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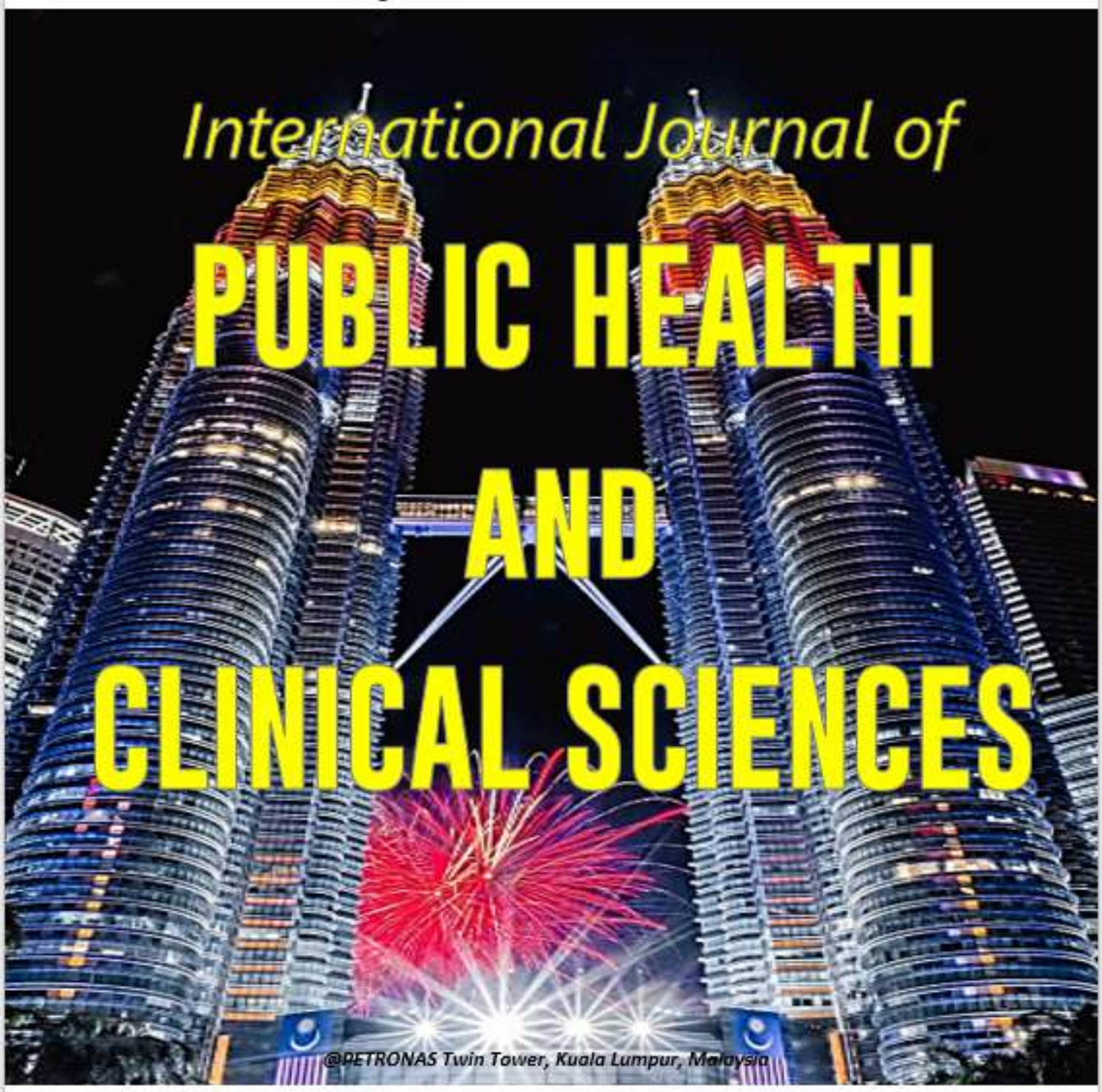

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REFERRAL SYSTEM IN INDONESIA, HAS IT BEEN IMPLEMENTED CORRECTLY?

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ABSTRACT

Background: Policies on referral systems have long existed in Indonesia. Nonspecialistic references are still occurring and result inefficienty of health care. BPJS Kesehatan stated that there were 2.236.379 visits in the primary health care facilities referred in 2015, 214.706 visits of which were non nonspecificistic referrals. In 2016 there was an increase of 4.9 million cases of re-control compared to 2015 in secondary and tertiary outpatient, resulting in an increase in cost of 789 billion compared to 2015. This is because the referral system policy hasn't been implement correctly. This policy brief aims to evaluate the implementation of referral system policies that exist in Indonesia.

