

Addressing problems and supporting/attracting doctors in rural and remote locations



Indonesian Society of Internal Medicine

Topics

- Give examples of effective models of quality care and outline why these are effective.
- Addressing problems and supporting/attracting doctors (Specialists in Internal Medicine) in rural and remote locations in Indonesia



Demographics

- **Population 245,613,043 (July 2011 est.)**
 - 0-14 years: 27.3% (male 34,165,213/female 32,978,841)
 - 15-64 years: 66.5% (male 82,104,636/female 81,263,055)
 - 65 years and over: 6.1% (male 6,654,695/female 8,446,603) (2011 est.)
- **Life expectancy :**
 - male: 68.8 years
 - female: 73.99 years (2011 est.)

Geography and Anthropology

- 17.700 with 70 percent islands : Java, Sumatra, Borneo, Celebes, Bali
- Seventy percent concentrated in one island : Java
- More than 300 ethnic groups languages and groups

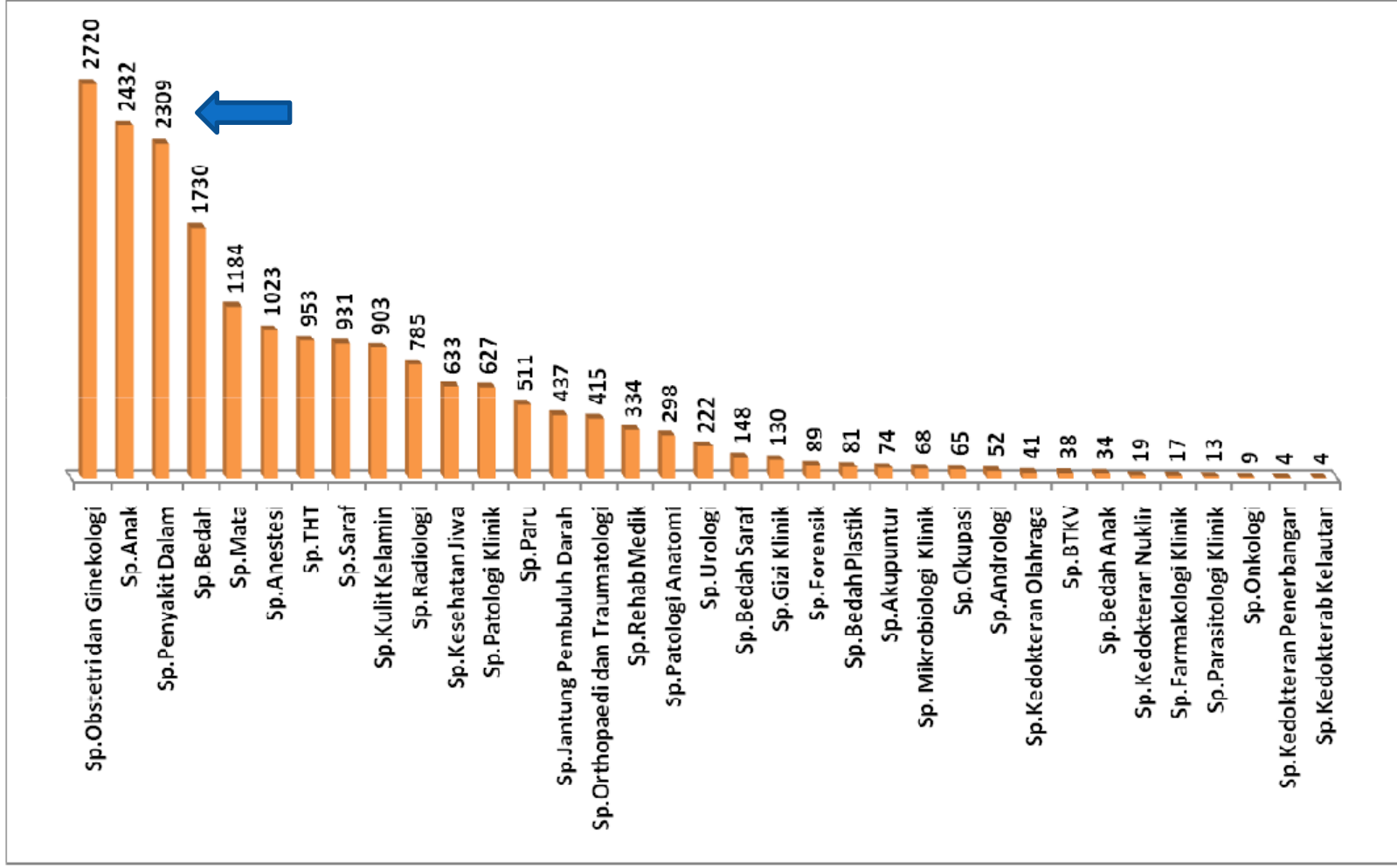
INDONESIA



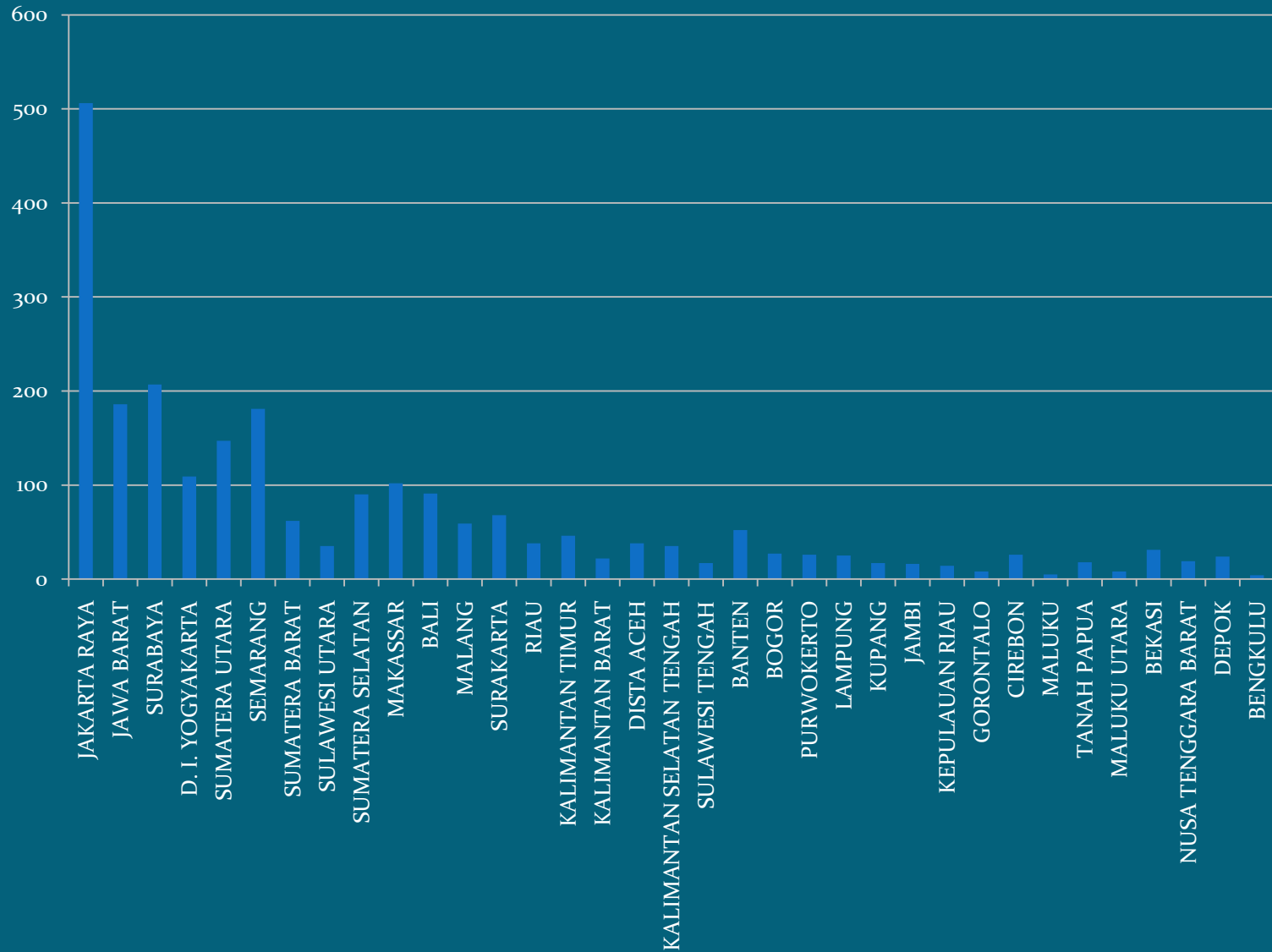
INTERNISTS IN INDONESIA



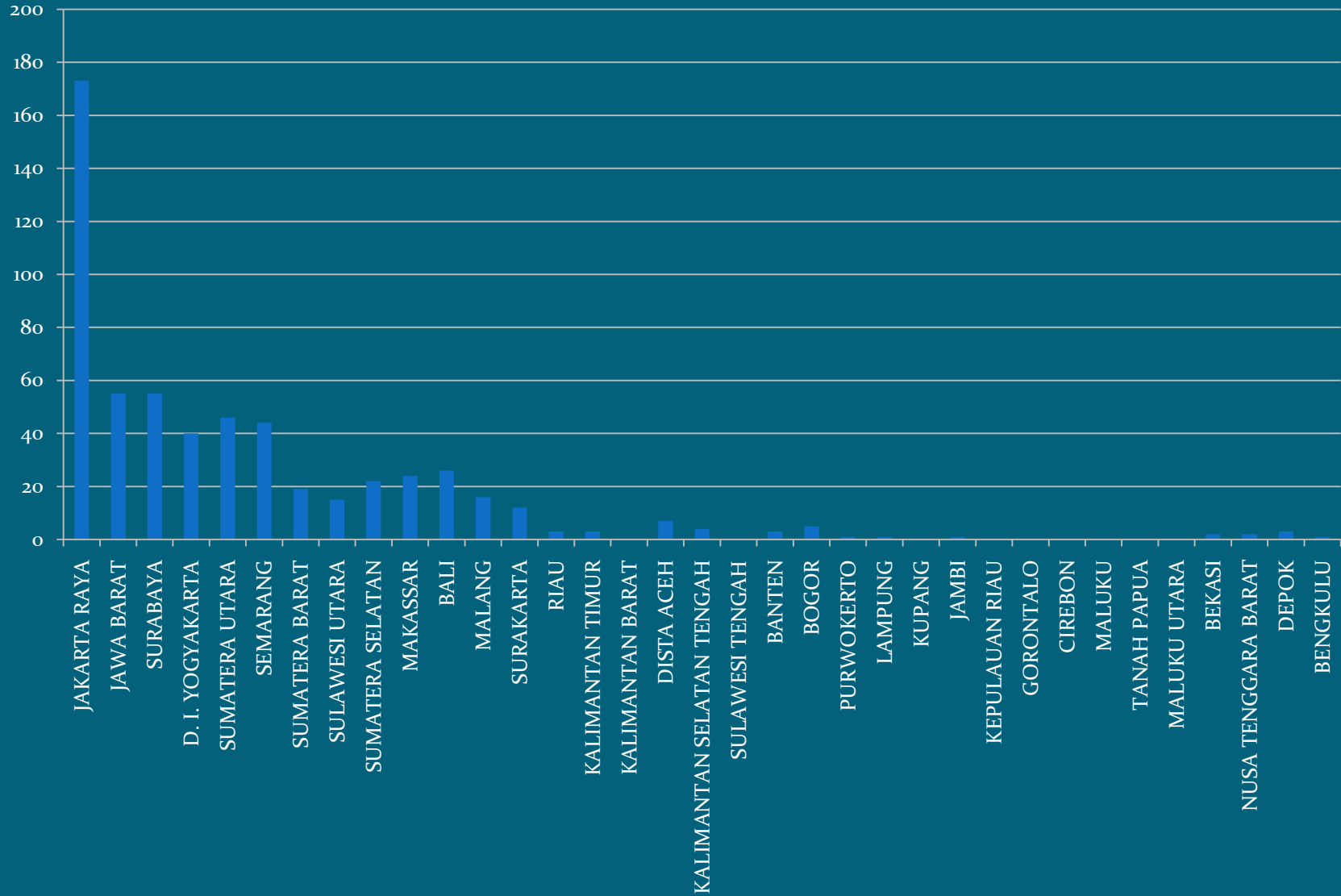
NUMBER OF SPECIALISTS IN INDONESIA BASED ON SPECIALIZATION FIELDS 2010



