

INTISARI

Beban biaya jaminan kesehatan yang dibelanjakan pada periode tahun 2014-2018 melebihi jumlah pendapatan iuran setiap tahunnya. Adanya celah antara pendapatan iuran dan biaya pelayanan kesehatan inilah yang menyebabkan BPJS Kesehatan mengalami defisit sejak tahun pertama beroperasi. Sejalan dengan data nasional bahwa beban biaya pelayanan kesehatan tingkat lanjut yang dikeluarkan oleh BPJS Kesehatan Cabang Boyolali cenderung meningkat pada tiga tahun terakhir.

Menyikapi hal tersebut di atas, direktur utama BPJS Kesehatan menetapkan 5 (lima) fokus utama tahun 2021 yang salah satunya adalah meningkatkan kemampuan pembiayaan jaminan kesehatan melalui 3 (tiga) pilar asuransi kesehatan sosial yaitu optimalisasi *risk pooling*, peningkatan *revenue collection*, dan optimalisasi *purchasing*. Tiga hal ini kemudian dikembangkan menjadi fungsi pembiayaan yang disebut *strategic purchasing*.

Salah satu implementasi dari pilar optimalisasi *purchasing* yaitu mengoptimalkan pelaksanaan Program Rujuk Balik (PRB) melalui peningkatan PRB aktif di Fasilitas Kesehatan Tingkat Pertama (FKTP) dan kepastian ketersediaan obat. Program Rujuk balik (PRB) merupakan suatu layanan kesehatan yang diberikan kepada pasien yang menderita penyakit kronis dengan keadaan atau kondisi masih stabil dan memerlukan pengobatan serta perawatan jangka panjang di FKTP atas saran dokter spesialis maupun sub-spesialis.

Atas analisa yang telah dilakukan, diperoleh kesimpulan bahwa: Implementasi pelaksanaan program rujuk balik pada BPJS Kesehatan Cabang Boyolali sudah berjalan sesuai dengan ketentuan. Evaluasi pelaksanaan program rujuk balik pada BPJS Kesehatan Cabang Boyolali sudah berjalan sesuai dengan prosedur dan ketentuan yang ditetapkan. Monitoring dan evaluasi juga sudah dilakukan secara rutin dan berkala oleh BPJS Kesehatan Kantor Cabang Boyolali bersama DPJP terkait rekrutmen peserta PRB, optimalisasi pelayanan peserta PRB di FKTP, serta pelayanan obat bagi peserta PRB di apotek. Kendala pelaksanaan program rujuk balik dapat dilihat dari beberapa faktor antara lain dari faktor *man*, *method*, *material*, *machine*, dan *market*. Perbaikan pelaksanaan PRB dapat dilaksanakan mulai dari perbaikan sistem, peningkatan kompetensi petugas, sosialisasi serta persamaan persepsi antara semua sektor baik dari rumah sakit, FKTP, FKRTL apotek dan peserta PRB

Kata kunci: Program Rujuk Balik, Biaya, Pelayanan, Kesehatan

ABSTRACT

The cost of health insurance spent in the 2014-2018 period exceeds the total contribution income each year. This gap between contribution income and health care costs has caused BPJS Kesehatan to experience a deficit since its first year of operation. In line with national data that the burden of advanced health care costs incurred by BPJS Kesehatan Boyolali Branch tends to increase in the last three years.

In response to the above, the main director of BPJS Kesehatan has set 5 (five) main focuses in 2021, one of which is increasing the ability to finance health insurance through 3 (three) pillars of social health insurance, namely optimizing risk pooling, increasing revenue collection, and optimizing purchasing. These three things were then developed into a financing function called strategic purchasing.

One of the implementations of the purchasing optimization pillar is optimizing the implementation of the Refer Back Program (RBP) through increasing active RBP in First Level Health Facilities (FKTP) and ensuring the availability of drugs. Refer Back Program (RBP) is a health service provided to patients suffering from chronic diseases whose condition is still stable and requires long-term treatment and care at FKTP on the advice of specialists and sub-specialists.

Based on the analysis that has been carried out, it is concluded that: The implementation of the Refer Back Program at the BPJS Kesehatan Boyolali Branch has been running in accordance with the provisions. Evaluation of the implementation of the referral program at BPJS Kesehatan Boyolali Branch has been running in accordance with the established procedures and provisions. Monitoring and evaluation have also been carried out routinely and periodically by BPJS Kesehatan Boyolali Branch Office together with DPJP regarding the recruitment of RBP participants, optimizing services for RBP participants at FKTP, and drug services for RBP participants at pharmacies. Constraints in the implementation of the Refer Back Program can be seen from several factors, including the man, method, material, and machine factors. Improvements in the implementation of RBP can be carried out starting from system improvements, increasing competence of officers, socialization, and equality of perception between all sectors, both from hospitals, FKTP, FKRTL pharmacies and RBP participants.

Keywords: Refer Back Program, Cost, Service, Health