

Research Article

The Implementation of National Health Guarantee System Requirement in Pangkajene and Kepulauan Regency In 2019

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Abstract: The health service referral system is the organization of health services that regulates the mutual assignment of tasks and responsibilities of health services both vertically and horizontally. The purpose of this study was to determine the suitability of the operational standard of referral services in the Kalabbarang Health Center, Pangkajene and Kepulauan Regency. This type of research is qualitative with a phenomenological approach. The location of this study is in the Kalabbarang Health Center. The informants in this study were the Head of Medical Records Installation, the Medical Records installation staff of Registration, patients, doctors and nurses. Data collection techniques in this study using in-depth interviews, document review and observation. The data obtained were analyzed using the content analyze method. The results showed the Kalabbarang Health Center had an SOP on the referral system but it was not perfect because there was no SOP that governed the Puskesmas procedures when receiving patients to be referred back. In addition, health workers who make direct contact with patients do not explain in full to patients' information about the referral they will get, the Kalabbarang Health Center also does not reconfirm to the referral regarding the availability and readiness of the referral party to receive patients, and there is no special record for referral patients. The conclusion of this research is the implementation of the referral system at the Kalabbarang Health Center in terms of the requirements for referring to be in accordance with the national referral system guidelines, but for standard reference procedures and referral administration procedures there are still not in accordance with the national referral system implementation guidelines. Suggestions in this study are based on the findings and conclusions of the need for socialization to be able to understand more deeply about the referral system and equate perceptions among health workers about the referral mechanism in the Kalabbarang Health Center.

Keywords: National Health Insurance, community Health centers, Referral System.

INTRODUCTION

Puskesmas is a health service facility that organizes public health efforts and first-level individual health efforts, with more emphasis on promoting and preventive efforts, to achieve the highest degree of public health (PMK, 2014). To improve the degree of public health and support the success of national social security, Puskesmas need to be reorganized to improve the accessibility, affordability of health facilities and the quality of health services (Mboi, 2015). First Level Health Facilities (FKTP) as a gate keeper in the National health Insurance (JKN) era are required to provide comprehensive primary services with quality health services (Ratnasari, 2018). So FKTP is expected to be an excellent health service facility. To support

these services, financing through the capitation system is strongly supported by the government. Capitation is a financing system that is calculated based on the number of JKN membership in FKTP (Febriawati et al., 2017). A tiered referral system is one of the efforts made to strengthen primary services, as an effort to carry out quality and cost control. Increasing cooperation in health facilities is one of the quality control strategies and the cost of health services (BPJS, 2016). A tiered referral system is an effort to increase collaboration between health facilities (Brooks, et al., 2017).

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There are still many challenges faced by public health centers, for example not yet optimal funding and participation support (Tan, 2018). High public demand for health services but not supported by a good financing system. As a result, every year, financing for JKN has a deficit. This deficit results in disrupted health services. Often patients cannot get maximum service despite having a referral letter from FKTP, even if there are patients who are satisfied with the services provided by FKTP in this case the Puskesmas, the service is restricted to patients using Social Security Organizing Agency (BPJS) Health cards (Rahmadiliyani, 2019). The health service referral system is the organization of health services that regulates the mutual assignment of tasks and responsibilities of health services both vertically and horizontally. Vertical referral is a referral between health services of different levels can be done from lower service levels to higher service levels or vice versa while horizontal referral is a referral between health services in one level, carried out if the referrer cannot provide health services according to patient needs due to limited facilities, equipment (Minister of Health Regulations, 2012).

Based on data from BPJS Health Number of First Level Outpatient visits (RJTP) is the number of participants who conduct an examination to FKTP. The number of RJTP visits in 2017 reached 150,288,478 visits or an increase of 24.29% when compared to the realization in 2016 (120,922,433 visits). The number of referrals from FKTP to FKRTL nationally in 2017 reached 18,891,657 referrals, with a referral ratio of 12.56% and an average number of referrals per month of 1,574,305 references (BPJS, 2017). The percentage of referral exceeds the target of safe zone indicators based on BPJS Health regulation No. 2 of 2015 namely <5% (BPJS, 2016).

Based on data obtained from the Pangkajene Islands District Health Office in 2017 the total number of JKN participant referrals in all Puskesmas in Pangkajene Kepulauan District who were referred to Advanced Referral Health Facilities in 2017 was 19,789 (9.5%) referral cases whereas in 2018 the number overall JKN participant referrals in all Puskesmas in Pangkajene Kepulauan District who were referred to Advanced Referral Health Facilities increased by 36,406 (15.3%) referral cases. The number of referral cases in Pangkajene Kepulauan Regency exceeds the indicator target set by BPJS Health.

