



## EVALUATION OF HEALTH INSURANCE PATIENT SATISFACTION IN PARTICIPATING IN THE REFERRAL BACK PROGRAM FOR HYPERTENSION CASES AT THE COMMUNITY HEALTH CENTER

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### ABSTRACT

Hypertension is one of the factors contributing to non-communicable diseases that can have a negative impact on an individual's social, economic, and psychological aspects. Therefore, it has been designated as one of the diseases that requires a referral-back program. However, adherence to the referral-back program still needs to be evaluated. This study aims to evaluate the satisfaction of health insurance patients participating in the referral-back program for hypertension cases at Kumpai Batu Atas Health Center. A qualitative descriptive research was applied in phenomenology approach by interviewing 17 primary informants and 2 triangulation informants from the hospital and health center. Data collection includes in-depth interviews, triangulation, and patient medical records. Interviews are interactive and flexible, using probing techniques to explore participants' experiences. Triangulation with health center staff, physicians, and specialists ensures validity. Data analysis follows reduction, presentation, and conclusion drawing, refining key themes, structuring findings, and verifying conclusions for accuracy. The thematic analysis yielded 4 themes: 1) the situation of referral-back program participants (diagnosed based on signs, symptoms, and predisposing factors. Some dropped out after 2-6 months due to uncertainty about the availability of medication); 2) satisfaction with the quality of service (satisfactory due to fast and accurate service. Professional attitudes were expressed appropriately and in accordance with needs. Clinical competence was displayed with quality and empathy was expressed with a humble attitude); 3) satisfaction with the value referral-back program facilitates access and fast service. Certainty and innovation are the main values for patients); and 4) perceptions of the best desired service (certainty of medication availability, easy administration, and friendly communication are highly desired).

Keywords: hypertension; referral-back program; satisfaction

### How to cite (in APA style)

Meiningsih, M., Indasah, I., & Ellina, A. D. (2025). Evaluation of Health Insurance Patient Satisfaction in Participating in the Referral Back Program for Hypertension Cases at the Community Health Center. *Indonesian Journal of Global Health Research*, 7(2), 937-944. <https://doi.org/10.37287/ijghr.v7i2.5706>.

## INTRODUCTION

Hypertension remains a significant public health issue, with its prevalence remaining high over the past 20 years (Pradono et al., 2020). For some individuals, hypertension arises due to other medical conditions (e.g., hormonal disorders). However, for the majority (about 90% of cases), there is no specific cause for high blood pressure (Association for Behavioral and Cognitive Therapies (ABCT), 2021). The number of adults aged 30–79 with hypertension has increased from 650 million to 1.28 billion worldwide over the past three decades. A global network of physicians and researchers conducted a study spanning 1990–2019 using blood pressure measurement and treatment data from more than 100 million people aged 30–79 in 184 countries, covering 99% of the global population (Brunier & O'Hare, 2021). Hypertension is one of the most common metabolic risk factors for non-communicable diseases (NCDs) in Indonesia. A 2018 survey reported hypertension prevalence ranging from 22.2% to 44.1% across Indonesia's provinces (Pradono et al., 2020). The 2018 Basic Health Research (Riset Kesehatan Dasar) results showed that 63,309,620 people in Indonesia had hypertension, with prevalence rates of 31.6% in individuals aged 31–44 years, 45.3% in those aged 45–54 years, and 55.2% in those aged 55–64 years. Hypertension-related deaths in

Indonesia numbered 427,218, while disability cases due to hypertension reached 9.4 million people. Central Kalimantan ranked 8th in hypertension prevalence at 34.4% (Rahmadita et al., 2023).

The Indonesian Ministry of Health Regulation No. 28 of 2014 on the Implementation Guidelines for the National Health Insurance Program mandates that a referral-back program must be carried out for chronic disease patients whose condition is stable, accompanied by a referral-back letter from a specialist/sub-specialist. The referral-back program applies to chronic diseases such as diabetes mellitus, hypertension, heart disease, asthma, chronic obstructive pulmonary disease (COPD), epilepsy, schizophrenia, stroke, and systemic lupus erythematosus (Rahayu & Kusumawati, 2023). According to Semarajana et al. (2022), the referral system aims to provide quality healthcare services so that treatment goals are achieved without excessive costs. Efficiency also means reducing waiting times for referrals and minimizing unnecessary referrals that can be handled at primary healthcare facilities. Preliminary studies indicate that Community Health Center Kumpai Batu Atas, as a primary healthcare facility, has acted appropriately in referring hypertensive patients based on medical indications. However, the referral-back program at the Community Health Center is not running optimally. The failure of the referral-back system undermines the effectiveness and efficiency of the healthcare system. The lack of success in the referral-back program for BPJS Health-insured hypertensive patients at Community Health Center Kumpai Batu Atas suggests very low patient loyalty to the program. Patients' reluctance to participate in the referral-back program stems from doubts about receiving care from general practitioners and a sense of satisfaction when treated by specialists.

