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Evaluation of Chronic Diseases Management Program (Prolanis)

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Abstract *- Diabetes and Hypertension are diseases that are on the ten most diseases list in Indonesia, thus increasing health costs. The government implemented chronic disease management program (prolanis) to prevent the disease. This study aims to analyze the implementation of prolanis conducted at the Sako Health Center in Palembang City. The method of this study approach is qualitative based on the CIPP evaluation model (Context, Input, Process, Product). Eleven informants were selected by a purposive method. Data collection by in-depth interviews, observations, document review. The validity test used the triangulation technique, method, and theory. The results show components of the input, and the process is less than optimal as human resource has not held BPJS health training for officers of the program, the workload of the high officials, the fund is claimed is not paid by BPJS, so there are activities that are not carried out. In the process, planning has no standard operational. Prolanis conducted not under existing guidelines, not optimal surveillance and monitoring. The product component, the expected target, has not yet been reached. It is expected that the public health center will carry out activities under existing guidelines.*

Keywords: *evaluation, prolanis, diabetes, hypertension, program*

Introduction

Health Insurance is health protection among participants receive health care benefits and protection in meeting basic health needs provided to everyone who has paid contributions or whose contributions are paid by the government. Thegovernment established the BPJS health, which aims to provide health social security to meet basic health needs that are appropriate for all levels of Indonesian society based on the principles of humanity, benefits, and justice [1].

BPJS Health has many programs to maintain and improve the health of its participants. One of the programs in BPJS Health is prolanis. Prolanis is a program specifically serving national

Healthinsurance participants with diabetes mellitus and hypertension with a proactive approach involving participants, First Level Health Facilities, and BPJS Health. Based on the profile of South Sumatra Provincial Health Office, disease diabetes mellitus, and diseases hypertension in the top 10 diseases in Indonesia sequence [2].

Diabetes mellitus prevalence in Indonesia has increased, and in 2020, it is estimated that diabetes mellitus will cause the death of 7 out of 10 people in developing countries [3]. According to Basic health research by the ministry of health in 2013, the prevalence of diabetes mellitus in South Sumatra Province was 1.3% while for Hypertension, South Sumatra Province was ranked 13th out of 33 provinces in Indonesia, amounting to 26.1 %, it is shown in Palembang City BPJS Health Data in 2017.

Based on the data above, it is necessary to have a program like Prolanis that suits its purpose, which is to reduce the complications of chronic diseases by specific examinations at the First Level Health Facility (FKTP) for JKN participants [4]. According to data from the Palembang, BPJS health reported that Sako health center, which was 51.95%, was the lowest achievement ratio of Prolanis in routine visits per year is at the Sako Health Center which is 21.29% of the indicator achievement standard ≥50%.

The results of the study related to Prolanis stated that several factors influence the implementation of Prolanis activities, including, according to Hermansyah [5], there is still a lack of knowledge. Other studies indicate that nurses have not been able to provide counseling related to diabetes mellitus; pharmacists do not provide information on how to drink and store medicine for people with diabetes mellitus. The schedule of services did not fit with patient expectations, the desire to meet the same doctor every time and the doctor did not on time [6]. Based on these problems, we need an effort that can see an overview (monitoring) of the implementation of Prolanis and also the need for evaluation to see what then becomes a problem to find a solution to the problems that arise in the implementation of Prolanis [7]. This study aims to analyze the implementation of prolanis conducted at the Sako Health Center in Palembang.

Method

This study was conducted at the Sako Health Center in Palembang City with a qualitative approach based on the CIPP (*Context, Input, Process, Product*) evaluation model developed by Stufflebeam. Determination of informants using purposive methods. The number of informants in this study was 11 people consisting of health BPJS staff, the person in charge of Prolanis, the Head of the Sako health center, the Prolanis Responsible Physician, the Prolanist implementing officer, and the prolanis participants.

Data collection methods in this research are primary data and secondary data by observation, in-depth interviews, and document review in the validity of the data using source triangulation, method triangulation, and data triangulation. The results of the study will be presented in the form of a matrix and narrative. Data analysis using content analysis method

Results

Context (*Context*)

The purpose of prolanis is to control and make participants diabetes mellitus and hypertension independent. Based on the review of existing documents guided by practical prolanis, the objective of prolanis is to encourage participants with chronic illnesses to achieve optimal quality of life, to prevent disease complications.

The majority of Prolanis participants at the Sako Community Health Center in the elderly are no longer working, so they have ample free time. Environmental, economic factors do not affect the activity of Prolanis participants. As for what affects the activity of Prolanis participants is an internal factor, meaning that it is indeed a low awareness of Prolanis participants to participate in existing activities.

