

Analysis of the Implementation of the Bpjs Kesehatan Chronic Diseases Management Program (Prolanis) in Biru Health Center, Bone Regency

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ABSTRACT

Objectives: Prolanis is a health service system that involves patients, primary health facilities and BPJS. Prolanis aims to maintain health and achieve an optimal quality of life in patients with chronic disease (hypertension and diabetes mellitus) through effective and efficient health services to prevent disease complications. This study aims to determine and analyze the implementation of Prolanis in the Biru Health Center of Bone Regency based on input, process, output, impact, and feedback. **Method:** The type of research used in this research is qualitative research, and data were collected through technical triangulation using in-depth interviews, observation, and documentation with key informants, main informants and supporting informants using purposive sampling techniques. **Result:** Research shows that in the input aspect, blood sugar strips used in health checks of prolanis participants are still limited, and there are no special facilities for prolanis. In terms of process, Biru Health Center has carried out all prolanis activities recommended by BPJS Kesehatan. However, some obstacles remain to these activities, such as prolanis participants who do not have Whats App, and laboratory HbA1c examinations every six months have not been carried out. In the output aspect, the achievement of the Biru Health Center RPPT has increased significantly from October 2023 to January 2024, although it decreased in November 2023. Regarding impact, BPJS Kesehatan, the Health Office, and Prolanis Participants are satisfied with implementing the prolanis at the Biru Health Center. Feedback from BPJS Kesehatan is available through the KBK monitoring and evaluation. **Conclusion:** Implementing prolanis at Biru Health Center has gone well and as expected. However, the input aspect still needs to be improved so that the implementation of prolanis can run even better.

Keywords: Chronic Disease Management Program (Prolanis), Diabetes Mellitus, Hypertension, Health Center, BPJS Kesehatan.

INTRODUCTION

Non-communicable diseases cause the deaths of as many as 41 million people each year. Who is equivalent to 74% of all causes of death in the world. Every year, as many as 17 million people die from non-communicable diseases before the age of 70 and 86% of those premature deaths occur in low- and middle-income countries. The main risk factor for metabolic risk factors in the world is increased blood pressure or hypertension (causing 19% of deaths in the world), followed by increased blood glucose or diabetes, overweight, and obesity¹.

Based on measurement results in the population ≥ 18 years old, the prevalence of hypertension in Indonesia was 25.8% in 2013 and 34.1% in 2018, according to Basic Health Research (Riskesdas) results. This indicates an 8.3% increase in the prevalence of hypertension in Indonesia in just five (five) years².

In addition, the health profile of South Sulawesi Province in 2021, estimated number of people with hypertension aged ≥ 15 years in 2020 was 1,363,059, and Bone Regency was ranked third highest after Makassar City and Gowa Regency which was 135,855³.

In addition, the prevalence of type 2 diabetes mellitus in Indonesia has also increased by 0.5%

within five years. The results of Riskesdas showed the prevalence of diabetes mellitus based on a doctor's diagnosis in the population aged ≥ 15 years in 2013 was 1.5% and in 2018 increased to 2.0%² Based on the health profile of South Sulawesi Province in 2021, the number of people with diabetes mellitus in 2020 was 190,173. Bone Regency ranks third highest after Makassar City and Gowa Regency, with 10,658 patients³.

Concern over the increasing prevalence of NCDs, particularly chronic diseases, led to the birth of an agreement on a global strategy for the prevention and control of NCDs⁴. In addition, the burden of health care costs borne by BPJS due to chronic diseases is enormous, reaching 30%⁵.

The Indonesian government has made several efforts to reduce chronic disease prevalence, including the Chronic Disease Management Program (Prolanis). Prolanis is a health service system designed to involve patients, primary health facilities, and BPJS. Prolanis aims to maintain health and achieve an optimal quality of life in patients with chronic disease (hypertension and/or diabetes mellitus) through effective and efficient health services to prevent disease complications⁶.

