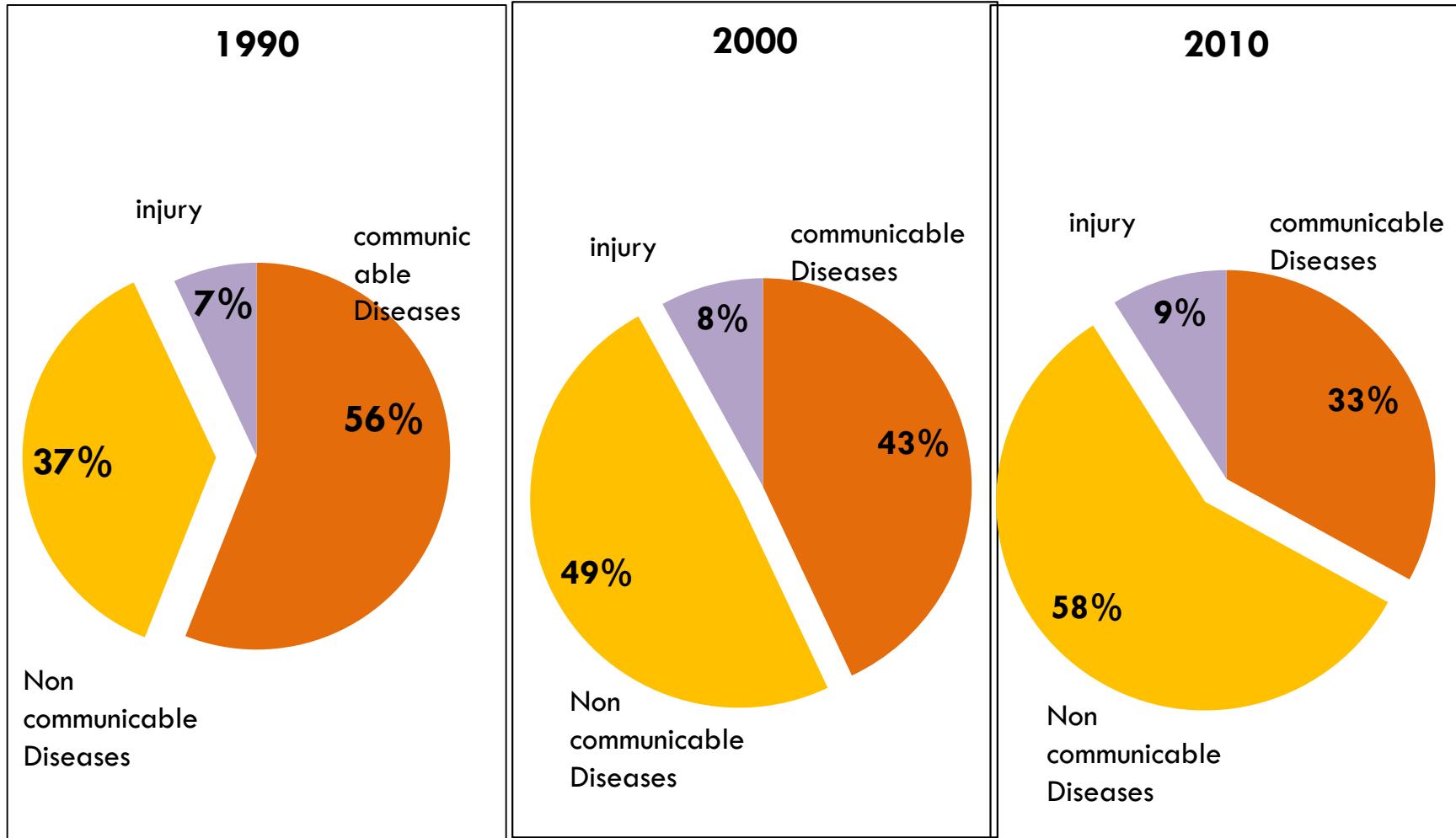


# **Peran Tenaga Promosi Kesehatan dalam JKN**

**Prastuti Soewondo  
FKMUI  
25 November 2015**

# **FAKTA YANG ADA**

# DISEASES BURDEN IN INDONESIA



Sumber IHME: 2010

# NCDs Burden in Indonesia Age > 15 yrs

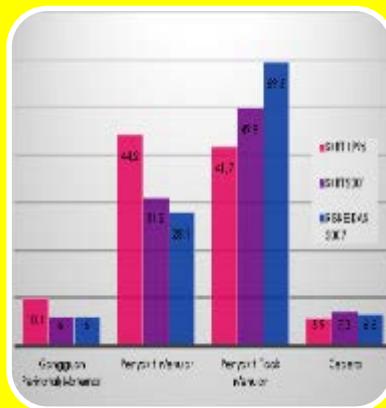
Diseases	(%)	(#)
Stroke	1.21	1,2 millions
Hypertension	25.8	42,1 millions
Central Obesity	26.6	44,3 millions
Diabetes Mellitus	6.9	8,9 millions

Note :

- Coverage of Hypertension by HP → 36,8%
- Coverage of Diabetes Mellitus by HP → 30.4%
- Around **2/3 of Patients are undiagnosed**  
→ This will pose threat to late therapy, complications, disability, high cost tx and premature death