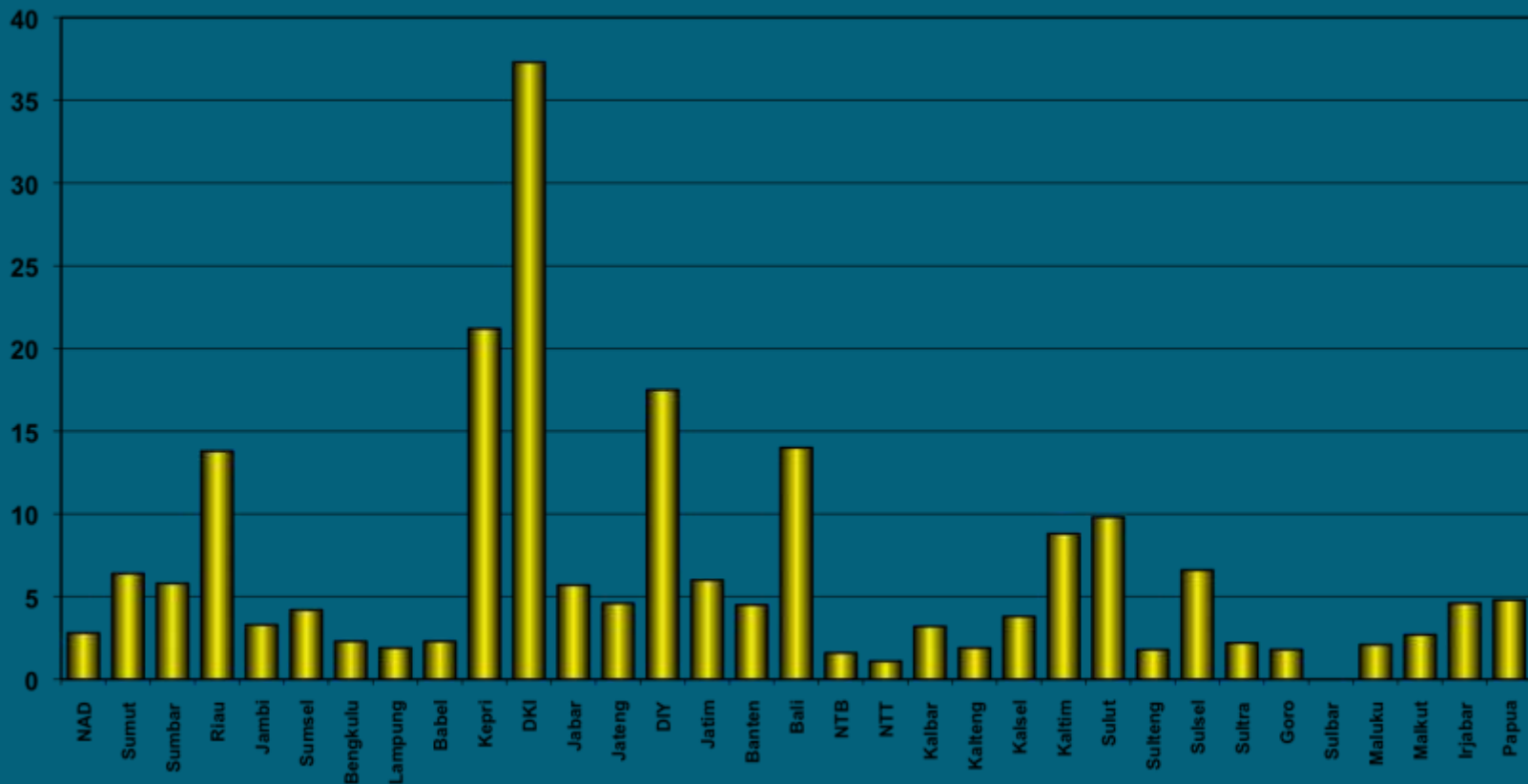
Specialists in Internal Medicine in Indonesia



