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ANALYSIS OF THE IMPLEMENTATION OF THE SOCIAL SECURITY ADMINISTERING AGENCY'S (BPJS) PATIENT REFERRAL SYSTEM AT PIDIE DISTRICT HEALTH CENTER

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ABSTRACT

Background: The referral system is still a problem in the health sector and its implementation is still not in accordance with existing regulations. This can be seen from the still high number of referrals at community health centres. There are several things that cause the referral rate to remain high, such as a lack of understanding by health workers regarding the vertical referral system and horizontal referral system. Many patients also lack information about referrals, which results in these patients tending to prefer to receive secondary services. Objective: To find out how to implement the Health Insurance Administering Agency (BPJS) patient referral system at the Pidie Regency health centre. Research Method: This research is qualitative research. As for There were 12 informants related to the implementation of the referral system determined in this research. Results: The referral implementation that has been carried out at 3 community health centres in the Aceh Pidie area is a tiered referral from the community health centre to the hospital with a choice of hospitals according to the needs of the patient's medical condition and the hospital contained in the P Care application. Obstacles faced by community health centres in implementing the referral system include requests for referrals by patients and the referral process not yet running optimally from specialist doctors on duty at the hospital. Suggestion: Researchers suggest that the head of the community health centre should carry out monitoring and evaluation every month to be able to take intervention measures in an effort to provide training for the P Care application staff at the health centre and supporting community health centres so that the P Care application data input will be controlled every month in inputting patient visit data so that the ratio can be achieved. referrals as expected, namely 15% every month.

KEYWORDS: Implementation, Referral, BPJS.

INTRODUCTION

Health is a human right, so every effort to improve health is carried out evenly, prosperously, without differences and must be sustainable (Government of the Republic of Indonesia, 2023). Therefore, everyone has equal justice and ease of accessing and utilizing health services (Zhao et al., 2022).

Health services certainly require health facilities that suit the health needs of the community. So, the

state's efforts to guarantee these expectations and targets are fulfilled through Universal Health Coverage (UHC). (Fathallah, 2021). For low- and middle-income countries, efforts to achieve UHC are carried out through social insurance funded by the government (Nandi & Schneider, 2020).

The Indonesian government has launched a social insurance program, namely National Health Insurance (JKN) (Adianta, 2020). The JKN program is regulated in Law (UU) Number 24 of 2011 concerning the Social Security Administering Body (BPJS) as a mandate from Law Number 40 of 2004 concerning the National Social Security System (SJSN) (Buwono et al., 2016). To provide health services for JKN participants, BPJS Health and health facilities must work together (Puspitasari, 2019)

One way to fulfil the health needs of the community is by building first level health facilities, namely community health centres throughout Indonesia (Rusdin & Kurniawan, 2022). The quality of community health centres must be optimal as an effort to answer community demand for health services. This is the impact of implementing guaranteed health insurance for the JKN program (Suprapto & Malik, 2019).

It is hoped that a sense of satisfaction with the quality of service at the community health centre will reduce referrals so that only cases that cannot be handled will be referred (Purwadianto et al., 2012). One of the personal health services is a referral system. The referral system is a two-way process that regulates the flow of BPJS patient health services from the first health service facility to the higher health service facility and vice versa. (Arifah et al., 2021). The implementation of the referral system is carried out in stages and in its implementation, it cannot stand alone but is an interconnected system (Arifin et al., 2016).

If BPJS patients must receive advanced health services, the puskesmas must implement a tiered referral system based on Ministerial Regulations, national referral system guidelines and BPJS Health service administration guidelines. (BPJS Health, 2014b). The government regulates the BPJS patient referral system through Minister of Health Regulation No. 001 of 2012 concerning the Individual Health Service Referral System (Ministry of Health, 2012). This regulation explains the handling of health problems and the referral flow (Harmin et al., 2023).

In principle, the referral system aims to optimize the level of health services in accordance with quality control and cost control (Nurlinawati et al., 2019). Through quality control and cost control, care costs will not increase at the advanced level and will not create a workload for health human resources at referral sites that could otherwise be used for other health services. (Safi et al., 2022).

The referral system is still a problem in the health sector and its implementation is still not in accordance with existing regulations. This can be seen from the still high number of referrals at community health centres. In some areas, such as Southeast Sulawesi, the referral ratio at first level health facilities in 2016 reached 17% (Risky & Nofitasari, 2017). The referral ratio at the North Bogor Community Health Centre in 2018 reached 16% (Afiyani et al., 2020). Sindang Barang Health Centre, Bogor City, the referral ratio in 2019 was 22% (Dwi Permata et al., 2021). Data released by BPJS Health Samarinda City Branch, referral cases in 2020 were 19.89% (Melinia et al., 2021).

