

INTISARI

Latar Belakang : Semakin banyaknya kasus yang dirujuk ke layanan sekunder mengakibatkan peningkatan biaya kesehatan. Hal ini terjadi karena kurang optimalnya peran layanan primer sebagai *gate keeper* dan kegiatan promotif preventif yang tidak dilaksanakan secara terprogram dan sistematis. Banyak layanan primer yang masih mengedepankan paradigma sakit dimana layanan kesehatan kuratif masih menjadi prioritas layanan.

Tujuan : Penelitian ini bertujuan untuk menghasilkan panduan pelayanan sebuah klinik pratama berbasis pada kedokteran pencegahan, serta studi kasus mengenai model klinik pratama yang telah dirancang dengan mengedepankan kedokteran pencegahan. Dari penelitian ini didapatkan gambaran yang jelas dalam menyusun kegiatan layanan kesehatan berbasis program promotif dan preventif menuju layanan kesehatan yang berkualitas dengan sistem *managed care*.

Metode : Jenis penelitian yang digunakan adalah studi kasus. *Tools* penilaian disusun terlebih dahulu berdasarkan landasan teori dari beberapa sumber kedokteran keluarga dan dilakukan observasi langsung di Klinik Pratama Yayasan Kesehatan Pertamina di Kota Bandung. Selain itu mengumpulkan data-data sekunder yang di dapat dari Klinik Pratama Yakes Pertamina dan Dinas Kesehatan Kota Bandung.

Hasil : Hasil observasi menunjukkan terdapat 3 ranah penilaian untuk indikator sebuah klinik yang dikelola dengan basis kedokteran pencegahan, yaitu *patient centered care*, *family focused*, dan *community oriented care*. Masing-masing ranah memiliki sub kategori, (1) *patient centered* yaitu alokasi dan fleksibilitas waktu masih belum memenuhi standar yang ada, rekam medis yang belum memenuhi kaedah *patient centered medical record*, sarana prasarana klinik sudah cukup memadai sesuai dengan ketentuan kementerian kesehatan dan kompetensi dokter keluarga/layanan primer, sikap dokter sesuai *good communication skills*, kegiatan edukasi yang tersistematis belum lengkap. Sedangkan untuk *family focused* program pencegahan seperti *home visit*, *home care*, dan edukasi kesehatan kepada keluarga belum dilaksanakan dengan baik. *Community oriented care* belum dilakukan mengingat keterbatasan waktu dan sumber daya manusia yang masih belum mencukupi.

Kesimpulan : Penelitian ini menyimpulkan bahwa klinik / layanan primer dalam menjalankan program pelayanan preventif dan promotif masih jauh dari kesempurnaan. Prioritas layanan masih menitikberatkan di ranah kuratif sehingga layanan kesehatan yang berkualitas sesuai prinsip *managed care* belum tercapai dengan optimal.

ABSTRACT

Background : Increasing number of cases referred to secondary services (hospital) result in increased healthcare costs. This happens because of its less optimal role of primary care services as gate keeper and preventive promotive activities that are not implemented in a programmed and systematic way. Many primary care are still putting forward the illness paradigm where curative health services are still a priority service.

Objective : This study aims to provide guidance services for a primary clinic based on preventive medicine, as well as case studies on primary clinic models that have been designed with the priority of prevention medicine. From this research, there is a clear picture in preparing health service activity based on promotive and preventive program toward quality health service with managed care system.

Method : This research used is case study. Assessment tools are prepared first based on the theoretical basis of several sources of family medicine and conducted direct observation at the Klinik Pratama Yayasan Kesehatan Pertamina in Bandung. In addition, collecting secondary data in the can from Klinik Pratama Yayasan Kesehatan Pertamina and Bandung City Health Office.

Results : The results are indicate that there are 3 assessment areas for indicators of clinics that are managed on the basis of preventive medicine, ie patient centered care, family focused, and community oriented care. Each of the domains has sub category, (1) patient centered that is time allocation and flexibility still not fulfill the existing standard, medical record not yet fulfill patient centered medical record, clinical infrastructure has enough in accordance with regulation of health ministry and physician competence Family / primary services, doctor attitude according to good communication skills, educational activities are not systematic yet complete. (2) family focused prevention programs such as home visit, home care, and health education to the family has not been implemented properly. And (3) community oriented care has not been done considering the limited time and human resources are still not sufficient.

Conclusion : This research concludes that primary clinic which as running preventive and promotive service program is still far from perfection. Service priority is still focused on the curative sphere so that quality health services according to managed care principles have not been achieved optimally.