Biru Health Center is one of the FKTPs that carry out prolanis in the Bone Regency with 245 prolanis participants. Based on data from the Bone Regency

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Health Office shows that the Biru Health Center is the health center that most often becomes the health center with the highest number of people with hypertension and diabetes mellitus in Bone Regency during 2019, 2020, and 2021, with the number of people with hypertension in 2019 as many as 10,603, in 2020 as many as 10,128, and in 2021 as many as 10,128 and the number of people with diabetes mellitus in 2019 as many as 765, In 2020 there were 760, and in 2021 there were 760^{7, 8, 9}.

The implementation of Prolanis in health facilities in Indonesia varies in terms of activities and services provided. Health professionals involved in the implementation of protagonists also vary⁶. This is because a program does not only consist of an activity. However, it is a series of activities that form a system that is interrelated by involving more than one person to carry it out. In addition, the implementation of the program and the achievement of its objectives are primarily determined by many interrelated factors¹⁰. The implementation of the prolanis program, when viewed in the system approach used as an effort to produce health services, will include elements of input, process, output, impact, and feedback that are interrelated and influence¹¹.

Based on this, the researcher is interested in further studying the implementation of prolanis in Bone Regency with the research title "Analysis of the Implementation of the BPJS Health Chronic Disease Management Program (Prolanis) at the Bone Regency Health Center".

METHODS

This research used a qualitative descriptive method that aims to provide an in-depth description of implementing the BPJS Kesehatan Chronic Diseases Management Program (Prolanis) in Biru Health Center, Bone Regency. The research informants consisted of 2 key informants, 4 main informants and 3 additional informants using purposive sampling techniques.

Data were collected through technical triangulation using in-depth interviews, observations, and document reviews. The researcher uses the content analysis method. Qualitative data analysis techniques include data reduction, data presentation and drawing conclusions.

This research has received approval from the Health Research Ethics Commission (KEPK) Faculty of Public Health, Hasanuddin University, with protocol number 21240120022 and letter number 086/UN4.14.1/TP.01.02/2024.

RESULTS

1. Input

a. Man

The human resources involved in the implementation of the prolanis at the Biru Health Center are sufficient, consisting of team leaders/coordinators, general practitioners, health examination teams, namely nurses, gymnastics instructors, and operators as stated in the Decree of the Biru Health Center Prolanis Team. As stated in the interview results, namely :

"Yes, it's enough. Our team consists of general practitioners, gymnastics teams, 3 medical examination teams, 2 operators, meaning 7 people". (IU1, January 30, 2024)

Another respondent's statement supports this:

"Very sufficient, complete, complete. Because SK has also been made". (IU2, February 1, 2024)

Biru Health Center's prolanis team already has knowledge and understanding related to prolanis and implementing prolanis activities at the Biru Health Center.

Table 1. Characteristic of Informants.

No	Name	Age	Position	Status of Informant
1	IK1	39	Head of the BPJS benefits and utilization guarantee section for Bone Regency	Key Informant
2	IK2	44	Head of the P2P Division of the Bone District Health Service	Key Informant
3	IU1	41	Head of Biru Health Center	Main Informant
4	IU2	47	Prolanis Program Coordinator and Gymnastics Instructor	Main Informant
5	IU3	25	Health Examiner (Nurse)	Main Informant
6	IU4	31	Biru Health Center Operator	Main Informant
7	IP1	63	Prolanis participant	Additional Informant
8	IP2	56	Prolanis participant	Additional Informant
9	IP3	63	Prolanis participant	Additional Informant

Source: Primary Data, 2024

Table 2. Achievements of the Biru Health Center RPPT.

