

Assessment of Jalin's Cross Border Referral System Activities

The Developmental Evaluation for USAID Jalin (DE) examined Jalin's cross border referral system activities in West Java in January 2020 for its fourth evaluation question (EQ 4): "What balance of core operating principles is Jalin applying in its locally-generated solutions? What are key opportunities, strengths, and weaknesses of these solutions?"

Background

Jalin's cross border referral system activities intend to address multiple and delayed referrals between Bogor City, Bogor District, and Depok City in West Java. USAID's Banten study found that, of the 58% of maternal deaths that occur in hospitals, 66% require two or more referrals to receive care. Cross-border referrals can cause multiple referrals because administrative borders limit information sharing on emergency facilities, medical equipment, and specialists' availability.

Table: Four Components of Jalin's Cross Border Referral System Activities in West Java

1. Create referral pathways for cross-border MNH emergencies	2. Improve communications for referral systems	3. Improve regulations for referral systems	4. Strengthen emergency referral networks
<ul style="list-style-type: none"> Conduct assessment on the ability of private and public hospitals for emergency services. Create map with a schedule of hospitals that can conduct "comprehensive emergency obstetric and neonatal care" and <i>puskesmas</i> that can conduct "basic emergency obstetric and neonatal care." 	<ul style="list-style-type: none"> Integrate Component 1 maps into the referral system. Make "Dashboard for cross border referrals" utilizing existing system. Strengthen the call center with a doctor's call center and the ability to consult with a specialist. Create job aids for call centers in three regions. 	<ul style="list-style-type: none"> Create the same regulation (PERBUP/PERWALI) in three regions for: <ul style="list-style-type: none"> Emergency criteria in MNH cases Communication mechanisms Integration of existing ICT systems into the dashboard. Financing/health insurance Incentives to comply with referral systems 	<ul style="list-style-type: none"> Facilitate MOUs between facilities (public and private) in the three regions via a cross border referral committee.

These activities contribute to Jalin's Year 3 Work Plan Intermediate Result (IR) 5: Improved referral networks scaled and IR 5.1: Strengthening emergency referral networks by facilitating formal agreements between facilities. Jalin cocreated this local solution with the Provincial Health Office (PHO), District Health Offices (DHOs), Bappeda, hospitals and *puskesmas*, and professional organizations (POGI, IDAI, and ARSI).

Methodology

For its study, the DE conducted 18 key informant interviews (KIIs) and meetings involving 70 respondents, seven site visits to hospitals and *puskesmas* in target areas, and a literature review of Jalin documents and local and national regulations. The DE presented its findings and recommendations through this report, presentations, and online maps.

