



Implementation of Chronic Disease Management Program in Tajuncu Puskesmas Soppeng Regency

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Abstract

In improving public health status and increasing the coverage of social security programs in the health sector contained in Presidential Regulation No. 19 of 2016 concerning Health Insurance Article 21 Paragraph 1 that one of the benefits obtained by BPJS (Social Security Organizing Agency) Health participants is promotive and preventive health services through chronic disease management programs (prolanis). This study aims to determine and analyze the implementation of chronic disease management programs in hypertension and type 2 diabetes mellitus in the Tajuncu Health Center, Soppeng Regency. This type of research is a qualitative research with a descriptive approach. Data obtained by in-depth interviews, observations, and document review on 9 informants consisting of BPJS Health staff, head of health centers, doctors, nurses, the person in charge of prolanis, participants with hypertension and type 2 diabetes mellitus. Data analysis includes data reduction, data presentation and drawing conclusions. The results showed that the implementation of a chronic disease management program (prolanis) at the Tajuncu Health Center in hypertension and type 2 diabetes mellitus was not going well. This is due to inadequate human resources and infrastructure, budget claims from BPJS that are not smooth and SOPs are not yet available. The process of prolanist activities is carried out well except home visit activities that are not carried out. Coverage of visits by prolanis participants has not yet reached the indicators of success and health status of participants with controlled hypertension and people with controlled type 2 diabetes mellitus still below the target. So the benefits of prolanist activities cannot be felt by prolanis participants. Therefore, it is suggested to BPJS (Social Security Organizing Agency) Health and Puskesmas to always evaluate the implementation of prolanis in the context of achieving the objectives of prolanis activities.

Keywords: Prolanis; Input; Process; Output; Outcome

Introduction

Chronic illness is a medical condition that lasts for a long time and requires long-term management. According to the World Health Organization (WHO) in 2015, there were 1.13 billion people with hypertension (Ministry of Health, Republic of Indonesia, 2019). Whereas there are 463 million adults with diabetes worldwide and type 2 diabetes mellitus accounts for around 90% of all diabetics (International Diabetes Federation, 2019).

Based on basic health research reports that the prevalence of hypertension in Indonesia through the results of measurements in the population aged ≥ 18 years by 34.1%. Compared to 2013, the prevalence of hypertension by 25.8% experienced an increase of about 9.7% while type 2 diabetes mellitus in 2013 based on blood tests in the population aged ≥ 15 years was 6.9% and in 2018 it increased to 8, 5% (Indonesian Ministry of Health, 2018).

According to the South Sulawesi Health Profile (2018) that there were 229,720 cases of hypertension and 1,225 cases of diabetes mellitus. One of the regencies in South Sulawesi Province, namely Soppeng Regency, which has a population suffering from hypertension in 2018 totaling 4,997 cases of hypertension. Besides hypertension, the number of cases of diabetes mellitus in Soppeng Regency in 2018 was 1,225 cases.

In improving public health status and increasing the coverage of social security programs in the health sector contained in Presidential Regulation Number 19 of 2016 concerning Health Insurance Article 21 Paragraph 1 that one of the benefits obtained by BPJS Health participants is promotive and preventive health services for sick participants through prolanis activities.

Prolanis is a systematic health service with a proactive approach that is implemented in an integrated manner by involving participants, BPJS health and health facilities to improve the quality of life of patients with chronic diseases in an effective and efficient manner. Prolanis activities consist of prolanis participant medical consultation, prolanis participant education, reminder via sms gateway, home visit, and health status monitoring (BPJS Kesehatan, 2014).

Prolanis membership reports in South Sulawesi in 2019 that prolanis participants with hypertension were 35,653 and people with type 2 diabetes mellitus were 14,539 (BPJS Kesehatan, 2019a). One of the FKTPs in Soppeng Regency, the Tajuncu Health Center, which organizes prolanis activities, has not been able to carry out this activity properly. Based on the data obtained that the visit of Tajuncu Puskesmas prolanis participants was only 14 participants out of 47 total participants (BPJS Kesehatan, 2019b). So the purpose of this study was to determine and analyze the implementation of chronic disease management programs in hypertension and type 2 diabetes mellitus.