No	Month	Prolanis DM Controlled	DM Diagnosis Participants	RPPT DM	Prolanis HT Controlled	HT Diagnosis Participants	RPPT HT	RPPT value
1	February 2023	1	219	0.46	1	1242	0.08	0.27
2	March 2023	0	229	0	5	1239	0.4	0.2
3	April 2023	0	238	0	1	1255	0.08	0.04
4	May 2023	1	243	0.41	1	1247	0.08	0.25
5	June 2023	0	245	0	3	1253	0.24	0.12
6	July 2023	4	261	1.53	3	1270	0.24	0.89
7	August 2023	7	267	2.62	1	1283	0.08	1.35
8	September 2023	7	274	2.55	3	1290	0.23	1.39
9	October 2023	13	279	4.66	5	1304	0.38	2.52
10	November 2023	10	296	3.38	4	1326	0.3	1.84
11	December 2023	19	310	6.13	5	1341	0.37	3.25
12	January 2024	28	314	8.92	26	1312	1.98	5.45

Source: Primary Data, 2024

"Prolanis is a chronic disease control program, so in the program, there are only two participants, there are two diseases that are overcome, namely hypertension and diabetes mellitus". (IU2, February 1, 2024)

The following interview results also support this:

"In general, the prolanis helps patients with diabetes mellitus and hypertension to restore their body health through activities carried out at the health center by diligently exercising (gymnastics), health checks and health consultations". (IU3, February 1, 2024)

b. Money

The source of funds for the implementation of Biru Health Center Prolanis activities comes from BPJS Kesehatan, which consists of capitation and non-capitation funds. In addition, it also uses BOK funds from the Health Office.

"From BPJS Health, in prolanis activities, there are examinations at poly, gymnastics, and education activities. Monthly checks are carried out regularly for activities in the poly, and they go into capitation payments. As for gymnastics and group education, we pay separately, apart from the capitation fee". (IK1, February 7, 2024)

"For programs related to hypertension and diabetes mellitus in health centres, there is funding. Where the source of funds comes from Health Operational Assistance (BOK) in the current year". (IK2, Head of Field, January 30, 2024)

Biru Health Center feels that the funds for the implementation of the Prolanis are pretty sufficient and try to be sufficient, especially the allocation of funds for the consumption of Prolanis participant group activities, which is Rp.13,000 per participant, because it is still limited to the standard for food purchases.

"In my opinion, we are limited to food standards and limited to the purchase of pastries." (IU1, January 30, 2024)

Another respondent's statement support this:

"Not bad, enough. Sufficient. One person Rp.13,000 (Prolanis participant)". (IU2, February 1, 2024)

c. Materials

The material is still considered limited to blood sugar strip items used in Prolanis health checks, especially in certain months when many fields or other activities also use blood sugar strips. On the other hand, procurement from health centers is difficult because operational funds are also limited.

"Blood sugar strips are very limited, while procurement from the health centre is difficult because healthcenter operational funds are also limited. Hopefully, from BPJS, Kesehatan we will be given separate funds for the purchase of blood sugar strips". (IU1, January 30, 2024)

The following interview results also support this:

"It's actually enough, just sometimes mediocre. For example, if there are several activities with the same schedule in certain months or the previous month there are many activities, sometimes the strip is lacking". (IU4, February 15, 2024)

Methods

The Prolanis implementation guidelines are BPJS Kesehatan Circular Letter No. 1 of 2021. There are SOPs in the implementation of Prolanis at the Biru Health Center. It's just that the sequence of activities is sometimes not by the SOP because you have to pay attention to the situation and conditions when the activity takes place.

"For Prolanis, we have special rules, namely the Circular Letter from BPJS Kesehatan Number 1 of 2021. Especially for financing the activities of the Prolanis group at the health center". (IK1, February 7, 2024)

"There are SOPs for prolanis activities. Yesterday, we were accredited, and it was included in the assessment. But the order of prolanis activities depends on the situation because we usually do counselling first, then gymnastics. Depending on the conditions at the time of the activity, but all activities are still carried out". (IU1, January 30, 2024)

Other policies that support the implementation of prolanis at the Biru Health Center are the Decree of the Prolanis Team, making schedules for the implementation of activities, and creating prolanis WhatsApp groups.

