

The Analysis of JKN-KIS Hospital Outpatient Referral System Implementation Subsequent to Online Referral Application

Lisa Riati, Ade Heryana, Cut Alia Keumala Muda and Erlina Puspitaloka Mahadewi
Department of Public Health, Faculty of Health Sciences, Esa Unggul University, 9 Arjuna Utara, West Jakarta, Indonesia

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Abstract: National Health Insurance Program (JKN) carried out in referral system mandatory for members and health care providers, that hadn't optimum in the implementation caused mismatch in submit the selected specialist and input the diagnoses, online reference numbers are not found, lack in giving the explanations for referral agreements, and incomplete filling the referral letters. This research aims to studying the implementation of hospital outpatient referral system in order to recommend various improvements. This research used Qualitative-Quantitative approaches (Mixed Method) with primary and secondary data. Five informants were included in this research, 114 participants for Quantitative study, and observed some relevant documents. The results of the Qualitative research revealed that vertical referrals to hospital had been implemented according to policy, but back referral system is still not running optimal. From survey study showed that 91.2% participant had approved in referral services, but 94.7% had incomplete contents of referral letter. It's suggested to arrange cooperation and coordination between insurance operator (BPJS), healthcare provider (Hospital Management, Specialist) and members (patients) to optimize referral system. It is expected that the results of this research could give the insight for the Hospital and related institutions in improving various aspects related to the optimized of referral system.

1 INTRODUCTION

The National Health Insurance Program (JKN) began to be implemented from 1 January 2014. The Program is the mandate of Undang-Undang Nomor 40 Tahun 2004 on SJSN, which is held with mandatory health insurance mechanisms. JKN was implemented gradually and was expected to reach the Universal Health Coverage (UHC) in 2019. Public legal entity that is assigned the task and responsibility to conduct JKN program namely Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan (Mas'udin, 2017).

The referral system is organized with the aim of providing good quality healthcare, so that the purpose of service is achieved without having to use expensive costs. It is called effective and efficient. The referral system in Indonesia is governed in Permenkes Nomor 001 Tahun 2012 on Sistem Rujukan Pelayanan Kesehatan Perorangan.

On August 15th, 2018 BPJS Kesehatan has been implementing an online referral system trial. Online Referral System JKN-KIS is a digitizing referral

process for the ease and certainty of participants in obtaining services in the hospital tailored to the competence, distance and capacity of the hospital referral purpose based on the need medical patients. The reason for the reference for online referral is because the implementation of a level of reference in each region refers to local regulations, participants who reside on the border area can't access the facility if not in accordance with the settings local governments are concerned with regulatory referral arrangements in the region. Participants referred to the referral facility, do not obtain the necessary services due to the limitation of information regarding medical needs, infrastructure and human resources (SDM) so as to cause the participants should again be referred to Other health facilities. The queue that accumulates in the hospital is due to be a reference focus on the area. There is no information system that can manage the implementation of referrals online and real time (BPJS Health, 2018).

Hospital X is a type B in the city of Tangerang which is one of the private of the recipient of the

good referral from primary care and secondary care Banten province. Since the online referral system trial of August 2018 RS X has received an introduction to online referrals from referrer facility.

Based on survey for data related to the explanation provided by the health worker in terms of approval given the reference of 15 respondents, there are 2 (13.3%) the respondent who did not get an explanation regarding referral approval. Related to the completeness of the referral letter is obtained that from 54 files there are 51 (94.4%) unsuitable files. For patients who back referral to hospital X have not reached the target. With the background of the problem researchers are interested in Analysis of JKN-KIS Hospital Outpatient Referral System Implementation Subsequent to Online Referral Application.

2 THEORY

Health Service system in accordance with Perpres Nomor 72 Tahun 2012 on Sistem Kesehatan Nasional (SKN) is the management of health organized by all components of Indonesia in an integrated and mutually supportive Ensuring the degree of public health highest. According to SKN's understanding, health efforts consist of two main elements.

