



Open Access | Published since December 1, 1985

Journal of Basic and Clinical Physiology and Pharmacology

ISSN: 2191-0286

Editor-in-chief: Ugo Oliviero

Managing Editor: Alberto Marra

[Submit manuscript](#)

[OVERVIEW](#) [LATEST ISSUE](#) [ISSUES](#) [RANKING](#) [SUBMIT](#) [EDITORIAL](#)

About this journal

Objective

The Journal of Basic and Clinical Physiology and Pharmacology (JBCPP) is a peer-reviewed bi-monthly published journal in experimental medicine. *JBCPP* publishes novel research in the physiological and pharmacological sciences, including Emergency Medicine, Oncology, Hematology and Coagulation disorders, Vascular Medicine, Gastroenterology, Liver Disease, Neurology and Cerebrovascular Diseases, Gender Medicine, Endocrinology, Diabetology and Metabolism, Cardiovascular Diseases, Heart Failure, Respiratory Disease, Geriatrics, Immunology and Rheumatology.

Moreover, Manuscripts regarding basic and laboratory sciences will be very welcome.

As the borders between physiology, pharmacology and biochemistry become increasingly blurred, we also welcome papers using cutting-edge techniques in cellular and/or molecular biology to link descriptive or behavioral studies with cellular and molecular mechanisms underlying the integrative processes.

Topics

- Emergency Medicine
- Oncology
- Hematology and Coagulation disorders
- Vascular Medicine
- Gastroenterology
- Liver Disease
- Neurology and Cerebrovascular Diseases
- Gender Medicine

Topics

- Emergency Medicine
- Oncology
- Hematology and Coagulation disorders
- Vascular Medicine
- Gastroenterology
- Liver Disease
- Neurology and Cerebrovascular Diseases
- Gender Medicine
- Endocrinology
- Diabetology and Metabolism
- Cardiovascular Diseases
- Heart Failure
- Respiratory Disease
- Geriatrics
- Immunology
- Rheumatology

Article formats

Research Articles, Reviews and Mini Reviews, Short Communications, Editorials and Letters to the Editor



Open Access | Published since December 1, 1986

Journal of Basic and Clinical Physiology and Pharmacology

ISSN: 2191-0288

Editor-in-chief: Ugo Oliviero

Managing Editor: Alberto Marra

[Submit manuscript](#)

[OVERVIEW](#) [LATEST ISSUE](#) [ISSUES](#) [RANKING](#) [SUBMIT](#) **[EDITORIAL](#)**

Editorial

Editor-in-Chief:

Ugo Oliviero (Federico II University, Naples, Italy)

Deputy Editor:

Alberto M. Marra (Federico II University, Naples, Italy and University of Heidelberg, Germany)

Associate/Section Editors:

Emergency Medicine: Giorgio Bosso (S. Maria delle Grazie Hospital, Pozzuoli, Naples)

Oncology: Evelyn Bischof (prev. Evelina Bischof; University Hospital Basel, Switzerland, Shanghai University of Medicine & Health Sciences, Shanghai, China)

Hematology and Coagulation disorders: Pablo Demalo-Rodríguez (G. Marangon Hospital and Universidad Complutense de Madrid, Spain)

Vascular Medicine: Antonio Valvano (Legnano Hospital, Legnano, Italy)

Gastroenterology: Theodor Volosu (University of Bucharest, Bucharest, Romania)

Liver Disease: Andrei Volosu (University of Bucharest, Bucharest, Romania)

Neurology and Cerebrovascular: Lorenzo Falsetti (Azienda Ospedaliero-Universitaria "Ospedali Riuniti" di Ancona, Italy)

Gender Medicine: Valeria Raparelli (University of Ferrara, Ferrara, Italy)

Endocrinology: Ieva Ruza, (University of Riga, Riga, Latvia)

Diabetology and Metabolism: Mariarosaria De Luca (Federico II University, Naples)

Cardiovascular Diseases: Andrea Salzano (Glenfield General Hospital, University of Leicester, Leicester, UK)

Heart Failure: Antonio Cittadini (Federico II University of Naples, Naples, Italy)

Respiratory Medicine: Salvatore Torrisi (University of Catania, Catania, Italy)

Geriatrics: Leonardo Bencivenga (Federico II University, Naples, Italy)

Immunology: Gilda Varricchi (Federico II University, Naples, Italy)

Rheumatology: Domenico Sambataro (Artroreuma, Catania, Italy)

Basic Science: Francesca Vinchi (New York Blood Center, New York, USA), Roberta D'Assante (Federico II, Naples),

Urology, Andrology and Nephrology: Felice Crocetto (Federico II University, Naples, Italy)

Editorial Office:

E-mail: jbcpp_editorial@degruyter.com



Unlicensed | Published since December 1, 1986

Journal of Basic and Clinical Physiology and Pharmacology

ISSN: 2101-0286

Editor-in-chief: Ugo Chiarato

Managing Editor: Alberto Marra

[Submit manuscript](#)

[OVERVIEW](#) [LATEST ISSUE](#) [ISSUES](#) [RANKING](#) [SUBMIT](#) [EDITORIAL](#)

[Ahead of Print / Just Accepted](#)

[Volume 34 \(2023\)](#)

[Volume 33 \(2022\)](#)

[Volume 32 \(2021\)](#)

[Volume 31 \(2020\)](#)

[Volume 30 \(2019\)](#)