"Yes, there is from the Head of the Puskesmas. Make a Decree for the prolanis team, and then each health worker has been divided according to their respective duties and functions". (IU2, February 1, 2024)

Another respondent's statement support this:

"If it's the policy, the time is determined. This means that each activity is scheduled. There is a WhatsApp group, we created it for our own prolanis group". (IU4, February 15, 2024)

d. Facilities and Infrastructure

Facilities and infrastructure that support the implementation of prolanis at the Biru Health Center are complete and adequate.

"Yes, it is sufficient". (IU1, Head of Biru Health Center, January 30, 2024)

"Very, very complete. There are speakers, sound systems, etc., all complete". (IU2, February 1, 2024)

However, there are no special facilities provided for prolanis activities. The results of interviews prove this. As follows:

"If there are concurrent or many activities in the field from other programs, the tools are used. The use of medical devices here is one door, so we often lack tools if it is like that. Hence, activities are usually rescheduled. In addition, there is no special computer for Prolanis, so I use a computer from the MCH room and sometimes have to wait for the computer not to be used by other health workers." (IU4, February 15, 2024)

2. Process

a. Planning

The strategy of implementing the Prolanis carried out by the Head of the Biru Health Center is to re-form the Prolanis team at the Biru Health Center which then makes a Decree, searches for DM and hypertension patients during Posyandu and Posbindu activities, and strengthens cooperation between members of the prolanis team.

"First, I formed a prolanis team. Then I looked for people who really suffered from DM and hypertension. Like that. Prolanis can actually be formed if there is cooperation from the head of the puskesmas, nurses and doctors. I only served as the Head of the Biru Health Center in October. Previously I was also the person in charge of prolanis at the Gaya Baru Health Center, after moving to the Biru Health Center I continued to prolanis again here. It means I'm starting all over again, right from scratch. The months of October, November, and December are still adjusting. So maybe the achievement of RPPT is still low. After I learned these 3 months. I don't focus on patients who are only in the health center. But I also focus on finding patients at posyandu and posbindu. Therefore, it can boost the achievement of RPPT in January. The planning has started to be good and the number of Prolanis participants has also begun to rise". (IU1, January 30, 2024)

Another strategy carried out by team members is to invite DM and hypertension patients found in public poly to join the prolanis club, provide medical and consumption equipment, arrange places and

times for prolanist activities, and always remind or inform the schedule of prolanist activities prolanist participants. The results of interviews prove this. As follows:

"Most strategies applied from Puskesmas place, time, consumption, and provision of medical devices". (IU3, February 1, 2024)

The following interview results also support this:

"Usually, before the activity, we have informed through the WhatsApp group; for example, tomorrow the activity is ad aini. We have arranged it before the activity". (IU4, February 15, 2024)

b. Organizing

The human resources needed to implement the Prolanis are selected according to the respective fields required to run it.

"There are general practitioners, heaven officers, PTM officers, and operators. The consideration of education must be a doctor, so automatically a doctor. Ibu Hasra's sports team because she is the Biru Health Center team. Medical examinations are conducted in the field of non-communicable diseases. For operators, I take health center operators. By their primary duties and functions". (IU1, January 30, 2024)

The responsibility of BPJS Kesehatan in implementing the program is to be a purchaser, namely a guarantor.

"Regarding Prolanis, we are purchasing, we are guarantors, guarantor bodies, as the name implies. So that's what we did". (IK1, February 7, 2024)

The task of the Health Office is to carry out active verification, assistance, advocacy, and strengthening, especially in preparing logistics in the health center.

"We do active verification, as well as mentoring and advocacy. Reinforcements are carried out, especially in the preparation of logistics in the puskesmas". (IK2, January 30, 2024)

c. Implementation

Biru Health Center has carried out all prolanist activities, both mandatory and activities, according to the recommendations of BPJS Kesehatan.

"The activities include medical examinations, laboratories and drug administration, education, and gymnastics. Home visits often. Reminder to Prolanis participants, we always have a group. Health consultation can also be through WhatsApp and can directly". (IU1, January 30, 2024)

The obstacle experienced is that there are still Prolanis participants who do not have WhatsApp, so reminders to these participants must be delivered directly by the Prolanis team or fellow Prolanis participants..

