

Health Examination of Hypertension and Diabetes Mellitus Patients in the Chronic Disease Management Program in the Community Health Center Waru Pamekasan Working Area

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ABSTRACT

Efforts to prevent and control non-communicable diseases need to be a common concern. One of the efforts made by BPJS in collaboration with existing primary services including community health centers is the chronic disease management program or PROLANIS. Most of the people who come for health checks are the elderly and elderly. To check BMI, especially height in the elderly, it is necessary to check height according to the condition of the elderly. Around 70% of people who come have previously been diagnosed with hypertension. After checking their blood pressure, some of them had their blood pressure controlled. However, this condition needs to be maintained and even improved so that those who experience hypertension can control their condition and prevent them from experiencing further complications. Likewise with those who experience DM, around 73%, but there are still some (9%) who have random high blood sugar levels. By carrying out community service with the topic of health examinations for hypertension and diabetes mellitus patients in the chronic disease management program in the Community Health Center Waru Pamekasan Work Area, it can be beneficial for all patients. The community service activities went well with assistance from the community health center. Of all those who came, around 70% had previously been diagnosed with hypertension and 73% had been diagnosed with DM. From the results of the examination, it was found that some of the hypertension sufferers had a condition where their blood pressure was controlled. Likewise with DM sufferers, some have normal blood sugar.

Keywords: Diabetes mellitus, health, hypertension

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INTRODUCTION

As the leading cause of death globally, non-communicable diseases are responsible for 38 million deaths (68%) in the world out of 56 million deaths in 2012. More than 40% of this figure (16 million) were premature deaths or aged less than 70 year. Nearly three-quarters of deaths (28 million) and the majority of premature deaths (82%) occur in low- and middle-income countries. Thus, in 2014 WHO made 9 targets in an effort to reduce the death rate due to non-communicable diseases throughout the world, especially in low and middle income countries (WHO, 2014).

For Indonesia, 2010 data shows that stroke (8%) is the number one cause of death, while Ischemic Heart Disease (4%) is ranked 6th and Diabetes Mellitus (DM) (3%) is in 7th place. This shows that Indonesia has been burdened with not only infectious diseases but also chronic

and non-communicable diseases (CDC, 2010). Based on Basic Health Research (Riskesdas) data, data on non-communicable diseases in Indonesia tended to increase from 2007 to 2013. The prevalence of hypertension increased from 7.6% to 9.5%, the prevalence of stroke also increased from 8.3 per 1000 population to 12.1 per 1000 population, even the prevalence of DM almost doubled from 1.1% to 2.1% (Ministry of Health of the Republic of Indonesia, 2013).

Seeing this, efforts to prevent and control non-communicable diseases need to be a common concern. One of the efforts made by BPJS in collaboration with existing primary services including community health centers is the chronic disease management program or PROLANIS. This activity has been running since 2015. PROLANIS is a health service system and a proactive approach that is implemented in an integrated manner involving participants, health facilities and BPJS Health in the context of maintaining health for BPJS Health participants who suffer from chronic diseases to achieve optimal quality of life at a cost effective and efficient health services (BPJS, 2016).

The aim of this program is to encourage participants with chronic diseases in the Community Health Center Waru Pamekasan working area to achieve optimal quality of life with an indicator that 75% of registered participants who visit first level health facilities have "good" results on specific examinations for type 2 DM and hypertension according to clinical guidelines. Associated so as to prevent disease complications. The target of this program is all BPJS Health participants with chronic diseases (Type 2 Diabetes Mellitus and Hypertension) (BPJS, 2016). This activity provides a good opportunity for JKN participants, especially those with chronic diseases, to be able to control the development of disease and have a healthy lifestyle.

METHOD

In the residency assignment, the author has written about various strengths, weaknesses, opportunities and threats of health examinations for hypertension and diabetes mellitus patients in the chronic disease management program in the Community Health Center Waru Pamekasan Work Area. In this study, there are several strategies for improving chronic disease management program services in the Community Health Center Waru Pamekasan Work Area. By using the method of providing counseling and inspection blood sugar levels and blood pressure in PROLANIS participants in the region Waru Pamekasan community health center work.

RESULT

The service activity was carried out on January 7 2022. This activity was attended by the PROLANIS team from the Waru Pamekasan Community Health Center. From the results of examinations of 100 people in three service locations, the following results were obtained:

Table. 1 Results of Community Health Examination in the Waru Community Health Center Working Area. 2022

No	Inspection	Frequency	Percentage
1	Age		
	Pralansia	64	64%
	Elderly	35	36%
2	Gender		
	Man	34	34%
	Woman	66	66%
3	Body mass index		
	Less	7	7%

	Normal	83	83%
	Overweight dan Obese	10	10%
4	Previously diagnosed hypertension		
	Of	70	70%
	No	30	30%
5	Hypertension Status		
	Hypertension	70	70%
	Controlled	57	57%
	No	13	13%
6	Previously diagnosed with DM		
	Of	73	73%
	No	27	23%
7	Random Blood Sugar Levels		
	Height	9	9%
	Normal	91	91%

Based on the table above, the majority of people who come for health checks are the elderly and elderly. This is in accordance with the plan where activities are focused on the PROLANIS program which consists of pre-elderly and elderly people.

