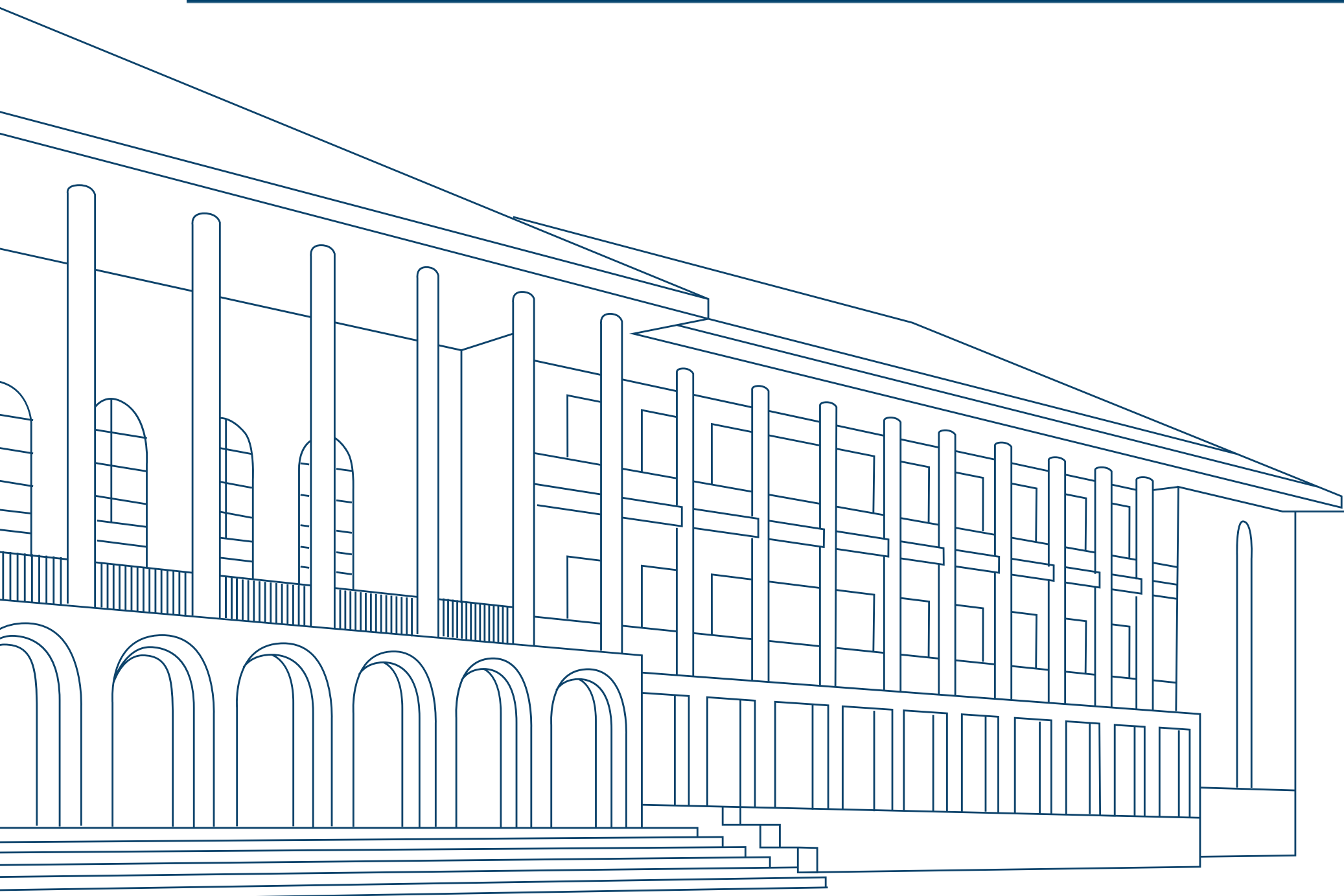


Universitas Gadjah Mada
Faculty of Medicine, Public Health, and Nursing
Department of Child Health



Peran pemimpin Klinis dalam menggerakkan Learning Health System di Layanan Kes Anak

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RSUP Dr. Sardjito



LOCALLY ROOTED,
GLOBALLY RESPECTED

ugm.ac.id

Outline

1

Peran pemimpin klinis

2

Pemahaman tentang Learning Health System

3

Bagaimana peran pemimpin klinis dalam pelayanan kesehatan anak
Implementasi dari WS Leadership for Learning Health System 2023 di University of Melbourne

4



A 2-weeks program (21 participants)

- Panel discussions
- Group discussions
- Expert lectures
- Role plays
- Ward visit: infectious diseases ward and outpatient clinic, adolescent health

Participants from

- Indonesia
- Myanmar
- Laos
- Vietnam
- Fiji
- Vanuatu

Topics pelatihan

Leading change

Problem solving

**Feedback,
coaching,
debriefing**

**Help the health
system learn**

**Quality
improvement**



1

Pemahaman tentang Learning Health system

Bagaimana peran clinical leader di dalam pelayanan



Berindak sebagai:

- **Pimpinan kelompok:** memberi konsultasi, menjawab rujukan, komunikator, mencari solusi terhadap permasalahan
- **Mentor:** bagi fellow, residen, dokter muda
- **Pelatih/ Coach**
- Memastikan **berjalannya praktik terbaik**
- Memastikan **suara pasien didengar** dalam pengambilan keputusan

3 C's of effective change

- **Collaborate**
 - Work across teams/siloes
 - Avoid competition
- **Communicate**
 - Focus on the “why”
 - Not just the “what” of change
 - Create engagement and motivate
- **Commit**
 - Persist, it takes times
 - Model the needed values, behaviour and give time to the effort



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Leading the change

- Change is hard
- Leadership is often about leading change
- We often talk about change is positive
- But with every change , someone losses

Learning Health System **(sistem kesehatan yang belajar)**

pengetahuan dari data dan pengalaman internal digabungkan dengan bukti eksternal dan secara rutin dipraktikkan untuk meningkatkan perawatan/ pelayanan dan kesehatan pasien .