"If you don't have a mobile phone, it isn't easy. There are two people (Prolanis participants who do not yet have WhatsApp)". (IU2, February 1, 2024)

In addition, there is often a shortage of strips for blood sugar tests. The Biru Health Center has not carried out laboratory HbA1c tests every six months per the recommendations of BPJS Kesehatan.

"Lack of strips for examination". (IU1, January 30, 2024)

d. Supervision

Internal supervision is carried out by the Head of the Biru Health Center by always controlling the running of the Prolanis and coordinating with the Prolanis Coordinator at the health center.

"If it's at the Puskesmas, the Head of the Puskesmas. Most he said, Kak Hasra how Prolanis he is. Surely the Head of the Puskesmas monitors".

(IU2, February 1, 2024)

Another respondent's statement support this:

"Every month, it must be that the head of the health center controls the Prolanis team". (IU3, February 1, 2024)

External supervision is carried out by BPJS Kesehatan by looking at the Prolanis activities carried out by the health centre and the achievements of RPPT through data and claims provided by the health centre to BPJS Kesehatan every month.

"We regularly monitor the implementation of the Prolanis. So, usually, we at BPJS look at the data. For example, there are 38 health centres in Bone Regency. Later, we will see which health centres diligently carry out Prolanis activities. Then we also look at each health centre's claim documents and the RPPT achievements". (IK1, February 7, 2024)

3. Output

Biru Health Center has carried out all Prolanis activities and been carried out regularly by the recommendations of BPJS Kesehatan.

"Education is carried out regularly, once a month". (IP3, 16 February 2024)

"Routine reminder, day or night before the activity is carried out". (IU2, February 1, 2024)

"Home Visit at any time, depending on the situation. If anyone is sick, we visit." (IU2, February 1, 2024)

"Gymnastics is routine. Once a week, every Friday". (IP1, February 3, 2024)

"Eutin health screening, once a month". (IU3, February 1, 2024)

"Once a month laboratory examination". (IP2, February 23, 2024)

Taking medicine every month is indeed, if it runs out again, there will be stock". (IP2, February 23, 2024)

"Health consultation is the same, routine once a month". (IU1, January 30, 2024)

One of the outputs of this study is the achievement of the Ratio of Controlled Prolanis Participants (RPPT) in Prolanis activities at the Biru Health Center. The following is the data on the achievement of RPPT at Biru Health Center:

The RPPT value includes the KBK section with a targeted RPPT value of 5%.

"The RPPT is included in the KBK section. If the patient has DM, we measure his fasting blood sugar; if the patient is hypertensive, we measure his tension and blood pressure. The target RPPT is 5%". (IK1, February 7, 2024)

Biru Health Center itself always tries to educate and consult health participants so that their DM or hypertension can always be controlled.

"If the problem is under control, as a doctor, I try to provide counselling every month. We, I have been educated. However, it will not be significantly controlled continuously, depending on the participants of the Prolanis. Hopefully, their awareness, staying like in January, is blood sugar and blood pressure controlled. It is likely that in October, November, and December, the Prolanis participants were still not regularly taking medication after I started educating them. Finally, they regularly take medication. Usually, like that, hypertension and DM are under control because participants routinely take medication. So maybe it's like that because of the education." (IU1, January 30, 2024)

4. Impact

The coordination and implementation of Prolanis in the Biru Health Center, according to BPJS Kesehatan and the Health Office in general, has been good. The results of interviews prove this. As follows:

"In general, it's good, it's good for coordination, it's good for coordination." (IK1, February 7, 2024)

"Alhamdulillah, this Biru Health Center is one of the health centres in urban areas; in implementing its chronic disease management program, it is very proactive". (IK2, January 30, 2024)

Prolanis participants were satisfied with the implementation of Prolanis at the Biru Health Center. The results of interviews prove this. As follows:

"Thank God, be satisfied. Indeed, I salute the Prolanis coordinator, who always provides information via WhatsApp. Doctors and employees here participate and work together. I am satisfied. Even if there are obstacles, the coordinator will swiftly handle them". (IP1, February 3, 2024)

