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Research Paper

Influencing Factors in Patient Referrals: A Doctor's Perspective on Primary Health Care Facilities (FKTP)

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Abstract: An effective and efficient referral system is essential for ensuring patients receive the appropriate treatment for their medical conditions. Primary Health Care Facilities (FKTP) play a critical role in addressing the healthcare needs of patients at the first level. Despite receiving 100% Performance-Based Capitation (KBK), FKTPs exhibit a high referral rate, as indicated by referral rates, referral ratios, and Non-Specialist Referral (RNS) metrics. This quantitative study explores the factors influencing patient referrals in FKTPs, as perceived by doctors. A structured questionnaire was used to gather data from 69 doctors across 148 FKTPs in the BPJS Kesehatan Branch of Banda Aceh in July 2024. The survey addressed various aspects, including doctors' competence, patient behavior, FKTP capabilities, and referral mechanisms. The results revealed that the location of health facilities significantly impacts referral rates and healthcare costs, with facilities located closer to villages reducing the need for referrals and enhancing healthcare accessibility for remote populations. BPJS Kesehatan can improve collaboration with FKTPs by identifying strategic locations in rural areas and leveraging the Aplicares web to map and optimize health services. Furthermore, the government could enhance healthcare access by creating maps to develop public health centers in rural areas or collaborating with private and family doctors to expand services in underserved regions. This study provides valuable insights for policymakers, suggesting that improving FKTP accessibility and addressing resource limitations could significantly reduce unnecessary referrals, lower healthcare costs, and improve the efficiency of the healthcare system in rural areas.

Keywords: Referral and Consultation; Primary Health Care Facilities; Physicians; Health Care Costs; Health Policy

Introduction

Primary care doctors act as gatekeepers in the health system and are crucial in controlling healthcare costs. One of the primary ways to achieve this is by limiting referrals to specialized services beyond the scope of management within Primary Health Care Facilities (FKTP) (Utami et al., 2017). FKTP doctors can thoroughly handle up to 144 disease diagnoses and provide proper treatment at the first level (Idris, 2021). The referral system

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is a key component of healthcare, ensuring that patients receive treatment that aligns with their specific medical needs (Ramadhani, 2020). An effective and efficient referral system in FKTP is vital to reducing the burden on advanced healthcare facilities and enhancing the overall quality of healthcare (Kementerian Kesehatan Republik Indonesia, 2019). As the first point of contact in the health system, FKTP plays a critical role in diagnosing, treating, and determining when it is necessary to refer patients to higher-level facilities (Sayuti et al., 2021). Various levels of health care, including FKTP, Advanced referral Health Facilities (FKRTL), and community health services, make up Indonesia's healthcare system. FKTP marks the end of a healthcare spire that includes public health centers, clinics, and self-practicing doctors. Primary care doctors perform preliminary evaluations of patients, including physical examination and medical history.

BPJS Kesehatan pays FKTP via the KBK (Performance-Based Capitation) mechanism, which calculates the number of registered participants based on performance norms. According to Juwita & Santoso (2023), FKTP can use the 100% KBK payment for service improvement, medicine filling, supply fulfillment, and human resource fulfillment. Complete medicine and medical facilities will enhance service quality, enabling FKTP to prosecute non-specialist cases and thereby reducing the referral rate (Aryani, 2022). However, in the field, there are still non-specialist cases that are referred to. In the study Utami et al. (2017), they found that doctors in FKTP still refer 13 non-specialized diseases to hospitals. The RNS ratio, which stands at 1.06%, aligns with the standard of 5% data from BPJS Kesehatan Branch Banda Aceh. However, any diagnostic changes in the system when making referrals to hospitals must be monitored, as they account for 92.8% of hospital service costs (Yanthi et al., 2023). According to BPJS Kesehatan Regulation No. 2 of 2015, the referral ratios stand at 16.29%, surpassing the standard of 15%, and have a referral rate value of 19.21% (Suriati, 2023). In FKTP, the doctor is the patient's first point of contact for service.