What is a **Learning Health System?**

A system in which **internal data and experience** are systematically **integrated with external evidence**, and that knowledge is seamlessly put into daily clinical practice, to **continually improve healthcare delivery.**

Learning Health Systems

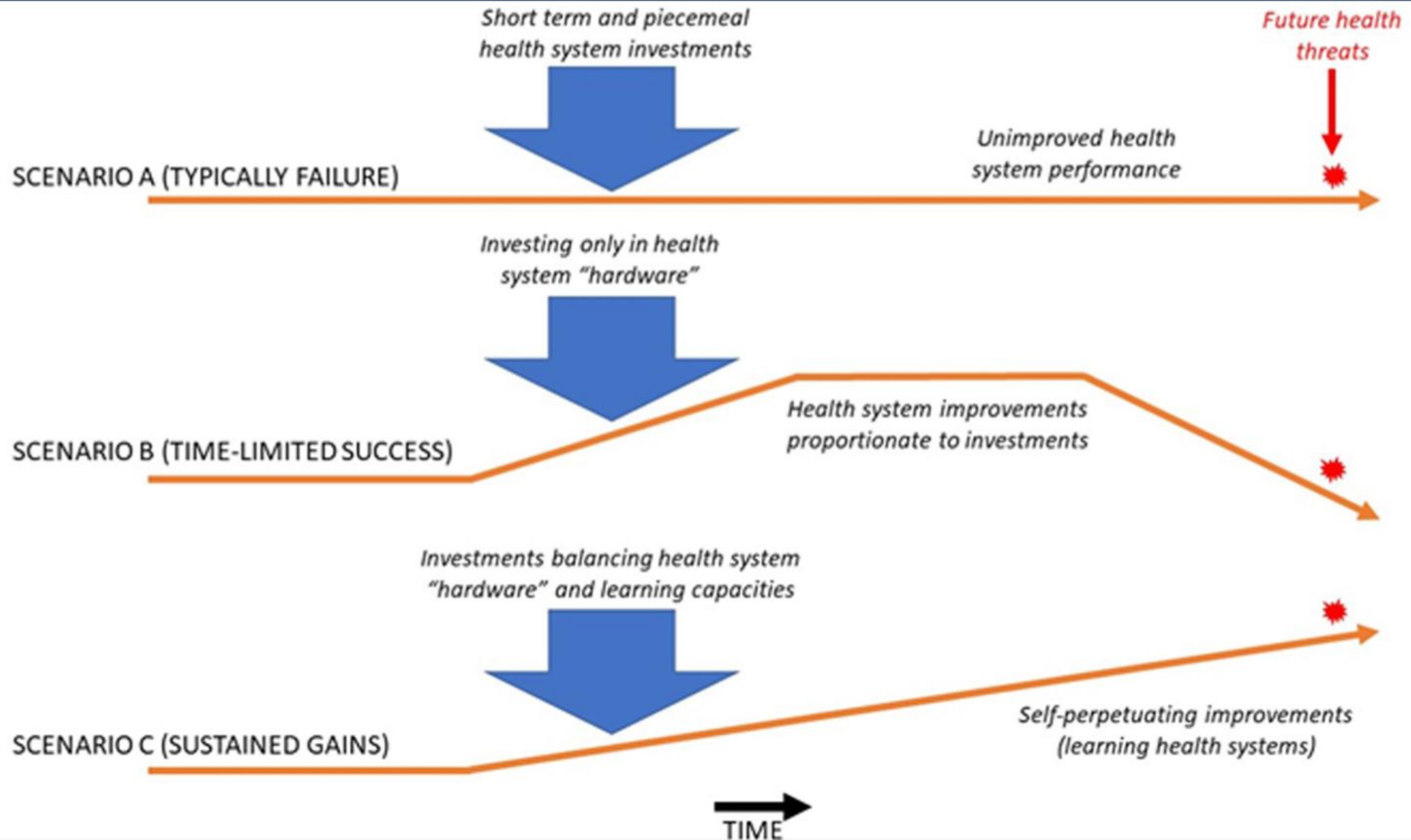
What is Learning Health System (LHS)?



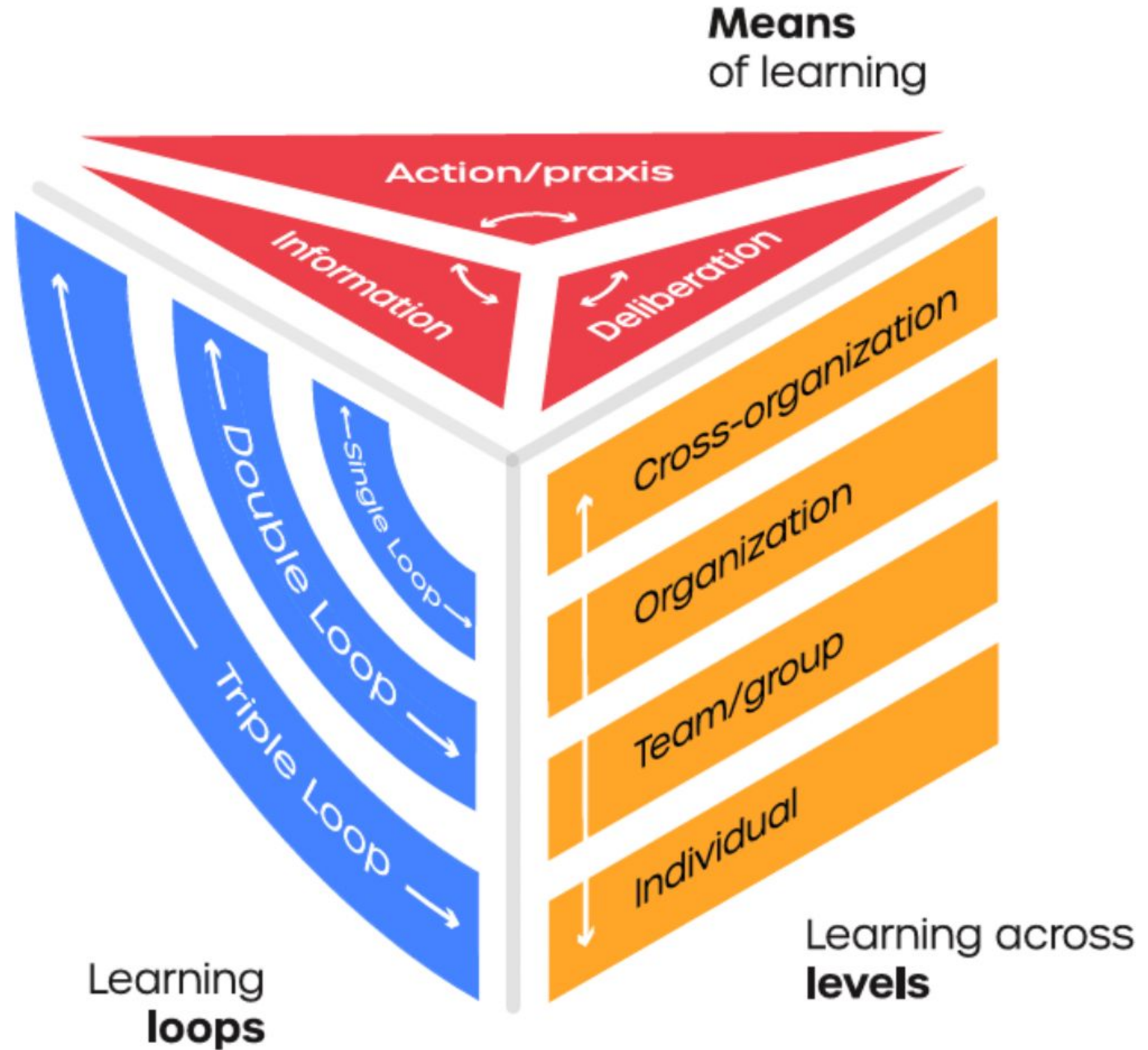
Systematically gather and create evidence.