Sub-Specialities in Internal Medicine in Indonesia



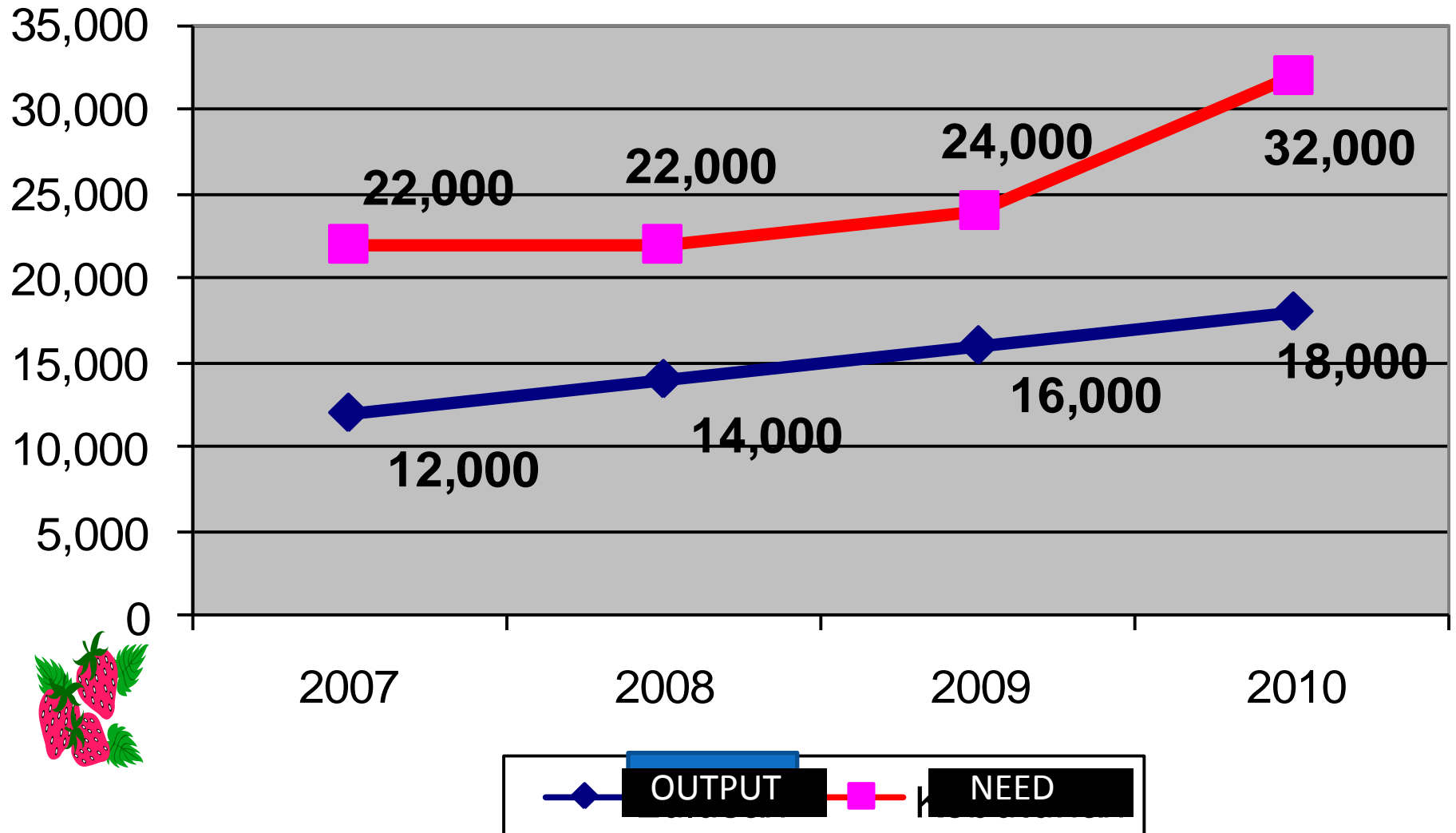
DISTRIBUTION OF SPECIALISTS IN VARIOUS PROVINCES IN INDONESIA