[Volume 29 \(2018\)](#)

[Volume 28 \(2017\)](#)

[Volume 27 \(2016\)](#)

[Volume 26 \(2015\)](#)

[Volume 25 \(2014\)](#)

[Volume 24 \(2013\)](#)

[Volume 23 \(2012\)](#)

[Volume 22 \(2011\)](#)

[Volume 21 \(2010\)](#)

[Volume 20 \(2009\)](#)

[Volume 19 \(2008\)](#)



Published by De Gruyter

Volume 30 Issue 6 - Conference Special Issue: 2nd International Graduate Student Conference on Pharmaceutical Sciences (IGSCPS) & 2019 International Joint Symposium of the 8th Asia Pacific Pharmacy Education Network and the 2nd Halal Pharmaceuticals and Cosmetics (APPEN-HPC) / Guest Editors: Elida Zairina & Chrismawan Ardianto

November 2019

Issue of Journal of Basic and Clinical Physiology and Pharmacology

[Submit manuscript](#)[CONTENTS](#) [JOURNAL OVERVIEW](#)

Reviews

January 23, 2020

Pharmacist contributions in the treatment of diabetes mellitus in Southeast Asia: a narrative review

Ayu Wulan Iwiputri, Lina Priatanty, Andi Hermansyah

Article number: 20190123

[More](#)[Cite this](#)

December 20, 2019

The implementation of a chronic disease management program (Prolanis) in Indonesia: a literature review

Sesty Rachmawati, Hani Prihartuti-Puspitasari, Elida Zairina

Article number: 20190150

[More](#)[Cite this](#)

Original Articles

November 28, 2019

Quercetin attenuates acute predator stress exposure-evoked innate fear and behavioral perturbation

Putri Anggrini, Chrismawan Ardianto, Mahardian Rahmadi, Jonaidi Khomb

Article number: 20190223

[More](#)[Cite this](#)

February 7, 2020

Evaluating current practices and policies in the use of injectable medicines for treating myalgia in a primary care center in Pamekasan, Indonesia

Eko Prasetyo, Wahyu Utami, Zuhabri Othman, Ari Wardani, Abeni Fahem, Andi Hermansyah

Article number: 20190128

[More](#)[Cite this](#)



Published by De Gruyter

Volume 30 Issue 6 - Conference Special Issue: 2nd International Graduate Student Conference on Pharmaceutical Sciences (IGSCPS) & 2019 International Joint Symposium of the 8th Asia Pacific Pharmacy Education Network and the 2nd Halal Pharmaceuticals and Cosmetics (APPEN-HPC) / Guest Editors: Elida Zairina & Chrismawan Ardianto

November 2019

Issue of *Journal of Basic and Clinical Physiology and Pharmacology*

[Submit manuscript](#)

[CONTENTS](#) [JOURNAL OVERVIEW](#)

Reviews

Unlicensed January 23, 2020

Pharmacist contributions in the treatment of diabetes mellitus in Southeast Asia: a narrative review

Ayu Wulan Dwigiputri, Liza Pristianty, Andi Hermansyah

Article number: 20190323

[More](#)

[Cite this](#)

Unlicensed December 20, 2019

The implementation of a chronic disease management program (ProLanis) in Indonesia: a literature review

Besty Rachmawati, Hammi Prihastuti-Puspitasari, Elida Zairina

Article number: 20190350

[More](#)

[Cite this](#)

Original Articles

Unlicensed November 28, 2019

Quercetin attenuates acute predator stress exposure-evoked innate fear and behavioral perturbation

Putri Anggreini, Chrismawan Ardianto, Mahardian Rahmadi, Junaidi Khotib

Article number: 20190242

[More](#)

[Cite this](#)

Unlicensed February 7, 2020

Evaluating current practices and policies in the use of injectable medicines for treating myalgia in a primary care center in Pamekasan, Indonesia

Elio Prasetyo, Wahyu Utami, Zulhabri Othuman, Ari Wardani, Abdul Rahem, Andi Hermansyah

Article number: 20190328



Published by De Gruyter

Volume 30 Issue 6 - Conference Special Issue: 2nd International Graduate Student Conference on Pharmaceutical Sciences (IGSCPS) & 2019 International Joint Symposium of the 8th Asia Pacific Pharmacy Education Network and the 2nd Halal Pharmaceuticals and Cosmetics (APPEN-HPC) / Guest Editors: Elida Zairina & Chrismawan Ardianto

November 2019

Issue of *Journal of Basic and Clinical Physiology and Pharmacology*

[Submit manuscript](#)

[CONTENTS](#) [JOURNAL OVERVIEW](#)

Reviews

Unlicensed January 23, 2020

Pharmacist contributions in the treatment of diabetes mellitus in Southeast Asia: a narrative review

Ayu Wulan Dwiputri, Liza Pristianty, Andi Hermansyah

Article number: 20190322

[More](#)

[Cite this](#)

Unlicensed December 20, 2019

The implementation of a chronic disease management program (Prolanis) in Indonesia: a literature review

Gesty Rachmawati, Hanni Prihastuti-Puspitasari, Elida Zairina

Article number: 20190350

[More](#)

[Cite this](#)

