

Analysis of Implementation of the Prolanis-Diabetes Mellitus Chronic Disease Management Program in Majene Regency

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ABSTRACT

In the context of health maintenance for BPJS health participants who suffer from chronic diseases, PROLANIS is a proactive strategy and health care system that is implemented in an integrated way involving participants, health facilities, and BPJS health. In this work, a case study methodology is combined with a qualitative method. Content analysis was employed to analyze the data. Thirteen informants—four key informants and nine routine informants—were interviewed. The research on the communication between program implementers yielded positive results, the BPJS budget was allocated effectively, and the human resource numbers of the various health centers varied, but the facilities and infrastructure were more than sufficient, and the implementation skills were strong. Proceeding by current SOPs, the bureaucracy still needs improvement and regulation, and the BPJS incentives both reward and efficiently distribute money. Conclusion: Both Community Health Centers acknowledge that funding from BPJS is fairly good. Notifications and reminders of activities have been successfully implemented in the Diabetes Mellitus Chronic Disease Management Program (PROLANIS) policy, even though only those who are active and present are the same. Infrastructure and facilities are sufficient; however, there is room for improvement in the amount, quality, and integrity of human resources. Additionally, the appointment of bureaucracy requires attention, and it may be more effectively divided.

Keywords: Diabetes Mellitus, Cronis Disease, Prolanis, BPJS Health and bureaucracy.

INTRODUCTION

Attaining the target set by evidence-based international guidelines in a patient with type 2 (T2DM) remains a challenge, particularly in the developing world One ¹. Mortality in the modern world is mainly due to chronic diseases. The increase in life expectancy and the development of technology led to a significant increase in chronic diseases². Diabetes has emerged as one of the most serious and common chronic diseases of our time ³ (Hong Sun, et al, 2022). Diabetes Mellitus is one of the leading causes of morbidity and mortality among the Caribbean population. Ideal glycemic control can be attained when patients adhere to self-management behaviors such as consistent monitoring of blood glucose levels, staying physically active, taking medications, and eating a healthy diet ⁴. Diabetes Mellitus is one of the highest health crises of the 21st century the majority of ministries and public health authorities keep being oblivious to the current impact of the disease and its complications ⁵. Access to healthcare is a critical component of diabetes management. Patients with diabetes require regular access to healthcare for routine medication adjustments by providing, laboratory monitoring for treatment goals and side effects, and encouragement to continue to make healthy behavior changes ⁶. For the years 2020–2022, data on health services for people with diabetes mellitus varies annually, with some years showing increases and some showing decreases. This is because that year was marked by the COVID-19 pandemic, which led to restrictions on gatherings and activities outside the home to stop the virus from spreading. As a result, fewer

people received services, and fewer visits were made. In Majene district health centers, diabetes ranks among the top 10 non-communicable diseases and is also the most prevalent condition after hypertension. One of the initiatives the government is doing through BPJS to help BPJS members who are PROLANIS participants manage their diabetes mellitus and hypertension is the Chronic Disease Management Program. For this reason, the author is curious about the extent to which PROLANIS has been implemented in Majene Regency since 2014 and how well it has helped "make healthy" individuals with Diabetes Mellitus registered in the program.

MATERIALS AND METHOD

This research was conducted at two community health centers (urban health center, Totoli Community Health Center, and rural health center, Sendana I Community Health Center) in Majene Regency. The research and data collection period was carried out in November–December 2023. This research is qualitative research with a case study approach. In this qualitative research, the sampling technique used is the Purposive Sampling technique.

RESULTS

Communication between Health Executives

a. Transmission

Good communication distribution will also produce good implementation.

The results of interviews with key informants and regular informants stated that communication

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was carried out through activity notifications both via telephone and WhatsApp groups, which had been carried out by PROLANIS program holders at each Community Health Center.

The following is an excerpt from the interview:

".....Notification of the activity schedule is carried out via telephone by contacting each PROLANIS member..." (CO, 37 Years)

".....Dial a normal telephone....." (DAI, 54 years old)

".....Via the WhatsApp group notification....." (NW, 36 Years)

".....a fellow member's neighbor called me and then invited me to go together to the Community Health Center....." (BUS, 53 years)

from the results of interviews with key informants and regular informants, it was stated that clarity regarding information was carried out by providing notification information regarding PROLANIS activities being held and there was also education/counseling held during the activities.

