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Analysis of the Implementation of the Horizontal Referral System among Health Facilities in Serving BPJS Patients at UPTD Puskesmas Sumalata

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Abstract: This study aims to analyze the implementation of the horizontal referral system among primary health care facilities in serving BPJS patients at Puskesmas Sumalata and to identify supporting factors for its success. The research applied a qualitative case study design, involving informants from the District Health Office, medical staff, administrative staff, and patients' families. Data were collected through in-depth interviews, observations, and document reviews, then analyzed using thematic analysis. The results show that the implementation of the horizontal referral system has not been optimal. Coordination among Puskesmas remains limited, the referral information system is not integrated, and technical regulations are not fully understood by health workers. However, support from the Health Office in improving human resource capacity acts as a strengthening factor. This study emphasizes the importance of strengthening coordination, staff understanding, facilities, and clear SOPs so that the horizontal referral system can function more effectively.

Keywords: horizontal referral system, BPJS, health facilities,

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Introduction

Health care systems across the world are grounded in the principles of accessibility, equity, and efficiency in service delivery. In Indonesia, these principles are institutionalized through the National Health Insurance Program (Jaminan Kesehatan Nasional/JKN), which has been administered by the Social Security Agency for Health (BPJS Kesehatan) since 2014. The program seeks to guarantee that every citizen, regardless of socioeconomic background, has the right to receive quality health care as part of the country's pursuit of universal health coverage (Hermiyanty, Wandira, & Nelianti, 2024; Institution Kesehatan Indonesia, 2021). A core component underpinning the effectiveness of JKN is the referral system, which governs patient flows between different levels of health facilities—from primary to tertiary care (Ridwan & Ramadhan, 2025; Yanthi, Hendratini, & Sulistyo, 2023).

Within this structure, the horizontal referral system, or the process of referring patients between primary health care facilities (Fasilitas Kesehatan Tingkat Pertama/FKTP), holds strategic importance. It aims to optimize the capacity of primary health care, alleviate the burden on hospitals, and ensure that patients receive services at the most appropriate and accessible level (Darmasurya, Anindita, & Ikhda, 2021). Ideally, this mechanism enables patients whose cases cannot be managed in one Puskesmas to be referred to another Puskesmas with better resources, thereby avoiding unnecessary escalation to hospitals. However, evidence shows that horizontal referrals are still underutilized in many regions, with patients often being directed straight to hospitals, bypassing the primary care network (Hermiyanty et al., 2024; Ridwan & Ramadhan, 2025). This inefficiency not only undermines the goals of JKN but also strains secondary and tertiary health facilities, increases operational costs, and delays appropriate care.

Several studies have examined the causes of these implementation challenges. Darmasurya et al. (2021) reported that weak coordination and limited communication between FKTPs reduce the effectiveness of referral cost control and service efficiency. Similarly, Yanthi et al. (2023) identified unequal resource distribution—particularly the shortage of medical personnel, insufficient equipment, and limited service hours—as a significant constraint

to the functioning of horizontal referrals. Ridwan and Ramadhan (2025) also highlighted that many physicians and health workers have an incomplete understanding of referral protocols, and that patients often prefer direct hospital treatment, perceiving it as superior. Beyond these operational factors, systemic barriers persist, such as the absence of standardized procedures, fragmented information systems, and inadequate local regulatory frameworks (Monitoring, Evaluation, and Analysis of BPJS Referral Implementation, 2024).

These issues are especially relevant in the context of Puskesmas Sumalata, North Gorontalo Regency, where the number of BPJS participants continues to rise each year—from 6,983 in 2022 to 7,582 in 2024—yet the number of horizontal referrals remains very low. This discrepancy indicates that the system has not been effectively integrated into the local health service structure. Without improvement, it risks compromising the broader goals of JKN related to cost efficiency, equity, and service quality (Darmasurya et al., 2021; Yanthi et al., 2023). As the governing authority responsible for local health management, the District Health Office (Dinas Kesehatan) holds a crucial role in addressing these gaps. Its functions in policy formulation, coordination, supervision, and resource allocation are vital to ensuring that referral mechanisms operate according to national standards (Ridwan & Ramadhan, 2025).

