

Using of NCD Disease Medicines : Hypertension, Stroke, Heart, Diabetes Melitus (NCD) at Referral Pharmacy Program (PRB) in Bekasi City

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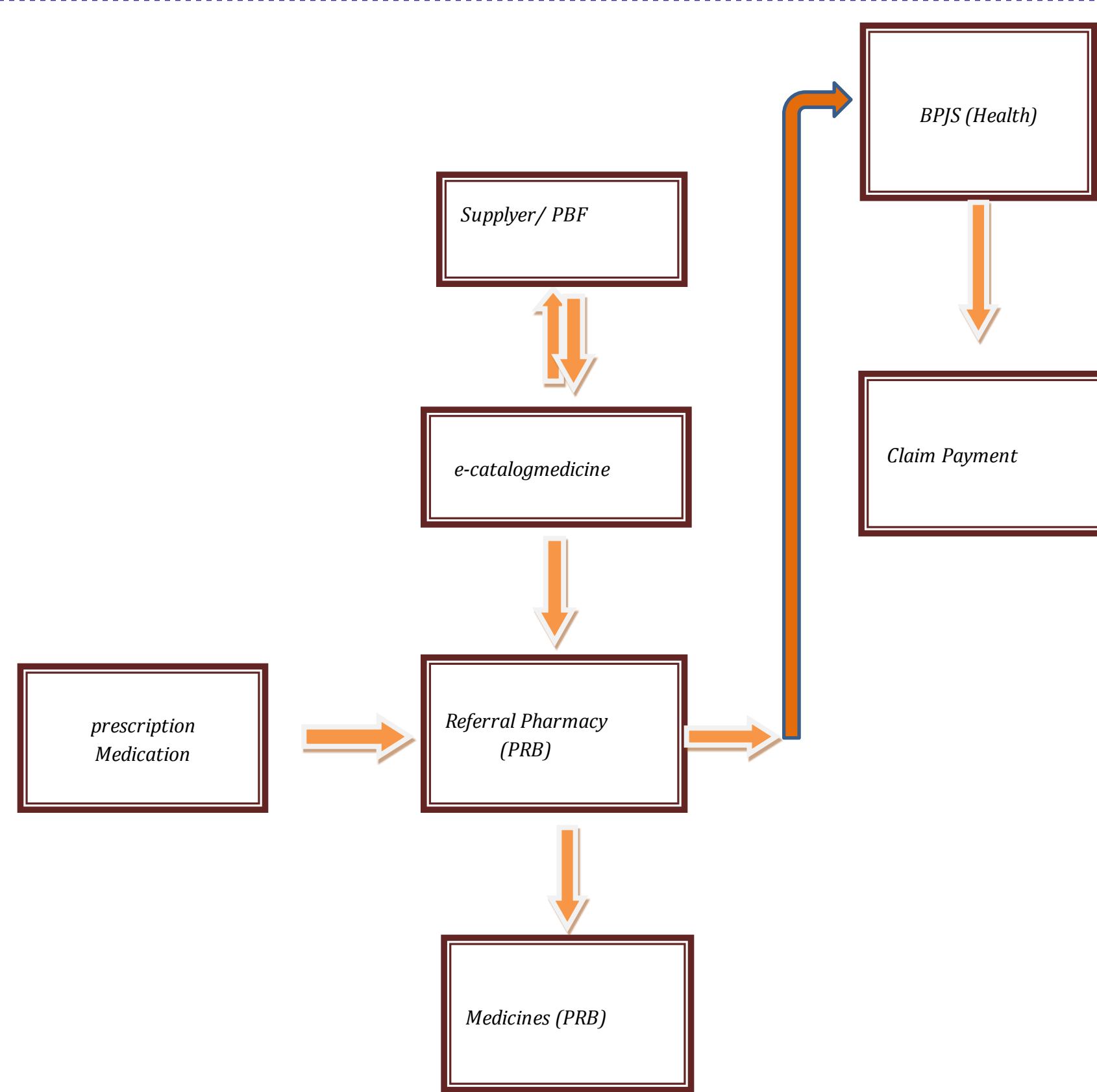
Abstract Some diseases categorized as non-communicable diseases (NCD) such as diabetes mellitus, hypertension, heart disease, stroke. Patients with the disease and who have been declared stable by the doctor at Hospital, the treatment is continued at the primary health care (FKTP) with the Referral Program (PRB) mechanism. The objectives of the study is to identify using medicines for NCD: diabetes mellitus, hypertension, heart disease, stroke at the PRB Pharmacy and conformity with the national formulary on JKN implementation. The research design was cross-sectional . Information was also explored by confirming to the Pharmacy PRB to find out the availability and using of NCD medicines in Bekasi city. The results were obtained Pharmacy Referral Programs (PRB) in Bekasi city in 2014 were only 3 and now increase 19 referral pharmacies. Drug procurement at PRB Pharmacy is still negotiating with the supplier, ordering medicines according to e-catalog. Medicines still found to be empty is herbesser and aspilet. The pharmacy can only order medicines outside of the drug, if the factory is empty. The PRB pharmacy has a plus services with drug delivery services. Patient complaints that some medicines are not guaranteed by BPJS because they do not include in the Drugs National Formulary. Drug procurement at the PRB Pharmacy is still negotiating with the PBF, it cannot access e-catalog.