The following is an excerpt from the informant's interview:

"...Notification of activities is done by calling the Prolanis members, doing 3 gymnastics exercises, education and blood pressure, and blood sugar checks once a month..." (CO, 37 Years)

".....Notification of activities was conveyed in the WhatsApp group PROLANIS member group....." (NW, 36 years old)

".....If group exercise is done once a week, the exercise is done 4 times a month.

Before exercising, blood pressure and blood sugar checks are carried out once a month, educational dissertation/counseling, but the material changes every month..." (IRM, 39 years old)

".....Yes, I have never taken part in gymnastics but only once, so my blood pressure and blood sugar were checked...." (DAI, 54 years old)

".....He usually calls when he has activities, he often goes to gymnastics, his blood pressure and blood sugar are checked..." (SN, 60 years old)

"...I was told via WhatsApp that there was a group. Yes, I have attended the counseling..." (NS, 64 years old)

c. Consistency

From the results of interviews with both key informants and regular informants, PROLANIS gymnastics activities are held once a week and regularly every month. Prolanis activities Medical consultations, and education at the Risti Club (PROLANIS Club) especially for DM sufferers were carried out

The following is an interview excerpt from the informant:

"...Notification of activities is done by calling the Prolanis members, doing 3 gymnastics exercises, education and blood pressure, and blood sugar checks once a month..." (CO, 37 Years)

".....If group exercise is done once a week, the exercise is done 4 times a month.

Before exercising, blood pressure and blood sugar checks are carried out once a month, educational/counseling dissertation, but the material changes every month..." (IRM, 39 years old)

".....If you have a friend on the phone, they often invite you to go to the health center, but if you don't go, there are usually community health center employees who come to check on you..." (BUS, 53 years old)

".....Often go to exercise at the Community Health Center..." (SAR, 48 years old)

".....Told via WhatsApp, there is a group (NS, 64 years old)

Resource

a. Human Resources

Availability and ability of implementing program holders to carry out PROLANIS activities in the Majene Regency. Based on interviews with key informants at Totoli Community Health Center and Sendana I Community Health Center, the availability of program holders in terms of numbers is different. At Totoli Community Health Center it is said that there is only 1 program holder in each program, in contrast to Sendana I Community Health Center which has 3 PROLANIS holders.

".....I'm still new to handling PROLANIS, there's only 1 program holder, 1 program, 1 person..." (CO, 37 years old)

".....If we choose the officers, the Puskesmas will choose and form the program holder..." (IRM, 39 years old)

From the results of interviews from the two Community Health Centers, there is the availability of human resources in the implementation of PROLANIS which was formed from each Community Health Center.

b. Budget Resources

Budget resources are an important factor in implementing an activity program. Without budget resources, it is difficult for a program to run well. The budget resources for the Chronic Disease Management Program (PROLANIS) come directly from BPJS (Social Security Administering Agency).

".....We carry out PROLANIS activities, we make the LPJ to BPJS and BPJS pays..." (IRM, 39 years old)

".....yes the funds come from BPJS...." (CO, 37 years old)

The results of the two key informants from the Totoli and Sendana I Community Health Centers said that the source of funds for PROLANIS activities came from BPJS as the founder of PROLANIS. Both of them admitted that there were no obstacles in terms of disbursing budget funds from BPJS to their Community Health Centers, both at the Totoli Community Health Center and Sendana I Community Health Center.

c. Equipment Resources

Equipment is a supporting part of a program activity which is no less important in organizing activities.

The following is an excerpt from the interview:

"..... Good sound system for gymnastics, mic for counseling. Blood pressure and blood sugar measuring devices and there are also all the products available....." (IRM, 39 Years)

".....For exercise and blood pressure and blood sugar measuring devices are available....." (CO, 37 years old)

Based on the results of interviews with key informants from the Totoli and Sendana I Community Health Centers, the availability of equipment for program implementation was quite good.