Abstract

Background The Chronic Disease Management Program or Program Pengelolaan Penyakit Kronis (Prolanis) is a program initiated by the Social Insurance Administration Organization or Badan Penyelenggara Jaminan Sosial (BPJS) in Indonesia. Prolanis aim to provide a proactive healthcare service approach for patients with chronic diseases particularly those with diabetes mellitus and hypertension. Prolanis also aims to achieve the optimal quality of life in patients with chronic disease through effective and efficient healthcare services including cost. All primary healthcare centers and a few of the private clinics in Indonesia have implemented Prolanis, however, the impact of the program has not been reviewed. This review aimed to see the implementation of Prolanis in healthcare facilities in Indonesia. **Methods** A literature review was conducted by searching articles through Google Scholar and PubMed databases up to August 2019. The following keywords or terms were used: Prolanis, BPJS indexed with terms related to blood pressure or hypertension in Indonesia. The references, citations and similar articles from the identified articles were used to identify additional sources. **Results** Twenty-four articles were identified through the first search using the key terms although only eight articles met the inclusion criteria. This review showed that the implementation of Prolanis in the healthcare facilities in Indonesia was varied in terms of the activities and services provided. The healthcare professional involved in the implementation of Prolanis were also varied. There were some barriers faced by the healthcare facilities including the availability of funding, the healthcare facilities and infrastructures, the unavailability of standard operating procedures (SOPs) as well as the limitation of human resources involved in Prolanis. **Conclusions** The implementation of Prolanis in Indonesia has not been optimized, as there were some barriers during its implementation in the healthcare facilities.

Original Articles

Unlicensed November 28, 2019

Quercetin attenuates acute predator stress exposure-evoked innate fear and behavioral perturbation

Putri Anggreini, Chrismawan Ardianto, Mahardian Rahmadi, Junaidi Khotib

Article number: 20190342

[More](#)

[Cite this](#)

The implementation of a chronic disease management program (Prolanis) in Indonesia: a literature review

Sesty Rachmawati, Hami Prihastuti - Puspitasari and Elida Zairina ✉

From the journal *Journal of Basic and Clinical Physiology and Pharmacology*

<https://doi.org/10.1515/jbcpp-2019-0350>

Cite this Share this Citations 5

⊗ Your institution currently does not have access to this content.

If you are connected to another institution, please log in using those credentials. Otherwise, please contact your institution to request additional assistance in procuring this content.

For more information see <https://www.degruyter.com/how-access-works>

Showing a limited preview of this publication:

Abstract

Background

The Chronic Disease Management Program or Program Pengelolaan Penyakit Kronis (Prolanis) is a program initiated by the Social Insurance Administration Organization or Badan Penyelenggara Jaminan Sosial (BPJS) in Indonesia. Prolanis aim to provide a proactive healthcare service approach for patients with chronic diseases particularly those with diabetes mellitus and hypertension. Prolanis also aims to achieve the optimal quality of life in patients with chronic disease through effective and efficient healthcare services including cost. All primary healthcare centers and a few of the private clinics in Indonesia have implemented Prolanis, however, the impact of the program has not been reviewed. This review aimed to see the implementation of Prolanis in healthcare facilities in Indonesia.

Methods

A literature review was conducted by searching articles through Google Scholar and PubMed databases up to August 2019. The following keywords or terms were used: Prolanis, BPJS indexed with terms related to blood pressure or hypertension in Indonesia. The references, citations and similar articles from the identified articles were used to identify additional sources.

Results

Twenty-four articles were identified through the first search using the key terms although only eight articles met the inclusion criteria. This review showed that the implementation of Prolanis in the healthcare facilities in Indonesia was varied in terms of the activities and services provided. The healthcare professional involved in the implementation of Prolanis were also varied. There were some barriers faced by the healthcare facilities including the availability of funding, the healthcare facilities and infrastructures, the unavailability of standard operating procedures (SOPs) as well as the limitation of human resources involved in Prolanis.

Conclusions

The implementation of Prolanis in Indonesia has not been optimized, as there were some barriers during its implementation in the healthcare facilities.

Keywords: BPJS Health; chronic disease; primary healthcare facilities; Prolanis

Review

Sesty Rachmawati¹ / Hanni Prihastuti-Puspitasari² / Elida Zairina²

The implementation of a chronic disease management program (Prolanis) in Indonesia: a literature review

¹ Magister of Pharmaceutical Sciences, Faculty of Pharmacy, Universitas Airlangga, Surabaya, Indonesia

² Department of Pharmacy Practice, Faculty of Pharmacy, Universitas Airlangga, Surabaya, Indonesia, E-mail: elida-z@ff.unair.ac.id

Abstract:

Background: The Chronic Disease Management Program or Program Pengelolaan Penyakit Kronis (Prolanis) is a program initiated by the Social Insurance Administration Organization or Badan Penyelenggara Jaminan Sosial (BPJS) in Indonesia. Prolanis aim to provide a proactive healthcare service approach for patients with chronic diseases particularly those with diabetes mellitus and hypertension. Prolanis also aims to achieve the optimal quality of life in patients with chronic disease through effective and efficient healthcare services including cost. All primary healthcare centers and a few of the private clinics in Indonesia have implemented Prolanis, however, the impact of the program has not been reviewed. This review aimed to see the implementation of Prolanis in healthcare facilities in Indonesia.

Methods: A literature review was conducted by searching articles through Google Scholar and PubMed databases up to August 2019. The following keywords or terms were used: Prolanis, BPJS indexed with terms related to blood pressure or hypertension in Indonesia. The references, citations and similar articles from the identified articles were used to identify additional sources.

