

THE IMPLEMENTATION OF CLINICAL PROCEDURES IN THE VERTICAL REFERRAL SYSTEM IN A PRIMARY HEALTHCARE CENTER

Pelaksanaan Prosedur Klinis dalam Sistem Rujukan Vertikal di Puskesmas

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ABSTRACT

Background: A referral system in the era of National Health Insurance starts from first-level primary health facility. The high number of referral in one of primary healthcare centers in Surabaya indicates that the implementation of the vertical referral system has not gone well.

Aim: To determine the conformity of the vertical referral system to the clinical procedures at the general outpatient clinics of the primary healthcare center based on the National Referral System Guidelines.

Methods: This study was an observational descriptive study and used implementation research method, which conducted in August 2018. This study was conducted in one of primary healthcare centers in Surabaya. This study used triangulated data, such as the review of reference documents, interviews with referral officers, and direct observation.

Results: Out of 7 regulations in the clinical procedures of referral system according to the National Referral System Guidelines, only 2 regulations were not run by the at the general outpatient clinics of the primary healthcare center. For example, patients being referred did not come to the primary healthcare center on their own instead of requesting their family to come. Also, the doctors in the primary healthcare center referred the patients by themselves. However, according to the guidelines, before referring patients, the doctors should contact the referred health facilities.

Conclusion: The implementation of clinical procedures in the vertical referral system in the primary healthcare center in Surabaya is broadly in accordance with the existing regulations and guidelines. However, it is necessary to do some improvement. It is recommended that they should re-contact the referral health facility before referring the patients to improve the quality of communication and provide more education to the patients' family so that they bring the patients to do check-up when the the referral is extended.

Keywords: Clinical procedure, Primary healthcare center, Vertical referral system.

ABSTRAK

Latar Belakang: Pelaksanaan sistem rujukan yang diselenggarakan pada era jaminan kesehatan nasional dilakukan secara berjenjang yang dimulai dari FKTP (Fasilitas Kesehatan Tingkat Pertama/Primer). Tingginya persentase angka rujukan di salah satu puskesmas di Surabaya memberi indikasi bahwa implementasi sistem rujukan vertikal belum berjalan dengan baik.

Tujuan Penelitian: Untuk melihat kesesuaian pelaksanaan prosedur klinis sistem rujukan vertikal di poli umum puskesmas tersebut berdasarkan Pedoman Sistem Rujukan Nasional.

Metode Penelitian: Jenis penelitian ini merupakan deskriptif observasional dan menggunakan metode riset implementasi yang dilakukan pada Agustus 2018. Penelitian ini dilakukan di salah satu puskesmas di Surabaya. Penelitian ini melakukan triangulasi data yaitu telaah dokumen rujukan, wawancara dengan petugas rujukan, dan observasi langsung.

Hasil Penelitian: Berdasarkan 7 ketentuan pada prosedur klinis sistem rujukan vertikal Pedoman Sistem Rujukan Nasional, hanya 2 ketentuan yang tidak sesuai dengan pedoman tersebut di poli umum puskesmas. Misalnya pasien yang dirujuk tidak datang ke puskesmas melainkan pihak keluarga yang meminta untuk dilakukan rujukan/perpanjang rujukan. Selain itu, para dokter di puskesmas tersebut merujuk pasien dengan sendiri. Namun menurut pedoman, sebelum merujuk pasien, dokter harus menghubungi fasilitas kesehatan yang dirujuk.

Kesimpulan: Pelaksanaan prosedur klinis sistem rujukan vertikal di poli umum puskesmas secara garis besar telah sesuai dengan pedoman, namun ada beberapa hal yang harus diperbaiki. Rekomendasi adalah petugas menghubungi kembali faskes tujuan rujukan sebelum merujuk pasien dan memberi edukasi lebih banyak kepada keluarga pasien agar membawa pasien untuk dapat diperiksa saat memperpanjang rujukan.

Kata Kunci: Prosedur klinis, Puskesmas, Sistem rujukan vertikal.

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INTRODUCTION

The Law of the Republic of Indonesia Number 36 Year 2009 about Health Article 5 section (2) states that every person has a right to obtain safe, quality, and affordable health services. In addition, Article 30 section (1) states that health service facilities according to the type of services consist of 2 types, namely Individual Health Services and Public Health Services. Article 30 section (2) states that health service facilities consist of first-level, second-level, and third level health services.

