





The Implementation of a Tiered Referral System of Bpjs Health Patient at Lepo-Lepo Public Health Center Kendari City

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Abstract. Implementing this referral system generally requires health services at primary health facilities to be strengthened because FKTP acts as the first contact or referral screener for health services. However, the significant referral rate at Lepo-Lepo Public Health Center in Kendari City in 2022 of 25,22% is in contrast to the JKN program, which should be able to maximize the functions of the public health center. This study aimed to discover the depiction of implementing a tiered referral system at Lepo-Lepo Health Centre in Kendari City. This current study used a qualitative approach with the phenomenology method. The data collection method was done by in-depth interviews and observations involving 9 informants. The results showed that the polyclinic services at the Lepo-Lepo Health Center were sufficient, the doctor staff was appropriate and met the standards, and the doctor's knowledge of 144 diseases was not maximized because the doctor referred to several conditions that could be resolved at the health center, the availability of medical equipment and medicines was not according to standards and limited, as well as the compliance of health workers with referral SOPs, in general, has been carried out by applicable SOPs. It is expected that BPJS Health will provide training related to patient handling competencies for doctors at the Kendari City Health Office to be more cooperative with the Lepo-Lepo Public Health Center to fulfill the needs for health workers, medical equipment facilities, and medicines at the public health center.

Keywords: BPJS Health, Public Health Center, Tiered Referral

1. Introduction

Universal Health Coverage (UHC) was declared by The World Health Organization (WHO) in 1948 by stating that health is a fundamental human right and a healthy agenda for all. Since then, UHC has been included in all health programs related to the achievement of SDGs. The National Health Insurance Program (JKN), to achieve UHC in Indonesia, is managed by the Social Security Organizing Agency (BPJS). BPJS requires health service facilities that collaborate with BPJS Health to implement a referral system [1].

The principle of medical referral is quality of service and efficiency. Medical science is comprehensive, so no one person can know and master all of medicine.

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Everyone has the opportunity to suffer from a disease that doctors subscribe to or in their area cannot diagnose and treat [19]. For the benefit of the patient, the doctor must refer the patient to other doctors in other health facilities that have certain specialties. The necessity to use FKTP as the patient's initial contact with the general practitioner is an efficiency of time, energy, and cost for patients, doctors, and JKN [2].

In primary care, participants can seek treatment at primary health facilities such as the Public Health Center independent practices listed on the BPJS Health participant card. If the participant requires further services from a specialist, the participant can be referred to a secondary health facility, FKTL [3].

Implementing this referral system makes health services in primary health facilities must be strengthened because First Level Health Facilities (FKTP) act as the first contact and filter for referrals to health services. FKTP is required to handle 144 disease diagnoses entirely according to the Indonesian Doctor Competency Standard (SKDI), which follows the Clinical Practice Guidelines [4].

National BPJS Health data from the aspect of participation is known that, as of September 30, 2022, the number of JKN Program participants reached 244,600,449. As of early November 2022, BPJS Kesehatan has collaborated with 27,786 Health Facilities with details, namely 23,549 First Level Health Facilities (FKTP) and 4,237 Advanced Level Referral Health Facilities (hospitals) [5]. Public Health Centers Lepo-Lepo is one of the Public Health Centers in Kendari City located in Baruga District. Public Health Center Lepo-Lepo is included in the top three Public Health Centers with the highest number of visits by JKN participants in Kendari City as of July 2022 based on data from BPJS Kesehatan Kendari City, where the number of patient visits for JKN participants as of July 2022 is 14,562. Meanwhile, in 2020, the number of visits to the Lepo-Lepo Health Center was 18,905, and in 2021, it was 23,354.

Based on the results of secondary data collection at the Lepo-Lepo Health Center, it is known that, in 2020, the number of patients referred was 6,044 patients, with a total referral ratio of 32%. In 2021, the number of patients referred was 6,327 patients, with a total referral ratio of 27.3%. In 2022, the total number of patients referred from January to July was 3,672, with a total 2022 referral ratio of 25.22%.