Some factors influencing a doctor's decision to refer a patient to a hospital include medical, administrative, patient perceptions, and attitudes (Nazriati & Husnedi, 2015). Medical factors include the health condition of patients requiring specialized care, the availability of facilities and resources in the FKTP, and the skills and competencies of the medical staff in the FKTP (Magdalena et al., 2021). Administrative factors include health information systems, referral procedures, openness, and transparency of referral administrative processes (Nurlinawati et al., 2019). The patient's perception and attitude towards the referral system also play an important role in referral decisions (Sindang et al., 2022). Research has shown that patients who thoroughly understand the referral system are more likely to comply with referral results than patients who do not (Ramadhani, 2020). Furthermore, the patient's confidence in the quality of services in the FKTP and referral facility also influences the referral decision (Lakoro et al., 2021). The complexity of the referral process can also be an obstacle to implementing an effective referral system. Complicated administration and long waiting times are often the main complaints of both

patients and medical staff (Putri, 2016). Therefore, to improve patient satisfaction and maximize the use of health resources, we need an accessible and effective referral system.

A referral system transfers patients from one level of health care to a higher level of care or another (Gholipour & Rasi, 2015). The basic principles of the referral system are effectiveness and efficiency in providing health services and the extension of access to health services (Sarina et al., 2023). Various factors influence patient referral decisions in FKTP. Some of the main factors include the internal factors of FKTP medical personnel Competence: The education and experience of the healthcare personnel influences their ability to diagnose and deal with medical cases (Mrayyan et al., 2023). Facilities and equipment: The availability of medical facilities and equipment in FKTP is also a significant factor in the referral decision (Magdalena et al., 2021). External factors: Patient condition: The patient's medical condition, which necessitates further treatment, is often the primary reason for referral (Seyed-Nezhad et al., 2021). Health Policy: Government policy on health referral and funding systems affects referral frequency and patterns (Arli et al., 2023).

Previous research has shown various results on the factors that influence patient referrals in FKTP. A study by Brekke et al. (2024), The quality of service provided by FKTP and patient satisfaction with the services there significantly influence patients' decisions not to request referrals to hospitals. Other research by Parinussa et al. (2022) showed that geographical factors and accessibility also play an important role. Utami et al. (2017) reveals that factors influencing physicians' patient referrals include a lack of medical equipment, the availability of medicines, patient demand, and doctors' competence in managing insufficient resources.

From the various backgrounds discussed above, this study explores the factors influencing patient referrals in FKTP based on doctors' perceptions. Specifically, it seeks to identify the types of FKTP with the highest referral ratios, referral rates, and non-specialist referrals (RNS). Additionally, the study examines how various factors, such as the availability of facilities, the referral system, patient behavior, and doctors' competencies, affect referral decisions. The findings will provide valuable insights to policymakers, helping them enhance the efficiency of the referral system in FKTPs and enabling medical staff to make more informed, targeted referrals, ultimately improving healthcare quality and service delivery in these facilities.

Method

This study employs an analytical descriptive design with a quantitative approach. We chose this design to analyze the factors influencing the patient's referral in the FKTP, as perceived by the doctor. The study's population consists of doctors who serve patients in the FKTP, working in collaboration with BPJS Kesehatan in the work area of Branch Banda Aceh. This area encompasses five regional governments, namely Banda Aceh City, Sabang City, Aceh Besar District, Pidie District, and Pidia Jaya District, over a specific period. We used purposive sampling techniques to ensure adequate representation of various types of FKTP.

This structured questionnaire measures the factors influencing patients' referrals to first-level health facilities. This questionnaire consists of several parts that measure internal factors of FKTP, external factors, and patient demographic data. The questionnaire comprises four variables, specifically the availability of facilities and equipment within FKTP. FKTP encompasses referral systems, patient behavior and attitudes, and the doctor's level of competence. We provide each doctor with 20 questions on a Likert scale. We gather data by sending questionnaires via Google Forms to the doctors' medical staff. We collected 92 responses from the 148 FKTP participants via the WhatsApp group between BPJS Kesehatan and FKTP. However, we also excluded 23 non-doctors, resulting in 69 respondents with a 75% response rate for the quiz. We then utilized the SPSS application for univariate tests (descriptive and bivariate), multivariate (regression), and validity tests on the questions and queries. We used secondary data from BPJS Kesehatan Business Intelligence (BI) application to determine the referral rate (amount of referrals/number of registered participants x 1000), the referral ratio (number of r referrals/number of visits x 100%), and the RNS (number of non-specialist referrals x 100%).