Bureaucratic Structure

a. Standard Operating Procedure (SOP) Mechanism

There are guidelines for implementing the Chronic Disease Management Program (PROLANIS) in Majene Regency, for example, implementation at the urban health center at Totoli Health Center and the rural health center at Sendana I Health Center

Based on interviews from key informants from both the Totoli Community Health Center and the Sendana I Community Health Center, they said that there were SOPs for implementing PROLANIS in their respective community health centers.

".....yes there is an SOP....."(CO, 37 years old)

"...Is there an SOP, would you like to see it?....."(IRM, 39 years old)

From the results of interviews at both Community Health Centers, they stated and acknowledged the SOP as a procedure for implementing PROLANIS activities.

b. Fragmentation

Fragmentation means spreading the responsibility for various activities, activities, or programs among several work units in their respective fields.

The following is an excerpt from the interview as follows:

"..... I am the person in charge of PROLANIS...." (IRM,39 Years)

".....I am in the data input section....."(HAR,35 Years)

".....I am in the gymnastics management department....."(NW, 36 Years)

The division of tasks at the Sendana I Community Health Center is according to the guidelines for the Implementation of the Chronic Disease Management Program (PROLANIS), 3 people are working together in the implementation process, some are program holders whose responsibility is directly related to BPJS, health checks, and education, some are responsible for exercise activities. and some work on inputting the data.

Disposition

a. Bureaucratic Appointments

The appointment and selection of policy-implementing personnel must be people who are dedicated to the policies that have been established, more specifically to the interests of community members (Edward III in Agustinus, 2006: 159-160).

The following is an excerpt from the interview:

"..... Kapu's supervisor, the person in charge of Irmawati Irmawati S.kep Ns., members of Nurwani Wahab, Harmawati, appointed directly by the Head of Pus....."(IRM, 39 Years)

b.Incentive

Increasing certain profits or costs might be a motivating factor that makes implementers carry out orders well. This is done to fulfill personal or organizational interests. (Edward III in Augustine, 2006: 159-160).

The following is an excerpt from the interview as follows:

".....yes there are incentives in the form of rewards and money..." (NW, 36 years old)

The incentives in the form of money that PROLANIS program holders in Majene Regency receive from BPJS as well as rewards increase the enthusiasm of the healthcare workers at the Community Health Center to carry out and make the implementation of PROLANIS a success so that the implementation of the program at FKTP can run well.

DISCUSSION

Communication Between Health Executives

a. Transmission

Public policies must be communicated, both directly and indirectly, to policy implementers as well as to policy target groups and other interested parties, according to the transmission dimension.

By this policy, the Community Health Centres of Totoli and Sendana

I have jointly presented to the implementers to facilitate coordination and cooperation in the implementation process. Additionally, notifications inviting PROLANIS participants to participate in PROLANIS activities at the Community Health Centre have been sent out. Monthly education and extension activities are regularly conducted and communicated to PROLANIS members.

b. Clarity

We want policies to be communicated to implementers, target groups, and other interested parties clearly and concisely so that they are all aware of the goals, purpose, and content of the public policy and may prepare themselves to make it successful and efficient.

The study's findings shed light on PROLANIS's goals, objectives, and targets, all of which have been implemented rather successfully even though they haven't gone as smoothly as they should have to meet the program's objectives. On the other hand, the healthcare side performed in compliance with the relevant protocols under the guidance and supervision of the BPJS. The team's coordination, task distribution, and other aspects of the job were executed pretty effectively. This is consistent with research⁷ that indicates resistance from the target group may arise if information regarding the aims and objectives of a policy is not understandably communicated to them.

c. Consistency

Maintaining consistency is essential to prevent policy implementers, target groups, and interested parties from being confused about the actions implemented.

According to the findings of the research done on consistency, the program was executed quite successfully, with program implementers performing regular tasks once a month.