Based on the referral ratio, the referral ratio at the Lepo-Lepo Health Center from January to July 2022 is still a problem because it is not following the standard number of patient referrals at FKTP based on BPJS regulations, which is no more than 15% of the number of BPJS patient visits per month [6].

The implementation of the referral system will only work well if its implementation is following its policies or guidelines. One of the problems in implementing the referral system is the limited resources and infrastructure essential for health institutions to provide minimal health services. Limited Public Health Center resources and various problems that Public Health Center must face require integrated support from all aspects [7].

Based on preliminary studies that have been conducted at the Lepo-Lepo Health Center in Kendari City, it was found that the referral problem was not suitable due to the patient's wishes because of the location of the Lepo-Lepo Health Center, which is close to various hospitals, one of which is Bahteramas Kendari Hospital.

In connection with the background description above, researchers are interested in

researching the Overview of Implementing a Tiered Referral System for BPJS Health Participant Patients at the Lepo-Lepo Health Center, Kendari City in 2022.

2. Research Methods

The research used a qualitative approach with phenomenological methods through in-depth interviews, observation, and documentation. The informants in this study consisted of 3 key informants and 6 ordinary informants. Key informants are heads of community health centers, general practitioners, and dentists. At the same time, the usual informants are administrative employees (referral managers), outpatient nurses, drug managers, and three patients participating in BPJS Kesehatan. The research was conducted in December 2022. The method of data management and analysis used in this study is the Milles and Huberman analysis method. This method consists of four stages, namely data collection, data prediction, data presentation, and conclusions. In this study, to check the validity of the data obtained, researchers used triangulation techniques by looking at the reliability and validation of the data obtained. The triangulation used by researchers is the triangulation of sources, methods, and data.

3. Results and Discussion

3.1 Implementation of the Referral System in terms of the Availability of Poly Services at the Lepo-Lepo Health Center

The research used a qualitative approach with phenomenological methods through in-depth interviews, observation, and documentation. Those who have registered their biodata in the Poly services are services provided to patients' Public Health Centers system, after which patients can perform poly services. From the results of interviews with informants and observations that have been carried out, it is known that poly services at the Lepo-Lepo health center consist of General Poly, Children's Poly / MBTS Poly, Elderly Poly, MCH / KB Poly, Nutrition Poly, and Dental Poly. There are also integrated counseling health services and infectious disease health services, as quoted from the interview as follows:

"... there are general poly, dental poly, children's poly, elderly poly, MCH poly, and integrated counseling poly, integrated counseling is various there are smoking cessation counseling, environmental health counseling, violence against children counseling, adolescent counseling, mental health counseling" (ES, key informant)

"... general poly, elderly poly, MTBS poly, nutrition poly, dental poly there, continue to poly infectious diseases such as AIDS/HIV, TB" (OW, key informant)

It is recognized that poly services at Public Health Centers are comprehensive and are by Minister of Health Regulation 43 of 2019 concerning Public Health Centers based on the findings of in-depth informant interviews. Health services in Public Health Centers and Urban Areas in terms of individual health efforts consist of general examination services, dental and oral health services, family health

services that are UKP, emergency services, nutrition services that are UKP, childbirth services, pharmaceutical services, and laboratory services [8].

Providing poly-referral patient services at the Lepo-Lepo Health Center is only for registered patients; if the patient does not register, the patient cannot proceed to the service stage at the Poly for examination by a doctor. Then, the doctor examines and determines the patient's diagnosis; if the patient meets the referral criteria, the patient is eligible for referral. After that, the patient's referral data will be inputted in Pcare online to be referred to the hospital where the patient wants, in this case, type D or Type C Hospital. The informant said:

