

The Implementation of Minister of Health Regulation Number 001 Year 2012 Concerning Individual Health Service Referral System for National Health Insurance Patients InBirobuli Public Health Center, Palu City

Muhammad RizkiAshari¹, Travenia Fiolika¹, Firmansyah², Bambang Dwicahya³, Ahmad Yani⁴

¹Lecturer, Departement of Health Administration and Policy, Faculty of Public Health, Tadulako University, Indonesia, ²Lecturer, Departement of Health Promotion, Faculty of Public Health, Tadulako University, Indonesia, ³Lecturer, Departement of Environmental Health, Faculty of Public Health, Tompotika University, Indonesia, ⁴Lecturer, Departement of Health Promotion, Faculty of Public Health, Universitas Muhammadiyah Palu, Indonesia

Abstract

Central Sulawesi in 2018 showed the number of outpatient visits as much as 71.8%. The number of outpatient visits to First Level Health Facilities with the highest percentage was Palu City with 711,394 cases. The number of participants of the National Health Insurance in 2019 in Palu City was 476,968 thousand. The highest number of referrals in 13 public health centers in Palu City in 2019, namely the Birobuli public health center with the highest number of per quarter I 1384 and in the second quarter as many as 1172 cases. Type of Research is a qualitative case study approach. The research informants were 7 informants. The results showed that the communication variable between the implementers was quite good in implementing the referral system but sometimes it was not consistent, there were no meetings or meetings to discuss reference standards or referral issues. In terms of infrastructure, resources are good, there is still a lack of medical personnel, there is no training regarding referral standards. The Implementers' attitude/disposition and knowledge of medical personnel about the referral system are good. Standard Operational Procedures already exist but have not been socialized in every public health center.

Keywords: *Implementation; Regulation of Minister of Health; Referral System; National Health Insurances.*

Introduction

Health development is directed to increase awareness, willingness, and ability to live a healthy life for everyone so that the highest degree increase can be realized. Everyone has the right to an adequate degree of life for health and for the well-being of himself and his family including the right to food, clothing, housing and

health care. Health is one of the basic needs that humans need to survive and make smart and healthy Human Resources (HR) (Soeripto, 2019)⁽¹⁾.

Coverage of membership in Indonesia in order to achieve Universal Health Coverage (UHC) within a period of 3 years has grown quite rapidly. During the 3-year period membership coverage continued to increase, up to 31 December 2016 it reached 171,939,254 inhabitants. The number of participants in 2015 increased by 17.51% compared to 2014 (133,423,653 inhabitants), with an average increase in the number of participants per quarter of 4.38% or 5,841,659 inhabitants. In 2016, the number of participants experienced 9.66% compared to 2015 (156,790,287 inhabitants) with an average increase in the number of participants per quarter of 2.42% or 3,787,242 inhabitants. This shows the continuing

Corresponding Author:

Muhammad Rizki Ashari

Lecturer, Departement of Health Administration and Policy, Faculty of Public Health, Tadulako University, Indonesia

e-mail: aiiyrizki@yahoo.com

increase in the number of guarantee participants national health (JKN) in Indonesia⁽²⁾.

Health services in Indonesia are implemented in stages, starting from basic health services by first-level health facilities. Second level health services can only be provided on referral from first level health services. Third level health services can only be provided on referral from second level or first level health services, except in emergencies ⁽²⁾⁽³⁾.

The first level health facility is expected to optimize its function as a gatekeeper who can control referrals and streamline the cost of health services. Case of referral to secondary services for cases that should be completed in primary services is still quite high which exceeds the value of outpatient referral ratio First, the optimal set by the social insurance administering organization (BPJS), which is 15%⁽²⁾⁽⁴⁾.

Based on the number of references quarter I in 13 public health Centers in palu city in 2019 obtained 3 public health center with the highest number of 3 namely Birobuli 1384, Kamonji public health center 1255, Singgani public health center 1205. And in quarter II obtained 3 public health center with the highest number 3 namely Birobuli public health center as many as 1172 cases, Kamonji public health center as many as 1168, Nosarara public health center as many as 1165. This shows that birobuli health center continues to experience an increase in the number of referrals.