Results: Twenty-four articles were identified through the first search using the key terms although only eight articles met the inclusion criteria. This review showed that the implementation of Prolanis in the healthcare facilities in Indonesia was varied in terms of the activities and services provided. The healthcare professional involved in the implementation of Prolanis were also varied. There were some barriers faced by the healthcare facilities including the availability of funding, the healthcare facilities and infrastructures, the unavailability of standard operating procedures (SOPs) as well as the limitation of human resources involved in Prolanis.

Conclusions: The implementation of Prolanis in Indonesia has not been optimized, as there were some barriers during its implementation in the healthcare facilities.

Keywords: BPJS Health, chronic disease, primary healthcare facilities, Prolanis

DOI: 10.1515/jbcpp-2019-0350

Received: November 18, 2019; **Accepted:** November 25, 2019

Introduction

Chronic disease is one of main causes of death worldwide. Data from the World Health Organization (WHO) in 2008 showed that 36 million or almost two thirds of deaths were caused by chronic disease [1]. The prevalence of hypertension in the population aged ≥ 18 years in Indonesia increased from 25.8% in 2013 to 34.1% in 2018 [2]. The prevalence of diabetes mellitus in Indonesians aged ≥ 15 years also increased by 1.5% in 2013 to 2.0% in 2018 or by 10.9% [2].

The healthcare costs covered by the Social Insurance Administration Organization of Health (BPJS) in Indonesia for chronic disease is huge particularly for cardiovascular disease, hypertension, stroke, and cancer. The Ministry of Health in Indonesia has explained that 30% of costs paid by BPJS since 2014 were for chronic disease medication [3]. The Government of Indonesia has carried out some efforts to reduce the prevalence of chronic diseases. The Chronic Disease Management or Program Pengelolaan Penyakit Kronis (Prolanis) is one of the program designed by the government through the BPJS. Prolanis focused on two major chronic diseases: hypertension and diabetes mellitus.

Elida Zairina is the corresponding author.

© 2019 Walter de Gruyter GmbH, Berlin/Boston.

Prolanis is a health care service system, which was designed by involving patients, primary healthcare centers facilities and the BPJS [4]. Prolanis aims to maintain health and achieve optimal quality of life in patients with chronic diseases (hypertension and/or diabetes mellitus) through an effective and efficient health care service to prevent complications of the diseases [4]. There are six activities in Prolanis including: an education group, medical consultations, health monitoring, Prolanis gymnastics, home visits, and a drug information service [5]. Through Prolanis, all healthcare facilities at primary healthcare facilities (PHF) are expected to reduce the incidence of chronic diseases, particularly diabetes mellitus type 2 and hypertension, as those diseases can be handled and detected in the early stages.

According to the Regulation by Ministry of Health (No.71; 2013) regarding the Healthcare Service in the National Health Coverage, the healthcare facilities should be primary healthcare centers with general practitioners or family doctors, dentists, primary care clinics or the equivalent, hospital type D or the equivalent [6]. The implementation of capitation service fees led to competition between some of the PHFs by increasing the quality of service they provided and in providing a more comprehensive service. Additionally, the BPJS regulation (No.2; 2015) has also required the capitation system to be based on service commitment, the result of the adjustment of the amount of capitation fee based on individual health assessment conducted by PHFs thus increasing the quality of service [7].

The increasing prevalence of diabetes mellitus type 2 and hypertension at both national and district/city level shows that Prolanis in Indonesia has not been implemented optimally. This was also shown by the huge amount of healthcare cost issued by the government to care for these diseases. Therefore, a review about the implementation of Prolanis in various PHFs in Indonesia is needed and is provided by this paper. By reviewing the available evidence, it can be used to help policy makers to improve the implementation of Prolanis.

Materials and methods

A literature review was conducted by searching articles through Google Scholar and PubMed databases from 2013 to August 2019. The following keywords or terms were used: Prolanis, primary care, Fasilitas Kesehatan Tingkat Pertama (FKTP) and BPJS indexed with terms related to blood pressure or hypertension in Indonesia. The references, citations and similar articles from the identified articles were used to identify additional sources. Additional keywords used in the article search included: general practitioners, family doctors, Puskesmas and primary healthcare centers.

Results

Twenty-four published articles were retrieved through Google Scholar and PubMed databases. From the 24 articles, 16 articles were excluded as they did not meet the inclusion criteria. The results of the articles obtained and included in the analysis are shown in Table 1. The majority of the studies investigated the implementation of Prolanis by family doctors and primary healthcare centers (Puskesmas). None of the studies dealt with the implementation of Prolanis in primary clinics (klinik pratama). Table 2 shows the results of the analysis from all the studies included. From Table 2 it can be seen that only a few studies observed the implementation of Prolanis in managing hypertension and diabetes mellitus in PHFs in Indonesia. As all the included studies had different study designs all data were analyzed descriptively.

Table 1: Grouping based on journal.

No.	Journal type	Number
1	Journal of Public Health Science 4(3) November 2013	1
2	Higeia Journal of Public Health Research and Development 1(3)	1
3	Journal of Public Health Science 4(4) October 2013	1
4	Hearty Jurnal Kesehatan Masyarakat 6(2) 2018	1
5	Journal of Indonesia Health Policy 8 (2) June 2019	1
6	Higeia Journal of Public Health Research and Development 3(1) 2019	1
7	Repository of Universitas Sumatera Utara 2018	1
8	Journal of Indonesia Health Policy 6(4) December 2017	1

Table 2: Results of literature review.

