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Analysis of the reliability referral program for patient DM type 2 health centre Sei Suka Batubara

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ABSTRACT
The Referral Back Program encounters various challenges in its implementation. According to BPJS Health data for the year 2017, there is a notable increase in cases of Advanced Outpatient Level (RJTL) in CMG-Q (Ambulatory Group Episodic), with a significant rise of 4.9 million cases compared to 2016. This has led to suboptimal Primary Health Care (FKTP) and an increased cost of IDR 789 billion in 2016. Stable patients tend to prefer seeking treatment at hospitals rather than returning to FKTP, and FKTPs are not fully equipped to provide pharmaceutical drug services. In terms of methodology, this research adopts a descriptive approach with a qualitative method to gain a clear and in-depth understanding of the implementation of the Type 2 Diabetes Mellitus (DM) Patient Referral Program at the Sei Suka Batubara Community Health Center. The results of the research indicate that the expected outcomes of the Disease Referral Registry (DRR) are being achieved, and there is a continuous effort to enhance service excellence. The readiness of officers implementing the referral program at Sei Suka Batubara Health Center appears to be effective, as demonstrated by the efficiency of the service process and its output. Overall, the information gathered suggests that the implementation of the Health Service Referral Program for Type 2 DM Patients is effective.

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INTRODUCTION

The Indonesian government, through Law Number 40 of 2004 on the National Social Security System (SJSN), aims to achieve universal health coverage by 2014, following the World Health Organization's (WHO) agreement. However, as of 2014, Indonesia has not yet reached this goal and is still in a transition period, with the new target set for achieving universal health coverage by 2019 (UU, 2011).

The enactment of Law Number 24 of 2011 on the Social Security Administering Body (BPJS) grants every BPJS participant the right to receive comprehensive health services, including promotive, preventive, curative, and rehabilitative services, as well as pharmaceutical drug services and consumable medical materials based on their medical needs. Health services cover all first-level and advanced-level health facilities, as well as other facilities determined by the Minister of Health in collaboration with BPJS.

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With the implementation of the National Health Insurance (JKN) era, there has been an increase in the health workload due to the growing public demand for improved access to health services. JKN enables individuals who previously faced financial constraints to access health services, leading to an increased demand for services from both government-owned and private health facilities, ultimately contributing to the rise in JKN capitations (Pertiwi, 2017).

Article 17, paragraph 2, of BPJS Regulation Number 1 of 2014 affirms the right of BPJS participants to choose their first-level health facilities (FKTP) with flexibility for changes every quarter. Participants can select their FKTP based on considerations such as distance, services, health workers, and facilities. To access these health services, participants must follow the service flow established by BPJS.

Every health facility is obligated to implement a referral system in providing health services, as outlined in BPJS Regulation Number 1 of 2014. This referral system ensures that patients receive quality and satisfying individual health services, starting from easily accessible health service locations with costs that suit the patient.

The implementation of a health service referral system by BPJS aims to increase access to advanced health services. This system regulates the reciprocal delegation of duties and responsibilities for health services among health insurance participants, social health insurance, and all health facilities. The referral system is not limited to sending patients but can also include diagnostic supporting tests, specimens, and referrals for additional disease knowledge.

One significant national and global health concern is non-communicable diseases (NCDs), specifically Diabetes Mellitus (DM). The International Diabetes Federation Atlas (IDF, 2020) reports a global increase in diabetes cases, reaching 463 million people worldwide, with a projected rise to 700 million by 2045. The prevalence of diabetes globally among those aged 20-79 years was 9.3 percent in 2019. Indonesia ranks seventh globally with 10.7 million diabetes sufferers.

In Indonesia, diabetes is the third leading cause of death, accounting for 6.7 percent, following stroke at 21.1 percent and heart disease at 12.9 percent. The prevalence of diagnosed DM has significantly increased over the last five years, as indicated by the Basic Health Research data (Riskesdas, 2018). Specifically for North Sumatra Province in 2017, the prevalence of diagnosed DM at the age of 15 was 1.8 percent.