Upaya Kesehatan Masyarakat (UKM) and Upaya Kesehatan Perorangan (UKP) must run synergistically. Indonesia has established that the UKM program with its community-related promotive and preventive efforts is the responsibility of the government (Kemenkes and Dinkes). The UKP is a person who is managed by BPJS Kesehatan. In the decentralized system, UKM funding is now the responsibility of local governments. Local government as a party to know the health condition in the area is given a mandate not only to organize, but also to develop and strengthen UKM as complementary elements or a strong companion in the health insurance (Darmawan, 2016).

To achieve the optimal degree of public health needs to be held various health efforts by collecting all the potential of the Indonesian nation. Maintenance of various health efforts requires the support of funds, human resources, drug resources and health supplies as input SKN. Based on the concept of UKM and UKP in health efforts there is a level of health care system that is: community, primary services, secondary services, and tertiary services.

A referral system is essentially aimed at generating an efficient health service system. A level referral system can reduce the waste of cost (patients and facilities) because the patient's disease is handled by the appropriate medical personnel and technology. In this case there is no irrational health service and that is not enough. The referral system has a fairly long history since the system had not existed in the early 1800 to 2005 in the form of Gatekeeper. This history differs between developed countries and developing Countries (Heryana, 2019).

According to (Bossyns, 2006) on the developed world, the history of the referral system is initiated by the medical information organization, then followed the agreement between the medical profession which ultimately provides recommendations for creating the specifications of the more common medical practitioners or General Practitioner (GP). The history of the referral system in the country ends with the application of Gatekeeper and health care cost calculation. While in the developing world, the history of the referral system begins with the absence of access to most of the population to hospital services, and is recommended to form a primary facility with inexpensive costs and quality in certain areas (Heryana, 2019).

3 METHOD

This research used Qualitative - Quantitative approaches (Mixed Method) with primary and secondary data. Five informants were included in this research, 114 participants for Quantitative study, and observed some relevant documents.

4 RESULTS AND DISCUSSION

4.1 Vertical Referral Search

Based on the research results related to the vertical reference to RS type B is obtained information that the referral system from primary care is still that hadn't optimum in the implementation caused mismatch in submit the selected specialist and input the diagnoses, online reference numbers are not found, lack in giving the explanations for referral agreements, and incomplete filling the referral letters. While the vertical reference of RS type C to RS type B has been quite good with the spokes occurring cases of errors such as in the primary care.

There are differences in the vertical reference system before and after the online referral system is applied, the patient must follow referral system. Constraints that occur when make a vertical reference that does not comply with the existing provisions is wrong the destination that causes the patient to wait for service. The lack of file requirements brought to the patient would have to return back to the referrer facilities to create or retrieve the corresponding file.

4.2 Referral Services Search

From the results of the study concluded for the explanation of the reference process has been well seen from the frequency distribution of 114 respondent that has been given to the outpatient day with approval of 104 (91.2%) which the doctor has given explanation related to the reasons for referring, diagnosis, therapy, medical action provided, explanation of the risk arising and 10 (8.8%) frequency distribution that is not given the explanation of referral approval. In this case, the doctor understands the importance of education before the patient should be referred to in relation to the diagnosis, action or treatment needed if not available in the hospital. From 104 respondents given the explanation of the referral agreement, there are 33 (32%) respondent that does not obtain any risk or complications that occur, in this case may be due to communication from a physician who is lacking, also related to the low level of patient education leading to the communication given Cannot be understood, and there are 27 (26%) respondent who did not get an explanation related to the diagnosis and therapy or medical action required because when communicating with the patient, the doctor uses medical terms that cause the patient can't understand the condition actually happened.

4.3 Referral Letter Search

Based on the results of the research related to the accuracy of the reference cover letter judging from the frequency distribution of 114 files in observation obtained data that there is 108 (94.7%) which is still incomplete and only 6 (5.3%) the completed filling. The result of the observation of the reference file of the referrer facilities is still a lot of inaccuracies in the filing of a referral letter. From 114 to the introduction of the referral letter, only 10 files that have been filled with examination results (anamneses, physical examination and supporting examination) have been conducted, only 21 files filled with therapy or actions that have been given,

and 79 file that is populated for subsequent management.