Another respondent's statement supports this:

"Yes, I can't put it into words, I am delighted and thrilled because it makes friends healthy. The family union is good. There is always education, and health checks are also always given advice related to health. So, our health is completely controlled. Many friends have dropped their blood sugar levels fast. Very good following Prolanis. We are always controlled". (IP2, February 23, 2024)

5. Feedback

The feedback carried out by BPJS Kesehatan is through the evaluation of the implementation of the program, which is carried out in an integrated manner with the quarterly KBK monitoring and evaluation activities.

"For Prolanis, we conduct continuous evaluations on a scheduled basis and are carried out regularly. Usually formal letters, official feedback. The official letter, quarterly. We monitor and evaluate KBK, which is routine quarterly. It can also be in the form of in-person meetings as well. The invitation varies. So it is not only the head of the health centre who is invited. It could be that health center the head of the puskesmas invited this meeting, the next meeting, we invited a general practitioner who was in the poly with the operator". (IK1, February 7, 2024)

DISCUSSION

1. Input

a. Man

Human resources have an important role in program implementation because clarity and consistency are needed in implementing a program by program implementers, namely human resources. Suppose the human resources implementing the policy are less responsible and lack the resources to work effectively. In that case, the program's implementation will not be effective¹².

The results showed that the human resources in the implementation of Prolanis at the Biru Health Center were sufficient, consisting of 7 people who already had an understanding of Prolanis. They had competencies in their respective fields based on the needs of Prolanis activities, such as responsible persons, coordinators, fitness implementers, health presenters, health examiners, and operators.

Aligns with previous research¹³, which stated that the average Prolanis officer consists of 4-5 officers, including implementing doctors, nurses, and laboratory officers.

b. Money

Funds are a component that cannot be ignored because they are a means to an end, because everything must be calculated rationally¹⁴. Financial support needs to be carried out in implementing the Prolanis program, which aims to implement the program effectively and efficiently¹⁵.

The results showed that the funds for implementing Biru Health Center Prolanis activities came from BPJS Kesehatan, which consisted of capitation and non-capitation funds. Health screening, laboratory examinations, and drug services use capitation funds, while group education activities and prolanist gymnastics use non-capitation funds. In addition, Biru Health Center also uses BOK funds from the Health Office to support Prolanis activities. Biru Health Center feels that the funds for the implementation of Prolanis are pretty sufficient and try to be adequate, especially the allocation of funds for the consumption of Prolanis participant group activities because it is still limited to standards for food purchases.

This aligns with previous research¹⁶ that there are two kinds of funds for Prolanis activities: capitation and non-capitation.

c. Materials

The material consists of semi-finished materials (raw materials) and finished materials. In implementing programs to achieve better results, human resources experts in their fields must also be able to use materials/materials as a means. Matter and man are inseparable, without which the desired result would not be achieved¹⁷.

The results showed that health materials in Prolanis are still limited to blood sugar strip items used in Prolanis health checks, especially in certain months when many field activities or other activities also use blood sugar strips. On the other hand, procurement from health centres is complex because operational funds are also limited.

d. Methods

The method can be expressed as determining the way of carrying out the work of a task by giving various considerations to the target, available facilities and use of time, as well as money and business activities¹⁸.

The results showed that the Prolanis implementation guidelines were BPJS Kesehatan Circular Letter No. 1 of 2021. There are SOPs in the implementation of Prolanis at the Biru Health Center. It's just that in the implementation process, the sequence of activities is sometimes not by the SOP of Prolanis in the Biru Health Center because they must pay attention to the situation and conditions when the activities take place, which does not affect the smooth implementation process of each prolanist activity.

The availability of SOPs is critical in the implementation of activities. Staff and patients will experience ease in providing services and treatment with the flow and procedures in the bureaucratic structure. It is essential to make SOPs specific to the Prolanis program for the implementation of the Prolanis program so that officers can work in a more directed and detailed manner according to applicable standards¹⁸.