Materials and Methods: This is a policy brief with literature review approach. This policy brief was prepared by conducting literature studies on the implementation of referral systems and several health policies on referrals

Result: Referral system has not been implemented properly in accordance with existing policies in Indonesia. This causes wastage costs in the implementation of universal health coverage. Implementation constraints on referral policies stem from the low knowledge of health personnel and the capacity of health care providers.

Conclusion: It is appropriate to evaluate all of personel who play a role in the implementation of referral policy. Evaluation should be done from the community as the recipient of the service, health facilities as the buyer of service, the health office as the responsible implementation of referrals, as well as from the government as policy makers. Thus solutions to problems with this reference system can be applied so that the correct referral system can be realized.

Keywords: JKN Indonesia, referral policy, referral system, policy brief, policy evaluation.

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1.0 Introduction

Obtaining a plenary health service is a right for every Indonesian citizen. The institution responsible for providing health services is a plenary hospital. According to Law no. 44 on 2009 About Hospital, in order to improve service and giving quality health service hence hospital have obligation to implement referral system if patient need service beyond service capability of hospital. This is exactly what the underlying issue of the Regulation of the Minister of Health No. 001 on 2012 About Individual Health Referral System.

Starting in 2014, Indonesia has implemented a Universal Health Coverage called Jaminan Kesehatan Nasional (JKN) program with the principle of social health insurance management organized by the Badan Penyelenggara Jaminan Sosial Kesehatan (BPJS Kesehatan). In this era, the referral system began to be improved. Several years of referral policy have been published but it is still a health problem in Indonesia, although its implementation has been better in the era of JKN.

Counting about 6 years from the issuance of the policy, a referral system that aims to provide quality services to patients with efficient financing principles but the reality is the opposite. Referral systems have not been implemented correctly so that patients who should be able to be treated at the Puskesmas are stacked in certain hospitals.

Referral program called Program Rujuk Balik (PRB) from BPJS Kesehatan has not yet implemented. PRB is a program for patients with chronic diseases who have been referred to advanced health services in order to obtain treatment in primary health care. PRB has not yet implemented due to lack of adequate in primary health care in Indonesia. As a result the quality of hospital services is not guaranteed because too many patients are treated. This will have an impact on patient safety.

This policy brief aims to evaluate the implementation of referral system policies that exist in Indonesia. With the evaluation of this article is expected to help policy makers to improve the implementation of referral system in Indonesia.

2.0 Materials and Methods

This policy brief was prepared by conducting literature studies on the implementation of referral systems and analyzing several health policies on referrals, namely:

1. Indonesian law No. 44 on 2009 About Hospital,
2. Minister of Health Regulation No. 001 on 2012 About Individual Health Service Referral System,
3. Minister of Health Regulation No. 71 on 2013 About Health Service on National Health Insurance.
4. Some articles of research on referral system in Indonesia

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3.0 Result and Discussion

Referral system is organized with the aim of providing quality health services, effective, and efficient. This is done so that health services can be achieved without having to use expensive costs. Efficient is also interpreted by the reduced waiting time in the process of referring and unnecessary unnecessary referral as it can actually be handled in primary health care facilities.

According to Ministri of Health Regulation no. 001 on 2012 about Individual Health Service Referral System, on the national reference system guidance, it is asked that reference characteristics include referral based on indication, referral procedure in emergency cases, referral back to referring facility, affordability of referral facility and first referral.

The problem of the referral system did not only occur in the JKN era, but has also been before that era. Zuhrawardi's study in 2008 before JKN, states that about 30-75% of referrals are outpatient referrals (first rate), and referrals are provided on request alone or in other terms not on medical indications.

National BPJS Kesehatan data shows that, in the first quarter of 2015 there were 14,619,528 visits at primary health facilities. From the data, 2,236,379 visits were referred from primary health care facilities to secondary health care facilities and 214,706 visits were non-particularistic referrals, which should not necessarily be referred and resolved in primary health facilities. The problem of the referral system is not only on non-specialist referrals but also the incompleteness of form filling. Pre-referral communication is also not optimally implemented. Ideally only 15% of patients are referred to secondary health care facilities of 155 diagnoses of illness, but until now the number of referrals to secondary health care facilities reached 15.3%.