Primary healthcare center (*Puskesmas*) as one of the first-level primary health facilities or *Fasilitas Kesehatan Tingkat Pertama* (FKTP) that organizes 2 types of health services. They are individual health services known as individual health efforts and public health services as community health efforts. A primary healthcare center has an important role in the national health system, especially the health effort subsystem. The implementation of health services in primary healthcare centers need to be re-adjusted to the established regulations in the era of National Health Insurance because health services in Indonesia have recently been transformed to the National Health Insurance financing through Social Security Agency for Health (BPJS Kesehatan) as an organizer (Mustofa, Dewi and Yogyakarta, 2017)

Individual health efforts are supported by a referral system carried out by improving health prevention, treatment, recovery, and palliative efforts from individuals in a comprehensive, integrated, and sustainable way. Referral system for individual health efforts is in a form of medical referral system related to treatment and recovery of patients' health. The authorized health worker will make medical referrals in accordance with the applicable regulations and the need for patient diagnosis determination.

Medical referral system can be patients, specimens, diagnostic support, and referral knowledge about diseases sent to other health facilities. The medical referral aims to ensure that patients can receive qualified and satisfying personal health services according to medical indications. The medical care should comply with the competencies and regulations in healthcare facilities so that they can be carried out effectively and efficiently. Therefore, the referral system involving various parties, such as the first-level primary health facilities must be carried out optimally, and it is according to the prescribed regulations. A primary healthcare center plays an important role as a gatekeeper or patient diagnosis filter who will determine whether the patient needs to be referred to an Advanced Health Facility (FKTL) or not.

Based on the regulations in the National Health Insurance program, people who have the insurance and go to a hospital must have medical indications to be referred from primary healthcare centers. The referral patients' diagnosis is made beyond 195 diagnoses handled by the primary healthcare centers. Based on the regulation of Minister of Health of the Republic of Indonesia Number 1 Year 2012 about Individual Health Service Referral System, a referral system is the

implementation of health services regulating reciprocal assignments and responsibilities of health services both vertically and horizontally. Health services are conducted in stages according to the medical needs or indications in the primary healthcare centers.

The referral system is required for patients as participants of a health insurance or social health insurance in health care providers (Ministry of Health, 2012). The era of National Health Insurance brings about a tiered referral system, where health services started in the first-level primary health facilities, such as primary healthcare centers (BPJS Kesehatan, 2014). The tiered referral system requires patients with the health insurance to prioritize treatment in the primary healthcare centers. If the patients are not treated in the primary healthcare center, they can be referred to a secondary health facility like a hospital.

The Social Security Agency for Health adheres to a capitation payment system. Capitation magnitude is the amount of capita per person in each month. If the first-level primary health facilities are excessive and disproportionate, the agency will be disadvantaged because they pay for a lot of referral cases in secondary and tertiary health facilities. Within 2 years in 2014 and 2015 there was a deficit in the report on health social security fund activities (Mas'udin, 2017).

To overcome this deficit, a cost control strategy for health services in health facilities is needed, one of which is by structuring a tiered referral system, so that it is expected that there will be a decrease in the number of higher-level health facilities in cases that can lower-level / type health facilities according to competence and ability, especially at first-level health facilities because they act as gate keepers. This is also supported by data on first-level health facility performance evaluation results that show the utilization of low health services at the level of first-level health facilities and the high rate of referral to hospitals (BPJS Kesehatan, 2016). Therefore, the Social Security Agency for Health ensures whether or not the cases referred to are true. In line with the results of previous studies, it is found that there is a significant difference between the number of outpatient visits before and after the implemented referral policy from the Social Security Agency for Health. It is considered important to stay on track by following the regulations (Mustofa, Dewi and Yogyakarta, 2017).

The regulations of the Social Security Agency for Health in 2014 explained that the number of patient referrals in the first-level primary health facility should not exceed 15% of the total visits each month. The number of vertical referrals for patients with the health insurance in one of primary healthcare centers in Surabaya in June was greater than 15% compared to in April and May 2018 amounted to 20.62%. The high vertical referral rate indicates that the primary healthcare center was not able to perform their health services optimally as a gatekeeper for health services in the community.