Methods

Research Design

This research was conducted at the Tajuncu Health Center, Soppeng Regency, South Sulawesi. This type of research is a qualitative research with a descriptive approach to understanding social phenomena in depth.

Research Informant

Informants in the study were selected by purposive sampling based on predetermined criteria. The informants in this study were BPJS Health staff, the head of the Puskesmas (Community Health Center),

the person in charge of prolanis, doctors, nurses and prolanis participants with hypertension and type 2 diabetes mellitus.

Data Collection

Data collection methods used in this study were in-depth interviews, observation, and document review.

Data Analysis

Data analysis is carried out interactively, that is, it takes place continuously until it is complete so that the data can be drawn. Data analysis activities of this research are data reduction, data presentation, and conclusion drawing.

Results

Characteristics of Informants

Table 1. Characteristics of Informants Regarding Prolanis Managers

Informant Code	Age	Sex	Latest Education	Position
HW	30	Female	Pharmacist	Promotive-Preventive Staff of BPJS KC Watampone
AT	35	Male	Bachelor of Public Health	Head of Tajuncu Health Center
MW	54	Female	Bachelor of Nursing	Person in charge of Prolanis
DA	27	Female	Bachelor of Medicine	PuskesmasTajuncu
HN	45	Female	Bachelor of Nursing	Doctor of the Puskesmas of Tajuncu

Source: Primary Data, 2020

Table 1 is a characteristic of prolanis management informants consisting of BPJS Health staff, puskesmas (Community Health Center) head, prolanis responsible, doctors, and nurses. The five informants are key informants in this study.

Table 2. Characteristics of Prolanist Participant Informants

Informant Code	Age	Sex	Latest Education	Description
BD	70	Female	Elementary School	village maternity cottage People with hypertension who routinely go to the Tajuncu Community Health Center
IW	53	Female	Junior School	Patients with hypertension who do not routinely go to the Tajuncu Community Health Center
IM	60	Female	High School	Patients with diabetes mellitus routinely go to the Tajuncu Community Health Center
IN	58	Female	Junior School	Patients with diabetes mellitus who do not routinely go to the Tajuncu Community Health Center

Source: Primary Data, 2020

Table 2 is a characteristic of participants with hypertension and type 2 diabetes mellitus who routinely visit puskesmas (Community Health Center) and do not routinely visit puskesmas to join prolanis.

Input

The implementation of the prolanis program on hypertension and diabetes mellitus at the Tajuncu Community Health Center includes input on human resources, infrastructure, budget and standard operating procedures (SOP).

The availability and capability of HR prolanis implementers in tajuncu puskesmas based on the results of the interview as follows:

"... The human resources are appropriate but for special handling, there is no deck, so that's the obstacle ..."
(AT, 35 years old)

According to prolanis participants who suffer from hypertension, the human resources at Tajuncu Public Health Center are:

"... For the officers to be quite good and good way to serve ..."
(BD, 70 years old)

While the prolanis participants who suffer from type 2 diabetes mellitus convey:

"... Oh, the officers are good serving us ..."
(IM, 60 years old)

The state of infrastructure facilities at the Puskesmas Tajuncu based on the results of the interview are:

"... There is no specific place to carry out prolanist activities, sometimes hitching a ride in a poly or laboratory ..."
(HY, 47 years old)

Prolanis participants with hypertension said that:

"... Good, there are blood pressure gauges and scales provided by the health center ..."
(BD, 70 years old)

Furthermore, type 2 diabetes mellitus participants said that:

"... Oh, complete tools to check blood pressure and sugar, and if for gymnastics done in front of the health center and there is a hall provided if you want to be given counseling ..."
(IM, 60 years old)

