

Systematic Review: Quality and Cost Control of The Back-Referral Program National Health Insurance in Diabetes Mellitus Patients Type 2

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Abstract. Studies show that there are still deficiencies in the level of quality control and the cost of the referral programme in pharmacies, first-level health facilities, advanced referral health facilities, and the Social Security Administration of Health itself. This situation will affect services provided to patients through the referral program. This study was conducted to determine the factors that influence quality control and the cost of the back referral programme (DRR). Literature review studies were conducted on 11 national journals and six international journals, which were uploaded online in the 2016–2021 period. The keywords used are quality control and the cost of the BPJS-K (social security agency of health) Back Referral Program (PRB), which are man (human resources), material-machine (facilities and infrastructure), method (method), market (environment), money (financial), and time. (time). Patients with chronic diseases, in particular those who have diabetes mellitus, take up time that affects BPJS Health's quality assurance and referral programme expenditures. Due to closer proximity and quicker service, PRB allows JKN participants to travel less and wait less. A programme called PRB has the ability to offer BPJS Health participants a wide range of advantages as well as chances for BPJS Health to deliver efficient and effective healthcare. Keywords: Lombok, preservation, environment, sea, Jember.

1 Introduction

The Health Social Security Administration Agency (BPJS) is a legal entity formed to administer the national health insurance programme (JKN) to achieve universal health coverage (UHC) for all Indonesian citizens (Ministry of Health of the Republic of Indonesia, 2019). In 2014, at the beginning of the year, the BPJS was formed, and all participants from the four previous health insurance providers (Jamsostek, Taspen, Asabri, and Askes) automatically became BPJS participants. According to BPJS Health Data (2018), although it has only been running for four years until December 2018, the participants in the health insurance programme have reached nearly 200 million people, or around 73% of Indonesia's population (RI Ministry of Health, 2019). The achievement of BPJS Health membership shows Indonesia's commitment to achieving universal health coverage in 2019, as stated in the 2019 National

Medium-Term Development Plan (RPJM), namely that a minimum of 95% of the population participates in the National Health Insurance through the National Social Security System (SJSN).

According to Paramita et al. (2019), achieving BPJS Health membership has yet to be balanced with achievements in managing funds. BPJS Kesehatan has more funds to pay claims for treating catastrophic diseases, which are expensive. Based on the Basic Health Research (RISKESDAS) data for 2013 and 2018, the prevalence of catastrophic diseases, such as heart disease, hypertension, and diabetes mellitus, tends to increase. Some media

outlets even say that BPJS funds will always be in deficit considering the nature of a non-profit institution with nominal premiums below the margin and tasked with guaranteeing health for all Indonesian citizens. This will increase the burden on the state budget.

The Back Referral Program is one of the government's efforts to reduce the burden on the state budget in the health sector. With PRB, claims costs at Advanced Referral Health Facilities (FKRTL) as BPJS partners can be reduced, but patients still receive long-term treatment or care carried out by First Level Health Facilities (FKTP), with health care costs that are more accessible. The Referral Program is a health service for people with stable chronic diseases who still need treatment or long-term nursing care at first-level health facilities or recommendations or referrals from treating specialists or sub-specialists (Yuniar & Handayani, 2016).

According to Pertiwi et al. (2017), one of the hospitals (RS) in Magelang City informed that the implementation of PRB at the hospital was not optimal due to the lack of communication between specialist doctors at the FKRTL and general practitioners at the FKTP in explaining patient status, the standardisation of the return referral letters used by the FKRTL, and the bureaucratic structure in terms of SOP, which is available but has not been implemented properly. The organisational structure for DRR has yet to be formed, so coordination is carried out directly. Research on the referral programme, according to Prasasti and Khoiriyah (2016), in the Special Region of Yogyakarta yielded results that several factors influenced the implementation of the referral program, including the knowledge of specialist doctors, the communication and coordination of doctors in FKTP and FKRTL, the absence of guidelines for stable patient criteria, the availability of facilities and drugs in FKTP, as well as the patient's clinical condition.

