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The Gate Keeper System in Accessing Health Services, Can It Prevent Outpatients with Diabetes from Out of Pocket?

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Objectives: Diabetes mellitus (DM) lead to cardiovascular disease and one of the biggest causes of death in developing countries and in developed countries. Epidemiologically, it is estimated that in 2030 the prevalence of DM in Indonesia reaches 21.3 million people while in 2007, it was found that the proportion of causes of death from DM in the 45-54 year age group in urban areas was ranked second (14.7%) regarding to unhealthy dietary.

Methods: Using the juridical-empirical approach, this study analyze whether Indonesia health service practices conformity is in line with national policy objectives. In accordance to the National Social Security and Law Number 11 of 2009 concerning Article 19 of Law concerning Social Welfare, the government is obliged to ensure equal health services access and facilities due to Universal Health Coverage.

Results: JKN aims to protect the citizen from financial risks through the Social Security Organizing Agency (BPJS) that will cover all types of diseases (Minister of Health Regulation 28/2014). Thus, the cost burden allocated by the BPJS for curative DM absorbs U\$198 million in 2014 and U\$234 in 2016 or about 33%. Meanwhile, almost 784.3 thousand individuals each year fall into poverty as a result of DM health costs. In fact, BPJS coverage is not fully covered outpatients treatment such as only 30 days chronic medicine. The patient have to spend the cost of illness that is borne for life by 2.7 percent of total household consumption expenditure. This has an impact on reducing the quality of life of patients.

Conclusions: The result conclude that the government has not achieved the goal of eliminating DM patients from "*out of pocket*" yet. The government need to overcome the health policies overlapping and develop hospital formularies due to prevention and health promotion programs as well as curative treatment.