ABSTRACT

Background: *The referral program is one of the leading programs to improve the quality of health services for BPJS Health participants and facilitate access to health services for participants suffering from chronic diseases and in essence, community health centers which function as patient referral facilitators, often receive patient referrals from hospitals. However, not all community health centers use the referral program optimally and this results in a low number of referral participants. Based on this, this research was conducted to carry out an analysis of the implementation of the Referback Program (PRB) for Chronic Disease Patients at the Olak Kemang Community Health Center, Jambi City in 2023*

Method: *This research uses qualitative research methods with an analytical study approach. Data was obtained from 6 informants by conducting in-depth interviews and observations which strengthened the results of interviews at the Olak Kemang Community Health Center in December 2023 - February 2024 with qualitative data analysis using NVivo software and using source and method triangulation to generalize the data that had been obtained.*

Results: *The results of this research in the input aspect (1) Man are not optimal because there is still a lack of personnel managing the DRR program and the required materials are not all adequate, such as a lack of control books, blood sugar cholesterol checking sticks, machines still need to be increased, such as the number of computers in each room for more optimal service and the last is the marketing of the DRR program carried out through Word of Mouth (WOM) or what is called word of mouth, socialization and cross meetings. In the process aspect (2) the registration process for PRB participants is assisted by officers and given a referral letter from FKTRL and then to FKTP in stable condition, while the eligibility letter can also be seen from the proof of BPJS health participation, it's just that the officers don't understand the form of the eligibility letter*

Conclusion: *Input aspects that are still problematic and inappropriate, such as a lack of people, materials and machines, cause process aspects to be disrupted, such as less than optimal performance of PRB managers in providing DRR program services.*

Keywords: *Implementation, DRR, Chronic Disease.*

ABSTRAK

Latar Belakang : Program Rujuk Balik (PRB) menjadi program unggulan untuk meningkatkan mutu pelayanan kesehatan bagi peserta BPJS Kesehatan dan mempermudah akses pelayanan kesehatan bagi peserta yang menderita penyakit kronis dan puskesmas yang berfungsi sebagai fasilitator rujukan pasien, seringkali menerima rujukan balik pasien FKTRL, namun tidak semua puskesmas menggunakan program rujukan secara optimal dan menyebabkan jumlah Peserta PRB yang rendah. Berdasarkan hal tersebut, maka penelitian ini dilakukan untuk melakukan analisis dari implementasi Program Rujuk Balik (PRB) Pada Pasien Penyakit Kronis di Puskesmas Olak Kemang Kota Jambi Tahun 2023

Metode : Penelitian ini menggunakan metode kualitatif dengan pendekatan studi analitik dengan jumlah 6 informan dengan melakukan wawancara mendalam dan observasi yang menjadi penguat dari hasil wawancara. Analisis data kualitatif menggunakan software NVivo dan triangulasi sumber dan metode untuk mengeneralisasi data.

Hasil : Aspek input (1) *Man* belum optimal karena masih kurangnya tenaga pengelola program PRB serta *material* yang wajib belum semuanya memadai, *machines* masih perlu untuk diperbanyak seperti komputer untuk pelayanan yang lebih optimal dan pemasaran program PRB dilakukan melalui *Word of Mouth* (WOM) atau mulut ke mulut. Aspek *process* (2) Alur pendaftaran peserta PRB dibantu petugas dan diberikan SRB dari FKTRL lalu ke FKTP dengan kondisi stabil, sedangkan surat ejibilitas juga dapat dilihat dari bukti kepesertaan bpjs kesehatan, hanya saja petugas kurang memahami bentuk surat eljibilitas

Kesimpulan : Aspek input bermasalah seperti kurangnya *man*, *material* dan *machines* menyebabkan aspek *process* terganggu seperti kurang optimalnya kinerja pengelola PRB dalam memberikan pelayanan program PRB

Kata Kunci: Implementasi, PRB, Penyakit Kronis.