Budgeting prolanis activities is the responsibility of the Health BPJS using a claim system. Based on the results of interviews conducted with the Health BPJS states that:

"... Budgeted at BPJS because the program is indeed BPJS. Funding is in accordance with FKTP claims. The claim expiration period is up to 2 years but at the end of 2019 until now the claim expiration period is only 6 months. In Soppeng, sometimes claims in rappel up to 3 months after the implementation of its activities. Claims that have been deposited are verified first then submitted to finance for payment processing. A maximum of 15 working days after the claim registration process has been paid ..."
(HW, 30 years old)

While the results of interviews with the Tajuncu health center are as follows:

"... For the budget, it is sometimes disbursed, sometimes not because it is not usually according to the accountability report requested by BPJS. So if it is not suitable, then it will be returned to be repaired sometimes 10 times. Suppose the BPJS office is next

to the puskesmas if the problem is to go to Soppeng City. And for the claim, it is usual to wait for a long time, if we give responsibility for a new one or two weeks, the funds will be liquidated easily, but this is only for a long time. So, this makes my friends lazy, and who wants to make routine activities every month, then the funds will be disbursed for a long time. ... "

(AT, 35 years old)

Documents on the guidelines for implementing activities or prolanis SOPs at the Tajuncu Community Health Center based on interviews with BPJS Health staff, namely:

"... Yes, there are guidelines for the implementation of activities from BPJS whose activities consist of education, gymnastics, health status monitoring (monthly GDP checks / 10x a year, routine blood tests per 6 months / 2x a year) ..."

(HW, 30 years old)

Puskesmas staff who manage prolanis activities in the tajuncu area said that:

"... SOP of prolanis activities in terms of examinations, I do according to the usual inspection conducted at the health center. For example, before or after gymnastics we check and before or after counseling ... "

(DA, 27 years old)

Process

Prolanis activities cover medical consultations, education of prolanis participant groups, reminders via SMS gateway, home visit, and health status monitoring. Prolanis participant medical consultation activities based on interviews, namely:

"... For consultations, it sometimes coincides with counseling or gymnastics activities, but sometimes it is not the time for prolanis activities participants come to consult because they feel there are complaints ..."

(HY, 43 years old)

According to the hypertension participants that the medical consultation activities carried out by the officers were:

"... Oh, if my medicine runs out or I feel unwell I go to the health center or midwife in the pustu (Supporting Community Health Center). When the drugs were different, the officers immediately explained that the function is the same, only the packaging is different and the way to check is also good ... "

(BD, 70 years old)

Participants of type 2 diabetes mellitus conveyed medical consultation activities at the Tajuncu Community Health Center as follows:

"... If you consult with an ordinary doctor together with counseling or exercise ..."

(IM, 60 years old)

Providing education to prolanis participant groups, namely by way of counseling. Based on the results of interviews with prolanis officers that:

"... If for counseling sometimes 2 or 3 times every year because sometimes doctors are not regular every month, usually doctors are busy, and the BPJS also said that not to counseling is important gymnastics. For the counseling material about hypertension and type 2 diabetes mellitus, while for the exercise activities, before the exercise is done, first check the participants then exercise, after finishing then give snacks ... "

(MW, 54 years old)

"... The material is if counseling about DM and hypertension disease and participants are very enthusiastic to follow it. Sometimes the counseling is held together with gymnastics activities ... "

(HY, 47 years old)

Prolanis participants with hypertension said that:

"... Oh good doctor, he explained what can and should not be eaten ..."

(BD, 70 years old)

While the interview with participants who suffer from diabetes mellitus type as follows:

"... Oh, when the schedule arrives to the health center for control, there is also provided education about the illness. After that proceed with gymnastics for body fitness ... "

(IM, 60 years old)

Prolanis officers are obliged to remind participants about the schedule of implementation of prolanis activities or known by the term reminder via sms gateway. The results of the interview with the prolanis officer are as follows:

"... Oh, he was called right away. If the one from the mountain is the pustu officer or polindes who are told to submit it to the participants ... "

(MW, 54 years old)

Information given by hypertension sufferers, namely:

"... If the schedule goes to the puskesmas, sometimes the pustu officer stops by the house to inform the schedule to the puskesmas or he calls ..."