Apply the most promising evidence to improve care.

Strong health systems are Learning Health Systems



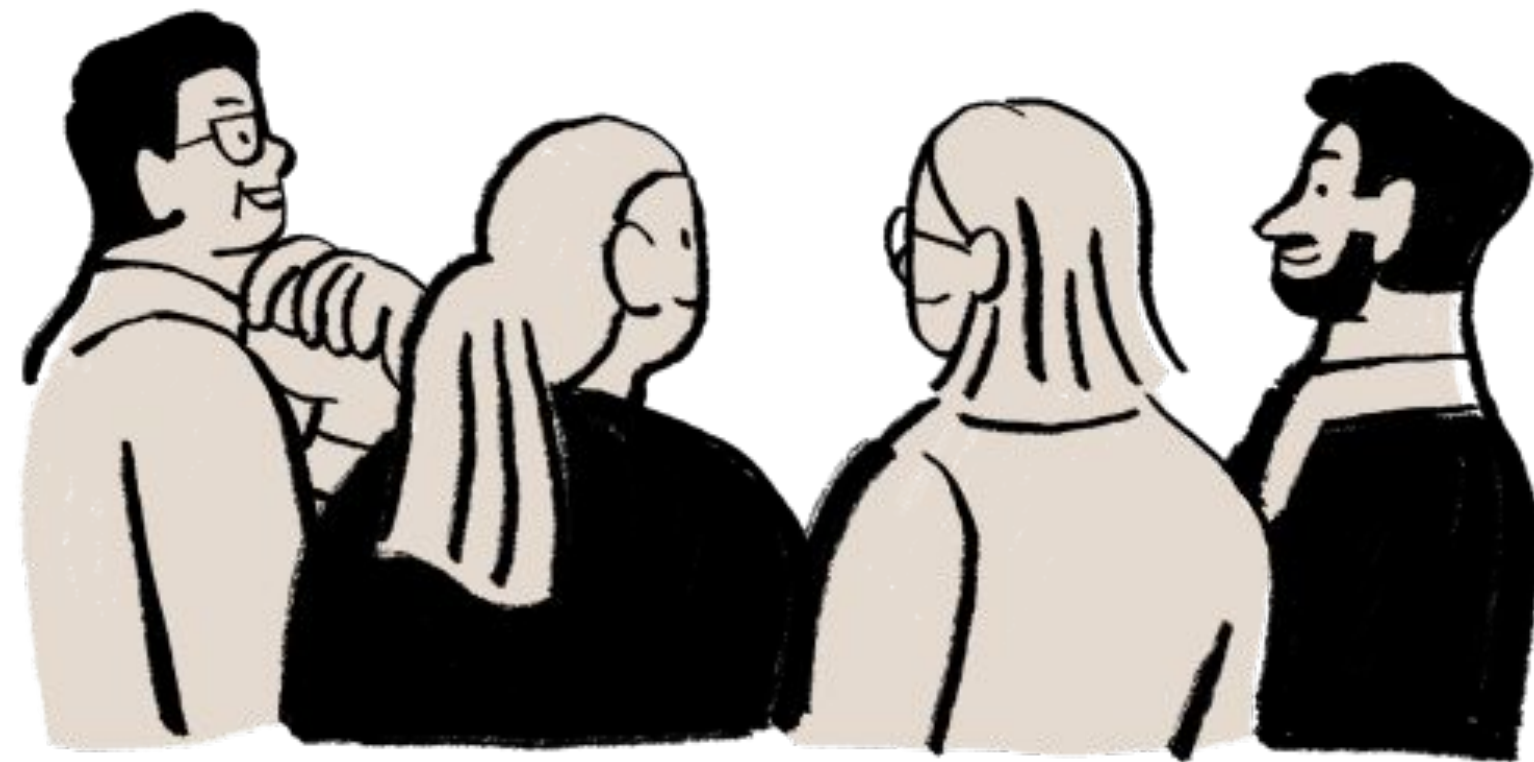
How do systems learn?