Results

BPJS Kesehatan Branch Banda Aceh is one of the branches located in the province of Aceh, covering a work area of five districts/cities: Banda Aceh City, Sabang City, Aceh Besar District, Pidie District, and Pidie Jaya District. As of May 2024, a total of 148 primary healthcare facilities (FKTP) have collaborated with BPJS Kesehatan in conducting assessments of Referral Rate, Referral Ratio, and Non-Specialist Referrals (RNS). Table 1 reveals that three types of FKTP, namely TNI Clinic, Doctor's Independent Practice, and Primary Clinic, have an average referral rate exceeding 20 ‰. TNI clinics have the highest referral ratios at an average of 32.44 ‰, while dentists have the lowest referral rate, at 2.10 ‰. Three types of FKTP, namely public health centers, doctors's Independent Practice, and TNI clinics, have referral ratios above 15%. Public health centers have the highest referral rates (17.44%), while dentists' Independent Practice has the lowest referral ratio (8.76%). In the RNS table, three types of RNS, namely Polri Clinic, Doctor's Independent Practice, and Primary Clinic, have an average RNS above 5%. The Polri Clinic has the highest average RNS at 13.77%, whereas the average public health center has the lowest at 1.36%.

Table 1. Distribution of referral rate, referral ratios, and RNS by type of health facility

FKTP Type	n	Mean		
		Referral Rate	Referral Ratio	Non-Specialist Referral (RNS)
Dentist's Independent Practice	2	2.1‰	8.76%	1.72%
Doctor's Independent Practice	11	29.65‰	17.20%	7.94%
Polri Clinic	9	17.67‰	12.98%	13.77%
Primary Clinic	34	27.3‰	14.46%	7.67%
TNI Clinic	9	32.44‰	16.79%	2.80%
Public health center	83	17.48‰	17.74%	1.36%

Table 2 shows that the total number of respondents in this study are 69 who are doctors serving 26 National Health Insurance (JKN) participants in FKTP, then carried out

univariate testing for descriptive statistics in describing the characteristics of the respondents through referral rate, type of FKTP, Location, Age, Gender Type, and Work Experience. As a result, out of 69 respondents, 56.50% and 69.60% are working at public health centers, with 52.20% residing in rural areas and 47.80% in urban areas. The respondents, who are doctors, are relatively young and fall within the productive age range of 31–40 years (60.90%). In this study, females dominate at 89.90%, with 0–5 years of work experience at 44.90%.

Table 2. The distribution of characteristics among the doctors who served JKN participants at the FKTP BPJS Kesehatan Branch in Banda Aceh

Variable	N = 69	Frequency (%)
Referral Rate		
Low	30	43.50%
High	39	56.50%
FKTP Type		
Dentist's Independent Practice	2	2.90%
Doctor's Independent Practice	2	2.90%
Primary Clinic	14	20.30%
TNI Clinic	3	4.30%
Public health center	48	69.60%
Location		
Rural Areas	36	52.20%
Urban Areas	33	47.80%
Age		
21 - 30 Years	9	13.00%
31 - 40 Years	42	60.90%
41 - 50 Years	15	21.70%
51 - 60 Years	3	4.30%
Gender Type		
Female	62	89.90%
Male	7	10.10%
Working experience		
0 - 5 Years	31	44.90%
6 - 10 Years	12	17.40%
11 -15 Years	6	8.70%
16 - 20 Years	16	23.20%
> 20 Years	4	5.80%

We conducted a bivariate analysis using the respondents' characteristic data. Where p-value < 0.05 indicates a relationship between variables, in this study, the dependent variables are referral rates divided into two categories, low and high, through referral rate sizes bounded by referral ratios values of 20 ‰ downward and 20 ‰ Upward. Table 3 reveals that out of 5 variables, only two have a significant p-value below 0.05: the location (0.000) and the age of the respondents (0.011). This indicates that the location of FKTP and the age of the respondent doctors have a relationship to the referral rate, while the type of FKTP, gender type, and work experience have no relation to the variables dependent on the referral rate.

