

Validitas Indikator Penilaian Kapitasi Berbasis Kinerja (KBK) Menurut Persepsi Petugas Puskesmas Wilayah Kerja Kota Depok Tahun 2023 = Performance-Based Capitation Assessment (KBK) Indicator Validity According to the Perception of Health Center Officers in the Depok City Working Area in 2023

Lupi Trijayanti, author

Deskripsi Lengkap: <https://lib.ui.ac.id/detail?id=9999920524470&lokasi=lokal>

Abstrak

Kapitasi berbasis kinerja (KBK) merupakan sistem pembayaran kapitasi setiap bulannya yang didasari penilaian kinerja pelayanan fasilitas kesehatan tingkat pertama (FKTP) yang bersangkutan dalam rangka upaya meningkatkan efektifitas dan efisiensi pembiayaan kesehatan dan peningkatan kualitas pelayanan kesehatan. Namun pada pelaksanaannya banyak faktor eksternal dan internal yang mempengaruhi capaian KBK. Capaian pembayaran KBK di puskesmas wilayah Kota Depok hanya 2 (5,3%) puskesmas dari 38 puskesmas yang menerima pembiayaan kapitasi sebesar 100%. Tujuan penelitian ini adalah untuk menganalisis validitas dari setiap indikator penilaian KBK menurut persepsi petugas puskesmas di wilayah kerja kota Depok. Penelitian ini merupakan penelitian non-eksperimental melalui pendekatan kualitatif. Lokasi penelitian dilakukan di 4 (empat) puskesmas dengan kriteria 2 (dua) puskesmas dengan capaian capaian tertinggi atau meningkat dan 2 (dua) puskesmas dengan capaian terendah atau tidak mencapai target. Informan pada penelitian ini dipilih dengan aspek kecukupan dan kelayakan yang mana dianggap sesuai dengan topik terdiri dari (i) Kepala Bagian Penjaminan Manfaat dan Utilisasi, BPJS Kesehatan Ka. Cab. Kota Depok, (ii) Kepala Seksi Pelayanan Kesehatan Primer Dinas Kesehatan Kota Depok, (iii) Kepala Puskesmas, (iv) PIC UKP Puskesmas, dan (v) PIC prolans. Sumber data bersumber dari data primer (wawancara mendalam) dan data sekunder (telaah dokumen). Hasil penelitian menunjukkan bahwa indikator RRNS benar menggambarkan dari kinerja layanan rujukan yang mana pemberian rujukan dibawah wewenang puskesmas tanpa ada intervensi dari pasien atau keluarga pasien. Indikator angka kontak tidak valid dikarenakan tidak dapat menggambarkan kontak rate, banyak faktor yang mempengaruhinya yaitu karakteristik peserta (mobilitas, kerentanan, kecenderungan berobat dan kepercayaan), lokasi puskesmas yang mempengaruhi biaya transportasi, sarana prasarana serta sistem kerja. Serta indikator rasio peserta prolans terkendali (RPPT) tidak valid karena belum tepat menilai kinerja pelaksanaan kegiatan prolans, banyak faktor yang mempengaruhi yaitu perilaku peserta prolans terhadap gaya hidup (rutin berobat, pola makan minum, aktifitas fisik) yang banyak dipengaruhi budaya dan lingkungan sosial, sistem pencatatan dan perhitungan indikator, sistem pelayanan puskesmas dan kecenderungan berobat (health belief).

.....Performance-based capitation (KBK) is a monthly capitation payment system based on an assessment of the service performance of the first level health facility (FKTP) concerned in an effort to increase the effectiveness and efficiency of health financing and improve the quality of health services. However, in practice, there are many external and internal factors that affect KBK achievements. Only 2 (5.3%) out of 38 puskesmas received capitation financing at the Depok City Health Centers for KBK payments. The purpose of this study was to analyze the validity of each KBK assessment indicator according to the perceptions of health center staff in the working area of the city of Depok. This research is a non-experimental research using a qualitative approach. The research locations were conducted in 4 (four) puskesmas with the criteria

of 2 (two) puskesmas with the highest or increasing achievements and 2 (two) puskesmas with the lowest achievements or not reaching the target. The informants in this study were selected based on the adequacy and feasibility aspects which were considered appropriate to the topic consisting of (i) Head of Benefit Guarantee and Utilization Section, BPJS Kesehatan Ka. Cab. Depok City, (ii) Head of the Primary Health Service Section of the Depok City Health Office, (iii) Head of the Puskesmas, (iv) PIC UKP Puskesmas, and (v) PIC prolanis. Sources of data come from primary data (in-depth interviews) and secondary data (document review). The results showed that the RRNS indicator correctly described the performance of referral services in which referrals were made under the authority of the puskesmas without any intervention from the patient or the patient's family. The contact number indicator is invalid because it cannot describe the contact rate, many factors influence it, namely the characteristics of the participants (mobility, vulnerability, tendency to seek treatment and trust), the location of the puskesmas which affects transportation costs, infrastructure and work systems. As well as the controlled prolanis participant ratio indicator (RPPT) is invalid because it is not yet appropriate to assess the performance of the implementation of prolanis activities, many factors influence, namely the behavior of prolanis participants towards lifestyle (routine treatment, eating and drinking patterns, physical activity) which is heavily influenced by culture and the social environment, system for recording and calculating indicators, health center service systems and tendencies to seek treatment (health beliefs).