

## Knowledge, Attitude, Means and Infrastructure and BPJS (Healthcare and Social Security Agency) Patient Referral



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**ABSTRACT:** Data derived from the Mundu Community Health Center Unit showed that the achievement of referrals was 2,419 (16%) which exceeded the target of the BPJS referral standard (15%). Primary health facilities that refer patients excessively will result in the accumulation of patients in hospitals and will have an impact on a the declining quality of health services . This study aims to determine the relationship between knowledge, attitudes, facilities and BPJS patient referral. This was a quantitative study with cross sectional design. The population was BPJS patients as many as 15,005 people and the samples were 99 people collected with accidental sampling method. Data were obtained through interviews and documentation studies. The study instrument used here was s a questionnaire. Data analysis used chi square test. Based on the results of hypothesis test, it was found that there was a relationship between knowledge, attitude , infrastructure facilities and BPJS patient referral.

**KEYWORDS:** Knowledge, Attitude, Infrastructure, Referral

### INTRODUCTION

The degree of public health of a country is influenced by the presence of health facilities. As mandated by Law No. 40 of 2004 concerning the National Social Security System, a Health Care and Social Security Agency was formed through Law No. 24 of 2011 concerning the Health Care and Social Security Agency (Kementerian Kesehatan RI, n.d.). Participants of the Indonesian Health Care and Social Security Agency (BPJS) in 2016 consisted of 106,514,567 (41%) recipients of contribution assistance (PBI) and 65,424,687 (25%) non-PBI participants (25%) (Peraturan Menteri Kesehatan No.28 Tahun 2014 Tentang Pedoman Pelaksanaan Program Jaminan Kesehatan NAsional, 2014).

Community Health Center is one of the organizations which implement health policies, one of which is BPJS policy. Readiness of services to deal with BPJS still needs to be considered. Some important things that determine the success of the BPJS program are the complete availability of human resources such as doctors and other health professionals who have competencies in their respective fields, the availability of health equipment in accordance with the compendium of medical devices as well as the availability of medicines according with a national formulary(Peraturan Menteri Kesehatan No.75 Tahun 2014 Tentang Pusat Kesehatan Masyarakat, 2014).

Community Health Center organizes mandatory health efforts and development health efforts by implementing CHC implementation principles. One of the CHC implementation principles is the referral principle. Then, if CHC is unable to deal with a health problem, it must refer the problem to a more capable health facility(Azwar, 2010).

The referral system is organized with the aim of providing quality, effective and efficient health services so that the goals of health services can be achieved. However, if primary health facilities refer excessively, it will result in a buildup of patients in the hospital and will ultimately have an impact on the declining quality of health services (Ashar, Robby; Wijayanegara, Hidayat; Sutadipura, 2014). The proper use of the referral system will lead to the efficiency of the system(Amoah & Phillips, 2017). The estimated overall savings were £ 13,580 in total health economy through reduced secondary care referrals.(Levy et al., 2009)

Andersen and Newman (1973) develop a theoretical framework for the utilization of health services used in this study to measure the use of health referral services to advanced health facilities. Andersen describes the health system model as a health trust model. According to him, there are 3 main categories in health services namely the characteristics of predisposing, supporting, and needs. Predisposing characteristics include trust which consists of beliefs, perceptions or views on health services, knowledge, attitudes, and motivation. Supporting characteristics consist of family resources (income, insurance coverage), service quality and distance. Characteristics of needs consist of rates, facilities, service personnel, location, speed of service, and information.(Notoatmodjo, 2016)

## Knowledge, Attitude, Means and Infrastructure and BPJS (Healthcare and Social Security Agency) Patient Referral

Mundu CHC Unit is one of the technical implementation units of the Cirebon District Health Office that organizes BPJS first-level health services related to the National Health Insurance which has the authority to provide health services to 7 villages in its work area.(UPTD Puskesmas Mundu, 2019)

Data derived from Mundu Community Health Center Unit in 2019 showed that the achievement of referrals was 2.419 (16%) of the total number of patient visits of 15,005, and this exceeded the target of the BPJS referral standard (15%). The referral rate at Mundu CHC was higher than that of the DTP Pangenan CHC Unit, Cirebon District with a referral number of 1.753 (<15%) (UPTD Puskesmas Mundu, 2019). Referral patterns seemed to support the idea that a minority of practitioners significantly refer higher number of patients (Woolley, 2009). This study aims to determine the relationship between knowledge, attitudes, infrastructure facilities and BPJS patient referral.

