

Pengembangan Model Indikator Kinerja Fasilitas Kesehatan Tingkat Pertama Dalam Skema Kapitasi Berbasis Kinerja untuk Mengukur Ekuitas Pelayanan Kesehatan Jaminan Kesehatan Nasional

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Abstrak

Inequities in health services still occur after the implementation of the National Health Insurance (JKN). Regular monitoring of the performance of primary healthcare facilities (FKTP) is key to reducing healthcare inequities as the main goal of JKN. The implementation of Performance-Based Capitation (KBK) with three indicators since 2016 has shown improvements in the performance of primary healthcare facilities in improving the quality and efficiency of first-level services. Their capacity influences the performance of primary care facilities and impacts primary care performance outcomes (health service equity). This study objective was to develop a model of performance indicators, FKTP capacity and equity indicators to measure health service equity. The research design utilized an exploratory sequential-mixed method. The study was divided into three phases. Phase one was a systematic review to identify indicators that can be used in measuring capacity, FKTP performance and health service equity. Phase two was carried out by a qualitative approach with the Consensus Decision Making Group (CDMG) technique to determine

indicators that can be used in measuring FKTP capacity and performance as well as measuring health service equity with experts. Phase three was the development of a model for FKTP performance indicators based on a capitation scheme that can measure the equity of health service access. This phase was carried out using Structural Equation Modeling (SEM) analysis. The SR, CDMG and SEM analysis show that there are three selected indicators to measure the capacity of primary health care facilities: general practitioner ratio, facility sufficiency(recredentialing score) and financing (percentage of KBK payments received). Eight performance indicators were selected, namely contact rate, proportion of DM patients checked for blood sugar, proportion of Hypertension patients checked for blood pressure, proportion of patients not referred to hospital, proportion of non-specialistic referrals, proportion of patients referred back to primary care providers, proportion of screening for heart disease, diabetes mellitus, and hypertension; and ratio of controlled Prolanis patients. Health service equity was analyzed from the utilization rate of participants based on gender, age and socioeconomic factors(PBI-Non PBI). SEM analysis showed a positive and significant relationship between the capacity and performance of primary health care facilities and equity.</div>