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BARRIER OF REFERRAL–BACK IN SECONDARY HEALTH FACILITIES: PROVIDER AND PATIENT PERSPECTIVES

Hambatan Rujuk Balik pada Fasilitas Kesehatan Sekunder: Perspektif Provider dan Pasien

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Abstract

Background: The referral-back program (RBP) is a program for chronic outpatient patients at hospitals to return to access services at the first-level health facilities (Primary Healthcare Center/ PHC) once their condition has been declared stable by the doctor. However, data indicate that many hospitals and clinics in Denpasar City have not met the RBP target.
Aims: This study aimed to explore the implementation of RBP and the challenges faced by providers and patients.
Methods: Conducted in March 2023, this study used a qualitative approach with in-depth interviews. The sample was determined purposively, consisting of 13 informants. The data were analyzed using thematic method.
Results: From the provider's perspective, issues included low commitment of medical staff, lack of coordination between the hospital and PHC, limited supply of RBP drugs at the PHC, absence of Standard Operating Procedures (SOPs), and ignorance of notifications regarding potential RBP patients. Moreover, from the patient's perspective, challenges included low patient knowledge about RBP, proximity of the patient's house to the hospital so that patients tend to visit the hospital, difficulty in obtaining RBP drugs at PHC, and ineffective procedures.
Conclusion: To overcome these obstacles, coordination and improvement of RBP are needed through the preparation of SOPs and determination of RBP patient criteria.

Keywords: barrier, implementation, referral-back program

Abstrak

Latar Belakang: *Program rujukan balik (PRB) merupakan program bagi pasien rawat jalan kronik yang berada di rumah sakit untuk kembali mengakses pelayanan di Fasilitas Kesehatan Tingkat Pertama (FKTP), setelah kondisi pasien telah dinyatakan stabil oleh dokter. Namun, data menunjukkan bahwa masih banyak Rumah Sakit dan Klinik Utama di Kota Denpasar yang belum memenuhi target PRB.*
Tujuan: *Penelitian ini bertujuan untuk mengeksplorasi implementasi PRB dan hambatan yang dihadapi oleh penyedia layanan dan pasien.*
Metode: *Penelitian ini dilakukan pada bulan Maret 2023 menggunakan pendekatan kualitatif dengan wawancara mendalam. Sampel ditentukan secara purposive, terdiri dari 13 informan. Data dianalisis dengan metode tematik.*
Hasil: *Dari perspektif penyedia layanan, masalah yang ditemukan meliputi: komitmen petugas medis yang rendah, kurangnya koordinasi antara rumah sakit dengan FKTP, terbatasnya persediaan obat PRB di FKTP, tidak adanya SOP, dan pemberitahuan calon pasien PRB cenderung diabaikan. Selain itu, dari perspektif pasien terlihat dari rendahnya pengetahuan pasien tentang PRB, jarak rumah pasien lebih dekat dengan rumah sakit sehingga pasien cenderung berkunjung ke rumah sakit, pasien kesulitan dalam memperoleh obat PRB di FKTP dan prosedur yang kurang efektif.*
Kesimpulan: *Untuk mengatasi kendala tersebut, diperlukan koordinasi dan perbaikan PRB melalui penyusunan SOP dan penetapan kriteria pasien PRB*

Kata kunci*: hambatan, pelaksanaan, program rujuk balik*

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Introduction

The National Health Insurance Program (JKN Program) has been running for almost 10 years providing many benefits, especially in meeting the basic health needs of Indonesian people. The coverage of JKN includes: preventive, promotive, curative, and rehabilitative. The number of JKN participants has increased annually. According to Social Security Agency for Health (BPJS Kesehatan), as of 31 December 2023, the number of JKN participants reached 267.3 million (BPJS Kesehatan, 2023). The large number of participants must be supported by a good system of financial management to prevent the deficits experienced at the beginning of JKN implementation.