Findings & Conclusions

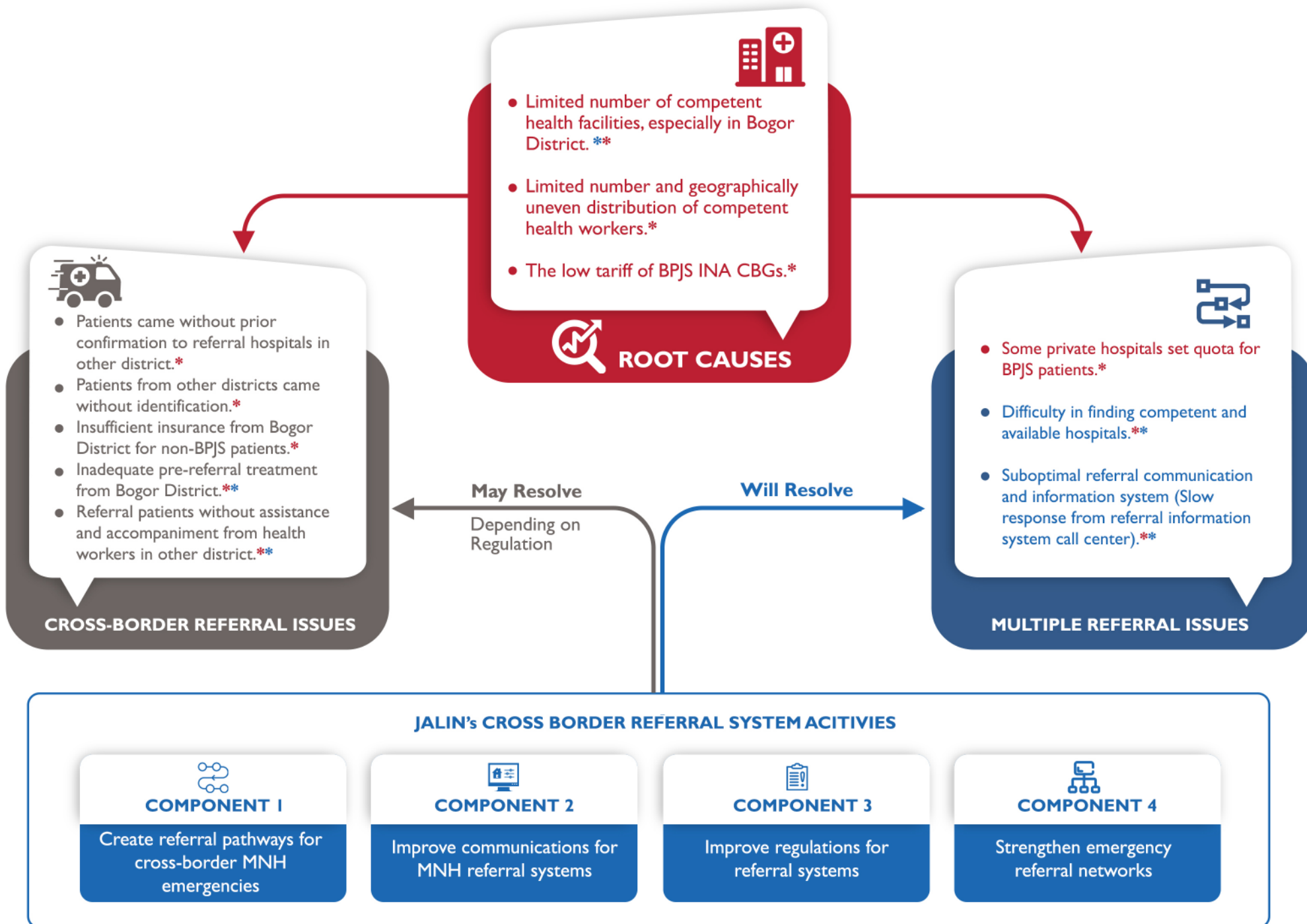
The DE garnered the following findings and conclusions on Jalin's cross border referral system activities in West Java:

Jalin successfully cocreated its cross border referral system activities with a variety of stakeholders, including local governments and professional associations, and achieved PHO buy-in.

The Jalin West Java team designed these activities through a problem definition workshop in June 2019 and cocreation event in August, where 30 actors from local governments, professional organizations, private sector actors, and health facilities participated. Those interviewed by the DE believed these activities will mitigate multiple and delayed referrals and align with 2013 West Java Governor's Decree No: 64 on the Referral System for Health Services. In a KII, a PHO member emphasized, "Cross border referral activities are in accordance with the main program of the Provincial Government, including decentralization of authority and building connectivity. In the health sector, cross-border referral is the manifestation of connectivity."

Jalin's activities address secondary issues, like communications and locating available hospitals, rather than the root causes of multiple and delayed referrals, such as health facility distribution, BPJS reimbursements, and the attitudes and practices of private sector hospitals. Please see the graphic on Page 2.

The cross border referral system activities aim to resolve inadequate referral communication systems in target areas and the difficulty of finding competent and available hospitals. Respondents in KIIs indicated that multiple referrals occurred due to slow response times and inaccurate information from SISRUITE, Sitegar in Bogor District, ESIR in Bogor City, and