From a theoretical standpoint, the implementation of the horizontal referral system can be analyzed through the lens of Van Meter and Van Horn's policy implementation model, which emphasizes the importance of clear standards, sufficient resources, effective communication, and the commitment of implementing actors. These elements are essential in determining the success or failure of public policies, including those in the health sector. Likewise, the principles of good governance—accountability, transparency, participation, and efficiency—provide a normative framework that guides the effective management of health referral systems (Yanthi et al., 2023). Ensuring these principles are upheld is critical to improving coordination among facilities, promoting equity in service delivery, and sustaining public trust in health institutions.

Previous studies on Indonesia's referral system underscore both the potential and challenges of horizontal referrals. Darmasurya et al. (2021) demonstrated that, when properly implemented, the policy can produce significant cost savings by reducing unnecessary hospital referrals. Ridwan and Ramadhan (2025) found that decision-making at the FKTP level is influenced not only by medical competence but also by patient preferences and the availability of supporting facilities. Meanwhile, Yanthi et al. (2023) confirmed that the absence of standardized protocols and inadequate infrastructure remain central barriers to effective implementation. These findings collectively highlight that successful horizontal referral systems depend on institutional readiness, human resource competence, and digital integration across facilities.

Building upon these insights, the present study focuses on the implementation of the horizontal referral system at Puskesmas Sumalata. It aims to explore how the system functions in practice, identify the enabling and constraining factors affecting its operation, and analyze the role of the District Health Office in strengthening coordination and compliance with referral regulations. The study seeks to provide a comprehensive understanding of how referral mechanisms are managed at the local level, while offering evidence-based recommendations to enhance their effectiveness.

The urgency of this research stems from several interrelated considerations. The growing number of BPJS participants in North Gorontalo demands a more efficient referral mechanism to ensure balanced patient distribution and prevent hospital overcrowding (Darmasurya et al., 2021). Moreover, despite the existence of national regulations governing referrals, inconsistencies in local implementation reveal a persistent gap between policy and practice (Ridwan & Ramadhan, 2025; Yanthi et al., 2023). Addressing these issues is essential not only for improving service delivery but also for realizing the broader objectives of JKN and Universal Health Coverage. Ultimately, strengthening the horizontal referral system will enhance access, equity, and efficiency in health care services, contributing to a more sustainable and responsive health system in Indonesia (Hermiyanty et al., 2024; Monitoring, Evaluation, and Analysis of BPJS Referral Implementation, 2024).

Method

This study applied a qualitative descriptive approach with a case study design to gain a deep understanding of how the horizontal referral system is implemented among primary health care facilities in serving BPJS patients in the working area of Puskesmas Sumalata. A qualitative approach was chosen because the research sought to capture processes, dynamics, and contextual factors that cannot be measured quantitatively, such as coordination between facilities, the readiness of referral recipients, the competence of health workers, and the role of the District Health Office in supporting implementation.

The research was conducted in Puskesmas Sumalata, North Gorontalo Regency, Gorontalo Province, which was deliberately chosen because it is one of the health centers that has attempted to practice horizontal referrals in line with BPJS regulations. The fieldwork took place over three months, from July to September 2025, following the issuance of an official research permit. The social setting of this study consisted of the Puskesmas itself and its network of partner facilities, with actors including the Head of the District Health Office, heads of Puskesmas, referral officers, medical staff, administrative personnel, and families of patients who had been referred. The main activities observed during the study were the referral procedures, the communication process between facilities, patient handling during referral, and follow-up services provided.

The data collected were qualitative in nature, comprising narratives, statements, field notes, documents, and interview transcripts. Sources of information came from both primary and secondary data. Primary data were obtained directly from informants through observation, interviews, and documentation. A total of nine informants participated, consisting of one Head of District Health Office, two Heads of Puskesmas, two referral officers, one medical staff, one administrative staff, and two patients' families. Secondary data were drawn from official documents such as referral SOPs, activity reports, BPJS records, patient registers, and relevant literature.

To gather the data, three techniques were employed: direct observation of the referral process, in-depth semi-structured interviews with key informants, and the collection of documents supporting referral activities. Observation was conducted to capture how referrals were practically carried out, while interviews

were used to explore experiences and perceptions of informants about the system. Document analysis helped validate and complement the primary data obtained from the field.

To ensure research validity, several strategies were applied. Credibility was enhanced through triangulation of sources, methods, and time, as well as member checking by validating interpretations with informants. Transferability was achieved by providing detailed contextual descriptions of the research setting, enabling readers to consider the applicability of findings in other areas. Dependability was maintained by documenting an audit trail of the entire research process, including adjustments made in the field. Confirmability was strengthened by involving external reviewers to examine the objectivity and neutrality of the researcher.