Introduction

One of the strategic issues in health development up to 2025, based on 2015-2019 Strategic Plan (RENSTRA) of the Ministry of Health, Non communicable diseases such as heart diseases, diabetes, hypertension, and stroke are the highest burden diseases. Based on RISKESDAS, 2013, the prevalence of DM in Indonesia was based on answers that had been diagnosed by doctors about 1.5 percent. Diagnosis based on DM or symptoms is 2.1 percent. The prevalence of hypertension at age ≥ 18 years in Indonesia which was obtained from the answers that had been diagnosed by health personnel amounted to 9.4 percent, while what had been done by health workers or were taking their own medicine was 9.5 percent. The prevalence of hypertension in Indonesia based on the measurement results at ≥ 18 years of age amounted to 25.8 percent. The prevalence of coronary heart disease based on a doctor's diagnosis in Indonesia was identified as 0.5 percent, and based on a doctor's diagnosis or symptoms of 1.5 percent. The prevalence of heart failure based on a doctor's diagnosis in Indonesia was 0.13 percent, and based on a doctor's diagnosis or symptoms of 0.3 percent. The prevalence of stroke in Indonesia based on a diagnosis of health workers is found 7.0 per mile and based on a diagnosis of health personnel or symptoms is 12.1 per mile. So, as many as 57.9 percent of stroke has been diagnosed by health workers.

Methods & Materials

One of the main programs to improve health services for BPJS participants, especially those with NCD diseases, such as hypertension, heart disease, diabetes, stroke, which have been controlled, but still needed in the long term, so the optimization of the referral program is carried out. Patients with the disease and who have been declared stable by the doctor at Hospital, the treatment is continued at the primary health care (FKTP) with the Referral Program (PRB) mechanism. Medicines taken at the Pharmacy Referral Program (PRB).



The study was cross sectional design, Qualitative approach, conducted by confirming to the Pharmacy Referral program in the Bekasi city related to find out the availability and using of NCD medicines

Results

The results of research in Bekasi city, were obtained at the beginning JKN program was implemented. The number of referral pharmacies in the city of Bekasi was only 4 referral pharmacies from the service of patients with diabetes mellitus, hypertension, heart disease, stroke, there were only 3 Pharmacy Referral Programs (PRB) in 2014., and now 2018 increased to 19 referral pharmacies. Now Drug procurement at PRB Pharmacy is still negotiating with the supplier, ordering medicines according to e-catalog, if ordering medicines outside of that will be penalized. So that the referral pharmacy can lose the price of the price of e-catalog. Medicines still found to be empty is herbesser and aspilet. The pharmacy can only order medicines outside of the drug, if the factory is empty. In addition, in order to avoid mistakes in terms of ordering drugs, the pharmacy must know the origin of PBF and its principle and BPJS.

Conclusions

Conclusions:

- Pharmacy Referral Programs (PRB) in Bekasi city in 2014 only 3 and in 2018 increased to 19 referral pharmacies.
- Drug procurement at PRB Pharmacy is still negotiating with the supplier, ordering medicines according to e-catalog.
- Medicines still found to be empty is herbesser and aspilet.
- The pharmacy can only order medicines outside of the drug, if the factory is empty

Reference

- Ministry of Health, R.I, RENSTRA 2015 -2019
- Ministry of Health, Final report of RISKESDAS, Jakarta, 2013
- Creswell, JW. (2009). Quantitative & Qualitative Research. Sage Publication. Thousand Oaks, CA
- Practical Guide Referral Pharmacy Program, BPJS , Jakarta, 2014

