

## Analisis kebijakan pemanfaatan dana kapitasi JKN pada FKTP Puskesmas di Kabupaten Bogor tahun 2016 = Policy analysis of used capital fund of JKN in primary healthcare in Bogor in 2016

Abdul Gani Hasan, author

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### Abstrak

Latar Belakang : Tujuan menganalisis kebijakan pemanfaatan dana kapitasi JKN pada FKTP Puskesmas di Kabupaten Bogor mengacu Permenkes 21 tahun 2016.

Metode : Kualitatif dengan Rapid Assesment Procedure, wawancara mendalam pada 12 informan, sampel purposive, terkait tujuan penelitian.

Hasil : Terdapat disparitas tinggi dana kapitasi puskesmas meliputi peserta, norma kapitasi, jumlah dokter dan rasio dokter antara berbagai puskesmas. Wawancara mendalam didapatkan sulitnya pemenuhan rasio dokter ideal, norma kapitasi rendah menunjukkan kualitas puskesmas rendah, belum semua puskesmas melakukan proses perencanaan dengan benar, puskesmas kapitasi kecil sulit dalam operasional dan yang besar lebih operasional dan berpotensi menumpuk, penentuan poin cukup jauh berbeda antar tenaga, pemenuhan obat-obatan terkendala oleh pengadaan, potensi overlapping kapitasi dengan BOK dan kualitas pelayanan dokter menurun pada rasio dokter per peserta besar.

Kesimpulan dan saran : Rasio dokter dengan peserta masih dibawah standar 1:5000 peserta perlu upaya pemerataan, porsi kapitasi 60 untuk Jasa dan 40 operasional lain, ketercukupannya berbeda perlu ada backup dana operasional untuk yang kurang, adanya disinsentif jasa pelayanan perlu dikaji ulang, kapitasi porsi 40 dapat komplementer dengan BOK, sisa anggaran menguntungkan bila alternatif kegiatan mampu efektif efisien sesuai kebutuhan masyarakat, perlu perbaikan mekanisme pengadaan obat, dalam fleksibilitas anggaran perlu didorong PPK-BLUD pada puskesmas.

*<i>*Background The purpose of analyzing the policy of utilization of JKN capitation fund at FKTP Puskesmas in Bogor Regency refers to Permenkes 21 year 2016.

Method Qualitative with Rapid Assessment Procedure, in depth interview on 12 informant, purposive sample, related to research objectives.

Results There is a high disparity of capitation funds for puskesmas covering participants, capitation norms, number of doctors and the ratio of doctors between various puskesmas. In depth interviews found the difficulty of fulfilling the ideal physician ratio, low capitation norms indicated the low quality of the puskesmas, not all the puskesmas did the proper planning process, the small capitation clinics were difficult in the operational and the overwhelming operational and potentially piled up, Drug fulfillment is constrained by procurement, the potential for overlapping capitation with BOK and the quality of physicians services decreases in the ratio of physicians per large participant.

Conclusions and suggestions The ratio of physicians to participants is still below the standard of 1 5000

participants need equalization effort, 60 capitation portion for services and 40 other operational, different sufficiency there should be operational fund backups for the less, the disincentives of service need to be reviewed, Capitation of 40 portion can be complementary with BOK, the rest of the budget is advantageous if the activity alternative can be effectively efficient according to society requirement, need improvement of drug procurement mechanism, budget flexibility need to be pushed PPK BLUD at puskesmas.