

**KEMITRAAN PUSKESMAS DENGAN DOKTER PRAKTIK SWASTA
DALAM PENANGGULANGAN TUBERKULOSIS PARU
DI KECAMATAN KALASAN KABUPATEN SLEMAN
PROPINSI DAERAH ISTIMEWA YOGYAKARTA**

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INTISARI

Latar Belakang: Sejak tahun 1995, Indonesia sudah menerapkan strategi DOTS tapi pemanfaatan strategi DOTS ini belum berhasil secara optimal. Salah satu penyebab ketidakberhasilan penerapan strategi DOTS adalah belum dilibatkannya sarana pelayanan kesehatan di luar puskesmas. Hal ini meyebabkan penemuan penderita rendah. Penelitian sebelumnya mengatakan bahwa dokter praktik swasta mempunyai potensial dalam penanganan Kasus TB. Tujuan penelitian ini membangun *Public Private Mix* dalam penanganan TB melalui kerjasama dengan dokter praktik swasta di Kecamatan Kalasan, Kabupaten Sleman.

Metode: Penelitian ini dilakukan dengan rancangan *Action Research*, memerlukan kolaborasi intensif dengan dokter praktik swasta untuk membangun kemitraan dan mendiskusikan peran. Intervensinya adalah: advokasi pentingnya kemitraan, penjelasan strategi DOTS, sosialisasi jejaring di DIY, dan membangun komunikasi dengan bulletin. Mendiskripsikan model kemitraan, peran DPS, standar prosedur kemitraan, efektivitas program dan kontribusi DPS dalam P2TB Pengumpulan data dilakukan dengan wawancara, diskusi dan penelusuran data sekunder. Analisis dilakukan secara deskriptif.

Hasil dan Pembahasan: Melibatkan 13 DPS, 6 perempuan dan 7 laki-laki di Kecamatan Kalasan. Mereka praktik antara 1-30 tahun dan praktik per hari selama 2-4 jam. Kebanyakan DPS tidak memahami DOTS, tapi mereka bersedia menjalankan strategi DOTS. Sembilan DPS memilih peran 1 (penemuan suspek), 1 orang memilih peran 2 (diagnosis dan kategori), dan 3 orang memilih peran 3 (pengobatan). Terjalinnnya kesepakatan mengenai prosedur standar yang dibuat bersama DPS, alur pemeriksaan sputum, regimen pengobatan, alur rujukan, dan pencatatan pelaporan. Dokter praktik swasta telah menunjukkan kontribusi yang besar dengan menemukan 4 penderita TB BTA positif dari 8 penemuan BTA positif yang ditemukan di Puskesmas.

Kesimpulan dan saran: Dari penelitian ini dapat disimpulkan bahwa kemitraan dengan DPS dapat dibangun dan menunjukkan kontribusi yang signifikan dalam penemuan penderita Paru TB BTA positif. Apabila penelitian ini akan dikembangkan, perlu

memperkuat pengelola program TB di Puskesmas, dan komitmen yang tinggi untuk menjalin komunikasi dan kepercayaan antara Puskesmas dan DPS.

Kata kunci: *Public Private Mix, Program TB, Action Research, Praktisi swasta.*

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**PUBLIC PRIVATE MIX FOR TB CONTROL
IN KALASAN SUBDISTRICT SLEMAN DISTRICT:
PARTNERSHIP BETWEEN KALASAN HEALTH CENTRE
AND PRIVATE MEDICAL PRACTITIONERS**

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ABSTRACT

Background: Indonesia has adopted DOTS strategy since 1995, however, due to lack of involvement of all types of health care facilities, the result has not reached the expected level. Problems in low case detection have widely been recognized. Previous studies have shown the potential of private practitioners in managing TB cases. The objective of this study was to develop public private mix in TB control through partnership with private practitioners in Kalasan subdistrict, Sleman district.

Method: Action research was applied in this study, as it necessitates intensive collaboration with the private practitioners to design the partnership and to discuss their roles. The intervention consisted of advocating the need for this partnership, disseminating DOTS strategy, socializing the TB network in Yogyakarta, and building communication using newsletter. The model of partnership, role of private practitioner, standard operating procedures, program effectiveness, and contribution of private practitioner in TB cases were described. Data collection methods applied were interviews, group discussions, and use of secondary data available at the health centre, 1 Lung hospital and 1 private hospital. Data were analyzed in a descriptive manner.

Result: Thirteen private practitioners, 6 females and 7 males, were identified in Kalasan subdistrict. They have been in practice for 1-30 years and their duration of practice varied between 2-4 hours per day. Even though the majority had low understanding on DOTS strategy, they were eager to collaborate in TB program. Nine practitioners decided to choose role 1 (suspect identification), and 1 and 3 practitioners decided to choose role 2 (diagnosis and categorization) and 3 (treatment), respectively. Consensus regarding the standard operating procedures were made with the private practitioners, including sputum examination, treatment, referral, and recording and reporting. Private practitioners have made a significant contribution with 4 new smear positive cases detected out of the total 8 new smear positive cases managed by the health centre.

Conclusion: In conclusion, efforts to collaborate with private practitioners are possible and this study showed a significant contribution of their involvement in detecting smear positive cases. If this initiative will be further developed, it is important to first strengthen the existing

TB program at the health centre, and then to build a high commitment for sustaining the communication and trust between the health centre and the private practitioners.

Key words: *Public private mix, Tuberculosis, action research, private practitioner*

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