(BD, 70 years old)

The same thing was said by prolanis participants with type 2 diabetes mellitus as follows:

"... Sometimes the phone calls with nurses ..."

(IM, 60 years old)

Home visit activities are carried out by officers to participants who do not routinely participate in prolanis activities. The results of the interview with the prolanis officer are as follows:

"... For home visits conducted by the pustu or posbindu (Integrated Development Post), but for the prolanis it is not done. Because if the prolanis is called to the Community Health Center as if they want an examination, gymnastics, etc ... "

(MW, 54 years old)

According to prolanis participants with hypertension who do not routinely participate in prolanis activities that:

"... Never, son ..."

(IW, 53 years old)

The same thing was said by participants with DM who rarely participated in prolanis activities, namely:

"... There was never a clerk to the house ..."

(IN, 58 years old)

Health status monitoring conducted by the Tajuncu Community Health Center to prolanis participants according to their management, namely:

"... To monitor the health of the participants, it is done twice a month ..."

(MW, 54 years old)

"... Done before counseling, gymnastics and after gymnastics, or before giving medication to prolanis participants ..."

(DA, 27 years old)

As for what was conveyed by participants with hypertension, namely:

"... Good way the doctor checks. And I routinely control my pressure sometimes in pustu (Supporting Health Center) sometimes in health centers and I routinely consume blood pressure medication ... "

(BD, 70 years old)

DM sufferers also gave the same information that:

"... There is a schedule of 2x a month to the puskesmas (Community Health Center), at that time blood pressure, blood sugar and cholesterol are checked by officers ..."
(IM, 60 years old)

Output

The prolanis program was deemed successful when the ratio of prolanis attendees (RPPB) > 50%, blood pressure of participants with controlled hypertension, and blood sugar levels of participants with diabetes mellitus were controlled. The results of the interviews with BPJS Health staff are as follows:

"... The target of the implementation of the prolanis activity is" controlled participants meaning that DM patients have their blood sugar in control as well as HT patients. And until now, it can be said that the achievements are still zero ..."
(HW, 30 years old)

The same thing was conveyed by the implementing doctor of the Tajuncu Puskesmas prolanis activities, namely:

"... Now that we are constrained, I don't know for sure how much it is now, but we have got a red zone from BPJS because the coverage is below 50%, so we got a warning from BPJS before the prolanis were reactivated ..."
(DA, 27 years old)

Whereas participants with hypertension who routinely participate in prolanis activities mention the scope of prolanis activities that:

"... A lot of changes, kid, never 200 my blood pressure again, yeah up and down son ..."
(BD, 70 years old)

Different things were said by participants with hypertension who did not routinely participate in prolanis activities, namely:

"... My blood pressure sometimes drops sometimes ..."
(IW, 53 years old)

Furthermore what was conveyed by participants with type 2 diabetes mellitus were:

"... There is a child, but if I don't take drugs well, my blood sugar and pressure will increase ..."
(IM, 60 years old)

Further interviews with participants with type 2 diabetes mellitus who did not routinely participate in prolanis activities that:

"... Well, kid, I was hospitalized because my blood sugar was 500, but when I got out of the hospital, then I went back to control at the health center thank God it has gone down ..."
(IN, 58 years old)

Outcome

The long-term benefits that can be obtained from prolanis activities are improving the quality of life of prolanis participants and awareness of maintaining their health status. Based on the results of interviews with the prolanis implementers as follows:

"... We have tried to carry out the entire prolanis process according to the technical guidelines although there are still activities that have not yet been carried out ..."
(MW, 54 years old)

"... Oh, it is difficult to determine the long term because the participants themselves can feel that, but if I see the participants as a whole who are not concerned about the benefits of this activity ..."
(DA, 27 years old)

Prolanis activity outcomes can only be felt directly by the participants. The results of interviews with participants with hypertension and type 2 diabetes mellitus are:

"... Oh, I always follow the activities according to the instructions of the officers, but I still often forget that I cannot take any consumption that can make my blood pressure rise ..."