Source: Riskesdas 2013

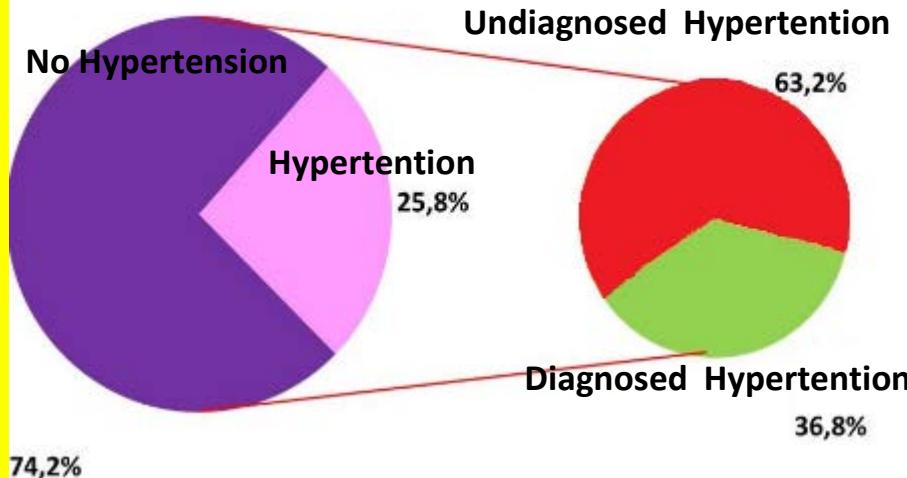
# Indonesian Health Seeking Behaviour



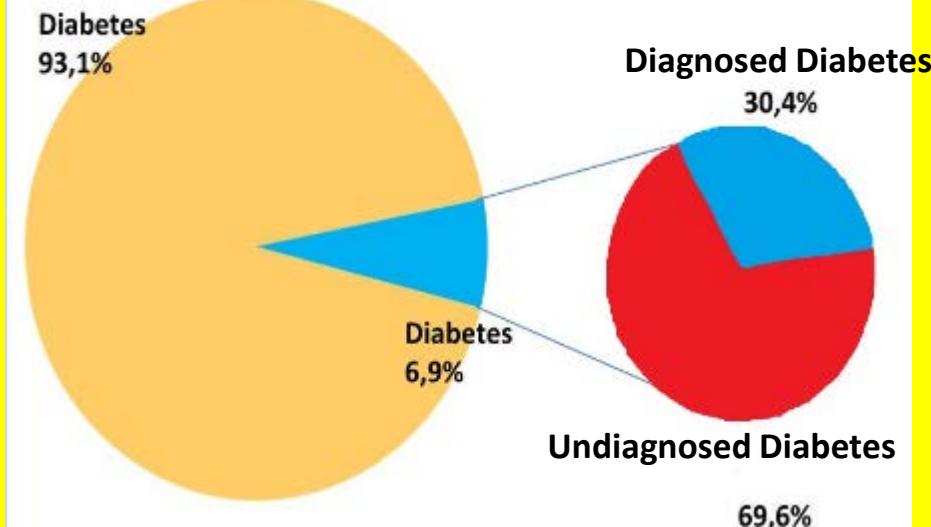
Community's believe and behaviour:

- NCDs is genetic and mostly happen among elderly
- About 75% never have routine health check
- Most people have not yet perceive the seriousness of the NCD before the symptoms appears

