



IMPLEMENTATION OF THE BPJS HEALTH REFERRAL PROGRAM IN INDONESIA: LITERATURE REVIEW

Jery Ardhan^{1*}, Rizma Adlia Syakurah^{2*}, Haerawati Idris^{3*}, Yuanita Windusari^{4*}

Public Health Study Program, Faculty of Public Health, Universitas Sriwijaya, Jln Raya Palembang-Prabumulih, KM 32, Indralaya, Ogan Ilir, Sumatera Selatan 30662, Indonesia

[*jery.ardhan86@gmail.com](mailto:jery.ardhan86@gmail.com)

ABSTRACT

BPJS Health's Reverse Referral Program (PRB) is an initiative designed to ensure continuity of care for patients with chronic diseases by coordinating between primary healthcare facilities (FKTP) and partner pharmacies. This article aims to review the available literature on the effectiveness of PRB drugs, the flow of referral services, drug availability, and the role of partner pharmacies in supporting program implementation. The method used was a Systematic Literature Review using the Preferred Reporting Items for Systematic Reviews (PRISMA) flow by collecting articles from the Science Direct, Pubmed and Google Scholar databases published between 2019 and 2024 with the keywords "BPJS Referral Program", "Referral Drug Effectiveness", "PRB Drug Availability", and "BPJS Partner Pharmacies". From the initial search results, 39 articles were found (3 articles from ScienceDirect, 11 articles from PubMed, and 25 articles from Google Scholar). Based on the analysis conducted, 6 articles were double-published, 5 articles were incomplete, and 8 articles were not relevant to the topic. Then, after selection, 20 articles were identified as meeting the inclusion criteria. The results of the analysis showed that PRB helps improve patient compliance in chronic disease management and reduces the burden on referral hospitals. However, challenges faced include limited drug distribution, logistical constraints, and suboptimal coordination. This review concludes that technology-based solutions and increased regulatory capacity are needed to ensure the overall effectiveness of this program.

Keywords: BPJS health; chronic disease; drug effectiveness; drug availability; reverse referral program

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INTRODUCTION

The National Health Insurance (JKN) has increased public access to health services, with the primary target being to ensure that all citizens are covered throughout the healthcare system (universal health coverage) (Setiawati & Nurriszka, 2019). The high prevalence of chronic diseases has an impact on increasing the realization of JKN claim payments. To overcome this, BPJS Kesehatan implements case management to ensure that health service costs remain effective and efficient, one of which is through the Reverse Referral Program (PRB). This program is designed for patients with chronic diseases whose conditions are stable but still require long-term treatment (Sari & Yeni, 2022). Through PRB, patients can access follow-up treatment and regular medication collection at primary health facilities, eliminating the need for frequent returns to specialized hospitals. This not only facilitates patients' access to health services and necessary medications, but also shortens hospital waiting times and optimizes the role of primary healthcare facilities as the primary managers of health services (Paramita et al., 2019a).

The study Paramita et al (2019) concluded that in the implementation of the Reverse Referral Program, there are still several obstacles, including the limited availability of Reverse Referral Program drugs at Puskesmas, the accumulation of patients at Advanced Referral Health Facilities (FKRTL), notification of the status of "potential Reverse Referral Program" patients through the VCLAIM program at FKRTL is often ignored, and the lack of

compliance of medical personnel at FKRTL in completing the referral back form with complete data. Additionally, the socialization of the Reverse Referral Program mechanism to the community remains suboptimal. Research conducted at FKTP in Indragiri District also concluded that drug distribution still experienced logistical constraints, the e-purchasing system was not well socialized, and there was still weak coordination between institutions, resulting in an inefficient Reverse Referral Program flow (Rahayu & Kusumawati, 2023).