"... First, the patient registers first at the registration, then it depends on where he wants to be referred. For example, he is a child, meaning he goes into the children's poly. Then from the children's poly, a reference is made. If the patient is a patient under 60 years old, he will be examined. In essence, the process, as usual, registration continues to see what pain is. For example, a post-accident patient, after the accident continued to fracture his bones, came to the public poly saying 'Doc, I want to ask for a referral, we don't give a referral' because not all patients ask for a referral, we give a referral, there are criteria for referral indications, so because at the time of examination, he broke a bone, it means that it must be referred to orthopedics. From the examination he deserves to be referred, we give him a referral because he is BPJS means he is inputted at Pcare to be referred to any hospital where the patient wants except for the Bahteramas because the Bahteramas is provincial. So, it must be around the city like abunawas hospital, korem, bhayangkara, aliyah 1, aliyah 2 aliyah 3, noble heart like so. (OW, key informant)

"... register first in front to get their medical records, then they enter the poly according to their age and according to their disease, if she is a pregnant woman or related to the womb, of course, she enters the MCH poly. Then after that they are examined by the doctor to be referred or not, the doctor who determines the doctor who examines the diagnosis" (ATD, ordinary informant)

The Primary Care (P-care) application is an information system designed to serve patients who use BPJS Kesehatan. The P-Care application itself contains a list of available referral hospitals or hospitals that match the indication of the patient's disease so that the referred patient can choose which hospital will be the place of referral both types of hospitals A, B, C, and D will be chosen by the patient [9].

Starting from the patient coming then registering and being examined by a doctor, then conducting anamnesis, physical examination, and medical support examination, then determining the patient's diagnosis [10]. When a patient arrives in an emergency and requires medical attention, the officer responds right away by stabilizing the patient's condition and providing rapid assistance (sometimes a life-saving surgery). Once the patient has been diagnosed, if their condition calls for a recommendation and they have complied with current referral guidelines, they will be sent to receive the necessary therapy.

Same cases or diseases that have been referred from the Lepo-Lepo Health Center are such as pulpitis, eye examination, surgery, diabetes mellitus, Hypertensive Heart

Disease (HHD), post-stroke, fractures, blood disorders, Global developmental delay (GDD), and other specialist diseases. Diseases that cannot be handled at the Public Health Centers are caused because these diseases are diseases with complications and require more competent medical treatment and the Lepo-Lepo Health Center does not have the authority to provide these services to patients, excerpts of in-depth interviews to key informants are as follows:

“... there are various cases, many for example if from dental poly it is like pulpitis for sure, for eye examination also yes, for surgery also yes, many cases” (ES, key informant) “... If the most frequently referred, for the elderly that I often get or that I receive are usually the first patients with diabetes mellitus. then Hypertensive Heart Disease (HHD) heart patients, and patients with typhoid fever, continue to refer post-stroke patients. If in the public poly, there are so many kayaks that he had fallen, it turned out that he had broken a bone so we refer to the eyes. If children are usually patients with blood disorders, then what I have found is that Global developmental delay (GDD) patients whose growth development is stunted” (OW, key informant)

Likewise, [11] says that in the implementation of Poned (Basic Emergency Neonatal Obstetrics Services), referrals to hospitals are made because the case cannot be handled at the Public Health Centers and not the authority of the Poned Capable Public Health Centers.

Human resource-related Referral System Implementation Health professionals and non-health professionals make up Public Health Centers' human resources. Workload analysis determines the kind and quantity of health and non-health workers by considering the number of services rendered, the distribution of the population, the features of the work area, the type of work itself, the presence of other first-level health service facilities in the work area, and the arrangement of working hours. Pharmacists or pharmaceutical technical personnel, medical laboratory technologists, dentists, nurses, midwives, health promotion and behavioral science personnel, environmental sanitation personnel, nutritionists, and physicians, at the very least, are the types of health workers in Public Health Centers. Non-health workers in Public Health Centers must be able to support activities in Public Health Centers, namely health information system personnel, financial administration personnel, administrative staff, and employees [8].