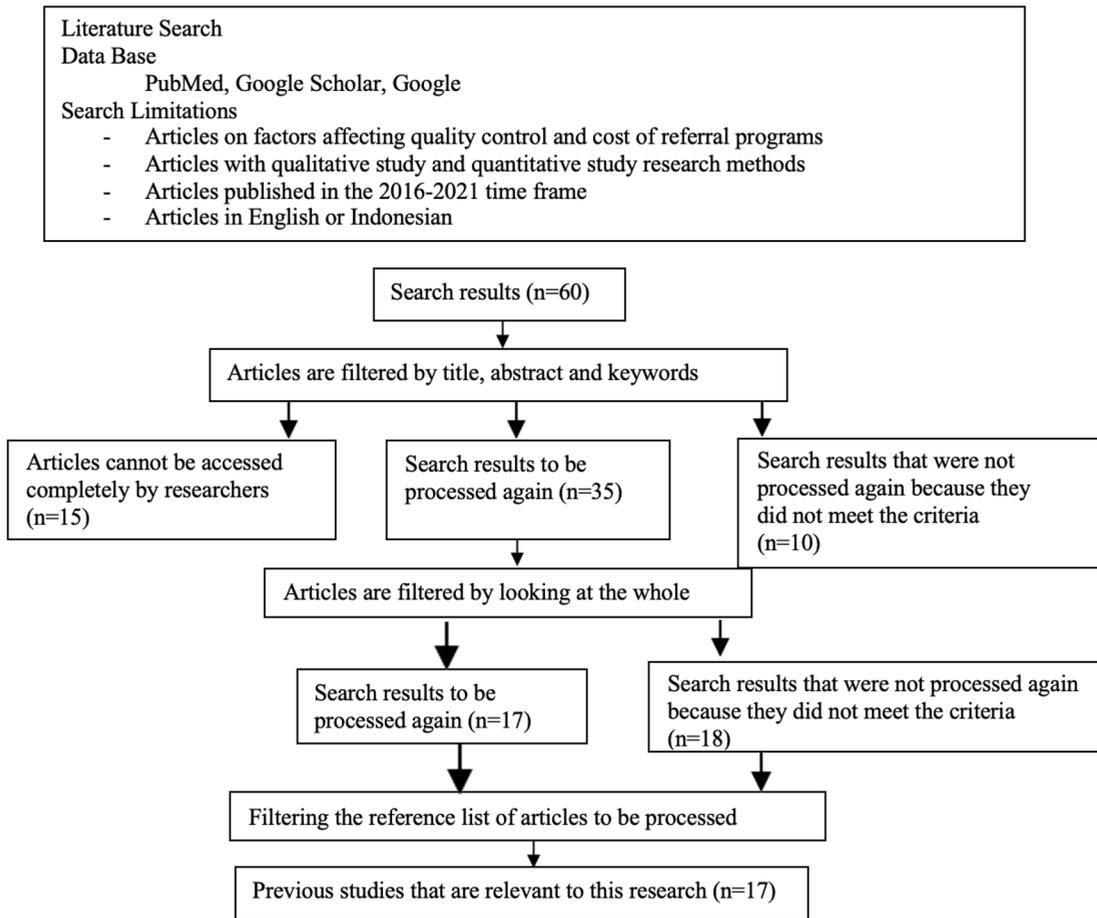
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2 Methods

This type of research is a systematic review with a meta-aggregation approach to factors that influence the quality control and costs of the BPJS Kesehatan referral program. A systematic review is a research method that aims to identify, evaluate, and interpret all relevant research results related to certain research questions, topics, or phenomena of concern. The systematic review will be extremely useful in conducting an in-depth and critical assessment of

previous research on a research topic. It then summarises, analyses, and synthesises the content and presents it as a survey paper. This type of meta-aggregation approach aims to synthesise (summarise) research results that are descriptive and qualitative, aiming to answer research questions (review questions) by summarising different research results. (Pertiwi, 2019) says that the meta-aggregation of research topics is elaborated into certain themes to produce an analytical framework (a conceptual framework). In the meta-aggregation approach, the synthesis results are "aggregates" of various research results according to the relevant themes. Therefore, the meta-aggregation synthesis method must first create a conceptual framework from the research that describes interrelated or related themes. Then the results of the primary preliminaries were plotted on the identified themes. In other words, the presentation of results is more aggregate (descriptive) (Pertiwi, 2019).

The literature review carried out in this study was limited to factors that influenced the quality control and costs of the Health BPJS back-referral program. The literature used in this research is from journals from PubMed, Google Scholar, and journals that use the keywords "quality and cost control," "BPJS Health Referral Program," and "BPJS Health." The journal's qualitative and quantitative study designs were published in the 2016–2020 range. The collected journals are then filtered by looking at the entire contents of the text. The screening results determined that 17 articles were suitable, consisting of 11 national and six international journals. The research flowchart is presented in Figure 1



3 Results and Discussion

3.1 Elements of Quality and Cost Control

Based on the literature review conducted on 17 sources, there are the results of a study of factors that influence quality control and the cost of the refer-back program. There are 121 aspects, which are then classified into six elements. These elements are the man (human resources), material machine (facilities and infrastructure), method (method), market (environment), money (financial), and time (time). The man element (human resources), the material-machine element (facilities and infrastructure), the method element (method), the market element (environment), the money element (financial), and the time element (time) are divided into four elements each, namely pharmacies, FKTP, FKRTL, and BPJS Kesehatan. Table 1 explains each element. Factors Affecting Quality Control and Costs of the Back Referral Program.