**Prevalence of Hypertension, 2013**

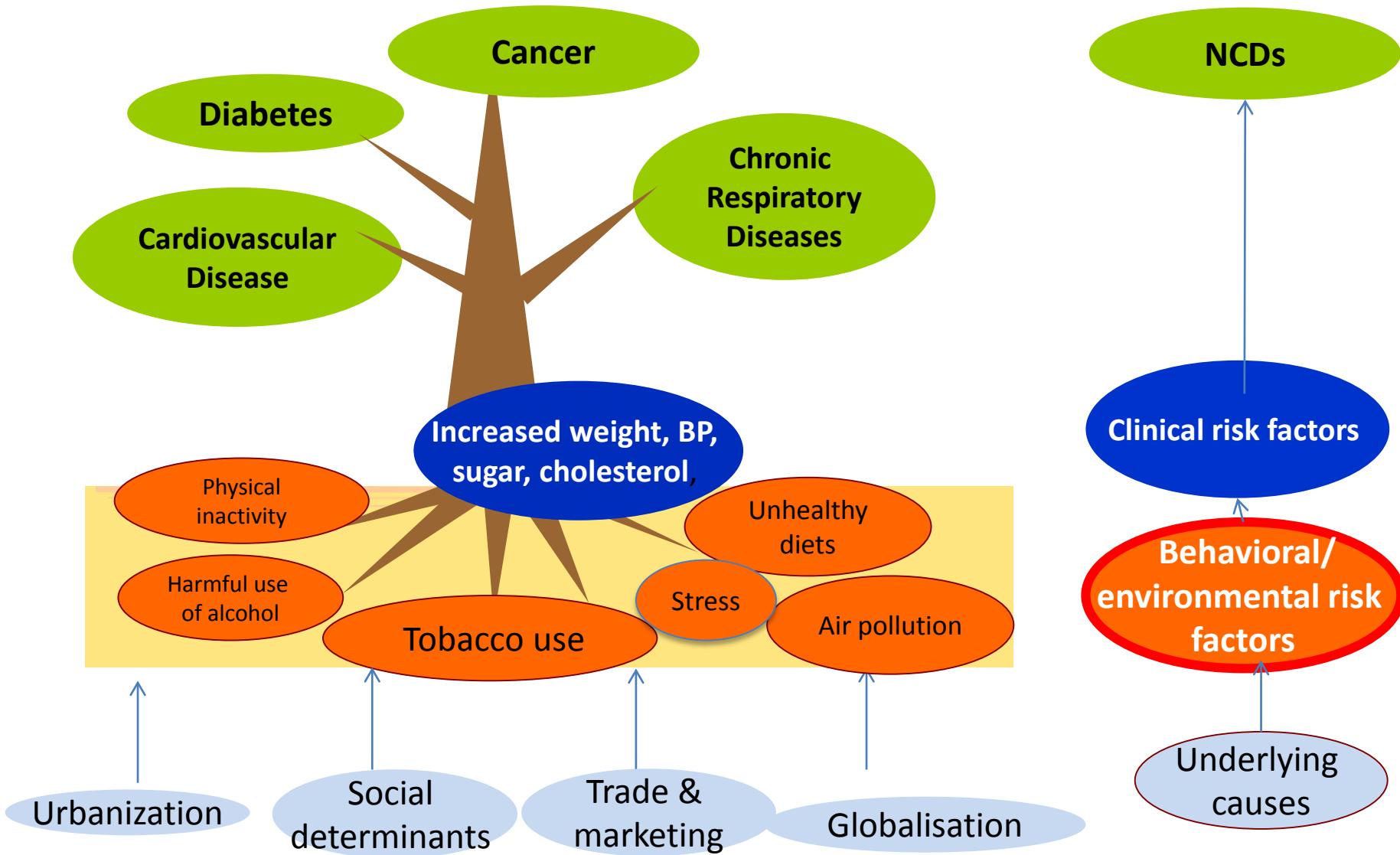


**Prevalence of Diabetes, 2013**



# **IDENTIFIKASI FAKTOR RISIKO**

# Major NCDs share common risk factors

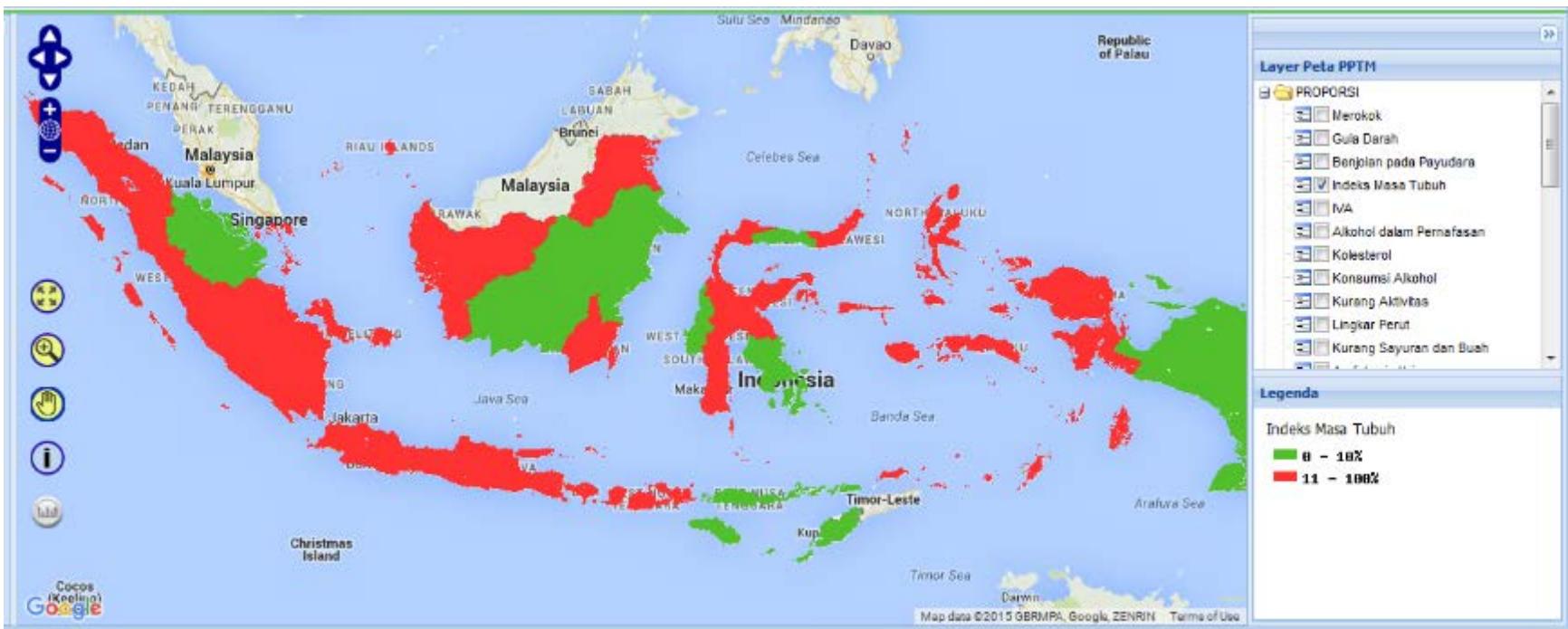


# Prevalence of NCD and Risk Factors (Indonesia National Health Survey, 2013)

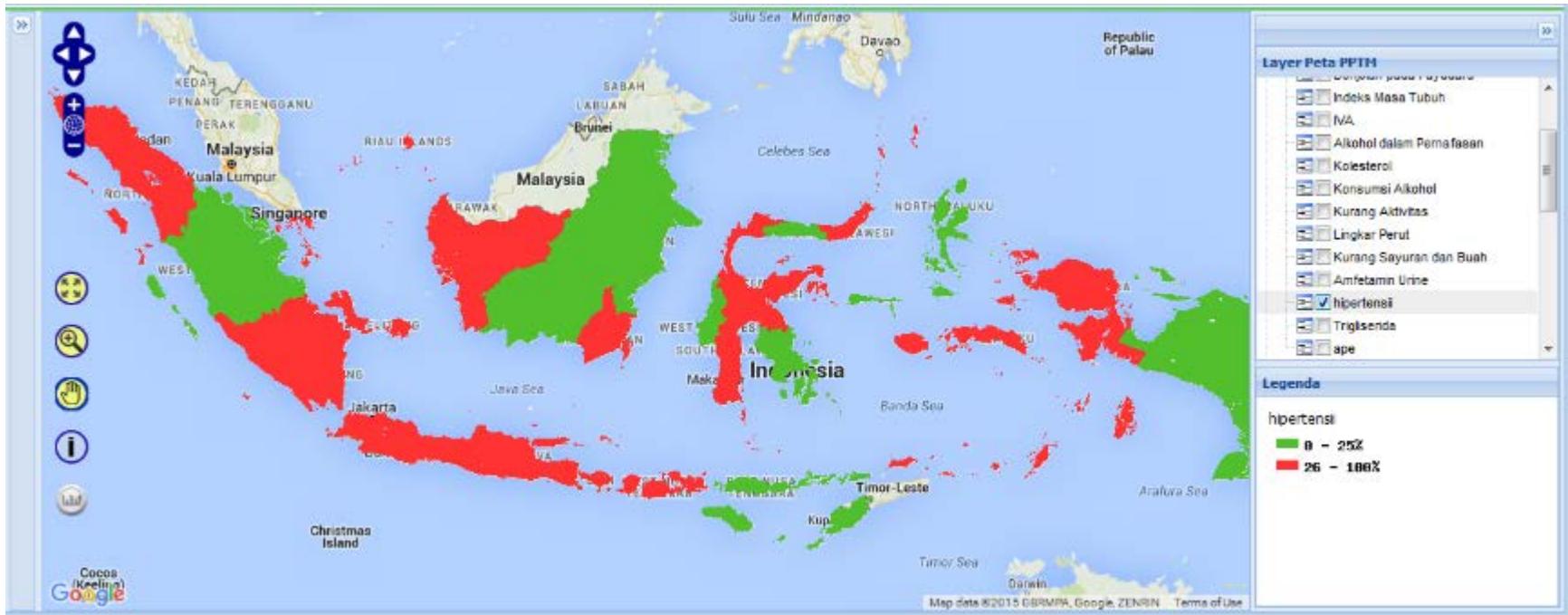
NCD Risk Factors	Prevalence
Smoking	36,3%
Lack of Physical Activity	26,1%
Low Fruit and Vegetable Intake	93,6%
High sweet food Intake	53,1%
High salty food Intake	26,2%
High fat content foods Intake	40,7%
High food flavouring Intake	77,3%
Mental emotional disorders	6,0%

NCD	Prevalence
Stroke	12,1 0/00
DM	6,9 %
Hypertension	25,8%
CHD	1,5%
Renal Failure	2 0/00
Cancer	1,4 0/00
COPD	3,7%
Injury	8,2%