Based on health program data and the financial management report for 2022, JKN's financing burden was the most on catastrophic illness (BPJS Kesehatan, 2022). Catastrophic is a type of disease that can threaten a person's life. It requires medical treatment over a long period of time and a high medical cost (NIH, 2024). Based on data from the health program and financial management report in 2022, it explained that the costs of treating catastrophic disease covered by BPJS Kesehatan almost reached 24.1 trillion rupiah. The number had increased by around 24.3% compared to 2021 (BPJS Kesehatan, 2022). Based on the realization report, there were eight catastrophic cases, including: heart disease, cancer, stroke, chronic kidney, hemophilia, thalassemia, leukemia, and liver cirrhosis (BPJS Kesehatan, 2022). In 2022, the highest catastrophic case was heart disease with a total of 15.5 million cases and total funding of 12.2 billion rupiah (BPJS Kesehatan, 2022). The total funding of all catastrophic diseases was around 24 billion rupiah, covering 23.3 million cases. This represented 24.81% of the total cost in Secondary Healthcare Centers (SHC) (BPJS Kesehatan, 2022).

One of the efforts made by BPJS Kesehatan to cut off the financing burden especially for chronic diseases in SHC is through the Referral Back Program (RBP). RBP is a program provided to JKN participants who suffer chronic diseases with controlled or stable conditions, but they still need long-term treatment so they can be referred back to the first-level health facilities (such as: Public Health Center (Puskesmas) or general practitioner) with recommendation from specialist or sub-specialist doctor (BPJS Kesehatan, 2014).

A preliminary study conducted by researchers revealed that the implementation of RBP in several SHCs in Denpasar City was not optimal, as seen from the unmet target. This situation also happened at BPJS Kesehatan Branch Jakarta Selatan. Similarly, many hospitals have failed to achieve RBP targets (Sari and Yeni, 2022). A study conducted by Putri, Sulung and Putra (2022) also showed that the implementation process of the RBP at the Bukit Tinggi City Health Center was still not in accordance with the established procedures, mechanisms, and targets. Another study conducted by Pertiwi, Wigati and Fatmasari (2017) also showed that one of the hospitals in Magelang was not optimal in implementing the referral program, due to a lack of communication between specialist doctors at FKRTL and general practitioners at FKTP.

According to secondary data from the BPJS Kesehatan Denpasar Branch Office in 2022, some health facilities, such as Wangaya Regional Hospital and NIKI Diagnostic Center Clinic, reported a referral rate of 0%, indicating that no chronic patients were referred back to the primary health facilities.

This research aims to determine the barrier to implementing RBP from two perspectives, providers and patients. The novelty of this study is that it describes the implementation of the referral program from the patient's perspective based on their experiences. Hopefully, this research can provide an overview of the obstacles so that recommendations can be formulated to improve the implementation of RBP.

Method

This research was conducted in Denpasar for six months starting from January to June 2023 with a qualitative approach. The sampling technique in this

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study used purposive sampling. The researchers selected 13 informants who were involved in implementing referrals, as well as coordinating with both primary health facilities and BPJS Kesehatan with following details: one staff BPJS Kesehatan Branch Office Denpasar, two medical service managers (from Wangaya General Hospital and Niki Diagnostic Center), four specialist doctors, head of JKN installation of Wangaya General Hospital, PIC of JKN in NIKI Diagnostic Clinic, and four patients with chronic diseases. The data were collected through in-depth interviews with open questions with total of approximately 55 questions. The qualitative data were analyzed using a thematic analysis. Data analysis in this study was carried out in five steps, including: making transcripts and introducing qualitative data, identifying keywords, forming codes, developing themes, and interpreting the results (Figure 1).

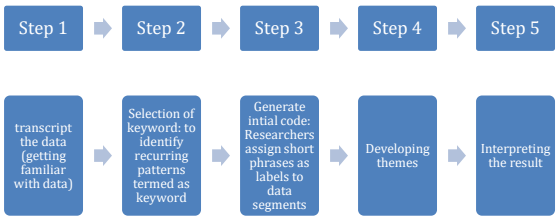

Figure 1. A thematic analysis process

Results and Discussion

Based on interviews with several parties involved in the implementation of RBP at SHC, information obtained showed that there were several things that caused RBP not to run optimally, one of which was the low commitment of specialist doctors to the program's implementation. From the interviews, it emerged that most specialist doctors tend to follow the requests of patients who were reluctant to be referred back even though the patient's condition was relatively stable. The low commitment of human resources was also reflected in the lack of compliance of medical personnel in filling out and printing referral forms for RBP patients with stable conditions.