Further, a multivariate analysis test is multiple regression was carried out to see the influence between the referral rate dependent variables on nine independent and control

variables, namely type of FKTP, location, age, gender, work experience, availability of facilities and equipment, referral system, patient behavior and attitude, as well as the doctor's level of competence. Table 4 shows that of the 9 independent and controlled variables, only one has a significant value below (0.05); that is, the location of the FKTP, with a significant value (0.000%), indicates that the location of the FKTP has a significant influence on the referral rate and has an influence of 54.976%, which means if the referral rate increases 1%, then the site of the FKTP increases 54.976%.

Table 3. Relationship between referral rates and FKTP type, location, age, gender type, and work experience

Variable	Low		High		Total		p-value
	n	%	n	%	n	%	
FKTP Type							
Dentist's Independent Practice	0	0%	2	100%	2	100%	0.067
Doctor's Independent Practice	1	50%	1	50%	2	100%	
Primary Clinic	2	14%	12	86%	14	100%	
TNI Clinic	1	33%	2	67%	3	100%	
Public health center	26	54%	22	46%	48	100%	
Location							
Rural Areas	28	78%	8	22%	36	100%	0.000
Urban Areas	2	6%	31	94%	33	100%	
Age							
21 - 30 Years	4	44%	5	56%	9	100%	0.011
31 - 40 Years	23	55%	19	45%	42	100%	
41 - 50 Years	1	7%	14	93%	15	100%	
51 - 60 Years	2	67%	1	33%	3	100%	
Gender Type							
Female	26	42%	36	58%	62	100%	0.442
Male	4	57%	3	43%	7	100%	
Working experience							
0 - 5 Years	13	42%	18	58%	31	100%	0.200
6 - 10 Years	6	50%	6	50%	12	100%	
11 -15 Years	0	0%	6	100%	6	100%	
16 - 20 Years	9	56%	7	44%	16	100%	
> 20 Years	2	50%	2	50%	4	100%	

Table 4. Multivariate Analysis

Variable	Sig.	Exp (B)
FKTP Type	0.060%	0.553%
Location	0.000%	54.976%
Age	0.336%	1.866%
Gender Type	0.441%	2.253%
Working experience	0.640%	0.855%
Availability of Facilities and Equipment	0.697%	0.055%
Reference System	0.547%	-0.078%
Patient behavior and attitude	0.989%	-0.002%
The doctor's level of competence	0.908%	-0.014%

Discussion

The analysis of the relationship between healthcare provider characteristics and referral dynamics reveals several critical insights into the Indonesian National Health Insurance (Jaminan Kesehatan Nasional or JKN) system. Foremost among these findings is

the pivotal role of the Primary Healthcare Center (Puskesmas), which is the most common type of First-Level Health Facility (Fasilitas Kesehatan Tingkat Pertama or FKTP) collaborating with BPJS Kesehatan. The data, as summarized in Table 1, consistently demonstrates the excellent performance of these public health centers with respect to both RNS (Service Needs Ratio) and referral rates. This high level of performance underscores their foundational importance as the gatekeepers of the JKN system. Despite some public health centers having a referral ratio exceeding the optimal 15% threshold, their widespread geographical presence provides an invaluable benefit: they ensure equitable access to health services for populations in rural and remote areas. This accessibility is particularly crucial for patients with chronic conditions who require continuous care, such as those with hypertension. As noted by Salama & Ilyas (2018), the gatekeeping function of public health centers is paramount in managing hypertensive patients, who represent one of the most frequently diagnosed groups in hospitals. The need for close and continuous access to medication and monitoring for these patients necessitates an optimal functioning of the Return Referral Program (Program Rujuk Balik or PRB), which relies heavily on the capabilities of public health centers to provide ongoing care and reduce unnecessary hospital visits.