The results of the presentation by the BPJS Health Banda Aceh Branch Office, for the service months January to November 2022, the referral ratio for several districts in Aceh still varies. For example, Simeulue Regency has a referral ratio of 13.46%, Banda Aceh City 14.25%, and Aceh Besar Regency 16.00% (Mirza, 2022). Meanwhile, Pidie Regency for 2022 the referral ratio is 17.28% and for the service months January to August 2023 the referral ratio reaches 17.51%.

The referral ratio is the result of a comparison between the number of patients referred and the number of patient visits multiplied by 100(Latif & Ariyanti, 2021). The standard set by BPJS Health regarding the maximum referral ratio for community health centres is 15% (Nurlinawati et al., 2019).

There are several things that cause the referral rate to remain high, such as a lack of understanding by health workers regarding the vertical referral system and the horizontal referral system (Nurhayani & Rahmadani, 2020). Many patients also lack information about referrals, which results in these patients tending to prefer secondary services (Dwi Permata et al., 2021). There is insufficient supervision from the Health Service regarding the governance of the community health centre referral system (Harmin et al., 2023) Apart from that, it is also due to the lack of availability of health centre facilities and infrastructure (Sinulingga & Silalahi, 2019). Inappropriate comparison between the availability of health workers and the number of patients registered at the health centre and the types of health workers that do not comply with the health centre staffing standards (Dadus et al., 2023). Limited medicines and medical devices also cause many patients with non-specialist illnesses to be referred to hospitals (Ripki et al., 2022). Some patients are even referred based on the patient's own request (Arifah et al., 2021). Preliminary research was carried out at 3 health centres in Pidie Regency, namely Pidie Health Centre, Tangse Health Centre, and Pauken Barro Health Centre.

Based on preliminary data obtained, in August 2023 the referral ratio for Pidie Health Centre was 26%, Tangse Health Centre 23%, and Peukan Baro Health Centre 21%. From the results of interviews regarding the implementation of the referral system at community health centres, information was obtained that referrals will be given based on the patient's medical indications, referrals are given if the required medication is not available at the community health centre so that the patient does not drop out of treatment, referrals are given sometimes because the hospital does not provide a return referral explaining whether it is necessary. follow-up referrals or treatment have been completed so that patients still want to go to the hospital for treatment even though they can be treated at the community health center. Apart from that, the number of BPJS participants is large, causing the number of referrals to also be high. All of these things make it difficult to meet the BPJS Health provisions, namely 15%.

With the still high number of referrals and several things that increase referrals from health centres to hospitals, it shows that the implementation of the referral system in health services is currently not working as it should. (Ali, 2015). Another thing also proves that the implementation of the referral system at community health centers has not gone well (Afiyani et al., 2020).

Based on the explanation above, it is important to carry out this research to find out how the BPJS patient referral system is implemented at the Pidie Regency Health Centre. The policy implementation model used is Edwards III which says that there are four factors that determine the success or failure of

implementing a policy, namely: the communication factor where in order to implement a policy to be successful the implementor must know what must be done, then the resource factor which states that if If there is a lack of resources to implement a policy, implementation becomes more difficult.

Furthermore, the disposition factor states that policy objectives can be achieved through implementers who have attitudes such as commitment, honesty and democracy. Lastly is the bureaucratic structure factor which consists of organizational structure elements such as Standard Operating Procedures and fragmentation (Subject et al., 2017).

Implementation of a referral system policy is necessary because it involves many parties, organizations, regulations, and how cooperation is carried out so that the objectives of the policy can be achieved. (Suprapto & Malik, 2019)

METHOD

This research is qualitative research with the main aim of creating an objective picture or description of a situation. This research uses a case study approach.

This research was carried out at 3 Community Health Centers in Pidie Regency, namely: Pidie Community Health Center, Peukan Baro Community Health Center, and Tangse Community Health Center. The time for conducting the research is October to November 2023.

Sample in this research Based on these criteria, there were 12 informants related to the implementation of the referral system determined in this research.

Data obtained or collected by researchers directly from the data source. Primary data comes from observation, interviews and documentation.

After recording, the researcher grouped the data according to the variables to be studied according to the framework of thought. The data is then presented in the form of a matrix, quotations, and tables and images according to the topic for each informant to make it easier to understand.

