

Analysis of Efforts to Achieve Performance-Based Capitation Indicators Talang Banjar Public Health Center

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Abstract

Introduction: Performance-Based Capitation Policy is an effort to ensure FKTP performance to improve satisfaction, service quality and cost efficiency. Preliminary study, the capitation payment of the Talang Banjar Public Health Center in 2022 is only 88% with the achievement of AK 64.93 per mile, RRNS 2.12%, and RPPT 0.55%.

Objective: This study aims to analyze efforts to achieve KBK indicators at Talang Banjar Public Health Center based on input and process aspects. **Method:** This research is qualitative research with a descriptive approach with data collection using observation, document review and in-depth interviews with 15 informants who were selected by purposive sampling. **Result and Discussion:** The results show that the achievement of KBK Public Health Center indicators is influenced by available inputs, namely health human resources, infrastructure, funds, and methods. The process aspect shows obstacles to achieving contact number indicators, namely difficulties in Public Health Center accessibility, promotional and preventive efforts that are not optimal, as well as reporting healthy visits, non-specialist referral indicators are influenced by the behavior of patients who want to be referred and the availability of medical devices, while controlled prolanist indicators are influenced by the difficulty of routine monitoring of officers to participants. **Conclusion:** A thorough evaluation is needed from BPJS Kesehatan, Dinas Kesehatan and Public Health Center leaders to identify problems that arise in achieving performance indicators as an effort to ensure the quality of service to NHI participants.

Keywords: Performance-Based Capitation; Achievement of Public Health Center indicators; Systems Approach;

Introduction

Universal Health Coverage (UHC) is an important goal in providing access to health services with good quality and affordable costs for all populations in the world. In Indonesia, the implementation of the National Health Insurance (NHI) has an important role in achieving UHC (Agustina et al., 2019) According to the National Security Administration Agency (BPJS), as of September 1, 2023, the number of NHI program participants reached 262 million people, equivalent to 94.64% of the total population in Indonesia. BPJS Kesehatan strives to increase the coverage of NHI membership in line with improving service quality. One of the steps taken is through the innovation of performance-based payment systems or known as pay-for-performance (P4P). The implementation of P4P can improve access and quality of health services in low- and middle-income countries in the effort to achieve UHC. The implementation of P4P in primary health services in 3 Cambodian districts is able to improve the quality of health services (Keovathanak Khim, Rohan Jayasuriya, 2018)

The results of the Indonesia Corruption Watch study in 2018 based on Research by the Corruption Eradication Commission (KPK) on financial accountability of primary service providers and local governments, found weaknesses in the management of capitation funds in FKTP by BPJS Kesehatan. BPJS Kesehatan took further action in an effort to improve services for NHI participants by issuing a Decree (SK) of the Board of Directors Number 411 of 2014 concerning the trial of performance-based capitation payments in FKTP (BPJS Kesehatan, 2019)

During the implementation of KBK policy, FKTP throughout Indonesia experienced an improvement in service quality which can be seen from the increasing number of people who utilize health services in FKTP (Pugo, Bonfrer, Sparrow, & Pradhan, 2023). Research conducted by Hidayat et al (2017) provides information that KBK increased the efficiency of health service costs by Rp795 billion due to a decrease in referral rates by 1.4% in hospitals in 2018 (Hidayat B, Pujiyanti E, Andalan A, Ramadani RY, Aisyah W, Dhanalvin E, Gadistina W, Sofa T Martiningsih W, 2017). BPJS Health data from 2018 to 2020 shows that 56.85% of Diabetes Mellitus and hypertension patients are managed in chronic disease management programs (BPJS Kesehatan, 2020)

Based on the national achievement report of BPJS Kesehatan in 2018, the number of FKTPs in Indonesia that implement KBK is 8,712 Public Health Centers. At the end of 2018, the achievement of contact rates was 114.21 per mile, the ratio of non-specialist referrals was 1.30%, and the ratio of visits to prolanist participants was 40.57%. The achievement report shows that the number of contacts and the ratio of controlled prolanist participants have not reached the target (BPJS Kesehatan, 2018). The non-achievement of the KBK indicator certainly affects the capitation payment. If one of the KBK indicators has not been achieved, BPJS Kesehatan will not make a 100% capitation payment (BPJS Kesehatan, 2019). The same problem also occurs in Jambi City.