Beyond the institutional level, this study's findings on the demographic profile of healthcare professionals offer a promising outlook for the future of Indonesian healthcare. The research highlights a significant demographic advantage in the 2045 Indonesian population, with an impressive 95.7% of doctors falling within the productive age range of 21–50 years. This robust workforce signifies that Indonesia is well-positioned to meet the escalating healthcare demands of its growing population and ensure that an adequate number of health personnel are prepared to serve JKN participants effectively. However, this demographic trend also presents unique challenges. The data reveals a notable gender imbalance among medical professionals, with women doctors accounting for a dominant 89.90% of the workforce. While this may present a challenge in certain contexts, it also presents a unique opportunity, as female physicians are often perceived as being more open and approachable during consultations, which can foster greater patient trust and communication. This is especially relevant in the context of primary care, where long-term patient-doctor relationships are essential. Furthermore, the findings from Schmittdiel et al. (2000) suggest that women physicians play an even more critical role in preventative care, particularly in areas such as pregnancy examinations, Pap smears, birth control counseling, and childcare. The significant proportion of doctors with less than 10 years of work experience (62.30%) suggests a workforce that is still in the process of professional development. This implies that many doctors may not yet have completed advanced training or specialized courses, highlighting the need for continuous education and professional development programs to ensure they are equipped with the latest medical practices and scientific knowledge. Investing in this younger generation of doctors will be vital for improving the quality of care and optimizing the performance of the entire healthcare system.

The multivariate test results further underscore the critical influence of location on the effectiveness of healthcare services, revealing a highly significant result with a p-value of 0.000 and an impressive influence magnitude of 54.976%. The analysis differentiates between urban and rural FKTPs, showing that rural areas, despite having a lower referral rate (78%), face a unique set of challenges compared to urban areas, which have a significantly higher referral rate (94%) (Asmara et al., 2024). This counter-intuitive finding—that rural areas have lower referral rates despite potential infrastructure limitations—can be attributed to the fact that remote hospitals are often more accessible to rural participants than advanced, tertiary care facilities. This suggests that while formal referral processes may be less frequent, there is a strong need for more robust local health infrastructure. The authorities must therefore prioritize the development and strengthening of public health centers in remote areas that currently lack adequate health facilities. In addition to public sector efforts, the government should actively encourage private sector participation in these underserved areas through various mechanisms, such as community funding, the establishment of family doctor practices, and the development of preemptive clinics (Yanthi et al., 2023). To truly support FKTPs in remote regions, providing adequate means for medicine preservation, such as refrigeration and proper storage facilities, is essential. This would enable the PRB program to function optimally, ensuring patients with chronic conditions receive their necessary medications locally and reducing their dependency on distant hospitals. These efforts would also make these remote areas more attractive for doctors, ensuring a sufficient supply of qualified health professionals prepared to serve the patient population.

The analysis also reveals a complex paradox within the JKN system, while many FKTPs are receiving a 100% capitation fee (a flat rate per patient per month), referral rates, as measured by referral ratios and RNS, remain high. This phenomenon indicates a propensity for FKTPs to issue referrals for patients, even for conditions that they are capable of managing. Several factors may contribute to this behavior. One key factor is the limited capacity of some FKTPs to handle complex cases. This could be due to a lack of specialized equipment, inadequate staffing, or a deficiency in the skills required to manage intricate medical conditions. Another contributing factor is the lack of seamless coordination and communication between FKTPs and other health facilities, which can lead to inefficient patient management and an over-reliance on referrals. To address this, there is a pressing need to streamline administrative procedures and enhance transparency within the referral system, which can significantly improve its efficiency. Furthermore, continuous and targeted training programs for medical staff at FKTPs are necessary to enhance their capacity to handle a wider range of cases more effectively, thereby reducing the need for unnecessary referrals and ensuring that patients receive the right level of care at the right time. By tackling these issues head-on, the JKN system can achieve a more sustainable financial model and provide more efficient and effective healthcare services for all its participants.

