

Analysis Of Relationship Between Patient And Trust On Service Of Primary Health Care With Appropriate Of Non-Specialistic Case Referral In The District Of Pasuruan, East Java

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Abstract. Outpatient referral ratio on non-specialistic case is an indicator to determine whether it is optimal or not in coordinating and cooperating between primary health care and referral health care services. The high ratio of non-specialistic case referral in one of referral health care services in Pasuruan to 27% by 2016, illustrate the low non-specialistic case referral ratio target from the safe zone as much as 5%. The purpose of this study is to know and analyze the relationship between patient request and trust in primary health care service with the appropriate of non-specialistic case referral in Pasuruan District. Analytical observational study with cross sectional study design. The populations are national health insurance participant referred to referral health care services with a non-specialistic case. The sample size is 292 people taken by simple random sampling. Data analysis use Chi Square analysis. The results concluded that there is a relationship between patient request and trust in primary health care service with the appropriate of referral. The recommendations which should be given are improve the provision of communication, information and education about referral mechanisms to national health insurance participants, improve the competence of physicians and improve service quality in primary health care.

Keywords: patients request, trust, appropriate of referral

1. INTRODUCTION

Implementation of health services in the national health insurance program is expected to be implemented in stages, effectively and efficiently. Referral services may only be provided for referral from first-line health services except for emergency situations, specific patient health issues, geographical considerations and availability of facilities.

Based on Decree of the Minister of Health No. 514 of 2015 on Clinical practice guidelines for physicians in primary health care facilities states that patient referral must be controlled with the objectives of quality and cost of health services maintained without neglecting the aspects of patient safety, effectiveness of action, conformity to patient needs and cost efficiency¹.

Based on the data of management information system in one advanced referral health care in Pasuruan district showed that the number of referral of non-specialistic case

during the last three years has increased ie 177 cases (2014), 297 (2015) and 310 (2016). Non-specialistic case referral ratio also shows that up to 2016 reached 27%. The figure is still high when compared to the 5% safe zone target for non-specialty case referral.

According to Leksana (2016) participants who have the convenience to obtain services that have become their rights, then they will prefer a more complete facility that is in advanced health facilities referral².

A person who has a belief in a particular health care provider will be willing to rely on a trusted health care provider. This will certainly affect the referral rate from the first-level health facility to the referral health care services.

2. METHOD

The type of this research is observational analytic with cross sectional study design that is taking variable data has done in one time at the same time and only once, so that between

variable of cause and variable of result can not be distinguished. This research only collecting data or information without giving intervention or treatment in populations or samples (Supriyanto & Djohan, 2011)³.

The research was conducted in one of referral health care services in Pasuruan District. The population study was the patient or family of national health insurance participants who were referred to non-specialistic case in August 2017 of 7,626 patients. The sample size is 292 people with the technique of sampling in simple random sampling.

Collection techniques and data collection process conducted by interviews using a questionnaire. Processing and analysis of research data using SPSS in the form of univariate, and bivariate analysis.

3. RESULTS

Univariate Analysis

Demographic Characteristics

Table 1 Socio-Demographic Distribution of National Health Insurance Patients and Non-Specialistic Case Referral in the District of Pasuruan

Socio-Demographic	Category	Frequency	Percentage
Sex	Male	101	34.6
	Female	191	65.4
Job	Farmer	17	5.8
	Privat employee	79	27.1
	Civil servant	23	7.9
	Traders	13	4.5
	Retired	8	2.7
	Not work	152	52.1
Education	Bachelor	37	12.7
	Diploma	7	2.4
	Senior high school	79	27.1
	Junior high school	51	17.5
	Elementary school	91	31.2
	Under age	15	5.1
	Not school	12	4.1

Source: Primary Data, 2017

Table 1 shows that the majority of respondents in this study were women (65%),

graduate from elementary school (31.2%) and not work (52.1%).

Patient Requests

Table 2 Request Distribution of National Health Insurance Patients and Non-Specialistic Case Referral in the District of Pasuruan

Patient Requests	Frequency	Percentage
Yes	142	48.6
No	150	51.4
Total	292	100.0

Source: Primary Data, 2017

Table 2 show that 51.4% of non-specialistic case referral in the District of Pasuruan were conducted on the instructions of the referring physicians of primary health care. However, referral on requests of national health insurance patients also reached 48.6%.

Trust in Services of Primary Health Care

Table 3 Trust Distribution in Primary Health Care Services of National Health Insurance Patients

Trust	Frequency	Percentage
No	98	33.6
Yes	194	66.4
Total	292	100.0

Source: Primary Data, 2017

Table 3 show that the patients with national health insurance and non-specialistic case referral in the District of Pasuruan said they believed with referral service in primary health care 66.4%.