Jambi City has 20 Public Health Centers that have been designated as BLUD in 2017. All Public Health Centers in Jambi City have implemented the KBK payment system as an effort to achieve the successful implementation of the NHI program. Based on data from BPJS KC Jambi In 2022, only 5 Public Health Centers in Jambi City managed to get 100% capitation

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payments, namely the Public Health Center Simpang IV Sipin, Payo Selincah, Paal V, Kenali Besar, and Simpang Kawire. Of the 20 Public Health Centers in Jambi City, Talang Banjar Public Health Center is the Public Health Center with the lowest KBK achievement because for 12 consecutive months it has not been able to meet the three KBK indicator targets. Monthly capitation payments only range from 85%-90%.

Talang Banjar Public Health Center has a population reach of 30,917 people, of which 9,339 residents are NHI participants in December 2022. Throughout 2022, the average KBK payment only reached 88%. Data from BPJS KC Jambi in 2022 shows that the number of contacts at the Talang Banjar Public Health Center is only around 60 per mile to 91 per mile. Then in April there was a surge in BPJS patient referrals for non-specialist referrals, which was 6.52%. In addition, the RPPT indicator has never reached the target every month with achievements ranging from 0.15% to 1.02% of the target of $\geq 5\%$ set by BPJS. Based on an initial survey with the monitoring officer of the Talang Banjar Public Health Center PCare regarding the achievement of KBK indicators, it is known that every month the Public Health Center has difficulties, especially reaching the target number of contacts and the ratio of prolanist participants

Seeing the problem of achieving KBK indicators at the Talang Banjar Public Health Center, researchers were also corroborated by research conducted by Armaidi Darmawan et al in 2019 at 34 FKTPs in Jambi City that the main difficulties in implementing KBK were the high target number of contacts and the ratio of prolanist participants and the increase in requests for non-specialist referrals (Armaidi Darmawan, Erny K, Rina Nofri E, Susantara W, 2020). Ari Dwi Aryani's research is based on literature identification, to achieve KBK indicators, there are several factors that influence it, including human resources, adequate facilities, available information systems, effective governance and organization, and adequate financing (Aryani, 2022). Other factors such as structured and scheduled monitoring and evaluation for the achievement of indicators and capitation payments also need to be considered (Kristijono et al., 2020).

This study uses a modification of the system approach theory proposed by Azrul Azwar (2010) to identify aspects of input, namely Public Health Center resources and processes seen from G.R. Terry's management function, namely *Planning, Organizing, Actuating, dan Controlling* (Azwar, 2010). By considering the results of previous studies that explain the factors that affect the achievement of KBK and information about the suboptimal implementation of KBK in FKTP Jambi City. For this reason, researchers feel the need to analyze efforts to achieve Performance-Based Capitation indicators at the Talang Banjar Public Health Center in Jambi City in 2023.

Method

This type of research is qualitative research with a descriptive approach. This research was conducted at the Talang Banjar Public Health Center with consideration of the Public Health Center with the lowest capitation payment achievement in Jambi City in 2022. This research will be conducted in June-July 2023. Data collection using observation, document review and in-depth interviews with 15 informants who were *purposively sampled* with key

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informants, namely the Head of Public Health Center Talang Banjar, the main informant Head of the Benefits Guarantee and Utilization Section of BPJS Jambi Branch, Head of Administration, Treasurer of NHI and Person in Charge of P-Care Public Health Center, Doctor, Person in Charge of Public Health Center Talang Banjar Prolanist and supporting informants of NHI participants who Conduct visits, non-specialist referral patients and prolanist participants. The validity and reliability of the data is determined by triangulation of the data, then the data obtained is analyzed with *thematic analysis* using the help of NVivo software.

Result and Discussion

Result

A. Input

Interviews with informants also showed that there was a discrepancy between the number of health workers available. Some types of health workers, such as midwives and nurses, have numbers that exceed standards, while other types of health workers, such as IT, medical records, environmental health, nutrition, pharmacists, and health promotion are still lacking.