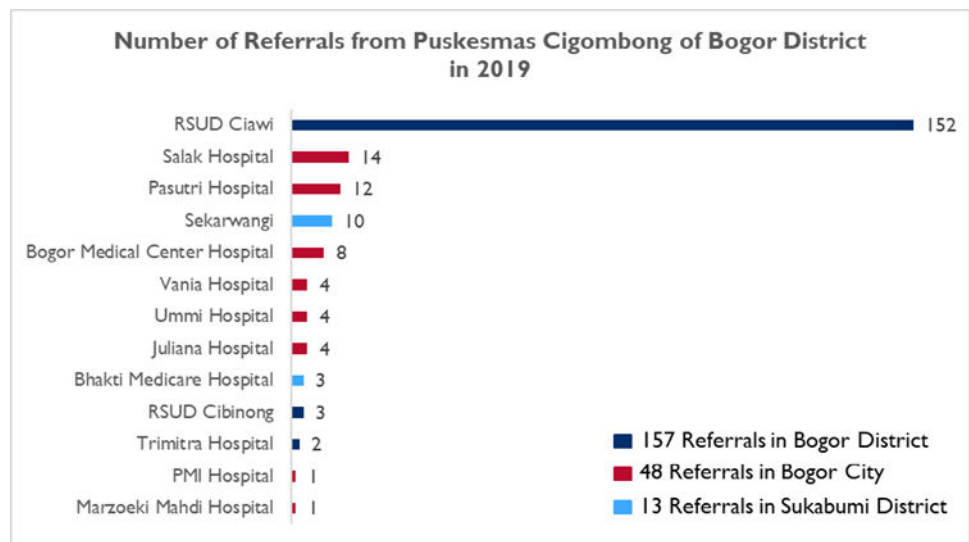
* The issues or root causes came from a Jalin workshop.

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SPGDT-119 and DSW in Depok City. Staff from RSUD Depok City said, “We have DSW, where people can check the status of RSUD. However, this application does not provide information for ICU/NICU availability and for private hospitals.”

The DE found that health workers preferred to take pregnant women with emergency complications to hospitals without waiting for these systems to respond. One puskesmas member said, “The main challenge is response time. If the operator can provide fast responses, this would be better. However, the operator should also communicate with hospitals.” However, hospitals sometimes reject referrals because of the unavailability of emergency facilities, absence of specialists, and limited quotas by private hospitals for patients with BPJS.

Graph: DE Analysis of Referrals from Puskesmas Cigombong in Bogor District in 2019.



Puskesmas consider communication through WhatsApp with hospitals and the DHO to be more effective because Sitegar, ESIR, SPGDT-119, and DSW do not connect to share information. Notably, the Head of Puskesmas Cigombong recalled, “Compared to the existing system, SijariEMAS is better. Because it could facilitate referrals for maternal and neonatal cases faster.”

However, Jalin’s activities do not address root causes of cross border multiple and delayed referrals, including health facility distribution, inaccurate BPJS payments, and the role of private hospitals.

In KILLS, the PHO and DHOs from Bogor City, Bogor District, and Depok City admitted that the uneven distribution of health facilities contributes to problems with cross border emergency referrals. A representative from the Bogor City DHO said, “There are many hospitals in Bogor City. However, most patients, 50-60%, come from Bogor District. The population of Bogor District is five million people with less than 30 hospitals.” The Bogor District Bupati opened land to build a public hospital and offered permission for private sector hospitals, but no businesses have expressed interest.

Furthermore, the DE found a lack of capacity of PONED puskesmas staff to handle emergency cases. A RSUD Depok City representative said, “PONED Puskesmas need to improve their health workers confidence in handling emergency patients.” Respondents expressed that improved health facility competency will lessen the number of referrals.

The DE noted that BPJS health insurance contributes to multiple referrals. Some private hospitals in Bogor City, Bogor District, and Depok City reject pregnant women with high-risk conditions because the medical costs reimbursed by BPJS will not cover those incurred by the hospital. A POGI member in Bogor District mentioned, “There are four public regional hospitals in Bogor District. The rest are private hospitals. If BPJS delays payment, it should be clear who should be responsible. It is more difficult for private hospitals rather than public. All private hospitals complain about BPJS debt.”

