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What is the Best Method for Review Utilization Dental health Care at Primary Health Care Cooperation with Indonesian National Health Insurance (INHI)?

Diyah Fatmasari^{1*}, Endah Aryati Eko Ningtyas², Dendy Murdiyanto³, Agnes Lia Renata⁴

Dental Health Department, Poltekkes Kemenkes Semarang, Indonesia

**Corresponding author: fatmasaridiyah@poltekkes-smg.ac.id*

ABSTRACT

The Indonesian National Health Insurance (INHI), initiated in 2014, encompasses dental healthcare services delivered by dentists in primary healthcare facilities. The remuneration model for healthcare practitioners is based on capitation, which involves payment per registered patient without consideration of the number of patient visits. INHI's monitoring has revealed a significant number of patients referred to advanced healthcare services. This study aims to explore and propose effective strategies for reducing the number of dental referrals, such as improving dental skills, enhancing IT-related capabilities, and providing government guidance. The research methodology employed a Focus Group Discussion (FGD) involving INHI facilitators and 30 dentists selected based on referral ratio data, focusing on instances where the number of referrals did not align with patient visits over the past three months. The INHI facilitators, who played a crucial role in guiding the discussions and providing insights, were instrumental in the success of the study. The dentists were categorized into three groups: those working in community health centers (Group A), family dentists (Group B), and primary clinics (Group C). A follow-up FGD occurred two months later to assess changes in the referral ratio. The findings highlighted specific challenges within each group. Group A exhibited a relatively low referral ratio, likely due to government guidance. Group B comprised senior dentists with limited IT-related capabilities, while Group C consisted of fresh graduates needing more experience in dental skills. Following discussions, facilitators guided Groups B and C, resulting in reduced referral ratios across all groups in the subsequent two months. The study concludes that routine monitoring of selected dentists is the most effective method for evaluating dental care delivery and addressing referral concerns.

Keywords: Dental health care, Primary health, National Health Insurance

INTRODUCTION

The National Health Insurance System in Indonesia, known as Jaminan Kesehatan Nasional (JKN), was officially launched in January 2014 under Law No. 24 of 2011. This initiative aimed to provide universal health coverage to the Indonesian population. Despite the ambitious goals, recent studies indicate that the utilization rates of healthcare services have not significantly improved since the program's inception. This stagnation suggests that the system is facing challenges that need to be addressed to enhance its effectiveness and

reach [1], [2]. Data from several studies shows the utilization rate is still relatively same as the 2014 data [3] [4].

Monitoring and evaluation conducted by the Indonesian National Health Insurance (INHI) revealed several underlying issues affecting the system's performance. One major concern is that primary care dentists often fail to input patient data into the primary care system, which hampers the tracking and management of patient care. Additionally, there is a high referral rate for non-specialist procedures that should ideally be

handled at primary health facilities. These factors contribute to inefficiencies within the healthcare system, ultimately affecting patient access to necessary services. After monitoring and evaluation by INHI, it was found several factors include primary care dentist does not input patient data to the p-care system, and also high referrals ratio for non-specialist procedures that should be completed at primary health facilities [5], [6].

The analysis of referral patterns among dentists working in primary health services shows significant variability in referral rates. This inconsistency suggests that some dentists may be over-relying on referrals for cases that could be managed at their level of care. Understanding these referral dynamics is crucial for identifying the root causes of excessive referrals and for developing strategies to mitigate them. A focused study is needed to evaluate these high referral rates and to explore effective methods for reducing unnecessary referrals.

To improve the JKN system, it is essential to implement targeted interventions that address the identified issues. This includes enhancing data entry practices among primary care providers to ensure accurate patient tracking and care management. Additionally, training and resources should be allocated to primary care dentists to empower them to handle more cases independently, thereby reducing the need for referrals.

Three group of dentist who work at primary health services has different referral rate. The study needs to be carried out is an evaluation of the high number of referrals made by primary health care dentist and what is the best methods to reduce it.