> *"....I also ask the patients, because they are considered stable, would they like to be referred to the first health facility because in three months they can come here again. But if the patient isn't ready, I can't do it" (Specialist Doctor_02)*

> *"...the patient has been declared stable, for example, an automatic referral must be made, but sometimes discipline may still be lacking" (Ka_JKN_02)*

This finding aligns with the study by Paramita, Andarwati and Kristiana (2019), which stated that the obstacles to RBP implementation in SHC, in the human component, was the lack of compliance of medical personnel in filling out the referral form completely. In line with Sandra, Esti and Witcahyo (2019) study, they found that a specialist doctor (neurologist) had not written a recommendation referral back for stable patients since 2016, so there was no registration of referral patients. This is also in line with the results of Arifin, Pasinringi and Palu (2018) research which explains that doctors' non-compliance in filling out the referral form is the main factor causing the referral program to fail. This situation may stem because of the low level of health worker's knowledge about RBP and differing perception among health workers (including specialist doctors, nurses, and general practitioners at PHC). This allegation aligns with research by Sari and Yeni (2022), which found that one of the factors in implementing RBP which had not been optimal was because the knowledge of staff in private hospitals was still low and there were differences in perceptions between specialist doctors regarding the competence of doctors in the first-level health facilities.

From interviews with patients, the results showed that 2 out of 4 potential RBP patients expressed their desire to continue receiving treatment services at SHC rather than returning to Primary Healthcare Centers (PHC). The reasons why patients did not want to be referred to PHC vary greatly, including: the patient feels comfortable with the specialist doctor, the flow of services is easier (health service and taking medicines in one place), friendly

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staff, and the SHC is closer to where they live.

> *"...at other clinics you don't have to be too intensive in reminding you of the check-up date, reminding you of the medicine and here the service is good" (Patient_04)*

> *"That's the problem, my house is closer to Wangaya, because I know all the doctors, I know. That makes me more comfortable, because nothing is complicated" (Patient_01)*

Apart from this, the assumption and the perception of patients that specialist services are always better than general practitioner services at PHC make patients less likely to want to be referred back.

> *"...because at PHC, I met with a general practitioner, whereas in Hospital I met with the specialist doctor who actually knew about my illness" (Patient_04)*

A study by Paramita, Andarwati and Kristiana (2019) found that several RBP patients with stable conditions were reluctant to be referred back to the PHC because the hospital facilities and services were more complete and they felt comfortable when treated by specialist doctors. From the patient's perspective, several things contribute to the obstacles to the implementation of RBP, one of which is the patient's perception or knowledge about PBR. The results of the interviews showed that the majority of patients did not understand the purpose, the flow, and the benefits of RBP. In line with Lestari *et al.* (2019) study, they also found that patient knowledge who had an excellent understanding would follow the referral-back program 15.3 times higher than those who had less knowledge. The success of the referral back program was influenced by patient knowledge and responsiveness of hospital workers (Lestari *et al.*, 2019).

The low level of patient knowledge about RBP is caused by patients not being exposed to information about RBP. The results of the interviews also showed that the majority of patients stating that they had never received socialization either from specialist doctors or from other health workers at SHC.

> *“Never heard about referral-back. This is the first time I've heard it” (Patient_02)*

Patient ignorance about RBP will certainly reduce the patient’s interest in participating in the referral program. This is in line with the Primasari (2015) study, which stated that the low interest of patients in participating in RBP was due to a lack of communication, socialization, and good coordination between patients, Pusksmas and specialist doctors. A study from Paramita, Andarwati and Kristiana (2019) also stated that the main problem that arises in the method element of RBP implementation is the lack of socialization carried out by BPJS Kesehatan, both implementers (providers) and patients. The socialization of technical matters needs to be provided to health facilities, such as administrative flow and procedures, RBP achievement targets, sanctions, criteria/parameters for potential RBP patient conditions, and implementation of monitoring and evaluation. Meanwhile, patients need to be given information about the registration flow, administrative requirements, health service flow and drug services, as well as other provisions.