Addressing the increasing number of diabetes sufferers in Indonesia is a significant challenge, and a strategic improvement in health services at the first-level health service facilities is essential. General practitioners in these facilities can handle simple DM cases without complications, collaborating with other health workers. However, cases with potential complications may require consultation with specialists at advanced health service facilities, such as referral hospitals in Regency/City and Province. After treatment at the referral hospital, patients can be sent back to the primary care doctor with improved conditions, as determined by the treating doctor.

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Referral program services are health services provided to chronic disease patients who are in a stable condition and still require long-term treatment or nursing care carried out at FKTP on the recommendation/referral of the treating specialist/sub-specialist. The types of diseases included in the referral program are diabetes mellitus, hypertension, heart disease, asthma, chronic obstructive pulmonary disease (COPD), epilepsy, schizophrenia, stroke and systemic lupus erythematous (SLE). Referral program participants are participants with a diagnosis of a chronic disease that has been determined in controlled/stable condition by specialist/subspecialist doctors (Ginting, 2018).

In its implementation, the Referback Program has many obstacles. BPJS Health data for 2017 states that the Advanced Outpatient Level (RJTL) has the most cases in CMG-Q (Ambulatory Group Episodic), namely the most re-controlled cases and a significant increase in cases of 4.9 million cases in 2016. The consequences are not optimal PRB at FKTP means there is an increase in costs of IDR. 789 billion compared to 2015, where stable patients preferred to seek treatment at the hospital rather than return to FKTP and the role of FKTP was not yet able to provide pharmaceutical drug services (BPJS, 2017).

Based on BPJS Health data in 2016, it is stated that currently only 34.05% of the 1.18 million participants with a referral diagnosis have participated in the Refer Back Program. This is because the availability of medicines in pharmacies is insufficient, FKTP is not yet ready and the criteria for stable patients are different in each hospital. BPJS Health data for 2018 also states that in North Sumatra the city of Medan has implemented the referral program well with 560,000 participants out of 1.8 million BPJS participants.

Other research which states that DRR has not run optimally at Tidar Regional Hospital, Magelang City, was also found by Pertiwi, et al (2017) which states that the reason DRR has not run optimally is because the number of implementing staff is still large. less because of the amount of work to be done and the accumulated number of workers. patient in hospital. Apart from that, the bureaucratic structure factor related to SOPs at FKTL has not been running optimally because services are still not in accordance with existing SOPs and there is also no communication flow between FKTP and FKTL so there is no clarity in communication. "Based on the description above, the researcher wants to conduct research to analyze the implementation of the Type 2 DM Patient Referral Program at the Sei Suka Batubara Community Health Center."

Literature Review

Referral Management

According to Syafrudin (2009), referral management includes internal work between officers in one house; between sub-district health centers and community health centers; between the community and the health center; between one health center and another; between health centers and hospitals, laboratories or other health service facilities; internal between departments/service units within one hospital; between hospitals, laboratories or other service facilities from hospitals.

Information on patient referral activities is made by the sending health officer and recorded in the patient's referral letter which is sent to the referring doctor, which contains,

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among other things: letter number, date and time of sending, status of the patient holding a Health Insurance or general card, recipient's referral destination, name and the patient's identity, a summary of the results of the anamnesis, physical examination, diagnosis, actions and medications that have been given, including supporting examinations, treatment progress and additional information deemed necessary.

In order for this referral system to be implemented effectively and efficiently, it is necessary to pay attention to the organization and its management, and the chain of authority and responsibility for each health service unit involved in it must be clear, including implementation and coordination rules.