Research ethics have been issued by the Chair of the Health Research Ethics Committee (KEPPKN) of the Faculty of Medical Sciences, Syiah Kuala University (USK) with registration number: 1171012P. Ethical Exempted with letter number: 181/EA/FK/2023.

RESULTS

The community health center which is the research site represents 3 (three) criteria for the work area of the community health center in Pidie Regency. Firstly, the Pidie Health Center is an urban area health center and a non-inpatient health center, the second is the Peukan Baro Health Center which is a rural area health center and also a non-inpatient health center, and the third is the Tangse Health Center which is a remote area health center which is an inpatient health center. The three health centers provide

referrals for BPJS patients to hospitals to receive further treatment. A general description of the 3 health centers where the research was conducted can be seen in the following table;

No	Name	Code	Age	Gender	Education	Employment status	Work Period at the Research Health Center
1	SY	KP1	45 Years	Woman	Bachelor/Doctor	Civil servants	17 years
2	NR	KP2	51 Years	Woman	Bachelor's Degree/Public Health	Civil servants	5 years
3	MY	KP3	48 Years	Man	Masters/Public Health	Civil servants	5 years
4	HR	DU1a	39 Years	Woman	Bachelor/Doctor	Non-civil servant	5 years
5	DW	DU1b	43 Years	Woman	Bachelor/Doctor	Civil servants	3 years
6	M.A	DU2a	48 Years	Man	Bachelor/Doctor	Civil servants	1.5 Years
7	N.V	DU2b	30 years	Woman	Bachelor/Doctor	Non-civil servant	8 years
8	EV	DU3a	36 years old	Woman	Bachelor/Doctor	Civil servants	4 years
9	RD	DU3b	29 years	Woman	Bachelor/Doctor	Civil servants	3 years
10	AN	DG2	30 years	Woman	Bachelor/ Dentist	Non-civil servant	2 years
11	RZ	DG3a	30 years	Woman	Bachelor/ Dentist	Civil servants	4 years
12	YS	DG3b	33 Years	Man	Bachelor/ Dentist	Non-civil servant	3 years

Table 1. *(Characteristics of Respondents)*

1. Implementation of the BPJS Patient Referral System at the Pidie Regency Health Center

The referral system that has been running so far is a tiered referral system which represents individual health services in stages, namely from First Health Facilities (FKTP) to Advanced Health Facilities (FKTL) both secondary and tertiary. Puskesmas as a Primary Health Facility (FKTP) functions as a gatekeeper or entrance for patients to use health services. Therefore, health services at community health centers must be strengthened. So that the implementation of the referral system can run optimally.

Referral hospitals as FKTL have been regulated in a BPJS application called P Care (Primary Care). The implementation of the referral system at the Pidie Community Health Center, Peukan Baro Community Health Center and Tangse Community Health Center is running in stages. This is as quoted from the interview as follows:

"As long as we collaborate with BPJS, our referrals must be tiered" (DU3a).

"The referral system has been running so far, referrals are tiered, you cannot go directly to the TCD RSU but the referral hospital is in accordance with what is in the P Care application and the hospitals that are open" (KP1).

"... for dental patients, the referral must be tiered, for example if the patient wants to go to a general dentist, they can be referred to Ibnu Sina Hospital, Mufid Hospital, Abdullah Syafii Hospital, and other type C hospitals. "But if you really need treatment by a specialist dentist, go to TCD Hospital" (DG3b).

Based on the informant's explanation, it shows that the referral implementation carried out by the 3 (three) community health centers is to fulfill individual health services for BPJS patients. Therefore, referral services are carried out in stages from level 1 Health Facilities, level 2 Health Facilities, and level 3 Health Facilities according to the patient's clinical needs.

2. **Communication Factors Related to Transmission in the Implementation of the BPJS Patient Referral System at the Pidie Regency Health Center.**

Policy communication is a process of conveying information about a policy originating from policy makers to policy implementers. (Widodo, 2017). In communication, one aspect that is valued is transmission, namely how information about a policy is conveyed to policy implementers. Information about the BPJS patient referral system has been conveyed in stages from policy makers to policy implementers. This is as explained in the following interview excerpt:

“"*Mrs Sri, when she was still the head of BPJS, also provided outreach here at the puskesmas to officers*" (KP2).

"*There are evaluation meetings sometimes every third of the month with BPJS*" (KP3).

The same statement was also conveyed by the general practitioner on duty at the community health center regarding the socialization or delivery of the referral system by BPJS to doctors as health workers, this is in accordance with the following interview excerpt:

“There is socialization of referrals with BPJS, it's been a system for a long time," (DU2a).