Rahayu & Kusumawati (2023) analyzed that low customer loyalty indicates low satisfaction with services—in this case, the Referral Back Program for hypertensive patients. Similarly, Gultom et al. (2020) stated that loyalty is based on trust, which is a key determinant of satisfaction. For these reasons, the aim of this study was to evaluate the satisfaction of health insurance patients participating in the referral-back program for hypertension cases at Kumpai Batu Atas Health Center.

## **METHOD**

This study employs a qualitative descriptive approach with a phenomenological perspective. It aims to explore patient satisfaction among BPJS Kesehatan participants who have undergone the Referral Back Program for hypertension cases at the Community Health Center in Kotawaringin Barat Regency. A qualitative descriptive method was chosen to provide an in-depth, transparent, and specific depiction of the observed conditions in the field. The study seeks to capture participants' perspectives, emphasizing the process and meaning behind their experiences. The researcher plays a dual role as both the primary data collector and the key research instrument. The study takes place at Community Health Center Kumpai Batu Atas, Kotawaringin Barat Regency, and is conducted from July to August 2024. The research subjects are BPJS Kesehatan patients diagnosed with hypertension who have previously participated in the Referral Back Program. Participants are selected based on their willingness to be interviewed and to provide an evaluation of their experiences with the program.

The recruitment process begins with obtaining a list of patients who requested referral letters at the Community Health Center between January and May 2024. Health center staff then verify which patients were involved in the Referral Back Program. The researcher, with the assistance of community health workers and Community Health Center staff, identifies potential participants, contacts them, and provides an explanation of the study. If a patient agrees to participate, informed consent is obtained before proceeding with the interview.

Interviews are conducted until data saturation is reached, typically involving 10 to 15 participants. Data collection relies on multiple sources, including primary data obtained through in-depth interviews and triangulation, as well as secondary data from patient medical records at the Community Health Center and elderly health posts. The in-depth interview process is conducted in a flexible and interactive manner, allowing the researcher to explore participants' experiences in detail. The probing technique is employed to encourage participants to elaborate on their responses. Data collection also involves documentation of relevant patient records and the application of triangulation methods to enhance validity. Triangulation is conducted by comparing information from various sources, including health center staff, referring physicians, internal medicine specialists at the referral hospital, and community health workers.

Data analysis follows three main stages: data reduction, data presentation, and conclusion drawing. Initially, the researcher organizes and refines the data, identifying key themes while eliminating irrelevant information. The data is then presented in a structured narrative form, allowing for the identification of meaningful patterns. Finally, conclusions are drawn based on the findings, with verification conducted throughout the process to ensure accuracy and consistency. To ensure research validity and reliability, several strategies are implemented. Credibility is established through prolonged engagement in the field and data triangulation. Transferability is achieved by providing a detailed and systematic description of the research process, allowing for potential applicability in other settings. Reliability is maintained through dependability checks, where research supervisors review the data, and confirmability is ensured by comparing findings with previous studies. Ethical considerations are strictly upheld in this research. Participants receive an informed consent form explaining the study's purpose, procedures, and potential impacts before their involvement. Anonymity is maintained by using participant codes instead of names in data records. Confidentiality is safeguarded by ensuring that collected information is not shared with unauthorized parties. Additionally, the study carefully balances potential risks and benefits, prioritizing the well-being of participants while striving to contribute valuable insights to healthcare management.

This study does not require ethical clearance because it does not involve medical interventions, clinical trials, or experiments on human subjects. The research focuses on evaluating patient satisfaction with the BPJS Kesehatan referral back program through surveys and interviews, which pose minimal risk to participants. All data collected are non-invasive, related only to patients' experiences and perceptions. Additionally, confidentiality and anonymity are maintained, ensuring that respondents' personal information remains protected. Since the study primarily involves service evaluation and program assessment without manipulating health outcomes, it falls outside the scope of research requiring formal ethical approval.

## **RESULT**

The study involved two groups of informants: the primary informants and the triangulation informants. The primary informants consisted of 17 individuals undergoing medical treatment. Their ages ranged from 48 to 78 years old, with the duration of treatment varying significantly—from as short as 4 months to as long as 34 years. These informants, identified by their initials, included both male and female patients. They were the key sources of information in the research, providing firsthand experiences regarding their medical conditions and treatments. For instance, Ny. S, a 68-year-old woman, had been undergoing treatment for 8 years, while Tn. S, a 55-year-old man, had been in treatment for 34 years—the longest period among the participants. On the other hand, some informants, such as Tn. S (58 years old), had only been in treatment for 4 months. Despite these differences in treatment

duration, all were considered key informants in the study (table 1). To validate and cross-check the information provided by the primary informants, two healthcare professionals were included as triangulation informants. These professionals provided additional insights, helping to ensure the reliability of the information gathered from the primary informants (table 2). In summary, this research combined patient experiences with expert validation from healthcare workers to provide a well-rounded perspective on the topic under investigation.