Due to the limited human resources and health funds provided, it is necessary to make efforts to use the available medical service facilities effectively and efficiently. The government has established the concept of regional division in the public health service system. In this referral system, each health unit starting from the Polindes, sub-district health centers, community health centers and hospitals will provide services to the community in accordance with regional regulations and the level of ability of the officers or the same. This provision is excluded for referrals for emergency cases, so that the division of service areas in the referral system is not only based on government administrative area boundaries but also on criteria including:

1. The level of capability or completeness of health facilities, for example hospital facilities, according to the classification level.
2. Hospital collaboration with the Faculty of Medicine
3. Existence of transportation networks or transportation facilities used to reach health facilities or referral hospitals.
4. Geographical conditions of the health facility area.
   In carrying out referral area mapping, the patient's/patient's family's desires in selecting a referral destination need to be taken into consideration.

Diabetes mellitus

Diabetes Mellitus (DM) is a group of heterogeneous disorders characterized by increased blood glucose levels or hyperglycemia. Glucose normally circulates in certain amounts in the blood. Glucose is formed in the liver from the food consumed. Insulin, a hormone produced by the pancreas, controls glucose levels in the blood by regulating its production and storage (Sutanto, 2010).

Diabetes Mellitus (DM) is a chronic disease that occurs when the pancreas does not produce enough insulin or when the body does not use insulin itself efficiently. Insulin is a hormone that regulates blood sugar levels. Hyperglycemia or increased blood sugar levels is an uncontrolled effect of diabetes and in the long term can cause serious damage to several body systems, especially the blood vessels, heart (coronary heart disease), eyes (blindness can occur), kidneys (can occur kidney failure), and nerves (stroke can occur). The International Diabetes Federation (2013) also reported that the Southeast Asia region was the second largest. A region with 72 million people suffering from diabetes. Indonesia is the 7th country out of 10 countries with the most people suffering from diabetes with 8.5

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million sufferers aged 20-79 years and is expected to continue to increase by 55% in 2035. The proportion of diabetes mellitus sufferers in Indonesia In 2013, it was still dominated by women with a total of 4.9 million sufferers or greater than men, namely 3.6 million sufferers.

Program Implementation Concept

Kusumanegara (2012) defines implementation as an administrative process of law which includes the involvement of various actors, organizations, procedures and techniques carried out so that the policies that have been established have consequences, namely achieving policy objectives. Implementation can be conceptualized as a process because it includes a continuous series of activities. The concept of implementation must also be considered from various aspects of understanding such as process, output and outcome.

The implementation function itself is useful for forming a relationship that enables the goals or targets of public policy to be the outcome of activities carried out by the government. Apart from that, the implementation function also consists of certain methods or means that are specifically designed and directed. towards achieving the desired goals and objectives. Delving into implementation means trying to understand what actually happens after a program is implemented or formulated, namely the events and activities that occur after the legislative process, whether regarding efforts to have a certain impact on society or events (Wahab, 2011).

Widodo (2011) concluded that implementation is a process that involves a number of sources including people, funds and organizational capabilities carried out by the government and the private sector (individuals or groups). This process is carried out to achieve goals previously set by policy makers. In carrying out program implementation it certainly does not run smoothly. There are many factors that can influence the success of an implementation. To clearly describe the variables or factors that have an important influence on program implementation, various program implementation models are used.

METHOD

The research used was descriptive research with a qualitative approach in order to know clearly and in depth about the implementation of the Type 2 DM Patient Referral Program at the Sei Suka Batubara Community Health Center. Descriptive research is research conducted to determine the value of independent variables, either one or more (independent) variables without making comparisons or connecting one variable with another (Sugiyono, 2010). This research was carried out at the Sei Suka Community Health Center and the research period was from September 2021 until completion.

The sample in this research was selected using purposive sampling, namely a data source sampling technique with certain considerations (Sugiyono, 2010). So the informants chosen were people who were related to the implementation of the referral program at the community health center. Data collection methods are carried out in three ways, namely:

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1. In-depth interviews, namely conducting questions and answers to informants who have been determined previously.
2. The documentation study is a documentation study of the implementation of the type 2 DM referral program at the Sei Suka Community Health Center.
3. Observation is observing the activities, facilities and infrastructure of the chronic disease referral program at the Sei Suka Community Health Center.