"For nurse midwives, there is already an excess of IT, medical record personnel, environmental health, nutrition and health promotion." (Inf-1)

"There are some parts still lacking especially such as health promotion is important for contact numbers." (Inf-3)

Overcoming the shortage of manpower, the solution according to the informant is that it is necessary to increase manpower according to needs by submitting a proposal for additional manpower. The recruitment process involves Jambi Mayor rules. The Public Health Center must submit a proposal for additional manpower and then planning is carried out by the Regional Civil Service Agency (BKD).

"The obstacle is that we are related to the government's excitation. In recruitment, it cannot be arbitrary, meaning following the rules of the mayor or from the service work agency. not from the Public Health Center and that is the obstacle (Inf-1)

"It is expected that there will be more manpower additions or recruitment" (Inf-3)

There is no special training organized by BPJS Kesehatan related to the implementation of KBK. But there are meetings held several times by BPJS.

"If for special training there is none, but for those meetings there are several times from BPJS" (Inf-1)

"Well, first of all, we definitely have to socialize... And this KBK is not only a policy in Jambi but national. So, from the center itself it has coordinated with the Ministry of Health, the FKTP Association as well, so that the socialization below has been understood by the FKTP" (Inf-2)

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"If from BPJS, most to the PIC section is the same as kapus who often come there" (Inf-3)

"Training doesn't seem to exist" (Inf-4)

"If the training for PJ Prolanis is from BPJS. That's where they were told they gave tutorials." (Inf-6)

The availability and completeness of medical devices at the Talang Banjar Public Health Center has not met the Minister of Health Regulation Number 43 of 2019 concerning service standards and non-inpatient Public Health Center medical devices. Based on the results of interviews with research informants, it is known that most of the medical equipment is concentrated in the public poly room and the emergency room of the health center.

"The room is not in accordance with the equipment standards from the Ministry of Health... In the regulations of the Ministry of Health, each room must have its own special equipment, if in another room it is not in accordance with the equipment standards of the Ministry of Health. For example, such as equipment for outdoor services, pulsing, there continues to be home care and equipment at the puts is also incomplete" (Inf-1)

"But the condition now is that we have a lot of equipment only in the general poly room and the ER" (Inf-3)

The availability of laptops for service input in the BPJS Kesehatan information system (P-Care) also greatly affects the achievement of KBK indicators. Currently, the availability of computers in all rooms of the Talang Banjar Public Health Center is insufficient. According to the informant, the lack of computers also resulted in Electronic Medical Records (EMRs) being unable to be implemented.

"What needs to be improved is computer equipment" (Inf-1)

".. like our computers there is not yet availability in the whole room so there are some medical records that we cannot do like RME, because now we have electronic medical records so we cannot do that and that includes obstacles" (Inf-3)

"If for computers there is one room that does not have a laboratory room, only for labor he has a laptop." (Inf-4)

Talang Banjar Public Health Center made efforts to procure facilities using the Regional Public Service Agency (BLUD) for health facilities that fall into the small category and proposed to the health Office for larger facilities. It is just that in the planning there has been no realization of funds for medical devices, the focus is only on laboratory drugs.

"There is, first using BLUD and the second proposing to the health department" (Inf-)

"For other large facilities we can still apply to the health office, but for small health facilities we are from BLUD." (Inf-3)

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"We have a budget every year. There is also a submission to Dinkes" (Inf-4)

Talang Banjar Public Health Center has funding sources from service levies, APBN, APBD and the main funding source from BPJS Kesehatan capitation. The capitation fund is paid by BPJS KC Jambi before the 15th of each month. The implementation of Performance-Based Capitation resulted in the Talang Banjar Public Health Center lacking funds of Rp4-7 million every month.

