

Patient Perceptions of the BPJS Health Patient Referral System at the Bayan Purworejo Community Health Center

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ABSTRACT

Background & Objective: Bayan Community Health Center, with a total of 156,868 referrals during the period of January to December and a total of 1,056,436 visits. This number has increased, whereas in 2022, the number of BPJS referral patients was only 53,065 with a total of 392,868 visits. To determine patients' perceptions of the implementation of the BPJS Health Patient Referral System at Bayan Community Health Center in Purworejo, an observational descriptive study was conducted. **Method:** A cross-sectional approach was used, and the data were analyzed quantitatively. **Result:** Patient perceptions regarding the BPJS referral system at the Bayan Health Center were categorized as high on the following indicators: ease of the referral process (average index of 68.1), satisfaction with referral services (average index of 67.8), effectiveness and appropriateness of referrals (average index of 67.3), and challenges in referral implementation in the moderate category with an average index of 61.8. **Conclusion:** Patients' perceptions of the BPJS referral system at the Bayan Community Health Center are high in terms of ease, satisfaction, and effectiveness of referrals. However, there are still obstacles in its implementation, which are in the moderate category.

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Introduction

According to data obtained from the Purworejo District Health Office, in 2022 there were 53,065 referrals from primary health care facilities (FKTP) to hospitals, out of a total of 392,868 visits by BPJS Health participants to FKTPs. During the January-December 2023 period, the number of visits was 405,993, and the number of referrals to hospitals reached 53,655. During the January-December 2024 period, the number of visits was 1,056,436, and the number of referrals to hospitals reached 156,868. The

number of referrals from the 27 community health centers in Purworejo District is recorded at the Bayan Community Health Center, with 156,868 referrals during the January-December period and 1,056,436 visits. This number has increased, as in 2022 the number of BPJS patient referrals was only 53,065 with 392,868 visits. This is due to medical indications requiring patients to be referred. Additionally, there are limitations in healthcare facilities at the FKTP. Further research is needed on the analysis of the implementation of the BPJS patient referral system at the Bayan Community Health Center.

Perception originates from the Latin words “perceptio” or “percipio,” meaning vision or response. Perception is a response from the process of understanding certain conditions through one's five senses. Perception is also a condition that can influence behavior and define a person's response. Perception is also the process of collecting, identifying, and interpreting sensory information to convey an image and understanding of a situation. It can be said that perception can influence a person's response, impression, or reaction after the individual understands certain objects through their five senses (Akbar, 2015).

The implementation of the JKN program at the beginning of its implementation faced many obstacles, namely not all residents were registered as participants, the distribution of health services was uneven, the quality of health services varied, and the referral and payment systems were not optimal. There was also uneven distribution of health facilities, health human resources, and varying geographical conditions, as well as health inequalities between community groups (DJSN, 2012).

There are several reasons why referrals may be made, namely (Ministry of Health, 2012):

1. The health care facility in question has limited resources (facilities, infrastructure, equipment, personnel, budget/funding) and competence and authority to address a condition, whether temporary or permanent.
2. Certain patients require specialized/sub-specialized healthcare services, additional services, or different services that cannot be provided at the relevant individual healthcare facility, including cases involving emergency conditions.
3. Patients require inpatient care and further management, while such services are not available at the original healthcare facility.
4. For patients with certain diseases, diagnostic or therapeutic equipment is required, which is not available at the relevant healthcare facility.

According to Indonesian Minister of Health Regulation No. 1 of 2012, referrals are given under the following conditions:

1. The referral must be approved directly by the patient or their family.
2. Approval is given after the patient or family receives an explanation from the authorized health worker.
3. The explanation must at least include:
 1. The diagnosis and therapy or medical procedures required for the patient
 2. The reasons and objectives for referring the patient
 3. The risks that may arise if the referral is not carried out immediately
 4. The transportation used for the referral
 5. The risks or complications that may arise during the journey
4. In addition, before making a referral, the referring party must:

1. Provide first aid or stabilization measures for the patient's condition in accordance with medical indications and in accordance with their capabilities for the purpose of patient safety during the referral.
2. Communicate with the referral recipient to confirm whether the patient can be accepted in the event of a medical emergency.
3. Prepare a referral letter to be submitted to the referral recipient.
5. In this communication, the referral recipient is obligated to:
 1. Provide information regarding the availability of facilities and infrastructure, as well as the competence and availability of healthcare personnel.
 2. Provide medical considerations regarding the patient's condition.
6. The referral letter must include at least the following:
 1. Patient's identity
 2. Results of the patient's examination (anamnesis, physical examination, and supporting examinations) that have been conducted
 3. Working diagnosis
 4. Therapy or treatment that has been given to the patient
 5. Purpose of the referral
 6. Name and signature of the healthcare provider who provided the service.