LEVELS of LEARNING (Learning loops)

Konsep Learning Health Systems memperkenalkan mekanisme pembelajaran berulang atau *learning loops*:

- 1. Single-Loop Learning:** Ini adalah siklus “koreksi kesalahan” paling dasar. Prinsipnya: “Jika hasilnya belum baik, ubah tindakan kita.” Misalnya, jika data menunjukkan waktu tunggu pasien di poli terlalu lama, rumah sakit menambah jam praktik dokter. Tindakannya diubah, tetapi asumsi dasarnya tidak.
- 2. Double-Loop Learning:** Ini adalah pembelajaran yang lebih dalam, di mana kita tidak hanya mengubah tindakan, tetapi mempertanyakan *asumsi*, aturan, dan cara berpikir di baliknya. Prinsipnya: “Jika hasilnya belum baik, ubah aturan dan cara berpikir kita.” Dalam kasus yang sama, RS mungkin bertanya, “Mengapa alur pendaftaran kita begitu rumit? Apakah sistem triase kita sudah tepat?”
- 3. Triple-Loop Learning:** LHS modern mendorong hingga ke level ini, yang disebut “belajar cara belajar” (*learning how to learn*). Fokusnya adalah transformasi fundamental: mengubah cara berpikir, paradigma, dan nilai-nilai dasar organisasi. RS tidak lagi bertanya soal alur, tetapi “Bagaimana kita mendesain ulang *seluruh* pengalaman pasien (patient journey) agar fokus pada pasien, bukan pada kenyamanan alur internal kita?”



***What was next* setelah kembali
dari Melbourne?**

Melakukan diseminasi : Leadership in Learning Health System Course in Yogyakarta

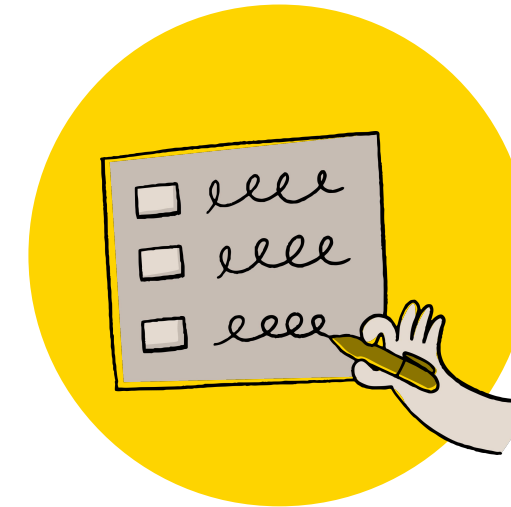
Target Audience



The program is designed for:

- Early to mid-career professionals in the health sector (staf muda di Dept, prodi, Pusat, Lab FKKMK UGM)
- Researchers in health sciences
- Individuals aspiring to take on leadership roles in healthcare

Topics



- Introduction to Learning Health Systems
- Keynote lectures from leading experts in the field
- Workshops on leadership practices and skills
- Group discussions focused on real-world health system
- **Networking sessions and mentorship**
Modifikasi dari modul original sesuai kebutuhan dan kondisi setempat opportunities


LLHS Course in Yogyakarta


UNIVERSITAS GADJAH MADA
FAKULTAS KEDOKTERAN, KESEHATAN MASYARAKAT, DAN KEPERAWATAN


Pusat Kajian Kesehatan Anak (PKKA-PRO) & Departemen Ilmu Kesehatan Anak Present :

LEADERSHIP FOR LEARNING HEALTH SYSTEM PROGRAM IN INDONESIA


Panel Discussion



Prof. dr. Adi Utarini, M.Sc, MPH, Ph.D
FK-KMK UGM



Prof. dr. Yodi Mahendradhata, M.Sc, Ph.D, FRSPH
FK-KMK UGM



Prof. dr. Mei Neni Sitaresmi, Sp.A(K), Ph.D
FK-KMK UGM


Fasilitators


Prof. Amy Gray, MD, Ph.D
University of Melbourne
Australia


Lichin Lim
University of Melbourne
Australia


Dr.dr. Ida Safitri Laksanawati, Sp.A(K)
FK-KMK UGM


dr. Eggi Arguni, M.Sc., Ph.D., Sp.A (K)
FK-KMK UGM


dr. Braghmandita W. Indraswari, M.Sc., Sp.A (K)
FK-KMK UGM

Date: 2-3 July 2024

Time: 08.00 am - 16:00 pm

Location: Auditorium of Tahir Building, 8th floor

FOR FURTHER INFORMATION

profkkmkgm@gmail.com

081250240578 (Fitri)





Implementasi Learning Health System di setting pelayanan kesehatan Anak (RS Sardjito)

- Mendiskusikan isu2 di lapangan baik terkait pelayanan ataupun Pendidikan
- Identifikasi prioritas sesuai data , kesepakatan

Identifikasi masalah

PROBLEMS/ IDEAS

PELAYANAN

1. Quality improvement of medical services
 - a) Punctuality of Medical Officers Attendances
 - b) Shorten of Waiting Time of Patients
 - c) Awareness of Health Care Cost Claim Discrepancy
 - d) Shorten the length of stay
 - e) Continuity of Care
 - a) Patient often discharged without adequate instruction or follow-up (ide Solusi : formulir untuk assesment)
 - f) Doctors communication problem
 - g) Hospital Acquired Infection

PROBLEMS/ IDEAS

EDUCATION

1. Quality improvement of Medical Staff Group
 - a) Attendance in the staff presence in the academic meeting (journals, death case, difficult case)
 - b) Less ability to train residents as general pediatrician due to a highly specialized team teachings
 - c) Less commitment to involve in department activity due to generation gap
2. Quality improvement of the students / residents
 - a) Less commitment to involve in social activity among students
 - b) Rise of individualism in students resulting in less empathy to patients and environment

PROBLEMS/ IDEAS

PELAYANAN

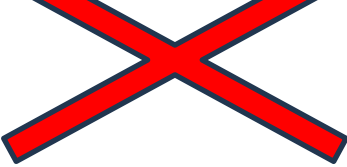
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Awareness of Health Care Cost Claim Discrepancy

B

BACKGROUND



- The rising of the “force”
Health Care Cost 
- Update of medical treatment protocols
- Change of Government policy (Vertical Hospital must produce “profits”)
- 90% of patients are national insurance patients



B BACKGROUND



- Medical Staffs are trained to give the best
- Discrepancy between “the best” & “the efficient”
- Medical guidelines are present and updated however the most ideal
- Raising concern and anxiety over patient safety



BACKGROUND

BPJS and JKN: The Indonesian National Health Insurance System

🕒 June 27, 2017 👤 dafluff



- National Insurance (BPJS) policy has different standard of medical tariffs
- INA-CBGs (adopted from Malaysia)
- Discrepancy between diagnosis based actual cost with the established BPJS' cost
- Hospital must pay any surplus related to the medical cost if it is not covered by the BPJS's cost