The researcher used an in-depth interview instrument in the form of a list of questions arranged according to the topic to be discussed, documentation review, and direct observation (observation). To clarify the information to be obtained, researchers also use tools in the form of writing instruments and voice recorders.

RESULTS AND DISCUSSION

Based on the description of interviews regarding health human resources conducted with 10 respondents, it can be concluded that each sample explains the capabilities of existing human resources in carrying out DRR. So it can be concluded that health human resources in implementing health services for the Type 2 DM patient referral program can run effectively.

Based on the description of the interviews regarding facilities and infrastructure above which were conducted with 10 respondents, it can be concluded that each sample explained that the existing facilities and infrastructure for implementing DRR met the requirements. So it can be concluded that the health facilities and infrastructure in the Implementation of the Health Service Referral Program for Type 2 DM Patients can run effectively.

Based on the description of the interviews regarding the information above which were conducted with 10 respondents, it can be concluded that each sample explained that the existing facilities and infrastructure for implementing DRR met the requirements. So it can be concluded that the information in the Implementation of the Type 2 DM Patient Health Service Referral Program can run effectively.

Based on the interview description regarding indicators of the PRB process in Type 2 DM Patients at the Sei Suka Batubara Community Health Center, above what was done with the 10 respondents, it can be concluded that each sample explains the ongoing process of PRB. even according to expectations, and of course it is hoped that the development of service excellence will continue to be more optimal. So it can be concluded that the output in the Implementation of the Type 2 DM Patient Health Service Referral Program can run effectively.

Based on the interview description regarding PRB output in Type 2 DM Patients at the Sei Suka Batubara Community Health Center, above is what conducted on 10 respondents, it can be concluded that each sample describes an even DRR output. as expected, and of course it is hoped that the development of service excellence will continue to be more optimal. So it can be concluded that the output in the Implementation of the Type 2 DM Patient Health Service Referral Program can run effectively.

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The results of this research illustrate that the implementation of DRR at the Sei Suka Health Center has been running optimally and can be used as a reference for other agencies as an example. This is proven by the results of research conducted by Aries Hamzah (2015) which states that in general the implementation of DRR at Community Health Center X, South Tangerang City has not been effective. Several obstacles were found from the communication aspect that could affect the quality of diabetes mellitus services to the community. There are several inhibiting factors in implementing policies stated in transmission, content and clarity. The main obstacle to implementing the Diabetes Mellitus referral policy at Community Health Center

Another research was also conducted by Rida Khairani Harahap (2018) who stated that the procedures for implementing PRB at the Bandar Khalifa Community Health Center and at the Hospital had not been implemented in accordance with the technical instructions for the Referral Program (PRB) that had been determined by BPJS Health. Apart from that, the process of implementing re-referrals at the Bandar Khalifa Community Health Center was not good because the PRB process at the Community Health Center was not in accordance with the PRB participant registration mechanism process. Other findings also show that there are still shortages of medicines such as Gliclazide and several types of medicines that have not been fulfilled in community health centers and hospitals. This is due to the unclear distributor at one of the pharmacies that collaborates with BPJS so that the hospital will replace the medicine temporarily but the efficacy remains. The same.

CONCLUSION

Based on the results of this research, conclusions can be drawn: Health Human Resources in Implementing the Patient Health Service Referral Program Type 2 DM can work effectively. Health facilities and infrastructure in the Implementation of the Re-Referral Health Services Program for Type 2 DM Patients can run effectively. Output of the Implementation of the Health Service Referral Program for Type 2 DM Patients can run effectively. It can be concluded that the output in the Implementation of the Health Service Referral Program for Type 2 DM Patients can run effectively. The readiness of the officers implementing the referral program at the Sei Suka Batubara Health Center is going well, this can be seen from the effectiveness of the service process and service output. Information on the Implementation of the Health Service Referral Program for Type 2 DM Patients can run effectively.

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