Resource

The use of resources is crucial to the execution of policy. One factor influencing the way policies are implemented is human resources. If those responsible for implementing the policy do not have the necessary resources, their efforts will be ineffective⁸⁻¹⁰.

a. Human Resources

According to study findings, there is a disparity in resources between rural and urban health centers. Sendana I Rural Health Centre has three PROLANIS holders, whereas Totoli Urban Health Centre only has one. In terms of both quantity and quality, Sendana I Rural Health Centre has more resources than Totoli Urban Health Centre. On the other hand, human resources are competent enough to execute the program. Although the Totoli Community Health Centre only has one program holder, doubles up on work at the dental clinic, and is still relatively new to holding PROLANIS, the results of the interviews conducted indicate that the center's capabilities are quite adequate and capable. When speaking with PROLANIS holders of rural Puskesmas at Sendana 1 Puskesmas, there is a noticeable difference in terms of numbers and the information given and explained. The implementation of PROLANIS at the Totoli Community Health Centre, as well as the coordination and reporting of activities and funding from BPJS, are said to have gone smoothly because the only obstacle is the presence of PROLANIS participants, who occasionally do not participate in activities at the Puskesmas. many and educational, with other members who are holding PROLANIS and also participating in PROLANIS events at the Sendana I Community Health Centre. Additionally, because he has been holding PROLANIS for a longer period than the officers at the Totoli Community Health Centre, who recently held PROLANIS, the members at the Sendana I Community Health Centre also have workshop experience from BPJS. This is consistent with earlier research at the Sendana I Community Health Centre, which found that

the staff carrying out the proteins program is deemed adequate when considering the sufficiency of human resources¹²⁻¹⁵.

b. Budget Resources

At the end of his study, Edward III stated in Widodo (2010: 100) "Citizen opposition limits the acquisition of adequate facilities due to your budget limitation." The level of service quality that implementers can offer the general public is now limited.

Edward III asserts that the community should only receive a limited amount of high-quality services due to budgetary constraints. According to Edward III in Widodo (2010: 100), "Studies on new towns indicate that a significant factor in the program's failure was the restricted availability of federal incentives." Edward III asserted that the primary reason for the program's implementation failure was the implementers' meager incentives.

According to the findings of the study and key informant interviews, there are no barriers to the BPJS budget resources, and the financing is excellent. This is consistent with the study by¹⁶ Sitohang (2015), who claims that a program's budget is a supporting component that helps programs be implemented effectively and efficiently. This is consistent with earlier research¹⁷ (Pratiwi, 2017), which found that BPJS Health Bogor City provides financial support for Prolanis implementers at Community Health Centres through a reimbursement scheme. The Puskesmas requests PROLANIS implementation money each month and provides BPJS Health Bogor City with a report on their implementation activities. To ensure that Community Health Centres have equal financial resources for implementing PROLANIS, BPJS Health Bogor City has also set the budget amount for each activity.

c. Equipment Resources

Equipment resource which include buildings, land, and facilities—are the tools utilized to operationalize the implementation of policies. These tools will facilitate the provision of services in carrying out the policies. "Physical facilities are still important resources in implementation. Without the right building, supplies, equipment, or even green space, implementation will not be successful, even if the implementor has enough staff, knows what needs to be done, and is authorized to carry it out."

According to the research's findings, the Totoli and Sendana I Health Centres' infrastructure—including its location and equipment—is more than sufficient to carry out all of the PROLANIS activities. This is in line with (Sitohang, 2015), which states that for any organization to operate and meet its objectives, there must be an adequate supply of high-quality infrastructure and amenities available. Goals cannot be achieved without infrastructure and facilities. The Community Health Centre has the infrastructure and facilities required to implement PROLANIS, which is consistent with earlier studies¹⁷ (Pratiwi, 2017).

Bureaucratic Structure

a. Standard Operational Procedure (SOP)

Edward III asserts that as an SOP will be used as a guide by policy implementers and executors, it should have a clear, methodical, simple, and easily comprehensible framework. The relevant SOPs were modified to references in the health status monitoring book for PROLANIS DM and HT participants in 2014 based on the findings of the research and document review that was conducted. To the Community Health Centre Head's policy, the implementing nurses at the facility created and developed these SOPs. Exam procedures include taking blood pressure, measuring body weight and circumference around the abdomen, performing simple lab tests (GDS/GDP), performing PROLANIS activities, providing counseling and health education, and answering questions and providing answers. This is in line with