This research was conducted with the aim of explaining The implementation of Minister of Health Regulation Number 001 of 2012 Concerning Individual Health Service Referral System for National Health Insurance Patients in Birobuli, Public health center in palu city.

Method

This research is a qualitative research with a case study approach. The sampling technique in this study used purposive sampling with a total of 7 informants. The study was conducted at the Birobuli Public Health Center in Palu City. Data collection is done by indepth interviews using interview guidelines, observation, and documentation. And using complementary instruments include stationery, recording equipment, cameras, and field notes.

Data presentation techniques in the form of narratives and are equipped with a matrix of research

results.

Result and Discussion

Communication between implementers:

Communication that is established between health workers regarding the implementation of the referral system that communication is established between medical personel (doctors) as a determinant of referrals, referral managers who will make online referrals after patients receive services but here are still less than optimal because each medical person is still difficult and feel uneasy (indifferent) where referral managers often get referred patients who should still be able to be handled at the health center but are referred by doctors but the referral manager does not question this because they assume only have authority as input referrals and doctors who still have an understanding that what is the right to give a referral is a medical person (doctor)⁽⁵⁾⁽⁶⁾.

Hartini (2016) concluded that the referral process, the intensity of communication between referring health workers and referral recipients is very important, because with the condition of emergency patients need to get information in the implementation of both internal referral or hospital readiness in receiving referrals. The intensity of good communication is very helpful for many parties in accelerating the implementation of a good referral process as well. Meetings or meetings that discuss referral standards that there are no meetings or meetings from year to year when there are problems or obstacles regarding the implementation of the referral system in theBirobuli,Public Health center.

The head of the public health center as the one evaluating the implementation of the public health center program simply asked the doctor why the referral was high. And until now there has been no solution how to deal with the problem of high referrals l et alone the bureaucracy among the 3 public health center in Palu City whose referral rate is above 15% BPJS standard so this needs to be evaluated or meeting not only between the Public health center Head and the doctor but also with the referral processing.

In Al Shamsi (2018) in Saudi Arabia effective communication between primary and secondary providers is crucial for health care in Saudi Arabian referral systems. This system has several problems, including incomplete reference documents and the excess of patients in some specialist clinics due to referrals. This e-referral system provides accurate and

complete information about referred patients, which shows that the system can improve the Saudi system's problems with incomplete reference documents. The second outcome that might apply is the Lean Six Sigma principle, which succeeded in reducing inappropriate referrals, thereby reducing density in some specialist clinics.⁽⁷⁾

Resource: The number of staff (medical personnel) in the implementation of the referral system in the Bureau of Public Health Bureau that the current number of medical personnel in terms of number still requires one dental nurse to assist dentists in providing services and the lack of referral management because there are two referral processors available in the community. person in charge and one as input. Where every day a referral patient is only inputted by one referral officer with a number of biobulic referrals each day that is high enough so that the burden of the referral officer becomes so heavy that often referrals which from a few days under the house to be inputted so that still need to be added.

Hermiyanty (2019) the doctors at the Singgani Public Health Center in quantity were sufficient enough that in total there were five doctors consisting of four general practitioners and one dentist. According to the Minister of Health Regulation No. 75 of 2014 concerning Public health center for non-hospitalization like this Singgani Public health center, the Public health center must have at least one doctor or primary service doctor, one dentist and dental nurse regarding the availability of doctors is inadequate so as to cause high referral cases.⁽⁸⁾

Setiawaty (2019) said that it must be recognized that the implementation of the tiered referral system was not running optimally. As for the governance procedures, the system was already good. However, the implementation is still problematic. Therefore, improvements need to be made at the First Level Health Facility. The high level of patient visits in First Level Health Facilities must be balanced with improvements in human resources and service infrastructure. The government needs to increase human resources (both in terms of quality and quantity) in first-level health facilities so that it can reduce referral rates.⁽⁹⁾

The availability of infrastructure at the Birobuli, Public health center in palu city Bureaucracy is quite adequate in terms of the number of available registration counters, examination rooms, laboratories, and pharmaceutical (drug) rooms but is still in the

stage of improvement because the Public health center Bureaucracy currently uses temporary buildings.⁽⁴⁾⁽¹⁰⁾

According to Abdullah (2015) the drugs in the public health center are not intended for certain programs but all may use drugs that are in the public health center, but if specifically the National Health Insurance program (JKN) there are separate funds. The ones responsible for the availability of infrastructure facilities at the public health center are the department health and Local Government. The lack of infrastructure was proposed by each Public health center to the health department based on consumption patterns in each Public Health Center⁽⁶⁾.