Most of the people who come for health checks are the elderly and elderly. This is in accordance with the plan where activities are focused on the PROLANIS program which consists of pre-elderly and elderly people. Most of them are women and have normal BMI. To check BMI, especially height in the elderly, it is necessary to check height according to the condition of the elderly.

Around 70% of people who come have previously been diagnosed with hypertension. After checking their blood pressure, some of them had their blood pressure controlled. However, this condition needs to be maintained and even improved so that those who experience hypertension can control their condition and prevent them from experiencing further complications. Likewise with those who experience DM, around 73%, but there are still some (9%) who have random high blood sugar levels.

CONCLUSION

By carrying out community service with the topic of health examinations for hypertension and diabetes mellitus patients in the chronic disease management program in the Waru Pemekasan Community Health Center Work Area, it can be beneficial for all patients. The community service activities went well with assistance from the community health center. Of all those who came, around 70% had previously been diagnosed with hypertension and 73% had been diagnosed with DM. From the results of the examination, it was found that some of the hypertension sufferers had a condition where their blood pressure was controlled. Likewise with DM sufferers, some have normal blood sugar.

REFERENCE

- Ahmad, M. (2016). Prolanis Implementation Effective To Control Fasting Blood Sugar, HbA1c And Total Cholesterol Levels in Patient With Type 2 Diabetes. August.
- BPJS. (2016). *Panduan Praktis Prolanis (Program Pengelolaan Penyakit Kronis)*. Jakarta.
- BPJS. (2014). *Panduan praktis Prolanis (Program pengelolaan penyakit kronis)*. BPJS Kesehatan. BPJS, 2015. (2015). Peraturan Badan Penyelenggara Jaminan Sosial Kesehatan Nomor 2 Tahun 2015 tentang norma penetapan besaran kapitasi dan

pembayaran kapitasi berbasis pemenuhan komitmen pelayanan pada fasilitas kesehatan tingkat pertama. *Animal Genetics*, 39(5), 561–563.

CDC. (2010). *CDC in Indonesia*. Diakses dari www.cdc.gov/globalhealth/countries/indonesia/.

Demiyanti, E., Raksanagara, A. S., & Afriandi, I. (2017). Pengaruh Edukasi Kelompok pada Pengendalian Tekanan Darah di Anggota Klub Prolanis Klinik Pratama. *Jsk*, 4(2), 47–51.

Herawati, Y. T., Praja, B. A., & Witcahyo, E. (2020). Manajemen Program Pengelolaan Penyakit Kronis di Puskesmas. *Higeia Journal of Public Health Research and Development*, 4(3), 371–383.

Kemendes RI. (2013). *Riset Kesehatan Dasar 2013*. Diakses dari: www.litbang.depkes.go.id/sites/...riskesdas/Riskesdas%20Launching.pdf.

Meiriana, A., Trisnanto, L., & Padmawati, R. S. (2018). Implementation of the Chronic Disease Management Program (Prolanis) in Hypertension at the Jetis Health Center, Yogyakarta City. *Jurnal Kebijakan Kesehatan Indonesia: JKKI*, 08(02), 51–58. http://etd.repository.ugm.ac.id/index.php?mod=book_detail&sub=BookDetail&act=view&typ=html&book_id=163144&obyek_id=4&unitid=&jenis_i.

Rosdiana, A. I., Raharjo, B. B., & Indarjo, S. (2017). Implementasi Program Pengelolaan Penyakit Kronis (Prolanis). *Higeia Journal of Public Health Research and Development*, 1(3), 140–150.

Sidiq, M. N. U. R., Kesehatan, F. I., & Surakarta, U. M. (2019). Pengaruh Senam Prolanis Terhadap Tekanan Darah Pasien Hipertensi Di Puskesmas Purwodiningratan Kota Surakarta.

Soewondo, P. (2014). Harapan Baru Penyandang Diabetes Mellitus pada Era Jaminan Kesehatan Nasional 2014. *EJournal Kedokteran Indonesia*, 2(1), 1– 6. <https://doi.org/10.23886/ejki.2.3184>.

Witcahyo, E., Wardani, A. P., & Utami, S. (2018). Efektivitas Biaya Program Pengelolaan Penyakit Kronis (Prolanis) di Puskesmas. 2(3), 622–633. World Health Organization. (2018). *Global Report On Diabetes*.

WHO. (2014). *Global Action Plan for the Prevention and Control of Noncommunicable Disease 2013-2020*. Geneva.