

# **ANALYSIS OF THE ROLE OF HEALTH ADVISORY OF MUHAMMADIYAH CENTRAL BOARD (MPKU) AND PKU MUHAMMADIYAH GAMPING HOSPITAL ON THE CONCEPT OF ACADEMIC HEALTH CENTER**

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## **ABSTRACT**

**Background:** The concept of Academic Health Center (AHC) is a combination of education, research and health services functions. Muhammadiyah is a Muslim organization in Indonesia with a wide range of business section in the field of health education institutions and health care institutions. The Health advisory of Muhammadiyah central board (MPKU) is an assistant element of the association that manages the health business. The objective of this research is to determine the role of the MPKU of Yogyakarta Region, the role of Faculty of Medicine and Health Sciences Universitas Muhammadiyah Yogyakarta (FKIK UMY) and PKU Muhammadiyah Gamping Hospital in realizing the concept of AHC.

**Subject and Method:** This study used a qualitative research design by interviewing 5 respondents from MPKU representatives, FKIK UMY and PKU Muhammadiyah Gamping Hospital. This research was conducted in May - June 2018 which is located in PKU Muhammadiyah Gamping Hospital and FKIK UMY. The results of interview transcripts were processed using descriptive method.

**Result:** The role of the MPKU Muhammadiyah in the concept of AHC is to become a policy maker, planning a legal collaboration, and providing guidance for hospital and first-level health care facilities. The role of RS PKU Muhammadiyah Gamping as AHC implementation facility is to prepare human resources and facilities to perform service, referral and clinical role. While the role of FKIK UMY as the main educational institution in the concept of AHC is to run the three roles of higher education namely education, research, and health services.

**Conclusion:** The role of MPKU Muhammadiyah has just reached the stage of legal collaboration and coordination with FKIK UMY and PKU Muhammadiyah Gamping Hospital to realize the concept of AHC.

**Keywords:** MPKU, Academic Health Center, Teaching Hospital, FKIK UMY

## **BACKGROUND**

Law Number 20 of 2013 concerning Medical Education states that the government must support the Primary Care Physician Program and that medical education must be able to serve holistically (promotive, preventive, curative, rehabilitative and palliative) (UU RI No.20, 2013).

Academic Health Center (AHC) is a functional organization which is a combination of educational functions, research, and health service functions of various health institutions. AHC is integrated from various institutions including University Community, Teaching Hospital and Practice Plan. AHC is developing to achieve equal distribution of doctors in primary services and universal coverage. AHC has the concept of integration between the national health system, clinical education facilities, and the national higher education system (Tridarma of higher education). So when all of them can be integrated with AHC-based concept then it can improve the quality of health services in the community (Kirch, 2005).

Muhammadiyah is an educational institution founded by Ahmad Dahlan which has a vertical and horizontal organizational structure. MPKU is one of the community organization in the field of public health and welfare. MPKU stands for the Health Advisory of Muhammadiyah Central Board in charge of fostering hospitals belonging to Muhammadiyah (Pudjokusumo, 1998).

The concept of AHC can be applied in the Muhammadiyah organization which has all three elements in realizing AHC. There is a MPKU as a policy maker and coaching, PKU Muhammadiyah Gamping Hospital as the basis of service and professional education, as well as Faculty of Medicine and Health Sciences University of Muhammadiyah Yogyakarta (FKIK UMY) as a medical and health education institution that carries out education, research, and service / community service (Aaron, 2001).

## **SUBJECT AND METHOD**

This research uses qualitative research design by conducting interviews on 5 informants from representatives MPKU, Faculty of Medicine and Health Sciences (FKIK) UMY and RS PKU Muhammadiyah Gamping. The results of interview transcripts were

processed using descriptive method by coding, annotating, labeling, selection and summary.

## RESULTS

### 1. Characteristics of Subjects

The research subjects consisted of 5 people who represented all parties with a direct interest in the Academic Health Center, namely FKIK UMY, PKU Muhammadiyah Gamping Hospital, Network Hospital, and MPKU. The list of people who are the subject of research as shown in Table 1.

