

## PREFACE

### **The Importance of Developing Leadership, Managerial Ability, Empathy, and Communication in Primary Care Health Facilities**

Dear readers,

Medical science taken during medical education is very little in equipping students with complex/soft-skills (communication, teamwork, professionalism, self-reflection) and still focuses on hard skills (mastery of medical technology). While at work doctors are faced with complex problems, including collaboration with health workers, communication with patients, cultural skills, and not only using their scientific fields.

Meanwhile, the national health system with national health insurance/JKN seeks to guarantee the quality of health services, one of which is the capitation payment method based on fulfilling service commitments (KBK). KBK is assessed based on the achievement of indicators which include the number of contacts, the ratio of non-specialist outpatient referrals and the ratio of visits to prolanis participants.

Data from the Ministry of Health shows that there are 45 doctors per 100,000 population as well as data from KKI that the number of doctors is 1 in 1400 so that with the growth rate of the population, there will be health facilities with no doctors. The development of the number of Puskesmas since 2016, the number of Puskesmas has increased, from 9,767 units to 10,230 Puskesmas in 2020. The province with the highest percentage of Puskesmas without a doctor is Papua (48.18%), followed by West Papua (42.07%) and Maluku province (23.45%). Meanwhile, the provinces where there are no Puskesmas without a doctor in their area (0%) are the province of Bali, the province of Yogyakarta,

the province of Central Java, the province of DKI Jakarta, and the province of Kep. Bangka Belitung.

One of the studies I did in 2018 was entitled "Physician Services in the Era of Implementation of Capitation Based on Service Commitment Fulfillment (KBK) in Primary Services". This study aims to determine the service of doctors in the era of implementation of capitation based on fulfillment of service commitments (KBK) in primary services in one district. This research is an interpretive qualitative research with phenomenological method. The key informants were ten doctors who carried out capitation based on service commitment fulfillment (KBK) in primary care. Based on this study, it was found that doctors in primary care had carried out health service procedures according to policies and referrals were given according to medical indications and prolanis activities were carried out, but had not yet reached the safe zone in the implementation of capitation based on fulfilling service commitments (KBK). Doctors have not carried out several approaches in primary care, such as approaches to patients through home visits, family and community empowerment approaches, and building interprofessional collaboration (interprofessional collaboration). This type of patient-centered care is very important in order to achieve Capitation Based on Fulfillment of Service Commitments (KBK) in the safe zone and to realize patient safety and better Indonesian health indicator numbers.

Doctors working in primary care need to have the ability to:

- Team leader in interprofessional collaboration

- Good interpersonal, patient, family, inter-professional, and community communication competence (partnership communication style)
- Encouraging innovation in efficient service management
- Management of patients and community health problems with an integrative approach (bio-psycho-social-cultural)

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In accordance with the Level 8 National Qualifications Framework, the Primary Service Family Medicine Specialist needs to have the ability:

- Able to develop knowledge, technology, and or art in their scientific field or professional practice through research, to produce innovative and tested works
- Able to solve science, technology, and or art problems in their scientific field through an inter or multidisciplinary approach
- Able to manage research and development that is beneficial to society and science, and is able to gain national and international recognition

Many of the complex abilities mentioned above can be learned when a person takes the Sp.KKLP education, in accordance with the competencies stated in Perkonsil 65/2019, namely as a doctor accompanying patients, both healthy and sick, in all age groups and genders, for all problems. health, in collaboration with other health workers in FKTP and FKRTL. Thus, the ability of communication, collaboration, and teamwork will greatly color the education and services of Sp.KKLP for a healthier and more advanced Indonesia. This RPCPE is a source of scientific evidence from and for doctors practicing in primary care, especially in an effort to fulfill this complex capability.