The high percentage of referrals is an indication that the referral system in the primary healthcare center has not been properly implemented, so it is important to conduct a referral

system study by comparing the referral system implemented in the primary healthcare center with the referral system guidelines of the National Referral System as technical guidelines of the regulation of Ministry of Health No. 1 Year 2012. Based on that, it is necessary to determine whether the implemented referral system in the primary healthcare center is complying with the regulations in the primary healthcare center, especially at general outpatient clinic which have the highest number of referrals. The benefit of the study was to gain knowledge and improve the referral system in the era of National Health Insurance implemented by the primary healthcare center for patients who have health insurance.

METHOD

The research was a descriptive observational research. This study used a triangulation method which aimed to enable researchers to obtain deep information by conducting documents review, interviews, and direct observation on the medical referral services without intervening the implemented vertical referral system. This research was conducted in one of primary healthcare centers in Surabaya in August 2018. The informants involved in this research were 8 referral officers at the general outpatient clinic as general practitioners and registered nurses. The selection of informants used a purposive sampling method by considering the officers' participation in the referral system implemented by one of primary healthcare centers in Surabaya.

The instrument used was in-depth interview guide on the clinical procedures for the vertical referral management in the primary healthcare center, adapted from the National Referral System Guidelines as technical instructions based on the regulation of Ministry of Health No. 1 Year 2012. The guidelines were stipulated by the Directorate General of Health Care Development, Ministry of Health in 2012. This study compared the implemented clinical procedures of vertical referral system at the general outpatient clinic with the guidelines.

RESULTS AND DISCUSSION

The regulation of Ministry of Health No. 75 Year 2014 about primary healthcare center explains that a primary healthcare center is a health service facility that organizes public health efforts and first-level individual health efforts by prioritizing promotive and preventive efforts to achieve the highest quality of public health. A primary healthcare center as one of the first-level primary health facility serves as a gate keeper to control the use of health services and referral patients. First-level primary health facility should control the referrals (Febriawati *et al.*, 2014).

The service procedures of the Social Security Agency for Health set a tiered reference pattern. The referral levels start from the primary/first, secondary/second, and tertiary/third levels of health facilities. Patients who seek for treatments must firstly

check their health condition at the first level of health facility. If the first level of health facility is unable to handle the case, it will be referred to the second level of health facility. The procedures in the primary healthcare center should be in line with the procedures described above (Utami and Mutiarin, 2017).

The primary healthcare center in Surabaya is a type of labor inpatient care. The outpatient services were open on Monday to Thursday at 07.30 - 14.30, Friday at 07.30 - 11.30, and Saturday at 07.30 - 13.00 WIB. Meanwhile, the labor inpatient services were open 24 hours every day. There were several units/policies in the primary healthcare center in Surabaya. One of them is general outpatient clinic which provides individual health services. The first-level outpatient services, especially in general outpatient clinic include administrative services, such as administration payment for treatment registration, provision of referral letters to advanced health facilities for non-treatable diseases in the primary healthcare center.

Based on the regulation of Ministry of Health of the Republic of Indonesia Number 1 Year 2012 concerning Individual Health Service Referral System, a referral system is the implemented health service that regulates reciprocal assignments and responsibilities of health services both vertically and horizontally. Vertical referral is a reference made between different levels of health facilities. It can be done from a lower level of health facility to a higher health facility or vice versa.

World Health Organization (WHO) explained the characteristics of medical referrals, such as the cooperation between health facilities, compliance with the Standard Operating Procedures (SOP), complete supporting resources including transportation and communication, complete referral forms, communication between referral health facilities and referral recipients, and implementation of back referrals (Ratnasari, 2017). The referrals must also meet the requirements of clinical and administrative procedures.