Law No. 36 of 2014 states that anybody who dedicates their time to the health sector and has obtained knowledge and/or skills via education in the field is considered a health worker. Certain sorts of health workers require authorization in order to carry out health initiatives. When it comes to giving health service customers the best possible care, health staff are crucial. The influence on current services will be greater the higher the caliber of health staff. The results of interviews from informants stated that at the LepoLepo Health Center, the number of doctors was sufficient because there were already three general practitioners and two dentists. Based on this statement, the Lepo-Lepo Health Center has met the HR standards based on Permenkes No. 43 of 2019 that the Public Health Center has at least two general practitioners and one dentist, the interview excerpt is as follows:

“... at Public Health Centers Lepo-Lepo we have 3 general practitioners and 2 dentists” (ES, Key Informer) “... if for dentists there are 2” (SW, Key Informer)

However, Key Informant OW added that in terms of manpower, it is still lacking, especially doctors, especially when many patients are visiting the Public Health Centers to make the workload of doctors heavier and Public Health Centers services are not optimal, here are excerpts of interview answers revealed by key informants:

“... In terms of energy, it is still lacking. Why? Because there are many patients here. Sometimes if there are so many patients, the staff here is still overwhelmed. The point is, if I can be honest, there is still a lack of doctors, where are his feet, where is his it? But if it is by the standards of the Public Health Centers already” (OW, Key Informer)

Based on the needs and gaps in personnel at the LepoLepo Health Center in 2021, it can be seen that for general practitioners, the number needed is five people, while there are three people so there are still fewer than two people. In terms of workload analysis with a large number of patients, two general practitioners are still needed to help with health services, including referrals. According to the Republic of Indonesia's Regulation No. 001 of 2012 concerning the Minister of Health, midwives and nurses may, in some situations, offer first-level healthcare services, in this case by making referrals in accordance with legal requirements. It is in line with Dadus' research (2023), the availability of doctors at the Neglasari Health Center is not comparable to the number of patients registered at the Public Health Centers, causing a high referral ratio [12].

Based on the results of in-depth interviews with informants about health workers involved in implementing the patient referral system, doctors are determinants of diagnosis and referrals and are assisted by health workers such as registration officers, poly officers, nurses, and PCare officers. Thus, there is a compatibility between the results of the research obtained by researchers and the Regulation of the Minister of Health of the Republic of Indonesia No. 001 of 2012 which explains that the referral system involves several health workers professions such as doctors, midwives and other health workers, interview excerpts as follows:

“... from the front, there is a registration continue inside there is a nurse doctor with his PCare” (SW, Key Informer) “... means from the front dong, the registration officer, the poly officer, the nurse, the main doctor continues to input the same PCare” (OW, Key Informer)

This is in line with Afiyani's research (2020) which states that organizing the implementation of the referral system at the North Bogor Health Center involves several health workers in the implementation of the referral system, namely doctors, nurses, registration, and other units such as the Maternal and Child Health Poly (MCH), Dental Poly, General Poly, and Emergency Unit (ER) [10].

Based on the results of interviews regarding the presence or absence of doctors at the Public Health Centers because they are unable to attend. This does not affect

health services and the implementation of BPJS patient referrals at the LepoLepo Health Center, it is known that those who replace doctors if unable to attend are substitute doctors and in providing health services at the LepoLepo Health Center are also assisted by internship doctors, the results of key informant interviews are as follows:

“... So far, no one is simultaneously absent, there must be one because there is one civil servant doctor, two non-civil servants and we are assisted by an internship doctor. So never simultaneously not all in, there must be someone coming in. Likewise, with dentists there are two, there are always those who replace doctors for service hours so that patients no longer have direct reasons to ask for referrals because they are not doctors” (ES, Key Informers)

“... The service is still running, thank God there is an internship doctor, so they handle it temporarily. There are also other doctors besides me as well. Like yesterday there was a provincial activity in my smells there, but for the vacancies filled with friends, it was flexible. It has no impact because others still exist and can still provide references. there are still two doctors who give referrals, handled first, if they can still be handled here, the patient himself cannot ask for a referral” (OW, Key Informer)

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Based on the results of interviews regarding the knowledge of medical personnel in terms of the tiered referral flow system, medical tenga already knows the flow of the tiered referral system, from patients coming to register, then directed to poly, doctors diagnose diseases to patients, then online registration is carried out for patients who will be referred through the BPJS Pcare application by paying attention to the rules of tiered referral flows such as seeing which hospital is the referral destination.

