

## Conference Paper

# Review of JKN Patient Referral by Pratama Clinic in Depok District

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## Abstract

The health care system of participants of the National Health Insurance (JKN) BPJS Health works through stage referrals, where patients must go through primary health care facilities first and if not handled there, then to the secondary facilities. Referral to secondary facilities should indicate that a specialist treatment and diagnostic equipment are required. The behavior of patients requesting immediate referral leads to the accumulation of patients in secondary facilities. This research is qualitative with an aim to get a description of referral percentage and its diagnosis. Data were obtained by interviewing 21 primary (*pratama*) clinical leaders in Depok. The results of the study showed that the average patient referral to secondary facilities amounted to 11% and the diagnosis was contained in 155 diagnoses of BPJS Health provisions that could be handled in primary facilities. In order to know the factors causing the reference a further research in the field is required.

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## 1. Introduction

To have benefit from BPJS Health, participants are required to follow procedures in accordance with applicable regulations. One is through stage referrals. Stage referral service system can be done vertically, that is, patients are referred to health facilities that have adequate human resources and equipment, or referrals can be done horizontally, that is, fellow units of level but have more ability [1].

Participants of the National Health Insurance (JKN) BPJS Health who seek treatment with a mild diagnosis can be handled by primary health facilities such as *pratama* clinics and puskesmas with available general practitioners, but if there are medical indications that require specialist handling, it will be referred to secondary facilities like type C and B hospitals that have the capability of human resources and equipment to handle patients who require specialist services [1]. With a tiered referral service system, it will

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avoid the accumulation of patients in the hospital, whereas the illness can be treated in primary facilities [1, 3].

Illnesses such as fever, cough, influenza without a hazard indication are handled in primary facilities, whereas chronic diseases and illnesses indicated in emergency need specialist treatment should be referred to secondary facilities, and if secondary facilities are inadequate, will be referred to third facilities [1, 3].

Implementation of a stage referral system is not easy. The patient referral system is perceived to be ineffective and inefficient. The patient considers the bureaucratic referral system to be quite complicated, not least making the patient feel difficult to get health services so that the patient directly refers himself to get secondary or tertiary facilities [4].

On the other hand the large number of patient referrals from the primary facilities to the secondary facilities will indicate that the performance of the primary facilities is not good, especially the patient's referral not with medical indication. There is even a clinic that limits referral to only 5% of the number of participants enrolled in the clinic [5].

This study aims to obtain a description of the number of referrals and types of illnesses referred from primary facilities to secondary facilities in Depok areas.

## 2. Literature Review

Health Service Referral System is a health service arrangement that regulates the delegation of duties and responsibilities of health services on a reciprocal basis both vertical and horizontal which must be implemented by the participant of health insurance or social health insurance, and all health facilities. Vertical referrals are references made between different levels of health service, can be performed from a lower level of service to a higher level of service or vice versa. Horizontal referrals are references made between health services at one level if the referrer cannot provide health services in accordance with the needs of the patient due to limited facilities, equipment and/or manpower temporary or sedentary [1, 3, 6, 7].

Referral system of health services implemented in stages according to medical needs. Basic health is serviced by a primary health care facility, where advanced care is required by a specialist, the patient may be referred to a second-level health facility on referrals from the primary facility whereas third-level services in tertiary facilities may only be provided on referrals from secondary and primary facility. Primary facility may refer directly to the tertiary facility only to cases where diagnosis and treatment

plan has been established, is a recurring service and is available only in tertiary facility [1, 3, 6].

Terms of Referral system may be exempted under the following conditions: a. Emergency situations occur; Emergency conditions follow the applicable provisions; B. disaster; Disaster criteria set by the Central Government and/or Regional Government; C. The specificity of the patient's health problems; For cases that have been established by the treatment plan and such therapy may only be performed at an advanced health facility; D. Geographical considerations; And e. Consideration of the availability of facilities [3, 6].

The indicator of the implementation of the referral system according to the medical indication and the competence of the primary facilities to the secondary facilities is reflected in the non-specific case referral ratio. The ratio in question is the number of participants referred to by diagnoses that fall within the primary facilities level of competence in accordance with the Clinical Practice Guideline compared to the total number of participants referred by the primary facilities multiplied by 100 (one hundred). The indicator target set by the Health BPJS for this ratio is less than 10%. This indicator is strongly associated with the implementation of capitation payments based on fulfillment of service commitments [8].