“... often take part in meetings with BPJS regarding this referral issue" (DU1a).

"Yes, at least I have attended meetings or conferences with BPJS" (DU3b).

Based on this explanation, it shows that the delivery of information regarding the referral system has been carried out from policy makers to policy implementers so that it is hoped that the implementation of the policy regarding what must be done. The communication factor in the aspect of information transmission is important in conveying information so that policy objectives can be conveyed accurately and correctly.

3. **Doctor Availability**

The availability of doctors at community health centers is the main thing in providing health services to patients. At community health centers, it is hoped that the ratio of doctors to BPJS Health participants is 1:5,000 participants. Achieving a resource policy implementation is a very important supporting factor

(Edwards III, 1980). In the majority of research health centers, information was obtained that the shortage of general practitioners was a very important issue in community health center resources, based on the following interview excerpt:

“Two doctors are not enough. "For the Peukan Baro Community Health Center with the number of patients registered with BPJS, we need 4 doctors, in accordance with the ratio issued by BPJS that for every 5,000 residents there must be 1 doctor" (KP2).

“Doctors are still lacking. There are 2 general practitioners, a standby doctor at the general polyclinic, if the patient needs a referral to the general polyclinic. We have also entered and stated that we need doctors" (KP3).

The same statement was also conveyed by the doctor on duty at the community health center regarding the limited number of doctors at the community health center. This is as stated in the following interview quote:

"There are only 2 of us so it's not enough, because only 1 doctor is a civil servant, while I am not a civil servant. Then, with these 2 doctors, for example, 1 person is unable to attend due to illness, while the other doctor has been scheduled long ago to go to the field. "So, we doctor are forced not to go into the field because we have to be on standby at the polyclinic" (DU2b).

"We are an inpatient health center here so we are open 24 hours, so we have 2 doctors, so that we have holidays, we make a shift once a week so it's 7x24 hours, then off, my friend takes another 7x24 hours. We are really very tired. "If we had 26 thousand participants, we should have had 5 doctors, especially if we were hospitalized, it had to be 24 hours a day" (DU3a).

Meanwhile, 2 (two) other informants expressed different opinions regarding the availability of dentists, according to the following interview excerpt:

"2 dentists, we think it's enough with 2 dentists at the moment" (DG3a).

"We are enough for 2 people and there have been no problems in providing services to the dental clinic" (DG3b).

Based on the explanation above, it shows that the availability of doctors at community health centers is not yet in line with expectations of meeting the ratio of doctors and BPJS participants. On average, community health centers only have 2 (two) doctors.

4. Drug Availability

The operational sustainability of the community health center cannot be separated from the availability of medicines which must be available in connection with the community health center as a unit providing basic health services. Diseases that must be treated at the community health center also require complete medication. In all the community health centers that were sources of information experienced

by this research, all community health centers experienced problems in meeting the needs of the community health centers in terms of drug availability.

The Community Health Center experienced problems in the availability of certain drugs distributed by the Pidie District Health Service pharmacy warehouse. This can be seen from the results of the interview as follows:

"For this year, there is no mental medicine in the warehouse..." (KP2).

"Medicine does not meet our needs at the puskesmas, many medicines are out of stock, now there are no eye drops..." (KP2).

“Sometimes there is medicine, but sometimes it is empty, even if it is empty for a long time. for example, scabies, there is no scab mite ointment and other ointments” (KP1).

"Medicines are limited, even injection medicines in the warehouse are in limited stock" (KP3).

Doctors also complain about the same thing when giving medicine to patients, as quoted from the following interview:

"The medicine is never enough; the ointment is often empty" (DU1a).

"In my opinion, for disease 155, you should not stop taking the medicine, imagine if you stop giving up paracetamol, there is no medicine, NSAIDs such as sodium diclofenac, ibuprofen is empty, there are no anti-histamines like CTM, there is no cetirizine, there is no ointment for fungus." (DU3a).

The stock of medicines provided by pharmaceutical warehouses is felt to be insufficient, causing medical personnel to often cause patients to have to fulfill these needs by purchasing them, especially for patients in dental clinics. This is as stated in the following interview quote:

"If there is no medicine, I ask if the patient wants to buy the medicine, then I give him a prescription to buy. But if for example there is no medicine, we will never refer it. Patients also think that if they have a reconciliation, how much will the trip cost, it's better to just buy it. "That's not often only certain cases, such as abscesses in children, children want clindamycin syrup instead of the concoction medicine at the health center" (DG3b).