"If the capitation is given to us, a maximum of 6k per participant is." (Inf-1)

"Yes, it's still 6000. But these few months it is not until 100%. It's only 90% if I'm not mistaken." (Inf-4)

"So, capitation is an upfront payment given to FKTP... Well, because he is prepayment paid per head of the participant. He wants to be sick, wants to be healthy, the participant is still paid at the beginning on the 15th, at the latest every 15th of every month, we pay...." (Inf-2)

The utilization of capitation funds refers to the Minister of Health Regulation Number 6 of 2022, which is 60% for services and 40% for operational costs. However, these regulations are adjusted to the respective regional policies. Based on Jambi Mayor Regulation Number 45 of 2022, the capitation received by the Public Health Center is allocated 65% for service services and 35% for operational costs.

"Yes, our reference is 60% service: 40% operational. Only if it goes back to such a regional policy, will those who know more about the condition are the regions. Follow the Mayor's Ordinance" (Inf-1)

"... So, there is a derivative of regulations, indeed our reference is the Ministry of Health only back to the local government so before we get the meeting we meet first" (Inf-3)

"If here follows the Jambi Mayor regulation 65% per 35%, it is 65% service and 35% is operational..." (Inf-4)

The achievement of KBK indicators at the Talang Banjar Public Health Center is guided by BPJS Kesehatan regulation No. 7 of 2019 concerning Guidelines for the Implementation of Performance-Based Capitation Payments. Talang Banjar Public Health Center also establishes internal SOPs for each service activity, including referral SOPs, P-Care inputs, and prolanist programs. The availability of the SOP is also related to the accreditation of the Talang Banjar Public Health Center.

"The written SOP is only in the cooperation agreement between the Public Health Center and BPJS, it is stated that for KBK, the number of contacts, referrals, and prolanis is a certain percent" (Inf-1)

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"... The implementation of KBK including assessment refers to technical guidelines agreed between the Secretary General of the Ministry of Health and BPJS Kesehatan" (Inf-2)

"For the guidelines, they exist and are given to BPJS.. "There is an input soup.." (Inf-4)

"References have SOPs, every action has SOPs" (Inf-5)

"The SOP prolanis was made by itself from the Public Health Center" (Inf-6)

B. Process

Planning

Talang Banjar Public Health Center does not have a special plan, both in the form of strategies and targets in achieving KBK indicators.

"From ourselves, we do not have KBK planning, do not have benchmarks and we do follow the rules of BPJS" Inf-1

"The access is Public Health Center according to the rules of BPJS." (Inf-f3)

The existing planning is only the general planning of the Public Health Center for SMEs and UKPs. This planning process involves all employees in the preparation of proposed activities that will be carried out in the next year. The results of the planning in the form of RUK, then accommodated in the RKA and approved and listed in the DPA. However, in the planning process, there are often delays in providing activity proposals by Public Health Center employees.

".. Usually, they are asked for proposals for their activities for the next 1 year ... If the problem is the most, if asked for the proposal is a bit long given, for example, asked for a week sometimes it has not been given and asked for the next week again." (Inf-1)

"For the planning of the Public Health Center, there is a team, but all employees are involved, there will be results in RUK, RPK, RKA, and DPA. if the problem when we ask for old proposals from them, well what else" (Inf-3)

Organizing

In achieving KBK indicators, Talang Banjar Public Health Center does not set a special responsibility for achieving contact number indicators and RRNS because it is the responsibility of health workers or staff who hold the UKP program.

".. in the Public Health Center, there is no PJ for each indicator so overall... so dividing it must be so that it is shared among all staff" (Inf-1)

".. We divide the task we see with our view that the person can indeed be assigned the task. Look at his physical condition... if we cannot afford it, we will find someone else" (Inf-3)

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The results also showed that most of the staff at the Talang Banjar Public Health Center had concurrent positions, some even held three to four positions at once. This shows that officers at the Talang Banjar Public Health Center have responsibility for various health programs apart from the main program they are working on

"Tupoxi, yes, almost all positions are concurrent, some are even triple or some are 4 positions even. I am a doctor, his job is at the polyclinic, but I concurrently serve as Head of Public Health Center, head of BLUD.. Almost all the staff here are in concurrent positions." (Inf-1)

"There are many, if we are admins, there are only me, so the others are functional midwives, nurses, and they also carry out their responsibilities as program holders as well as management as well" (Inf-3)

"Almost all the staff here are in concurrent positions" (Inf4)

"If you ask in duplicate, there are even one person who holds several programs" (Inf-5)

Implementation

1. Contact Number

The low number of contacts to Talang Banjar Public Health Center is caused by several factors. First, the location of the Public Health Center is less strategic, Jarak that must be taken by the community to reach the Public Health Center is very far coupled with the lack of public transportation. The results of an introspective survey conducted by the Talang Banjar Public Health Center show that many people do not know the location of the Public Health Center.