The referral is considered complete or finalized once the patient has been accepted by the receiving facility. The receiving facility is responsible for providing further healthcare services upon receiving the referral. The receiving facility is obligated to provide the referring facility with information regarding the patient's condition after completion.

The procedures for implementing the referral system are as follows (BPJS, 2014):

1. The healthcare referral system is implemented in stages according to medical needs, namely:
 - a. Starting from primary healthcare services provided by primary healthcare facilities
 - b. If further services by a specialist are required, the patient may be referred to a secondary healthcare facility
 - c. Secondary healthcare services at secondary healthcare facilities can only be provided upon referral from primary healthcare facilities.
 - d. Tertiary healthcare services at tertiary healthcare facilities can only be provided upon referral from secondary and primary healthcare facilities.
 - e. Healthcare services at primary healthcare facilities that can be directly referred to tertiary healthcare facilities are only for cases where the diagnosis and treatment plan have been established, are recurring services, and are only available at tertiary healthcare facilities.
2. The provisions for tiered referral services may be exempted under the following conditions:
 - a. In the event of an emergency; emergency conditions follow the applicable provisions
 - b. Disasters; Disaster criteria are established by the Central Government and/or Local Government.
 - c. Special health issues of the patient; for cases where the treatment plan has been established and the treatment can only be performed at a higher-level healthcare facility due to geographical considerations; and considerations of facility availability.

Objective

The main objective of this study is to analyze the supporting and inhibiting factors in the implementation of the BPJS patient referral system at the Bayan Community Health Center in Grantung, Purworejo.

How do patients perceive the implementation of the BPJS Health Patient Referral System at the Bayan Community Health Center in Purworejo? The objectives of this study are:

1. To determine patients' perceptions of the implementation of the BPJS Health Patient Referral System at the Bayan Community Health Center in Purworejo.
2. To analyze the supporting and inhibiting factors in the implementation of the BPJS patient referral system at the Bayan Community Health Center in Grantung, Purworejo.
3. To assess the compliance of the referral system implementation in the JKN era at health centers based on existing regulations and policies.
4. To provide considerations for the government and BPJS in addressing issues related to the BPJS Health Patient Referral System in Purworejo City.

Method

This study is a descriptive observational study. It uses a cross-sectional approach and is analyzed quantitatively. The population in this study consists of patients at the Bayan Community Health Center in Purworejo Regency with the following criteria:

1. Inclusion criteria:
 - a. Adult patients aged 18 years or older
 - b. Patients who sought treatment at the Bayan Community Health Center in Purworejo District
 - c. Patients who sought treatment in June in Purworejo District
2. Exclusion criteria:
 - a. Patients who did not complete the questionnaire

In this study, the sample consists of patients at the Bayan Community Health Center in Purworejo District who are willing to participate as respondents. The minimum sample size is 100 respondents. Data collection is conducted via a questionnaire. The data collection period is June 2025. This study is a descriptive observational study. It uses a cross-sectional approach and is analyzed quantitatively.

Results

This study uses a cross-sectional research method, which is an observational study that collects data from a group of people or subjects at a specific point in time. The quantitative method will be carried out using average scores. The sample in this study is the entire population, consisting of 100 patients who came in June. The data was obtained directly from the respondents and collected through questionnaires and interviews. The analysis used in this study is descriptive frequency analysis, which is a statistical method for summarizing and describing data by presenting the frequency of occurrence of each value or category in a dataset.

Respondent Characteristics

Respondent Characteristics	Frequency	Percentage
Gender		
Male	28	28%

Female	72	72%
Respondent Age		
≤ 20 Years	8	8%
21-30 Years	16	16%
31-40 Years	14	14%
41-50 Years	15	15%
50 Years and Above	47	47%
Highest Level of Education		
Elementary School	34	34%
Junior High School	20	20%
Senior High School	41	41%
Diploma	3	3%
Bachelor's Degree	2	2%
JKN Status		
PBI	58	58%
PPU	10	10%
PBPU	4	4%
BP	28	28%
Total	400	400%

Based on the table above, it can be seen that 28% of respondents were male and 72% were female. Regarding age, the data shows that 8% of respondents are aged ≤20 years, 16% are aged 21-30 years, 14% are aged 31-40 years, 15% are aged 41-50 years, and 47% are aged 50 years and above. Regarding the highest level of education, it was found that 34% had completed elementary school, 20% had completed junior high school, 41% had completed senior high school, 3% had completed a diploma program, and 2% had completed a bachelor's degree program. Regarding JKN status, the information obtained shows that 58% of respondents have JKN PBI status, 10% have JKN PPU status, 4% have JKN PBPU status, and 28% have JKN BP status.