"It's just that patients prefer to buy medicines as we prescribe rather than having to be referred because of a shortage of medicines" (DG3a).

"We changed the medicine. But sometimes patients want to buy medicine outside that suits their needs” (DG2).

Based on observations in the field, patients who pick up medicine at the pharmacy are also given a piece of paper which is given to the patient along with the medicine. After looking at the piece of paper it said

"meloxicam", which means this drug is not available at the health center, if the patient is willing they can buy it.

5. **Dispositional Factors Related to CommitmentOn ImplementationBPJS Patient Referral System at Pidie Regency Health Center.**

Disposition is the willingness, desire and tendency of policy implementers to implement policies fully to achieve policy goals (Widodo, 2017). In implementing policies, not only expertise is needed by policy implementers, but also their willingness and commitment to implement them. This research looks at the commitment of policy implementers.

Commitment is a joint agreement made by implementors in implementing a policy so that the objectives of the policy can be achieved. Disposition is the willingness, desire and tendency of policy implementers to implement policies fully to achieve policy goals (Widodo, 2017).

Based on the results of the interview, it was found that the implementer was committed to implementing the referral system. This is in accordance with the results of the following interview:

"...we always emphasize commitment and try to reduce the number of referrals to our health centers" (KP1).

"We have a rule, if the patient is seeking treatment for the first time, we don't give them a referral, we treat them first at the puskesmas..." (KP2).

"Commitment to improving services at community health centers, there is always a commitment to re-credentialing time required" (KP1).

Doctors and dentists also show the same commitment as the following interview quote:

"Those who have made a commitment at this time to reduce referrals are indeed the patients who seek treatment in the first place that we do not refer..." (DU1b).

""Our commitment is that whatever we can handle at the community health center, I will still do it at the community health center" (DG3b).

"If our commitment is to know that there are 155 category 4a diseases, we know that these diseases must be treated at community health centers" (DU3a).

Based on documentary evidence, it can be seen from the pamphlet posted on the wall of the puskesmas which contains the commitment of all levels of the puskesmas to provide quality services to patients as shown in the picture below.

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"If our commitment is to know that there are 155 category 4a diseases, we know that these diseases must be treated at community health centers" (DU3a).

Providing referrals to BPJS patients based on patient needs and diseases that are not the competence of doctors at the health center. This is in accordance with the results of the interview as follows:

“We can't tolerate glasses patients, we can't tolerate cataract patients. Indeed, the term we are referring to is beyond the 144 diseases. "Even if it is in 144, we will refer to it using the previous TACC" (KP2).

"The patients we refer are only serious cases that cannot be treated here. Like impacted third molars, tooth root treatment requires x-rays. "Then yesterday there was pus coming out straight from his cheek, that was an emergency, we immediately referred him" (DG2).

DISCUSSION

1. **Implementation of the BPJS Patient Referral System at the Pidie Regency Health Center**

This research has presented data on how the BPJS patient referral system is implemented in 3 (three) community health centers in the Pidie Regency area which represent each community health center's work area, namely urban health centers, rural health centers and remote area health centers. This research has also explained the factors that play a role in the success or failure of policy implementation using the Edwards III policy implementation theory model approach. The researcher first discusses the findings regarding how the BPJS patient referral system is currently implemented at the health centers at Pidie Health Center, Peukan Baro Health Center and Tangse Health Center. This research found that the referral system was implemented in stages from FKTP to secondary FKTL then to tertiary FKTL.

This is in accordance with PMK No. 001 of 2012 which states that individual health services consist of 3 (three) levels, namely the first level, second level and third level.

Tiered referral services have been arranged in the P Care BPJS application which provides hospital options for tiered referral services. This is as stated in PMK No. 001 of 2012 which states that the referral system is used in stages according to medical needs, where:

a. First level health services are initiated by first level health facilities.
b. Patients can be referred to second-level health facilities if they require further services from a doctor.
c. If it is necessary to obtain second level health services at a secondary health facility, a referral from a primary health facility is required.
d. By providing referrals from secondary and primary health facilities, tertiary health facilities can provide third level health services.

The provision of referrals so far from health centers to hospitals is in accordance with PMK No. 001 of 2012 which states that the indications for providing vertical referrals from a lower level of service to a higher level of service are:

a. Patients need specialist or sub-specialist health services
b. The referrer cannot provide health services according to the patient's needs due to limited facilities, equipment and/or personnel.