No.	Research objective	Sample/participant	Setting	Research result
1	To see the Prolanis implementation based on PT Askes (Persero) regulation number 121 of 2012 at the family doctor level of PT Askes in Palembang	Family doctor and the BPJS n = 16 people	Family doctor in Palembang	Implementation of Prolanis in family doctor offices is still not optimal. This can be seen from the presence of family doctors who only carried out five pillars of Prolanis, including: medical consultations, clinical guidelines, routine health status monitoring, fast and integrated drug services and reminders. The family doctors who did not actively carry out these activities due to the space unavailability, high workload, and unwillingness of participants for attending the Prolanis program.
2	To see the implementation of a chronic disease management program at Halmahera primary healthcare centers in Semarang (2017)	Prolanis officers, and participants at the Halmahera primary healthcare centers, BPJS health n = 7 people	Halmahera public health primary healthcare center in Semarang	There are six Prolanis activities based on the Prolanis handbook: medical consultation, Prolanis group education, reminders via an SMS gateway, home visits, club activities and health status monitoring. The reminders via SMS gateway can not be done because of limited funds and home visits that were not specifically conducted for Prolanis but are included in other programs. The SOPs for implementing Prolanis were available but not yet written or not yet recorded
3	To analyze the implementation of BPJS's Prolanis in Pekalongan	Doctors and Prolanis participants with family doctors, the BPJS and the head of operational service office n = 27	Family doctors in Pekalongan	Prolanis's activities in the form of medical consultations, group education, club activities, health monitoring and drug services can be carried out well; only two family doctors carried out the SMS gateway reminder while home visit activity was not conducted. In addition, there were no SOPs for Prolanis activities after 2 years of the program implementation.
4	To obtain in-depth information about the implementation of the BPJS Prolanis program for hypertension patients at the UPTD of primary healthcare centers of Tegal Gundil in Bogor (2017)	Head of primary healthcare centers, Prolanis person in charge, BPJS, Prolanis participants n = 5	Public Health Center of Tegal Gundil, Bogor City	Five Prolanis activities were conducted as group education, SMS gateway reminder, home visits, club activities and health status monitoring had been carried out well in the Tegal Gundil Public Health Center. Although the Prolanis materials including budget, human resources, SOPs, had been fulfilled well, however there were still inadequate facilities and infrastructure. The SOPs has been done by the Prolanis person in charge and was determined by the doctor.

5	To evaluate the Chronic Disease Management Program (Prolanis) inputs	Medical and paramedic staff, head of PMP BPJS health KCU Semarang, Prolanis participants at Pandanaran and Karang Anyar public health centers n = 13	Pandanaran and Karanganyar primary healthcare centers	Prolanis at the Pandanaran Public Health Center and Karanganyar Public Health Center show that there was no Prolanis official decree so that no special personnel were assigned to carry out Prolanis. In the Pandanaran Public Health Center, the Prolanis staff consists of doctors, nurses and midwives, while in the Karanganyar Public Health Center the Prolanis officers consist of only doctors and nurses. However, Prolanis trained personnel were still lacking. No written SOPs were available at the Pandanaran Public Health Center, while at the Karanganyar Public Health Center, the written SOPs were in the form of a laboratory examination and the availability of Prolanis drugs.
6	To see the implementation of Chronic Disease Management Program (Prolanis) at primary healthcare centers in Kedai Durian Medan Johor, North Sumatra	Kedai Durian primary healthcare centers of Medan Johor, North Sumatra and BPJS health n = 9	Kedai Durian primary healthcare centers in Medan, Johor, North Sumatra	The implementation of Prolanis has not been effective since the primary healthcare centers carried out only four Prolanis activities. Those were medical consultations, club activities, education and health status monitoring, while the reminder could not be carried out due to an insufficient budget. The home visits could not be done as well because of a lack of time. In addition, other obstacles were the lack of socialization to health workers and Prolanis participants, and the absence of SOPs and indicators of success that contain Prolanis implementation rules.
7	To describe the influence of external, internal and individual character factors on the scope of the implementation of the Chronic Disease Management Program (Prolanis) in Kendari	Primary healthcare centers of Poasia, Kendari	Primary healthcare centers	The inhibiting factor in implementing Prolanis at the Poasia Public Health Center was the lack of patient awareness to participate in the Prolanis club and the lack of understanding of healthcare workers about Prolanis
8	To identify the implementation of the Chronic Disease Management Program (Prolanis) in hypertension disease at the Jetis Yogyakarta	Head of primary health care section, Prolanis manager, PTM manager, Prolanis doctor, Prolanis patient n = 18	Primary healthcare centers of Yogyakarta	Prolanis activities that have been carried out at Jetis Public Health Center include medical consultations, group education, SMS gateway reminders, club activities, monitoring health status, while home visits could not be carried out due to limited human resources.

Discussion

Based on the search results, most of the studies observed the implementation of Prolanis on the islands of Java, Sumatra and Sulawesi. On Java, studies about the implementation of Prolanis were conducted at the primary healthcare centers in Semarang, Pandanaran, Karanganyar, Yogyakarta, and Bogor and by family doctors in Pekalongan. On Sumatra, the studies on the implementation of Prolanis were conducted by family doctors at Palembang and in the primary health care center in Medan. Meanwhile on Sulawesi, the study was conducted at the Poasia clinic in Kendari.

