

A Qualitative Study: Availability of Health Facilities as Part of Supporting the Implementation of the Health Referral System

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Abstract

The referral problem in Southeast Sulawesi is still quite complex. Based on preliminary studies conducted at several health centers, it was found that there were several problems related to human resources, time, facilities and infrastructure. The basic thing that was found was lack of availability of facilities and infrastructure. The results of observations at several Public Health Care found that several other complaints related to the BPJS (Social Security Administrator) referral system that were felt were the lack of facilities in primary health services and some damaged facilities so that cases that should have been handled at primary / secondary services were immediately referred to tertiary hospitals. This research is a qualitative research, The research was conducted at the Public Health Care of Kendari City and Bau-Bau City from February 2020 to completion. aspects of facilities and infrastructure as an important aspect in the implementation of The referral system is still inadequate in terms of the quantity of facilities and infrastructure as well as compliance with the compendium. The referral system is still inadequate in terms of both the number of drugs and the suitability of the formulary.

Keywords: health facilities, referral systems, health services, policies

Introduction

Realizing access to quality health services is one of the goals of the resolution for developing health financing that was ratified by the World Health Assembly in 2005¹. According to the World Health Organization (WHO) in 2010, the determining factor for its success is readiness and investment in health services, especially in infrastructure. and health workers who have good ability in primary health services, namely FKTP (First Level Health Facilities)¹

In the National health insurance (NHI) Era, FKTPs are at the forefront of the health service system. So that the demand for excellent service facilities is important for FLHF. To support these services, the government supports financing through the capitation system. Capitation is a financing system that is calculated based on the number of NHI memberships in the FLHF. However, there are still many challenges to be faced. Funding support and membership are still not optimal. The high public demand for health services is not

supported by a good financing system. As a result, every year, the financing for NHI experiences a deficit. The impact is that health services are disrupted. There are many cases where health facilities are unable to provide good services due to the lack of supporting infrastructure for services²

First Level Health Facilities (FLHF) as gatekeepers in the NHI era are required to provide comprehensive primary services with quality health services. The National Health Insurance Program has made access to health services more open and increased utilization. In the NHI era, health services used a tiered referral system with the division of tasks and functions of each health service provider³

The referral system is organized with the aim of providing quality health services, so that service objectives are achieved without having to use expensive costs. This is called effective and efficient. Efficient also means reduced waiting time in the referral process and reduced unnecessary referrals because it can actually

be handled at the original health service facility, either with the help of the latest technology or appropriate technology or low cost technology, which can still be accounted for⁴

On January 1, 2020, BPJS Health contributions officially increase, this is in accordance with Presidential article 34 of Presidential Decree No. 75/2019, mentions contributions for participants who are not wage workers and non-workers according to the old provisions of article 34 of Presidential Decree No. 82/2018 for Class I Rp. 80,000 / person / month, class II Rp. 51,000 / person / month and class III Rp. 25,500 / person / month, now based on article 34 of the Presidential Decree No. 75/2019 rose. Class 1 Rp. 160,000 / person / month, class II Rp. 110,000 / person / month and class III Rp. 42,000 / person / month. The cause of the increase in BPJS health output is due to a deficit. The health insurance fund finances run a deficit in which the amount of the obligation to pay health service claims is higher than the ability of BPJS health to collect revenue from participant contributions. The main source of the NHI program deficit is insufficient contributions to finance the program, in addition to the challenges of collecting contributions from informal sector participants and controlling health service costs. One of the policies taken was to improve the referral and return referral system⁵

The number of visits in 17 municipalities in Southeast Sulawesi in the last 3 years experienced an increase in the number of visits at both the Nursing and Non-Nursing public health center. In 2016, there were 590,372 visits, then increased in 2017 to 947,008 visits and increased again to 1,347,967 visits. The increase in the number of visits is also proportional to the increase in the number of non-specialist cases referred to in the last 3 years, namely in 2016 of 2,283 non-specialized referral cases, in 2017, which was 4,842 cases then in 2018 it increased to 6,137 cases⁶

Kendari City and Bau-Bau City are 2 cities in Southeast Sulawesi, consisting of 15 public health center for Kendari City and around 17 public health center for Bau-Bau City. From referral figures in Southeast Sulawesi 2 this area has a fairly high referral rate at the public health center Nursing for non-specialized cases compared to other districts, namely 278 referrals for Bau-Bau City and 130 referrals for kendari city⁷.

