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Relationship of Family Support to the Referral Program for Patients with Chronic Diseases in BPJS Health Participants in Rawasari Health Center

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Abstract

Chronic diseases in Indonesia during the current JKN can be handled with the Referral Program (PRB). As one of the flagship programs of BPJS Health to improve the quality of health services for BPJS Health participants and facilitate access to health services for participants with chronic diseases. DRR has not run optimally, 34.05% of the 1.18 million participants with a diagnosis of referral back in Indonesia are implementing DRR. The percentage of active DRR participants at the Rawasari Health Center in 2020 in January-June decreased from 60.06% to 46.32%, in July increased to 49.8% and in September decreased to 47.09%. Family support is very much needed, so that the goal of DRR to reduce the cost of health services in FKTL is achieved. This study aims to determine the relationship between family support and PRB for patients with chronic disease who are BPJS Health participants at the Rawasari Health Center in 2021. This study is a quantitative study using cross sectional. The population is chronic disease BPJS Health participants who actively participate in DRR at Rawasari Health Center as many as 495 people with a total sample of 92 respondents. The sampling technique used was accidental sampling. Data were analyzed by univariate and bivariate using chi square. Bivariate analysis of Chi Square test found that there was no relationship between emotional support (p=0.190) and assessment support (p=0.130). Meanwhile, there is a relationship between instrumental support (p=0.043) and informational support (p=0.001). Variables related to instrumental and informational support. Variables that are not related to emotional support and assessment. Family support is needed to increase the activity of DRR participants.

Keywords
family support; refer back program; BPJS health

I. Introduction

The Indonesian government targets Universal Health Coverage(UHC) come true in 2019 (BPJS Health 2018). UHC as a health system that ensures every community has access to quality health services, namely promotive, preventive, curative and rehabilitative in a fair manner, but the costs are still affordable.(Andiaswaty Heni, Nyorong Mappeaty 2020) To achieve UHC for all Indonesian citizens in administering the National Health Insurance (JKN), the National Insurance Administration Agency (BPJS) was formed as a legal entity.

BPJS Health is an answer for people in the health sector to get health services at affordable costs to overcome health problems. Health problems that attract global and national attention are non-communicable diseases (NCDs). WHO (2017) says that the category of non-communicable diseases is the biggest contributor to mortality, including various types of chronic diseases. The death rate for cardiovascular disease is 17.5 million,

cancer is 8.8 million, chronic respiratory disease is 3.9 million and 1.6 million is diabetes mellitus. Chronic disease is a non-communicable disease that requires continuous health services so that it requires large costs for handling (Inscription and Khoiriyah 2016).

In handling this chronic disease, a program is needed so that there is no buildup in secondary or tertiary health facilities. Chronic diseases in Indonesia during the current JKN can be handled with the Referral Program (PRB). As one of the flagship programs of BPJS Health to improve quality and facilitate access to health services for BPJS Health participants, especially people with chronic diseases(BPJS Health 2014). This program is one of BPJS Health's plans to fulfill drug needs for patients with chronic diseases. DRR services are health services provided at First Level Health Facilities (FKTP), provided for patients suffering from certain chronic diseases, namely stroke, hypertension, cardiac epilepsy, schizophrenia, asthma, Systemic Lupus Erythematosus (SLE), diabetes mellitus, and Lung Disease. Chronic Obstructive Obstruction (COPD) with normal conditions but still requires long-term treatment with a referral from a Specialist or Sub-Specialist who handles(BPJS Health 2014).

One of the objectives of this DRR is to reduce the cost of health services at Advanced Health Facilities (FKTL). So that DRR is very important to be implemented, which is the same as BPJS Kesehatan's mission to implement an efficient work system. Not only for cost efficiency, DRR is also very beneficial for FKTP to improve the function of health facilities as gatekeepers and to increase competence in medical treatment with guidance from specialist doctors. The implementation of DRR has many obstacles, BPJS Health data in 2016 amounted to 68% of cases of advanced outpatient services in FKTL, namely the most cases of re-control and these cases experienced an increase of 4.9 million cases in 2016. The impact of low DRR optimization in FKTP the cost that can be streamlined should be Rp. 780 billion,(Kusumawati and Hendrartini 2016).