Factors that cause a high ratio of referral rates are the incompatibility of drugs with the needs that exist in the health center, the continued high treatment for chronic diseases (Kesumawati, 2012). In addition, the high ratio of referral rates is caused by some patients asking for referrals but those who come to ask for referrals are families of patients so it makes it difficult for doctors to diagnose and provide referrals, many patients also ask doctors themselves to be referred to health facilities secondary or in this case the hospital, other obstacles in referring BPJS Health patients who are hospitalized to the hospital or to secondary / tertiary health facilities that must first confirm and wait for an empty room, This results in patients waiting and slow to obtain medical services (Ispandiyah & Endartiwi, 2019).

Assessment of the quality of referrals to see whether the patients referred are in accordance with the SOP and see aspects of the completeness and accuracy of the referring providers is needed to be traced through research. Because the increase in the number of referrals in FKTL accompanied by low quality of referrals will result in inefficiency and result in losses by BPJS.

METHODOLOGY

Research Design

This type of research is qualitative with a phenomenological approach. This study aims to explore in depth information from informants regarding the implementation of the JKN referral system at the Kalabbirang Health Center. The focus of this research is on the role and experience of informants in implementing the referral system. This research was conducted at the Kalabbirang Health Center, Pangkajene Regency and the Islands of South Sulawesi Province in the period August-September 2019.

Research Informant

The informants in this study were determined by the principle of suitability and adequacy. The technique of taking informants in this study is purposive sampling technique. Determination of the initial informant will begin with the Head of the Medical Records Installation, then the next informant is the Medical Records installation staff, Registration, Doctors and nurses, and also patients.

Table 1. Characteristics of Informants about the JKN Referral System at the Kalabbirang Health Center

Inisial Informan	Umur (Tahun)	Posisi
FI	26	Medical Record Staff
ID	45	General practitioners
TA	30	Medical Record Staff
FT	26	Nurse
NW	34	Medical Record Staff
FA	37	The emergency department
LI	41	Dentist
BA	55	Head of Medical Records Installation
SS	24	Patient
PS	58	Patient
RA	40	Patient
AB	27	Patient
YN	31	Patient

Source: Primary Data, 2019

Data Collection

Data collection is done by extracting data from various techniques and sources to clarify information in the field. The data obtained are primary data. This primary data was obtained by indepth interview, observation and document review.

Data Analysis

Data obtained from the results of interviews with informants were further analyzed by content analysis methods. Content analysis is a technique used to analyze and understand the contents of information.

RESULTS AND DISCUSSION

The focus of this research is the process component in the systems approach theory, because this study wants to see how the implementation of a program that is the referral system program at the Puskesmas. As for what is included in the process component in this research is the suitability between the operational service standards in Kalabbirang Health Center to the Minister of Health Regulation No. 001 of 2012 concerning the referral system. The Puskesmas as a health facility works as a technical implementing unit of the district or city health office that has the responsibility to implement and improve health development in the Puskesmas working area itself. In accordance with Minister of Health Regulation No.1 Year 2012 which explains that health service facilities are places used to carry out health service efforts, promotively, preventively, curatively and rehabilitatively carried out by the government, local government, or the community.

Conformity of Reference Service Operational Standards

In this study, what is meant by conformity to the operational standard of referral system services is that the health workers in the Kalabbirang Health Center in carrying out referrals are based on the operational standards of referral system implementation. In this study, it is known

from the results of in-depth interviews and document review that the Puskesmas already has a referral SOP. This SOP is intended as a reference in referring patients from the health center to the hospital. In this SOP two work procedures have been arranged namely if the patient is referred vertically and if the patient requests the referral himself. From the document review, the researcher is of the opinion that this SOP does not yet represent all activities in the JKN system, the SOP owned by the Kalabbirang Health Center only regulates how to refer patients to the hospital and procedures to refer patients at their own request, there is no procedure from the Puskesmas itself when receiving patients refer back.

From the results of in-depth interviews, information was obtained from several informants who said that the referral SOPs were found in the ER and in various Poli in the Kalabbirang Health Center. Unlike the two informants who said that a referral SOP for the internal Kalabbirang Puskesmas was to be made. This research is in line with research conducted by Mustainah (2017), who said that the Sarulangun Health Center, Sarulangun District, Jambi Province SOP of a referral system was available and its contents were only rules for referring to other Puskesmas. Which means that for the referral process to the Puskesmas LAN or to the hospital it already exists but for rules or SOPs to receive a back referral does not yet exist (Hartini et al., 2016). From the results of in-depth interviews with patients, there are some patients who claim to have asked for their own referral on the grounds that the disease does not heal with treatment and medication given at the Kalabbirang Health Center. Research conducted by Goniwala (2017), patients demand if they want a referral because they lack confidence in health services at the first level of health facilities, so that even though it is explained repeatedly that the disease can be treated at the

Puskesmas but insists on continuing to ask for a referral by threatening to leave the Puskesmas.