CHOSEN PROBLEM

Awareness of Health Care Cost Claim Discrepancy

- EFFORTS TO RATIONALIZE PATIENT MANAGEMENT COST

- Strategy

- **Cycle 1. Awareness of claim cost to medical officers and Students**

- Action OUTLINE

- Education LEVEL***

- » Educate and refresh the medical officer, students and nurse (team) about iCDX, cost information, length of stay, medical guidelines etc

- Management LEVEL***

- » Improve the systems transparency (Information management system. Accesibilitty to information system)

- » EMR system simple modification

- » Qualitative Research on medical officer: how did they feel and what they propose for rationalization of treatment

CHOSEN PROBLEM

Awareness of Health Care Cost Claim Discrepancy

- EFFORTS TO RATIONALIZE PATIENT MANAGEMENT COST

–Strategy

- Cycle 2. Reducing Low-value care

–Action OUTLINE

- »Revisit and review the guideline
- »Compliance analysis of the guideline

STRATEGIC PLAN FOR COLLECTING DATA

start small and specific

1. Focus on Specific Disease

1. SLE with all the complications (#5 most common inpatient diagnosis)
2. Meningoencephalitis (#3rd most common inpatient diagnosis)
3. Leukemia (1st in inpatients number)

2. Objectives

- b) short term: to understand the cost (before and after rationalization)
- c) long term: to review the actual cost OR raise the cost cap (BPJS' cost standard)

STRATEGIC PLAN FOR COLLECTING DATA

3. What data should we collect

- a) Collect the information on the actual cost per diagnosis in the admission and the cost capped by national insurance within 5 year
- b) Survey for baseline knowledge about cost (pre and post intervention)
 - Quantitative Survey to measure knowledge (cost information per diagnosis, information access, knowledge on
 - Qualitative Survey Open ended question for feedback and opinion regarding the cost
- c). Feedback survey regarding the “intervention”

PLAN OF ACTION

4. ACTION

a. Workshop Intervention (training & FGD)

- Training on ICD-X & INA CBGs classification of cost
- Training on EMR updating system & Hospital medical guidelines
- Leadership training and FGD

Participants: Medical Staffs, Residents/ Students, Nurses

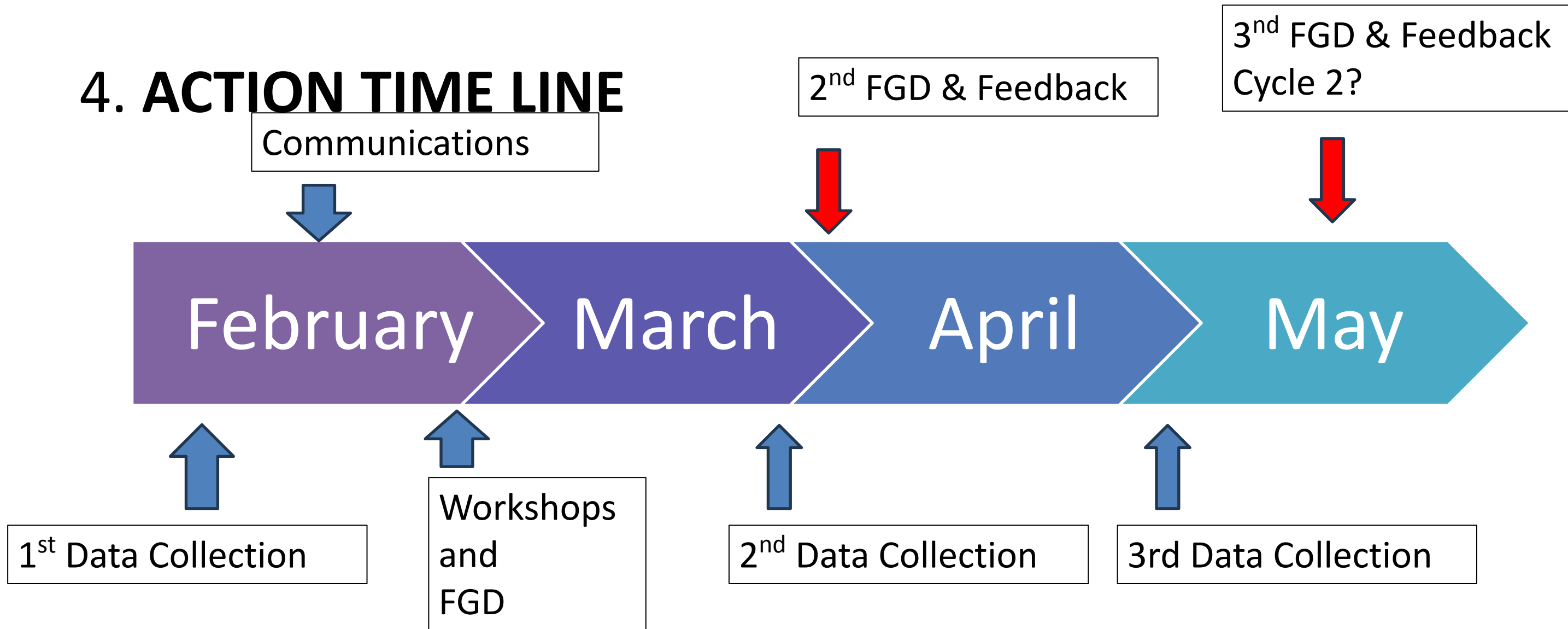
b. Communication with Stake holders: quality improvement committee, head of unit, Medical Staff Group, Finance, medical record, head of pharmacy, head of lab, head of IT

c. Innovation

- Revitalize Clinical Conference System into Cost-Effectiveness Clinical Conference Study
- “real-time” Warning/ pop-up messages in EMR system