# Proportion of Obesity Based on NCDs Surveillance Until October 2015



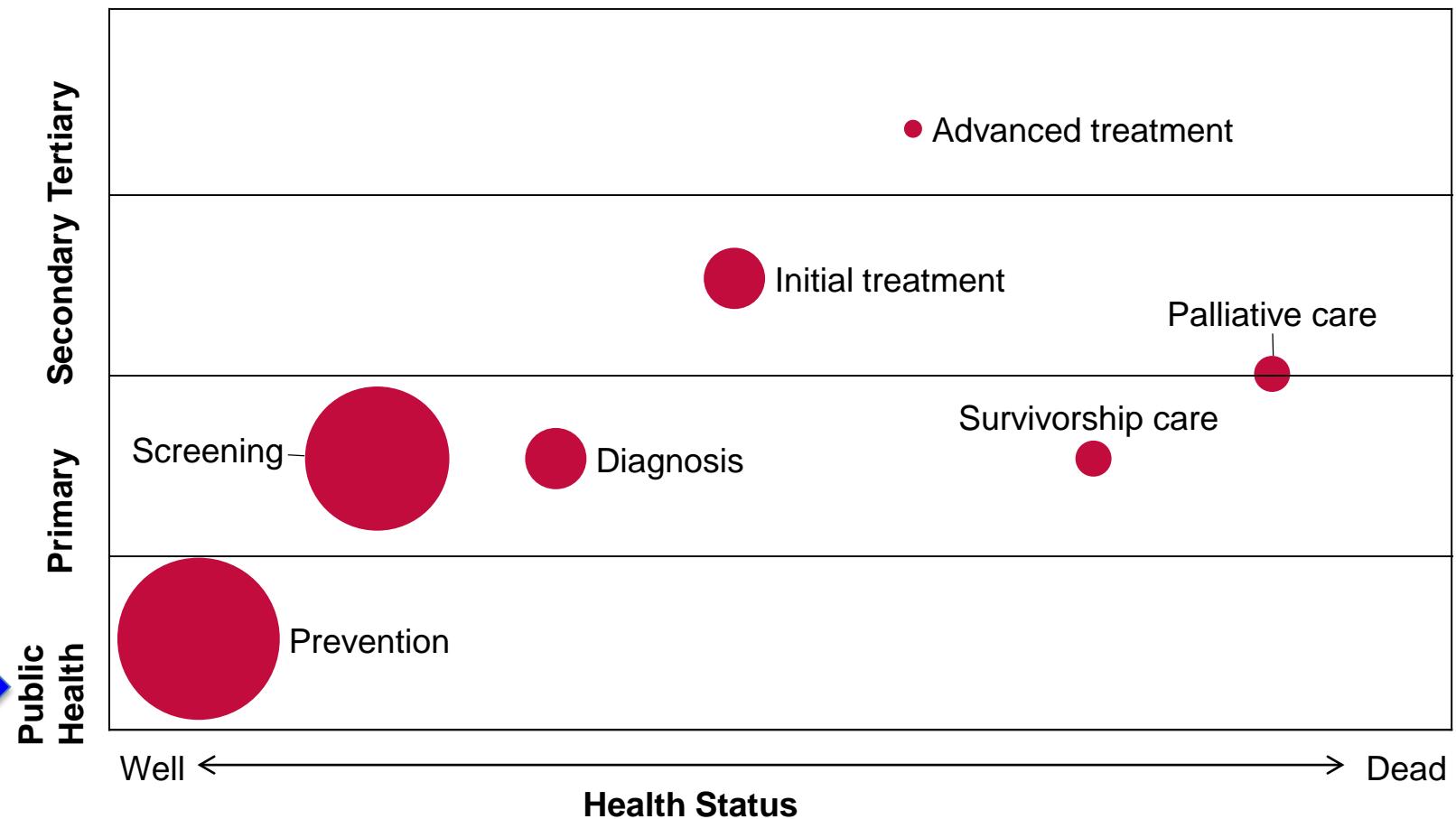
# Proportion of Hypertension Based on NCDs Surveillance Until October 2015



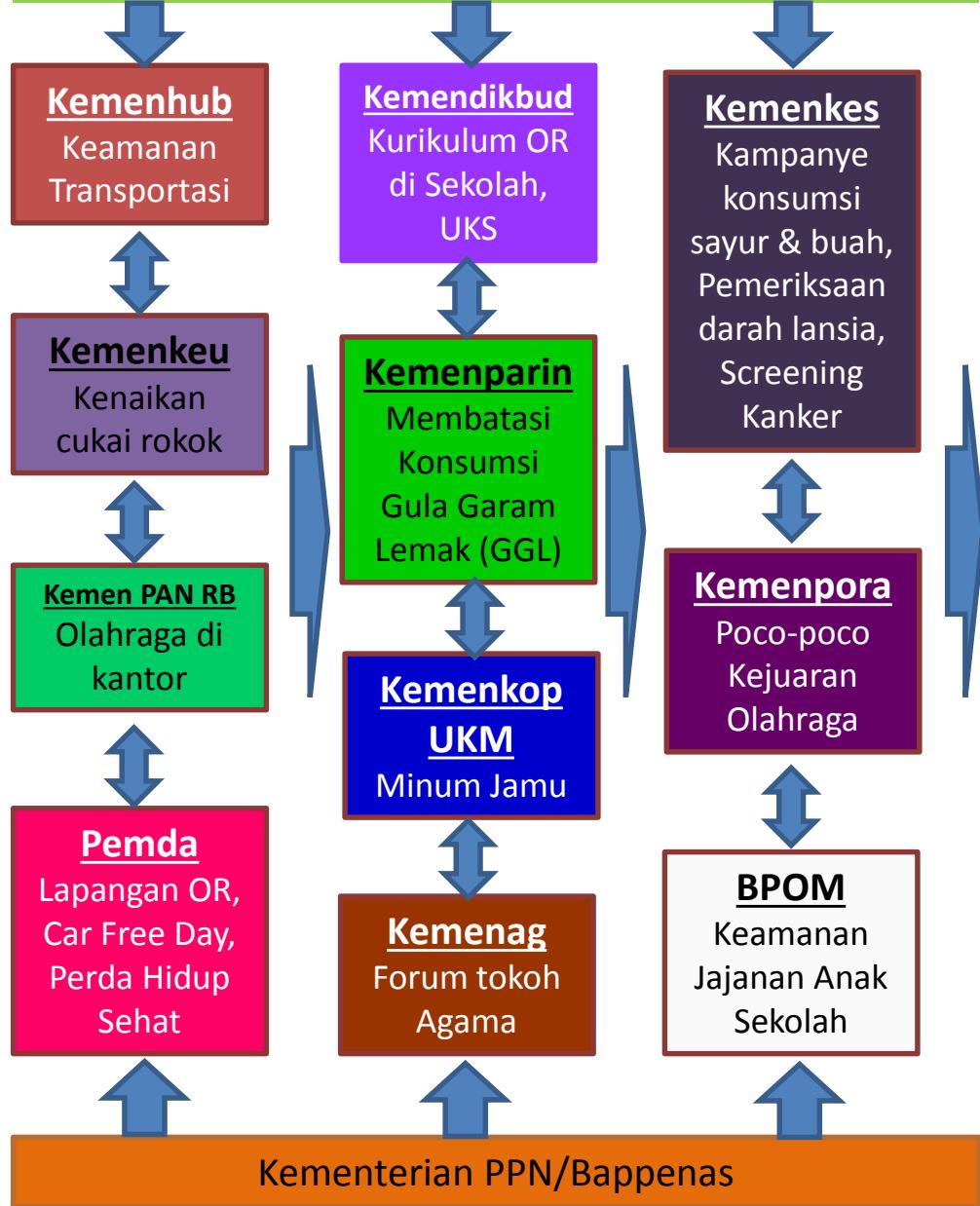
**APA YANG  
HARUS DILAKUKAN ?  
OLEH SIAPA ?**