In general, non-compliance is often found in treatment or healing chronic diseasewho require long-term treatment such as diabetes mellitus, hypertension, and others. The low awareness of control compliance results in an increase in the percentage of chronic complications each year. According to BPJS Health data in 2016, only 34.05% of the 1.18 million participants diagnosed with referrals in Indonesia carried out the Referback Program. This is because, FKTP has not been able to and in each hospital different criteria for stable chronic disease patients.

In the implementation of DRR at the puskesmas, the role of the family is very much needed for people with chronic diseases to take advantage of the DRR. The family has a very influential role in preventing, adjusting and correcting health problems in the family. Family support is an effort given by the family that benefits the recipient. A person will realize that there are other people who pay attention to him, appreciate and love him. The role of the family in health care is to maintain the health of family members so that their productivity is maximized. Based on BPJS Health data, the percentage of active participants who took part in DRR at the Jambi City Health Center in 2019 was 52.71%. In general, people who seek treatment at the health center are at the lower middle economic level who do not all have private vehicles (Novita *et al*, 2020).

The main support for the elderly in maintaining their health is the family. According to Freedman (2010) informational support, assessment support, instrumental support and emotional support are forms of support found in a family. The purpose of this study was to determine the relationship between family support and PRB for patients with chronic disease who were BPJS Kesehatan participants at the Rawasari Health Center.

II. Research Methods

This type of research is a quantitative research with a cross sectional approach. The population is chronic disease patients who are BPJS Health participants who actively participate in PRB at Rawasari Health Center as many as 495 people, with a sample of 92 respondents. The sampling technique used was accidental sampling, with univariate and bivariate analysis.

III. Results and Discussion

3.1 Results

a. Univariate Analysis

Characteristics of respondents based on age, gender and occupation, as shown in the following table:

Table 1. Distribution of Respondents Characteristics

Characteristics of Respondents	Amount	(%)
Gender		
Man	38	41.3
Woman	54	58.7
Age		
45-59	31	33.7
60-74	58	63.0
75-90	3	3.3
Work		
civil servant	18	19.6
IRT	38	41.3
Retired	20	21.7
Driver	3	3.3
Does not work	3	3.3
Private	5	5.4
Farmer	3	3.3
Laborer	1	1.1
Trader	1	1.1

Based on the table above, it shows that female respondents are more dominant than men, with more than 60-74 years of age being housewives

Table 2. Frequency Distribution of DRR Implementation

Implementation of Referback Program	Amount	%
No	16	17.4
Yes	76	82.6

Based on the table above, it can be seen that from the 92 respondents studied, 76 people (82.6%) chronic disease patients who were BPJS Health participants who actively carried out DRR at the Rawasari Health Center routinely every month. Meanwhile, 16 people (17.4%) did not do DRR every month.

Table 3. Frequency Distribution of Family Support

Family support	Amount	%
Instrumental Support		
Low	45	48.9
Tall	47	51.1
Informational Support		
Low	38	41.3
Tall	59	58.7
Emotional support		
low	41	44.6
tall	51	55.4
Rating support		
low	39	42.4
tall	53	57.6

Facts show that respondents with high emotional support dominate more than low, both instrumental, informational, emotional support and assessment support

b. Bivariate Analysis

Table 4. Relationship between Emotional Support and DRR Implementation

Emotional Support	DRR Implementation						P	PR	95% CI
	No		Yes		Amount				
	n	%	n	%	n	%			
Low	10	24.4	31	75.6	41	100	0.190	2.073	0.22-5,228
Tall	6	11.8	45	88.2	51	100			
Total	16	17.4	76	82.6	92	100			

Based on the table above, it shows that from 41 patients who had low emotional support, 10 patients (24.4%) did not carry out the routine referral program (PRB) every month and 31 patients (75.6%) did. Referral Program (PRB) routinely every month. Meanwhile, from 51 patients with high emotional support, 6 patients (11.8%) did not carry out the routine referral program (PRB) every month and 45 patients (88.2%) did the Referral Program. Balik (PRB) routinely every month.