PLAN OF ACTION

4. ACTION TIME LINE



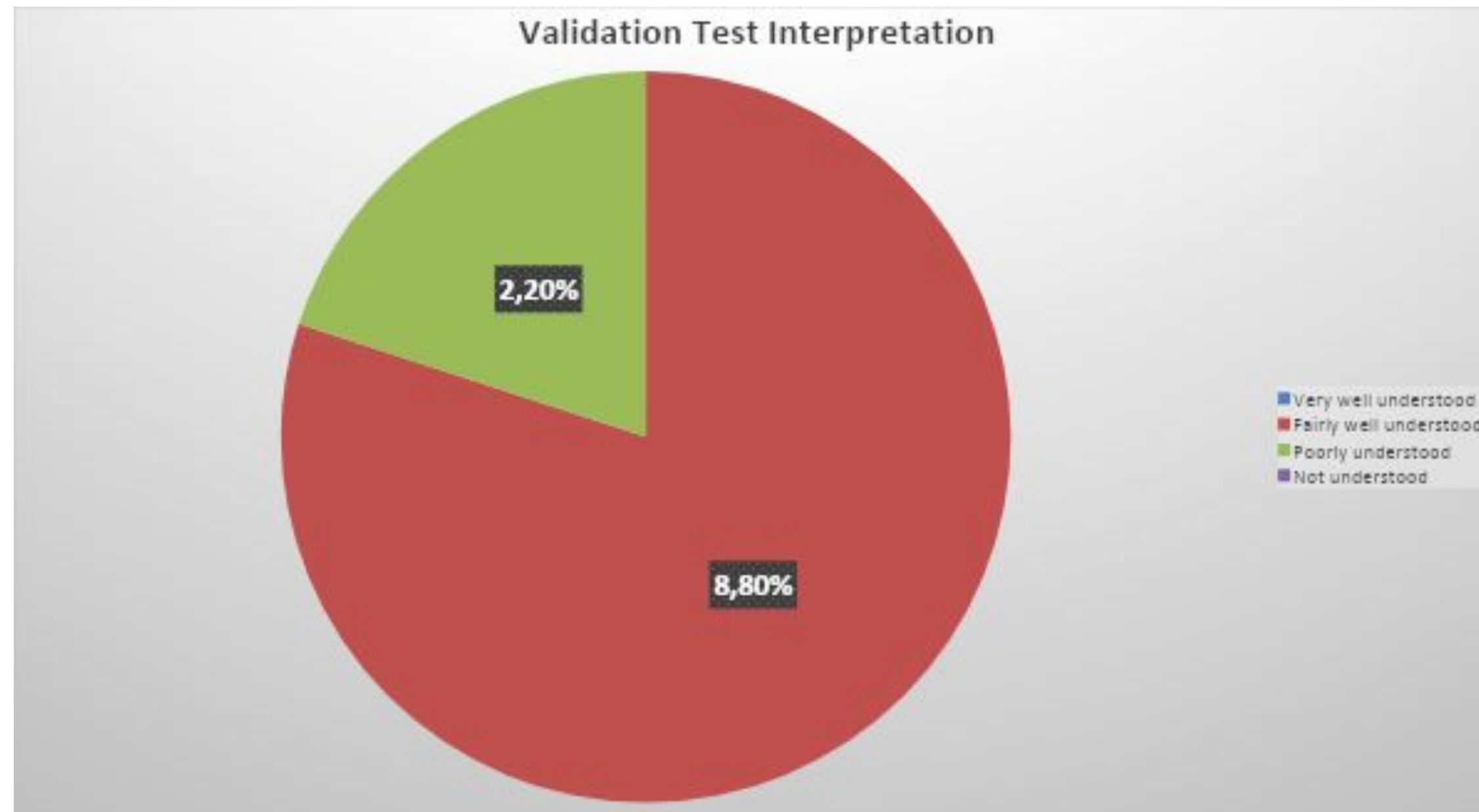
CHALLENGE TO ADDRESS

5. Identify Barriers

- Slow Approval of specialized examination and treatment (impact clinical outcome and overall cost)
- Rejection or Fix Mind set among medical staffs and middle management

Questionnaires Survey

- 15 questions on understanding the difference in health claim costs in hospital, especially case SLE and Meningoencephalitis
- For validation test 10 subject



Dissemination

- Suggestions from the subject to conduct periodic socialization
- Plan to conduct socialization to 40 DPJPs and conduct surveys before and after socialization on May 7, 2025.

HEALTHCARE WORKERS' UNDERSTANDING SURVEY ON DIFFERENCES IN HEALTH SERVICE CLAIMS

- Name (Initials):
- Profession:
 - Consultant Specialist Doctor
 - Specialist Doctor
 - Nurse
 - Resident Doctor
 - Administrative Staff
- Length of Employment at the Hospital (years):
 - 0 – 1 year
 - 2 – 5 years
 - 5 years
- Education Level:
 - Diploma (D3)
 - Bachelor's (S1)
 - Master's (S2)
 - Doctorate (S3)
 - Professional Degree

Please select the answers you know (You may choose more than one answer):

1. In your opinion, what is the claim flow for BPJS Health for the patients you treat?

- a. BPJS pays according to the INA-CBGs diagnosis claim if the documentation is valid
- b. BPJS pays based on the hospital's treatment claim (e.g.: all hospital-incurred costs/fee-for-service)
- c. BPJS pays according to the length of treatment
- d. Don't know

2. In your opinion, what factors can influence BPJS claims?

- a. Completeness of documents such as the medical resume
- b. Accuracy of the coding team in coding diagnoses
- c. Completeness of the responsible doctor in providing diagnoses
- d. Completeness of supporting examinations attached
- e. Don't know

3. How have you been writing the primary and secondary diagnoses during inpatient care so they can be claimed?

- a. The indication for inpatient care becomes the primary diagnosis
- b. The diagnosis at the time of admission is written first as the primary diagnosis
- c. The diagnosis with a higher claim value is written first
- d. There is no specific order in writing diagnoses
- e. Do not understand

4. Do you know there are certain requirements for supporting examinations that need to be written for BPJS Health claim submission?

- a. I know all supporting examinations must be conducted completely, even if not indicated
- b. I still perform supporting examinations if there is a medical indication, even if the claim exceeds BPJS coverage
- c. I know that supporting examinations must follow BPJS criteria
- d. I do not understand what supporting examinations can be claimed by BPJS

5. Do you know that the prescribed therapy must align with the supporting examinations and be appropriate for the diagnosis you provide?

