

Penilaian dan Analisis Kesenjangan Nasional dalam Pelaksanaan Pelayanan Paliatif di Puskesmas Indonesia Terkait Sistem Rujuk Balik Kanker = Assessment and Analysis of National Gaps in the Implementation of Palliative Services at Indonesian Community Health Centers Related to the Cancer Referral Back System

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Abstrak

Pasien kanker membutuhkan perawatan paliatif untuk menangani gejala dan meningkatkan kualitas hidupnya. Pasien seharusnya dirujuk kembali ke layanan primer untuk mendapatkan perawatan paliatif. Di Indonesia, rujuk balik kasus kanker belum berjalan dengan baik, karena dalam cakupan program rujuk balik BPJS, kanker belum termasuk didalamnya. Penelitian bertujuan untuk menilai situasi terkini terkait rujuk balik kanker di Indonesia dan menganalisis kesenjangan yang ada. Penelitian merupakan studi deskriptif analisis kuantitatif dan kualitatif. Data kuantitatif didapatkan dari kuesioner yang disebarakan secara daring ke 1209 Puskesmas di Indonesia. Data kualitatif didapatkan berdasarkan hasil wawancara mendalam dan diskusi kelompok terarah. Didapatkan 1124 puskesmas yang mengisi kuesioner, 82.4% puskesmas yang mendapatkan rujukan balik kasus paliatif dari Rumah Sakit, dengan hanya 25.7% diantaranya mendapatkan rujuk balik paliatif kasus kanker. Berdasarkan data kualitatif dari wawancara dan diskusi kelompok terarah didapatkan faktor yang mempengaruhi kesenjangan implementasi pelaksanaan rujuk balik paliatif kanker di Indonesia, yaitu faktor regulasi, pembiayaan, kompetensi, akses, komunikasi, pengetahuan pasien, integrasi layanan kesehatan, dan kolaborasi rumah sakit dengan puskesmas serta kerjasama lintas sektor.

Implementasi rujuk balik kanker di Puskesmas Indonesia saat ini belum berjalan dengan baik. Banyak faktor yang mempengaruhi implementasi rujuk balik kanker. Dibutuhkan upaya mulai dari pemangku kebijakan hingga pelaksana untuk meningkatkan implementasi rujuk balik kanker.

..... Cancer patients need palliative care to manage their symptoms and improve their quality of life. Patients should be referred back to primary care for palliative care. In Indonesia, cancer referral has not gone well, because in the scope of the BPJS referral program, cancer is not included. This research aims to assess the current situation regarding cancer referral back in Indonesia and analyze the existing gaps. This research is a descriptive study of quantitative and qualitative analysis. Quantitative data was obtained from questionnaires distributed online to 1209 Community Health Centers (CHC) in Indonesia. Qualitative data was obtained based on the results of in-depth interviews and focus group discussions. There were 1124 CHC that filled out the questionnaire, 82.4% received palliative case referrals from the hospital, and only 25.7% of them received palliative cancer case referrals. Based on qualitative data from interviews and focus group discussions, it was found that the factors influencing the gap in the implementation of cancer palliative referral back in Indonesia were regulation, financing, competency, access, communication, patient knowledge, integration of health services, and collaboration between hospitals and CHC as well as multisectoral cooperation. The implementation of cancer referral at the Indonesian CHC is currently not going well. Many factors influence the implementation of cancer back referral. Efforts from policy makers to health workers are needed to improve the implementation of cancer referral.