According to Emerson, management has six elements (5M + 1T): man, money, material (or machine), method, market, and time. A man is a human resource owned by the organisation. Money refers to money provided to finance salaries, labour, and tools needed and purchased to obtain the results to be achieved by the organisation. Materials consist of semi-finished materials (raw

materials) and finished materials. In the business world, to achieve better results, besides having humans who are experts in their fields, they must also be able to use materials as one of the ingredients. Materials and machines are used to provide convenience or generate greater profits to create work efficiency. The method is a work procedure that expedites the course of work. A method is determining how to carry out a task by considering targets and available facilities and using time and money from business activities. A market is a place where an organisation can disseminate or market its products. Time management is managing time effectively so that the right time is used for the right activity and can make other things efficient.

This study found that the element of pharmacy human resources that affects quality control and the cost of the referral programme is limited drug delivery couriers. Delivery couriers at pharmacies are limited; only a few pharmacies have drug delivery couriers. Many pharmacies need drug delivery couriers.

3.2 Elements of FKTP (First Level Health Facility)

Elements of FKTP (First Level Health Facility) resources that affect quality control and costs of the referral program, namely: there is no HR capacity-building forum related to managing DRR patients, taking patient medicines at pharmacies, communicating with pharmacy staff, and monitoring drug availability at FKTP; the organisational structure of PUSKEMAS is still under the Health Office, so decision-making for the provision of drugs is still dependent on the Health Office; Human resources still do not meet health service competency standards; Conflicts between policy implementers at the PSU level in policy-making, staff knowledge, communication in DRR services, patient knowledge, referral drug service staff feedback, and pharmaceutical service standards at FKTP pharmacies.

PRB is a health service provided to sufferers of chronic diseases with stable conditions who still require treatment or long-term nursing care carried out at FKTPs on the recommendation or referral of specialists or sub-specialists who treat them at advanced referral health facilities (FKRTL). Through PRB, participants with nine chronic disease diagnoses in stable condition can carry out health checks and take PRB drugs at FKTP and PRB Pharmacies. But if the participant's condition is unstable, the FKRTL can send him back to a specialist or subspecialist.

3.3 Elements of FKRTL (Advanced Referral Health Facility)

Elements of FKRTL (Advanced Referral Health Facility) resources that affect quality control and the cost of the referral programme are: no special officers as DRR implementers; dual positions as DRR officers; doctors do not memorise drugs on the DRR list; lack of compliance by medical staff at FKTP in filling out referral forms with complete information; no HR capacity building forum related to DRR patient management from BPJS Health; understanding of PRB guidelines; the fact that doctors in FKTP are only general practitioners and not specialists; the referral letter is not clear; the text is not legible; and there is no explanation whatsoever; By supporting online-based referral programs, health services will become more practical, so that FKTPs will reduce the burden on the state in terms of health financing because they can reduce morbidity and reduce visits to FKTLs, so that people's access to health services is higher. Apart from that, the readiness of human resources from FKTPs who enter

patient data and those from FKRTL must also understand the online referral system.

3.3 Elements of BPJS Kesehatan

The element of BPJS Kesehatan resources that affects quality control and the cost of the referral programme is that there is no special DRR officer. In its implementation, BPJS applies the principles of managed care, which have four pillars: promotive and preventive (first-level health facilities or clinics and public health center) and curative and rehabilitative (advanced health facilities or hospitals). so that it is more focused on FKTP services or primary health facilities such as public health center, clinics, and practising doctors, which are the main gateways for BPJS participants who will access health services. In addition, BPJS plays an important role in regulating the health service system, especially FTP, in terms of providing pharmaceutical services. With optimal pharmaceutical services, it is hoped that patients or consumers will be satisfied with the facilities provided.