Ethical considerations were also prioritized throughout the study. Informed consent was obtained from all participants after a clear explanation of the purpose and benefits of the research. Confidentiality of informants was respected by anonymizing their identities, and the data were used solely for academic purposes. The researcher ensured that participation in the study would not bring harm or disadvantage to any informant and maintained transparency in all interactions.

Result and Discussion

Fragmented Coordination and Weak Communication Networks

The findings indicate that coordination and communication among primary health care facilities in Sumalata remain fragmented, undermining the effectiveness of the horizontal referral system. While formal coordination mechanisms exist—such as official referral letters and periodic coordination meetings—health workers predominantly rely on informal communication channels like phone calls and messaging applications. These informal methods, though faster and convenient, have caused inconsistencies in information transfer among administrative officers, medical personnel, and patients' families, leading to inefficiencies and confusion during the referral process.

This result aligns with studies showing that weak inter-facility coordination remains a chronic issue in decentralized health systems in Indonesia, particularly in rural settings (Juwita & Santoso, 2025; Safari Ode

Arli, Syamsu, & Makmun, 2023). Informal networks can facilitate immediate communication but often compromise accountability and documentation standards (Rukmini et al., 2023). According to Van Meter and Van Horn's (1975) policy implementation model, effective coordination depends not only on formal rules but also on the clarity of communication structures and commitment among implementing actors.

Facility Readiness and Resource Limitations

The readiness of receiving facilities was identified as a central determinant of horizontal referral success. Several Puskesmas in Sumalata, although designated as referral destinations, lacked adequate medical personnel, essential diagnostic equipment, and operational capacity. Limited resources discouraged both referring and receiving facilities from engaging in horizontal referrals, resulting in the continued dominance of direct referrals to hospitals.

This condition reflects the broader national trend where inadequate facility readiness remains a key constraint on referral efficiency (Ridwan & Ramadhan, 2025; Yanthi, Hendratini, & Sulistyo, 2023). Darmasurya, Anindita, and Ikhda (2021) observed that policy effectiveness in the JKN referral network depends heavily on the adequacy of human resources and physical infrastructure. The situation in Sumalata supports Van Meter and Van Horn's (1975) assertion that successful implementation requires congruence between policy goals and organizational capacity.

Uneven Competence and Understanding Among Health Workers

The study also found disparities in health workers' understanding of horizontal referral procedures. While some personnel had participated in socialization and training activities conducted by the District Health Office, others demonstrated limited awareness of the referral concept and its administrative flow. This inconsistency led to hesitation in applying horizontal referrals, with many preferring vertical referrals to hospitals.

Research has consistently shown that inadequate training and uneven comprehension of referral mechanisms are major barriers to policy implementation in Indonesia's health sector (Juwita & Santoso, 2025; Yanthi et al., 2023). Similar patterns were identified by Safari Ode Arli et al. (2023),

who reported that health workers' limited knowledge of referral guidelines and SOPs contributed to noncompliance with JKN referral protocols. Institutionalizing continuous professional training and integrating competency-based learning into daily operations are therefore crucial for achieving consistency across facilities.

Absence of Integrated Referral Information Systems

Another critical issue identified in this study is the absence of a digital, integrated referral information system. Referral processes in Sumalata are still conducted manually, involving handwritten forms and fragmented communication between facilities. This manual system increases the risk of data loss, administrative errors, and delays in patient management.

This finding echoes recent evidence showing that digital referral platforms such as *Sistem Informasi Rujukan Terintegrasi* (SISRUTE) have not been fully adopted across primary health care facilities due to infrastructure limitations and inadequate user training (Sutrisnawati & Suandari, 2024; Norman, Palloge, & Syamsu, 2024). According to the *BPJS Kesehatan* (2024) and *Ministry of Health Report* (2023), less than 60% of FKTPs nationwide consistently utilize electronic referral systems. This reflects the digital divide between urban and rural regions, underscoring the need for targeted investment in digital health infrastructure and technical capacity building (Cheng et al., 2025).

Regulatory Gaps and the Absence of Local SOPs

The lack of clear technical regulations and standardized operating procedures (SOPs) represents another major barrier to effective horizontal referral implementation. Although national policies outline general referral principles, no binding local regulations detail how horizontal referrals should be operationalized at the FKTP level. Consequently, each Puskesmas has developed its own informal practices, resulting in inconsistencies in patient management.