- a. I understand that therapy must follow the latest guidelines (FORNAS) covered by BPJS
- b. I understand that therapy must be consistent with supporting exams and the diagnosis I provide
- c. I do not understand what therapies are included in the National Formulary (FORNAS)
- d. I will only prescribe medications based on the patient's clinical needs; if not available in FORNAS, the patient may purchase them independently

6. In your opinion, what can the hospital claim to BPJS Health?

- a. Inpatient services only
- b. Outpatient services only
- c. PRB (Repeat Prescription Program) drugs, Chemotherapy drugs, Chronic illness drugs outside INA-CBGs package
- d. Both Inpatient and Outpatient services

7. Do you think discrepancies in INA-CBG grouper codes can affect the claim amount?

- a. I do not understand much about grouper codes in INA-CBG
- b. INA-CBG grouper codes determine the claimable cost amount
- c. INA-CBG grouper codes have no relation to claim costs
- d. INA-CBG grouper codes are only diagnostic codes, not cost-determining

8. Have you consistently completed patient data in the medical resume?

- a. Always complete
- b. Sometimes complete
- c. Never complete

9. In your opinion, which patient data are most important and must be completed in medical records to support claim values?

- a. Final diagnosis has been written
- b. ICD-9 CM code is written
- c. DPJP (attending physician) e-sign is present
- d. Final resume and length of treatment

10. Do you understand the INA-CBGs claim system, ICD-10 Code, and ICD-9-CM Code?

- a. I fully understand INA-CBGs, ICD-10 Code, and ICD-9-CM Code
- b. I do not fully understand INA-CBGs, ICD-10 Code, and ICD-9-CM Code
- c. I do not know anything about INA-CBGs rates, ICD-10 Code, and ICD-9-CM Code

11. Do you understand that if the hospital's submitted claim is higher than the INA-CBGs rate, the hospital may incur a loss?

- a. I do not understand hospital rates and INA-CBGs rates
- b. I understand that if hospital costs exceed INA-CBGs rates, the hospital may suffer a loss
- c. There is no relationship between hospital costs and INA-CBGs rates

12. Do you know the claim amounts of INA-CBGs for some of the common conditions you treat in the ward?

- a. Yes
- b. No

If Yes, please give one example:

(e.g.: Meningoencephalitis, claim amount Rp 10,000,000)

13. To what extent does the current INA-CBGs claim system influence the way you provide inpatient therapy? Choose the option that best describes your situation:

- a. I do not pay much attention to the INA-CBGs system and still provide therapy according to indications
- b. This system makes it difficult for me to choose the right therapy for the patient

c. I always find a way/workaround to provide therapy while still considering BPJS and INA-CBGs claim status

14. Do you have any criticisms of the hospital management regarding the dissemination of information about the BPJS claim system based on INA-CBGs and its impact on medical services?

(Open-ended response)

15. Do you have any suggestions so that the entire hospital staff can understand and implement optimal medical service practices while maintaining "awareness" of the limitations of the insurance claim system?

(Open-ended response)