Implementing attitude/disposition: Knowledge of medical personnel regarding the implementation of the referral system that the knowledge of medical personnel about the referral system is good enough about the flow of referrals, referral mechanisms, and disease codes that exist in the primary care application of the referral agency for social security providers (BPJS).⁽¹¹⁾

Indrianingrum (2017) that the understanding of medical personnel about patients coming and then checked and diagnosed according to competence then carried out treatment and patients can return home if during treatment there is no change then referral to the intended hospital. If the patient's diagnosis is out of competence and first-level health facilities (FKTP) is unable to match their capacity so they can be directly referred to the Advanced Health Facility (FKTL) until they recover or even die, the referral is carried out in stages.⁽¹²⁾

Chabibah (2015) argues that the knowledge of health workers (doctors) at the Public health center about the referral system is very important in implementing the tiered referral in accordance with the provisions.

Role in the implementation of the referral system, namely the division of roles in the implementation of the referral system in the Birobuli, Public health center in palu city is quite good, namely the head of the public health center as the person in charge of evaluating, medical personnel (doctors) who have the right to determine which patients are referred, as well as the referral management who will input referrals to the hospital.⁽¹³⁾

Patients who are referred on their own request or based on their own request are patients who are referred based on medical indications but there are also those

who are based on their own request due to limited infrastructure at the Public Health center.⁽¹⁰⁾

One factor that causes the high demand for patients to get a referral themselves because they feel they are getting more optimal service at the hospital. This proves their confidence to get services at the health center as a First Level Health Facility (FTKP) decreased and also there are some patients who have had medical treatment before at the hospital doctor asking to be referred to get the same doctor's services in the RS or known by the term referral deposit. This is the reason for the high number of referrals in the Birobuli, Public health center in palu city.

It was confirmed by Herawati (2017) that twenty-nine Public Health center in Jember Regency stated that the cause of the referral problem was not appropriate due to the wishes of patients requesting a referral. JKN participants who received a referral at their own request ranged from 30%-75%, the reason for patients requesting a referral also a variety of them due to the limitations of drugs given by health centers, limited facilities to the reasons for wanting to get treatment or health services from specialist doctors.⁽¹⁴⁾

Organization Structure: Related to SOP (Standard Operational Procedure) about the referral system at the Birobuli Public Health center, namely the Public health center itself has a Standard Operating Procedure (SOP) but is not socialized to medical personnel either in the registration (administrative) counter, examination room (adult poly, poly child, or poly maternal child health) So that medical personnel (doctors) have never seen the standard operational procedures from the results of interviews conducted.⁽¹³⁾

Hartini's research (2016) suggests that the standard operating system for referral system is already available and the procedure is a standard operating procedure for referring to other hospitals. Patient referral services other pain both vertically and horizontally by using the Standard Operating Procedure (SOP) of the referral system as a guide and reference.⁽¹⁵⁾

The flow of the referral system at the Birobuli public health center, namely the referral flow that occurs at the health center in the health community is good enough in accordance with the flow from the arrival of the patient until the examination then until the patient gets a referral at the counter at the first level health facility then to the advanced health facility.

In the Primasari research (2015) where health services were started from primary care facilities as first contact and general practitioners or general dentists as first referrers and if needed further action or treatment could be referred to advanced facilities at the district or provincial level.⁽³⁾⁽¹²⁾

Conclusion

Communication established between medical personnel is good enough during the implementation of the referral system but sometimes it is not consistent/ changes according to circumstances when implementing the referral system, there are no meetings or meetings that discuss referral standards or discuss referral problems, there is still minimal socialization regarding referral to patients National health insurance that wants to make a referral.