Prolanis is a program organized by the BPJS, whose implementation is conducted at PHFs in collaboration with the BPJS. Puskesmas and family doctors were some of the PHFs that have implemented Prolanis since 2010 (by PT Askes (Persero) until 2014 when the National Health Insurance began. The forms of implementation of Prolanis are listed in the Prolanis practical guidelines including: (1) medical consultation, (2) group education, (3) home visits, (4) health status monitoring, (5) Prolanis gymnastics and (6) drug information services [5].

The result showed that not all Prolanis activities could be conducted at the primary healthcare centers and by family doctors. A study by Assupina and Rahmiwati [8] explained that not all Prolanis activities can be carried out according to the guidelines, because the lack of suitable venues, doctors being too busy and unattended Prolanis activities. Most of the studies also show that the implementation of Prolanis requires some resources including: human resources, funding and budgets for healthcare facilities. However, in terms of human resources, most of the studies claimed that there was still a lack of human resources to implement Prolanis in certain areas. The shortage was due to the limited number of human resources involved and the absence of a Prolanis executive officer decree. These deficits had an impact on the implementation of Prolanis activities such as in some primary healthcare centers including Jetis in Yogyakarta, Padanaran and Karanganyar in which home visit activities cannot be carried out due to their limited human resources [9], [10]. The impact of the limitations of human resources also affects the doubling of duties and unclear main tasks and functions. In practice, the implementation of the Prolanis program only involves primary healthcare centers' employees such as nurses and doctors. This happened at primary healthcare centers in Kedai Durian Medan Johor North Sumatra and at several family doctors in Pekalongan [11], [12].

Another Prolanis activity which cannot be fully implemented in the primary healthcare centers and family doctor facilities is group education. In a family doctor's office in Pekalongan and Poasia primary healthcare centers in Kendari, group education was not conducted because the number of Prolanis participants was too small or not enough to conduct the group education activities [12], [13]. This could be because of the low awareness of Prolanis participants to attend and avail of the benefits of Prolanis activities for improving their quality of life and manage their chronic health condition. Some Prolanis participants also did not realize the importance of gymnastics activities as one of the sporting needs for each individual. Therefore, the PHF officers are expected to make the Prolanis activities more sociable so more participants will join the program.

The funding or budget availability was an important component in supporting the sustainability of the Prolanis program or activities. Based on the data it can be seen that the main source of the funding for the implementation of Prolanis came from the BPJS. All the funds were allocated to subsidize the Prolanis activities. However, the impact of the lack of funding caused one of the Prolanis activities to be cut or unsustainable in several PHFs, that being the implementation of the SMS gateway reminder. This occurred at the Halmahera primary healthcare centers in Semarang, in several family doctors in Pekalongan and in Kedai Durian primary healthcare center in Medan Johor and also in Bogor [11], [12], [14], [15]. Therefore, it is necessary to review and improve budgetary resources both in terms of fares, length of time for service payout and agreements between the BPJS and program implementers (PHFs).

In implementing Prolanis, all the PHFs carried out the activities based on the Prolanis Practical Guidebook. A written Standard Operating Procedure (SOP) was not yet available from the BPJS although the BPJS has conducted socialization related to its implementation in all healthcare facilities. In the Halmahera primary healthcare center in Semarang, it was stated that there was an SOP for the implementation of Prolanis, even though the SOP was not yet written or recorded [14]. The SOP was a standard laboratory examination performed at FKTP. The availability of a guidebook for implementing activities was very important. Without a guidebook, an activity will be difficult to do. Therefore, it is expected that an SOP will soon be formed by the BPJS.

Conclusions

From this review, it can be concluded that the implementation of the chronic disease management program (Prolanis) in primary healthcare centers and family doctors' offices showed some issues including the availability of Prolanis personnel, funds or budget and the absence of SOPs.

Acknowledgment

This paper has been presented at the 8th APPEN Conference and the 2nd HPC Conference on 8-9 October 2019, Universitas Airlangga, Surabaya, Indonesia.

Research funding: None declared.

Author contributions: All authors have accepted responsibility for the entire content of this manuscript and approved its submission.

Competing interests: Authors state no conflict of interest.