However, in the implementation of the referral system at the community health center, several obstacles have been found, such as the hospital having difficulty issuing referrals for patients who have completed treatment at the hospital or returning patients who are stable and need medical care that can be provided by the community health center. This is not in accordance with PMK No. 001 of 2012 which states:

a. Patient health problems can be handled by lower levels of health services in accordance with their competence and authority;
b. The competence and authority of first or second level services is better in handling these patients;

c. Patients require advanced services that can be handled by lower levels of health services and for reasons of convenience, efficiency and long-term service; and/or
d. The referrer cannot provide health services according to the patient's needs due to limited facilities, infrastructure, equipment and/or personnel.

Another obstacle faced by community health centers in optimizing the implementation of the referral system is the characteristics of BPJS patients, such as patients coming to the community health center not for treatment but directly asking for a referral. Requests for referrals can be caused by the patient not understanding the disease or because they do not understand how the individual health care system works for BPJS patients. The results of this research are in line with research by Sinulingga & Silalahi (2019) which states that there is an influence of knowledge on patient referrals using JKN PBI to FKTL at the Pancur Batu Community Health Center, Deli Serdang Regency. This lack of knowledge causes increased requests for referrals from patients. This is also in line with the results of research by Nurhayani & Rahmadani (2020) which shows that requests for self-referrals are still often made by the public.

The implementation of referrals has the aim of improving health services for BPJS patients so that the puskesmas hopes that all implementers of the referral system can implement it reciprocally between FKTP and FKTL. So, the hope of the puskesmas is that there will be supervision from BPJS and the Health Service. This is as stated in article 20 point 1.2 which states that the Head of the District/City Health Service is responsible for coaching and supervising referrals to first level health services and the Head of the Provincial Health Service is responsible for coaching and supervising referrals to second level health services. (Ministry of Health, 2012). The results of this research are in line with Harmin et al, (2023) who stated that in the North Konawa Regency Community Health Center, there is a weak relationship between supervision and Governance of the Community Health Center Referral System.

The budget resources at the puskesmas come from JKN capitation funds which are budgeted for services, puskesmas operations, and purchasing BMHP and medicine. The budget for procurement of BMHP and medicine is 5% of the JKN puskesmas capitation fund. In fact, the use of this budget is hampered by its optimal use by the SIPD system which is binding on the purchase of medicines for BPJS patients. The results of this research contradict the results of research by Dadus et al., (2023) which explains that there is a special budget for implementing the patient referral system for JKN participants at the We rang Community Health Center which can be fully used to finance services and operational support for health services.

2. Communication Factors Transmission Related Factors in the Implementation of the BPJS Patient Referral System at the Pidie Regency Health Center.

The results of research on the transmission aspect show that the implementation of a referral system has been issued in PMK No. 001 of 2012 concerning the Individual Health Service Referral System. The transmission aspect in the form of socialization about the Referral System is carried out quite optimally by BPJS, with exposure at the notification level at the Regency/City level directly to the Community Health Center. Meanwhile, socialization from policy makers, namely the Ministry of Health through the

Pidie District Health Service, is still lacking, so it seems as if BPJS has an interest in this matter and community health centers often have direct contact with BPJS. On the implementation side, the referral system is intended to maintain the quality of health services at community health centers.

This transmission aspect is strengthened by the provisions issued by BPJS that the referral ratio for community health centers cannot be above 15%. So, like it or not, the community health center must make maximum efforts to achieve this target. Meanwhile, the delivery of referral system policy information from policy implementers to policy target groups has also been carried out both indirectly through counselling and cross-sectoral meetings and directly in the form of face-to-face explanations in the form of explanations of the referral system and explanations of the illnesses suffered by BPJS patients.

The results of this research are also in accordance with the Republic of Indonesia Minister of Health Regulation No. 001 of 2012 concerning the Individual Health Service Referral System which requires health workers to explain to the patient or patient's family about the patient's health condition before making a referral.

The results of this research are also in line with research by Hermiyanty et al, (2019) which explains that communication variables including transmission have gone well, namely that there is direct communication between BPJS and Puskesmas as well as between Puskesmas and puskesmas officers and puskesmas and BPJS patients which aims to providing information from policy makers to policy implementers and target groups.

The same research as Dadus et al, (2023) said that socialization of the BPJS patient referral system policy had been carried out by BPJS at community health centers in the form of meetings, as well as conveying information to community health center officers either through lokmin, WAG community health centers so that information could be conveyed more easily and quickly. The final delivery of information to BPJS patients has also been carried out.