(BD, 70 years old)

"... Well, I felt the change during the prolanis event, even though they were still in sugarcane but not as bad as before I joined the prolanis ..."

(IM, 60 years old)

Discussion

The capability of implementing HR in prolanis activities at the Tajuncu Health Center is in accordance with their respective capacities, but in terms of availability it is still lacking, this is because there are no special officers to handle prolanis activities. The availability of human resources that is still lacking in prolanis activities at the Tajuncu Community Health Center is in line with the results of research conducted by Fahmi, et al., (2018) that health resources that can run the Exclusive ASI program are in accordance with their roles and duties but many still carry out their duties double.

The condition of the infrastructure of prolanis activities is incomplete because there is no special room for prolanis activities, so the implementation of activities is only carried out in poly spaces or laboratories while the results of research by Sitompul, et al., (2016) that the facilities and infrastructure provided to support Prolanis activities are adjusted to the ability and availability of facilities at the family doctor, and there are no proper or improper provisions of the BPJS Health.

The budget for prolanis activities does not run smoothly because the reports submitted by the Community Health Center are not in accordance with those set by the BPJS Health, so they are always revised and when the reports are appropriate, the funds claimed are not immediately disbursed within one or two weeks but require a long time. The same thing is also found in research conducted by (Rosdiana, et al., 2017) that the budget can affect the implementation process of prolanis, namely the limited funds in prolanis make one form of prolanis activities namely reminder through SMS gateway stopped or unsustainable.

Prolanis activities at the Tajuncu Puskesmas are not regulated in a special SOP on prolanis, so prolanis activities are only based on the general inspection method carried out by the puskesmas (Community Health Center). The same thing was obtained by Utomo (2019) in his research that in the Funding Health Center, SOPs were also not explicitly available in prolanis activities. SOPs that are available and are used by Prolanis officers are Guidelines for the Control of Hypertension and Diabetes Mellitus. Prolanis inspection activities carried out at the health center in accordance with the usual inspection SOP in the Pandanaran Health Center.

Medical consultation activities carried out by the Tajuncu Community Health Center are concurrent with the activity but the prolanis participants can consult when they feel there are complaints. Counseling tailored to the needs of patients in the process of medical consultation activities will have an impact on psychological conditions, namely the establishment of emotional relationships between participants and officers so that participants have confidence and create medication adherence (Stableford, et al., 2007).

Provision of education is carried out by means of socialization about hypertension and type 2 diabetes mellitus while socialization is only done two to three times within a year due to busy doctors, while Rahmadhanie's research results (2019) show that health services are effective enough to deal with

hypertension and type 2 diabetes mellitus. Patients who actively participate in Prolanis activities are more educated than participants who do not participate. Patients who take part in Prolanis are given education such as how to manage their diet, complications of the disease, and calorie of cooked food so that its implementation is easier.

Reminder through SMS gateway aims to motivate participants to make regular visits to the puskesmas (Community Health Center). The results showed that the reminder activity via sms gateway at the Tajuncu Health Center was more done by calling participants or coordinating with polindes (village maternity huts) or pustu (Supporting Community Health Centers) to convey to participants who were in their working area, whereas in their research Sitepu (2018) that carried out the reminder activities (SMS Gateway) in PB Selayang II Community Health Center, which is the way the Prolanis implementing officer reminds him, it is more often done directly than through Reminder (SMS Gateway).

