

Pengembangan Model Indikator Kinerja Fasilitas Kesehatan Tingkat Pertama dalam Skema Kapitasi Berbasis Kinerja untuk Mengukur Ekuitas Pelayanan Kesehatan Jaminan Kesehatan Nasional = Development of Performance Indicator Models Primary Care Facilities In the Performance Based Capitation Scheme To Measure Health Care Equity National health insurance

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Abstrak

Inekuitas pelayanan kesehatan masih terjadi setelah pelaksanaan Jaminan Kesehatan Nasional (JKN). Pemantauan secara berkala Kinerja Fasilitas Kesehatan Tingkat Pertama (FKTP) merupakan kunci untuk menurunkan inekuitas pelayanan kesehatan sebagai tujuan utama JKN. Penerapan Kapitasi Berbasis Kinerja (KBK) dengan tiga indikator sejak tahun 2016, menunjukkan terjadi perbaikan kinerja FKTP dalam meningkatkan kualitas dan efisiensi di pelayanan tingkat pertama. Penelitian ini bertujuan untuk mengembangkan model indikator kinerja, kapasitas FKTP dan indikator ekuitas agar dapat mengukur ekuitas pelayanan kesehatan. Desain penelitian menggunakan exploratory sequential-mixed method, dalam tiga tahap. Tahap penelitian secara berturut-turut, 1) Systematic Review (SR) untuk mengidentifikasi indikator yang dapat digunakan dalam mengukur kapasitas, kinerja FKTP dan ekuitas pelayanan kesehatan. 2) Consensus Decision Making Group (CDMG) untuk menetapkan indikator yang kapasitas, kinerja FKTP dan ekuitas pelayanan kesehatan dengan para pakar, 3) Membuat pengembangan model indikator kinerja FKTP berdasarkan skema kapitasi yang dapat mengukur ekuitas pelayanan kesehatan, menggunakan analisis Structural Equation Modelling (SEM) data BPJS Kesehatan tahun 2022. Berdasarkan hasil SR, CDMG dan analisis SEM, indikator terpilih untuk mengukur kapasitas FKTP terdiri dari tiga indikator yaitu rasio dokter umum, sumberdaya sarana dan manusia (skor rekredensialing) dan pembiayaan (persen pembayaran KBK yang diterima). Terpilih sembilan indikator kinerja yaitu angka kontak, proporsi penderita DM diperiksa gula darah, proporsi penderita Hipertensi diperiksa tekanan darah, rasio rujukan non spesialis, proporsi pasien rujuk balik, proporsi skrining penyakit jantung, DM dan Hipertensi, rasio pasien prolans terkendali. Ekuitas pelayanan kesehatan dilihat dari rate utilisasi peserta FKTP berdasarkan sosiodemografi (jenis kelamin, usia) dan sosial ekonomi (PBI-Non PBI). Analisis SEM menunjukkan terdapat hubungan yang positif dan signifikan antara kapasitas dan kinerja FKTP dengan ekuitas pelayanan. Indikator kapasitas, kinerja FKTP dan ekuitas pelayanan disusun dalam Primary Care Performance Indicator (PCPI) JKN Framework. Hasil penelitian ini direkomendasikan digunakan oleh BPJS Kesehatan untuk memantau kinerja FKTP dan ekuitas pelayanan kesehatan serta menyempurnakan kebijakan KBK; Kementerian Kesehatan dapat menyempurnakan kebijakan pelayanan kesehatan primer dan menyusun Indonesia Primary Health Care Performance Indicator (PHCPI) untuk memantau kinerja pelayanan kesehatan primer.

.....Healthcare inequities 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). Nine performance indicators were selected, namely contact rate, proportion of DM patients checked for blood sugar, proportion of Hypertension patients checked for blood pressure, non-specialistic referrals ratio, 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.