The absence of binding rules from the government on referral systems for self-sufficient patients and commercial insurance patients provides an opportunity for them not to follow the flow of referrals. In Article 5 of Minister of Health Regulation No. 001 on 2012 about Individual Health Service Referral System states that "*Referral system is required for health insurance participants or social health insurance as well as health providers. Participants of commercial health insurance follow the rules that apply in accordance with the provisions of the insurance policy while still following the health service in stratified. Any person who is not a participant of health insurance or social health insurance can follow the referral system*". The article provides an opportunity for commercial insurance to make provisions in its organization to tend not to follow tiered reference rules. Likewise with the non-participant social health insurance community, they will be free to not follow the rules of the referral system.

In the era of JKN, JKN participants must follow the existing referral system. When they are ill, except in an emergency, they are required to seek treatment at a primary health care facilities, and are not allowed directly to secondary or tertiary health care facilities like a hospital or specialist doctor. If this is violated then the participant must pay the treatment using personal money or not covered by insurance. But the implementation of the rules of the referral system is not easy to implement because there are still many obstacles. The patient referral system is perceived to be ineffective and inefficient, many people are still unable to

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understand the prevailing health referral system in Indonesia, as a result of massive patient accumulation in certain large hospitals.

Poor understanding of the flow of the referral community cause they do not get the right service according to the groove. Patients consider the bureaucratic referral system to be quite complicated; they consider primary health care facilities lacking adequate facilities and infrastructure. This leads to the occurrence of referrals at the request of the patient to be able to obtain second or third level health services. However, the strictness of JKN against referral system and BPJS assertion made the referral system better implemented in the era of JKN. It's just that there are still some constraints on society, primary health care facilities, secondary health care facilities, and tertiary health care facilities. In addition, monitoring, evaluation, guidance, and supervision are also factors that affect the implementation of the referral system.

The preceding statement reflects the current condition that the referral case that should be resolved in primary health care facilities is still quite high. In addition to the lack of understanding of patients about the referral system, there are other factors affecting the competence of doctors, financing, and infrastructure facilities that have not been supported. Primary health care facilities (called Puskesmas) as gate keeper has not carried out its duties, this is because the referral procedure has not been implemented correctly, the officer has not understood about the policy of referral system of the right outpatient health center, the limited availability of drugs even the vacancy and the completeness of supporting facilities of medical health equipment is still minimal in some Puskesmas, thus impacting on the declining quality of health services.

What about PRB? Has it been done properly? Restoring patient care to a referrer is essential in a referral system. This is also affirmed in the guidelines of the national referral system 2012 and health BPJS 2014, in which all referral health cases that have been handled in the hospital should be reconciled. But the reality PRB is rarely done.

At the National Working Meeting in 2017, BPJS Kesehatan stated that in 2016 there was an increase of 4.9 million cases of re-control compared to 2015 in outpatient at secondary and tertiary health care facilities. The result of that problem is increasing health service cost of 789 billion compared to 2015. The high cases the re-control of secondary and tertiary health care facilities is due to the lack of optimal referral programs caused by, among other things, the PRB drug void at secondary and tertiary health care facilities. This is in line with some studies that have been done that PRB is rarely done due to the lack of understanding of some health workers about the program and the limitation of medication in primary health care facilities. This causes the patient who is supposed to seek treatment at the primary health care facility of the referral go back to the secondary and tertiary health care facilities. Lack of information from the BPJS Kesehatan to health workers on PRB results in the emergence of differences in perceptions that result in ineffective implementation of PRB at secondary and tertiary health care facilities.

How is the implementation of guidance and supervision of the referral system? According to Chapter 5 Article No.20 at Ministri of Health Regulation No. 001 in 2012 about Health Care Individual Referral System, states that the Department of Health and professional organizations responsible for the implementation of a referral system is based on the working

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area. The existence of national policies related to references established by the government is sufficient to guide the implementation of the medical referral system, but with all relevant human resources in it committed and supported by adequate facilities and infrastructure.