From the patient's perspective, the obstacle in implementing RBP is when the process of taking medication is separated from the process of obtaining health services. The results of interviews with patients showed that patients who wanted to get medicine had to visit the RBP pharmacy. This is in line with the results of interviews with staff of BPJS Kesehatan which stated that currently all RBP drug collections are carried out at BPJS Kesehatan network pharmacies to minimize drug shortages. This condition was considered less effective by the patient because the patient had to visit two places and queue twice.

This is in line with Rinata, Arsyati and Maryati (2019) study which found that RBP drugs are not always available at PHC. So,

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the doctor in first level health facility is tasked in providing prescriptions for RBP drugs which will later be taken by patients at pharmacies that collaborate with BPJS Kesehatan. In line with Sandra, Esti and Witcahyo (2019) study which also found that RBP patients had difficulty getting drugs because it was not available at the PHC.

> *"As patients, when we are comfortable with the situation at the second health facility, we return to level one with the condition that we have to come to level one twice for control, then take the medicine again to a different place, that's enough, what's enough? That's very difficult for parents.For people who are still doing normal activities like me, they spend a lot of time queuing there and queuing there," (Patient_04)*

Another finding in this study related to RBP drugs was: one of the specialist doctors suggested at the PHC that patients should not to receive the appropriate dose of medication (a reduction in the dose of medication received). This condition may be caused by the limited availability of drugs at the PHC. Drug supplies are an important resource to ensure the continuity of the referral program. To meet the need for RBP drug supplies, as expected, it needs to be supported by the availability of funds. Based on previous studies, it was found that PHC did not have special funding for procuring RBP drugs, only using JKN capitation funds (Rinata, Arsyati and Maryati, 2019; Permatasari, 2017). There are several factors that constrain the procurement of RBP drugs at PHC, such as: a procurement system that is not running well, limited availability of funds to purchase specialist RBP drugs, procurement of drugs in small quantities is difficult to facilitate with an e-purchasing system, and the unavailability of pharmacists who is in charge of making needs plans and ordering medicines (Rahayu and Kusumawati, 2023).

> *"For example, my patients have already had RBP, they got the hypertension drug lisinopril, for example 20ml, they here can get 30 but at the RBP place they can only get 15" (Dok_01)*

Meanwhile, the RBP guidelines explain that RBP drugs can be given for a maximum of 30 days for each prescription and must comply with the list of drugs in the national formulary (BPJS Kesehatan, 2014).

This finding is certainly not in line with the benefits of the RBP for patients listed in the RBP practitioner guide, such as increasing ease of access to health services and ease of obtaining the drugs (BPJS Kesehatan, 2014). An innovation that can be done to overcome the problem of conventional referrals is to implement an electronic referral (e-referrals) in the digital era. Based on Bashar *et al.* (2019) study found that e-referral will help health workers handle cases quickly and overcome disorganized referrals. From the results of the interview, one of the specialist doctors stated that RBP would also be difficult to carry out if the commitment of health workers at PHC was still low. This creates a sense of distrust of specialist doctors towards the services provided at PHC because patients often return to SHC in worse conditions than before.

> *"Well, that's what I mean, so it's not surprising that even though the patient is stable, it's not suitable, especially at PHC with a large capacity to check-up patients, it doesn't allow for qualified psychotherapists with different skills. So it can be understood that especially in my field, namely in the field of psychiatry, patients will come back and look wherever we practice" (Dok_04)*

Apart from the commitment, the coordination between various implementing parties also needs to be improved. The results show that the coordination process between officers, including medical personnel, management and BPJS Kesehatan is not running well. This is reflected in the dissimilarity in

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information between management and specialist doctors, especially regarding RBP warnings. From the results of interviews with management and specialist doctors, information was obtained that the V-Claim application had not been utilized optimally. Most specialist doctors tend to ignore the notification of potential RBP patient status on the V-Claim application because of their ignorance.

In line with the study of Paramita, Andarwati and Kristiana (2019), it was found that health workers at SHC tended to ignore notifications of potential RBP patient status listed on the V-Claim application. This condition of course means that potential RBP patients are not registered as RBP participants (RBP flagging) because they have not received an RBP recommendation from a specialist doctor.

