

INTISARI

Latar belakang Prevalensi Penyakit Ginjal Kronik terus meningkat di seluruh dunia, termasuk di Indonesia dan menjadi masalah kesehatan masyarakat dunia yang harus diselesaikan. Dengan bertambahnya jumlah pasien dengan penyakit ginjal kronik dan terbatasnya jumlah nefrologis, maka dokter layanan primer dan layanan spesialis harus memainkan peran penting dalam memberikan pencegahan dan perawatan berkelanjutan yang berkualitas dengan meningkatkan upaya promotif dan preventif di layanan primer pada masyarakat sehat, individu sehat dengan faktor resiko ataupun individu yang sudah menderita penyakit ginjal kronik. Sebagian besar pasien dengan penyakit ginjal kronik dapat dikelola oleh dokter di layanan primer bekerjasama dengan dokter spesialis di layanan sekunder dan tersier Namun, tampaknya pedoman praktek klinis upaya promotif dan preventif penyakit ginjal kronik di layanan primer belum begitu optimal berjalan.

Tujuan : Penelitian ini dilakukan dengan tujuan untuk mendapatkan model Upaya Promotif dan Preventif pasien Penyakit ginjal kronik derajat 1-5 di layanan primer.

Metode : Penelitian ini menggunakan strategi penelitian dan pengembangan atau *Research and Development* (R & D) dengan tahapan yaitu (1) Tahap studi pendahuluan (*literature review*) ,(2) Tahap pengembangan (penyusunan draf awal model) dan (3) Tahap validasi narasumber dengan metode wawancara mendalam.

Hasil : Lima dokter umum di layanan primer, dua dokter spesialis penyakit dalam dan satu dokter nefrologis berpartisipasi dalam tahap validasi narasumber (wawancara mendalam) untuk draf awal produk model dari tahap pendahuluan dan tahap pengembangan model. Dari narasumber didapatkan gambaran bagaimana pola praktik dokter tentang penyakit ginjal kronik dan masukan terkait model upaya promotif dan preventif penyakit ginjal kronik agar dapat lebih disesuaikan dengan kondisi layanan primer di Indonesia.

Simpulan : Kurangnya kesadaran dan pengetahuan dokter umum di layanan primer tentang pencegahan dan perawatan pasien dengan penyakit ginjal kronik. Kurangnya fasilitas pemeriksaan penjunjang kreatinin serum dan albuminuria di layanan primer untuk upaya skrining /deteksi dini pasien dengan faktor risiko penyakit ginjal kronik. Telah dibuat dan divalidasi Model Upaya Promotif dan Preventif Penyakit Ginjal Kronik Derajat 1-5 di layanan primer.

Kata Kunci : Pembuatan dan Validasi Model, Upaya Promotif dan Preventif, Penyakit Ginjal Kronik, Layanan Primer.

ABSTRACT

Background The prevalence of Chronic Kidney Disease continuously increases worldwide, including in Indonesia and has become a global public health problem. As the increased number of patients with chronic kidney disease and the limited number of nephrologists, primary care physicians and specialist should play an important role in providing quality sustainable prevention and treatment by improving promotive and preventive efforts in primary care services in healthy community, healthy individuals with risk factors or individuals who have suffered from chronic kidney disease. Most patients with chronic kidney disease can be managed by doctors in primary care services in collaboration with specialist doctors in secondary and tertiary care services. However, it seems that clinical practice guidelines for promoting and preventing chronic kidney disease in primary care services have not been optimally implemented.

Objective This research aims to obtain Promotive and Preventive Model for 1-5 Stages of Chronic Kidney Disease in Primary Care Services.

Methods This research employed research and development strategy (R & D) with the following stages, namely (1) Preliminary study stage (literature review), (2) Development stage (preparation of initial draft of the model) and (3) Resource validation stage through in-depth interview method.

Results Five general practitioners in primary care services, two specialist doctors of internal medicine and one nephrologist participated in the informant validation stage (in-depth interview) for the initial draft of the model product from the preliminary stage and the model development stage. From the resource persons, this research obtained the pattern of doctor's practice for chronic kidney disease and the feedback related to Promotive and Preventive Model for 1-5 Stages of Chronic Kidney Disease in Primary Care Service to be adjusted according to the condition of primary care services in Indonesia.

Conclusion Lack of understanding and awareness of general practitioners in primary care services about prevention and treatment of patients with chronic kidney disease. Lack of supporting examination facilities for serum creatinine and albuminuria in primary care services for early screening/detection of patients with chronic kidney disease risk factors. Promotional and Preventative Model of 1-5 Stages for Chronic Kidney Disease in primary care services has been made and it has been validated by resource persons.

Key Words Making and validation of Model, Promotive and Preventive Efforts, Chronic Kidney Disease, Primary care services.