### METHOD

The study used a quantitative approach with a cross sectional study design (Notoatmodjo, 2015). The populations in this study were BPJS patients in Mundu CHC Unit, Cirebon District, as many as 15,005 people in 2019. Determination of the sample size used the Slovin formula which obtained a total sample of 99 respondents. The samples were collected using accidental sampling method. The data used here were primary and secondary data. The primary data were obtained through interviews, while the secondary data were obtained through documentation study (The profiles of Mundu CHC Unit). The instrument used in this study was a questionnaire. Univariate analysis used frequency distribution and hypothesis test used the Chi Square test (Sugiyono, 2015).

### RESULT AND DISCUSSION

#### A. Knowledge, Attitude, Infrastructure Facilities, Patient Referral

**Table 1. Description of Knowledge, Attitude, Infrastructure Facilities, Patient Referral**

Variables	N	%
Knowledge		
Not good	7	7,1
Good	92	92,9
Attitude of Health Workers		
Negative	57	57,6
Positive	42	42,4
Infrastructure Facilities		
Incomplete	34	34,3
Complete	65	65,7
Patient Referral		
Referred	39	39,4
Not Referred	60	60,6

The results of the univariate analysis showed that 7.1% of respondents knowledge was not good, 57.6% of respondents stated that the attitude of health workers was negative, 34,3% of respondents stated that the Infrastructure Facilities was incomplete and 39,4% of respondents stated that the patient was referral.

#### B. Relationship between Knowledge, Attitude, Infrastructure Facilities and BPJS Patient Referral

**Table 2. Relationship between knowledge, Attitude, Infrastructure Facilities and patient referral**

Variable	Referral						P value
	Referred		Not Referred		Total		
	n	%	n	%	n	%	
Knowledge							
Not good	6	85,7	1	14,3	7	100,0	0,028
Good	33	35,9	9	64,1	92	100,0	
Attitude of Hekath Worker							
Negatif	30	52,6	27	47,4	57	100,0	0,003
Positif	9	21,4	33	78,6	42	100,0	
Infrastructure Facilities							
Not good	24	70,6	10	29,4	34	100,0	0,000
Good	15	23,1	50	76,9	65	100,0	

The results of the bivariate analysis showed that there was a relationship between knowledge (p-value=0.028), attitude of health worker (p-value=0.003) and infrastructure facilities (p-value=0.000) with BPJS patient referral.

## **Knowledge, Attitude, Means and Infrastructure and BPJS (Healthcare and Social Security Agency) Patient Referral**

### ***C. Knowledge***

The results showed that 92.9% of respondents had a level of knowledge that was categorized as good.. However, there are still (7.1%) respondents who had poor knowledge. Based on questions that measure the knowledge variable on referral, it was found that the majority of respondents (72.8%) considered that the CHC was only a place to request referral. To change understanding and increase knowledge, it is better to do more intensive counseling or health education.

The results showed that there was a significant relationship between patients' knowledge and BPJS patient referral. The result of the study is in accordance with the opinion proposed by Leli Nur Hidayah (2017) that patients as the people who use medical health services in health centers need to have knowledge related to the implementation of referrals in order to control non-specialist referrals or unnecessary referrals by not using referrals at their own request (Nurhidayah, 2017) Padmore and David (2017) pointed out a finding that cognitive forms strongly support people's ability and willingness to comply with the referral process (Amoah & Phillips, 2017).

It was found that respondents still only considered the CHC to be a place to get referrals to the desired health facilities by using BPJS. There were still respondents who had the preference to go to a particular hospital or doctor so that they came to the CHC only to get health referrals. This often made the health worker indecisive and approved the wishes of the patients to provide a referral to the Hospital. According to the study conducted by Supriadi (2018), it was found that the behavior of patients who requested a referral would lead to the accumulation of ratios at secondary health facilities (Supriadi, 2018).