The material-machine element of the pharmacy that affects quality control and the cost of the referral program, namely ordering PRB drugs through e-purchasing, has problems from the start of registration; ordering too many drugs through the PRB e-purchasing application leads to a suspicion that pharmacies will sell PRB drugs to general patients; pharmacies only have drugs available in larger doses than prescribed. PRB drugs are given for 30 days per prescription. They must comply with the National Formulary Drug List for Referral Program Drugs and other applicable provisions. Only specialists or sub-specialists who examine FTL with the RJTL service procedure can change or replace drugs for the referral program. Doctors in FTP continue the prescriptions written by specialists and subspecialists and have no right to change PRB drug prescriptions. Under certain conditions, doctors at FTP can adjust drug doses according to their authority.

The material-machine element of the FKTP that affects quality control and the cost of the referral programme is that there are no internal public health center technical guidelines for implementing DRR, the availability of medicines at the public health center pharmacy is only half of the proposed needs, there are differences in the list of drugs between FKRTL and FKTP, no guidelines for monitoring and evaluation activities specifically for DRR, and the public health center cannot independently determine the scheme for procuring DRR drugs. BPJS creates a mapping list of return referral pharmacies to procure PRB drugs; other FKTP pharmacy networks do not have the medicines required; some medicines on the PRB drug list in FKRTL are not on the PRB drug list in FKTP; the availability of resources in the continuity of PRB; and the availability of referral drugs.

3.4 The system approach In Back-Referral Programs

The lack of a special SOP from BPJS, issues with drug availability, a lack of equipment, supplies, or patient-specific services, a lack of guidelines for special monitoring and evaluation activities for DRR, the limited availability of referral letters as media in PRB, the lack of a BPJS Health Forum, and the cost of the referral programme are the material-machine factors at FKRTL. The BPJS and their own internal institutions' technical recommendations for the implementation of DRR are given more weight by the FKRTL. The biggest

issue discovered is the accessibility of medications that are frequently only offered for one month, and even then, the subsequent two to three months' supply is gone.

The DRR socialisation material is prepared by a specific team and distributed from the head office to branch offices; the socialisation material is only in the form of service flow, the BPJS for Health system, which is the material-machine component of the BPJS for Health that influences quality control and the cost of the referral programme. Due to the lack of technical guidelines for DRR services, participants in DRR receive the same services and equipment as other patients.

E-purchasing electronic information systems (applications) that make it easier for pharmacies to order drugs online based on catalogues, difficult-to-access e-purchasing applications, difficulties for private pharmacies to access e-purchasing programmes, purchasing drugs conventionally and e-purchasing, ordering PRB drugs other than PBF for BPJS referrals but also other PBFs, and procuring drugs conventionally and e-purchasing are aspects of the pharmacy method that affect quality control and the cost of the Since this unit in pharmacies is somewhat unique from other units, the issue with the unfriendly electronic information system (e-purchasing) for buying medications is more prevalent. Moreover, DRR-related routine evaluation activities don't exist.

The FKTP method's quality control and referral programme costs are impacted by the following factors: techniques to ensure patients at FKTP are in stable condition that are not yet standardised; Patients who have been sent back from FKRTL to FKTP are not immediately enrolled in PROLANIS; there is no guidance from BPJS Kesehatan about positive compensation and punishments; the drug flow Another viewpoint holds that the FKTP approach is employed to guarantee the patient's stable condition at the FKTP, which does not yet have a quantifiable norm. so that there is no direction from BPJS regarding rewards and penalties for healthcare facilities related to completed DRR performance. It is not necessary to enrol patients who have been sent back from FKRTL to FKTP in PROLANIS.

PRB socialisation to medical staff, PRB socialisation to JKN participants, and PRB participants are FKRTL method components that have an impact on quality control and the cost of the referral programme; the standards for a patient's stable condition do not yet have BPJS benchmarks; registration of new participants does not follow established guidelines; patient management; information regarding DRR still changes frequently; and referral letters from doctors are still in flux. Others contend that JKN and DRR participation are still extremely small and that DRR socialisation to medical staff only happens once a year. Patients frequently learn about PRB from FKTP doctors, allowing the treating physician to establish the standards for a patient's stable condition. However, there are no explicit standards provided by BPJS or professional colleges, nor is there any advice from BPJS about rewards or penalties for health facilities in relation to DRR performance that has been carried out. FKRTL's drug procurement process with reference to the e-Catalog.