“... now the referral is tiered, the flow process is the same as the service in general, the patient comes to register, then he goes to the poly for examination according to his disease, and then if the patient needs to be referred we will refer it, but we first see which hospital because not just any hospital we refer patients there are rules so patients are referred to type C hospitals first according to tiered referral rules” (SW, Key Informant)

“... Know the flow is the same as usual service then the doctor diagnoses, for medical diagnosis it is based on the lottery from JKN itself, later if the patient is referred then according to the procedure for BPJSNKA, right referral now through the BPJS application itself online” (FR, Ordinary Informant)

Disease diagnosis guidelines that must be completed at first-level health facilities are 155 disease diagnoses that cannot be referred to in the BPJS Memorandum of Understanding (MoU). However, according to the Medical Consul, there are 144 diagnoses of diseases that should not be referred. Public Health Centers Lepo-Lepo uses medical consul guidelines related to disease diagnosis that should be completed by the Public Health Centers, namely 144 disease diagnoses. Based on the results of in-depth interviews about whether doctors know what diseases can be resolved at the Public Health Centers, it is concluded that doctors more or less know the diseases that can be handled at the Public Health Centers because the doctor only mentions several types of diseases out of 144 diseases such as fever, influenza, vertigo, poisoning, patching or post- PSA, the interview results are as follows:

“... if I remember correctly, there are 144 types of these diseases such as fever, influenza, vertigo, poisoning” (OW, Key Informer) “... if in the tooth for example filling or for example, post-PSA (Root Canal Treatment) detach the filling here” (SW, Key Informant)

It can be concluded that informants already understand and know how to carry out first-level outpatient referrals both regarding referral flows and regarding 144 diagnoses that are the domain of Primary Level Health Facilities [13].

3.2 Referral System Implementation Viewed from the Aspect of Medical Device Facilities

The availability of medical device facilities in health services is an important factor in achieving diagnosis and supporting quality services for the community. The performance of Public Health Centers in conducting patient examinations can be improved by adequate medical device facilities and if there are limited facilities or incomplete health support facilities and facilities available, it requires that referrals be given. The compendium of medical devices is a list and specifications of selected medical devices and consumables that contain the requirements for minimum standards of safety, quality, and effectiveness for use in healthcare facilities in the implementation of the National Health Insurance (JKN).

Based on Kepmenkes No. 118/MENKES/SK/IV/2014, the compendium of medical devices is a reference in the implementation of health services in first-level health facilities and advanced referral health facilities. The Compendium of Medical Devices as referred to in the First Dictum contains a list of medical devices and consumables consisting of Electromedical Medical Devices, Non-Electromedical Medical Devices, and In Vitro Diagnostic Products.

From the results of in-depth interviews with informants the medical device facilities at the Lepo-Lepo Health Center are still not following the standards of the medical device compendium because there are still devices that have been damaged and are not available at the Public Health Centers. The high number of referrals at the

Lepo-Lepo Health Center is due to eye examination tools that are not available at the Public Health Centers so there are many eye referrals to eye clinics or hospitals in eye poly. Public Health Centers doctors can prescribe glasses to patients if eye examination facilities are available. This is in line with the results of observations that show that the availability of medical device facilities at the Lepo-Lepo Health Center does not follow the Compendium of Medical Devices contained in the Decree of the Minister of Health of the Republic of Indonesia No. 118 / Menkes / SK / IV / 2014. Of the 115 items contained in the Compendium, the Lepo-Lepo Health Center only has 45 items in carrying out first-level health services. Here is an excerpt from the interview.

“...it is appropriate that there are only a few tools that can no longer be used, so sometimes the problem is there” (ES, Key Informer) “

... If I personally still do that, like an eye tool, BPJS should provide it so that the referral rate is not high to the eye clinic for example, or a hospital in the eye poly. So the tools should be provided because there are none, we should complete them at the Public Health Centers, we do not need to refer but we refer them. That's what makes one of the eye reference numbers here high” (OW, Key Informer)

In other words, Health facilities are inadequate and not by the Compendium of Medical Devices causing officers to make referrals to hospitals so that the referral ratio at Public Health Centers becomes high [14].