The implementation of a system will not run well if its implementation is not in accordance with the provisions of the policy or guidelines. One of the problems in implementing the referral system is the limited resources and essential infrastructure in health institutions to provide minimal health services⁸

Based on the description above, it is necessary to make efforts in structuring an effective and structured referral system in this case the availability of health facilities as a support in implementing the health referral system, so it is necessary to conduct a study to analyze the implementation of the non-specialized case health referral system in Kendari City and City Health Centers.

Material and Methods

This research is a qualitative research is a research method based on the philosophy of post-positivism, used to examine the conditions of natural objects, where the researcher is the key instrument, the sampling of data sources is done purposively and snowball, the data collection technique is by triangulation, the data analysis is inductive, and qualitative research results emphasize meaning rather than generalization. The technique of taking informants used in this study was purposive sampling⁹. Sources of data and research information were taken from informants who were related to the evaluation of the implementation of the health referral system at the public health center. In qualitative research, the researcher is the key instrument (researcher as key instrument). The data analysis used by the author is the analysis of the interview data using the QSR NVIVO 12 application¹⁰. The validity test of the data in this study is an effort to check the accuracy of the research results by applying certain procedures, while the qualitative reliability indicates that their approach is consistent and reliable by always documenting all their research procedures and documenting as many steps in the procedure as possible¹¹.

Sampling Procedure

As for the information in this research, namely: Head of Primary Benefit Guarantee (PBG) in the Kendari branch work area and 4 referral patients at inpatient public health center and the Bau-Bau branch of the Health BPJS Office (archipelago), which consists of the Head of the Bau-Bau City Inpatient Community Health

Center, Bau-Bau City inpatient Community Health Center Doctor, Head of Primary Benefit Guarantee (PMP) in the Bau-Bau branch work area and 4 referral patients at inpatient public health center. In collecting data through documentation, behavioral observation, or interviews with participants / informants.

Preprocessing

In its services, public health center always depend on the availability of facilities and infrastructure to support and facilitate consumers in utilizing services, even for diagnosis of non-specialized diseases. Therefore the referral system from the public health center is strongly influenced by the availability of facilities that can support the examination of these patients.

In the tiered referral system, the role of public health center is very vital. Public health center are the first health facilities to provide services, before they are referred to in stages. As a result, the number of patients has increased. This increase was not matched by an increase in services at the public health center, because the medicines were still limited.

Image Segmentation

Based on in-depth interviews conducted by researchers with informants, it was found that referrals to several health centers were often carried out when the diagnosis of a disease required X-rays because there were no facilities or radiology personnel, so patients had to be referred to other health facilities. The same condition applies to patients who need a pregnancy ultrasound. In addition, referrals are also often given to eye examination patients because they require specific equipment specifications that are not available at the public health center. General laboratory tests such as

DHF, malaria and TB also often have to be referred because there are no adequate laboratory facilities.

Availability of drugs is drugs that are used for health services at the public health center in accordance with the needs that should be for medical services to the community in their working area. The level of drug availability is a drug supply both in the type and amount of medicine in a certain period required for community medical services. The unfulfilled availability of drugs at the public health center will lead to a drug void in the public health center which results in suboptimal treatment services for the community¹²

Area Research

This research will be carried out at the Kendari City Health Center and the Bau-Bau City Health Center and the time of the research is February 2020 to completion.