In this study, we found that the target of Prolanis activities is diabetes mellitus and hypertension patients with BPJS participant requirements. It is consistent with the results of the document review at the public health center and Prolanis practical guidebook related to the target, namely all BPJS Health participants with chronic diseases (Type 2 Diabetes Mellitus and Hypertension).

Input

BPJS Health has also conducted training activities for Prolanis implementing officers, but for Prolanis implementing officers at the Sako Health Center has not participated in the training activities. There are technical infrastructures that propose to a health provider, namely microtome, leaflet, and blood sugar check tool. The equipment is in good condition and is suitable for use, but the tools that do not yet exist are reagents and ECG. The public health center collaborates with BBLK if it requires a lab examination that requires the reagent, whereas, for leaflets, researchers have not found it because the leaflet is being used up and has not been reprinted.

Sako health center uses BOK funds to carry out Prolanis activities before BPJS Health pays the claimed funds. Some Prolanis activities are hampered, and some longer carried out because the funds claimed by the public health center have not been paid by BPJS Health, such as gymnastics activities that require funds for gymnastic instructor payments and consumption costs, and counseling activities that require funds to pay presenters. This activity is no longer carried out due to the lack of available funds due to the funds claimed not to be paid by BPJS Health.

Process

The existence of a Plan of Action (POA) is one form of planning. However, in this study only limited information. We did not find other activity POA, so there was no target for the implementation of activities. There was no detailed division of tasks, and there was no specific time or schedule for each activity that made the results of the activity not optimal.

Prolanis is a program of BPJS Health, which implemented in collaboration with first-level facilities. The person in charge of Prolanis at Sako Health Center is one person with a position as a general practitioner and is assisted by other health center staff such as nurses and officers in the elderly polity. Prolanis division of tasks or person in charge is technically handed over by the Health BPJS to the managing health facilities so that there are no standard rules regarding the division of tasks or person in charge of Prolanis.

Prolanis activities in the form of gymnastics, education, consulting, reminder, and a home visit. The most routine is consultation, and the implementor of Prolanis activities are doctors and nurses. However, Prolanis participants only come to the public health center when their medicine has run out and have to take the drug supply then return to the public health center. However, this study did not find any Prolanis gymnastics activities because the activity was no longer carried out given the limited public health center funds. Based on the results of the document review that is Prolanis' practical guidance, almost all the implementation of Prolanis activities are not following Prolanis practical guidelines.

Reports from the health center are done manually every month and submitted to the BPJS Health, while from the BPJS Health, there is no monitoring of the health facilities. The performance of the health facilities was seen from the visiting Prolanis participants. BPJS Health did not know what the obstacle in each health facility manager in carrying out Prolanis activities because there was no direct monitoring or supervision carried out by BPJS Health was. In this study, only found reports of Prolanis participants visiting, while other reports such as *home visit* reports, counseling, and others were not found because the reports had been given to BPJS Health, and there was no document.

Product

Overall, the Health Facilities have carried out Prolanis activities but have not fully optimized due to limited funds. Claims of funds submitted to the BPJS Health have not paid, thus hampering Prolanis activities, even Prolanis exercises can no longer be carried out. There is no report on the total number of Prolanis participants in the public health center because there are no reports on the coverage of Prolanis participants, but there is a list of participants who come for medical consultations.

Active Prolanis participants are half of the total number of all participants, but in the health center, data collection is still lacking due to limited human resources and there is no monitoring from BPJS Health. The number of participants who come every month is always changing, indicating that not all Prolanis participants are active in Prolanis activities.

The home visit is carried out six times in a month, but the target number of visits has not been found because monthly reports have been given BPJS and there are no files or report documents that are stored in the health center. Prolanis has implemented, but it has not optimally due to many obstacles, one of which is that many participants do not know about Prolanis, and many participants are not active in gymnastics activities.

Discussion

Based on the Minister of Health Regulation (Permenkes) No.43 of 2016 article 2 paragraph 2 Regarding the Minimum Service Standards for Health Sector (SPM-BK), it mentioned in points (h) and (i) that every patient with hypertension and diabetes mellitus get health services

according to the standard. The implementation of the Minimum Service Standards (SPM) is very closely related to the implementation of JKN, which until now is also still having problems with the budget deficit from year to year. The implementation of SPM is emphasized on promotive and preventive services so that it is expected to reduce the number of curative cases that must be borne by JKN. Based on the goals of the prolanis, the prolanis practical guide which is to encourage participants with chronic diseases to achieve optimal quality of life. The results of the study indicate that of all the activities that are not in accordance with the implementation in the Prolanis practical guidelines. The results of each activity that has been carried out also not optimal and resulted in the goals of Prolanis not yet appropriate.