Based on the information provided by the key informant through in-depth interviews, according to the key informant, the patient will be referred if it cannot be handled at the Public Health Centers due to limited equipment. This is in line with the patient's statement according to the patient, the reason he was referred was due to limited tools and the competence of the doctor.

“... For example, like this eye patient. Although eye patients can be completed at the Public Health Centers because the BPJS category of patients is BPJS participants, we cannot complete them at the Public Health Centers because they are blocked by Public Health Centers facilities. For example, Trial Lens, myopic eye patients continue to want to be prescribed glasses, is blocked there. He said that BPJS currently has a trial lens at the Public Health Centers, the doctor can prescribe glasses but because there is no it can't” (OW, Key Informer)

“... We refer to, that is what we refer to, there are three components if we want referral services, first the resources are the doctor, second the infrastructure is the same as the three medicines. If one doesn't exist, it can't. We must refer to” (SW, Key Informer)

“... I will be referred because of the limitations of the equipment and the doctor because I will be referred because I should have thyroid surgery, if operated on at the Public Health Centers the equipment is not complete, after all, their competence for this cannot be because the Public Health Centers is only a basic examination, so I must be referred” (H, Ordinary Informant)

The results of this study are in line with Ardiyansyah's (2022) research that from the aspect of the availability of facilities and infrastructure, the facilities at the Lunyuk Health Center are still not enough because there are tools that are damaged and are still under repair if the patient cannot be handled due to the unavailability of tools, the doctor will give a referral [15].

3.3 Implementation of the Referral System in terms of Drug Availability

Based on Permenkes No. 28 of 2014, the procurement of medicines for JKN participant patients with other medicines is not separate. Drug services for JKN participant patients at FKTP are carried out by pharmacists. Then, because 20% of the capitation fund paid to the Public Health Centers includes the cost of purchasing medicines when buying drugs, JKN participant patients will not be charged again. Drug services for patients participating in BPJS at Public Health Centers refer to the list of drugs according to the national formulary set by the Minister of Health of the Republic of Indonesia at prices listed in the drug e-catalog. The national health insurance program does not allow Public Health Centers to purchase drugs directly, but the planning or procurement of drugs is carried out by the health office based on the consumption patterns of Public Health Centers.

This is in line with what was explained by the drug manager that in the planning process, the Lepo-Lepo Health Center annually makes an RKO (Drug Needs Plan) based on the number of drug needs per month then the RKO is sent to the city health office, then the city health office will provide the report to the pharmacy warehouse, after that the drug will be sent to the Public Health Centers. Public Health Centers Lepo-Lepo stores drugs in pharmaceutical warehouses. Drug planning at the Lepo-Lepo Health Center is based on the number of drug uses each month and on existing disease trends, here are excerpts from ordinary informant interviews:

"... Every year the RKO (Drug Needs Plan) is made continuously, so we send it to the city health office. The drugs are also ordered based on fornas. There is a national fornas, there is a special format for Kendari City. So the drugs ordered are those that the city of Kendari has an order for drugs to enter at Fornas Kendari City because there are those whose medicines are ordered, some are entered at Fornas, some are not fornas. So the planning is like that, then the lepo-lepo health center every year actuates drugs in the pharmacy warehouse. Continue based on the number of drug uses a month how much to continue to consume drugs, continue if there is a disease trend as well, based on that every month" (II, Ordinary Informant)

Based on the results of interviews with informants, shows that the availability of medicines at the Lepo-Lepo Health Center is sufficient and follows the national formulation. However, this is different from the observations that show that the number of drugs contained in the Lepo-Lepo Health Center is not by the Decree of the Minister of Health No. HK.01.07/MENKES/6485/2021 concerning the national formulation of 256 types of drugs that are the standard for first-level health services, only 129 drug items can be completed by the Lepo-Lepo Health Center, so the availability of medicines at the Lepo-Lepo Health Center is still limited. Here is an

excerpt from an interview with an informant:

“... already, it is by formal” (ES, Key Informer) “... if here it is complete because it is enough” (OW, Key Informer, 20- 12- 2022)

The results of this study are in line with Ardiyansyah’s research (2022) showing that the availability of medicines at the Rambah Hilir I Health Center is still limited, and there are still drugs whose procurement has not been sufficient at the Public Health Centers. This affects the high number of referrals at the Rambah Hilir I Health Center because patients must be referred for reasons of unavailability of medicines [15].

Meanwhile, if the medicine given by the doctor is not at the LepoLepo health center, the drug manager will communicate with the doctor to prescribe drugs at the Public Health Centers or alternative medicines, and the Lepo-Lepo health center coordinates again with the pharmacy warehouse and health office when the non-existent drugs can be held. The last option if there is no other alternative drug is that the patient will be given a copy of the prescription and buy the drug at another pharmacy if willing, the interview results are quoted as follows:

“... there are two options anyway, first we confide with the patient first ‘Sir/mother this medicine for example antibiotic A does not exist but the presence of antibiotic B, the effect is almost the same, do we want?’ if the patient wants well, we love. But if the patient doesn’t want to, we want to take antibiotics A we ask again anyway if he is willing to buy his outside because if the patient BPJS free medicine here if he is willing please” (OW, Key Informant)

“... If the medicine that the patient wrote is not in the Public Health Centers, we coordinate again with the pharmacy warehouse with the Health Office when approximately the medicine can be held. So the problem is that we just communicate with the doctor to prescribe other drugs in the health center. Then if the patient is willing we make a copy of the prescription, willing to buy medicine outside for a while until there is medicine available at the Public Health Centers like that.” (II, Ordinary Informer)

This research is in line with research conducted by Dadus (2023) which states that in cases where the drugs needed by patients are not available at the Werang Health Center, the Public Health Centers will replace them with other drugs that have the same efficacy. However, if replacement drugs are also not available, the Public Health Centers will provide an external prescription so that patients get treatment as needed [12].

Implementation of the Referral System Viewed from the Aspects of Standard Operating Procedures In a good referral, a Standard Operating Procedure (SOP) stabilization and Standard Operating Procedure (SOP) for patient referral mechanisms are needed. Standard operating referral procedures will greatly assist officers in carrying out their duties and can anticipate and reduce the level of errors in providing interventions, this can increase the motivation of officers to provide quality and confident assistance.

The results of the study found that the referral system at the Lepo-Lepo Health Center has been carried out according to the agreed SOP, starting from the flow of the referral system from the arrival of patients queuing at the registration counter (unless patients with emergencies do not queue) then patients choose the examination poly as they need. After that, the patient will be examined by a doctor which includes history, physical examination, and medical support as well as diagnosis enforcement. After being examined and diagnosed by a doctor that the patient must indeed be referred because his condition does not allow him to be handled at the Public Health Centers and meets the existing referral requirements, the patient will be referred until the selection of the intended hospital. Patients who meet the referral indications are patients who meet the referral indications. Patients will be referred if any of the TACC (Time-Age-Complication-Comorbidity) criteria are met. Such as the following excerpt of the interview results:

“... is following the SOP from the Public Health Centers, the flow is like the one that was passing through the queue in front unless he was an emergency patient, there was no name in the queue immediately given treatment. Then if he is a patient from the poly immediately ask for a referral, of course, we check first, later if the diagnosis is right for the referral we refer to” (SW, Key Informant)

“... Yes, it is following the SOP from the Public Health Centers. The current referral SOP cannot have an APS referral. there are reference indication criteria if, beyond competence, a reference is made with TACC criteria (Time, Age, Complication, and Comorbidity). If for example, the patient has come 2-3 times, there is no chance that he can be referred to him. But if he only asks for APS once, he will not be given a referral” (OW, Key Informer)

Time, if the course of the disease can be classified as chronic or with Golden Time Standard. Age, if the patient's age falls into the category of concern about the increased risk of complications and the risk of more serious diseases. Complications, if complications are found will aggravate the patient's condition. Comorbidity is if there are complaints or symptoms of other diseases that aggravate the patient's condition. In addition to these four criteria, the condition of service facilities can also be the basis for doctors to make referrals to ensure the continuity of management with patient consent (Kemenkes, 2014).