Findings

In its services, public health center always depend on the availability of facilities and infrastructure to support and facilitate consumers in utilizing services, even for diagnosis of non-specialized diseases. Therefore the referral system from the public health center is strongly influenced by the availability of facilities that can support the examination of these patients.

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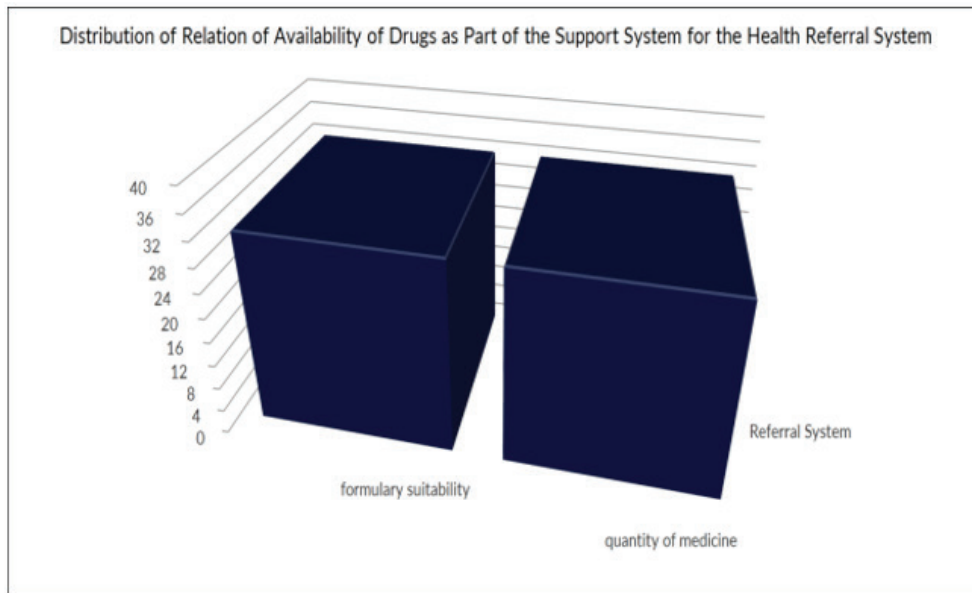


Fig. 1 Distribution of the Relationship of the Availability of Drugs as Part of the Support System for the Health Referral System