Table 1. Overview of Research Subjects

No	Subject Affiliation	Role of the Institution related to AHC
1	The subject was the director of PKU Muhammadiyah Gamping Hospital	As a central education hospital for FK UMY supported by hospitals and networking clinics
2	The subject is the chairperson of MPKU DIY	to make policies and foster the Education Hospital, Hospital and networking clinic to be ready as a place of education in the AHC concept
3	The subject is the director of the Firdaus Clinic	Firdaus Clinic is a clinic that fosters the surrounding clinics and becomes a network of PKU Gamping Hospital
4	Subjects are lecturers of the Faculty of Medicine, UMY	Faculty of Medicine, as educational institutions that need a place of practice for the education of prospective doctors while providing health workers for hospitals and clinics
5	The subject was the director of PKU Nanggulan Hospital	It was a network hospital of PKU Gamping Hospital
6	The subject is the director of	which is a clinic that fosters the surrounding

	the Aisyiyah Moyudan Clinic	clinics and becomes a network of PKU Gamping Hospital
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The coding results of the data obtained from interviews show that there are stakeholders who already know the concept of AHC. Coding data about subject knowledge towards AHC is presented in Table 2 below.

**Table 2. Subject Knowledge About the Concept of AHC**

<b>Subject</b>	<b>Category</b>
W1	Very familiar with the concept of AHC so that it has a more detailed picture of the direction and steps towards AHC
W2	Know the AHC in the concept to meet HR needs
W3	Know the AHC concept. Have your own concept that doctors examine and provide services.
W4	Knowing the importance of service and education.
W5	Very knowing
W6	Less fully aware

The role asked regarding the AHC included the role in the AHC concept, the efforts made to realize the AHC, and the obstacles faced to realize the AHC. The results of coding data about roles in the AHC are presented in Tables 3, 4 and 5.

**Table 3. Role of Subjects in the concept of AHC**

Subjects	Category
W1	Is very aware of their respective roles
W2	Not knowing enough
W3	has partially run the AHC role
W4	Very well aware of the importance of integration in the concept of AHC
W5	has played a part in the concept of AHC
W6	has partially played a role in the concept of AHC

**Table 4. Roles that are in accordance with the concept of AHC**

Subject	Category
W1	has performed the role according to the AHC
W2	There is already a role to go to the AHC
W3	There are already some roles that are in accordance with AHC
W4	Know the role that should be done, but it is difficult to realize
W5	There are already some roles that are in accordance with AHC
W6	There are already some roles that are in accordance with AHC

**Table 5. Efforts made to realize the concept of AHC**

Subject	Category
W1	There has been efforts to realize it
W2	There has been efforts to realize it
W3	There has been efforts to realize it
W4	There has been efforts to realize it
W5	There has been efforts to realize it
W6	There has been efforts to realize it

## **DISCUSSION**

### **1. The role of MPKU in the Yogyakarta Region in the concept of AHC**

The implementation of the AHC concept requires more human resources because it requires doctors who teach in the classroom as lecturers and need lecturers who practice as doctors in medical care practice where medical students practice (Lencioni, 2002). The availability of lecturers at FKIK UMY itself is still lacking, namely that only 50% of ideal needs have been met.

This was explained also by Kirch et al (2005), that to support a concept of AHC needed a significant supporting organizations where the regulatory structure of resources is needed here to establish good regulation in the implementation of AHC-based health systems.

Management of human resources and funding is an important part of the AHC. Good management is needed because these two things become pillars so that it is recommended for management only by one system so that it can make it easier to adjust the existing resources and funding resources (Feifer, 2003).

Guidance in human resources and good management by improving the quality of human resources is needed because they are the key to the implementation of the AHC. Borden (2015) reports the Academic Health Center (AHC) reports more overall work stress, higher intensity, and more frequent job pressures than hospital social workers. The higher the level of work stress, especially the intensity of work pressure, the lower the job satisfaction score for both groups (Wartman, 2017). So, good coaching by MPKU is needed here.

The AHC concept requires integrated coordination between medical education services and health services in hospitals. MPKU's policy has not led to the AHC because MPKU is more focused on how to make hospitals to grow bigger and build more clinics. MPKU's efforts have only been limited to map hospitals or clinics that can support the establishment of an Academic Hospital. The policy line under MPKU is hospitals and health clinics, not in the implementation of medical education. In this case the MPKU also has no agreement with the Muhammadiyah Higher Education Council.

The role of MPKU in the AHC concept is still lacking in showing a mutually beneficial role between RS and FKIK UMY. In fact, the AHC concept can work when all parties involved in the AHC feel the benefits. Trisnantoro (1998) explained that there needs to be a win-win solution from all stakeholders when developing a strategic collaboration in organizing an Academic Hospital.

Good cooperation between departments and hospitals is key to improving the development of the AHC system. Structural integration and team formation have a major impact on success in determining policies. The team is an organizational tool used outside academics to maintain a higher level of performance quality compared to the use of traditional committee methods and work groups (McCurdy, 2004).