"If I look at the contact rate, it's low because there are few people who visit here... He said it was far from the big road. So, it is difficult to enter here, if for those around here maybe you can but if for those outside it is difficult because it is far reaching here. Our work area starts from the back of DKT so they are far here" (Inf-1)

".. So yesterday we had an introspective survey and once distributed questionnaires through google forms, now most of them do not know the location of the Public Health Center... because our location is in the middle and when using maps people often stray..." (Inf-3)

"Yes, maybe because the Public Health Center is located inside and not affordable." (Inf-4)

"Yes, the location of the Public Health Center, because it is less strategic. We are located too inward." (Inf-5)

"Nothing, no treatment for a long time, only when sick came to the Public Health Center" (Inf-7)

Second, the ability of Talang Banjar Public Health Center in carrying out promotive and preventive efforts to increase the number of contacts has not been optimal due to the lack of availability and movement of health promotion workers.

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"The contact rate is at least 150 per mile... Now this contact figure is because the FKTP in primary service they focus on curative preventive promotions..."(Inf-2)

"Because the health promotion is lacking because we only have one health promotion officer. (Inf-1)

"The movement of health workers is still lacking" (Inf-3)

Third, the main obstacle to achieving the target number of contacts of the Talang Banjar Public Health Center is that data collection at the Public Health Center is not carried out in *real time*. Inputting service data into PCare must be done by staff in each room. However, employees' awareness of inputting is very low, even though they have been reminded often. There is a tendency for Public Health Center staff to give the responsibility of inputting their data to Public Health Center volunteers.

"Actually, they input themselves. Only sometimes they are helped by TKS." (Inf-1)

".. It is just that maybe the awareness is not there yet, we have repeatedly reminded and still not. Here the ASN also piles a lot of work into TKS... They are voluntarily not paid, we cannot force them."(Inf-3)

.. There are still those who have not inputted.... Most of those who haven't been in public poly." (Inf-4)

2. Non-Specialist Referral Rate

The non-specialist referral procedure from Talang Banjar Public Health Center to the hospital follows the rules set by BPJS Kesehatan. Patients should make a first visit to the Public Health Center for initial examination and treatment. If in the first two to three visits there is no change, then the patient will be referred to the hospital. BPJS Kesehatan stipulates that patients with *Time, Age, Complication and Comorbidity* (TACC) criteria are not counted as the number of referrals for non-specialist cases.

"As far as I know it's 144 diagnoses... the patient visits the Public Health Center twice or thrice, if for example there is no change, it is just referred." (Inf-1)

".. according to the indications and according to the diagnosis that really should be referred in accordance with BPJS. First, it is a disease that has no change, for example, it has been treated at the Public Health Center at least three times of treatment if there is no change. Then indeed the disease should be referred to for example emergency cases." (Inf-5)

"To Public Health Center used to manage referrals" (Inf-10)

Obstacles related to non-specialist referrals are due to the behavior of participants who want to directly get treatment to hospitals and specialists. Some patients tend to request a

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referral directly to a hospital, even if their condition can be treated at a Public Health Center. Sometimes there are arguments between the public and the Public Health Center regarding requests for direct referrals to specialists.

"People here on average ask to be referred directly which should be handled at the Public Health Center. Sometimes there are also arguments with the community, for example, there are mothers who ask to be referred directly to non-specialists." (Inf-1)

".. suppose the patient is diagnosing BPJS is not in the category later there is a consideration for them to be served or not. .." (Inf-5)

"I was initially referred who suggested it was a doctor... So, it was referred there. His referring physician" (Inf-10)

"My wish, depending on the intention of the heart, is the referral from here first and then to the hospital. If you get the reference, sometimes you cannot get it. It depends on the usual." (Inf-11)

3. Controlled Prolanist Participant Ratio

Prolanis has many activities available, but the implementation is still low at the Jambi City Public Health Center, the lack of implementation of this program in the field can hinder the achievement of the prolanist targets set.