### ***D. Health Workers' Attitude***

The result showed that 57.6% of respondents stated that the attitude of health workers was negative. Based on questions that measure the health workers' attitude variable, it was found that 82.3% of respondents stated that the health workers were less clear in providing information about referral and the attitude of the health workers was considered less friendly to patients.

Negative assessment of respondents regarding the attitude of health workers was possibly due to the large number of patients and the staffs were busy so as to provide a little information as needed which was not as expected by the respondents. The main perceived barrier to conveying appropriately detailed referral information was a lack of time(White et al., 2004).

The result showed that there was a significant relationship between the attitude of health workers and patient referral. The result of this study is in line with the evidence proposed by Lisa lismaya (2014) through her study at the Gunung Sugih CHC that there was a relationship between the attitudes of health workers and outpatient referral (Lismaya,erni ;Farich, 2014). Ishandree and Ozayr (2019) pointed out a finding that the attitude of health workers was considered the main driver of self-referral (Pillay & Mahomed, 2019).

According to Notoadmodjo's statement, attitude is a reaction or response to someone that is still closed to an object. Attitude is included in the predisposing factors of several factors that influence human behaviour (Notoatmodjo soekidjo, 2012). The lack of response of health workers who provide health services at the CHC became the reason for patients to request a referral letter and prefer to seek treatment at an advanced health facility, namely the Hospital. A number of patients referred from previous health care facilities to the hospital reported that they were not provided with any referral information.(Humphries et al., 2019)

### ***E. Infrastructure Facilities***

The results showed that 34.3% of respondents stated that the infrastructure facilities were incomplete. It can be interpreted that there was a lack of infrastructure facilities in the CHC in providing services needed by patients such as tools for cardiac examination (ECG) and the inpatient places were not yet available.

Availability of infrastructure facilities and ease to achieve them are included in the Enabling Factors that was evidenced to affect the behavior of individuals and the community (Sarwono, 2012). If the infrastructure facilities cannot support the health services, than the health cases management will be difficult to perform.

The result showed that there was a significant relationship between the availability of infrastructure facilities and patient referral. The result of this study is in line with the evidence proposed by Erni Pebrianti through her study in Makassar City that there was an effect of tool facilities on the implementation of outpatient referral (Febrianti et al., 2019)The main problem with primary health care was the limited primary care infrastructure across India and many other low-income and middle-income countries (LMICs) (Jishnu, Das and Jeffrey, 2014). Inadequate primary care resources resulted in a condition where many patients preferred to visit the hospital as the first point of care (Humphries et al., 2019).

In reality, it was found that infrastructure facilities were still incomplete and medical devices could not function. Thus, that the diagnostic process was often interrupted and caused health workers to refer patients to the hospital. Some of the problems and difficulties in implementing the referral system were related to the lack of resources and infrastructure that are essential to provide a minimum acceptable quality of service (Siddiqi et al., 2001).

### ***F. Referral***

The results showed that the referral rate to the hospital was 34.3%. Most of patient diagnoses frequently referred were heart disease, asthma, stroke, diabetes mellitus, and gastritis. Not all of the patients referrals were performed according to the standard procedure but there were still patients being referred due to cases that could still be handled at the CHC. It can be interpreted that a high number of referral was because there were still patients and health workers who had not complied with the referral system

## Knowledge, Attitude, Means and Infrastructure and BPJS (Healthcare and Social Security Agency) Patient Referral

procedures established in Mundu CHC. A study conducted by Boon-How Chew et al (2015) showed that 20% of respondents had a perception that the provision of primary health services led to inappropriate referrals to hospitals (Chew et al., 2015).

### CONCLUSION

Patient knowledge, attitudes of health workers and infrastructure facilities were several factors that caused the high referral of health services. Thus, some efforts are needed to increase the patient's knowledge so that they are more compliant with referral service standards, to improve the attitude of health workers and completeness of infrastructure facilities as well as to conduct supervision so that referral services are in accordance with established standards and mechanisms which can ultimately reduce patient referral rates.

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## Knowledge, Attitude, Means and Infrastructure and BPJS (Healthcare and Social Security Agency) Patient Referral

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