Participants did not know much about Prolanis, did not know the purpose; there were even some informants who said that they had never heard the word Prolanis, or were unfamiliar to them. It is in line with a study of Ginting [8], that there is a relationship between knowledge and activeness of respondents in Prolanis activities. Besides that there are not many active participants due to old age, so participants only participate in part of their activities such as medical consultations.

According to Yandana [9], a program is said to be effective if achieving predetermined targets. When compared with this Prolanis, this program can be said to be effective because the objectives of this program are clear. However, the results of the study found that there is no complete data on JKN participants who registered as Prolanis participants.

A study from Sule and Syaifullah [10] states that the division of labor is the process of division of work tasks from the whole into specific or more straightforward and detailed. The whole work is divided based on certain criteria and more specific. When compared with the implementation of Prolanis, the division of work is unknown based on what criteria and what the specifications are like. There are no specific documents regarding the division of tasks in a detailed and straightforward way. Rachmawati study [11] shows that employee training and development programs must be continuous and dynamic following their needs and benefits for the acquisition of knowledge and skills, as well as responsibility for the implementation of Palutturi's study [12] stated that continuous training is needed. it can increase the knowledge and skills of officers that can affect the performance of health workers, but this is not in line with the results of interviews, it found that Prolanis officers have not participated in the training held by BPJS Health on the implementation of Prolanis.

Facilities related to the physical appearance of health facilities, comfort, cleanliness, tidiness, completeness of the examination equipment, and the variety of drugs given are essential factors to attract patients, in this case, Prolanis participants. In a system, facilities and infrastructure are

included in the input component. The facilities and infrastructure in the state are inadequate or even damaged. It will result in suboptimal examination results and affect the product component, i.e., the results of patients being reluctant to visit the public health center, resulting in a reduction in the number of Prolanis participants visiting [13].

According to Fajar's study [14], the cost of a plan varies greatly depending on the type and number of activities carried out. Inclusion of costs should supplement with details such as personnel costs, operational costs, facility and facility costs, appraisal costs, and development costs. The budget is significant in the process of an organization's activities; the budget is a supporting factor in the implementation of an organization's program that aims so that the implementation of the program can produce effective and efficient performance. Limited funds resulted in activities not running optimally.

According to Sugianto [15], the standard operating procedure is a standard process of the steps of some logical instructions that must be carried out in the form of activities, data flow, and workflow that is orderly and systematic, so that it can be accounted for. The absence of implementing guidelines or specific rules regarding this program has an impact on the activities carried out as well as the results of work carried out by officers. Factors that hindered the implementation of the program were (1) the absence of specific guidance from agencies; (2) not all people are aware of the program yet; and (3) time constraints, so that there is no schedule, so Prolanis participants do not come, the officers cannot find out and result in low visits [16].

The study from Algur [17] which states that create awareness in the community do with focus groups and health education using the IEC (information, education, and communication), materials, BCC (BCC) among the general public, but the study found that not the formation of participant groups (clubs), there is only education that is filled out by Prolanis officers as presenters. The more participants participating in the prolanis activities, the more funds needed for the *reminder*, but due to the insufficient budget available, this activity was stopped and not carried out [18].

According to Subarsono [19], in the implementation of program policies following the standards and objectives. It is necessary to coordinate with the parties involved in implementing the policy, to minimize the occurrence of errors. Prolanis coverage in public health centers is not maximal due to limited funds. Due to limited funds, some activities could no longer carry out, one of which was the Prolanis exercise, which is usually held once a week at the Sako Health Center. *Besides, reminder* activity has also not been carried out to the maximum. It was due to the limitations of communication tools that require a *Gateway* application that is not yet owned by the Sako Health Center.

According to the Prolanis Practical Guide [3], the standard achievement indicator for the ratio of home visits is 100% per year obtained from the number of families (HHS) visited in the family approach program divided by the number of families (HHS) in the public health center working area. Based on a study, all activities have been carried out but not

optimal. The formulation of activities must be in the form of activities that can overcome problems, and can achieve the goals set [14].

Conclusion

This study found that the implementation of the Chronic Disease Management Program (PROLANIS) was not following the existing Prolanis practical guidelines. In the context, there is a lack of knowledge related to Prolanis because there are more Prolanis participants in the elderly who are no longer working. Input, officers are experiencing a heavy workload, and officers also have not participated in training activities, and claiming funds to the BPJS Health never gets results. On process. BPJS Health, that is, there has been no special monitoring to the health facilities, so that only seen from the reports received, and the product has not achieved the expected results. It is suggested to the public health center to follow the guideline Prolanis so that the activities can run well.

References

[1] Rarasati ,Desi Hanggono. Dampak Kenaikan Tarif Bpjs Kesehatan Terhadap Pelayanan Kesehatan di Kota Malang. Jurnal Politik Muda, Vol.6, No.1, Januari – Maret 34 – 40. 2017.