### 3. Method

This study is a qualitative research. Patient data for treatment, patient referral to secondary facilities, type of disease served, and the type of patient referred to were obtained by interviewing 21 *pratama* clinics participating in the JKN program in Depok areas. The data used is the last 3 months data. The number and reference percentage data are processed with simple statistics and shown in the table. The interview also asked about the problems faced related to patient referral to secondary facilities. The name of the preview clinic will be displayed with a 2-letter code.

## 4. Result and Discussion

### 4.1. Referral percentage

The results of interviews with the *pratama* clinical leaders get a variation data. This is because there are some leaders who are not willing to provide detailed data, but the data is a rounded.

TABLE 1: Percentage of patient referral from *pratama* clinic in Depok.

No.	Clinic Code	Number of Patient	Number of referral	Percentage
1	SA	1.680	260	15%
2	PM	238	39	16%
3	PK	5.100	260	5%
4	CM	2.000	250	13%
5	PT	3.000	150	5%
6	AL	600	15	3%
7	CK	2.000	150	8%
8	PW	900	150	17%
9	ND	6.000	1.500	25%
10	SB	7.000	560	8%
11	AL	2.500	600	24%
12	ST	2.000	400	20%
13	MK	900	135	15%
14	BG	4.000	320	8%
15	SM	400	25	6%
16	IM	780	130	17%
17	SB	800	60	8%
18	BJ	4.805	300	6%
19	IM	2.500	236	9%
20	CC	3.150	90	3%
21	TS	6.000	550	9%
<b>TOTAL</b>		<b>56.353</b>	<b>6.180</b>	<b>11%</b>

Table 1 shows the number of patients who took medical services in 21 primary clinics around Depok averaged 56,353 patients per month, with the least number being in *pratama* clinic with code PM there are 238 patients and mostly number in *pratama* clinic with ND and TS code are 6,000 patients. The large number of BPJS Health members enrolled in the clinic is one factor that determines the number of patients seeking treatment at the clinic. In addition, the age factor of the patient is also one that causes BPJS participants to utilize health facilities more often [2].

The number of patients referred to an average secondary healthcare facility in a month are 6.180 patients, or about 11% of patients seeking treatment at the clinics. Clinic with AL and CC codes is a clinic that refers to patients with only 3% of patients admitted, while ND clinic is the largest patient referral are 25% of patients taking treatment. According to Director General of BUK Health Akmal Taher that ideally the patient referral rate of primary facilities is 10% because currently there are 155 diagnoses that should be handled at the primary facility level [11]. Number of primary clinics referring patients above 10% there are 9 clinics or 43%.

The high number of patient referrals is the fact that the diagnosis requires specialist treatment and facilities in the secondary facilities, but the behavior of patients seeking referral without medical indications is also one of the causes. Almost all informants in this *pratama* clinic mentioned that there were patients who asked to be referred to secondary facilities when the disease could be handled in the clinic, and some even came to non-patient clinics, but families who requested referral letters for patients at home. Wardoyo (2014) in his study found that non-indication references related to lifestyle, especially the treatment habits in which patients feel more confident and steady in specialist doctors in the hospital because of science and experience more deeply [9].

## Diagnosis of referral patients

From the results of interviews with the *pratama* clinic leaders that the patients are handled by *pratama* clinics around Depok, among others, by diagnosis; Cough, flu, diarrhea, fever, upper respiratory tract infections, pharyngitis, ulcers. Whereas patients referred to secondary facilities with diagnoses of hypertension, diabetes mellitus, heart, typhoid, hernia, dengue fever, internal disease.

In 2016 BPJS Health has established 155 diagnoses of diseases that should be handled in primary facilities including *pratama* clinics [12]. The diagnosis of hypertension, diabetes mellitus, cardiovascular, typhoid and dengue which is the diagnosis of referrals by *pratama* clinic Depok is contained in 155 diagnoses that should be treated in primary facilities, but may be referred to secondary facilities with consideration of Time, (Age of the patient), Complication (complication of disease/difficulty level), Comorbidity, and Condition [12]. Nisa [2015] in his study showed the most referral disease was a chronic disease with complications. Completeness of supporting facilities of health services can lead to referrals such as laboratories, the rest of the referral requires facilities that are beyond the authority of general practitioners [10].

## 4.2. Conclusion

Percentage of referral number of BPJS Health patients from *pratama* clinics in Depok to secondary facilities is averaged 11% of total patient visits. This figure is slightly above the BPJS Health provision that is less than 10%. Behavior of patients requesting referral without medical indication is one of the non-indication referral factors. Some diagnoses of patients referred to are listed in the diagnosis list by BPJS Health set to be served in primary facilities. To explore the factors that influence the number of referrals, further study is needed

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