References

- [1] WHO (World Health Organization). 2008–2013 Action plan for the global strategy for the prevention and control of communicable diseases. Geneva: WHO, 2008.
- [2] The Ministry of Health of Indonesia. Riset Kesehatan Dasar. Jakarta: Badan Penelitian dan Pengembangan Kesehatan, 2018.
- [3] Kinanti AA. Menkes Sebut Dana BPJS Banyak Diserap Hipertensi 2017. Available at: https://health.detik.com/berita-detikhealth/d-3446688/menkes-sebut-dana-bpjs-kesehatan-banyak-diserap-hipertensi?_ga=2.187586848.941299295.1574035937-15235773.1574035937. Accessed: 4 Nov 2019.
- [4] Badan Penyelenggara Jaminan Sosial Kesehatan. Panduan Praktis Prolanis (Program Pengelolaan Penyakit Kronis). BPJS Kesehatan 2014:3–6. DOI: 10.1117/12.497904.
- [5] Badan Penyelenggara Jaminan Sosial Kesehatan. Peraturan Bersama Sekretaris Jenderal Kementerian Kesehatan Republik Indonesia Dan Direktur Utama Badan Penyelenggara Jaminan Sosial Kesehatan Nomor HK. 01.08/III/980/2017 Tahun 2017 Nomor 2 Tahun 2017 Tentang Petunjuk Teknis Pelaksanaan Pembayaran Kapitasi Berbasis Pemenuhan Komitmen Pelayanan Pada Fasilitas Kesehatan Tingkat Pertama. Jakarta, 2017.
- [6] Kementerian Kesehatan Republik Indonesia. Peraturan Menteri Kesehatan Republik Indonesia Nomor 71 Tahun 2013 Tentang Pelayanan Kesehatan Pada Jaminan Kesehatan Nasional. Jakarta: Kementerian Kesehatan Republik Indonesia, 2013.
- [7] Badan Penyelenggara Jaminan Sosial Kesehatan. Peraturan Badan Penyelenggara Jaminan Sosial Kesehatan Nomor 2 Tahun 2015 Tentang Norma Penetapan Besaran Kapitasi dan Pembayaran Kapitasi Berbasis Pemenuhan Komitmen Pelayanan Pada Fasilitas Kesehatan Tingkat Pertama. Jakarta, 2015.
- [8] Assupina M, Rahmiwati A. Analysis of implementation of the chronic disease management program (Prolanis) at family doctors of PT Askes in Palembang on 2013. *J Ilmu Kesehatan Masyarakat* 2013;254–61.
- [9] Anita M. Implementation of chronic disease program (Prolanis) in patients with hypertension in Puskesmas Jetis Yogyakarta. *J Kebijakan Kesehatan Indonesia* 2019;8:51–8.
- [10] Ria NU. Input Program Pengelolaan Penyakit Kronis di Puskesmas. *J Higeia Public Health Res Dev* 2019;3:63–73.
- [11] Nasution NM. Implementasi Program Pengelolaan Penyakit Kronis (Prolanis) di Puskesmas Kedai Durian Medan Johor Tahun 2018. Repositori Institusi USU. 2018. Available at: <http://repositori.usu.ac.id/handle/123456789/11343>
- [12] Sitompul S, Suryawati C, Wigati PA. Analisis Pelaksanaan Program Pengelolaan Penyakit Kronis (Prolanis) BPJS Kesehatan Pada Dokter Keluarga di Kabupaten Pekalongan Tahun 2016. *Jurnal Kesehatan Masyarakat (e-Journal)* 2016;4:145–53.
- [13] Ramsar U, Trisnantoro L, Putri LP. Implementation of chronic disease management (Prolanis) program in Puskesmas Poasia Kendari. *J Kebijakan Kesehatan Indonesia* 2017;6:200–3.
- [14] Rosdiana AI, Raharjo BB, Indarjo S. Implementasi Program Pengelolaan Penyakit Kronis (Prolanis). *J Higeia Public Health Res Dev* 2017;1:140–50.
- [15] Latifah I, Maryati H. Analisis Pelaksanaan Program Pengelolaan Penyakit Kronis (Prolanis) BPJS Kesehatan Pada Pasien Hipertensi di UPTD Puskesmas Tegal Gundil Kota Bogor. *Hearty J Kesehatan Masyarakat* 2019;6:1–11. DOI: 10.32832/hearty.v6i2.1277.



Journal of Basic and Clinical Physiology and Pharmacology

COUNTRY

Germany



Universities and research
institutions in Germany



Media Ranking in Germany

SUBJECT AREA AND CATEGORY

Biochemistry, Genetics and Molecular
Biology

Physiology

Medicine

Medicine (miscellaneous)

Pharmacology, Toxicology and
Pharmaceutics

Drug Discovery

Pharmacology

PUBLISHER

Walter de Gruyter GmbH

H-INDEX

36

PUBLICATION TYPE

Journals

ISSN

07926855, 21910286

COVERAGE

1985-1988, 1990-2021

INFORMATION

[Homepage](#)

[How to publish in this journal](#)

m.horowitz@mail.huji.ac.il

SCOPE

The Journal of Basic and Clinical Physiology and Pharmacology (JBCPP) is a peer-reviewed bi-monthly published journal in experimental medicine. JBCPP publishes novel research in the physiological and pharmacological sciences, including brain research; cardiovascular-pulmonary interactions; exercise; thermal control; haematology; immune response; inflammation; metabolism; oxidative stress; and phytotherapy. As the borders between physiology, pharmacology and biochemistry become increasingly blurred, we also welcome papers using cutting-edge techniques in cellular and/or molecular biology to link descriptive or behavioral studies with cellular and molecular mechanisms underlying the integrative processes. Topics: Behavior and Neuroprotection, Reproduction, Genotoxicity and Cytotoxicity, Vascular Conditions, Cardiovascular Function, Cardiovascular-Pulmonary Interactions, Oxidative Stress, Metabolism, Immune Response, Hematological Profile, Inflammation, Infection, Phytotherapy.



