

# Factors Affecting Medical Doctors in Charge (MDiC) Obedience in Filling Medical Resumes Based on the Table of Eleven (Study in Private Hospital “X”)

Azizah Anisafitri, Ernawaty Ernawaty

Faculty of Public Health, Airlangga University, Surabaya, Indonesia  
azizanisafitri@yahoo.co.id

**Keywords:** Claim, Medical doctor in charge (MDiC), Medical record, Obedience, Table of eleven.

**Abstract:** Medical resume are a required file in a Social Health Insurance Agency’s (BPJS) claim document. Incomplete claim documents detain the claim proposal between the hospital and the BPJS. Medical Doctor in Charge (MDiC) was the person in charge of filling in the medical resume. The purpose of this research study was to analyse the obedience of MDiC in filling in the medical resume based on the table of eleven. The method in this research was descriptive quantitative and observational. This research was accomplished by questionnaires, observations, and checklists. The result of this research illustrate that the majority of MDiC (57.10%) was classified as obedient in filling of medical resume. Dimension of knowledge of rules, cost or benefit, degree of acceptance, respect of authority, risk of detection, selectivity, risk of sanction, and severity of sanction have positive value to doctors obedience in filling medical resume. Risk of being reported and risk of being inspection have a negative value to doctors’ obedience in filling medical resume. Social control was not related to doctor’s obedience in filling medical resume.

## 1 INTRODUCTION

The Government of Indonesia is establishing a program called National Health Insurance (NHI) in order to achieve health coverage for all citizens. The NHI program started operations on January 2014. The implementer of the NHI program is the Social Health Insurance Agency’s (BPJS Kesehatan) established by the government. In the era of JKN known health referral system. Referral system starts from health service at Fasilitas Kesehatan Tingkat Pertama (FKTP) to Fasilitas Kesehatan Tingkat Lanjutan (FKTL).

Payment system in NHI is capitation and fee for service payment based on Indonesian-Case Based Group (INA-CBG) tariff. Payment is made by making a claim from the health facility to BPJS Kesehatan. Claims consist of several documents, one of them is a medical resume

Medical resumes are one of the files contained in a medical record document. A medical resume is a treatment summary file that is given to the patient from the start of hospitalisation up until discharge from the hospital. Currently in the era of National Health Insurance (NHI), medical resumes are one of the most important documents. The medical resume is one of the files in the claim document, because the resume contains a diagnosis which will be coded

into the software in the form of ICD-9 and ICD-10. Incomplete claims documents cannot be submitted to Social Health Insurance Agency’s (BPJS). Postponed claim’s processes will affect the hospital’s cashflow. The Medical Doctor in Charge (MDiC) is the person in charge of filling in the medical resume. The preliminary study indicates that 117 (86.67%) incomplete claim documents have been because there is no medical resume in Hospital “x”. The purpose of this research is analyse the obedience of MDiCs in filling in the medical resume based on the table of eleven.

## 2 METHOD

Sampling method in this research used total sampling. The primary data was obtained from questionnaires to 35 doctors. Secondary data were obtained from observation and a checklist of 266 medical resume documents. The independent variables in this study include the perception of the knowledge of rules, cost or benefit, degree of acceptance, respect of authority, social control, risk of reported, risk of inspection, risk of detection, selectivity, risk of sanction, and severity of sanction. The independent variable in this research was MDiC

obedience in filling in the medical resume. Data analysis technique used is cross tabulation. Cross tabulation can show the relationship between variables

### 3 RESULT

The MDIC’s obedience in relation to the medical resume was rated based on timeliness and the completeness of the medical resume. The results based on the research obtained are as follows.

Table 1: MDIC obedience levels in filling medical resumes in private hospital “x”

Level of obedience in filling medical resumes	Amount (n)	Percentages (%)
Obey	20	57,10
Not obey	15	42,90
Total	35	100,00

Based on Table 1, the majority of MDICs (57.10%) obey when it comes to filling in the medical resume. The table of eleven has 11 dimensions that can affect a person’s obedience to adhere to a rule. The results of the research present the relationship between the 11 dimensions of the table of eleven with MDIC obedience in filling in the medical resumes at private hospital "x".

Table 2: Relationship table of eleven with MDIC obedience in filling in the medical resume

