

INTISARI

Latar belakang: Secara global terjadi peningkatan kasus penyakit tidak menular yang tatalaksananya membutuhkan jangka waktu yang lama serta membutuhkan pembiayaan kesehatan yang cukup besar. Penanganan penyakit kronis di Indonesia untuk pasien BPJS dijalankan melalui Program Rujuk Balik (PRB) dimana hingga akhir tahun 2019 belum optimal terlaksana. Di kabupaten Banjarnegara sendiri, baru sekitar 50% pasien potensi PRB yang aktif mengikuti program rujuk balik.

Tujuan: penelitian ini bertujuan untuk merumuskan upaya perbaikan pelaksanaan PRB pasien Hipertensi di Kabupaten Banjarnegara melalui identifikasi permasalahan dan peran RS dalam pelaksanaan PRB

Metode: Penelitian ini dilaksanakan dengan metode kualitatif untuk mengeksplorasi pelaksanaan Program Rujuk Balik di Kabupaten Banjarnegara yang menfokuskan kepada kendala proses rujuk balik serta mekanisme untuk peningkatan pelayanan program rujuk balik. Data dikumpulkan dari 8 informan terdiri dari spesialis penyakit dalam dan dokter penanggung jawab pelayanan melalui wawancara mendalam serta observasi proses pelayanan PRB di RS.

Hasil: Dokter spesialis setuju dengan adanya program rujuk balik namun belum bisa melaksanakan rujuk balik karena berbagai kendala Peranan manajemen RS masih kurang didalam sosialisasi maupun evaluasi pelaksanaan layanan PRB. Perlu peningkatan komitmen dokter dan RS untuk mendukung layanan PRB di RS

Kesimpulan: Pelaksanaan PRB di kabupaten Banjarnegara belum optimal diakibatkan banyaknya kendala. Kurangnya sosialisasi dan evaluasi berkala dari manajemen RS serta belum adanya standar baku penentuan rujuk balik pasien ikut berperan dalam pelaksanaan PRB

Kata kunci: Program rujuk balik, Jaminan Kesehatan Nasional, Hipertensi, BPJS

ABSTRACT

Background: Globally, there is an enhancement of non-communicable diseases which needed a long treatment also consume a lot of financing. To handling a chronic disease in Indonesia for insurance patient controled by a feedback referral programe where until the end of 2019 it haven't optimal yet. In districts of Banjarnegara, there is 50% patient with potential of feedback referral who active following the programe.

Aim: Generally, this research in order to formulate the improvement effort in downward referral especially to identify the problem dan hospital role of feedback referral of hypertension patient of districts of Banjarnegara..

Method: kualitatif method with deep-interview to explore implementation of feedback referral in districts of Banjarnegara which focussing in obstacles , also the mechanism how to improve the service. Data collected from 8 informant consist of internist and medical doctor who is a person in charge in service in hospital by deep-interview, and observation the process of feedback referrral service in hospital.

Result and discussion: the internist agree with feedback referral programe but they cannot do the feedback referral program because some obstacles. The hospital management role was still not enough to socialization and evaluate the implementation of feedback referral. It's need to improve the commitment of doctor and hospital to support the downward referral programe.

Conclusion and recommendation: Implementation of feedback referral in districts of Banjarnegara was not enough optimal because lot of obstacles. Lack of socialization and evaluation periodically from hospital management and there was not a standard of back referral take a role in implementation of this program.

Key words: feedback referral, BPJS, hypertension, national health insurance