From the results of in-depth interviews, it is known the reason why the referral case in Kalabbirang Health Center in 2018 was the highest because, in the process of referral, many patients turned out that their health facilities were not in the Kalabbirang Health Center but because the distance between their homes to the Kalabbirang Health Center was closer to the health facilities. it is written on the BPJS card and therefore patients prefer to go to the Kalabbirang Health Center. The following

excerpts from the results of in-depth interviews with doctors:

“we often get patients outpatient here but the health facilities are not the health facilities at the Kalabbirang Health Center, but for example the health facilities at the Bungoro Health Center, while he lives in biring ere there, so they ee prefer to seek treatment here, and inevitably we serve one at a time, then we educate ee, we tell the person concerned if you want to go back for treatment here, please change the health facilities” (ID, 45 years old)

Table 2. Analysis of the Referral System at the Kalabbirang Health Center According to the National Referral System Guidelines

No	National Referral System Guidelines	Implementation at the Puskesmas	Study Results
Managing referrals from first-level to second-level health facilities			
A. Terms refer			
1	The patient to be referred has been examined and it is stated that the patient's condition can and is eligible for a referral, vital signs are in good condition / stable and transportable and meets one of the conditions for referral	Kalabbirang Community Health Center is assessed that the implementation of the referral system has fulfilled the requirements for patient referral but several cases of patients requesting referrals themselves and also some patients who seek treatment at the Health Community Center of Kalabbirang are registered with other health facilities.	In accordance
B. Standard Procedures Refer Patients			
1	Referral Clinical Procedures: a) Clinical procedures in cases of non-emergency referral process follow routine procedures that are established namely the health provider accepts patients at the health center, performs, anamnesa, physical examination and medical support examinations that are able to be done by the health center to determine the diagnosis of the patient	In the Kalabbirang Health Center the referral system implementation in carrying out clinical procedures is in accordance with the established routine procedures, but the Kalabbirang Health Center does not yet have an SOP regarding non-emergency case referrals	In accordance
	b) Patients who come in an emergency situation and need medical emergency assistance, the authorized officer immediately conducts immediate assistance (life saving procedure) to stabilize the patient's condition according to SOP.	Kalabbirang Puskesmas SOP regulates the stabilization of emergency patient conditions to be referred	In accordance
	c) Concludes the case that the patient meets the requirements for referral, according to one of the criteria in the patient's referral requirements	Conclusion of cases that patients meet the requirements for referral has been carried out by the Kalabbirang Health Center	In accordance
	d) Preparing referrals for patients by giving patients and / or their families an explanation in a language understood by the patient / family, and informed consent as part of operational procedures that are very closely related to the technical procedures of patient care must be carried out.	Kalabbirang Health Center has provided the patient or family with a clear explanation and also provided an informed consent sheet to the patient	In accordance
	e) Explanation related to the disease / patient's health problems and the patient's current	Kalabbirang Health Center only provides an explanation of the results	Not in accordance