# Care Continuum – A Diagonal Approach

Delivery system



Kemenko PMK  
Kemenko Perekonomian



Sumber: Kementerian PPN/Bappenas, 2015

# BPJS KESEHATAN



## BASIC CONCEPT



Integration of Cost & Quality

- ♣ Gate Keeper Concept (Primary Care Provider)
- ♣ Referral System
- ♣ Selected Provider (Credentialling)
- ♣ Provider Payment System
- ♣ Utilization Review
- ♣ Preventive & Promotive
- ♣ Drugs Formulary → Fornas And Refer Back Program

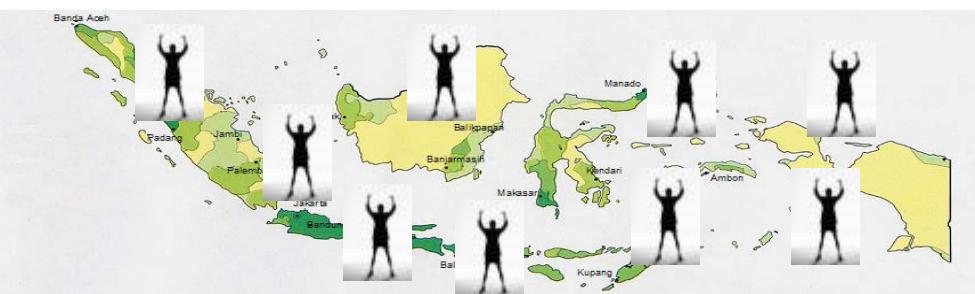


Quality Assurance And Cost Containment  
Towards Effective And Efficient Health Care

# Programs For NCD in Indonesia

- At least there are 3 integrated comprehensive programs in JKN era that benefited NCD patients including Diabetes Mellitus :
    - PROLANIS      - Integrated Disease Management Program
    - PANDU PTM
    - POSBINDU PTM
- 
- World Health Organization's (WHO) Package of Essential NCD interventions program (PEN)

# PROLANIS - Disease Management Program (DM Type2)



Why DM Type 2:  
“big trigger” for other chronic  
Start from June 2010



Hospital  
(Medical Specialist)

- Referral control
- Mentor & consultant for GP's

Members  
Chronic Disease  
DM Tipe2  
(individual treatment)

- Comprehensive & Continued Care  
(Guidelines → Evidence Based)
  - Referral to the advanced level
  - Health Education
  - Health Status Monitoring
  - Prescription chronic drugs



BPJS Kesehatan

- Health status evaluation and feedback
- Health care cost
- Workshop for family Physician (DM Type2) by endocrinologist



Family Physician

DM Guidelines

MEDICAL PROFESSIONAL ORGANIZATION  
“PERHIMPUNAN ENDOKRINOLOGI INDONESIA (PERKENI)”

# Prolanis Reimbursement System

- **Primary Care**
  - Health Care + Drugs → Capitation
  - Health Education for Members → Education Fee
  - Health Status Monitoring → package for service
- **Specialist Care**
  - Health Care → Inpatient & Out Patient (Ina CBG)
  - Health Status Monitoring → package for service
  - Health Education for Primary Care → Consultant Fee
- **Supporting Activity by BPJS**
  - Workshop for Primary Care & for Members
  - Club Activity
  - Health Promotion Media
  - Information System, Reminder & Communication

# Health Status Monitoring for DM Type 2

## Primary Care Provider

Item	Periode
Blood Glucose Test	1 per Month
Sistole / Diastole	1 per Month
Body Mass Index	1 per Month
HBA1C	1 per 6 Month

## Spesialistic Provider

Item	Periode
EKG	1 per Year
ECHO	
Rontgen Thoraks	
Funduscopy	
ABI	
Ureum	
Creatinin	
Albumin	
SGOT	
SGPT	
Protein Kualitatif	
Cholesterol Total	
Choleterol LDL	
Cholesterol HDL	
Trigliserida	

**1 per  
Year**

# Drug List for Diabetes and Hypertension

Nama Generik	Sediaan dan Kekuatan	OPRB	Keterangan:
<b>Antidiabetes Oral</b>			
Acarbose	Tab 50, tab 100	v	Diberikan pada pelayanan Tingkat lanjut saja
Glibenklamid	Ta 2,5 , 5 mg	v	
Glicazid	Tab MR 30 mg	v	
Glikuidon	30 mg	v	Diberikan pada pelayanan Tingkat lanjut saja
Glimepirid	Tab 1, 2 ,3,4 mg	v	
Glipizide	Tab 5, 10 mg	v	
Metformin	Tab 500 dan 850 mg	V	
Pio Glitazon	Tab 5 dan 10 mg	x	Diberikan pada pelayanan Tingkat lanjut saja
<b>Antidiabetes parenteral</b>			
Human Insulin		v	
Analog Insulin		v	