According to existing theory, the results of this research show that indirect delivery of information and a multilevel information structure causes communication failure. The many levels of conveying information cause misunderstandings, or miscommunication, which often occur when conveying information (Win Arno, 2012).

Puskesmas as policy implementers must continue to be able to improve and take intervention actions from existing data or information. Every month the puskesmas is sent information on achieving the referral ratio by BPJS. This information is a community health center resource in a very sophisticated health information system. With the P Care system, it will be visible how many sick visits there are, the number of patient visits for which referrals are made, the types of illnesses that are often referred, and how many patients have received complete service.

The research results are in accordance with Minister of Health Regulation No. 71 of 2013 concerning health services in national health insurance which regulates the rights of health facilities collaborating with BPJS which states that health facilities have the right to obtain information about membership, service procedures, payments and cooperation processes with BPJS Health.

3. Resource Factors Availability of Doctors and Availability of Medicines in Implementation Patient Referral System at Pidie Regency Health Center.

a) Doctor Availability

Researchers have found that the availability of general practitioners at the 3 (three) research health centers does not match the ratio of the number of BPJS participants in the work areas of the health centers. This is not in accordance with PMK No. 3 of 2023 concerning Health Service Tariff Standards in the Implementation of Health Insurance Programs which states that the tariff rate is based on the availability of doctors or the ratio of doctors to the number of registered participants and/or the availability of dentists at health centers is 1: <-5,000(Ministry of Health, 2023).

Based on these regulations, Pidie Health Center with a population of 46,958 people should have 9 doctors available, but currently only 2 general practitioners are on duty, Peukan Baro Health Center with a population21,715 people There should be 4 doctors, while currently there are 2 doctors on duty, and the Tangse Community Health Center is staffed with residents28,371The mental health and inpatient health centers should have 5 doctors, but now only 2 doctors are on duty, so doctors have to be on duty 24 hours a day.

The results of this study do not match the results of research by Hermiyanty et al., (2019) which states that human resources, namely the number of doctors at the Singgani Community Health Center, are sufficient with 4 general practitioners.

The results of this research are in line with research by Harmin et al, (2023) which states that there is still a lack of human resources as those who are absolutely responsible for referrals, namely doctors, midwives, nurses who work in first level service health facilities at the North Konawe Regency Health Center. The same results were also found in research by Dadus et al, (2023) which said that the number of health workers at the Werang Community Health Center was not yet comparable to the number of patients registered at the Community Health Center, where there were still very few general practitioners, nurses and midwives.

Based on the working hours of doctors in remote area health centers and inpatient health centers, which only have 2 people, it requires doctors to be on duty 24 hours a day. This must be done so that health services by doctors can continue to be provided to BPJS patients. Based on these working hours, it is contrary to the Working Hours of State Civil Service Employees, also known as ASN Employee Working Hours, which state the amount of time used by State Civil Service Employees to carry out official duties at the location assigned to them, namely 37 (thirty-seven) hours and 30 (thirty) minutes in 1 (one) week excluding rest hours (Presidential Decree, 2023).

b) Drug Availability

Meanwhile, for resources related to the availability of medicines at community health centers, it was found that medicines were often out of stock, stock was limited and did not match the needs of community health centers. The results of this research are in line with research by Ali et al, (2015) which states that specifically the availability of medicines at the Siko Health Center and Kalamata Health Center, Ternate City is still lacking or even empty. The research results also show that there are external prescriptions that must be purchased by patients. The results of this research are not in accordance with Minister of Health Regulation No. 71 of 2013 which states that BPJS participants have the right to obtain drug services, medical devices and consumable medical materials needed according to the patient's medical indications.

One of the indications of referral that occurred in the research results was due to a shortage of medicines at the community health center. The results of this study are different from the results of research by Nurlinawati et al., (2019) which states that it is very rare for community health centers to refer patients due to a lack of medication, so it can be said that medication is not a factor influencing referrals at Depok City Community Health Center.

4. Dispositional Factors Related to CommitmentOn ImplementationBPJS Patient Referral System at Pidie Regency Health Center.

An attitude that does not support a policy will certainly create obstacles to the process of implementing

the policy so that it does not implement the provisions determined by the policy maker. Therefore, to achieve policy objectives, implementers who are dedicated to the policy are very necessary. Apart from that, implementors should have a high commitment so that they always feel enthusiastic in carrying out their duties, authority, functions and responsibilities according to the regulations that have been set.