> *."…sometimes even those who are stable are not registered as PRB (Flagging) participants, so they are automatically declared as not being able to be referred back" (BPJS Kesehatan)*

The results of the interviews, show that BPJS Kesehatan in its implementation did not involve specialist doctors as implementers in the evaluation and decision-making process. The coordination process has been carried out through the Telegram application. There are various instant messaging applications, such as WhatsApp and Telegram, which can certainly make it easier and faster to convey information. However, communication via instant messaging applications also has weaknesses. For instance, there is a lot of backlogs (delayed reading) due to the large number of groups in the application, so important messages tend to be missed. To ensure that RBP implementation is in accordance with established regulatory provisions, it is necessary to prepare Standard Operating Procedures (SOP) both at the PHC and SHC levels which will later be used as guidelines or technical instructions for implementing RBP. SOPs are the basis used as a reference in daily activities to ensure they are in accordance with established procedures so as to increase efficiency and effectiveness (Schmidt and Pierce, 2016). The results found that at both research locations (the main hospital and the clinic), there were no SOPs. Whereas, so far the implementation of RBP has relied solely on directives from BPJS Kesehatan. In line with the study of Permatasari, (2017) and Rinata, Arsyati and Maryati (2019), it explained that the existence of SOPs was considered less important by PHC, reflected in the absence of special SOPs for RBP to implement this program.

Based on the results of this study, there are many important factors that need to be considered in the successful implementation of the referral program, including commitment and capability of health workers, coordination and communication, regulation and instruction for implementation, availability of logistics (especially drugs), effective and efficient processes, the use of the V-Claim application, and also patient knowledge and attitude. These findings align with those of Seyed-Nezhad, Ahmadi and Akbari-Sari (2021) which show that the factors affected the referral system were classified into four themes, which are: technology (including e-referral, coordination, response and feedback), processes (including effectiveness and efficiency), organization (including management, policy, and regulations) and the patients themselves (including awareness, attitude, satisfaction, insurance coverage, and social influence) that need to be considered in the implementation of referral system.

The limitation of this study is that informants tend to answer normatively because most of the interviews were conducted in the workplace and the questions given were related to informant performance and institutional assessment. In addition, the researcher also did not conduct interviews with the PHC as one of the parties that supported the success of the referral-back program.

Conclusion

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The RBP has been running for 9 years; however, its implementation is not optimal due to various obstacles. These obstacles are experienced by both service providers and patients. Obstacles faced by providers include: low commitment of health workers, lack of coordination and communication between BPJS Kesehatan, health facilities (PHC and SHC), the patients themselves, limited availability of medicines at PHC, the absence of RBP SOPs at SHC, the RBP notifications of potential RBP patient candidates that tend to be ignored, and specialist doctors who are doubtful about the services provided at PHC. Meanwhile, the obstacles experienced by patients are: low patient knowledge about RBP, the perception that specialist services are always better than the PHC, the long distance from home to the SHC, difficulties in obtaining RBP drugs at the PHC, and RBP procedures that are considered ineffective because of the separate check-up and medication pick up.

Recommendations for improvements that can be made including: compiling SOPs as a reference for implementation, as well as compiling and determining criteria for patients who must be referred back. In addition, it is important to increase patient understanding of the benefits of referral and increase the commitment of doctors in secondary health facilities by providing rewards and incentives and also ensuring the availability of PRB drugs at PHC.

Abbreviations

RBP: Referral-Back Program; JKN: Jaminan Kesehatan Nasional; BPJS: Badan Penyelenggara Jaminan Sosial; PHC: Primary Healthcare; SHC: Secondary Healthcare; RSUD: Rumah Sakit Umum Daerah

Declarations

Ethics Approval and Participant Consent

This study has been approved by the Ethics Commission, Faculty of Medicine, Universitas Udayana with the number: 1239/UN14.2.2.VII.14/LT/2023. This research does not display data that is confidential.

Conflict of Interest

There are no conflicts of interest.

Availability of Data and Materials

All data is in the form of interview quotes and has been published in this article.

Authors' Contributions

PCEIL and LPSU conceptualized the study and created the methodology; PCEIL collected the data and analyzed the results, LPSU wrote and reviewed the manuscript.

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