The implementation of clinical procedures in the vertical referral system at the general outpatient clinic of primary healthcare center in Surabaya can be seen from the observation, interview, and document review. The results explain whether or not they are in line with the National Referral System Guidelines as technical instructions from the regulation of Ministry of Health Number 1 Year 2012. Several common reasons for referring patients to a higher level health facilities are taking experts' opinion for patients' health condition, and seeking additional services for the diagnosed or treated patients and better treatment based on the patient's medical indications. Also, it is to use high-end diagnostic and therapeutic tools, which are unavailable at the current level (Kumar Gupta *et al.*, 2017). The patient referral process begins when a doctor in the first-level primary health facility performs duties accordingly, such as conducting clinical examinations to patients based on the SOP and only handling non-specialist competency cases. If patients require specialistic or even subspecialistic treatment, the doctor will refer patients (Indrianingrum and Handayani, 2017).

The mechanism for implementing the referral system starts from an initial examination by general practitioners. If the patient has fulfilled one of the criteria of referral patients and cannot be handled by the primary healthcare center, the patients shall be referred. If any cases found in the 195 diagnoses of cases are not handled by the primary healthcare center, patients will be referred to more advanced health facility, such as a hospital. Based on the interviews with the referral officials at the general outpatient clinic, cases found are eligible for referral.

According to the guidelines of National Referral System, the first examination is ascertained if they cannot be completely resolved in the primary health facilities. Meanwhile, the physical and medical examinations stated that the patients were not completely resolved or not served because of limited competence or facilities. Thus, patients need more complete medical examination. If patients have been treated in the first level of health care, they require an examined treatment in more capable referral facility to resolve health problems and get returned to referring health facilities.

The referral implementation at the general outpatient clinic of primary healthcare center in Surabaya has fulfilled the requirements according to the guidelines of National Referral System. However, some patients did not come directly to the general outpatient clinic to get referrals, especially referral extension. In turn, only patient's family explained the patient's medical condition to the medical staffs and requested referrals for the patient. Therefore, the patient's real condition cannot be monitored or checked in advance by the medical staffs.

Based on the observations and interviews with the officers in the primary healthcare center in Surabaya, there are several things done before giving a referral. For example, the patient cannot request a referral without a clear diagnosis of the case. First, the doctor will conduct an examination. If the patient's diagnosis is not listed in 195 unhandled disease diagnoses, the patient can be referred. Conversely, if the diagnosis can be handled by the primary healthcare center, the doctor will inform patients to not necessarily get referred to other health facilities.

From the in-depth interviews with the Head and doctors of primary healthcare center, they understood their function as gatekeepers or in other words as referral filters when patients request referrals. If the patients request a referral, but no medical indications to be referred, no referral will be given. Patients sometimes ask for referrals based on the personal needs or more complete treatment at a hospital. Nonetheless, if the patient's illness can still be handled in the primary healthcare center, no reference will be given (Parman, Majid and Lisnawati, 2017).

A research by Aliu et. al. mentioned that a considerable volume of self-referrals to secondary health facilities or specialists will affect the transformation mechanism of health care delivery, including the quality of referred patients. Self-referrals have implication on the treatment and care coordination between primary and secondary health care providers since self-referrals will bypass primary care providers, who are potentially more

able to give an earlier treatment for patients and lead to inefficient medical treatment which can cause unnecessary referrals (Aliu *et al.*, 2014).

Referral preparation based on the direct observation in the service starts when the referral officer had given a clear explanation to patients/patients' family about the referral given to the patient and gives an informed consent form to the patient and signed as an agreement. It is a legal obligation in the medical world to obtain informed consent signed by patients and doctors considering the risks of malpractice and agreement of the referral procedures (Frunză and Sandu, 2017).

The results of observations and interviews with the referral officers in the primary healthcare center in Surabaya show after the pre-referral procedure is done and explained to patients and families in Indonesian or Javanese language in conveying the patients' medical condition, the referral purpose, where the patients will be referred by asking the patient or family to choose an advanced health facility according to the patient's accessibility to the referral health facility. There is good two-way communication between the doctors/nurses and the patients at the time of referral. It is expected that patients can understand every information about referrals provided by the officers as also found in the primary healthcare center of Segiri (Widiastuti, 2017).

Based on the direct observations and interview with the referral officials at the general outpatient clinic of primary healthcare center in Surabaya, they had planned and implemented the referrals and possible actions to be taken in the referral health facilities targeting who will be referred, providing explanations on the matters to be prepared by the patients/families and adding some information given to the patients/families as needed. Patient involvement in making a referral is necessary to do because it leads to the improving patient safety (Skagerström *et al.*, 2017).