The role of partner pharmacies is crucial in supporting the success of Reverse Referral Program; however, drug availability in these pharmacies is often uneven, particularly in remote areas, which compromises patient satisfaction. Pratiwi et al (2024) reported that although major antihypertensive drugs were available in Reverse Referral Program pharmacies in Kudus District, the alignment of items according to the National Formulary only ranged from 69% to 80%, indicating a gap in stock in the field. This study aimed to evaluate the effectiveness of drug referral, analyze service flow, review drug availability at partner pharmacies, and explore the role of partner pharmacies in supporting program implementation, based on a literature review, in order to provide insights for the development of better Reverse Referral Program in the future.

METHOD

The method employed was a systematic literature review, conducted using the Preferred Reporting Items for Systematic Reviews (PRISMA) flow, which involved collecting articles from the Science Direct, Pubmed and Google Scholar database using search keywords including "Reverse Referral Program", "Reverse Referral Drug Effectiveness", "Reverse Referral Program Drug Availability", and "BPJS Partner Pharmacies". The inclusion criteria used were free full-text, open-access articles and original articles/research published by national journals between 2019 and 2024. From the initial search results, 39 articles were found (3 articles from ScienceDirect, 11 articles from PubMed, and 25 articles from Google Scholar). Based on the analysis conducted, 6 articles were double-published, 5 articles were incomplete, and 8 articles were not relevant to the topic. Then, after selection, 20 articles were identified as meeting the inclusion criteria.

Synthesized Findings

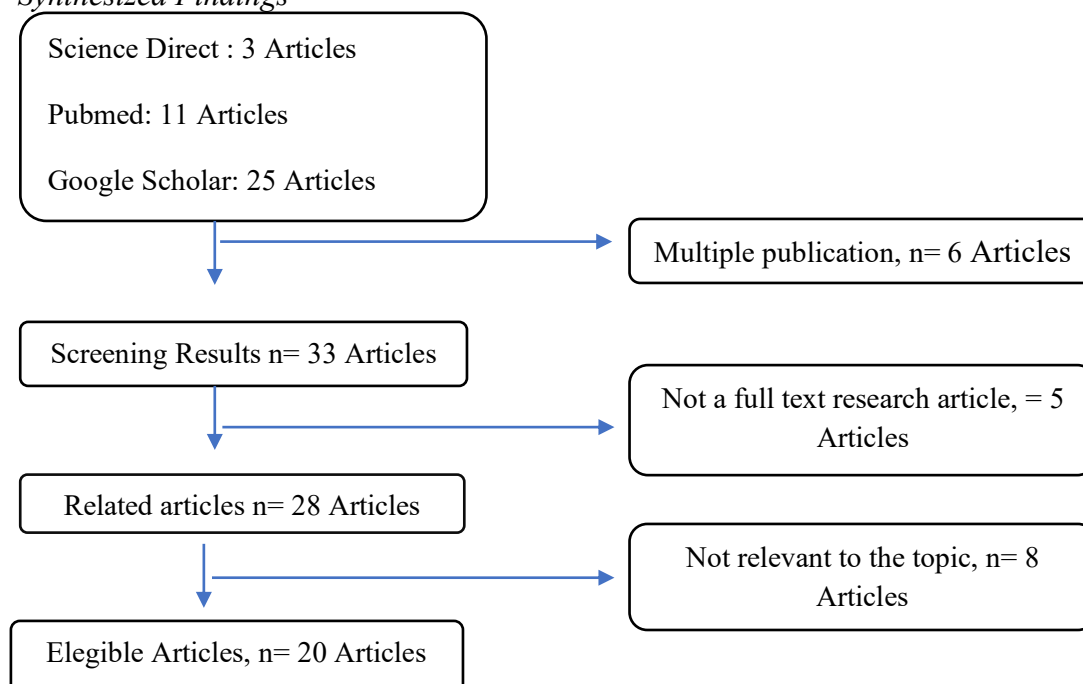


Figure 1. Prisma Flow Diagram

Research Procedure:

1. Article Identification and Selection: Relevant articles were selected based on the inclusion criteria, which were (a) addressing the topic of BPJS Reverse Referral Program or related components, (b) using Indonesian and English, and (c) available in full-text format. Exclusion criteria included articles that did not specifically address Reverse Referral Program or were not available in full text.
2. Screening: The screening process involved reading titles, abstracts, and keywords to determine relevance to the research objectives. Articles that passed the initial stage were read in depth to ascertain their contribution to the study.
3. Data analysis: The data obtained from articles were analyzed descriptively to describe key aspects of Reverse Referral Program, including drug effectiveness, service flow, drug availability, and the role of partner pharmacies.