Table 1.  
Key Respondent characteristics (n= 17)

Initial	Age (year)	Duration of therapy (year)	Description
Ny. S	68	8	Key informant
Tn. W	57	17	Key informant
Tn. S	55	34	Key informant
Tn. M.S	61	3	Key informant
Tn. S	53	7	Key informant
Ny. W	57	8	Key informant
Tn. S	65	20	Key informant
Tn. O	55	5	Key informant
Tn. G N A	60	3	Key informant
Ny. U S	56	5	Key informant
Ny. N	48	4	Key informant
Tn. G D K	51	6	Key informant
Tn. K D	59	6	Key informant
Ny. E	55	8 months	Key informant
Tn. A R	78	4	Key informant
Tn. R	53	3	Key informant
Tn. S	58	4 months	Key informant

Table 2.  
Triangulated Respondent characteristics (n= 2)

Initial	Age	Work experience (months)	Description
S.S.	45	24	Nurse
J.W.	43	23	Nurse

Observations at the Community Health Center revealed that patients participating in the referral-back program brought a Referral Back Letter signed by a specialist doctor from the hospital. For post-hospitalization patients, a medical resume was also attached. This letter was presented when patients registered at the Community Health Center. Afterward, patients registered online using the Kiosk. After a short wait, they were called to the Examination Room for assessment and a physical examination, including blood pressure measurement. Once completed, doctors and nurses entered patient data into the Electronic Medical Records and ordered prescriptions through an application. After approximately 15 minutes, patients were called to the pharmacy to collect their medication. Beforehand, they were given an explanation about the types of medication, dosage instructions, and symptoms to watch out for after taking the medication. A review of documents at the Community Health Center found several reports on health education activities related to hypertension and its management. Attendance lists showed the names of some referral-back program participants. The reports were accompanied by photos of the activities and the media used.

Field observations at the Community Health Center revealed that services were available from 07:00 AM to 02:00 PM WIB. Each patient service room had a suggestion box with paper and pens. A customer complaint service was available at the registration desk, handled by security personnel. The customer satisfaction survey results were displayed on the

announcement board, showing Customer Satisfaction Index scores of 87.9, 90.0, and 89.2 for August, September, and October, respectively. A review of the complaint log found no complaints related to therapy or service speed. The Community Health Center' quality indicators were all achieved above 90%. There were no reports of patient safety incidents from January to October 2024. Field observations also found that information leaflets about the Referral Back Program were posted on the Community Health Center announcement board along with applicable regulations. The service atmosphere appeared conducive. Staff called patients using a speaker system at a moderate volume, ensuring clarity without being too loud. Staff greeted patients with a smile and addressed them by name.

Environmental observations revealed that all healthcare workers at Community Health Center Kumpai Batu Atas had undergone credentialing by the Health Office. As a result of this credentialing process, they received Clinical Privileges and Clinical Assignment Letters. Additionally, Community Health Center Kumpai Batu Atas had been credentialed by BPJS Health to assess its eligibility for implementing health programs. The most recent credentialing of Community Health Center Kumpai Batu Atas was conducted on October 10, 2024. The evaluation results of hypertensive patients' satisfaction with the BPJS Health Referral Back Program at the Community Health Center in Kotawaringin Barat are as follows: BPJS Health Referral Back participants were diagnosed with hypertension based on their symptoms and predisposing factors. They were referred to the hospital due to emergency conditions or the need for advanced diagnostic tests. They understood that the purpose of referral-back program was to continue treatment for hypertensive patients whose condition was controlled, in line with BPJS Health regulations. However, uncertainty regarding medication availability, which lasted between 2–6 months, led them to discontinue participation.

Based on their understanding of referral-back program's purpose, hypertensive patients participating in the program considered referral-back program services to be satisfactory in terms of service reliability, as they were provided quickly and accurately. Healthcare staff demonstrated professionalism within acceptable limits and had a deep understanding of patient needs. They also exhibited high clinical competence in delivering referral-back services for hypertensive patients. Additionally, staff expressed empathy by maintaining a socially acceptable level of humility. The main weakness of the Community Health Center in the referral-back service was the uncertainty in medication availability. For hypertensive patients, referral-back program provided easier access and faster service but still lacked a strong assurance of medication availability at the community health center. The success of the referral-back program for hypertensive patients depends on the Community Health Center' ability to ensure a reliable medication supply while also introducing various innovative service improvements. According to participants, the ideal Referral Back Program should guarantee medication availability while also offering simplified administrative processes, more in-depth health consultations, and assurance that they would be referred to the hospital if their prognosis worsens.