Other policies supporting the implementation of Prolanis at the Biru Health Center are the Prolanis Team Decree, making schedules for implementing activities and creating Prolanis WhatsApp groups.

e. Facilities and Infrastructure

The availability of sufficient facilities and infrastructure with good quality is needed by every organization in carrying out its activities to achieve the expected goals. Without the facilities and infrastructure, it is impossible for goals to be achieved¹⁹. The driving factor in compliance with the Prolanis program is the availability of health facilities in the health centre²⁰.

The results showed that the facilities and infrastructure for the implementation of proteins at the Biru Health Center, including medical devices and supporting facilities for the health centre, are available and adequate—all medical examination equipment for Prolanis participants in the form of sphygmomanometers, glucometers, weight scales. While supporting facilities for group education activities in projectors, LCDs, and speakers, there is a sound system and a place to do Prolanis gymnastics. In addition, there is also computer and internet access in the form of Wi-Fi for access to the Pcare application and work on documents related to the Prolanis.

Previous research²¹ stated that the facilities to support Prolanis activities were sufficient using the facilities available at the Puskesmas. This means that there are no special facilities provided only for Prolanis activities. Nevertheless, the results showed that there can be obstacles if no special facilities are provided for Prolanis activities. For example, there should be activities that are rescheduled if there are several concurrent activities that also use health equipment. In addition, it can also cause delays in working on documents claiming Prolanis activities because they have to wait for computers in the MCH room to be empty or not used by other health workers.

2. Process

a. Planning

Planning is an activity related to formulating a program containing everything that will be implemented, including the determination of goals, wisdom, direction to be taken, procedures, and methods to be followed to achieve goals²².

The results showed that the strategy of implementing Prolanis carried out by the Head of the Biru Health Center was to reshape the Prolanis team, conduct socialization of Prolanis, look for DM and hypertension participants during Posyandu activities, PTM activities, the elderly to boost the number of Prolanis participants and strengthen cooperation between Prolanisteam members. Another strategy carried out by members of the Biru Health Center Prolanis team is to invite DM and hypertension patients found in public poly to join the Prolanis Club, provide medical and consumption equipment, arrange places, set schedules for Prolanis activities and constantly remind the schedule of Prolanis activities to Prolanis participants.

Identification of Prolanis participants is essential because if it is not optimal, it can have an impact on the output results of registered visiting participants with low¹³.

b. Organizing

Organizing is the process of determining, grouping and organizing the various activities necessary to achieve a goal, placing people at each activity, and assigning relatively delegated authority to each person who will perform those activities²³.

The results showed that the human resources involved in implementing Prolanis at Biru Health Center were selected according to the fields needed to run the Prolanis. The purpose of BPJS Kesehatan is as a purchaser, namely as a guarantor. Meanwhile, the responsibility of the Health Office is to carry out active verification, assistance, advocacy, and strengthening, especially in preparing logistics in the health centre.

This is the theory of process organization, which views the organization as a formal cooperation process that is constantly moving and in which there is a division of tasks and general principles. Clarity of task distribution is one form of support so that employees get good performance¹³.

c. Implementation

Implementation makes all group members willing to work together and work sincerely and passionately to achieve goals in accordance

with planning and organizing efforts. Human resources that have been organized further need to be directed to their activities to achieve company goals²⁴.

The results showed that the implementation of prolanist activities at the Biru Health Center had been carried out, both mandatory activities, namely health screening, health consultation, laboratory examination and drug administration to Prolanis participants, as well as supporting activities, namely health education and prolanist gymnastics as well as reminders and home visits by the recommendations of BPJS Kesehatan. However, there are obstacles experienced, namely that there are still Prolanis participants who do not have WhatsApp, so reminders to these participants must be delivered directly by the Prolanis team or fellow Prolanis participants. Another obstacle is that there is still a shortage of strips for blood sugar tests. The Biru Health Center has not carried out laboratory HbA1c tests every six months, according to the recommendations of BPJS Kesehatan.

d. Supervision

Supervision is the process of observing all organizational activities to ensure that all efforts that have been determined run according to a predetermined plan. Supervision is also a process to ensure that organizational goals in management can be achieved²⁵.