Table 5. Relationship of Assessment Support with DRR Implementation

Rating Support	DRR Implementation						P	PR	95% CI
	No		Yes		Amount				
	n	%	n	%	n	%			
Low	10	25.6	29	74.4	39	100	0.130	2,265	0.899-5.705
Tall	6	11.3	47	88.7	53	100			
Total	16	17.4	76	82.6	92	100			

Based on the table above, it shows that from 39 patients who had low assessment support, it was found that 10 patients (25.6%) did not carry out routine DRR

implementation every month and 29 patients (74.4%) did routine DRR implementation every month.

Meanwhile, from 53 patients with high assessment support, 6 patients (11.3%) did not carry out routine DRR every month and 47 patients (88.7%) did routine DRR every month.

Table 6. Relationship of Instrumental Support with DRR Implementation

Instrumental Support	DRR Implementation						P	PR	95% CI
	No		Yes		Amount				
	n	%	n	%	n	%			
Low	12	26.7	33	73.3	45	100	0.043	3.133	1.091-9.00
Tall	4	8.5	43	91.5	47	100			
Total	16	17.4	76	82.6	92	100			

Based on the table above, it shows that from 45 patients who had low instrumental support, 12 patients (26.7%) did not carry out routine DRR implementation every month and 33 patients (73.3%) did routine DRR implementation every month. Meanwhile, from 47 patients with high assessment support, there were 4 patients (8.5%) who did not carry out routine DRR implementation every month and 43 patients (91.5%) who did routine DRR implementation every month.

Table 7. Relationship of Informational Support with DRR Implementation

Informational Support	DRR Implementation						P	PR	95% CI
	No		Yes		Amount				
	n	%	n	%	n	%			
Low	13	34.2	25	65.8	38	100	0.001	6,158	1,883-20,137
Tall	3	5.6	51	94.4	54	100			
Total	16	17.4	76	82.6	92	100			

Based on the table above, it shows that from 38 patients who had low informational support, 13 patients (34.2%) did not carry out routine DRR implementation every month and 25 patients (65.8%) did routine DRR implementation every month. Meanwhile, from 54 patients with high assessment support, there were 3 patients (5.6%) who did not carry out routine DRR implementation every month and 51 patients (82.6%) who did routine DRR implementation every month.

3.2 Discussion

a. Relationship of Emotional Support with the Implementation of Referback Program (DRR)

Based on the table above, respondents who did not implement DRR who had low emotional support were 10 respondents (24.4%), compared to respondents who did not implement DRR who had high emotional support as many as 6 respondents (11.8%). The results of the statistical test showed that there was no relationship between emotional support and the implementation of DRR with p value = 0.190.

Emotional support in the form of expressions of empathy, concern, love, warmth, or encouragement, with this involved emotional support. All of these behaviors can trigger feelings of comfort and make the individual feel respected and loved, including believing that other people can pay attention. Emotional support makes individuals feel that they are valuable to others, which can be seen from feeling comfortable, feeling motivated, and loved when feeling depressed.(Ashura et al (nd))

The results of this study are the same as the research of Edwin Rheza et al (2018), there is no relationship between emotional support and routine visits for treatment for patients with type 2 diabetes mellitus, indicated by p = 0.361 (p> 0.05). The results of the analysis of family emotional support with patient control compliance in Hamimi's research (2018) obtained p value = 0.013 (p <0.05) with a 95% confidence level, there is a significant relationship between family emotional support and schizophrenic patient control compliance.(Hamimi Suki Okta 2019) In the participation of the therapy program, family emotional support affects the motivation and emotional status of individuals.

In this study, researchers found non-compliance the respondent carried out DRR because he felt that the one who was sick and knew his condition was himself. That way, the respondent without family emotional support in the form of attention still needs treatment to overcome health problems because of his self-awareness.

b. Relationship of Assessment Support with the Implementation of Referback Program (DRR)

The results of the statistical test (chi-square) obtained a value of p = 0.130 (p> 0.05) meaning Ha is rejected, Ho is accepted, thus it can be said that there is no relationship between assessment support and the implementation of DRR.

The family has a position as a validator of family identity as well as a feedback guidance system and problem solving chain. Supportive statements and positive evaluations of these ideas, feelings, and performances are support that occurs in positive expressions between individuals and others. A good family assessment from each family member will also make people with the disease feel compelled to continue trying to undergo the treatment process as best they can.

