

INTISARI

Latar Belakang: Penyelenggaraan rujukan online bagi peserta JKN di DIY menimbulkan permasalahan rujukan. Karakteristik sistem rujukan online berbeda dengan sistem rujukan yang telah diberlakukan bagi peserta JKN di DIY (sistem rujukan lama).

Tujuan: Mendeskripsikan dan membandingkan karakteristik komponen sistem rujukan lama dan rujukan online menggunakan parameter WHO.

Metode Penelitian: Penelitian merupakan studi kasus tipe eksplanatoris dengan desain kasus tunggal holistik pada unit analisis sistem rujukan di DIY. Informan penelitian adalah pelaksana sistem rujukan di fasyankes, regulator/pengawas sistem rujukan, dan pembayar JKN. Pemilihan informan secara purposive sampling. Pengumpulan data dengan FGD, wawancara mendalam, dan observasi dokumen.

Hasil: Ketersediaan Fasyankes sistem rujukan lama dan rujukan online sama yaitu persebaran fasyankes di DIY belum merata serta peran dan fungsi setiap FKRTL dalam memberikan pelayanan kesehatan belum jelas sehingga menghambat ketepatan proses rujukan. Sistem rujukan lama membangun jejaring rujukan melalui kerjasama formal antar fasyankes, dengan kejelasan alur rujukan secara berjenjang dan tidak berjenjang berdasarkan kebutuhan medis dan kompetensi fasyankes yang mendukung ketepatan proses rujukan. Panduan rujukan sistem lama berbentuk pedoman klasifikasi penyakit, pemetaan PPK, dan aplikasi bantu rujukan (SPGDT) yang mudah diakses, namun tidak praktis dan tidak mudah dipergunakan, berisi informasi yang tidak menjelaskan peran dan fungsi setiap PPK dalam memberikan pelayanan kesehatan, sehingga menghambat ketepatan proses rujukan. Rujukan online membangun jejaring rujukan melalui kerjasama formal antar fasyankes, dengan kejelasan alur rujukan yang mengarahkan FKTP merujuk secara berjenjang ke RS kelas paling rendah radius maksimum 15 km dari FKTP untuk semua kebutuhan medis sehingga menghambat ketepatan proses rujukan. Panduan rujukan online berupa aplikasi bantu rujukan yang sekaligus berfungsi sebagai alat komunikasi antar fasyankes yang wajib dipergunakan, mudah diakses, praktis, dan mudah dipergunakan berisi informasi yang tidak menjelaskan peran dan fungsi setiap PPK dalam memberikan pelayanan kesehatan dan tidak meningkatkan akses layanan rujukan sehingga menghambat ketepatan proses rujukan.

Simpulan: Alur rujukan sistem lama mendukung ketepatan proses rujukan dibandingkan rujukan online. Panduan rujukan online lebih praktis dan lebih mudah dipergunakan dibanding panduan rujukan sistem lama, namun menghambat ketepatan proses rujukan.

Kata kunci: Sistem Rujukan, Rujukan Online, Ketepatan Proses Rujukan

ABSTRACT

Background: Implementation of Online Referral for National Health Insurance participant in Special Region of Yogyakarta leads referral problems. Characteristics of online referral different from characteristics of old referral system that has been applied to National Health Insurance participants in Special Region of Yogyakarta.

Purpose : The study aims to compare old referral system and online referral using WHO parameters.

Research Methods: The research is an explanatory case study with single holistic design. Unit of analysis is referral system in Special Region of Yogyakarta. Research informants were implementers of referral system in health facilities, regulator/supervisor of referral system, and payer. The selection of informants by purposive sampling. Data collection use FGD, in-depth interviews, and document observation.

Results: The availability of health facility in old referral system and online referrals is the same, the health facilities has not been evenly distributed. The role and function of each advanced health facility in providing health services is unclear, thus inhibiting the referral process appropriately. The old referral system builds a referral network through formal collaboration between facilities, with clarity of referral pathway, tiered and not tiered based on medical needs and competence of facilities that support the referral process appropriately. The guideline of old referral system are disease classification guideline, mapping of health service provider, and referral applications named SPGDT that are easily accessible, but not practical and not easy to use, containing information that does not explain the roles and functions of each advanced health facilities, thus inhibiting the referral process appropriately. The online referral builds referral networks through formal collaboration between facilities, with clarity of referral pathway that basic health facilities refer for all medical needs to the lowest class of hospital at radius of 15 km from basic health facilities, thus inhibiting the referral process appropriately. The guideline of online referral is referral application which also functions as a communication tool between health facilities that must be used, easily accessible, practical and easy to use containing information that does not explain the role and function of each health facilities in providing health services and does not improve the access of referral service, thus inhibiting the referral process appropriately.

Conclusion: The referral pathway of old referral system is supports the referral process appropriately compared to online referral. The guideline of online referral is more practical and easier to use than the guideline of old referral system, but inhibits the referral process appropriately.

Keywords: Referral System, Online Referral, Referral Process Appropriately