Dimension table of eleven	Result	Explanation
Knowledge of rules	A better the perception of the knowledge of the rules, the better the obedience of MDIC in the filling in of the medical resume vice versa.	Positively related
Cost or benefit	The better the perception of cost and benefit, the better the obedience of MDIC in filling in the medical resume.	Positively related
Degree of acceptance	The better the degree of acceptance perception, the better the MDIC obedience in filling out the medical resume.	Positively related
Respect of authority	The better the perception in respect	Positively related

	of authority tends to lead to better obedience of MDIC in relation to the medical resume.	
Social control	Good or bad perceptions of social control tend not to affect the obedience of the MDIC in filling in the medical resume.	Not related
Risk of being reported	MDIC’s with a good risk of being reported tend to be less obedient in filling out the medical resume.	Negatively related
Risk of being inspection	MDIC with a good inspection perception tend to be less obedient in filling out the medical resume.	Negatively related
Risk of being detection	The better the perception risk of being detected tends to lead to better obedience of the MDIC in filling in the medical resume.	Positively related
Selectivity	The better perception of selectivity tends to lead to better obedience of the MDIC in filling in the medical resume.	Positively related
Risk of sanction	The better perception of the risk of sanction tends to lead to better obedience of the MDIC in filling in the medical resume.	Positively related
Severity of sanction	The better the perception of the severity of sanctions tend to lead to better obedience of the MDIC in filling in the medical resume.	Positively related

Table 2 is the result of data analysis technique used cross tabulation, so there is no p-test value in this research. Based on Table 2, it was identified that the dimensions of knowledge of the rules, cost or benefit, degree of acceptance, respect of authority, risk of detection, selectivity, risk of sanction, and the severity of the sanction has a positive relationship to the obedience of the doctor in filling in the medical resume. The dimensions of risk of being reported and the risk of being inspection has a negative result towards the obedience of the doctor in filling in the

medical resume. The dimensions of social control were not related to the doctor's obedience in filling in the medical resume.

## 4 DISCUSSIONS

Obedience is obeying when it comes to performing a particular behavior that is suggested or as a response given outside of the subject (Green and Kreuter, 2005). Obedience is influenced by several factors: predisposing factors, enabling factors, and reinforcing factors. Predisposing factors are factors that become the basis or motivation of a given behavior. Possible factors are factors that enable or facilitate a particular behaviour. The reinforcing factor is the factor that encourages and reinforces the occurrence of a behaviour or action.

A medical resume is a treatment summary file that has been given to the patient since the start of hospitalisation up until discharge from the hospital. According to the Minister of Health No. 269 2008 on medical records, medical resumes include patient identification, admission diagnosis, patient care indications, summary of physical and auxiliary examinations, final diagnosis, treatment, follow-up, the doctor's name and signature. Based on the results of the research, it is noted that the majority of MDiCs (57.10%) are classified as obedient in relation to filling in medical resumes in private hospital "x". Based on the results of this study, it can be observed that the timeliness and completeness of medical resume filling in is quite good.

The table of eleven is a model developed by the Dutch Ministry of Justice in 1994. The table of eleven is based on the science of behaviour and consists of 11 dimensions that determine a person's level of obedience with rules or laws (Dutch Ministry of Justice, 2004).

Knowledge of the rules is the familiarity and clarity of the regulations or legislation among the target setting. A lack of knowledge about a rule may encourage disobedience (Elffers, et al, 2003). The knowledge of rule perceptions tends to have a positive effect on the doctors' obedience in filling out medical resumes in "x" hospitals.

Cost or benefits are an advantage or disadvantage that exists or not in relation to a person's obedience or non-obedience with the rules. Cost or benefit can be expressed in time, money, and effort. The perception of cost or benefit tends to have a positive effect on the doctors' obedience in filling in medical resumes in hospital "x". This can be interpreted that the majority of doctors feel the benefits gained

greater than the cost incurred when filling medical resume. This is appropriate compared with Widayanti's research (2017) which explained the relationship between the perception of cost and benefit with the obedience of doctors in filling in referral letters (Widayanti, 2017).

A person can obey a rule if the rule is considered reasonable to be accepted<sup>4</sup>. Perceptions of the degree of acceptance tend to positively influence the obedience of doctors in filling in medical resume in hospital "x". This is appropriate compared with Widayanti's research (2017) which explains the relationship between the perception of cost and benefit with the obedience of doctors in filling in referral letters (Widayanti, 2017). Obedience may occur due to pressure from a group and personal acceptance (Smith and Mackie, 2000).

Respect of authority is a condition in which the target group can respect an authority. People comply with a rule because it has respect for the authority (Milgram, 1974). The results showed that the perception of respect of authority tended to positively influence the doctor's obedience in filling in the medical resume at hospital "x". This may mean that the majority of MDiCs have a high degree of respect for hospital directors and professional medical ethics.

Social control is the target group's perception of positive or negative punishment against obedience or disobedience received from the surrounding environment. Social control is a measure of whether the environment will support or criticise non-obedience. The results show that good or bad social perception tended not to influence the obedience of MDiC in filling out the medical resumes in "x" hospital. Research by Widayanti (2017) stated that the lower the social control received, the lower the obedience of the doctors for filling in the referral letter.

The risk of being reported is the target group's perception of a violation that can be detected by others and then reported to the authority holder. The dimension of risk of being reported is a punishment received from social control. The results showed that MDiC with a good risk of being reported perception tended to be less obedient in filling out the medical resumes. This is because obedience does not only arise from external factors, but also from internal factors derived from the person.