3.5 The Quality Control of Back-Referral Programs

The BPJS Kesehatan method has several flaws that have an impact on quality assurance and the cost of the referral programme. These flaws include the program's yearly socialisation, the lack of positive rewards or sanctions for health facilities related to DRR performance, the absence of stable patient

criteria, the difficulty for private pharmacies to participate in the e-purchase programme, and the absence of routine evaluation activities for the PRB and BPJS patient registration and data collection applications. As a result, BPJS Health creates a quality assurance and cost-cutting committee made up of representatives from academic institutions, professional associations, and clinical experts. This team can create professional ethics and discipline for health professionals as well as socialise the authority of health workers to carry out professional practise in accordance with competence, utilisation review, and medical audit.

The amount of each type of drug that pharmacies estimate and prepare based on prior requests from healthcare facilities, distributors' (PBF) inability to meet all requests from pharmacies for drug stock, and drug price lists established by LKPP are all aspects of the pharmacy market that have an impact on quality control and the cost of the referral programme. This is so because pharmaceutical corporations' high promotional costs account for the significant price gap between generic and branded pharmaceuticals. According to TEMPO Magazine's research, drug promotion expenses in Indonesia might account for 40% of the cost of goods produced. In addition to sponsoring doctors at training sessions, seminars, workshops, and congresses as well as rewarding them with gifts or gratuities for writing prescriptions that have been followed, promotional expenses are also employed for advertising.

3.6 The Cost Control of Back-Referral Programs

The price of Fronas drugs is too low, it is hard to find drug distributors with prices according to e-catalogs, pharmacies must reduce profit limits to ensure drug availability, BPJS frequently delays paying bills, drug prices are slowly rising, the medication for LMABTA is issued by LKPP, and the medication in LKPP does not have stock in the designated PBF, are just a few of the money pharmacy factors that have an impact on quality control and the cost of the referral programme. The price differential between generic pharmaceuticals and original drugs illustrates the situation of high drug prices brought on by the siege of branded drugs (patent drugs whose patents have expired). The price differential for these pharmaceuticals in Indonesia might range from 2-85 times higher despite having the same chemical composition and advantages. As a result, the pharmacy had trouble ordering the subsequent medication from PBF.

Delays in payment of claims from BPJS, untimely payment of medical staff services, timely payment of drug purchases to PBF, restricted drug orders as a result of payment delays, lack of information on alternative drug procurement channels, financial incentives for medical staff, and the cost of obtaining referral drugs are some FKTP money factors that have an impact on quality control and referral programme costs. This affects their ability to order the following medication since they frequently encounter delays while paying for their prescription drug purchases at pharmacies or PBF.

The FKRTL financial factor has an impact on quality control and referral programme costs since it frequently encounters delays in paying claims from BPJS, paying for medical staff services, paying for drug purchases to PBF on time, and restricting prescription orders owing to payment delays. FKRTL consequently affects restrictions on ordering medications later due to postponed payments.

The premium contributions for BPJS participants are not appropriate, BPJS has repeatedly had financial deficits, BPJS has requested additional funds but

they have not been granted, and there are methods for overcoming late payment of claims through bank cooperation but hospitals refuse due to bank interest. These factors all affect quality control and the cost of the referral programme. so that BPJS is permitted to invest Social Security Funds for both short- and long-term periods while taking factors like liquidity, solvency, caution, security of funds, and acceptable yields into account. As part of its agreements with healthcare facilities, BPJS also mentions the standard rates established by the government when determining the amount of payment.

Patients with chronic diseases, in particular those who have diabetes mellitus, take up time that affects BPJS Health's quality assurance and referral programme expenditures. Due to closer proximity and quicker service, PRB allows JKN participants to travel less and wait less.

4 Conclusion

The factors that affect quality and cost control include man (human resources), material-machine (facilities and infrastructure), technique (method), market (environment), money (finance), and time (time). Major issues still exist with regard to quality control and the cost of DRR, including the accessibility of PRB drugs at public health center, the accumulation of patients at FKRTL, the dearth of human resources, the disregard for the status updates of patients with DRR potential at FKRTL's BPJS programme, and the continued noncompliance with referral forms from FKRTL from relevant medical personnel and BPJS. The inadequate DRR implementation system of BPJS Kesehatan, particularly in terms of quality control and management costs, is the root of these issues. Neither BPJS nor healthcare facilities frequently monitor or follow up on DRR because neither organisation has specialised personnel to manage and supervise DRR.

A programme called PRB has the ability to offer BPJS Health participants a wide range of advantages as well as chances for BPJS Health to deliver efficient and effective healthcare. By designating many personnel to oversee DRR regularly and completely after a minimum of five years of implementation, BPJS Health hopes to make it one of the top programmes. Also, it is critical to strengthen the criteria for stable patients for each condition listed in the DRR. This urgently has to be done in collaboration with experts in the field.

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