RESULT

This study identified various aspects of BPJS Kesehatan's Reverse Referral Program (PRB), including the effectiveness of reverse referral drugs, service flow, drug availability, and the role of partner pharmacies. The results of the analysis based on the reviewed literature are presented in the following table:

Table 1.
Summary of Literature Review Results

No.	Author, Year	Title	Type of Study	Results
1	Tumole et al., (2021)	Evaluation of Adherence to Taking Medication for Hypertensive Patients with BPJS Referral Program at Life Farma Pharmacy	Observational	A total of 63% of patients were compliant, 13% were less compliant, and 24% were non-compliant, based on the results of completing the MMAS-8 questionnaire.
2	Natassa & Munawaroh, (2020)	Evaluation of the Non-Specialistic Outpatient Referral System for BPJS Participants at Puskesmas Rambah Hilir I	Descriptive	Identifying critical points of drug policy in Indonesia.
3	Budiyaniti et al., (2022)	The Effect of Pharmacist Counseling on Compliance of Hypertensive Patients in Pharmacies	Quantitative	Pharmacist counseling improves patient compliance and quality of life.
4	Mardiati & Wiedyaningsih, (2019)	Outpatient Perceptions of Generic Drug Quality	Descriptive	Patients have mixed perceptions of the quality of generic drugs.
5	Martawinata & Soewondo, (2023)	Analysis of the Availability of Hypertension PRB Drugs in Palembang City	Case study	PRB drug vacancies cause.
6	Efayanti, (2019)	Analysis of Factors Affecting Adherence to Taking Medication for Referral Program Participants in Bandar Lampung	Quantitative	Knowledge, participant trust, behavior of drug service personnel, cost, drug availability, family support, and ease of access affect compliance with drug taking in participants of the referral program.
7	Nurfauzi et al, (2021)	Pharmacist Monitoring of Prolanis Type 2 DM Drug Changes	Descriptive	Critical role of pharmacists in patient education and monitoring.
8	Paramita et al., (2019)	Quality and Cost Control of PRB Using Root Cause Analysis	Qualitative	Root Cause Analysis identifies the causes of low PRB effectiveness.
9	Novia et al., (2019)	Drinking Compliance Evaluation Hypertension Medication for Patients Under	Prospective observational	Prospective observational High compliance levels were observed in 45 respondents (27.61%), and

No.	Author, Year	Title	Type of Study	Results
		the Referral Program Partner Pharmacy Banjarmasin		moderate compliance levels were observed in 118 respondents (72.39%).
10	Pitasari & Risna, (2024)	Evaluation of Antidiabetic Drug Use at PRB Apotek X Jayapura	Quantitative	Evaluation of the effectiveness of the use of antidiabetics in PRB.
11	Pratiwi et al, (2024)	Evaluation of the Cost and Use of Oral Antidiabetic Drugs for PRB in Kudus	Quantitative	The highest use of glimepiride, according to Fornas 100%.
12	Rahasasti & Laeliyah, (2020)	The Effect of Pharmaceutical Education on Hypertensive Patients Participating in Prolani	Experiment	Pharmaceutical education increases patient knowledge and compliance..
13	Rahayu & Kusumawati, (2023)	Constraints of PRB Drug Procurement in Primary Health Care	Qualitative	The procurement of PRB drugs has not been optimized due to e-purchasing constraints.
14	Sari & Yeni, (2022)	Study of the Implementation of the Reverse Referral Program in BPJS South Jakarta	Descriptive	Coordination challenges between FKTP and BPJS.
15	Suryani et al., (2020)	Drug Information Profile for Antidiabetic Prescriptions in South Tangerang Pharmacies	Observational	Patients still receive minimal drug information.
16	Tampoliu et al (2020)	Performance Analysis of PRB and Non-PRB Pharmacies in Bogor City	Descriptive	Comparison of BPJS partner pharmacies and non-partners in service and financial aspects.
17	Taufiq et al, (2019)	PRB Drug Information System at BPJS Tangerang City	System Design Study	The online pharmacy application supports the acceleration of PRB claims and records.
18	Saharani et al, (2024)	Evaluation of the Referral Program for BPJS Health Patient Compliance at the Fella Clinic	Quantitative	There is a relationship between attitude, knowledge, and family support with PRB patient compliance.
19	Wijayanti & Andayani, (2023)	Patterns and Costs of PRB Antihypertensive Drugs in Kudus Regency	Quantitative	Drug compliance with Fornas was only 69-80%.
20	Wiyatami et al, (2023)	Effect of Brief Counseling by Pharmacists on Hypertensive Patients	Experiment	Brief counseling improves compliance and clinical outcomes .