Pendidikan KKI



OUTPUT AND NEED FOR SPECIALISTS INDONESIA : THE WIDENING GAP



Constraints faced by government

- Increasing difficulty in controlling the distribution of newly-graduated internists throughout the archipelago
- Low remuneration and total income offered by central and local governments for new graduates
- Lack of synergy between need for internists and specialistic facilities in hospitals especially in far-flung islands

Health Coverage

Insurance and “umbrella”

- No comprehensive national health coverage by government (except for 5 million government employees)
- Free medication for the poor (15-16% of population)
- For the “not so poor” and middle class : ?



Disparity in Health Facilities from region to region

- Need for specialists recognized but central and local governments often not in accord regarding procurement
- Different financial capabilities (and priorities) from region to region
- Paradoxically, sometimes equipment exist or dropped by central government but no physician able to operate

Geriatric Hospital at Purwokerto, Central Java





Oncology Centre
@private hospital in
Jakarta

General Hospital at West Java



General Hospital @Jayapura, Papua



Needed : increase in Quality of Care

- Increase in number of internists / physicians
- Increase competence of available physicians



Diagnostic and Therapeutic procedures

Two Players : Government and Profession (Society)

Projection of the time needed to fulfill number of internists as calculated *

- Present population : 245.022.000
- Ideal (?) ratio : 1 : 12
- Ideal number of internists : 29.043
- Current number of internists : 2450
- Number of training institutions : 13
- Time required to reach goal : **70 years**

* Government estimates

Solution ?

Government

STRATEGY



FACILITATION OF SPECIALISTIC SERVICES

LONGTERM

SCHOLARSHIP

MEDIUM TERM

**DEPLOYMENT
OF GOVT
GENERAL
PRACTITIONERS
SENT TO TRAIN
IN SPECIALTY**

SHORT TERM

**DEPLOYMENT OF
SENIOR
RESIDENTS AND /
OR SPECIALISTS
TO FAR-FLUNG
AREAS WITH
SPECIAL
CONTRACTS**

Profession / College

Competence of Procedures Presently Held by Internists in “Peripheral Regions”

- Pleural aspiration
- Ascitic fluid aspiration
- Transthoracic needle biopsy
- Marrow aspiration
- Pleural biopsy
- Intraarticular injection
- FNAB
- Treadmill Test *
- Electrocardiography
- Ultrasonography
- Spirometry
- Central catheter insertion
- Endoscopy*
- Hemodialysis*
- Echocardiography *