4.0 Conclusion

Referral system is a system that must be strengthened to support the implementation of health services quality, effective and cost efficient. Referral problem is still an interesting topic although its implementation is better in JKN era. Constraints on the implementation of a referral system lead to referrals with indications and PRB can not be implemented in accordance with applicable policies. The low knowledge of the community about the referral system, coupled with the image of primary health facilities that have not been good cause the community has a tendency to refer itself to access secondary or tertiary health care facilities. Not only from the side of community, health providers also still have limitations. Some primary health facilities have limited competence of medical personnel, facilities, infrastructure, availability of drugs and medical equipment so they can not become a gatekeeper. The lack of knowledge of health personnel in the health care facility causes the referral system not to run properly. It should be a referral system that has been in force since 2012 is always monitored, evaluated and its implementation is always in the guidance and supervision of the authorities. Thus the implementation constraints to implement the correct referral system can be identified and found solutions.

5.0 Implication and recommendation

5.1 Implication

If the referral system is implemented correctly then:

1. Long queues in primary health care facilities will be reduced, good service quality will be achieved, patient safety is guaranteed so patient satisfaction increases
2. Increased outpatient financing in secondary and tertiary health care facilities due to re-control will not occur because of the correct referral system
3. The principle of quality control and cost control, as well as equity and equality of health services that are the goal of JKN program in Indonesia will be achieved

5.2 Recomendation

5.2.1 For Health Care Facilities:

1. Improve knowledge, understanding, and commitment of health workers related to the implementation of the referral system
2. Each of health facility (primary, secondary, and tertiary health care facilities) knows the permissible and non-authorized authority in providing health services in accordance with the referral system

3. There should be a firmness of health service facility leaders to implement the correct referral system in their organization

5.2.2 For Office of Health:

1. The office of health as the person in charge of implementing the referral system should monitor and evaluate the implementation of the referral, so that it knows about the map of service capacity and health service needs in its working area.
2. With the service capacity map data, an effective and efficient service network should be established in stages from District Health Offices, Provinces to the Ministry of Health.
3. Need to make area mapping, work operations, and referral flow in each level of the referral system, which is then combined into a national referral system.

5.2.3 Suggestions for improving policy implementation:

1. Increasing the knowledge of the implementers of policies on the procedures for services based on a good and correct referral system for the community, primary, secondary and tertiary health care facilities, and always ensuring that the implementation of referrals is under the supervision and supervision of the authorities.
2. Need to improve the capacity and quality of primary health care facilities both in terms of human resources, drugs, tools, facilities and infrastructure supporting services to build trust or image of the community so that primary health care facilities are also able to implement the referral system applicable.

Declaration

Author(s) declare that they have NO affiliations with or involvement in any organization or entity with any financial interest or non-financial interest in the subject matter or materials discussed in this manuscript.

Authors contribution

Author 1: Principal investigator, conceptualized and designed the paper, led the data collection, prepared the draft of the manuscript and reviewed the manuscript.

Author 2: Reviewed the manuscript.

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Telah melaksanakan penelitian dengan judul sebagai berikut :

No.	Judul Karya Ilmiah	Tahun Pengumpulan Data	Alasan Tidak Tersedia ***Etical Clearence***
1	Referral System In Indonesia, Has It Been Implemented Correctly? (http://www.publichealthmy.org/ejournal/ojs2/index.php/ijphcs/article/view/927)	2019	Literature review
2	Congenital Hearing Loss Was Not A Scary Problem: Article Review (https://ejmcm.com/article_2871.html)	2019	Literature review
3	Enhancing Family Medicine Practice in Developing Countries through a Holistic-Comprehensive Care Model: A Review (https://ijphrd.com/issues.html)	2020	Literature review
4	Economic Evaluation for Health Advocacy and Informed Policy (https://e-journal.unair.ac.id/JAKI/article/view/28558)	2021	Literature review
5	Literature Review: Cost Calculation of Blood Services in Some Countries (Based on HDI Level) (https://journal.unnes.ac.id/sju/index.php/ujph/article/view/40872)	2020	Literature review
6	Legalitas Penjualan Obat Psikotropika Secara Online Di Indonesia (https://ejournal2.undip.ac.id/index.php/jphi/article/view/15441)	2023	Statue approach
7	Literatur Review: Pengukuran Kesiapan Tenaga Kesehatan dalam Menerima Telehealth atau Telemedicine antara Negara Maju dan Negara Berkembang (http://www.ejurnal.poltekkes-tjk.ac.id/index.php/JK/article/view/2000)	2020	Literature review

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Demikian surat keterangan ini kami buat untuk dapat dipergunakan sebagai persyaratan pengusulan Jabatan Fungsional Lektor Kepala.

Surabaya, 11 April 2023

Dekan,

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