No	National Referral System Guidelines	Implementation at the Puskesmas	Study Results
	condition, the purpose and importance of the patient must be referred, where the patient will be referred, the consequences or risks that occur if the referral is not made, and the benefits of referral	of the patient's diagnosis, the importance of the patient must be referred, but does not explain in full about where the patient will be referred, the consequences or risks that occur if the referral is not done and the benefits are made referral	
	f) Plans are made and the process of implementing referrals as well as possible actions to be taken in the referral health facilities to be addressed	Kalabbirang Health Center has carried out plans and the process of implementing referrals as well as possible actions to be taken at the referral health facilities to be addressed	In accordance
	g) Explained the things that need to be prepared by the patient / family	Kalabbirang Health Center has explained to patients what things must be prepared	In accordance
	h) Other explanations related to the referral process including various complete requirements to give the patient / family an opportunity	Kalabbirang Community Health Center provides explanations as needed to the patient's family as well as his patients	In accordance
	i) The final decision on the referral implementation plan is on the patient and or his family to agree or refuse to be referred according to the existing referral flow, as well as the final agreement or the results of the explanation stated by signing the two parties in the format of informed consent according to the procedure	Implementation of informed consent has been carried out by the Kalabbirang Health Center, by signing the two patients / families with medical personnel in an informed consent format according to the procedure.	In accordance
	j) Upon approval of the referral from the patient / family, the Puskesmas has the authority to prepare referrals by providing referral actions according to the patient's condition before being referred based on the SPO	Kalabbirang Health Center has asked permission from the patient or the patient's family to prepare the action before referral	In accordance
	k) Puskesmas re-contact the service unit in the referral facility, to ensure that once again the patient can be admitted to the referral facility or have to wait a while or find another referral facility as an alternative	Kalabbirang Health Center does not re-contact the referral destination health facility to ensure once again that the patient can be accepted at the referral health facility or must wait temporarily or find another referral health facility as an alternative	Not in accordance
2. Referral Administration Procedure			
	a) Done in line with the technical procedures of the patient	Kalabbirang Health Center carries out administrative procedures in accordance with technical procedures on patients	-
	b) Completing the patient's medical record, after the action to stabilize the patient's pre-referral condition	Kalabbirang Health Center has completed the patient's medical record to be referred as well as stabilization measures, completeness in the form of a patient diagnosis, diagnosis code, and Poli and Hospital to be referred for referral	-
	c) After the Puskesmas has given a complete explanation and the final decision has been taken to agree or refuse to be referred, it must still complete informed consent according to the format of the procedure for the signatures of both parties, the Puskesmas	Kalabbirang Health Center has completed informed consent according to the format of the procedure for the signatures of both parties, the Puskesmas and the patient / family if the final decision agrees or does not	In accordance

No	National Referral System Guidelines	Implementation at the Puskesmas	Study Results
	and the patient / family	agree to be referred	
	d) Furthermore, the informed consent format that has been signed is stored in the patient's medical record, if an ICT / ICT device has been used the informed consent format can be supplemented with photos, recordings of the decision-making process talks and others	The Kalabbirang Community Health Center has stored an informed consent format that has been signed and is stored in the patient's medical record but has not used ICT / ICT.	In accordance
	e) Furthermore, if the patient has agreed to be referred, the Puskesmas must make a letter double patient referral, the first sheet is sent to the referral facility with the patient, the second sheet is kept as a file with the patient's medical record to be referred	Kalabbirang Health Center has made 2 copies of patient referral letters pertama sent to the referral facility with the patient, the second sheet is kept as an archive with the patient's medical record to be referred	In accordance
	f) Puskesmas must record patients in the patient's referral register	Kalabbirang Health Center does not have a special book for referral cases	Not in accordance
	g) Administration of sending patients must be completed when the patient will be referred immediately	Administration of patient delivery has been completed when the patient will be referred immediately	In accordance

Source: Primary Data, 2019

Based on table 2. implementation of the referral system at the Kalabbirang Health Center that is not appropriate, namely Explanation related to the patient's illness / health problem and the patient's current condition, goals and importance of the patient must be referred, where the patient will be referred, the consequences or risks that occur if the referral is not carried out, and the benefits of having a referral and also the Puskesmas not contacting the destination health facilities again. The reason why the Puskesmas does not fully inform patients about patients will be referred to where because in the Pangkajene Regency there is only one Regional Hospital, Pangkep Regional Hospital, so although not informed the patient will understand where he will be referred to, to inform about the advantages and disadvantages of the referral to the patient not done in the Kalabbirang Community Health Center because according to informants important information is only information on the results of the diagnosis and then gives a referral approval letter to the patient.

The implementation of the referral system at the Kalabbirang Community Health Center which is not yet compatible with the second is the Puskesmas not to contact the hospital or health facility for the referral destination after the patient completes all administration before referral, the reason being that there are many patients so that the patient does not have the time to reconfirm the referral hospital. This study is in line with research conducted by Rukmini and Ristrini (2015). It is known that the Tambakrejo Health Center and the Kali Kali Kedinding Surabaya before making a labor referral contact the destination hospital first, and submit a case that will be referred to guarantee the availability of a place in the hospital and not confirm repeat when the patient has completed all

forms of administration because it has been confirmed previously.