Resources in implementing a referral system at the birobuli public health center still need one dental nurse and one referral officer because there is still a heavy burden felt by current referral processors and the high number of referrals every month, there is no training on standards for medical staff (doctors) yet has been carried out either at the public health center or from the health department, infrastructure planning is good enough as needed but there are still many unused medical devices. Knowledge of medical personnel is good enough about the implementation of the referral system, the role of the head of the public health center as evaluating the implementation of the referral system, medical personnel (doctors) who are entitled to determine referral patients, referral managers who input into the application to rs, some patients are referred at their own request or based on safekeeping patient's family doctor. Standard Operating Procedure (SOP) of the referral system is available but not socialized at the birobuli public health center, the flow of patient referrals from first level health facilities (FKTP) to type C hospitals.

Acknowledgements: The author would like to thank all those who helped in this research process, especially the Head of Birobuli Public Health Center in Palu City.

Ethical Clearance: Our study was not directly applied on human, hence ethical clearance was not required.

Source of Funding: Self funding.

Conflict of Interest: The author declare that he has no conflict of interest.

References

1. Asadi AZ, Asl BIM, Jamale CS, Tabibi D. Research Article. 2016;
2. Eskawati MY, Murti B, Tamtomo D. Implementation of the Referral System Policy in the National Health Insurance Scheme at Community Health Centers, Ngawi District, East Java. 2017;2:104–13.
3. Primasari KL. Analisis Sistem Rujukan Jaminan Kesehatan Nasional RSUD . Dr. . Adjidarmo Kabupaten Lebak Analysis of National Health Insurance Referral System in Public Hospital dr . Adjidarmo. 2004;79–87.
4. Nshimirimana DA, Mwaura-tenambergen W, Kokonya D, Adoyo M. Attitudes of Primary Health Care (PHC) Gatekeepers Towards Patient Referral Policy, Machakos County, Kenya. 2016;4(4):284–8.
5. Pengaruh A, Pelayanan K, Fasilitas DAN, Kepuasan T, Puskesmas P. Analisis Pengaruh Kualitas ... :1–26.
6. Abdullah F, Kandou AGD. Analisis Pelaksanaan Rujukan Rawat Jalan Tingkat Pertama Peserta Program Jaminan Kesehatan Nasional (JKN) Di Puskesmas Siko Dan Puskesmas Kalumata Kota Ternate Tahun 2014 Analysis of the Implementation of the First Level Outpatient Referral Program Part. 2014;221–37.
7. Salim H, Shamsi A, Almutairi AG, Salim S, Mashrafi A. Assessing the Quality of the Saudi Healthcare Referral System : Potential Assessing the Quality of the Saudi Healthcare Referral System : Potential Improvements Implemented by Other Systems. 2019;(June).
8. Hermiyanty, Hermiyanty; Wandira Bertin Ayu; Nelianti F. Implementasi Rujukan Pasien Jaminan Kesehatan Nasional (Jkn) Badan Penyelenggara Jaminan Sosial (Bpjs) Di Puskesmas Singgani Kecamatan Palu Timur Kota Palu. 2019;5(1):32–8.
9. Setiawati ME, Nurrizka RH. Evaluasi pelaksanaan sistem rujukan berjenjang dalam program jaminan kesehatan nasional. 2019;08(01):35–40.
10. Omole VN, Mora AT, Yunusa IU, Audu O. Knowledge, attitude, and perception of the referral system among tertiary health-care workers in Kaduna metropolis, Nigeria. 2017;(October).
11. Badan Penyelenggara Jaminan Sosial Kesehatan (BPJS Kesehatan). Panduan Praktis Sistem Rujukan Berjenjang.
12. Indrianingrum I, Woro O, Handayani K. Input Sistem Rujukan Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan di Fasilitas Kesehatan Tingkat Pertama (FKTP) Kabupaten Jepara STIKES Muhammadiyah Kudus, Indonesia Abstrak. 2017;2(2):140–7.
13. Soeripto ND. The Implementation Of Clinical Procedures In The Vertical Referral System In A Primary Healthcare Center. 2019;7(1).
14. Ainur Rahma, Septo Pawelas Arso AS. Implementasi Fungsi Pokok Pelayanan Primer Puskesmas Sebagai Gatekeeper Dalam Program Jkn (Studi Di Puskesmas Juwana Kabupaten Pati). 2015;3(April).
15. Christasani PD, Satibi. Kajian Faktor Demografi Terhadap Kepuasan Pasien Jaminan Kesehatan Nasional Pada Fasilitas Kesehatan Tingkat Pertama. 2016;13(1):28–34.