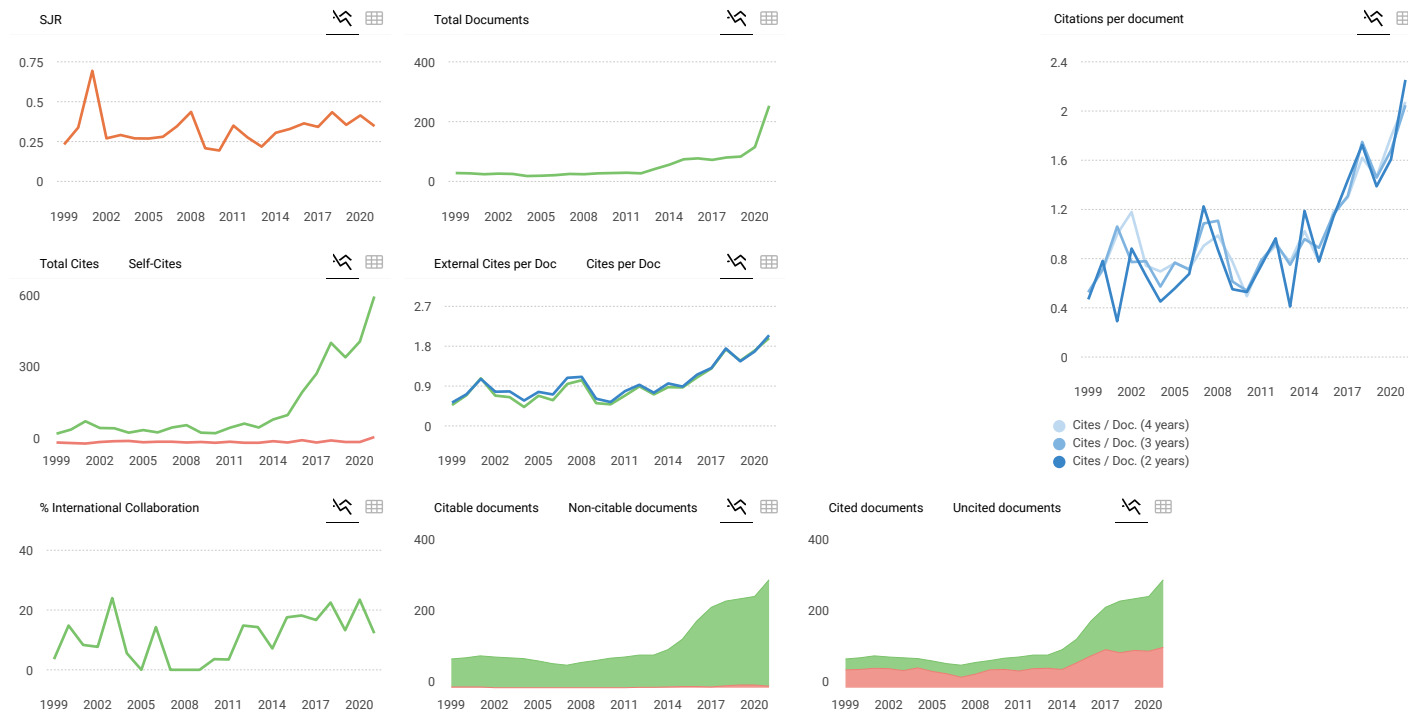
Join the conversation about this journal

FIND SIMILAR JOURNALS

options

1 2 3 4 5

< >



Journal of Basic and Clinical Physiology and...

← Show this widget in your own website

Just copy the code below and paste within your html code:

``

powered by scimagojr.com

SCImago Graphica

Explore, visually communicate and make sense of data with our [new data visualization tool](#).

Metrics based on Scopus® data as of April 2022

O Oman 2 years ago

How much money to publis in this journal

reply

Melanie Ortiz 2 years ago

Dear Oman,
thank you for contacting us.
Unfortunately, we cannot help you with your request, we suggest you visit the journal's homepage or contact the journal's editorial staff , so they could inform you more deeply.
Best Regards, SCImago Team

D Daniel Orieko 3 years ago

Please how do you get original article submitted.

reply

Melanie Ortiz 3 years ago

Dear Daniel, thank you very much for your comment, we suggest you look for author's

[instructions/submission guidelines in the journal's website.](#) Best Regards, SCImago Team

D **dr jhanvi vaghela** 3 years ago

Is Journal of Basic and Clinical Physiology and Pharmacology is online only journal ??

[reply](#)



Melanie Ortiz 3 years ago

SCImago Team

Dear Jhanvi,
thank you for contacting us.

Sorry to tell you that SCImago Journal & Country Rank is not a journal. SJR is a portal with scientometric indicators of journals indexed in Elsevier/Scopus.

Unfortunately, we cannot help you with your request, we suggest you to visit the journal's homepage or contact the journal's editorial staff , so they could inform you more deeply.

Best Regards, SCImago Team

N **Nilufar** 3 years ago

Dear Sir/Madam,

I couldn't find how to publish the article at this journal. Could you possibly send the requirements of publishing at this journal, please?

Kindest regards,
Nilufar

[reply](#)



Melanie Ortiz 3 years ago

SCImago Team

Dear Nilufar,

You can see the updated information just above. Best Regards, SCImago Team

Leave a comment

Name

Email
(will not be published)

The users of Scimago Journal & Country Rank have the possibility to dialogue through comments linked to a specific journal. The purpose is to have a forum in which general doubts about the processes of publication in the journal, experiences and other issues derived from the publication of papers are resolved. For topics on particular articles, maintain the dialogue through the usual channels with your editor.

Developed by:



Powered by:



Follow us on [@ScimagoJR](#)

Scimago Lab, Copyright 2007-2022. Data Source: Scopus®

EST MODUS IN REBUS
Horatio (Satire 1,1,106)

[Cookie settings](#)

[Cookie policy](#)