DISCUSSION

Effectiveness of Reverse Referral Medication

The effectiveness of counter-referral drugs is influenced by patient adherence to taking and using the PRB drugs. Several studies have shown that medications provided through PRB improve patient compliance in managing chronic diseases such as diabetes mellitus and hypertension. In the study by Tumole et al (2021), it was concluded that most hypertensive patients who participated in the PRB program at My Life Farma Manado Pharmacy demonstrated a high level of compliance, as measured by the MMAS-8 scale. However, some patients still showed low compliance. In the study, Efayanti (2019) concluded that patient knowledge, patient trust, behavior of referral drug service officers, facilities for referral drug services, costs, drug availability, family support, and ease of access jointly affect compliance with drug taking in referral program participants.

Several studies in Indonesia have shown that the implementation of PRB can reduce the risk of complications in hypertensive patients if supported by good drug availability and coordination. Research by Martawinata & Soewondo (2023) reported the incidence of hypertension PRB

drug vacancies in Palembang, which appeared to correlate with increased complications due to treatment interruptions. Although there is no direct data on the percentage reduction in hospitalizations or the frequency of COPD exacerbations, these results suggest that continuity of PRB drugs and smooth distribution are crucial to the effective management of chronic diseases through PRB.

Drug effectiveness is often compromised by quality and distribution issues. For example, Rahayu & Kusumawati (2023) found that many health centers in remote areas lack the competence and resources to procure PRB drugs through e-purchasing, resulting in the late or non-availability of medications needed by patients. In addition, Martawinata & Soewondo (2023) reported delays in the distribution of PRB antihypertensive drugs in Palembang due to a lack of human resources, facilities, and obstacles in planning and logistics, which had a direct impact on drug vacancies at Puskesmas and partner pharmacies.

The effectiveness of drugs in the Reverse Referral Program (DRP) is strongly influenced by the type of disease and the medications used. Pitasari & Risna (2024) reported that metformin is the most commonly used antidiabetic drug in the PRB program in Jayapura, with usage reaching 5,715.8 Defined Daily Doses (DDD)/1,000 patients per year and 100% compliance, according to the national format (Fornas). In addition, a study by Pratiwi et al. (2024) in Kudus District found that PRB oral antidiabetic drug consumption showed the highest usage pattern in glimepiride (54.5%), followed by metformin (22.4%) and acarbose (16.4%), with 100% compliance with Fornas.

Inadequate education is a significant barrier to the effectiveness of PRB drugs. Wiyatami et al (2023) demonstrated that brief education by pharmacists, utilizing brief counseling and poster methods, improved knowledge and medication adherence in patients with Prolanis hypertension, and significantly reduced blood pressure (systolic pressure from 163 to 147 mmHg and diastolic from 99 to 87 mmHg; $p = 0.000$). In addition, Rahasasti & Laeliyah (2020) reported that the provision of pharmacist education at the Kaliwedi Health Center significantly increased knowledge and compliance with medication taking ($p = 0.000$) in patients with Prolanis hypertension. Patients who do not understand the purpose and benefits of PRB drugs due to minimal education are at risk of skipping therapy schedules and reducing clinical outcomes.