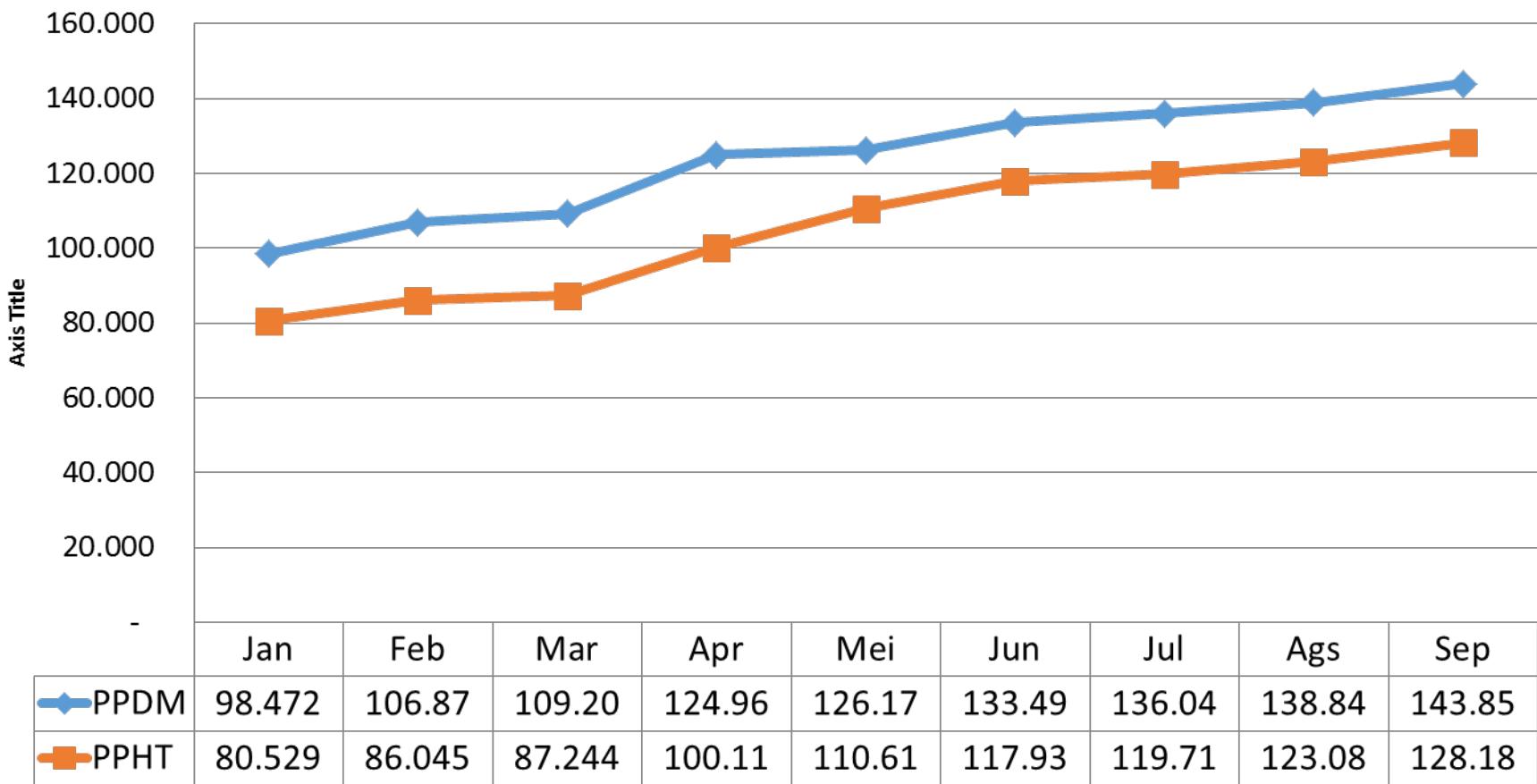
# Drug List for Diabetes and Hypertension

Nama Generik	Sediaan dan Kekuatan	OPRB	Keterangan:
Antihipertensi Oral			
amlodipin	tab 5, 10 mg	v	
atenolol	tab 50 , 100 mg	v	
beraprost sodium	tab 20 mg	x	Diberikan pada pelayanan Tingkat lanjut saja
bisoprolol	tab 5 mg	v	
diltiazem	Tab 30 mg, kaps SR 100 mg, kaps 200 mg	v	
doksazosin	tab 1 dan 2 mg	v	
hidroklortiazid	tab 25 mg	v	
imidapril	tab 5 dan 10 mg	v	
irbesartan	Tab 150 dan 300 mg	v	
kandesartan	Tab 8 mg dan 16 mg	v	
kaptopril	tab 12,5 dan 25 mg	v	
klonidin	Tab 0,15 mg	v	