Score Range

Understanding Category

80-100%

Very well understood

60-79%

Fairly well understood

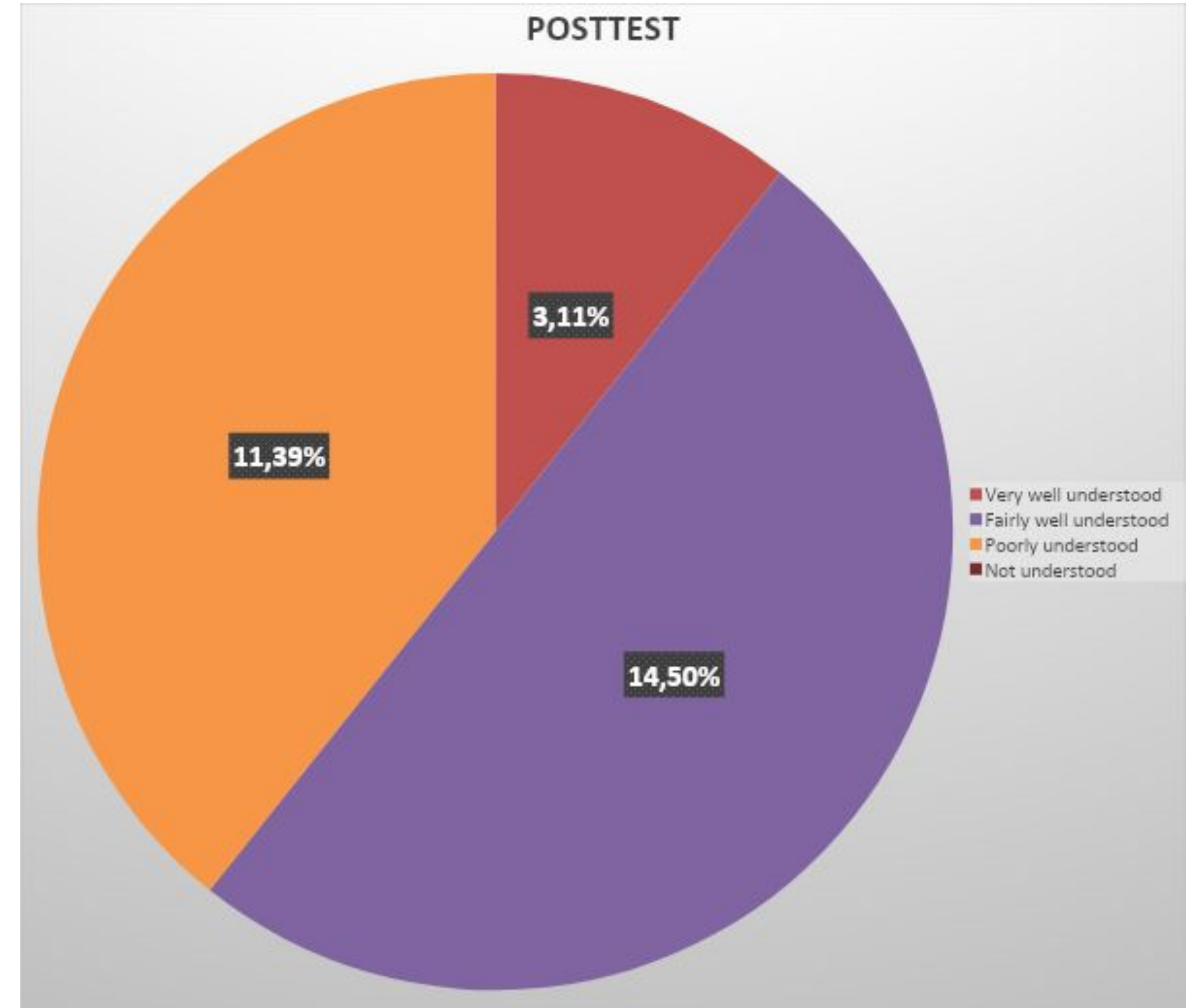
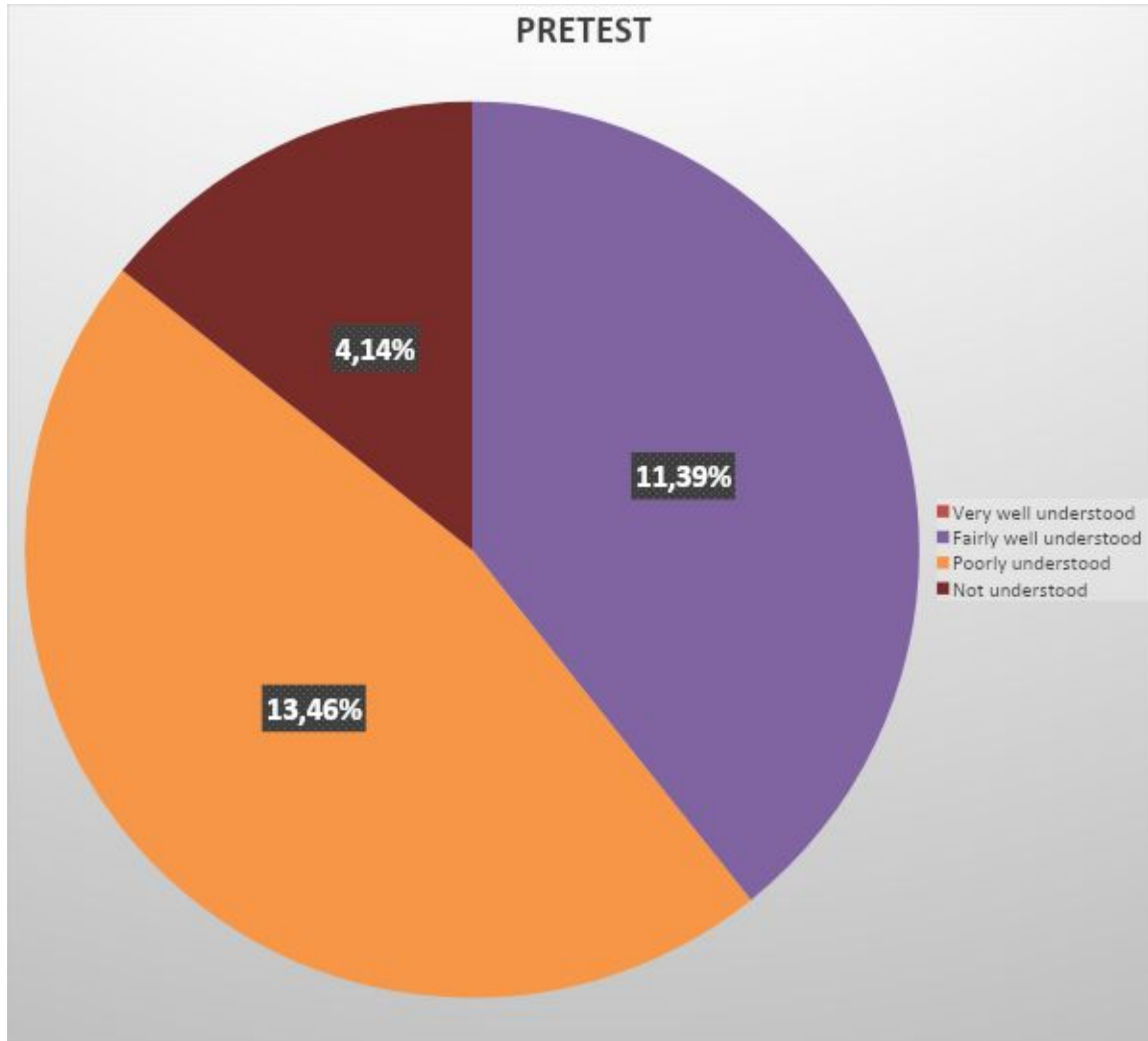
40-59%

Poorly understood

<40%

Not understood

Interpretation Pre and Post Socialization



Feedback and Suggestion

| | Feedback | Suggestion |
|-------------------|--|---|
| Resident Doctor | There has been no socialization/briefing so far. | There should be a guide material such as claim rates, so at least we have a reference before the claim rates appear in the EMR. |
| Specialist Doctor | Only the negative payment differences are emphasized; the positive ones are never shown in the data. | Cost-sharing is allowed as long as the patient agrees. |
| | The claim amounts are communicated, and medications not included in the national formulary (Fornas) cannot be claimed through BPJS. If the patient is financially capable, doctors are allowed to prescribe such medications for the patient to purchase independently or to obtain from alternative sources | Socialization to the hospital community and receiving input from the hospital community so that the limitations of the insurance claim system do not become a barrier in providing patient care |
| | Therapy based on INA-CBG is not suitable to be implemented at RSS. | Regular socialization is needed |
| | Lack of socialization to the staff. | Repeated training must be conducted |



4

Penutup

Bagaimana meningkatkan kemampuan *leadership* untuk spesialis anak ke depan?

Melihat ke negara maju

- The American healthcare system is in a state of **tremendous flux, with the role of physicians and other healthcare providers rapidly changing to keep up with technological advances, financial restructuring, and the adoption of new societal and technological standards.**
- Leadership training has been proposed as a means of managing these changes and ensuring that physicians are able to navigate their changing roles as health providers.

Untuk dokter spesialis anak Indonesia

Apakah materi kepemimpinan (*Leadership*)

- Diberikan sebagai pembekalan saat memulai PPDS Sp 1 dan Sp2?
- Diberikan sebagai refresh training untuk para SpA di RS di Indonesia?
- Apakah bisa menjadi salah satu topik WS di acara ilmiah perhimpunan – WS pra KONIKA, WS pra PIT?

Terima Kasih