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## What Kind of Medical Specialist Can Support Primary Health Transformation in Indonesia?

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The transformation of basic health services that was proclaimed as part of the transformation of health services by the Minister of Health of the Republic of Indonesia in 2022<sup>1</sup> is a dream come true for me. Even though the World Health Organization (WHO) has been advocating for it since 2008 in its report *Primary Care Now More Than Ever*<sup>2</sup>, Indonesia finally made it happen when the Ministry of Health was not led by a doctor. The emphasis on 'not working as a doctor' as the leader of the Ministry of Health seems to be 'beneficial' for primary health services in Indonesia, which so far has been under the shadow of the 'non-specialist & specialist' bureaucratic level of management which is equated with 'primary services & non-primary services'. So far, the terms and understanding of the government, BPJS, and doctors regarding medical specialist are essentially referral services, not primary services. It is as if a doctor working in primary care is considered not an expert. But if they become an expert, then they should be transferred to another place of work. So, for examples, if you have a master's degree, you will be transferred to become a structural official in the service department, and if you are a specialist, you will have to be transferred to practice in a hospital. The terms in BPJS services are the same, stipulating that the primary services are subject to capitation deduction if they refer patients who turn out to be non-specialist patients<sup>3</sup>. For decades, the little actual practical understanding and use of narrow and limited terms to define the extend of available services, which have been adhered to for decades, has developed into a social stigma that there has caused a 'fear' of health workers to change them.

However, the transformation of basic health services in general consists of three basic aspects, namely the implementation of the service life cycle, bringing health services closer through the network, and digitizing the information system for primary health services<sup>1</sup>. The transformation process clearly shows that Indonesia needs

expert doctors in the field of primary care which are very well-developed and in the international health community, they are called globally as a family doctor or specialist in generalist.

Thank God, the Indonesian Medical Council in 2019, three years before this transformation was proclaimed, issued specific regulations regarding education standards for Family Medicine Primary Care specialists (*Spesialis Kedokteran Keluarga Layanan Primer* = Sp.KKLP). With the support of the Ministry of Education and Culture, as well as the Ministry of Health, these specialization study programs have opened opportunities for higher education at FKUI, FK UGM and FK UNPAD, which will be followed this year in several leading FKs in Indonesia. The fundamental question in medical and health professions education remains: Is the educational content compatible with the primary health care transformation? It is. It is a perfect fit.

It is proven by the courses in the study programs which are arranged according to the human life cycle. There are rotations for reproductive health, child health, youth health, productive and work health, elderly health, and palliative services. In each of these rotations the emphasis is on comprehensive prevention services.<sup>4</sup> This approach to patient-centered care programs will train the doctors to be able to communicate with patients, families, and communities with a trained and practiced culture competence, so that there are no more gaps in perceptions and health beliefs<sup>4</sup>.

Figure 1 shows various health problems that put children at risk for stunting (due to malnutrition), which basically occur because of food inequality, environmental inequality, inequality of perceptions and health beliefs, inequality of women literacy (who become mothers). Inadequate ante natal care (pregnant mother care), inequality of health care facilities and health providers and inequality of

health education<sup>5,6,7,8</sup>. There are underlines at some risks that indicate the role of KKLP specialists in breaking the stunting chain in the life cycle. This intervention approach

shows that Sp. KKLK are indeed specialists practicing in primary care and their expertise is well-suited to fulfill the primary healthcare transformation.

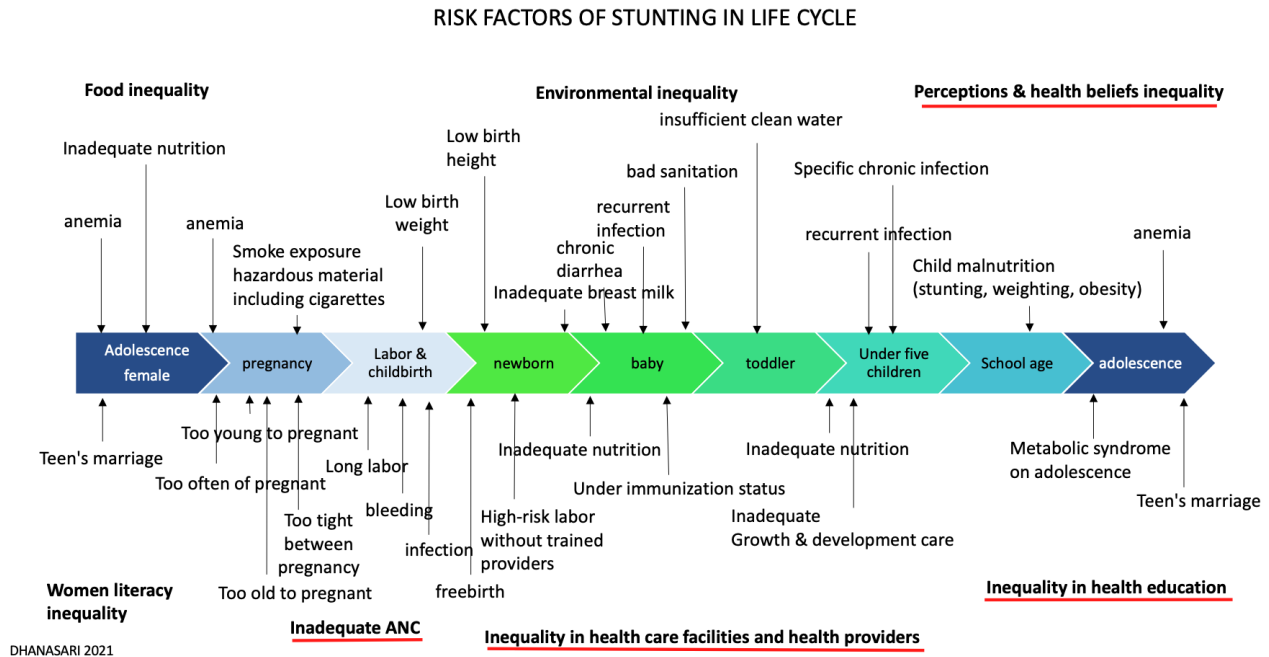


Figure 1. The Role of Sp.KKLP in Breaking the Chain of Stunting in the Life Cycle.