The approval of patient referrals and the format of the referral letter given to patients at the general outpatient clinic of primary healthcare center in Surabaya has generally been in line with the legislative regulations.

Affixing signatures between two parties is an example of the active involvement of patients and/or patients' families in the decision-making process to agree or disagree to be referred to the referred health facility. Several factors that can influence the decision-making process of patients' referral include predisposing factors, reinforcing factors, enabling factors, and environmental factors (Widyaningrum, Tamtomo and Suryono, 2014).

The physicians in the primary healthcare center have completed the referral forms before referring patients to a higher health care facilities. It is an important to do it because incomplete filing of the referral forms is one of major problems in the referral system (Kavosi and Siavashi, 2018). Some indicators suggested by the present study are expected to represent mediating factors that may affect a wide range of main goals for health care as defined by the IOM (safe, effective, patient-centered, timely, efficient, and equitable). High-quality referral information is needed to fulfill those indicators

(Hartveit *et al.*, 2017). The referral officials at the general outpatient clinic of primary healthcare center in Surabaya did not re-contact the health service unit for whether the patients can be admitted to the referred health facility or not. Based on the interview, there were many patients referred so that they did not have enough time to contact the referred hospital to inform them about the patient data.

In addition, communication between the general outpatient clinic of primary healthcare center in Surabaya and the advanced referring health care

facility is the feedback-referral form filled by the relevantly advanced health facilities. The problem that will occur if the polyclinic of primary healthcare center does not contact the referral hospital is the uncertainty of receiving and handling patients, so it will prolong the time of handling the patient, patient will be referred to another hospital that is more capable of handling the patient's case, and able to cause the patient's health condition get worse. When the observation took place, there were similar cases experienced by one of the patient's family.

Table 1. The Results of Observation and Interview on the Implemented Clinical Procedures for Vertical Referral Systems in the Primary healthcare center in Surabaya in 2018.

No.	Referral Implementation according to the National Referral System Guidelines	Referral Implementation at the General Outpatient Clinic	Compliance
Clinical Procedures for Implementing Referral System based on the Guidelines of National Referral System			
(1)	In non-emergency cases, the referral process follows the routinely established procedures.	The implemented referral system at the general outpatient clinic of primary healthcare center in Surabaya has followed the routinely established procedures.	Complied
(2)	In conclusion, the case has met the referral requirements as stated in one of the terms for patient referrals.	Referral implementation at the general outpatient clinic of primary healthcare center in Surabaya has fulfilled the referral requirements, but, in some cases, there were patients who did not come to the primary healthcare center and get referral extension.	Not Complied
(3)	To prepare referrals, the referral officials need to explain the referral procedures and inform consent as a part of operational and technical procedures to patients/families in an understandable way.	The general outpatient clinic of primary healthcare center in Surabaya has provided clear explanations to patients/families about the referrals and informed consent sheets.	Complied
(4)	Things that need to be prepared by patients' family.	The general outpatient clinic of primary healthcare center in Surabaya has provided descriptions of things to be prepared by patients/families. The two-way communication between doctor and patient's family was good and effective.	Complied
(5)	Other explanations in relation to the referral process include various requirements to provide opportunities for patients/families for making intelligent decisions to overcome patient's illness/health problem.	The general outpatient clinic of primary healthcare center in Surabaya has provided more explanations to patients/families.	Complied
(6)	The final decision on the referral depends on the patient/family, whether those agree or refuse to be referred to one of the referral health facilities according to the flow of referral system specified. The final agreement in the informed consent is signed by two parties according to the procedures.	The general outpatient clinic of primary healthcare center in Surabaya, has followed the procedures to have signatures of patient/family and referral officers in the informed consent.	Complied
(7)	Re-contacting the service unit in the referred health facility ensures patients' admission or delay or other alternative referral facilities.	The general outpatient clinic of primary healthcare center in Surabaya did not re-contact the service unit in the referred health facility.	Not Complied

Based on the research conducted by Senitan *et al.* (2017), there are several factors

related to referrals, such as security, timeliness, equity, quality, competency, and degree to which a

referral is patient-centered as presented by WHO and the National Diabetes Education Program (NDEP). The study also recommends that physicians need a guideline to improve the referral system. The quality of patient referrals will affect the health care system. Many geriatric patients were referred from primary healthcare center with diagnosis of Diabetes Mellitus, so the reference must be timely and easily accessed as also found in Senitan's research (Senitan *et al.*, 2017).

