

TESIS

**ANALISIS IMPLEMENTASI PROLANIS (PROGRAM PENGELOLAAN
PENYAKIT KRONIS) HIPERTENSI PADA PUSKESMAS IMPLEMENTASI
BAIK DAN PUSKESMAS IMPLEMENTASI KURANG BAIK
DI KOTA BUKITTINGGI TAHUN 2026**

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**Tesis ini diajukan sebagai salah satu syarat untuk memperoleh gelar
Magister Kesehatan Masyarakat**



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**PROGRAM STUDI S2 KESEHATAN MASYARAKAT
FAKULTAS KEDOKTERAN
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ABSTRAK

PROGRAM STUDI S2 KESEHATAN MASYARAKAT FAKULTAS KEDOKTERAN UNIVERSITAS ANDALAS

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Analisis Implementasi Program Pengelolaan Penyakit Kronis (Prolanis) Hipertensi pada Puskesmas Implementasi Baik dan Puskesmas Implementasi Kurang Baik di Kota Bukittinggi Tahun 2026

xiii + 269 hal + 62 tabel + 7 lampiran

Abstrak

Hipertensi merupakan penyakit tidak menular yang memerlukan pengelolaan berkelanjutan melalui Program Pengelolaan Penyakit Kronis (Prolanis). Variasi implementasi Prolanis antar puskesmas menunjukkan perlunya analisis pelaksanaan program sebagai dasar perbaikan. Penelitian ini bertujuan menganalisis implementasi Prolanis hipertensi pada puskesmas implementasi baik dan puskesmas implementasi kurang baik di Kota Bukittinggi. Penelitian ini menggunakan desain *mixed methods sequential explanatory* pada dua puskesmas yang dipilih berdasarkan capaian status kontrol hipertensi peserta Prolanis pada studi pendahuluan. Puskesmas dengan capaian kontrol hipertensi yang lebih tinggi ditetapkan sebagai puskesmas implementasi baik, sedangkan puskesmas dengan capaian kontrol hipertensi yang lebih rendah ditetapkan sebagai puskesmas implementasi kurang baik. Penelitian kuantitatif melibatkan 92 peserta Prolanis hipertensi, sedangkan penelitian kualitatif melibatkan delapan informan. Data dikumpulkan melalui kuesioner, wawancara mendalam, dan telaah dokumen, kemudian dianalisis secara deskriptif dan analisis sistem berdasarkan komponen *input*, proses, dan *output*.

Hasil penelitian menunjukkan bahwa kedua puskesmas telah memiliki tim pelaksana sesuai pedoman dan pendanaan dari BPJS Kesehatan serta BOK. Puskesmas implementasi baik memiliki sarana prasarana lebih lengkap dan SOP Prolanis yang memerlukan pembaruan, sedangkan puskesmas implementasi kurang baik masih memiliki keterbatasan fasilitas pendukung dan belum memiliki SOP tertulis. Pelaksanaan konsultasi medis berkategori baik sebesar 61,0% dan 54,9%; *home visit* 75,8% dan 37,5%; *reminder* 68,3% dan 66,7%; serta kegiatan klub Prolanis 80,5% dan 43,1%. Konsultasi belum disertai mekanisme janji temu rutin, *home visit* belum menerapkan seluruh kriteria sasaran, *reminder* belum mencakup pengingat minum obat, dan edukasi kesehatan belum dilaksanakan rutin setiap bulan. Proporsi peserta dengan tekanan darah terkontrol sebesar 51,2% dan 43,1%. Monitoring dan evaluasi telah dilaksanakan, namun belum dimanfaatkan secara optimal sebagai dasar tindak lanjut program.

Implementasi Prolanis hipertensi puskesmas implementasi baik lebih baik dibandingkan puskesmas implementasi kurang baik. Penguatan implementasi diperlukan melalui pembaruan dan penyusunan SOP, penetapan jadwal konsultasi, penerapan kriteria *home visit*, pengembangan *reminder*, edukasi kesehatan berkala, serta optimalisasi monitoring dan evaluasi.

Kata kunci: Hipertensi, Implementasi Program, Prolanis, Puskesmas, Teori Sistem.

ABSTRACT

MASTER'S PROGRAM IN PUBLIC HEALTH FACULTY OF MEDICINE, ANDALAS UNIVERSITY

Thesis, Juli 2026
Silvi Amelia

Analysis of the Implementation of the Chronic Disease Management Program (Prolanis) for Hypertension at High-Performing and Low-Performing Primary Health Centers in Bukittinggi City, 2026 **xiii + 269 pages + 62 tables + 7 appendices**

Abstract

Hypertension is a non-communicable disease that requires continuous management through the Chronic Disease Management Program (Prolanis). Variations in Prolanis implementation across primary health centers highlight the need to analyze program implementation as a basis for improvement. This study aimed to analyze the implementation of Prolanis for hypertension at primary health centers categorized as having good and suboptimal implementation in Bukittinggi City. This study employed a sequential explanatory mixed-methods design at two primary health centers selected based on the proportion of Prolanis participants with controlled hypertension identified during the preliminary study. The primary health center with a higher proportion of participants with controlled hypertension was categorized as having good implementation, whereas the primary health center with a lower proportion was categorized as having suboptimal implementation. The quantitative phase involved 92 Prolanis participants with hypertension, while the qualitative phase involved eight informants. Data were collected through questionnaires, in-depth interviews, and document reviews and were analyzed using descriptive and systems analyses based on the input, process, and output components.

The findings showed that both primary health centers had implementation teams that met the guidelines and received funding from BPJS Kesehatan and BOK. The high-performing center had more complete facilities and an SOP requiring revision, while the low-performing center had limited facilities and no written SOP. Good implementation rates at the two centers were 61.0% and 54.9% for medical consultations, 75.8% and 37.5% for home visits, 68.3% and 66.7% for reminders, and 80.5% and 43.1% for Prolanis club activities, respectively. Medical consultations lacked routine appointment systems, home visits did not fully meet eligibility criteria, reminders excluded medication alerts, and monthly health education was inconsistent. Controlled blood pressure rates were 51.2% and 43.1%, respectively. Monitoring and evaluation were conducted but not optimally used for program follow-up.

Prolanis implementation was better at the high-performing center. Improvements should include revising or developing SOPs, scheduling routine consultations, standardizing home visit criteria, expanding reminders, providing monthly health education, and optimizing monitoring and evaluation results.

Keywords: Hypertension; Program Implementation; Chronic Disease Management Program (Prolanis); Primary Health Centers; Systems Theory.