"Well, that's what we asked for, it's useless for the system to be made, but if it's not implemented in the field, there is no use. That is why always deliver. This money is there, please make it, well, it is to improve the degree of health of the community as well." (Inf-2)

The lack of awareness and regularity of participants in participating in prolanist activities at the Talang Banjar Public Health Center is the cause of the low ratio of controlled prolanist participants. Some participants, after feeling well tended to stop the control to the Public Health Center. Officers also had difficulty controlling participants' health while at home. As revealed by the informant as follows:

"The first cause was that he felt good and didn't continue his control at the Public Health Center... Sometimes the diet is not appropriate and not regulating because we do not monitor the patient at home even though we have been educated." (Inf-1)

"Because the participants are also those who are not routine, even those who come regularly come from those who have no history of disease. They come every week but they are not the ones with a history of illness..." (Inf-6)

Information submitted from supporting informants, namely prolanist participants, also revealed difficulties in maintaining a healthy diet and regularity of food arrangements at home.

"The house eats sometimes anything, it's hard to hold" (Inf-12)

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"It's hard to deck, mother can't be restrained to keep eating." (Inf-13)

"If you exercise regularly, but can't eat less sweet" (Inf-15)

Supervision

Monitoring and evaluation of the Performance-Based Capitation payment system in Jambi City is carried out at least once a year. However, there is no money that is done routinely every month. The Money team consists of various parties, including the Health Office, BPJS Kesehatan, and representatives from the FKTP association and all FKTPs in Jambi City.

".. we always evaluate at least once every 1 year this KBK.. If there is no monthly routine." (Inf-2)

In line with this, the results of interviews with informants from the Talang Banjar Public Health Center also showed that there were no regular meetings every month from the Jambi Branch of BPJS Kesehatan regarding the achievement of KBK Public Health Center indicators. Monitoring and evaluation is carried out usually every three months. BPJS Kesehatan more often conveys the results of the achievement of KBK indicators through telegram and *WhatsApp* groups every month.

"If there is no regular meeting, there is a quarterly meeting. if from BPJS it still reminds every month, yes... A few days before the end of the month it was called. but if there is a notification in the WhatsApp group, there is and from BPJS there are achievements for all Public Health Centers... For WhatsApp groups, there is a health office but usually there are not many comments" (Inf-1)

"but if for meetings keep face-to-face at least once every 3 months, if for months it is usually if for example there are red ones sent in the PIC group there" (Inf-4)

Meetings involving the Health Office and Public Health Center are usually delivered during coordination meetings that are held regularly every month but do not discuss specifically about the implementation of KBK at the Public Health Center, only limited to emphasizing that the Public Health Center must always improve the quality of services according to predetermined standards.

"Quality meetings every month with all heads of Public Health Centers, not KBK." (Inf-1)

"For money meetings, it is often promulgated by the kapus and treasurer, so for the health department people, I don't know whether there is or not" (Inf-3)

"If from the health office, there are also but not specifically KBK, ordinary service improvement meetings. Yes, the meeting of all Public Health Centers, hospitals and agencies" (Inf-4)

Supervision from the Talang Banjar Public Health Center for contact numbers is carried out by reminding staff to input, especially healthy visits, the ratio of non-specialist referrals to referrals given according to the diagnosis set by BPJS Kesehatan and prolanists

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making home visits, the main focus is on the elderly risti. However, this home visit has not proceeded.

"I usually remind him every month of his duties, I say when to input so that the number of contacts goes up. If it is for reference.. the doctor already understands and has started in accordance with the requirements of BPJS. And the most difficult thing is that the prolanist was difficult to achieve the target, because of the patient we could not control the activities at home" (Inf-1)

"For a healthy struggle, maybe the most frequent is that if from here since I am, for example, tumors such as lipoms or benign tumors, if they were referred in the past. If it is now, there are no criteria for reference. It's like a lipom and that's what we're doing here." (Inf-5)

"For home visits it is most elderly... We are monitoring in collaboration with the elderly program. But it seems that there is no one for this year..." (Inf-6)

Discussion

A. Input

One element that must be present in achieving the Performance-Based Capitation indicator at the Public Health Center is human resources. The availability of human resources at the Talang Banjar Public Health Center has not met the minimum labor standards of the Minister of Health Number 43 of 2019. In achieving the KBK indicator, the Public Health Center lacks available human resources, especially health promotion officers to increase the number of contacts and input of PCare in completing administrative requirements on PCare.