The Sp.KKLP study program also trains and accustoms doctors to provide patient-centered services, so that patients are not seen as someone who has a disease, but patients are seen as human beings as a whole including exploring all available resources to stop their health problems so that they control those health problems, not only for themselves, but also for their family and their community.

The Sp.KKLP are used to collaborating with other professions, as well as being a coordinator of services with existing health facilities for the interests and needs of patients. Figure 2 shows that family medicine services are network coordinators between primary services. This pattern of providing and recommending preventive services showed that Sp.KKLP can be trusted to support the primary service transformation program.

Sp.KKLP IN PRIMARY CARE IS THE COORDINATOR OF THE NETWORK BETWEEN SERVICES IN THE COMMUNITY AND OTHER PARTNERS

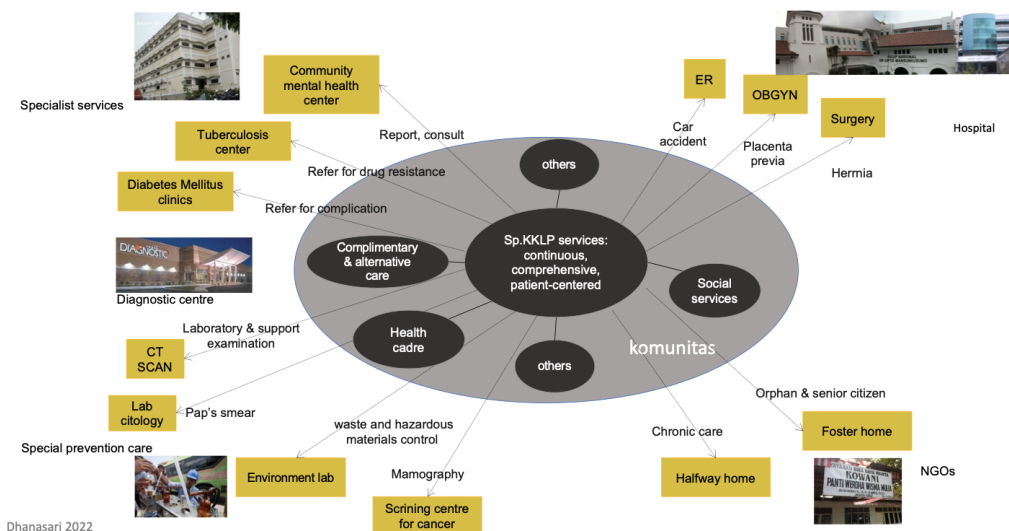


Figure 2. Family Medicine Services are Primary Care Network Coordinators

Understanding the development of technology and health information systems is extremely helpful in improving the quality of health services in primary care, and accordingly, the Sp.KKLP education program will not allow experts in the field of health services to be unskilled on technology. Sp.KKLP can share information via technology as telemedicine for better clinical education, faster diagnosis, disease prevention and quicker therapeutic interventions<sup>9</sup>. One of primary health care transformations in Indonesia is digitizing the information system, so that the information and technology (IT) skills of Sp.KKLP can support the expansion of the telehealth services to the marginalized and vulnerable populations in underserved areas.

Sp.KKLP are trained to use family-based electronic medical records and use the International Classification of Primary Care (ICPC) codes which can facilitate big data analysis about reasons of encounter, clinical diagnosis and management.

Meanwhile, currently most hospitals and health centers use the International Classification of Diseases (ICD), which is limited to diagnosing disease, and very limited to recording the arrival of patients without disease, for example, for medical checkup or immunizations. Accordingly, this Sp.KKLP is very suitable for the needs of health service transformation related to the digitalization of health services. This is true because digitizing health services is limited to not only providing Internet networks and recording applications, but also they can assist each region to analyze the situation and health conditions in their region based on existing digital records.

This study program, although university-based, is designed as workplace-based learning. In this approach, while studying, more than half of the time the participants of program can continue to work in their respective workplaces. The participants of the program are directed not only to train better skills for patients in primary care, but at the same time are trained to develop their practice sites, empower health workers in their work environment, and empower people in their areas to live healthy lives. During the 7 semesters of the program, for 3 non-consecutive semesters, participants engage in online learning (distance-learning classes), 3 semesters (non-consecutive) practice clinical skills at teaching hospitals and primary care facilities that are prepared, and for the last 1 semester they will prepare final assignments as well as preparation of health service accreditation. In accordance with this independent campus (*kampus merdeka*) in the SpKKLP study program, the government will not lose a Puskesmas doctor, the Pratama clinic will not lose a practicing doctor, and the hospital will not lose a doctor on duty because they are currently participating in the program. In fact, it is certain that these doctors will improve their ability to practice clinically and be able to improve the health conditions of the patients around them.

For the conclusion, it has been proven that specialist doctors who support the transformation of primary care are no longer just a discourse about the future, but they already exist in Indonesia. They urgently need a special

program that is measurable and accountable to accelerate the realization of Sp.KKLP in all corners of Indonesia in the amount needed.

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