Solutions to Improve PRB Drug Effectiveness: Enhance drug distribution, particularly in remote areas, to ensure timely and consistent access to medication. Secondly, patient education provides patients with better information on the importance of medication adherence. Next, Drug Quality Control ensures that drugs provided through PRB are of guaranteed quality. Technology Support, Using digital-based applications to monitor drug availability and patient adherence to treatment.

Flow of Reverse Referral Service

Reverse Referral service begins with a specialist doctor at the hospital assessing the patient's stability, completing a comprehensive Reverse Referral Letter (SRB), and ensuring that the prescribed drugs are included in the national formulary list. Several factors affect the implementation of the reverse referral program, including limited communication and coordination between FKTP and FKRTL doctors, the lack of standardisation in the statement of patient status, which does not align with the referral letter used by FKRTL, bureaucracy related to SOPs that have not been appropriately implemented, and the lack of a PRB organisational structure. Additionally, the availability of facilities and treatment services at FKTP is also a limitation to the PRB program (Delima S, 2022). Research from Sari & Yeni (2022) states that PRB infrastructure in branch hospitals remains minimal, with notable

examples including the absence of information corners and limitations on the V-Claim application, which sometimes prevents SRBs from being submitted or prevents patients from accessing drugs at FKTP.

After the referral, the primary healthcare provider is responsible for monitoring the patient's routine care according to a predetermined schedule, which includes consultation services, basic care, and revising drug prescriptions based on health evaluations. In a study by Sari & Yeni (2022) at Puskesmas Pancoran, it was found that the continuity of visits by diabetic patients (for PRB prescription collection) showed strong associations with patient-staff communication, service infrastructure, drug availability, and family support, confirming that primary health care providers play an essential role in ensuring continuity of PRB therapy. As part of the PRB service flow, patients take their medication regularly at partner pharmacies that work with BPJS Kesehatan. These pharmacies are responsible for providing prescription drugs and recording their distribution for reporting to BPJS. However, research by Wijayanti & Andayani (2023) showed that although antihypertensive drugs such as amlodipine, candesartan, hydrochlorothiazide, and lisinopril indicated a mismatch between drug stocks and real needs at PRB pharmacies. In addition, Tampoliu et al., (2020) reported that in Bogor, there are constraints in financial management and drug stock availability at PRB pharmacies, which can delay ordering and submitting documents to BPJS, resulting in a halt in drug dispensing until administrative issues are resolved. These challenges are particularly pronounced in remote areas, where access to partner pharmacies is limited, logistics are complex, and reporting systems are not yet fully integrated.

The back-referral service flow utilizes a digital information system to facilitate coordination among institutions, including FKTP, hospitals, and partner pharmacies, ensuring that patient data can be updated in real-time. According to Taufiq et al., (2019), the implementation of the Online Pharmacy application in Tangerang City enables the direct recording of PRB drug dispensing into the BPJS system, thereby reducing manual errors and streamlining the claims process. However, Febriyanti et al., (2023) highlighted that the level of technological literacy at FKTP remains low; many officers struggle to access or use digital systems such as SISROUTE or the Mobile JKN application, which leads to suboptimal implementation of down-referral.

In its implementation, the success of the down-referral service flow depends on effective communication between primary care facilities, referral hospitals, and partner pharmacies. Poor coordination can lead to delays in clinical decision-making or drug supply, ultimately impacting service quality. Therefore, strengthening the training of health workers at primary care facilities and the more efficient use of technology are prioritized to ensure a smooth flow of down-referral services. If systematically improved, this flow can help reduce the burden on referral hospitals and improve the accessibility of health services for chronic patients across Indonesia.