This research has explained that the leadership and officers were still not optimal in their commitment. Even though several efforts have been made to continue to be committed to running the referral system, sometimes if there is no supervision and control from the leadership, the implementor's commitment is lacking. Officer commitment is also sometimes hampered by conditions in the field such as pressure from BPJS patients, availability of medicines, and so on. better in an effort to reduce referral rates. The results of this study are not in line with research by Dadus et al., (2023) which states that the attitude of health workers at the Werang Community Health Center in implementing the patient referral system policy for JKN participants can be said to be good as shown by the attitude or commitment of the health workers.

This research found that doctors are committed to treating patients according to the competence of doctors at the health center and will refer patients according to the referral SOP. The results of this study are in line with the results of research Hermiyanty et al., (2019) which states that doctors' commitment to making referrals to patients can be said to be good by committing to carrying out referrals in accordance with existing SOPs.

5. Bureaucratic Structure Factors Related to Standard Operating Procedures (SOP)On Implementation BPJS Patient Referral System at Pidie Regency Health Center.

According to Edward, every policy implementation must establish standard operating procedures (SOP) to function as guidelines, instructions and guidance for policy actors so that they know what to prepare and do, who the policy targets are, and what results they want to achieve. (Widodo, 2017). In this research, the SOP aspect covers whether there are technical instructions and Standard Operating Procedures (SOP) at the community health center. The results of this research show that 3 (three) community health centers already have reference SOPs which guide the work of health workers. The results of this study are in line with the research results Dadus et al., (2023) said that the Werang Community Health Center had a special SOP regarding the implementation of the patient referral system for JKN participants.

Health workers try to carry out referrals in accordance with the SOP by having patients come and then be examined, so that if they cannot be treated at the puskesmas, referrals are made. There are times when patients do not come so they cannot be carried out according to the procedure, this is not in line with the research results Rahmadani et al., (2020) where it is stated that the Barrang Lompo Island Community Health Center makes patient referrals through anamnesis, physical examination and medical supporting examinations which the community health center is capable of carrying out to determine the patient's diagnosis. If the patient's condition cannot be treated at the community health center, health workers will make a referral to an advanced referral health facility.

Referrals should be made by doctors and not nurses or midwives in accordance with PMK No. 001 article 4 which states that midwives and nurses can only make referrals to doctors and/or dentists who provide first-level health services. So, it is not appropriate for nurses to make referrals to hospitals.

Patient handling before patient referral is carried out is in accordance with PMK No. 001, namely:

a) Providing first aid and/or measures to stabilize the patient's condition according to medical indications and according to capabilities for patient safety purposes during the referral;
b) Communicate with referral recipients and ensure that referral recipients can receive patients in the event of an emergency patient situation; And
c) Create a referral cover letter to be delivered to the referral recipient.

CONCLUSION

Based on the results of research regarding the analysis of the implementation of the BPJS patient referral system in Pidie Regency health centers, it can be concluded:

1) The referral implementation that has been carried out at the 3 research health centers where the research is carried out is a tiered referral from the health center to the hospital with a choice of hospitals according to the needs of the patient's medical condition and the hospitals available in the P Care application. Providing referrals is based on medical indications of patients who require

specialist or sub-specialist treatment. Obstacles faced by community health centers in implementing the referral system include requests for referrals by patients and the referral process not yet running optimally from specialist doctors on duty at the hospital. Utilization of the JKN program capitation fund budget for purchasing medicines and BMHP has not been running optimally because it is hampered by the SIPD system which regulates drug purchases based on the type of drug and the price which must match the SIPD menu. There is guidance and supervision from the Pidie District Health Service which is not optimal.

2) The role of communication related to the transmission of a policy shows that although the delivery of the referral system has been carried out optimally to the community by the community health center, the implementation of the referral system has not run optimally, therefore there is a need for direct socialization from BPJS to the community.
3) The role of BPJS patient medication limitations is one of the indications for referrals from community health centers which influences the number of patient referrals to hospitals. There is a mismatch between the availability of doctors and the number of BPJS patients in the work area of the health center. The limited number of doctors means that services cannot be provided optimally. This is because apart from providing curative services in the building, doctors should also provide promotive and preventive services outside the building.
4) The committed role of community health center leaders in efforts to reduce referral rates by monitoring and evaluating all staff and especially staff involved in inputting P Care data on BPJS patient visits is very large.
5) All community health centers have a referral SOP as a guideline for running the referral system at the community health center. Implementation of referral SOPs is still hampered by limited numbers of medical personnel, drug availability and patient demand.

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