The results showed that internal supervision was carried out by the Head of the Biru Health Center by always controlling the running of the Prolanis and coordinating with the Prolanis Coordinator. If a problem is later found, the Prolanis team will hold a meeting. External supervision is carried out by BPJS Kesehatan by looking at the Prolanis activities carried out by the health centre and the achievements of RPPT through data and claims received every month.

For the supervisory function to run optimally, performance is needed in terms of supervision from the leadership. With good supervision, the achievement of results will be visible so that it can be known how far the tasks that have been carried out through the duties and authorities given can be optimal to improve employee performance²⁵.

3. Output

Outputs in the health care system are service products in the form of health service coverage²⁶.

The results showed that Biru Health Center has carried out all prolanist activities regularly based on the recommendations of BPJS Kesehatan. In addition, the RPPT achievement of the Biru Health Center has increased significantly from October 2023 to January 2024, although it decreased in November 2023. This is due to the change of the head of the health centre and the Prolanis team in September 2023, which also caused a shift in strategy in implementing Prolanis at the Biru Health Center.

The achievement of RPPT is significant for health centres because the RPPT indicator is one of the criteria in KBK to determine the amount of capitation received by the health centre²¹.

4. Impact

The impact can be in the form of direct or indirect effects, both positive and negative, from the working of a system²⁷. Impact focuses on assessing changes that occur in communities or stakeholders due to interventions carried out by a program²⁸.

The results showed that the coordination and implementation of Prolanis in the Biru Health Center, according to BPJS Kesehatan and the Health Office, generally, has been good. Biru Health Center Prolanis participants are satisfied with the implementation of Prolanis at Biru Health Center because it can help in dealing with DM/hypertension that they suffer so that they are always well controlled every month. The

Prolanis coordinator is very proactive, family unity between Prolanis participants and the Prolanis team is well established, and Prolanis participants make friends.

The success of Prolanis activities is also seen from the perception of Prolanis participants. Prolanis participants feel satisfied and happy participating in Prolanis activities, especially gymnastics, because they can meet other Prolanis participants²¹.

5. Feedback

Feedback is a mechanism to provide feedback for each system component so that the balance and existence of the system can be maintained. This feedback is used to control both the input and the process. The goal is to set up the system according to the purpose²⁷.

The results showed that the feedback carried out by BPJS Kesehatan was through the evaluation of the implementation of the program, which was carried out in an integrated manner with the monitoring and evaluation activities of Performance-Based Capitation (KBK) per quarter by sending official letters related to KBK to each health centre and inviting the head of the health centre, doctors, operators in turn. In addition, BPJS Kesehatan will evaluate the completeness of documents for claims for Prolanis activities and monitor the achievement of RPPT through WhatsApp groups.

Previous research²¹ explained that the evaluation carried out by BPJS Kesehatan is done by looking at activity reports that have been inputted into the system. Where monitoring is carried out every three months through meetings with FKTP. In the meeting, BPJS Kesehatan also conveyed the achievements of the KBK of each FKTP, so not only the achievements of RPPT but also other KBK indicators.

CONCLUSION

The implementation of Prolanis at the Biru Health Center has gone well and as expected. However, things still need to be improved in the input aspect, such as in materials, facilities and infrastructure, so that the program can run better. In the process aspect, Puskesmas Biru has carried out planning, organizing, implementing, and supervising as well as possible to achieve the expected output so that positive impact aspects can be felt by various parties related to the Prolanis such as Prolanis participants, BPJS Kesehatan parties, Health Offices, and also the Biru Health Center itself. In addition, in controlling the course of the Prolanis, there has been feedback carried out by BPJS Kesehatan, which is the control in the implementation of the Prolanis at the Biru Health Center so that it can continue to run properly.

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CONFLICTS OF INTEREST

No potential conflict of interest relevant to this article was reported.

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