

Analisis Penghambat dan Pendorong Kepatuhan Implementasi Regulasi Pelaporan Sponsorship di Rumah Sakit Vertikal Kementerian Kesehatan

Pramudita, Gustian Yondi

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Abstrak

Implementasi Peraturan Menteri Kesehatan Nomor 58 Tahun 2016 tentang Sponsorship bagi Tenaga Kesehatan menunjukkan fenomena kesenjangan data yang signifikan secara nasional (4,9%), dimana keaktifan pelaporan pihak industri (pemberi) tidak diimbangi oleh pihak tenaga medis dan tenaga kesehatan (penerima). Penelitian ini bertujuan untuk menganalisis penghambat dan pendorong perilaku kepatuhan implementasi regulasi pelaporan sponsorship di Rumah Sakit Vertikal Kementerian Kesehatan wilayah Jabodetabek, serta merumuskan rekomendasi kebijakan. Menggunakan pendekatan kualitatif dengan desain studi kasus komparatif, penelitian ini membedah akar disfungsi secara sistemik melalui integrasi Teori Implementasi Kebijakan Publik (Mazmanian & Sabatier) dan model perilaku COM-B (Michie). Data dikumpulkan melalui wawancara mendalam terhadap 13 informan (makro, meso, dan mikro) serta triangulasi telaah dokumen. Hasil penelitian menunjukkan kepatuhan di level makro terhambat oleh disharmonisasi aturan standar biaya dan ketiadaan integrasi sistem pelaporan antar-lembaga. Di level meso, kepatuhan tersendat oleh birokrasi perizinan internal yang kaku dan salah tafsir kebijakan. Kondisi tersebut membebani kapabilitas dan menurunkan motivasi di level mikro akibat tingginya kelelahan klinis, persepsi kompleksitas administratif, dan ketiadaan umpan balik. Akumulasi kelemahan tata kelola ini berimplikasi pada kepatuhan semu (pseudo-compliance) pada kelompok sasaran berupa taktik bypass perizinan dan lobi penunjukan nama secara informal. Sebaliknya, perilaku kepatuhan dapat didorong melalui keteladanan pimpinan puncak, strategi pengawasan proaktif, serta kuatnya infrastruktur kepatuhan dari vendor multinasional. Berdasarkan kerangka Behaviour Change Wheel (BCW), peningkatan kepatuhan kelompok sasaran menuntut intervensi pada tahapan formulasi kebijakan (policy formulation) melalui fasilitasi sistem dari otoritas, yang disusun dalam wujud kaskade kebijakan (policy cascading matrix). Intervensi tersebut mencakup pengaturan mandatori ekosistem pelaporan digital terpadu, legitimasi formasi staf administrasi kepatuhan (enablement), penerapan transparansi publik terbatas (Public Disclosure), serta penegakan pakta integritas vendor.

The implementation of the Minister of Health Regulation Number 58 of 2016 concerning Sponsorship for Healthcare Professionals reveals a significant national data discrepancy (4.9%), where active reporting by the industry (providers) is not balanced by healthcare professionals (recipients). This study aims to analyze the barriers and facilitators to compliance behavior with the implementation of sponsorship reporting regulations in Vertical Hospitals of the Ministry of Health in the Greater Jakarta (Jabodetabek) area, and to formulate policy recommendations. Using a qualitative approach with a comparative case study design, this research systemically dissects the root of dysfunction through the integration of the Public Policy Implementation Theory (Mazmanian & Sabatier) and the COM-B behavioral model (Michie). Data were collected through in-depth interviews with 13 informants (macro, meso, and micro) as well as triangulation of document reviews. The results indicate that compliance at the macro level is hindered by the disharmonization of cost standard regulations and the lack of integration in inter-institutional reporting

systems. At the meso level, compliance is obstructed by rigid internal licensing bureaucracy and policy misinterpretation. These conditions burden the capability and decrease the motivation at the micro level due to high clinical burnout, perceived administrative complexity, and the absence of feedback. The accumulation of these governance weaknesses leads to pseudo-compliance among target groups in the form of bureaucratic bypass tactics and informal name-appointment lobbying. Conversely, compliance behavior can be facilitated by top leadership role-modeling, proactive supervisory strategies, and the robust compliance infrastructure of multinational vendors. Based on the Behaviour Change Wheel (BCW) framework, enhancing target group compliance demands interventions at the policy formulation stage through system facilitation from authorities, structured in a policy cascading matrix. These interventions include the mandatory regulation of an integrated digital reporting ecosystem, the legitimacy of compliance administrative staff formation (enablement), the application of a limited Public Disclosure policy, and the enforcement of vendor integrity pacts.</div>