* With additional training / certification

System of Additional Training

Assessment of need

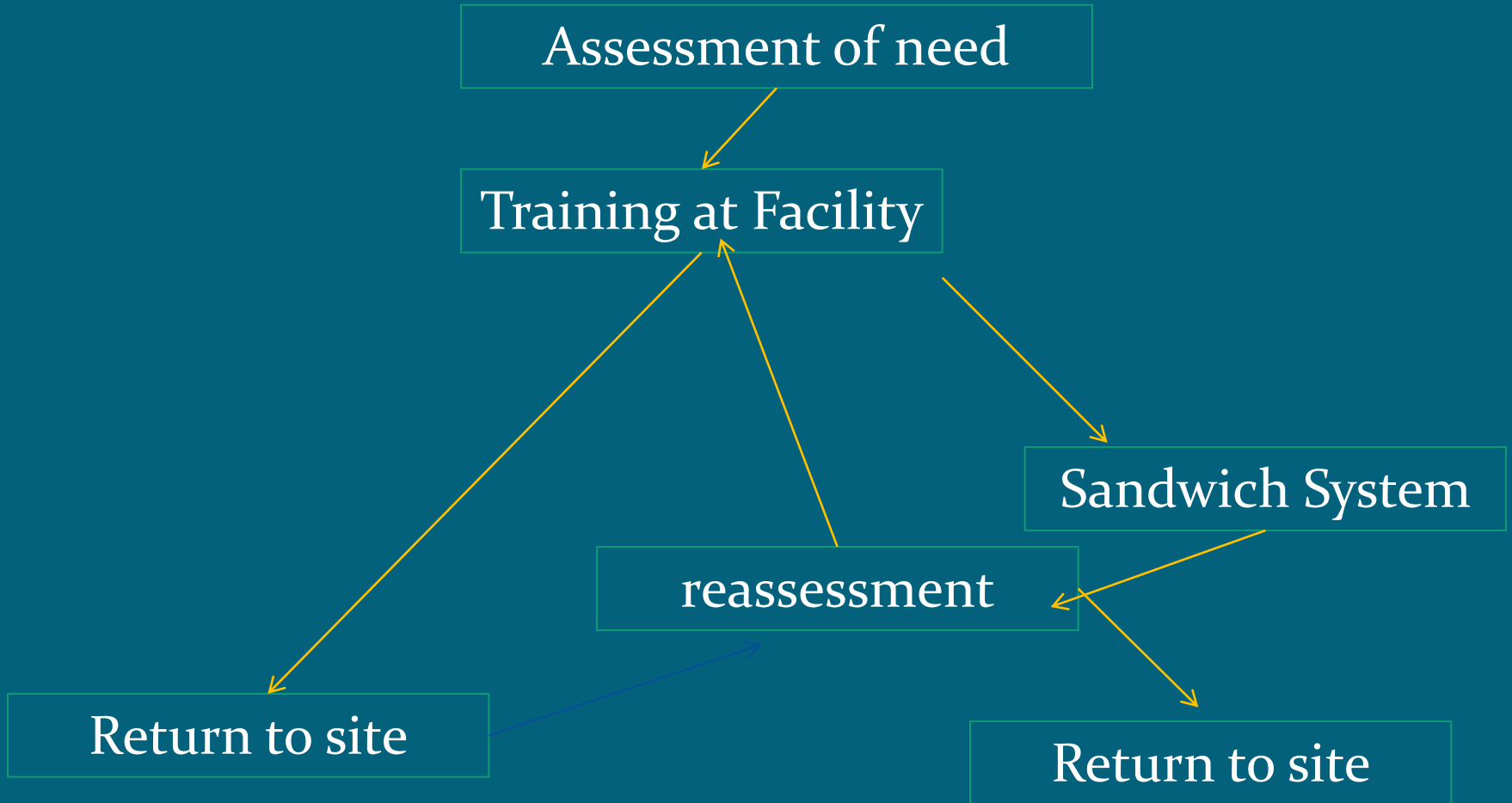
Training at Facility

Sandwich System

reassessment

Return to site

Return to site



For General Practitioners

- Our mission is also to “enhance and update “ the capabilities of general practitioners and primary health care physicians

Conclusion

- Goal: Quality of care of the highest standard possible
- Two major problems:
 - 1) lack of personnel and
 - 2) lack of facilities
- Observed : gap between need for competent physicians and facilities

Conclusions (2)

- Government solution :
 - short cut in deployment with increased remuneration
 - Realization of specialistic equipment and facilities
- Professional / Society solution: additional training at designated facility with continuous control and assessment

Ternate, North Moluccas