According to the research conducted by Kamau *et al.* (2017), several challenges in the health referral system faced by developing countries are noncompliance with referrals, delays in completing referral, a high number of a higher-level referral facilities, weak health information systems to capture referral data, and inadequate resources for referral facilities. Communication between health center staffs and specialist doctors at hospitals who refer to patients' medical conditions is essential and important to do for patient safety. Therefore, the treatment given in advanced health facilities is more effective and efficient because of clear communication previously (Kamau, Osuga and Njuguna, 2017).

The health social security agency has created a referral communication forum that includes a variety of multilevel health facilities to improve coordination relations between health facilities. In the referral process itself, one way to improve effectiveness and efficiency in communicating and coordinating is to build strong networking between health service institutions, such as primary healthcare centers and hospitals. Networking is considered important in ensuring the speed and accuracy of handling patients that directly affect the quality of health services. Networking in this case consists of coordination and relationships between primary health facility and secondary health facility. In the referral system, a reference to a higher level will only be possible to do from a lower level to a higher level. Referred cases can, hence, be tracked by receiving feedbacks from the general practitioners or specialists of higher health facilities.

The referral system regulates the flow where to check patients with certain health problems. The system is ultimately expected by all parties to gain profits. For example, the government as a determinant of health policy (policy maker) will gain benefits from saving funds and clarifying the health care system. For the community as users of health services, the system will reduce the treatment cost because the services are very easy to obtain. For health providers, it promotes a career path of health workers in increasing knowledge and skills, and alleviating workloads (Ali, Kandou and J. M.L., 2015).

Referral is a two-way communication process between physicians in primary healthcare centers and specialists at hospitals as a secondary health facility. It is the physicians' responsibility to convey a clear message about needs and reason(s) for referring a patient, especially giving a patient's diagnosis. The specialists at a hospital as a secondary health care facility are responsible for conveying a clear feedback on the evaluation of

patient's health condition and the management plans of patient's treatment. This coordination needs a better referral health system (AlGhamdi *et al.*, 2015).

A systematic review research provides numerous examples of outcomes resulting from poor communication between primary and secondary health care facilities, such as an economic impact. First, poor communication may lead to avoidable hospital admissions and readmissions. Other avoidable healthcare expenditures can be seen in unnecessary testing, inappropriate referrals of polypharmacy, and repeated referrals for inadequately addressed problems during the first visit. Besides the economic impact, poor communication may put patient safety in danger that becomes physicians' consideration (Vermeir *et al.*, 2015).

A referral protocol/guideline, such as National Referral System Guideline, can be used to increase the effectiveness and compliance of general practitioners in primary healthcare centers. By implemented the referral system according to the guideline, it will reduce outpatient referrals (Winpenny *et al.*, 2017).

CONCLUSION

The vertical referral system in the primary healthcare center for patients registered in the Social Security Agency for Health has broadly complied to the clinical procedures in the guidelines of National Referral System as technical guidelines of the regulation of Minister of Health Number 1 Year 2012 concerning Referral System of Individual Health Service. Based on the document review and direct observation on the implemented referral system and interviews with referral officials (general practitioners) and people in charge of referral.

However, there are some things that need to be considered and fixed. For example, there were patients who did not come to the primary healthcare center to prolong their referral, instead of having their family to request it. The doctors need to examine patients first to know their health progress before a reference is properly made on the clinical evidence. Thus, the doctors should inform the patients the importance of coming to the primary healthcare center on their own. In addition, the primary healthcare center should also contact the polyclinic and/or referred hospital when they want to refer patients and ensure that the hospital can receive and provide more advanced health care according to the patient's medical needs. As a result, they can establish effective relationships and communication in monitoring patients' health. This can be done by making an online referral communication forum on SIMPUS / P-Care that is automatically available when referring patients so they can accommodate the interests of clarity of referrals to ascertain whether patients can be referred to the referral hospital.

CONFLICT OF INTEREST

The authors declare that they have no conflict of interests.

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