## **DISCUSSION**

The description obtained as a result of the above research aligns with the statements of Alexander et al. (2022); Association for Behavioral and Cognitive Therapies (2021); Carey et al. (2018); and Ni et al. (2023), which indicate that the clinical symptoms of hypertension patients include having a blood pressure of 140/90 mmHg or higher. Other symptoms appear to be unique to each individual. The hypertension diagnosis process involved accurate blood pressure measurements, a thorough medical history review, a focused physical examination, and routine laboratory tests. Although ECG examinations were not included, the diagnosis

made was sufficiently strong (Alexander et al., 2022). Among the respondents, there were no indications of end-organ disease complications such as kidney or brain disorders. The prominent risk factors identified in this study, according to Brunier & O'Hare (2021), include alcohol consumption, smoking behavior, and socioeconomic issues. Meanwhile, ABCT (2021) identified advanced age as a contributing risk factor in this study. The referral mechanism described by the informants also illustrates the staff's adherence to procedures. If a patient cannot be treated at a primary healthcare facility, a referral to a secondary healthcare facility is implemented (Ratnasari, 2017). Overall, the quality of the referral-back service provided by the Community Health Center was considered satisfactory by the participants. Their understanding of the referral-back process aligns with BPJS Health Service Circular Letter No. 47 of 2014, which defines the service as healthcare provided to patients at a healthcare facility based on a referral from a specialist or subspecialist for chronic non-communicable diseases in a stable condition but still requiring long-term care. The participants' understanding, which aligns with this definition, is that the service is intended for hypertensive patients whose condition is stable or controlled.

From a customer satisfaction perspective, the referral-back participants' experiences in this study have fostered a harmonious relationship between patients and healthcare facilities, as proposed by Kotler and Keller (2018) in Sasongko (2021). The positive aspects highlighted by the participants primarily focus on the professionalism, competence, and humility of the healthcare staff. According to Tjiptono (2014) in Andriyani & Ardianto (2020), Satisfaction Toward Quality refers to the overall service product. The product dimension includes the medication package provided, administrative processes, and staff behavior in delivering services. The study results indicate that administrative aspects and staff behavior leave a strong impression on participants. Of the five service quality aspects that contribute to customer satisfaction, according to Irawan (2003) in Sasongko (2021), reliability, responsiveness, empathy, and tangible evidence have generally met expectations, with some even exceeding them. However, when the assurance aspect—specifically, the certainty of medication availability—is not met, the achievements in the other four aspects appear to lose significance. Based on this analysis, it is evident that the function of healthcare facilities as gatekeepers, as stated by Putri et al. (2022), is not being fully optimized. This study also shows that assurance is the primary factor participants consider when evaluating the referral-back service they receive.

On the other hand, this study confirms that the tiered referral process has been implemented as expected by BPJS Health (2021), as stated by Katmini et al. (2023). Similarly, the referral-back procedure has been conducted in accordance with Presidential Regulation No. 12 of 2013 on Health Insurance and BPJS Health Service Circular Letter No. 47 of 2014. In theory, the ideal service expected serves as the threshold in decision-making regarding satisfaction with a product or service. If the service product meets the expectations of an ideal service specification, customers will be more inclined to use the service at another time (Kotler and Keller, 2018 in Sasongko, 2021). Satisfaction is the feeling of pleasure or disappointment that arises after comparing the perceived performance (results) of a product with the expected performance (results). If performance falls below expectations, the customer is dissatisfied. If performance meets expectations, the customer is satisfied. If performance exceeds expectations, the customer is highly satisfied or delighted (Andriyani & Ardianto, 2020). During the course of this study, several limitations were encountered. One of the primary constraints was the limited timeframe, which restricted the number of participants that could be included. In the field, many potential informants were occupied with work in the fields or plantations during the day and were only available at home in the evening. As a result, interviews had to be conducted at night. Additionally, some individuals who initially

agreed to participate later withdrew due to personal considerations. The time constraints also limited the researcher's ability to conduct a more extensive triangulation of interviews

## **CONCLUSION**

The observation results indicate that the referral-back program service at the Community Health Center is well-organized, with a structured patient registration process, timely medical assessments, and efficient prescription handling. The Community Health Center demonstrates a commitment to quality service, as reflected in high patient satisfaction scores and the absence of major complaints. However, a key limitation identified is the uncertainty regarding medication availability, which has led some patients to discontinue referral-back program participation

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