research, that the existence of flows and procedures in a bureaucratic structure can make it easier for staff and patients seeking treatment to know program service procedures. This is in line with research that there is a special SOP from BPJS Health for the implementation of PROLANIS and it is documented in writing. Meanwhile, based on research results, written Standard Operational Procedures (SOP) are available for the implementation of PROLANIS. However, the SOP only contains laboratory tests and the availability of PROLANIS drugs. There are no written SOPs for other activities such as education, exercise, and health consultations.¹⁸⁻²³

b. Fragmentation

Edward III in Winarno (2014: 209) explains that fragmentation is the division of responsibility for a policy into several different bodies so that it can require coordination. The results of research and document review at the Totoli and Sendana I Community Health Centers are that there is no valid physical form and organizational structure in dividing PROLANIS tasks and responsibilities and there is no decree regarding PROLANIS at these two community health centers. The division of duties is adjusted for each activity at the Sendana I Community Health Center. Doctors who carry out outreach education are not included as PROLANIS holders and of the 3 Prolanis holder nurses, one of them is in charge, one member handles exercise activities, and the other member handles inputting data on PROLANIS participant activities. Meanwhile, at the Totoli Community Health Center, which has only 1 program holder, the division of tasks is carried out with the help of other health workers. When distributing and being responsible for a program, all officers carry out their duties using a predetermined system, with stability and collaboration in their duties^{12, 24-30}

Disposition

a. Bureaucratic Appointments

The disposition or attitude of implementers will create real obstacles to policy implementation if existing personnel do not implement the policies desired by high-ranking officials. Therefore, the selection and appointment of policy-implementing personnel must be people who can have the dedication that has been determined. The disposition or attitude of implementers will create real obstacles to policy implementation if existing personnel do not implement the policies desired by higher officials.

Therefore, in the implementation at both the Totoli Community Health Center and Sendana I Community Health Center, the implementation was carried out by the SOP and by the directions and objectives of BPJS PROLANIS under BPJS supervision both before and after the activity took place, after each activity the results of documentation and reporting were given to BPJS in the form of LPJ. It is known that disposition is one of the factors that can influence the successful implementation of the National Health Insurance program, thereby fostering positive acceptance and support for the program. If the implementers of a policy want to be effective, then the implementers of the policy must not only know what is to be done but must also have the ability to carry it out so that in practice there is no bias. This is in line with research by Nurharjadm that a good understanding of the program is taken by policy implementers.

b. Incentive

Incentives are one of the techniques suggested to overcome the problem of attitudes of policy implementers by manipulating incentives. People move based on their interests, so the manipulation of incentives by policymakers influences the actions of policy implementers.

From the results of research conducted at the two health centers, it is clear that there are incentives that can be obtained. This creates enthusiasm and consistency among program holders in carrying out

all Chronic Disease Management Program activities in the Majene Regency. This is in line with research from Miftahul Jannah²³ stating "There is a positive and significant influence between incentives on the performance of Sambaliung Community Health Center employees". If the company provides incentives fairly and according to performance appraisals, it will encourage employees to work more disciplined because they will feel that their performance is being assessed by the company.

CONCLUSION

The conclusions of the research include:

1. The implementation of the Chronic Disease Management Program (PROLANIS) has been carried out with good communication between Health Implementers has no problems, which means that coordination between BPJS and FKTP is going well. There is also good communication between program implementers.
2. Resources, including Human Resources, Budget, and Equipment
 - a. The human resources in one of the community health centers with only 1 program holder are not commensurate with the capacity of program activities, in contrast to the only community health center with 3 program holders.
 - b. Budget resources from BPJS are not constrained in the two puskesmas
 - c. Equipment resources for all PROLANIS activities are sufficient in terms of maintaining and controlling the health of PROLANIS members
3. Bureaucratic Structure includes SOPs and Fragmentation
 - a. Standard Operating Procedure PROLANIS activities are by existing SOPs.
 - b. Fragmentation is not yet optimal, some are not members of PROLANIS who also participate in activities, such as doctors in counseling/education. In the Community Health Center, it is said that there is only 1 program holder, and it is impossible to do all the activities themselves. So it's still not very well structured.
4. Disposition includes Bureaucratic Appointments and Incentives
 - a. Bureaucratic Appointments Appointed directly by the head of the Community Health Center by policies and considerations as well as the availability and capabilities of health workers.
 - b. Incentive There are incentives and rewards provided by BPJS to each FKTP.

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