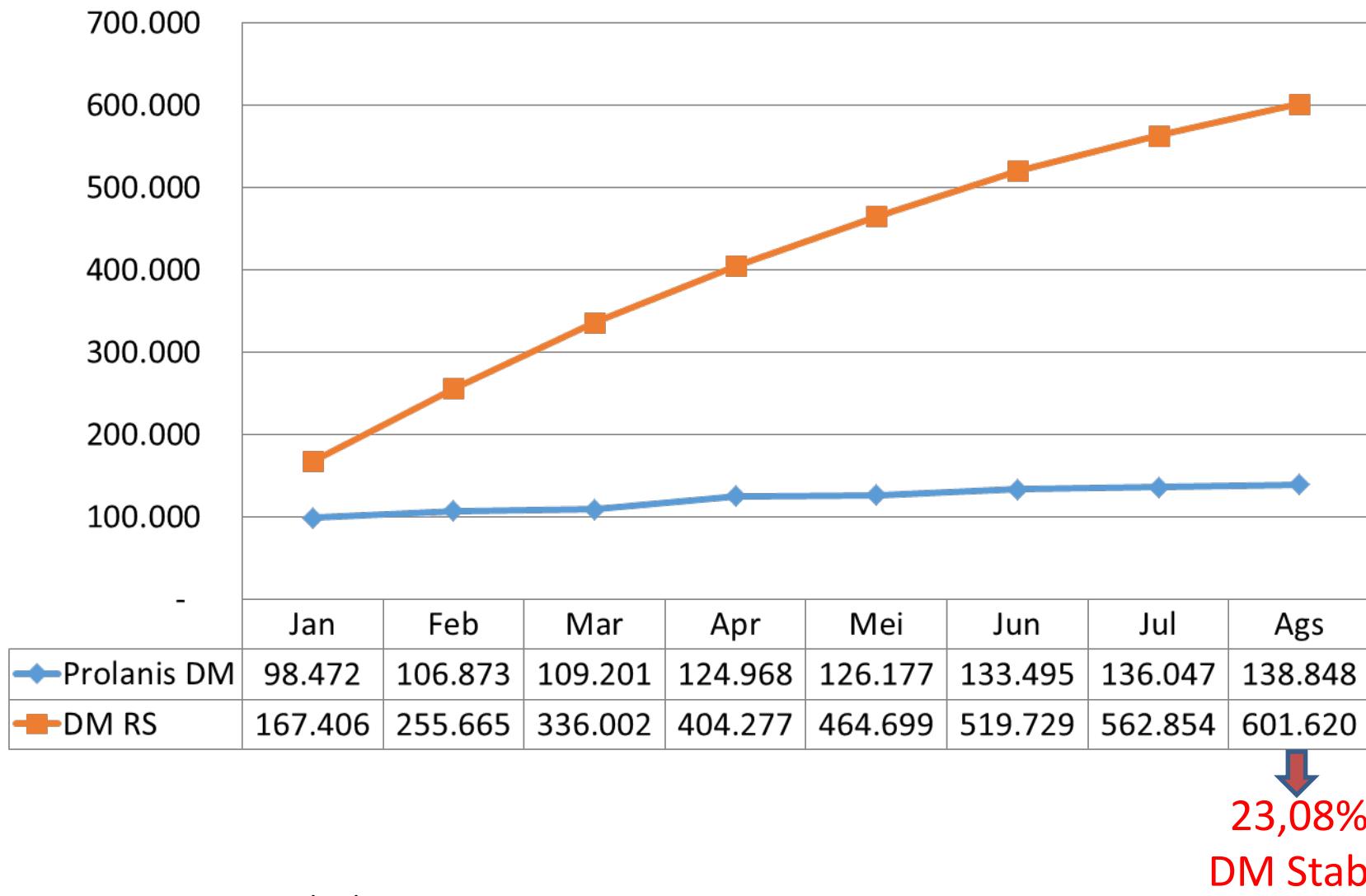


# Peserta PROLANIS BPJS Kesehatan

## Peserta Prolanis DM & HT



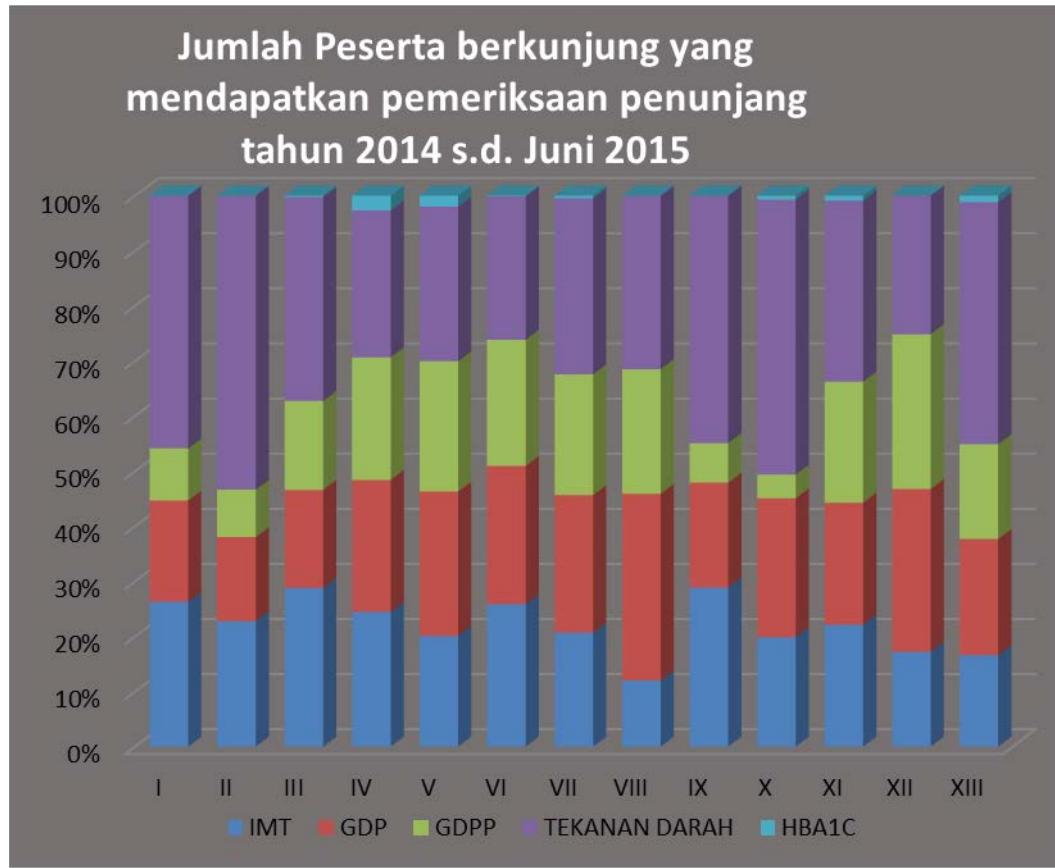
## Perbandingan Prolanis DM dan Penderita DM di RS



**FKTP Pengelola PROLANIS & Klub Edukasi**

DIVISI REGIONAL	Faskes Pengelola Prolanis PPDM				Faskes Pengelola Prolanis PPHT				Jumlah Klub DM	Jumlah Klub HT
	Dokkel	Klinik	PKM	Total	Dokkel	Klinik	PKM	Total		
I	43	58	227	328	17	37	114	168	221	84
II	66	63	216	345	53	40	152	245	351	123
III	37	11	36	84	39	11	34	84	64	48
IV	4	49	87	140	5	32	42	79	507	272
V	41	82	144	267	33	46	125	204	805	709
VI	2.893	656	815	4.364	1.428	315	626	2.369	1.525	928
VII	230	179	188	597	161	32	94	287	1.090	254
VIII	145	42	243	430	148	42	240	430	228	193
IX	261	55	203	519	341	32	207	580	408	16
X	143	15	194	352	138	13	174	325	377	83
XI	166	32	186	384	162	31	163	356	229	128
XII	31	1	22	54	-	-	-	-	48	39
XIII	24	7	85	116	18	12	59	89	134	60
<b>TOTAL</b>	<b>4.084</b>	<b>1.250</b>	<b>2.646</b>	<b>7.980</b>	<b>2.543</b>	<b>643</b>	<b>2.030</b>	<b>5.216</b>	<b>5.987</b>	<b>2.937</b>

# Pemeriksaan penunjang Peserta Prolanis DM Tipe 2



Jenis Pemeriksaan	Jumlah Peserta	%terhadap peserta berkunjung
IMT	65.865	69,66
GDP	67.382	71,26
GDPP	57.968	61,31
TEKANAN DARAH	81.857	86,57
HBA1C	1.127	1,19



Perlu peningkatan kinerja dan kompetensi FKTP

Indikator Pemeriksaan Penunjang : 100% dari total peserta berkunjung  
(sumber : Pedoman Prolanis)