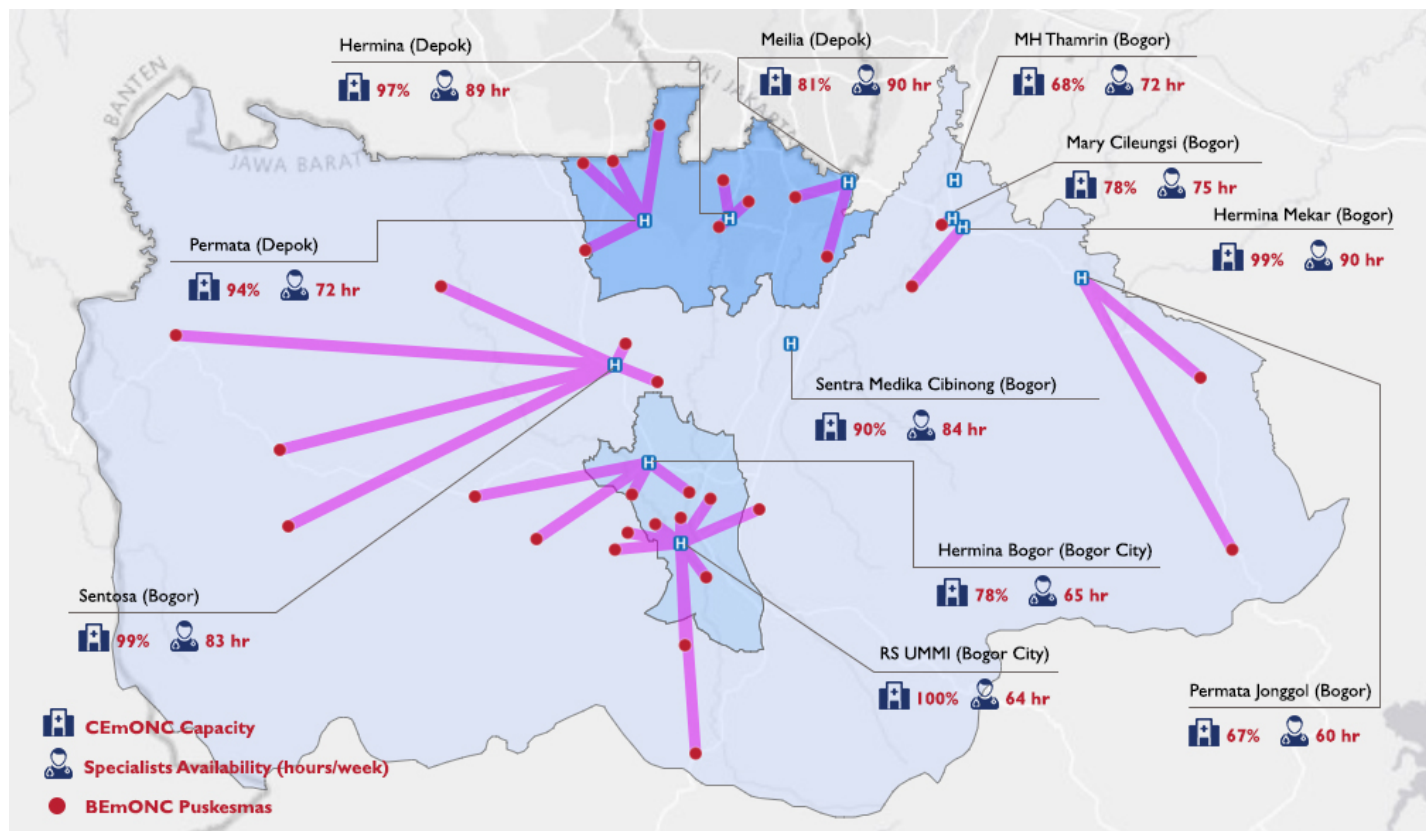
Public hospitals will accept patients because shortfalls are supported with local government funding. Bogor District provides a Jamkesda for non-BPJS patients of IDR 7.5 million. However, in KILLS, staff at RSUD Bogor City indicate that this amount is insufficient to cover emergency costs. According to a provincial POGI representative, “In hospitals, the referral mechanism should be based on BPJS regulations. BPJS does not allow hospitals to accept maternal referral patients without complications. For example, if a puskesmas detects cardiovascular disease in a pregnant patient and then refers her to a hospital, that hospital will reject the patient, because the disease is not classified to be handled by a hospital.”