Three Box Method Analysis

Variable	Index			Behavior
	R	S	T	
Ease of Referral Process			*	Aware
Satisfaction with Referral Services			*	Monitoring
Effectiveness and Appropriateness of Referrals			*	Management
Constraints in Referral Implementation		*		Control

Discussion

Ease of Referral Process

In the study of patient perceptions of the FKTP Referral System at the Bayan Community Health Center, the indicator of ease of referral process showed that patient perceptions were high and good, with a minimum value of 4 and a maximum value of 20, a mean of 13.52, and a standard deviation of 3.961. The standard deviation value is smaller than the mean value, meaning that the mean value is a good representation of the overall data. This indicates that patients have a good perception

of the ease of the referral process, and the accuracy of the referral system is already good. All respondents (100%) received referrals in accordance with the tiered referral system procedures. However, referral letters were not fully completed, as many health workers did not fill in the results of diagnoses, physical examinations, medical histories, and therapies that had been administered. Patient satisfaction with referral services was low at 34.9% (Seiawan and Nurizzka, 2019).

Satisfaction with Referral Services

In the study of patient perceptions of the FKTP Referral System at the Bayan Community Health Center, the indicator of satisfaction with referral services showed that satisfaction with the services was good. From the results of the descriptive statistical test on the indicator of satisfaction with referral services, the minimum or lowest value was 8 and the maximum or highest value was 20, with a mean of 13.55 and a standard deviation of 4.081. The standard deviation value is smaller than the mean value, which means that the mean value is a good representation of the overall data.

With a good referral system, basic patient care at Primary Health Care Facilities (FKTP) is expected to be resolved. If not handled, it can be referred to the second level, and if still problematic, it can be referred to the third level facility (Setiawati and Nurizzka, 2019).

Effectiveness and Appropriateness of Referrals

In the study of patient perceptions of the FKTP Referral System at the Bayan Community Health Center, the indicators of referral effectiveness and appropriateness had high or good values. In the descriptive statistical test results for the effectiveness and appropriateness of referrals, the minimum or lowest value was 8, and the maximum or highest value was 20, with a mean of 13.56 and a standard deviation of 4.013. The standard deviation value is smaller than the mean value, meaning that the mean value is a good representation of the overall data. Based on the quality audit of services, the accuracy of referral implementation, measured by the appropriateness of referrals given to patients in accordance with the procedures of the tiered referral service system, has been carried out in accordance with regulations (Marina Ery Setiawati, 2019).

Challenges in the Implementation of Referrals

In the study of patients' perceptions of the FKTP Referral System at the Bayan Health Center, the results for the indicator of challenges in the implementation of referrals were high, indicating that patients' understanding of the challenges in the implementation of referrals is good. From the results of the descriptive statistical test on the variable of challenges in referral implementation, the minimum or lowest value was 8, and the maximum or highest value was 20, with a mean of 12.36 and a standard deviation of 2.935. The standard deviation value is smaller than the mean value, meaning that the mean value is a good representation of the overall data. Referring to the Three Box Method analysis.

The challenges faced include a shortage of trained staff and double duties, lack of understanding of Standard Operating Procedures (SOPs) among staff, communication errors between healthcare workers, and an insufficient referral information system between community health centers and hospitals, making it difficult to find referral hospitals (Nestelita, Suryoputro, and Kusumas Tuti, 2019).

Conclusion

The majority of patients were in the 18–70 age group (45%), which is the productive age group. In terms of gender, female patients (72%) visited the health center more often than male patients. Educational level was a factor that influenced patient perceptions. The majority of visitors had a high school education or equivalent (41%) and were classified as having a secondary education. The majority of patients who visited in this study were PBI patients, accounting for 58%.

Patients' perceptions regarding the BPJS referral system at the Bayan health center on the indicator of ease of the referral process in the high category had an average index of 68.1, the indicator of satisfaction with referral services in the high category with an average index of 67.8, the indicator of effectiveness and suitability of referrals in the high category with an average index of 67.3, and the indicator of obstacles in the implementation of referrals in the moderate category with an average index of 61.8.

Health centers need to improve the clarity and completeness of information regarding referral hospitals, including location, available services, registration procedures, and estimated waiting times. This information should be communicated both verbally and in writing (brochures, pamphlets, or digital media). Registration staff and referral staff need to be trained in effective communication to explain the referral process clearly, courteously, and without confusing patients, ensuring it is easily understood. Social media, WhatsApp, or official health facility apps should be used to convey referral information quickly and accurately to patients and their families. Community health centers must establish intensive communication with referral hospitals to make the referral process more structured, avoid patient rejection, and increase public trust.

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