## **2. The role of University of Muhammadiyah Yogyakarta in the concept of AHC**

The role of FKIK UMY in the concept of AHC at least leads to three main roles, namely education, research and community care. AHC will produce a centralized research unit because the AHC allows many participants (especially doctors) to collaborate with researchers to complete educational missions and research in the AHC system (PP Muhammadiyah, 2005). Efforts made by FKIK UMY today in the role of education still utilize Panembahan Senopati Hospital as an Academic Hospital for its students (PP Muhammadiyah, 2010).

The role of the concept of AHC funding education does not only cover how to provide education for prospective doctors and health workers, but also must pay attention to innovation, society, and policy. FKIK UMY needs to innovate education so that the course of education for prospective doctors in hospitals is getting better. The AHC must also think about continuing education for health workers in the area. The AHC concept also considers the needs of doctors in the future.

Research will produce better science and technology so that doctors are not alone in dealing with health problems. As technology advances, the ability of doctors is not alone in handling patients. It is reaffirmed that the AHC can directly fund a centralized research unit to support broader research and education.

In addition, research must also examine how AHC integration with the community. Regarding policy, research also needs to examine the quality of health services. In

this case, FKIK UMY has not thought about the role in a broader direction, except only in research for the development of the medical profession (Zamah, 2013).

The role of FKIK UMY research in the concept of AHC has not been thought towards how medical record data in a number of hospitals and clinics also become research data. This is different from Eugene et al (2013) which revealed that in the United States there are 135 AHCs that are integrated between service, research and education. AHC in the United States provides medical record data to be accessed for research purposes (Souba, 2002).

Some of the doctors who served in PKU Muhammadiyah Gamping Hospital were also lecturers at FK Muhammadiyah. However, the concerned physician is more focused on the realm of community care which is the practice that is carried out in hospitals or Muhammadiyah clinics. The role of the FKIK UMY is not in the AHC framework but on the basis of coordination between the lecturer concerned with the hospitals where the lecturer will serve or provide health care (Samsul Hidayat, 2010).

### **3. The role of PKU Muhammadiyah Gamping Hospital in the concept of AHC**

The concept of AHC places PKU Muhammadiyah Gamping Hospital positioned as a type B Hospital so that it can become a central health education for FKIK UMY. The role of this hospital in the concept of AHC still refers to three roles, namely service role, referral role and clinical role.

The role of service in the concept of AHC according to Borden, et al (2015) in addition to providing specialist services also provides services to low-income communities. Health care must also be able to achieve a higher level of patient safety. In terms of providing health services, it also pays attention to research needs in order to develop more advanced methods and therapies. According Eugene (2013), Optimizing the referral system by returning the function of the Puskesmas as a comprehensive health service, including promotive, preventive, curative, and rehabilitative, so that the number of referrals constrained by access and service fees in referral hospitals.

Eugene's research (2013) reveals problems in the referral system that are faced, namely HR problems where there is still a lack of dissipation between health workers and lack of accountability of health workers. Apart from that until now the



referral has not gone well, because not all doctors understand about reconciliation. Borden (2015) needs to have a firm assertiveness for all employees to carry out services in accordance with procedures that have been determined with a sense of responsibility.

The role of PKU Muhammadiyah Gamping Hospital in the AHC concept means to position this hospital with type B so that the clinical role is carried out by providing health care facilities that provide and provide basic and / or specialist medical services, organized by more than one type of health force and led by a specialist.

## **CONCLUSION**

Based on the results of research and discussion, the following conclusions can be concluded that:

### **1. The role of MPKU in the concept of AHC**

MPKU must also make policies that comprehensively make a system where the AHC can be applied. MPKU's policy has not led to the AHC because MPKU is more focused on how to establish hospitals to grow bigger and foster more clinics. MPKU's efforts have only been limited to map hospitals or clinics that can support the establishment of an Academic Hospital.

### **2. The Role of PKU Muhammadiyah Gamping Hospital**

In the concept of AHC, hospitals need to expand the scope of cases that can be served by opening partnerships with hospitals and networking clinics. Before entering into type B, PKU Muhammadiyah Gamping Hospital had to make sure the hospital and network clinic first provided referrals. The clinical role of PKU Muhammadiyah Gamping Hospital in the concept of AHC means positioning this hospital with type B so that the role of the clinic is to provide health care facilities that provide and provide basic and / or specialist medical services.

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