The Performance-Based Capitation Policy must also be supported by the availability of facilities and infrastructure because without facilities and infrastructure, the work task cannot be completed as it should. The availability and completeness of facilities and infrastructure at the Talang Banjar Public Health Center has not met the Minister of Health Regulation Number 43 of 2019 concerning service standards and non-inpatient Public Health Center medical devices. The completeness of facilities and infrastructure is very influential in achieving KBK indicators, especially in non-specialist referrals. If diagnostic support tools are not available, the Public Health Center will be forced to make a referral. Research conducted by Arcuri et al., in 2020 shows that non-specialist outpatient referral indicators can be achieved with the presence of competent medical personnel, supporting FKTP facilities and infrastructure to establish 144 diagnoses that must be completed at FKTP. (Arcuri et al., 2020)

All Public Health Centers in Jambi City have been BLUD in 2017. This provides flexibility in the financial management of the Public Health Center, including the management of capitation funds and other funding sources. The results showed that the Talang Banjar Public Health Center has funding sources from service levies, APBN, APBD and the main funding source from capitation and non-capitation BPJS Kesehatan. This capitation fund is paid by BPJS Kesehatan Jambi Branch in accordance with the payment mechanism before the 15th of

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each month. The implementation of Performance-Based Capitation resulted in the Talang Banjar Public Health Center lacking funds of Rp4-7 million every month.

The utilization of Capitation Funds at the Talang Banjar Public Health Center submits to Jambi Mayor Regulation Number 45 of 2022 concerning the Utilization of Revenue Funds for BLUD Public Health Center Jambi City, where the allocation of capitation funds is used by 65% for service services and 35% for operational costs. Talang Banjar Public Health Center also has funding sources from BPJS non-capitation funds for childbirth claims, injectable family planning and ambulance referrals. Talang Banjar Public Health Center focuses more on prolanists as the top priority for additional funding from financing the activities of prolanist groups.

Researchers' findings in aspects *Input* in line with the results of Putu Dedy Kastama Hardy's research in 2021 that the low achievement of the Klungkung Regency Public Health Center KBK indicator in terms of *Input* due to insufficient quantity and quality of human resources, insufficient infrastructure such as computers, printers and medicines that have experienced problems, operational costs are still limited, Team Decrees have not run optimally, healthy participants are not in *input dan* referral cases are still high. (Dedy & Hardy, 2021)

The results of Rizki Fadil Katmini's research in 2022 also show that the main factors to achieve KBK indicators are the availability of human resources, infrastructure facilities and the level of knowledge of NHI participants, the availability of funds, and supporting policies and information systems.(Fadila, 2022)

Research by Amandine Fillo et al in 2019 explained that organizational leaders and abilities are very important in influencing the morale of health workers in the implementation of performance-based programs. Organizational leadership and capability refers to how well organizations, such as healthcare facilities, can manage and organize their resources. (Fillol, Lohmann, Somé, & Ridde, 2019) Research Sarah Jamili et. AL 2023 said that performance-based payments are currently widely used in primary care facilities around the world. However, creating an effective P4P program is a complex task because factors ranging from the health care system and government objectives to the individual characteristics of healthcare providers influence the incentives received.(Yousefi et al., 2023) Therefore, the achievement of KBK indicators must be supported by planning the needs and distribution of Public Health Center resources. Public Health Center leaders must have managerial competence to manage and mobilize existing resources.

B. Process

Planning

The achievement of KBK indicators must be supported by strategic planning that can integrate the achievement of indicators with several program responsibilities carried out by the Public Health Center. Talang Banjar Public Health Center does not have a special plan, both in the form of strategies and targets in achieving KBK indicators. The existing planning is only the general planning of the Public Health Center for SMEs and UKPs. However, in the planning process, there are often delays in providing activity proposals by Public Health Center employees.

