

ABSTRAK

Latar belakang: Sejak awal era JKN, prolanis menjadi program pelayanan di semua FKTP kemudian tahun 2016 prolanis dijadikan sebagai salah satu indikator penilaian pembayaran kapitasi (KBK), namun implementasi kegiatan pokok prolanis di masing-masing FKTP berbeda. Perbedaan konteks (daerah maju_ Kabupaten Sleman DIY dan daerah sulit_ Kabupaten Flores Timur NTT) menjadi salah satu faktor penentu keberhasilan implementasi kegiatan pokok prolanis. Tujuan Penelitian: mengevaluasi interaksi antara konteks dan proses, mengapa dan bagaimana prolanis dapat dilaksanakan pada daerah maju dan daerah sulit, dan menghasilkan SOP pelaksanaan kegiatan pokok prolanis untuk puskesmas di daerah sulit. Metode: rancangan penelitian ini adalah *implementation research* dengan pendekatan *action research*. Penelitian dibagi dalam tiga fase, yaitu; fase 1 (*diagnosing and action planning*) dilakukan di daerah maju, fase 2 (*diagnosing and action planning*) dan fase 3 (*action taking, evaluation, and learning*) dilakukan di daerah sulit. Evaluasi prolanis pada fase 1 dan 2 menggunakan *consolidate frame work for implementation research*. Evaluasi kelayakan SOP pelaksanaan kegiatan pokok prolanis untuk puskesmas di daerah sulit pada fase 3 menggunakan *feasibility study*. Hasil: Pelayanan prolanis di kabupaten Sleman DIY berjalan sesuai dengan petunjuk teknis. Di Kabupaten Flores Timur NTT pelayanan prolanis dilakukan di balai desa/kelurahan bersamaan dengan pelayanan posyandu lansia dan posbindu PTM. Alasan yang ditemukan antara lain adalah: kepala puskesmas memiliki persepsi bahwa tujuan, kegiatan dan sasaran posyandu lansia, posbindu PTM dan prolanis adalah sama, sehingga ditunjuk seorang perawat sebagai penanggung jawab ketiga program tersebut, letak puskesmas yang cukup jauh dari desa dan tidak ada transportasi umum, penyelenggaraan pelayanan prolanis hanya untuk memenuhi persyaratan penilaian kapitasi (KBK), ada budaya yang berkembang di antara penderita penyakit kronis bahwa mereka akan berobat ke puskesmas jika mengalami keterbatasan fungsional dan kecacatan. SOP pelaksanaan kegiatan pokok prolanis pada puskesmas pilot dinilai layak.

Kata kunci: prolanis, daerah maju, daerah sulit, *consolidate frame work for implementation research, feasibility study*

ABSTRACT

Background: Since the beginning of National Health Insurance (NHI) or JKN era, Chronic Disease Management Program (*PROLANIS*) has become a service program in all Health Facilities First Level “*FKTP*”, then in 2016 Prolanis was used as one of the indicators for Commitment Based Capitation (CBC) or KBK, but the implementation of Prolanis main activities in each FKTP was different. The difference in context (Sleman Regency - Yogyakarta Special Region as a developed areas and East Flores Regency – East Nusa Tenggara) as an undeveloped (remote) area is one of the determining factors for the successful implementation of the main Prolanis’s activities. Purpose of Research: to evaluate the interaction between context and process, why and how Prolanis can be implemented in developed and undeveloped/remote areas, and to produce SOPs for the implementation of Prolanis main activities for Public Health Centre or Puskesmas in undeveloped/remote areas. Methods: This research design was implementation research with an action research. This research was divided into three phases, namely; Phase 1 (diagnosing and action planning) was carried out in developed areas, phase 2 (diagnosing and action planning) and phase 3 (action taking, evaluation, and learning) was carried out in undeveloped areas. The project evaluation in phases 1 and 2 used a consolidate frame work for implementation research. Evaluation of SOPs feasibility for the implementation of Prolanis main activities in difficult areas of phase 3 by using a feasibility study at Public Health Centre. Results: Prolanis services in Sleman Regency - Yogyakarta Special Region ran based to the technical guidelines. Then Prolanis services were carried out at the village office coincided with Integrated Healthcare Center (Posyandu) services for the elderly and Posbindu PTM in East Flores Regency – East Nusa Tenggara. The reasons found were: the head of Public health Centre had perception that the goals, activities and targets of the elderly Posyandu, Posbindu PTM and prolanis were the same, so that a nurse was appointed to be in charge of the three programs, the location of Public Health Centre is quite far from the village and there is no public transportation, the provision of Prolanis services is only to meet the requirements for Commitment Based Capitation (CBC) or KBK. There is a growing culture among chronic disease sufferers that they will seek treatment at Public Health Center if they experience functional limitations and disabilities. SOPs for the implementation of Prolanis main activities at the Pilot Public Health Centre is deemed feasible.

Keywords: Prolanis, developed areas, undeveloped/remote areas, consolidate frame work for implementation research, feasibility study