Appropriate of Referral

Table 4 Distribution of Appropriate of Referral among National Health Insurance Patients with Non-Specialistic Case in the District of Pasuruan

Appropriate of Referral	Frequency	Percentage
Inappropriate	130	55.5
Appropriate	162	45.5
Total	292	100.0

Source: Primary Data, 2017

Table 4 show that the majority of national health insurance patients referred to with non-specialistic cases fall into an inappropriate category (55.5%).

Bivariate Analysis

Relationship between Patient Requests with Appropriate of Referral among National Health Insurance Patients on Non-Specialistic Case Referral

Table 5 Relationship between Patient Requests with Appropriate of Non-Specialistic Case Referral

Patient Requests	Appropriate of Referral				Total	
	No		Yes		F	%
	F	%	F	%		
With request	128	90.1	14	9.9	142	100.0
No request	2	13	148	98.7	150	100.0

Sig: 0,000; r:0,6666

Table 5 show that the national health insurance patients referred to by primary health care physician or do not ask for themselves tend to be accurate at 98.7%. In contrast, referral conducted at the request of patients tend to experience referral inappropriate of 90.1%. The result of chi square test shows that $p < 0,05$ is 0.000. with r value of 0.666. This has the meaning that there is a relationship between patient requests and non-specialistic case referral inclusiveness in national health insurance participants and the relationship between patient requests and strong referral impairment.

Relationship between Trust in Primary Health Care Services with Appropriate of Referral of National Health Insurance Patients on Non-Specialistic Case

Table 6 Relationship between Trust in Primary Health Care Services with Appropriate of Referral on Non-Specialistic Case in the District of Pasuruan

Trust in Primary Health Care Services	Appropriate of Referral				Total	
	No		Yes		F	%
	F	%	F	%		
No	94	95.9	4	4.1	98	100.0
Yes	36	18.6	158	81.4	194	100.0

Sig: 0.000; r:0.592

Table 6 gives an illustration that the patients who participated in the category of national health insurance believed in services

of primary health care tended to be appropriate in non-specialistic case referral of 81.4%. On the contrary, the patients of national health insurance participants with less trust in services of primary health care tend to be inappropriate in non-specialistic case referral. The result of chi square test shows that $p < 0,05$ is 0.000. with r value of 0,592. This implies that there is a strong relationship between trust in services of primary health care and non-specialistic case referral incentives in national health insurance participants and the relationship between the patient's trust in services of primary health care and inadequate strong refferal.

4. DISCUSSION

Own Requests

Request is the actual goods or services purchased by the patient affected by the medical opinion of the physician, the income, and the price of the drug. Want or desire is the goods or services that the patient wants because it is considered best for them.

Patient requests to be referred to are the reason of physician make decisions refer to referral health care services, especially if the physician has not been able to establish the diagnosis and pre-existing facilities available in a limited primary facility (Gjessing & Faresjo, 2009)⁴.

Hirsch et al (2012), an anxious and dissatisfied patient's behavior with a physician at a primary facility would be a physician consideration to refer patients to make calm the patient so that it would affect the high rate of referral⁵.

Trust in Services of Primary Health Care

Mowen and Minor (2002) define consumer trust as all the knowledge that consumers possess, and all conclusions made by consumers about the objects, their attributes and benefits⁶.

A person's attitude affects a person's behavior in the utilization of health services. Variables affecting one's attitudes or beliefs about health services are beliefs about the healing of diseases, attitudes and beliefs on health services by health workers (physicians, nurses, health analysts and so on), knowledge

of health services, health problems and illnesses.

5. CONCLUSION

Based on the analysis results can be concluded there is a relationship between patient requests and trust in service of primary health care with the appropriate of referral of patients participating national health insurance participants who are referred with non-specialistic case. This means that referral at the request of the patient are likely to lead to an inappropriateness of referral in non-specialistic case. Furthermore, the more trust the national health insurance participants in the service of primary health care will tend to decrease the number of referral with non-specialistic case.

6. RECOMMENDATION

Primary health care is expected to improve communication, information and education about referral mechanism by all officers in primary health care by using electronic media (television, radio) and print (brochures, leaflets) and improve the quality and competence of physician of primary health care through basic and advanced training and improve the quality of service in primary health care by following accreditation.

For Health Insurance Organizing Board in Pasuruan district, is expected to provide information to national health insurance participants about the right to choose another primary health care if primary health care previously can not provide services needed before making referral and not cooperate with primary health care which is not accredited.

For Health Office, need to encourage primary health care to immediately implement accreditation and implementation of performance based capitation policy as commitment of service implementation in controlling referral from primary health care.

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