

Evaluasi Program Pengendalian Penyakit Kronis (Prolanis) pada manajemen diabetes melitus tipe 2 dalam pengendalian parameter metabolik di Puskesmas DKI Jakarta = Chronic Disease Program (Prolanis) evaluation among type 2 diabetes mellitus management in controlling metabolic parameters at DKI Jakarta Public Health Center

Fauzan Illavi, author

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Abstrak

Latar belakang: Program Pengendalian Penyakit Kronis (Prolanis) merupakan garda terdepan penanganan DMT2 di Indonesia sejak 2014. Kontrol metabolik DMT2 yang dikenal dengan ABC: (A) A1c, (B) blood pressure, dan (C) low-density lipoprotein-cholesterol merupakan parameter metabolik utama pencegahan primer PKV pada DMT2.

Tujuan: Mengetahui dan mempelajari peran Prolanis pada pengendalian parameter metabolik dan kesesuaian implementasi kegiatan Prolanis secara bersamaan pada populasi DMT2 di Puskesmas.

Metode: Studi mixed-method ini menggunakan desain penelitian potong lintang di 10 Puskesmas Kecamatan DKI Jakarta menggunakan cluster random sampling. Pengambilan sampel analisis kualitatif dilakukan secara purposive sampling pada penanggung jawab Prolanis lewat wawancara terpimpin serta telaah dokumen pada pemegang program Prolanis. Analisis kuantitatif menggunakan sampel peserta Prolanis di Puskesmas lewat data rekam medis Puskesmas untuk menilai kendali parameter metabolik ABC. Hasil: Dari 376 peserta Prolanis, 47,9% memiliki nilai HbA1c <7%. Proporsi pengendalian tekanan darah dan kolesterol LDL mencapai 69,7% dan 32,2% secara berturut-turut. Hanya 12,5% subjek yang memiliki kontrol ABC yang baik. Hanya usia >60 tahun yang secara independen berhubungan bermakna dengan pencapaian kontrol HbA1c pada analisis multivariat dengan OR 1,68 (1,11 – 2,56), nilai p 0,015. Analisis kualitatif menunjukkan belum adanya standard operating procedure (SOP) Prolanis yang seragam, keterbatasan obat-obat di Puskesmas, tidak terlaksananya kegiatan kunjungan rumah atau pengingat SMS, dan hambatan-hambatan dalam pelaksanaan Prolanis sejak 2014.

Kesimpulan: Pengendalian HbA1c <7% peserta Prolanis DMT2 mencapai 47,9% di Puskesmas DKI Jakarta. Ketercapaian pengendalian TD, kolesterol LDL, dan IMT secara berturut-turut adalah 69,7%, 32,4%, dan 26,9%. Usia >60 tahun berhubungan dengan kontrol HbA1c yang lebih baik. Tidak didapatkan hubungan antara jenis kelamin, komorbiditas, durasi keikutsertaan dalam Prolanis dan kepatuhan terhadap Prolanis dengan kontrol HbA1c yang baik. Terkait kesesuaian aktivitas Prolanis, seluruh Puskesmas di DKI Jakarta tidak menjalankan kegiatan pengingat SMS dan kunjungan rumah kepada peserta Prolanis. Kualitas Prolanis DMT2 berdasarkan aspek input, proses, output dan luaran masih dirasa kurang baik penerapannya di Puskesmas DKI Jakarta.

.....Background: A National Chronic Disease Management Program, Prolanis, has been launched to manage T2DM cases Indonesia primary health care facilities since 2014. Managing ABC (HbA1c <7%, blood pressure <140/90 mmHg, and low-density lipoprotein-cholesterol <100 mg/dL) acts as the primary prevention of cardiovascular disease. Unfortunately, no study has ever evaluated the ABC control and the quality of Prolanis implementation concomitantly.

Aim: To identify the Prolanis' role in controlling metabolic ABC parameters altogether with the quality of

its implementation of Prolanis activities.

Methods: This was a mixed-method study using a triangulation design conducted in 10 primary healthcare facilities in Jakarta, the capital city of Indonesia. A quantitative approach using cross-sectional method was used to analyze the ABC and its affecting factors using T2DM patients' data in each Puskesmas. Qualitative analysis was conducted using an in-depth interview with the program coordinator to evaluate the implementation of the program activities.

Results: A total of 376 T2DM patients were included in this study. Only 47.9% of subjects reached good glycemic control while only 12.5% met the ABC control criteria. Older age (>60 year) was significantly associated independently with HbA1c <7%, OR 1.68 (95% CI 1.13 – 2.56), p-value 0.015). No significant association was observed in other factors related to HbA1c control. Qualitative analysis showed no similar standard operating procedure on Prolanis implementation, lacking adequate T2DM medications including insulin, inappropriate Prolanis activities, and myriad obstacles that might be associated with poor glycemic control and other metabolic parameters.

Conclusion: Good glycemic control was achieved in 47.9% of Prolanis members. The proportions of subjects who achieved BP, LDL cholesterol, and BMI targets were 69.7%, 32.4%, and 26.9% respectively. Older age (>60 years) was independently associated with desired HbA1c target <7%. No association between sex, comorbidity, duration of Prolanis involvement, and compliance in Prolanis activities with good glycemic control was found in this study. All Puskesmas did not implement SMS reminders and home visits to Prolanis members. The quality of Prolanis at the Puskesmas in DKI Jakarta was not properly implemented based on the input, process, output, and outcome analysis.