This study is the same as the research of Edwin Rheza et al (2018), there is no relationship between assessment support and routine visits for treatment for patients with type 2 diabetes mellitus, indicated by p = 0.361 (p> 0.05).(Nugroho et al 2018)Within the behavioral components of patient self-management, there were different effects on family support. This family support can be said to be important for patients who include routine family activities rather than just medical visits.

Nurgamaria's research (2018) shows a relationship between assessment support and hypertension control in the elderly with p value = 0.024. From the analysis results obtained OR = 4.750, it can be concluded that respondents with good assessment support are 4.750 times more obedient in controlling hypertension than respondents with poor family assessment support.(Nurgamaria 2018).

In building the competence and self-esteem of hypertensive patients, assessment support can be said to be very helpful. The will that appears in hypertensive patients to think positively and bring up a life expectancy, can be an important factor in living a good life, patients are expected to have positive thoughts while suffering from the disease even though there are problems that arise. With the support from family or people around the patient, it is hoped that these positive thoughts and attitudes can also emerge. It is hoped that the patient can have an idea that his life is still very meaningful and needed with the help of a positive family role.

Assessment support is the role of the family to mediate and provide facilities in the problems experienced by the family to find a solution. The support and attention given by the family is a form of positive appreciation for the individual. However, in the research obtained in the field, although respondents received high rating support, there are other factors that influence them to implement DRR. For example, respondents who are dominated by the age of 60 years and over feel afraid to come to the puskesmas because of

the news about Covid-19. Where they feel that at their current age they are at risk of contracting COVID-19 and the disease they are suffering from is a comorbid disease.

c. Relationship of Instrumental Support with the Implementation of Referback Program (DRR)

This study resulted in 12 respondents with low instrumental support and not doing DRR (26.7%), while 4 respondents (8.5%). The results of statistical tests show that there is a relationship between instrumental support and the implementation of DRR with p value = 0.043, meaning that Ha is accepted, Ho is rejected. Patients with chronic disease with low instrumental support were 3.133 times more likely to not do DRR (PR: 3.133 95% CI 1.091-9.00).

The results of this study are the same as Nurgamaria's research (2018) which shows that there is a relationship between informational support and hypertension control in the elderly with p value = 0.002.(Nurgamaria 2018) The same thing is also known from the results of the research analysis of Nuraisyah, Kusnanto, and Rahayujati (2017) showing that there is a relationship between family support in terms of the instrumental dimension and the quality of life of DM II patients (p-value = 0.00).

Most of the respondents in this study were elderly. The elderly have different characteristics from people whose age is lower than them, one of which is a decrease in independence which requires the help of others to carry out daily activities and in care. With declining health due to acute or chronic illness, the elderly have a tendency to have physical and psychosocial disorders

The encouragement of the elderly's interest to undergo regular check-ups at the puskesmas is obtained from the role of the family who continues to support them. The family is the main source for assistance in terms of monitoring and meeting individual needs, which is called instrumental support, the family becomes the facilitator providing materials, manpower, and facilities.

d. Connection Informational Support with the Implementation of Referback Program (DRR)

The results showed that 51 respondents (94.4%). Meanwhile, 13 respondents (34.2%). The results of the statistical test produce p value = 0.001 which means Ha is accepted, Ho is rejected, this shows that there is a relationship between informational support and the implementation of DRR. Patients with chronic disease with low informational support were 6.158 times more likely to not do DRR (PR: 6.158 95% CI 1.883-20.137).

One of the functions of the family is as a collector and disseminator of information. In solving a family problem also has an important role in giving advice, suggestions, and information. This support is useful in suppressing the emergence of stressors because conveying information from the family can provide specific suggestions for individual aspects. From the provision of information, suggestions, instructions, proposals, to advice, there are several aspects of this support.

The results of this study are the same as the research of Gede, Lucky, and Jeavery (2017) which also resulted in a relationship between informational support and medication adherence in the elderly with hypertension with statistical test results p value = 0.001 (Sumantra et al 2017).

