

INTISARI

Latar Belakang: Penerapan sistem rujukan dalam penyelenggaraan JKN memegang peranan penting untuk pencapaian efisiensi dan efektivitas pelayanan kesehatan. BPJS Kesehatan menetapkan 155 diagnosis kompetensi yang harus dikuasai oleh dokter primer di FKTP. Pada kenyataannya masih ditemukan kasus-kasus yang seharusnya paripurna di FKTP namun dirujuk ke FKRTL (rujukan non spesialis) berdasarkan data regional di DIY dan Jateng maupun data nasional. Puskesmas merupakan jenis FKTP terbanyak dengan peserta terbesar dan distribusi wilayah yang paling luas. Oleh karena itu perlu dilakukan telaah untuk mengidentifikasi faktor-faktor yang mempengaruhi rasio rujukan non spesialis (RRNS) di puskesmas.

Metode: Penelitian ini adalah penelitian analitik dengan rancangan *cross sectional*. Metode yang digunakan adalah *mix method model sequential explanatory design*. Metode kuantitatif menggunakan analisis jalur untuk mengetahui hubungan antara variabel kemampuan dokter, ketersediaan alat medis, ketersediaan obat, permintaan pasien, jarak puskesmas dengan FKRTL, akses puskesmas ke FKRTL, dan karakteristik wilayah puskesmas dengan rasio rujukan non spesialis. Metode kualitatif sebagai triangulasi data kuantitatif. Unit analisis penelitian ini adalah puskesmas.

Hasil: Hasil analisis jalur pada model modifikasi didapatkan rumusan: 1) $RRNS = 0.003 \text{ permintaan pasien} - 0.078 \text{ kemampuan dokter} + 0.994 (e3)$ 2) $\text{Permintaan pasien} = 0.290 \text{ akses}^* - 0.245 \text{ ketersediaan alat} - 0.300 \text{ ketersediaan obat} + 0.669 (e2)$ 3) $\text{Akses} = 0.417 \text{ jarak}^* + 0.129 \text{ lokasi} + 0.760 (e1)$. (*signifikan). Terdapat kemungkinan adanya bias pada persepsi jawaban responden dan bias pada data sekunder. Dari wawancara mendalam didapatkan faktor lain yang berhubungan dengan RRNS seperti kondisi pasien dan faktor penyulit, pemahaman petugas rumah sakit, keterampilan petugas paramedis, pasien yang *specialist minded*, pemahaman pasien, dan kebijakan BPJS Kesehatan.

Kesimpulan: Ratio rujukan non spesialis dipengaruhi oleh banyak faktor yang berhubungan secara langsung dan tidak langsung. Kemampuan dokter, ketersediaan alat, ketersediaan obat, permintaan pasien, jarak dengan FKRTL, akses ke FKRTL, dan karakteristik wilayah puskesmas hanya menjelaskan sebagian kecil dari variansi yang terjadi pada RRNS.

Kata Kunci: Rujukan Non Spesialistik, Puskesmas, Jaminan Kesehatan Nasional.

DETERMINANT FACTORS OF NON SPECIALISTIC REFERRAL RATIO OF PATIENT AS USER NATIONAL HEALTH INSURANCE AT PUBLIC HEALTH CENTER IN DI. YOGYAKARTA AND CENTRAL JAVA PROVINCE

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ABSTRACT

Background: Implementation of referral system becomes important process to raises efficiency and effectivity in National Health Insurance (JKN) Era. National health insurance services establish 155 competency of diagnosis for primary doctor in primary health services. The most problem of referral process are many cases that should be handled in primary health care but referred to advanced health services (non specialistic referral) based on regional data in Yogyakarta and Central Java as well as national data. Public health centers are the largest of primary health care with the greatest number of participant and the most extensive distribution area. Therefore, review to identify determinat factors of non specialis referral ratio in public health centers needs to be performed.

Method: The type of study was analitical research with cross sectional design. Method approach used mix method model sequential explanatory design. Quantitative data analyzed by path analysis to understood related between variable of doctors competency, availability of medical tools and drugs, demand of patient, distance and access between public health centers and advanced health services, and characteristic area of public health centers with non specialistic referral ratio. Qualitative method as triangulation of quantitative result. Unit analysis was public health services.

Result: Result of path analysis on modified model showed formula below: 1) $RRNS = 0.003 \text{ demand of patient} - 0.078 \text{ ability of doctors} + 0.994 \text{ (e3)}$ 2) $\text{Demand of patient} = 0.290 \text{ access}^* - 0.245 \text{ availability of medical tools} - 0.300 \text{ availability of drugs} + 0.669 \text{ (e2)}$ 3) $\text{Acces} = 0.417 \text{ distant}^* + 0.129 \text{ location} + 0.760 \text{ (e1)}$, with $R^2 = 0.240$. (*significant). Bias on respondents' perceptions and bias on the secondary data may occurred. This was supported by the results of triangulation especially on variable availability of tools and availability of drugs.

Conclusion: Ratio of non specialistic referral is affected by many factors related directly and indirectly. Ability of doctors, availability of tools, availability of medicines, patient demand, distance and access of advanced health services, and characteristics area of public health centers only explains a small part of the variance that occurs in variable RRNS.

Keyword: Non Specialistic Referral, Public Health Center, National Health Insurance.

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