Patients arriving without confirmation and identity documents also cause delayed and multiple referrals in a cross-border setting. A member of RSUD Bogor City said, “The problem usually happens to patients without identification cards. The management of RSUD Bogor City instructed us to provide patients with the best treatment possible. If the patient cannot pay, the management and staff cover the costs.”

Jalin is successfully collecting and using evidence to implement its cross border referral system activities.

In collaboration with the PHO and respective DHOs, Jalin surveyed 67 hospitals and puskesmas in December 2019 to assess their readiness to manage emergency referrals. The West Java team assessed the availability of ObGyns, pediatricians, and anesthesiologists, and facility standards including medical equipment and medicine completeness, job aids, case training, surgery rooms, blood availability, and mobile incubators for referral transportation. Jalin will use the results to develop a monitoring dashboard to improve the referral communication system and develop a cross border referral MOU and service charter to ensure the availability of specialists and facilities in hospitals in Bogor City, Bogor District, and Depok City.

Map: A Visualization by the DE of Preliminary Findings from Jalin's Survey of Hospitals and Puskesmas in Bogor City, Bogor District, and Depok City



The PHO expressed interest in the survey with a representative saying, “I asked for a self-assessment conducted before developing the solution ... Hospitals may have PONEK status, but in fact, they do not have the real PONEK capacity.” The PHO also requested that Jalin map referral pathways in target areas, as the DE did for Puskesmas Cigombong in the graph on Page 3. However, when the DE asked for information, the West Java team was uncertain if it will complete this. Mapping referral pathways is included in Component I of Jalin’s activities.

PHO buy-in provides an opportunity for Jalin to scale its activities provincially; however, Jalin’s approach to scale outside of West Java is unclear and unlikely to occur according to the Year 3 Work Plan timeline.

PHO members expressed a commitment to replicate cross border referral system activities if they succeed in Bogor City, Bogor District, and Depok City. A representative said, “I believe that the coverage of this activity can be expanded, but we should develop the model first, in which Bogor Raya and Depok City will serve as a pilot project.” The DE considers this commitment genuine. It found in October 2019 that the PHO had sustained and replicated USAID’s previous Expanding Maternal & Neonatal Survival (EMAS) program’s mentoring approach.

The Jalin West Java team expects to know if its cross border referral system activities succeed in September 2020, which is later than planned in Jalin’s Year 3 Work Plan. The Work Plan anticipates that by September Jalin will have concluded support to local governments to strengthen cross border referral networks and shared lessons learned nationally. No one interviewed by the DE articulated an approach to how Jalin and its partners will promote these activities nationally or other regions that may benefit from improved cross border referral systems.

Recommendations

Based on the findings and conclusions above, the DE recommends the following:

1. Jalin's West Java team and headquarters should work with local governments in Bogor City, Bogor District, and Depok City to strengthen referral regulations to decrease system response times, persuade private hospitals to accept BPJS patients, and increase Jamkesda funding.
2. The West Java team should ensure its MOUs between public and private facilities specify who will fund and administer the new referral communications system, how puskesmas will access and use the system, and how the new system will integrate with existing systems.
3. The West Java team should map referral pathways in Bogor City, Bogor District, and Depok City to fulfill the PHO's request and complement its recent survey of hospital and puskesmas.
4. Jalin's headquarters, West Java team, and other regional offices should discuss locations to promote additional cross border referral systems should the pilot succeed. The DE considers Tangerang in neighboring Banten and Brebes in Central Java to be potential future sites.

Rapid Utilization of DE Findings

The DE supported the West Java team's adaptive management by conducting KIs and site visits together, which enabled the West Java team to receive feedback from partners and stakeholders to adjust their activities. Examples include:

- The DE first alerted the West Java team to the 2013 Governor's Decree No: 64 on the Referral System for Health Services, which will provide the basis to strengthen regulations for referral systems.
- The West Java team used the DE's KIs with provincial PERSI and POGI to learn how the associations could contribute to its activities.
- The DE provided the West Java team with an online map (see here <https://arcg.is/08CnrH> with image below) of preliminary findings from Jalin's survey of hospital and puskesmas to use in presentations and analysis.

Map: An Image of an Online Map Created by the DE of Preliminary Findings from Jalin's Survey of Hospital and Puskesmas.