This gap exemplifies the "policy–practice discrepancy" identified in classical implementation literature (Pressman & Wildavsky, 1973). Hermiyanty, Wandira, and Nelianti (2024) similarly observed that the absence of localized regulatory instruments hinders the translation of national policy

into concrete institutional practice. The establishment of context-specific SOPs at the district level is therefore essential to align implementation procedures with both regulatory expectations and local capacities.

Emerging Positive Trends and Institutional Support

Despite these constraints, several positive developments were observed. The District Health Office of North Gorontalo has played a pivotal role in promoting horizontal referrals through monitoring, periodic training, and inter-facility coordination. Although these measures remain limited, they reflect an emerging institutional commitment to improving the system.

Data from local reports suggest a gradual increase in the number of horizontal referrals between 2022 and 2024, indicating rising awareness among health workers and improved administrative compliance. Similar findings were reported by Suhardi et al. (2020), who emphasized that leadership engagement and consistent supervision are essential for fostering behavioral and institutional change in public health policy implementation.

Theoretical and Practical Implications

The results of this study reaffirm the interdependence between policy design, institutional capacity, and implementation dynamics. In theoretical terms, they support the argument of Sabatier and Mazmanian (1980) that effective policy implementation requires clear communication, adequate resources, and sustained political support. The case of Sumalata also validates the application of Van Meter and Van Horn's (1975) framework, illustrating that implementation failures often stem from gaps in inter-organizational coordination, limited resource adequacy, and weak actor commitment.

Practically, strengthening horizontal referrals demands a multi-dimensional reform agenda encompassing enhanced coordination mechanisms, infrastructure readiness, systematic training, digital integration, and the institutionalization of clear SOPs. As highlighted by the World Health Organization (2022), governance and digital transformation in health systems must evolve simultaneously to achieve equitable, efficient, and sustainable service delivery.

Toward Strengthened Local Health Governance

Ultimately, the experience of Puskesmas Sumalata mirrors broader challenges in Indonesia's health governance landscape—where well-intentioned policies encounter persistent structural, technological, and behavioral barriers. Without comprehensive reforms, such limitations risk undermining JKN's objectives of equity and efficiency. However, with stronger leadership from the District Health Office, adequate resource mobilization, and targeted digital interventions, the horizontal referral system can become a key pillar of effective and equitable public health service delivery in the region (Juwita & Santoso, 2025; Sutrisnawati & Suandari, 2024; Norman et al., 2024).

Conclusion

The findings of this study confirm that the implementation of the horizontal referral system among primary health care facilities in Puskesmas Sumalata has not yet been optimal. Despite its importance within the framework of Indonesia's National Health Insurance (JKN), several challenges persist, including weak coordination between facilities, limited readiness of referral recipients, uneven understanding among health workers, and the absence of an integrated referral information system. Furthermore, the lack of standardized operating procedures at the local level has led to inconsistencies in practice, reducing the effectiveness of the system.

At the same time, certain positive aspects were also identified. Support from the District Health Office, particularly in the form of training and oversight, provides a foundation that can be built upon. The steady increase in the number of horizontal referrals, although still relatively small, indicates that the system has potential to be strengthened with the right interventions.

Based on these findings, several recommendations can be proposed. First, there is a need for the formulation and dissemination of clear and binding Standard Operating Procedures (SOPs) for horizontal referrals at the local level. Such guidelines would create uniformity in practice and provide health workers with a structured framework for decision-making. Second, investment in integrated information systems is essential to ensure efficient data management, real-time communication between facilities, and effective monitoring of referral flows. Third, continuous capacity-building programs for health workers should be institutionalized, not only to improve technical skills

but also to strengthen their understanding of the value of horizontal referrals within the JKN system. Fourth, resource allocation must prioritize the equitable distribution of medical personnel and equipment across Puskesmas, ensuring that each facility is adequately prepared to serve as a referral destination. Finally, the role of the District Health Office must be further strengthened, not only as a regulator but also as a proactive facilitator that coordinates facilities, monitors performance, and provides technical and financial support.

In conclusion, while the current state of horizontal referrals in Sumalata is far from ideal, the system carries considerable potential to improve efficiency, reduce unnecessary hospital referrals, and ensure that BPJS patients receive timely and appropriate care. Realizing this potential requires coordinated efforts involving health facilities, the District Health Office, BPJS Kesehatan, and the community itself. With strong governance, adequate resources, and sustained commitment, the horizontal referral system can become an integral component of an efficient and equitable health care delivery model in Indonesia.

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