Conclusion

The research findings emphasize that FKTPs closer to rural communities tend to have lower referral rates. This proximity improves patient access and allows for more effective primary care, essential in reducing unnecessary referrals and managing healthcare costs. By addressing most patient conditions at the FKTP level, healthcare costs can be significantly reduced, minimizing the need for patients to visit more expensive specialist services. Additionally, reducing unnecessary referrals helps alleviate specialists' workload, allowing them to focus on more complex cases that truly require their expertise. This leads to a more sustainable and efficient health system where healthcare resources are utilized optimally.

The location of health facilities plays a crucial role in reducing referral rates and controlling healthcare costs. By strategically placing FKTP near rural villages, all JKN participants can experience improved access to healthcare services, particularly in remote areas. This geographical approach enhances the state's commitment to providing equitable healthcare services. Primary care doctors, as gatekeepers in the healthcare system, are pivotal in ensuring patients are referred to higher-level facilities only when necessary. When FKTPs are adequately equipped and accessible, primary care doctors can better manage most health issues, thus avoiding unnecessary referrals. This proactive approach helps reduce the burden on specialist services and ensures more efficient resource allocation within the healthcare system.

Thus, reducing unnecessary referrals can lower the cost of health care. We can lower treatment expenses by addressing most health issues in the FKTP by minimizing visits to more costly specialists. Reducing the number of unnecessary referrals can ease specialists' workload and enable them to deal with cases that require their expertise. Appropriate referral systems can enhance the health system's overall efficiency, guaranteeing the optimal use of resources. The utilization review approach plays an active role in the use and processing of healthcare data, serving as the basis for monitoring and evaluating the quality and efficiency of healthcare.

Moreover, the study highlights the importance of enhancing the competence of medical staff in FKTPs, as well as the availability of essential medical equipment and facilities. When these factors are properly addressed, primary care doctors can make more accurate decisions regarding referrals, thereby improving overall healthcare service quality. The research also shows that health policies and government support in terms of funding and creating an effective referral system are key to achieving these improvements. Policymakers should prioritize the development of FKTPs in underserved areas and encourage the integration of advanced technologies, such as the Applicares app, to streamline the referral process.

In conclusion, improving the referral system in FKTPs by addressing location, resource availability, and staff competence can substantially enhance the overall efficiency of the healthcare system. A well-functioning referral system ensures the optimal use of

healthcare resources, reduces unnecessary treatment costs, and enhances the quality of care provided to patients, particularly those in rural areas. This study provides valuable recommendations for policymakers to refine referral mechanisms, reduce healthcare costs, and improve patient outcomes.

Claim

BPJS Kesehatan can extend cooperation with the first-level health facilities by looking at the location of the FKTP in the countryside in order to match the health services for JKN participants. By using the application of mapping health facilities (Aplicares) with the same service in the village, the referral rate to hospitals will be lower. For the government of this research area to contribute to the policy of primary-level health services for the health service as the owner of the interests of the public health center in the area, it can make maps of the public health center development plan in the countryside or cooperate with private or family physicians to expand access to public services to the rural areas, as well as enhance the capacity and competence of health personnel through continuous training and the provision of comprehensive clinical guidance necessary to improve the efficiency of referral in the FKTP. For entrepreneurs in the health sector, they can open primary clinics in rural areas inaccessible by public health centers.

Furthermore, a rigorous monitoring and evaluation system can ensure that referrals are only made when necessary. Using information technology to integrate patient data can also assist the FKTP in making the right referral decisions. We expect this approach to enhance the efficiency of the referral system and guarantee that patients receive suitable treatment for their conditions. Standardizing primary services, service flows, and treatment rooms within the FKTP can enhance participant satisfaction with its services. The study's limitation lies in the limited number of respondents, as it only covers five city districts. To enhance future research, researchers could expand the number of respondents to include several provinces, allowing for a more comprehensive analysis of the relationship based on the variable's indicators.

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