Informative family support, namely the family functions as a collector and disseminator of information on the emergence of a stressor because the information provided can contribute to specific suggestions for individuals. This is indicated by the

respondent's family providing information about the importance of maintaining health, taking medication regularly according to the time and dose, reminding the schedule for re-control to the puskesmas to check health and take monthly medication as well as the impact if it is not done.

In the study, it was found that respondents who received high informational support routinely carried out DRR implementation. This is indicated by the respondent's family providing information about the importance of maintaining health, taking medication regularly according to the time and dose, reminding the schedule for re-control to the puskesmas to check health and take monthly medication and the impact if it is not done.

IV. Conclusion

1. There is no relationship between emotional support and assessment support with the referral program (PRB) for patients with chronic diseases who are BPJS Health participants.
2. There is a relationship between instrumental support and informational support with the referral program (PRB) for patients with chronic diseases who are BPJS Health participants.

References

Andiaswaty Heni, Nyorong Mappeaty HAJ (2020) Analisis Pelaksanaan Rujukan Pasien Rawat Jalan Tingkat Pertama Peserta BPJS Kesehatan DI Puskesmas Padangmatinggi Kota Padangsidimpuan. *Media Publikasi Promosi Kesehatan Indonesia* 3(1): 144–147.

Asyura F, Andala S and Fadhila ((n.d.)) Hubungan Dukungan Keluarga Dengan Derajat Hipertensi Pada Pasien Hipertensi Di GampongMeunasah Tambo Kecamatan Peudada Kabupaten Bireuen. .

BPJS Kesehatan (2014) *Panduan Praktis Program Rujuk Balik Bagi Peserta JKN*. .

BPJS Kesehatan (2018) *Kejar Target UHC, BPJS Kesehatan Genjot Pertumbuhan Peserta JKN-KIS*. . Available at: https://bpjs-kesehatan.go.id/bpjs/index.php/post/read/2018/693/Kejar-Target-UHC-BPJS-Kesehatan-Genjot-Pertumbuhan-Peserta-JKN-KIS.

Hamimi Suki Okta (2019) Kontrol Pasien Skizofrenia Di Poliklinik Jiwa Rumah Sakit Jiwa Prof. Dr . Muhammad Ildrem Medan Tahun 2019. *Penelitian Kesehatan* 19.

Kusumawati NI and Hendrartini J (2016) Faktor-Faktor Yang Mempengaruhi Pelaksanaan Program Rujuk Balik (Prb) Pasien Penderita Penyakit Kronis Peserta Bpjs Kesehatan Di Daerah Istimewa Yogyakarta (DIY).

Novita, W., et al. (2020). The Relationship between Geography Access and Utilization of Basic Emergency Neonatal Obstetric Services (PONED) in Hamparan Perak Health Center, Deli Serdang Regency in 2018. *Budapest International Research and Critics Institute-Journal (BIRCI-Journal)* Volume 3, No 1, Page: 674-681.

Nugroho ER, Warlisti IV, Bakri S and Kendal P (2018) Hubungan Dukungan Keluarga Dengan Kepatuhan Kunjungan Berobat Dan Kadar Glukosa Darah Puasa Penderita Diabetes Melitus Tipe 2 Di Puskesmas Kendal 1. *Diponegoro Medical Journal (Jurnal Kedokteran Diponegoro)* 7(4): 1731–1743.

Nurgamaria M (2018) Hubungan Dukungan Keluarga Dengan Kepatuhan Pengendalian Hipertensi Pada Lansia Di Posyandu Lansia 02 Kelurahan Rawa Badak Utara Keamatan Koja Tahun 2018.

Prasasti GD and Khoiriyah U (2016) Distribusi Pasien PRB pada Peserta BPJS di Klinik SWA Yogyakarta Tahun 2015-2016 Distribution PRB Patient of BPJS member of Klinik SWA Yogyakarta in 2015-2016. 1(2): 288–295.

Sumantra IG sumantra, Kumaat LT and Bawotong J (2017) Hubungan Dukungan Informatif Dan Emosional Keluarga Dengan Kepatuhan Minum Obat Pada Lansia Hipertensi Di Puskesmas Ranomuut Kota Manado. *Jurnal Keperawatan UNSRAT* 5(1).