CONCLUSION

The implementation of the referral system at the Kalabbirang Health Center in terms of the requirements for referring are in accordance with the national referral system guidelines, but for standard procedure referring there are still not in accordance with the national referral system implementation guidelines namely the Kalabbirang Health Center only provides an explanation of the results of the patient's diagnosis, the importance of the patient must be referred but does not explain in detail about where the patient will be referred, the consequences or risks that occur if the referral is not made and the benefits are made referral and also the Kalabbirang Health Center does not re-contact the referral destination health facility to ensure once again that the patient can be accepted at the referral destination health facility or must wait while or finding other referral health facilities as an alternative. Suggestions in this study are based on the findings and conclusions of the need for socialization to be able to understand more deeply about the referral system and equate perceptions among health workers about the referral mechanism in the Kalabbirang Health Center.

REFERENCES

1. BPJS. (2016). *Peraturan Badan Penyelenggara Jaminan Sosial Kesehatan Nomor 8 Tahun 2016 tentang Penerapan Kendali Mutu dan Kendali Biaya Pada Penyelenggaraan Program Jaminan Kesehatan Nasional*. Jakarta: BPJS Kesehatan.
2. BPJS. (2017). *Laporan Pengelolaan Program dan Laporan Keuangan Jaminan Sosial Kesehatan Tahun 2017*. Jakarta: BPJS Kesehatan

3. Brooks, M. I., Thabrany, H., Fox, M. P., Wirtz, V. J., Feeley, F. G., & Sabin, L. L. (2017). Health facility and skilled birth deliveries among poor women with Jamkesmas health insurance in Indonesia: a mixed-methods study. *BMC health services research*, 17(1), 105.
4. Febriawati, H., Yandrizal, Y., Afriza, Y., Pratiwi, B. A., Yanuarti, R., & Suryani, D. (2017). Analisis Besaran dan Pembayaran Kapitasi Berbasis Komitmen Pelayanan terhadap Pengendalian Rujukan di Puskesmas Kota Bengkulu. *Jurnal Kebijakan Kesehatan Indonesia: JKKI*, 6(4), 204-209.
5. Goniwala, G. (2017). *Gambaran Pelaksanaan Rujukan Peserta BPJS Kesehatan Di Puskesmas Tikala Baru dan Puskesmas Teling Atas Di Kota Manado*. Universitas Manado.
6. Hartini, H., Arso, S. P., & Sriatmi, A. (2016). Analisis Pelayanan Rujukan Pasien Bpjs di RSUD Chatib Quzwain Kabupaten Sarolangun Provinsi Jambi. *Jurnal Kesehatan Masyarakat (e-Journal)*, 4(4), 49-59.
7. Ispandiyah, W., & Endartiwi, S. S. (2019). Pelaksanaan Kebijakan Rujukan Berjenjang Bagi Peserta Bpjs Kesehatan. *Jurnal Ilmiah Ilmu Kesehatan: Wawasan Kesehatan*, 5(2), 196-204.
8. Kesumawati, Ima. N. (2012). *Analisis Pelaksanaan Rujukan RJTP Peserta Akses Sosial PT. Askes (Persero) Kantor Cabang Sukabumi di Puskesmas Nanggaleng dan Gedong Panjang Tahun 2012*. Universitas Indonesia.
9. Mboi, N. (2015). Indonesia: on the way to universal health care. *Health Systems & Reform*, 1(2), 91-97.
10. Mustainnah, F. (2017). Analisis Sistem Rujukan Berdasarkan Standar Operasional Pelayanan di Puskesmas Sarulangun. *Jurnal Kesehatan*, 1(1).
11. PMK. (2014). *Peraturan Menteri Kesehatan Republik Indonesia Nomor 28 Tahun 2014 tentang Pedoman Pelaksanaan Program Jaminan Kesehatan Nasional*. Jakarta: Ministry of Health.
12. Rahmadiliyani, N., & Adha, M. K. F. (2019). Pelaksanaan Rujukan Rawat Jalan Pelayanan Kesehatan Tingkat Pertama Pasien BPJS di UPT Puskesmas Martapura Barat. *Jurnal Kesehatan Indonesia*, 9(1), 1-8.
13. Ratnasari, D. (2018). Analisis Pelaksanaan Sistem Rujukan Berjenjang Bagi Peserta JKN di Puskesmas X Kota Surabaya. *Jurnal Administrasi Kesehatan Indonesia*, 5(2), 145-154.
14. Rukmini, R., & Ristrini, R. (2015). Implementation of Maternal Reference System at Tambakrejo and Tanah Kali Kedinding Health Centres in Surabaya City. *Buletin Penelitian Sistem Kesehatan*, 18(4), 365-375.
15. Tan, S. Y. (2018). Bureaucratic autonomy and policy capacity in the implementation of capitation payment systems in primary healthcare: comparative case studies of three districts in Central Java, Indonesia. *Journal of Asian Public Policy*, 1-21.