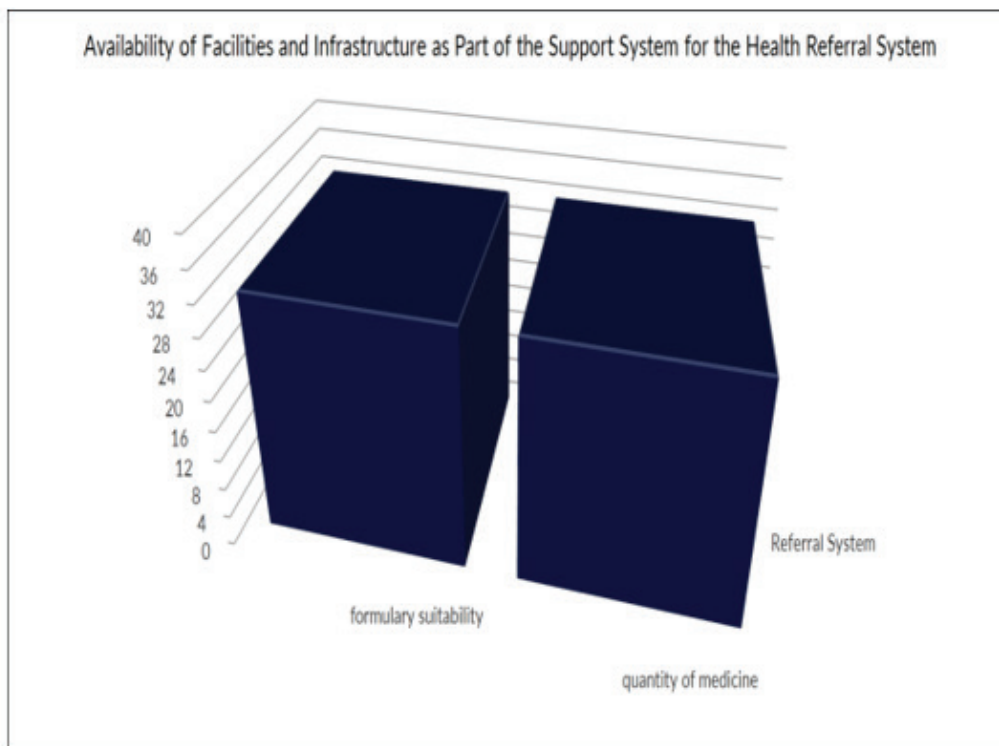


Fig.2 Distribution of the Relationship of the Availability of Facilities and Infrastructure as Part of the Support System for the Health Referral System

Based on in-depth interviews conducted by researchers with informants, it was found that referrals to several health centers were often carried out when the diagnosis of a disease required X-rays because there were no facilities or radiology personnel, so patients had to be referred to other health facilities. The same condition applies to patients who need a pregnancy ultrasound. In addition, referrals are also often given to eye examination patients because they require specific equipment specifications that are not available at the public health center. General laboratory tests such as DHF, malaria and TB also often have to be referred because there are no adequate laboratory facilities.

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Discussion

In more in-depth interviews, what public health center often do in conditions of examination that are constrained by facilities and infrastructure is to refer to other places, be it to other public health center with more complete equipment in this case, usually for patients who need laboratory examinations, or to health facilities. Others are managed by the private sector or the government for patients who need equipment with certain specifications that are not available at the public health center. Several informants also stated that the existing facilities are updated annually or equipped with a proposal scheme to be budgeted based on priority needs based on capitation funds received from BPJS. As for the urgent conditions.

The availability of adequate medical equipment facilities can improve the performance of the public health center in conducting examinations of patients and is a must for the referral process due to the limitations of these facilities, if the facilities and health support facilities are incomplete, the process of diagnosing what patients will be disturbed and this causes health workers

must refer patients to the hospital so that it will have an impact on increasing the number of referrals in the hospital¹³

To fulfill the need for medicine, the public health center then proposes drug needs to the pharmacy warehouse at the health office which will be delivered directly to the public health center from the pharmacy warehouse if available at the pharmacy warehouse. In certain conditions, when drug needs are not available from the pharmacy warehouse, public health center carry out their own procurement using the capitation fund budget. Provision of drugs in health facilities is carried out by referring to Fornas and drug prices listed in the drug e-catalog. Drug procurement in e-catalogs uses an e-purchasing mechanism, or if there are operational problems it can be done manually. Several public health center also complained about several drugs that were difficult to obtain, even those that were procured independently with the public health center capitation funds.

The adequacy of medicines at the public health center is also greatly influenced by the responsiveness of the public health center pharmacy installations in managing drugs. Analysis of the drug management / management process must be carried out, because the inefficiency and inefficiency of drug management will have a negative impact on pharmaceutical service activities in the provision of health services as a whole, both medically, socially and economically¹⁴. Research states that the knowledge and training of drug managers is related to drug storage at the public health center in Jambi City, this shows that the high knowledge of drug administrators can maintain the circulation of drugs in and out of the drug so as to ensure the availability of drugs in the future¹⁵.

Conclusion

The mode of facilities and infrastructure as an important aspect in the implementation of the referral system is still inadequate in terms of the quantity of facilities and infrastructure and conformity to the co-endium and the format of medicines as an aspect that plays an important role in the implementation of the referral system is still inadequate both in the quantity of medicines and the suitability of the formulary.

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