This is in line with Rahmadani's research (2020) showing that referred patients have complied with referral SOPs, and the process of patients coming to be given referral letters is eligible for referral [16].

Based on the results of the study, it is known that the SOP of the referral system can be a reference in working so that there are no irregularities or maladministration, can prevent patients from asking for referrals themselves, and patients are more regularly referred to them, excerpts from interviews are as follows:

“... There must be, because for reference in working so that there are no more deviations there is no maladministration. So, all officers must know the flow” (ES, Key Informer)

“... so that patients are referred more regularly because if there is no referral SOP, there will be many referral versions later” (OW, Key Informer)

The results of this study are in line with Jaya’s research (2019) which states that unclear operational standards for referral procedures will cause health workers to provide services only according to their respective abilities, there are no guidelines or standard standards set by the Public Health Centers. If the standard operating of the referral procedure is carried out properly, then the intervention is carried out appropriately, there is no repeat of the diagnosis at the destination of referral, and the referral requirements and preparation have been met [17].

Furthermore, regarding whether the patient requests a referral letter at his request, the following is an excerpt of the interview revealed by the key informant:

“... Of course, it is checked first, later if the diagnosis is right for reference, we refer it. If not, for example, we give him an explanation that it cannot be directly referenced. For example, it is handled here he refuses, we will give you a letter, there is a name for a letter of approval and rejection of action, they sign there. Then the patient is left to the hospital or where, which must be explained first” (SW, Key Informer)

“... We just give education. Education that ‘this father/mother cannot be given a referral because it is not an indication of being referred. If you want, you can seek treatment first’ (OW, Key Informer)

Based on the results of the study, it can be concluded that if the patient asks for a referral letter, the patient is first examined then if the patient’s diagnosis does not meet the referral indications, the patient will be handled and treated at the Public Health Centers and get education about the referral system. This is in line with Nurhayani’s research (2019) which states that patients as recipients of referral services need to understand the flow of referral implementation so that the number of referral patients does not increase due to the request for referrals themselves [18].

4. Conclusion

Poly services at the Lepo-Lepo Health Center are sufficient. From the aspect of human resources, doctors at the Lepo-Lepo Health Center are following and meet the standards of the Minister of Health No. 43 of 2019, but in terms of workload analysis with a large number of patients, two general practitioners are still needed to help health services, including referrals. Meanwhile, doctors’ knowledge about 144 diseases has not been maximized. The availability of medical device facilities at the Lepo-Lepo Health Center is still in a state of inadequacy and is not following the medical device compendium listed in the Decree of the Minister of Health of the Republic of Indonesia No. 118 / Menkes / SK / IV / 2014. The availability of medicines at the Lepo-Lepo Health Center is still limited and is not following the Decree of the Minister of Health No. HK.01.07/MENKES/6485/2021 concerning national formulations. The referral system in terms of health workers’ compliance with referral SOPs has generally been implemented following applicable SOPs, from patients coming, directed to poly, and patients examined to meet the indications of

being referred to the selection of the intended hospital to be the referral destination.

It is expected that BPJS Kesehatan will provide training related to patient handling competencies to doctors at Public Health Centers to improve the quality of service in handling 144 disease diagnoses and it is expected that the Kendari City Health Office will be more cooperative with the Lepo-Lepo Health Center in meeting the needs of Public Health Centers for health workers, especially doctors, completing medical device facilities such as eye examination devices and completing the availability of drugs at the Public Health Centers with drug categories diagnostics, cardiovascular drugs and medications for chronic obstructive pulmonary disease.

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