Home visit is an activity of visiting a participant's home that does not come three times in a row or according to the participant's health condition. Home visit activities at the Tajuncu Health Center were never carried out by prolanis officers. The visit is only carried out by the Supporting Community Health Centers and village maternity huts and not in the context of prolanis activities, this is not in line with research conducted by Firdaus, et al., (2020) that home visits are carried out six times six times a month, but the target number of visits has not been found because monthly reports have been provided by BPJS and no file or document documents are stored at the health center.

Health status monitoring is carried out by the Community Health Center by checking the blood pressure and blood sugar levels of the participants and distributing health monitoring books to the participants. Based on the results of research that health status monitoring activities are carried out twice a month but health status monitoring books are not available at the Community Health Center so health status recording is only done with the Community Health Center manual book. The same thing was obtained by Samiati, et al., (2019) that there was a book on health status monitoring at Prambanan Puskesmas as in the prolanis guidelines. However, it was not yet given to Prolanis participants, so the monitoring book was still empty and had not been filled. This happened because of the availability of books from BPJS health in a small amount, so that it was not sufficient to be distributed to all Prolanis participants. The Community Health Center also has not yet reproduced the participant's health monitoring book.

The scope of prolanis activities is to target participants with hypertension who have controlled pressure and those with type 2 diabetes mellitus who have controlled blood sugar and the coverage of participant visits is 50%. The results of this study indicate that the Tajuncu Puskesmas has a visit ratio of under 50% so that it has received a reprimand from the Health BPJS and participants who routinely and not routinely participate in prolanis activities have different health status. The services provided by BPJS prolanis have no relationship to the quality of life of patients at UMC in general, but there are correlations on several dimensions of quality of life. Dimensions that correlate with service quality are dimensions of physical function and bodily pain (Astuti, et al., 2018).

The low number of prolanis visits at the Tajuncu Health Center is caused by the busyness of the participants, accessibility that is difficult to reach, and lack of awareness of the benefits of prolanis. This is in line with the results of the study of Maramis, et al., (2018) that the constraints of participants at the Wawonasa Health Center in Manado City did not come to the meeting due to the more important activity, so they did not come to the prolanis meeting.

The implementation of prolanis activities is not only considered in terms of service coverage, but also in the long term of this program, namely improving the quality of life and awareness of participants maintaining their health status. Based on the results of this study that improving the quality of life of

participants is difficult to determine by the prolanis implementer even though the prolanis activities have been carried out according to prolanis technical instructions. While prolanis participants have not been able to feel the long-term benefits of prolanis due to the lack of awareness and concern of participants about prolanis. This is in line with research conducted by Ariana, et al., (2019), which shows that the majority of respondents feel the benefits of prolanis activities are marked by the results of the highest average score on the statement of perceived benefits that respondents believe that following prolanis activities reduces the risk of complications from the illness, prolanis activities can control the state of the disease and prolanis activities are considered to make conditions for better health. Sekardiani (2018) suggested that respondents in the controlled category said keeping their blood sugar and blood pressure stable so that they started from self-awareness to maintain their health so that they were motivated to adhere to the schedule and diet suggested by doctors when prolanis took place. While respondents who are less controlled say they do not adhere to the schedule and the recommended food menu because doctors are bored with the recommended food menu.

Conclusion

The implementation of chronic disease management (prolanis) program at Tajuncu Health Center in hypertension and type 2 diabetes mellitus has not been going well. This is due to the inadequate availability of human resources and infrastructure, the non-current budget from BPJS, and SOPs that are not yet available. The process of prolanis activities was carried out well except for home visit activities that were not carried out. Coverage of visits by prolanis participants has not yet reached the indicators of success and health status of participants with controlled hypertension and people with controlled type 2 diabetes mellitus still below the target. So the benefits of prolanis activities cannot be felt by prolanis participants. Therefore, it is suggested to BPJS Health and Puskesmas to always evaluate the implementation of prolanis in the context of achieving the goals of prolanis activities.

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