[2]Profil Kesehatan Kota Palembang. 2015. Available at http://www.depkes.go.id/resources/download/profil/profil_kab_kota_2015/1671_sumsel_kota_palembang_2015.pdf.diakses pada 17 September 2018

[3] Betteng, R. and Mayulu, N. Analisis Faktor Resiko Penyebab Terjadinya Diabetes Mellitus Type 2 Pada Wanita Usia Produktif Di Puskesmas Wawonasa. Jurnal Biomedik. 2. 2014.

[4] Panduan Praktis Prolanis. 2014. Available https://bpjs-kesehatan.go.id/bpjs/dm documents /06- Prolanis.pdf. diakses pada 10 Mei 2018.

[5] Hermansyah, A. Evaluasi Kegiatan Prolanis Di Wilayah Kerja Puskesmas Purwokerto Utara 1 Kabupaten Banyumas. Skripsi. 2016. Available http://repository. Ump .ac.id/682/. diakses pada tanggal 14 Mei 2018.

[6] Machmud, R. et al. Survei Kepuasan Dan Manajemen Keluhan Pasien Diabetes Melitus Terhadap Pelayanan Kesehatan Prolanis Askes Di Rumah Sakit Pemerintah Propinsi Sumatera Barat. Jurnal Kebijakan Kesehatan. 03(03), pp. 164–171. 2014.

[7] Kurniawan, M.Faozi. Siswoyo, Budi Eko. Mansur, Faisal. Aisyah, Wan. Revelino, Dedy. Pengelolaan dan Pemanfaatan Dana Kapitasi (Monitoring dan Evaluasi Jaminan Kesehatan Nasional di Indonesia). Jurnal Kebijakan Kesehatan Indonesia, 05(03), pp. 122–131. 2016.

[8] Ginting MN, Muchid A, Umar F, Ginting MN, Basri C, Wahyuni R, Helmi R. Pharmaceutical care untuk penyakit diabetes

mellitus. Departemen Kesehatan RI. 1–89. 2005.

[9] Yandana, N.A. Efektifitas Kerja Sama Koperasi Syariah Ben Iman Dengan Yayasan Yatim Mandiri Dalam Program Bunda Yatim Sejahtera. Surabaya. Universitas Islam Negeri Sunan Ampel. Skripsi. 2014. Available http://digilib.uinsby.ac.id/1054/7 diakses 12 juli 2018

[10] Sule dan Syaifullah. Pengantar Manajemen. Jakarta: Kencana Prenada Media Group. 2005.

[11] Rachmawati, E. Kualitas Pelayanan Kesehatan Ibu Hamil dan Bersalin. Bandung: Yayasan Eja Insani. 2004.

[12] Palutturi et al. Determinan Kinerja Bidan Di Puskesmas Tahun 2006. Jurnal Manajemen Pelayanan Kesehatan. Jurnal Kesehatan.Vol 07. 2007.

[13] Magan, at al. Faktor Yang Berhubungan Dengan Pemanfaatan Pelayanan Kesehatan Unit Rawat Jalan Di Wilayah Kerja Puskesmas Makale. Makasar. Jurnal Kesehatan, Volume V, Nomor 1, April 2014, page 33-39. 2013.

[14] Fajar, N.A. Modul Mata Kuliah Perencanaan dan Evaluasi PKM. Fakultas Kesehatan Masyarakat. Indralaya: Universitas Sriwijaya. 2010.

[15] Sugianto, A.H. Kajian Sistem Standar Operasional Prosedur (POA) e-Procurement. Fakultas Teknik. Padang : Universitas Bung Hatta [online]. 2013. Available http://www.ejurnal.bunghatta.ac.id / diakses 19 Oktober 2018.

[16] Naufal, A., Kusumastuti, Y. I. Evaluasi Program Pemberdayaan Keluarga (Posdaya) (Studi Kasus Posdaya Bina Sejahtera di Kelurahan Pasirmulya, Kecamatan Bogor Barat, Jawa Barat). Jurnal Penyuluhan, 6 (2): 31-42. 2010.

[17] Algur, S. V., Kazi, S. A., Yadavannavar, M. C. Family Planning Practices Among Rural Health Training Center Beneficiaries. International Jurnal of Current Research and Review, 05 (01): 64. 2013.

[18] Rosdiana, A. I., Raharjo, B. B., & Indarjo, S. Implementasi Program Pengelolaan Penyakit Kronis (Prolanis). Higeia Journal Of Public Health Research And Development, 1(3), 140–150. 2017.

[19] Subarsono. Analisis Kebijakan Publik (Konsep. Teori dan Aplikasi) Yogyakarta: Pustaka Pelajar. 2011.

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