

INTISARI

Latar belakang:

Program Rujuk Balik (PRB) dilakukan pada penderita penyakit kronis hipertensi dengan kondisi stabil. Keberhasilan program rujuk balik membutuhkan kolaborasi berbagai pihak, yaitu komitmen pemberi layanan kesehatan baik di tingkat lanjut maupun primer, ketersediaan obat program rujuk balik, keberadaan regulasi, serta dukungan organisasi profesi. Disamping itu dalam pelaksanaannya rujuk balik juga sangat dipengaruhi oleh persepsi berupa pengalaman dan harapan pasien.

Tujuan:

Meneksplorasi pelaksanaan PRB pasien penderita hipertensi bagi peserta Jaminan Kesehatan Nasional dari RS ke Puskesmas Bambanglipuro dan Puskesmas Pandak II di Kab.Bantul.

Metode:

Penelitian ini menggunakan metode non eksperimental dengan rancangan studi kasus (*case study*) deskriptif dengan pendekatan kuantitatif dan kualitatif. Teknik pengumpulan data menggunakan telaah dokumen PRB dan wawancara mendalam kepada pasien PRB penyakit hipertensi yang dirujuk balik ke Puskesmas Bambanglipuro dan Pandak II, serta dokter spesialis di RS. Penelitian dilaksanakan pada bulan Januari sampai dengan Maret Tahun 2017.

Hasil:

Data diperoleh dari 16 pasien PRB hipertensi, hanya 50% pasien yang mengikuti prosedur PRB dan hanya 43,75% pasien mendapatkan pelayanan obat yang sesuai (jenis, jumlah dan pelayanan informasi obat). Pada kelompok pasien yang telah mengkonsumsi obat antihipertensi selama setahun (12 kali isi ulang obat), hanya terdapat 22,22% pasien yang tergolong kepatuhan tinggi (MPR 80). Beberapa pengalaman negatif pasien saat melalui proses PRB antara lain: lamanya antrian pendaftaran dan antrian obat; tidak tersedianya obat dan belum optimalnya pelayanan informasi obat di apotek PRB; mutu pelayanan Puskesmas yang belum memuaskan; dan dokter Puskesmas yang membatasi rujukan. Disisi lain dukungan dokter spesialis dalam melaksanakan PRB masih kurang, yang dipengaruhi oleh ketidakpuasan terhadap pendapatan, tidak adanya prosedur tetap tatalaksana hipertensi di RS, belum adanya sosialisasi PRB, tidak ada kejelasan kriteria stabil, tidak ada komunikasi ke dokter Puskesmas selain surat rujuk balik, dokter spesialis merasa terbebani dengan administrasi BPJS yang cukup banyak, dan penilaian atas kurangnya kompetensi dokter umum.

Kesimpulan:

Pelaksanaan PRB pasien hipertensi belum optimal karena belum ada kesiapan pemberi layanan di tingkat primer. Selain itu kurangnya dukungan dari dokter spesialis.

Kata kunci: rujukan, PRB, hipertensi , Puskesmas

ABSTRACT

Background:

Back referral program was implemented for hypertensive patients with stable condition. The success of back referral program needs collaboration of many aspects: commitment of primary health providers as well as specialists, availability of back referral drugs, the existence of regulation, and professional organization support. Meanwhile, back referral program also influenced by perceptions, experiences and patients expectations.

Objective:

to explore implementation of back referral program for hypertensive patients, members of universal health coverage, from hospital to primary health care center (Puskesmas) Bambanglipuro and Pandak II in Bantul district.

Methods:

Non experimental methods with case study descriptive design, utilizing quantitative and qualitative approach was used. Data were collected by document examination and in-depth interviews on hypertensive patients who had refer back to primary health care center (Puskesmas) Bambanglipuro and Pandak II, and specialists who works at hospital. This study was conducted at Bantul district in January-March 2017.

Results:

The data obtained from 16 patients, which only 50% were compliance to referral back procedure and only 43,75% got appropriate drugs service (types, quantity, and drugs information). On patient group who had consumed antihypertensive therapy for one years (12 times drugs refill), only 22,22% were high adherence (MPR 80). Several negative experiences when they went through process of back referral program were: long waiting time at registration and pharmacy, drugs not available and lack of drugs information at back referral pharmacy, dissatisfaction of primary health care center quality service, and physicians limit the provision of referral. Meanwhile, there was lack of support from specialists that influenced by dissatisfied of their salaries, unavailable standard operational procedur of hypertension care, program were not well disseminated, lack of clarity about stable criteria, lack of communication to physicians besides referral letters, felt over workload because a lot of insurance administration, and perceptions about lack of physicians competence.

Conclusions:

The implementation of back referral program were not optimal because unreadiness of primary health service and minimum specialists support.

Key words: *referral, back referral program, hypertension, primary health care center, Puskesmas*