The accuracy of manual reference filling is still incomplete, in research at RS X get the referrer facility there are still many that have not filled in the complete contents in the referral letter. Based on the results of the research of Hartini (2016) that the completeness of the reference letter with clear writing and can be read in the referral service of BPJS patients in the Chatib Quzwain Sarolangun's hospital has qualified as the regulations that have been Established, but nevertheless found one or two filling columns in a less complete reference. Ideally, the completeness of the reference letter field with clear writing is one of the requirements in the referral process in order to provide optimal information for optimal patient handling as well.

4.4 Back Referral Search

By research it can be concluded that related to the implementation of the reference program is still not running optimally. There are some obstacles that occur is less understanding of the specialist doctors related to the program of the reverse reference, diagnosis or condition of the patient who has not stabilized according to the doctor, there are no specific criteria for diagnosis that has been expressed in the back referral program, the patient does not want to be back referral, and the availability of drugs are still lacking in primary care or pharmacies that have been working with BPJS Kesehatan that causes the patient to return to the secondary care to get the therapy.

This is to be examined by Primasari (2015) The reference provisions have not been properly implemented in the Dr Adjidarmo's hospital, this is due to the understanding of some doctors about the reference, limitation of the drug in primary facilities, so that the patient is once back referred to the drug to hospital to obtain the necessary medication. The lack of information from BPJS Kesehatan to the doctors about the referring system makes a difference in perception that results in the unoptimal referral activity in the hospital. The lack of a reference system also occurs due to the way the drug is assessed as less effective when the patient is referred back to primary care and the less effective way of communicating for participants to obtain complete information relating to the provision of Drug of the reference program in primary care and pharmacies who have collaborated with BPJS Kesehatan.

5 CONCLUSION

5.1 Referral

The vertical reference from primary care to RS X is obtained information that the referral system from primary care is still that hadn't optimum in the implementation caused mismatch in submit the selected specialist and input the diagnoses, online reference numbers are not found, lack in giving the explanations for referral agreements, and incomplete filling the referral letters. Weak coordination between the agencies that caused the error. Meanwhile the vertical reference for secondary care is good enough. The vertical reference document in RS X consists of: Handbook of BPJS Kesehatan, Permenkes Nomor 001 Tahun 2012, Letter of Commitment from BPJS Kesehatan, and hospital memorandum.

5.2 Referral Services

Giving explanation of referral approval before the patient is referred from primary care or secondary care to RS X is good. Of the 114 respondents who were treated to outpatient poly, there were 104 respondents (91.2%) which has been given explanation of approval, meanwhile there are 10 respondents (8.8%) which is not given an explanation of referral approval. In the case of a referral letter, the doctor has explained the reasons for referring, diagnosis, therapy, medical actions provided, and the risk explanation arising.

5.3 Referral Letter

The accuracy of the contents of the reference letter in RS X of primary care and secondary care is still lacking. Of the 114 files in observation found that there were 108 files (94.7%) which is still incomplete. While the completed filling is only 6 files (5.3%). For charging a referral letter in RS X to another facility is good.

5.4 Back Referral

The reference to RS X has not been running with maximum. Still constrained by the lack of understanding of doctors related to the referral program, the specialist as a whole knows the existence of the program, but not described the specific criteria of patients who have been stabilized to be referred back such as what, because the patients referred to RS X are patients with

conditions that can't be handled in the lower facility and mostly with double diagnosis, so that the specialist still struggling to run the program. Patients who have been stable and should be back referral expressed objections, because the drug therapy prescribed by the doctor is not available in primary care and pharmacies. Program BPJS Kesehatan related to the reference in terms of the citation more can control the cost of expenditure paid to primary care than cost for advanced facility. For vertical reference document in RS X consists of: Handbook of BPJS Kesehatan, Permenkes No 001 Tahun 2012, Letter of Commitment from BPJS Kesehatan, and hospital memorandum.

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