Drug Availability

Efforts are made to ensure the availability of drugs in the procurement of PRB drugs, which require the use of an e-purchasing mechanism with an e-catalogue system, as per Presidential Regulation Number 4 of 2015 (Islami et al., 2023). The availability of drugs in BPJS Health's Reverse Referral Program (PRB) is a crucial factor that determines the effectiveness and continuity of services for patients with chronic diseases. A study by PRB pharmacies in Kudus District showed that, although the use of antihypertensive drugs followed the DU90% pattern (e.g., amlodipine, candesartan, and lisinopril), the level of compliance with the National Formulary was still not optimal, reaching only 69-80%. This indicates a mismatch

between the need and the stock of drugs in the field (Pratiwi et al., 2024). External factors that exacerbate the situation include limited supply from e-catalog suppliers, uncertainty in delivery times, and the BPJS claim process, which takes 2-3 months (Anggara et al., 2025). In addition, Tampoliu et al (2020) revealed that delivery delays, slow administrative processes, and demand mismatches cause the distribution of PRB drugs to be disrupted, especially in areas with limited access, such as rural areas. In contrast, urban areas tend to have more stable distribution systems due to their proximity to facilities and better logistics networks. This situation highlights the need for efforts to enhance logistics efficiency and digital stock monitoring at partner pharmacies, thereby maintaining the sustainability of PRB, particularly in remote areas.

Although drugs provided through PRB have met pharmacopoeial and bioequivalence standards, patients' perceptions of generic drug quality still vary widely, which may affect medication adherence. In a study by Mardiaty & Wiedyaningsih, (2019), it was reported that approximately 75.3% of outpatients at PKU Muhammadiyah Yogyakarta Hospital perceived the quality of generic drugs, as assessed by the dimensions of safety and efficacy, as "good". However, they still had doubts about exposure to generic drug brands due to less attractive packaging or colors.

Role of Partner Pharmacies

Partner pharmacies play a central role in supporting the success of the BPJS Health Reverse Referral Program. In addition to distributing drugs according to FKTP prescriptions, partner pharmacies are also responsible for recording and reporting drug dispensing directly through digital systems, such as the Online Pharmacy application. The study by Taufiq et al (2019) demonstrates that this online pharmacy network can expedite the claims process and alleviate the administrative burden on FKTP by capturing real-time patient prescription data in the BPJS database. However, there are still challenges related to the suitability of drug stocks to patient needs. Rahayu & Kusumawati, (2023) demonstrated that in several FKTPs, the procurement of PRB drugs was suboptimal due to limited knowledge of e-purchasing and inadequate coordination with partner pharmacies that were not fully integrated.

The role of partner pharmacies in PRB is often disrupted by logistical barriers and coordination with FKTP. Nurfauzi et al (2021) reported that pharmacists routinely monitor therapy adaptation in type 2 diabetes patients participating in Prolanis, but often encounter difficulties when insulin stocks run out, causing patients to wait for the next arrival, thus disrupting therapy continuity. In addition, research by Suryani et al (2020) shows that in South Tangerang pharmacies, nearly 90% of officers providing drug information to diabetic patients are not pharmacists, resulting in a mismatch when prescriptions are unavailable; patients must return to the FKTP to revise prescriptions or obtain alternative medications. This condition causes disruptions to PRB patients' drug taking, especially for chronic diseases that require ongoing therapy, such as insulin. It requires improved operational integration and communication between partner pharmacies and primary healthcare providers.

To strengthen the role of partner pharmacies, BPJS Kesehatan needs to enhance the integration of information systems between FKTP and pharmacies, allowing for real-time monitoring of drug stocks. Additionally, training pharmacists on PRB patient handling and logistics management is crucial to ensure optimal service. With a coordinated approach, partner pharmacies can more effectively support PRB implementation and improve patient satisfaction.

CONCLUSION

BPJS Kesehatan's Reverse Referral Program (PRB) is a strategic initiative aimed at enhancing the accessibility and quality of healthcare services for patients with chronic diseases. The effectiveness of this program is evident in its ability to improve patient adherence to treatment, stabilize disease conditions, and reduce the burden on referral hospitals. Medicines provided through PRB have proven to be effective, although challenges in drug distribution and variations in quality still require serious attention.

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