Risk of being inspection is the target group's perception of an inspection being conducted by an authorised division. Inadequate inspections in high-risk areas are less effective inspections (Parker, et al, 1990). The results showed that MDiC with a good

risk of being inspected perception tended to be less obedient in filling out the medical resumes. This can happen if the inspection is not tight enough and rarely, so some people feel not at risk to be inspected.

Risk of detection is the target group's perception of violations being detected during inspection. Violations should be detectable by various forms of inspection, depending on the type of violation committed and the depth of the examination. The results showed that the dimension of risk of detection tended to positively affect the obedience of doctors in filling in the medical resume in hospital "x". This means that the majority of the MDiC feels a high risk of finding non-obedience in the filling of medical resumes.

Selectivity is an increased risk of inspection and detection of violations caused by the selection of interests, persons, actions, or areas to be examined. The results showed that there is a positive relationship between selectivity perception and physician obedience. This can be interpreted that the better the perception of selectivity owned by the doctor, then the obedience in the filling in of the medical resume also tends to be better.

Risk of sanction is the target group's perception of the risk of getting punished if the inspection find a violation or non-obedience with a rule. The results showed a positive relationship between the perceptions of risk of sanction that doctors have on obedience in relation to filling in the medical resume in hospital "x". This is in accordance with the research by Regaletha (2009) which explained that there was a relationship between the punishment system with the obedience of doctors in prescribing outpatient recipes based on the formulary in RSUD Prof. Dr. W. Z. Johannes Kupang (Regaletha, 2009).

Severity of sanction is the severity associated with the form of violation and punishment. The severity of punishment concerns the duration of detention, the number of penalties, or attempts made to correct the ongoing damage (Solicitors Regulation Authority, 2011). The results showed a positive relationship between the perceptions of risk of punishment that doctors have on their obedience in filling in the medical resumes in hospital "x"

## 5 CONCLUSIONS

The majority of MDICs (57,10%) are classified as being obedient in filling in medical resumes in private hospital "x". The dimension of knowledges of rules, cost or benefit, degree of acceptance,

respect of authority, risk of detection, selectivity, risk of sanction, and severity of sanction has a positive value towards doctor obedience in filling in medical resumes. The dimension of the risk of being reported and risk of being inspection has a negative value towards doctor obedience in filling in medical resumes. The dimension of social control was not related to the doctor's obedience in filling in the medical resumes.

Doctors' obedience in filling medical resumes can be improved by

1. Socialisation of doctors about regulations or the SOP of medical resume filling in private hospital "x".
2. Socialisation to doctors about the importance of medical resumes in the era of National Health Insurance (NHI) that can affect the claims process and hospital cashflow.
3. Completeness and timeliness in medical resume filling can be used as an indicator of Medical Doctor in Charge (MDiC) performance assessment.

## REFERENCES

- Dutch Ministry of Justice. 2004. *The 'Table of Eleven' A versatile tool*. The Hague. The Netherlands.
- Elffers, H., Heijden, P., Hezemans, M. 2003. Explaining Regulatory Non-obedience: A Survey Study of Rule Transgression for Two Dutch Instrumental Laws, Applying the Randomized Response Method. *Journal of Quantitative Criminology*. Vol 19 (4) : 409-439
- Green, L.W., dan Kreuter, M. W. 2005. *Health Program Planning: An Educational and Ecological Approach. Fourth Edition*. New York: McGraw-Hill.
- Milgram, S. 1974. *Obedience to Authority: An Experimental View*, Harper & Row.
- Parker C, Kuuttiniemi K, Klaasen B. 1990. *Reducing The Risk of Policy Failure: Challenges for Regulatory Obedience*. OECD. <https://www.oecd.org/gov/regulatory-policy/1910833.pdf>
- Peraturan Menteri Kesehatan Nomor 269 Tahun 2008 tentang Rekam Medis Smith, E and Mackie, D., 2000. *Social Psychology*. Psychology Press.
- Regaletha, T, A. 2009. *Faktor-Faktor Internal Dan Eksternal Yang Berpengaruh Terhadap Kepatuhan Dokter Dalam Menulis Resep Pasien Rawat Jalan Berdasarkan Formularium Di RSUD Prof. Dr. W. Z. Johannes Kupang*. Tesis. Universitas Diponegoro. Semarang.
- Solicitors Regulation Authority. 2011. *Attitudes to Regulation and obedience in Legal Services*. <http://www.sra.org.uk/documents/sra/research/attitud-es-regulation-obedience-2011-research-findings.pdf>

Widayanti, C.W., 2017. *Faktor yang Memengaruhi Kepatuhan Dokter Penanggung Jawab Pelayanan Dalam Pengisian Surat Rujukan Balik Berdasarkan Enam Dimensi Table of Eleven (Studi di Instalasi Rawat Jalan Rumah Sakit Umum Daerah Bhakti Dharma Husada Surabaya)*. Skripsi. Universitas Airlangga.