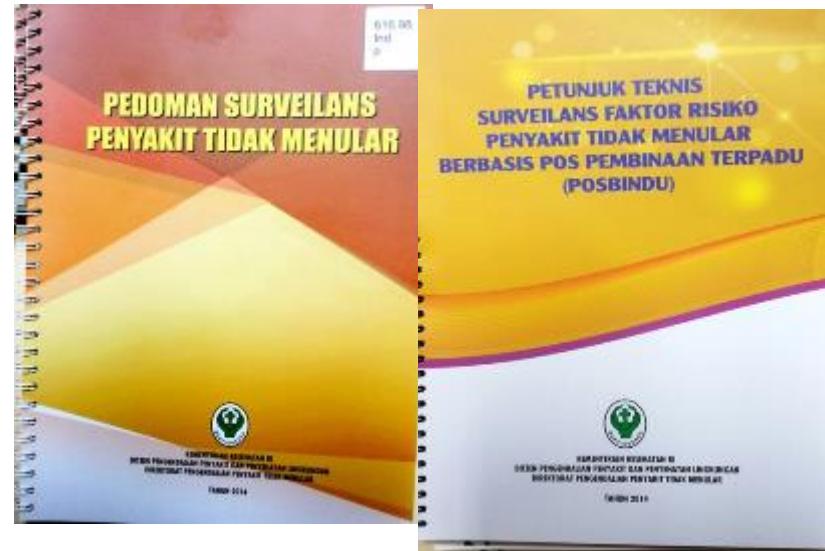
# Aktivitas Edukasi



# **POSBINDU**

# **PENYAKIT TIDAK MENULAR (PTM)**

# Posbindu PTM, PANDU PTM and NCD Surveillance Guidelines



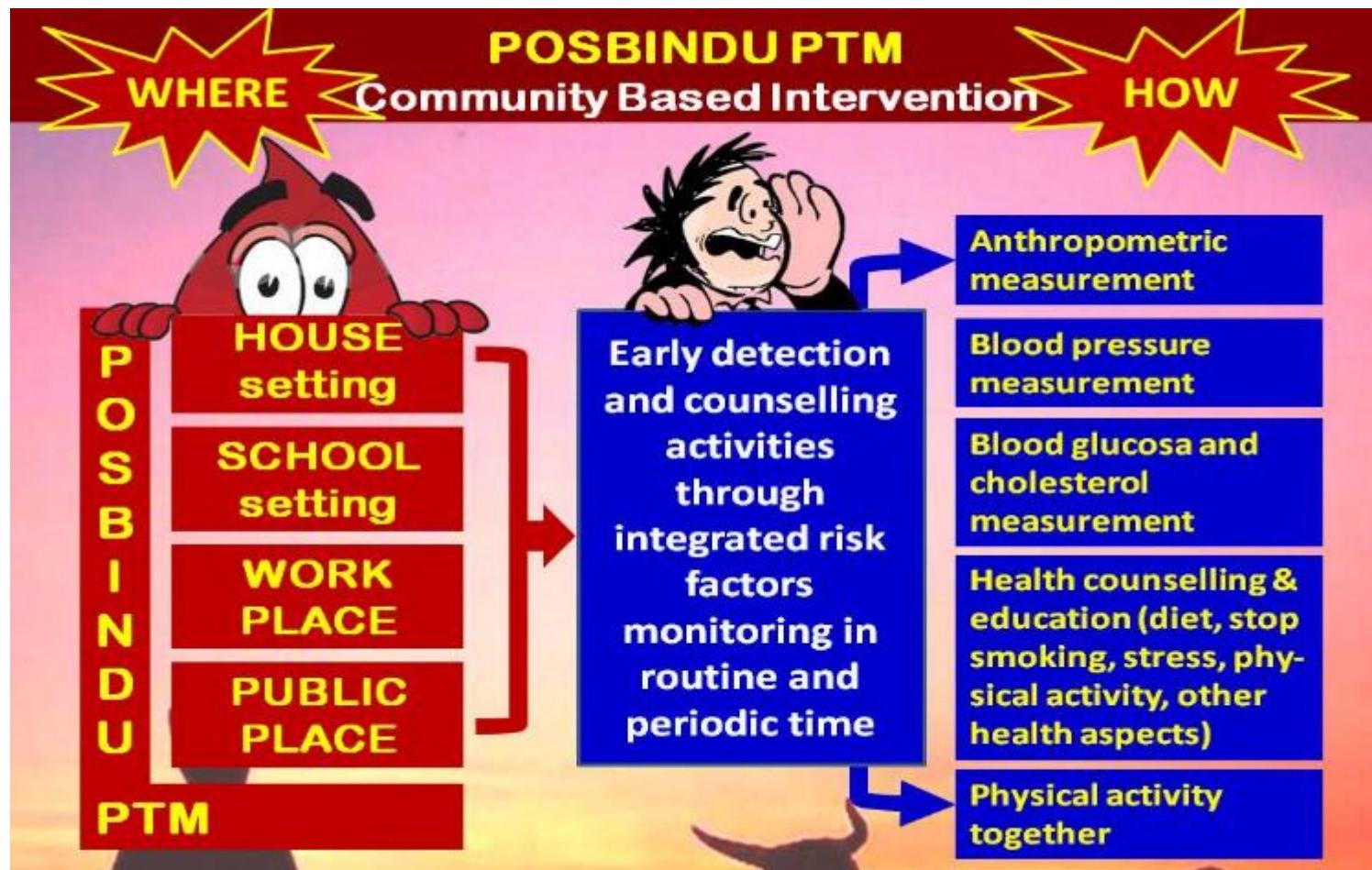
# Ada 9.128 Posbindu PTM di Indonesia

## OCTOBER 2015



# COMMUNITY BASED INTERVENTION

Developing Integrated Health Post for NCD's (Posbindu PTM)  
at all villages in Indonesia



# Monitoring, Blood Pressure, hyperglycemia and dyslipidemia, obesity



# ACTIVITIES AT NCD CBIs

Registration



Anthropometric examination



BP measurement



Blood Glucose and cholesterol examination



Counseling and Education



Recording



Community Action



# PERAN TENAGA PROMOSI KESEHATAN ?



## Kandungan Gula Pasir dalam Minuman

Berapa banyak gula yang anda konsumsi setiap hari?



1 bongkah  
setara dengan 4,5 gram gula pasir



## CAUSES OF KIDNEY FAILURE AMONG PATIENTS STARTING DIALYSIS 2000-2013



Philippine Renal Disease Registry (PRDR) 2014

Kemenko PMK  
Kemenko Perekonomian



HIDUP SEHAT

ANGKA KEMATIAN MENURUN (50% TH 2025)

Sumber: Kementerian PPN/Bappenas, 2015

## Kesimpulan:

- Peluang sangat besar bagi Tenaga Promosi Kesehatan untuk berperan aktif dalam manajemen PTM termasuk edukasi dan pentingnya anggota BPJS Kesehatan untuk mendapatkan akses ke screening lebih awal.
- Peningkatan kualitas layanan di FKTP akan cost efektif dalam jangka panjang
- Perkuat Sistem Pelaporan terpadu untuk PTM di FKTP – Tenaga Promosi Kesehatan juga ikut berperan