RESEARCH METHOD

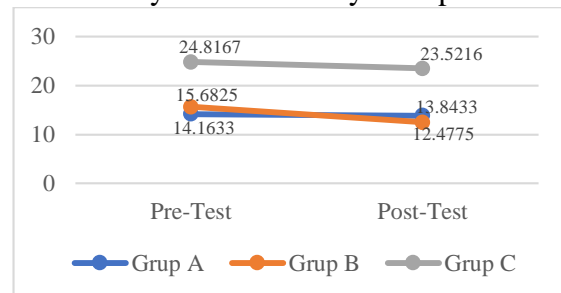
The research design is quantitative analytical, a cross sectional study approach with Focus Group Discussion (FGD). The independent variables of the study were three groups of primary health dentists (divided into 3 groups, namely dentist who practiced at

community health centers (A), family dentists (B), dentist who practiced at primary clinics (C)); while the dependent variable was the number of patients referred. The research population was all primary health care dentists in Semarang city including 37 dentist in community health centers, 32 family dentist and 110 dentists in primary clinic with a research sample of around 30 selected dentists with the highest referral ratio. The initial stage is a Focus Group Discussion to explore the problems or obstacles experienced by the dentist and what the future solutions will be. Two months after first FGD, monitoring was carried out on the number of referrals for the 30 respondents. An analysis of the decrease in the number of referrals was carried out.

RESULT AND DISCUSSION

There was a decrease in the referral ratio in all primary health facility groups.

Figure 1. Decrease in the Referral Ratio in All Primary Health Facility Groups



As a result of discussions in 5 groups, some commitment as follows:

Patients diagnosed with reversible pulpitis can be mummified at primary health facilities using non-arsenic materials.

Reversible pulpitis is a condition where the tooth's pulp tissue is mildly inflamed, but can still be salvaged. The main symptom of reversible pulpitis is pain that occurs when the tooth is exposed to a stimulus, such as hot or cold temperatures, and the pain will disappear as soon as the stimulus is removed. This is in contrast to irreversible pulpitis, where pain can occur without stimulation and last longer. Common causes of reversible pulpitis include untreated caries, trauma, or dental

procedures that cause irritation to the pulp [7].

Treatment for patients with reversible pulpitis can be performed in primary healthcare facilities. In this context, the use of non-arsenic materials is strongly recommended. Non-arsenic materials, such as calcium hydroxide or mineral trioxide aggregate (MTA), are used to seal or protect the irritated pulp. The use of these materials is not only safe, but also effective in stimulating pulp healing and reducing the risk of further complications [8].

The procedure usually involves removal of carious tissue and placement of restorative material. If reversible pulpitis is well diagnosed, it can be performed relatively quickly and simply, allowing patients to avoid more invasive treatments, such as root canal treatment which is required in irreversible pulpitis. Therefore, proper diagnosis and prompt management are essential in preventing the development of more serious conditions [9]. In addition, it is important to educate patients on good dental care and caries prevention. Preventive measures, such as maintaining good oral hygiene, avoiding excessive consumption of sugary foods, and having regular check-ups with the dentist, can help reduce the risk of pulpitis. Overall, the management of reversible pulpitis in primary care using non-arsenic materials is an efficient and safe approach. With proper diagnosis, prompt treatment, and adequate education, patients can avoid serious complications and maintain their dental health.

If there is little surface left on the crown, the patient is advised to have it removed and have a prosthesis made at a primary health facility

When there is little surface left on the crown, this indicates that the tooth has suffered significant damage, either from caries, trauma, or periodontal disease. In such a situation, traditional tooth restoration methods, such as fillings or crowns, may no longer be effective. Therefore, more comprehensive measures

are required to restore tooth function and aesthetics, and patients are advised to consider re-removal and denture fabrication. Re-removal refers to the process of removing the remnants of an untenable dental crown and replacing it with a prosthetic solution. In this case, a denture becomes a viable option. A denture, be it a partial or full denture, is designed to replace missing or damaged teeth, provide support to the oral structures and assist in chewing function. By using a denture, patients can avoid more serious problems, such as infection or discomfort caused by teeth that have been damaged [10].

Primary healthcare facilities have an important role to play in this process. Here, the dentist can conduct a thorough evaluation of the condition of the teeth and surrounding tissues, and plan the necessary steps for the re-removal and fabrication of a denture. This process usually involves taking impressions of the teeth, selecting the appropriate color and shape of the denture, and adjusting the denture so that it functions optimally and comfortably for the patient [11]. With proper care, patients can regain a beautiful smile and good chewing function.

It is important for patients to understand that denture relining and fabrication is not just about aesthetics, but also about overall oral health. A good denture can help prevent shifting of remaining teeth, reduce the risk of future dental problems, and improve the patient's quality of life. Therefore, following the dentist's advice and seeking treatment at a primary healthcare facility is a wise move to maintain good oral health.

