ABSTRAK

Latar belakang: Prediabetes dan Tuberkulosis (TB) merupakan dua masalah kesehatan yang signifikan di Indonesia. Skrining dini untuk prediabetes dan TB pada disglikemia sangat penting untuk mencegah berkembangnya penyakit dan komplikasi yang lebih serius. Penelitian ini bertujuan untuk mengembangkan model skrining Prediabetes dan TB-Disglikemia yang dapat diimplementasikan di fasilitas kesehatan tingkat primer.

Metode: Penelitian ini merupakan penelitian implementasi dengan satu siklus *action research* menggunakan desain *mixed methods* yang merupakan jenis *embedded design* sesuai dengan tahapan *Map Adaptation Process*. Implementasi dilaksanakan secara kolaboratif antara tim peneliti dari institusi pendidikan dan klinik afiliasi di lima klinik layanan primer swasta di Yogyakarta, Indonesia. Data kualitatif dikumpulkan melalui *focus group discussion (FGD)* dengan *provider* kesehatan dan pasien. Data kuantitatif dikumpulkan melalui survei dan rekapitulasi data pencapaian program skrining prediabetes dan TB-Disglikemia. Analisis data kualitatif dan kuantitatif dilakukan untuk mengevaluasi *acceptability, feasibility, fidelity, diagnostic yield* dari program skrining.

Hasil: Data kualitatif menunjukkan bahwa *acceptability* program skrining prediabetes dan TB-Disglikemia diterima dengan baik oleh *provider* kesehatan dan sebagian besar pasien, *feasibility* program skrining terbukti praktis dan dapat dilaksanakan di FKTP swasta, namun *fidelity* atau kesesuaian pelaksanaan dengan protokol awal masih memerlukan peningkatan, terutama pada skrining TB-Disglikemia. Implementasi berhasil dalam menemukan kasus disglikemia, namun kasus TB-DM dalam jumlah sedikit bahkan belum berhasil menemukan pasien TB-prediabetes. Masalah pembiayaan, keterbatasan alat diagnostik dan stigma terkait TB di masyarakat menjadi hambatan utama dalam skrining prediabetes dan TB-Disglikemia pada konteks penelitian ini.

Simpulan: Model skrining prediabetes dan skrining TB-Disglikemia potensial dapat diterima dan diterapkan pada *setting* layanan primer dengan konteks yang serupa dengan klinik layanan primer swasta yang diuji coba. Dibutuhkan kesiapan dalam peralatan diagnosis, tenaga kesehatan yang terlatih, prosedur operasional standar, edukasi dan konseling pada pasien dan masyarakat, kebijakan internal dan eksternal yang mendukung, pelayanan berkelanjutan agar implementasi dapat berjalan optimal.

Kata Kunci: Prediabetes, Tuberculosis, TB-DM, TB-Prediabetes, Skrining

ABSTRACTS

Background: *Prediabetes and Tuberculosis (TB) are two significant health issues in Indonesia. Early screening for prediabetes and TB in individuals with dysglycemia is crucial to prevent the progression of the diseases and the development of more severe complications. This study aims to develop a screening model for Prediabetes and TB-Dysglycemia that can be implemented in primary healthcare facilities.*

Methods: *This research is an implementation study with a single cycle action research design using mixed methods in an embedded design approach aligned with the Map Adaptation Process stages. The implementation was carried out collaboratively between a research team from an educational institution and affiliated clinics across five private primary care clinics in Yogyakarta, Indonesia. Qualitative data were collected through focus group discussions (FGDs) with healthcare providers and patients. Quantitative data were obtained through surveys and data recapitulation of achievements from the prediabetes and TB-Dysglycemia screening programs. Both qualitative and quantitative data were analyzed to evaluate the acceptability, feasibility, fidelity, and diagnostic yield of the screening programs.*

Results: *Qualitative data indicated that the acceptability of the prediabetes and TB-Dysglycemia screening program was well received by healthcare providers and most patients. The feasibility of the screening program proved to be practical and could be implemented in private primary healthcare settings. However, fidelity, or the adherence to the initial protocol, still requires improvement, especially in TB-Dysglycemia screening. The implementation successfully identified cases of dysglycemia, though the number of TB-DM cases detected was minimal, and no TB-prediabetes cases were identified. Main challenges in screening prediabetes and TB-Dysglycemia within this research context include financing issues, limited diagnostic tools, and TB-related stigma in the community.*

Conclusion: *The screening model for prediabetes and TB-Dysglycemia has the potential to be accepted and applied in primary care settings similar to the private primary care clinics tested in this study. Preparedness in diagnostic equipment, trained healthcare personnel, standard operating procedures, patient and community education and counseling, as well as supportive internal and external policies, are required to ensure the optimal implementation of the program.*

Keywords: *Prediabetes, Tuberculosis, TB-DM, TB-Prediabetes, Screening*