All patients are screened at the initial visit, if there is deep enamel caries, the dentin is scheduled for treatment thereby reducing the risk of pulp deep caries which must be referred

Screening patients at the initial visit is an important step in oral health management. At this stage, the dentist will perform a thorough examination to identify possible problems, including dental caries.

Deep enamel caries is one of the conditions that needs special attention, because if not treated properly, it can develop into more severe dentin caries and even infect the dental pulp. If deep enamel caries is found at the initial examination, the dentist will schedule treatment to treat dentin caries [12]. This treatment aims to stop the progression of caries, prevent further complications, and maintain tooth integrity. The procedure usually involves removing the infected carious tissue and placing an appropriate restoration material, such as amalgam or composite.

By scheduling treatment of dentinal caries as soon as it is detected, the risk of more severe deep pulp caries can be significantly reduced. Deep pulp caries is a condition where caries has infected the pulp of the tooth, causing inflammation and infection. If this condition occurs, the patient should be referred to an endodontic specialist for more complex root canal treatment [13]. However, by treating dentin caries at an early stage, the chances of deep pulp caries occurring can be minimized. This not only saves treatment time and money, but also reduces the risk of tooth loss and more serious complications. In addition, early treatment can also help maintain tooth function and reduce any pain or discomfort that patients may experience.

Therefore, screening patients at the initial visit and treating detected dentinal caries are effective strategies in preventing the development of more severe caries and maintaining overall dental health. Furthermore, by performing timely treatment, dentists can help patients maintain a healthy and functional smile for the long term.

With many patients being referred but not using it, it must be emphasized to patients that if they do not use the referral that has been given, they will not be given another referral in the future.

Often patients require treatment that is specific and complex, beyond the scope of competence of general dentists. In these situations, referral to related specialists

such as oral surgeons, orthodontists, or endodontists is a must. However, there is a phenomenon of patient non-compliance with the referral given.

Some of the factors that may influence patient non-compliance include financial concerns regarding the cost of treatment, anxiety about the medical procedures to be undergone, and lack of understanding about the importance of follow-up care. This phenomenon has the potential to hinder the success of therapy and negatively impact the patient's oral health [14].

To overcome these problems, a comprehensive educational approach needs to be taken. Dentists need to provide a clear and detailed explanation of the reason for referral, the type of treatment to be performed by the specialist, and the potential risks and benefits. In addition, it is important to manage patients' expectations so that they have a realistic understanding of the treatment process.

Carry out screening and re-evaluation for participants who receive referrals more than once a month.

There are some cases where a referral does not actually need to be issued again. Primary Health Facility as gatekeeper provides services according to medical indications, and referrals are given based on medical indications.

Screening and re-evaluation of participants who receive more than one referral per month is an important step in healthcare management. This process aims to ensure that each referral is necessary and appropriate for the patient's medical condition. In some cases, there may be situations where the previous referral was sufficient to address the patient's health concerns, so additional referrals are not necessary. Re-evaluation can prevent waste of resources and time, both for patients and healthcare providers.

Primary healthcare facilities act as gatekeepers in the healthcare system, which means they are responsible for providing services according to medical indications.

As gatekeepers, primary care physicians must make a careful assessment of the patient's condition before making a referral. This ensures that the referral is based on a clear medical need, not just a request from the patient. By doing so, primary healthcare facilities can maintain the quality of care and ensure that patients receive appropriate and effective treatment [15].

Screening and re-evaluation conducted by primary healthcare facilities can also improve efficiency in the referral system. This process helps to reduce the number of unnecessary referrals, allowing specialists to focus on patients who truly need further care. Furthermore, this approach can also improve patient experience by speeding up the care process and reducing waiting times for specialist services. Overall, screening and re-evaluation is an important part of effective referral management in the healthcare system.

CONCLUSION AND RECOMMENDATION

The right method to decrease referral rate is by identify dentists with the highest referral ratio, conduct -depth FGD and monitor it for 2 months then carry out an evaluation. First of all, it is important to identify which dentists have the highest referral ratios by analyzing referral data over a certain period. The next step is to conduct an in-depth Focus Group Discussion (FGD) with the focal dentists, to explore in more detail the causes of the high referral rate. For two months after the intervention, monitor the referral rate regularly to see trends and identify if there is a significant decrease. After the monitoring period, conduct a comprehensive evaluation by analyzing referral data before and after the intervention, as well as feedback from the dentists involved. This systematic approach is expected to effectively reduce referral rates, improve the efficiency of dental services and provide greater benefits to patients.

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