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Research by Purlimaningsih et al in 2017 shows that a strong commitment is needed from stakeholders, leaders and implementers of activities for the successful implementation of a program so that the head of the Public Health Center is expected to be able to generate employee motivation which can further improve employee performance (Purlimaningsih, Suarjana, & Januraga, 2016)

In line with this, the research of Adinda Dwi Lestari et al in 2022 provides information that the lack of coordination of human resources and Public Health Center management in achieving the ratio indicator of controlled prolanist participants will have an impact on Public Health Center planning related to the preparation of strategies in achieving the targets and objectives of the implementation of prolanist activities.(Lestari, Adinda Dwi, Eri Witcahyo, 2022)

Wade D. et al's 2018 research highlights the importance of having a structured strategy and measurable targets in designing performance-based payment planning to improve efficiency and achievement of organizational goals.(Cook, Ram, & Zhu, 2018) Therefore, Talang Banjar Public Health Center must plan to develop strategies to achieve KBK indicators in addition to other Public Health Center program activities.

Organizing

Every employee needs to know and understand the main duties and functions of each because if employees do not understand it can cause overlapping or unclear roles of employees in carrying out the duties that have been given in accordance with their authority and rights, which will further affect the effectiveness of the work of the organization as a whole. (Yuni Purwanti, 2022)

The results also showed that most of the staff at the Talang Banjar Public Health Center had concurrent positions, some even held three to four positions at once. The researchers' findings are in line with the research of Ni Kadek Cahyadi, et al in 2023 that the implementation of Performance-Based Capitation at the Public Health Center II Jembrana On the process component only on the element *organizing* There is no written document related to the distribution of tasks in detail related to the achievement of KBK from the head of the Public Health Center.(Cahyadi, Kastama, & Suarjana, 2023) Based on the researchers' analysis Talang Banjar Public Health Center must manage effectively and efficiently and conduct workload analysis so that all staff at the Public Health Center can be well coordinated and integrated.

Implementation

1. Contact Number

Contact numbers are an indicator to determine the utilization rate of the Public Health Center. The ability of Talang Banjar Public Health Center in carrying out promotive and preventive efforts to increase the number of contacts has not been optimal due to the lack of availability and movement of health promotion workers. Talang Banjar Public Health Center has only one health promotion officer, which may affect the Public Health Center's ability to carry out health promotion optimally, so that people may not get enough information about the health services they need.

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The findings of this study are in line with Research by Julio Victor Fredrik Maramis et al in 2018 found that the number of Public Health Center contacts was not achieved due to limited human resources, along with the perspective of the public about the Public Health Center.(Achievements et al., 2018) Research conducted by Arnild Augina Mekarisce in 2022 shows that the most dominant factor influencing the use of health services in Jambi City PBI participants is knowledge, so that health service providers are expected to increase socialization and education efforts to the public about the importance of utilizing health services both directly and by maximizing the role of health facility social media accounts.(Mekarisce et al., 2022) Based on the researchers' analysis in achieving contact indicators, the Public Health Center must be able to integrate existing health services and increase promotional and preventive activities.

2. Non-Specialist Referral Rate

Based on the results of research research, doctors at Talang Banjar Public health center have learned that based on SKDI No.11 of 2011 and Decree of the Minister of Health No. 514 of 2015, a medical graduate with ability level 4 must be able to master as many as 144 diagnoses. The non-specialist referral procedure from Talang Banjar Public Health Center to the hospital follows the rules set by BPJS Kesehatan. Patients should make a first visit to the Public Health Center for initial examination and treatment. If in the first two to three visits there is no change, then the patient will be referred to the hospital. BPJS Kesehatan stipulates that patients with *Time, Age, Complication and Comorbidity* (TACC) criteria are not counted as the number of referrals for non-specialist cases.

The obstacles encountered by officers in implementing 144 diagnoses were patient impatience in healing their illnesses and patients' understanding of the referral system was still not perfect. This affects the number of non-specialist referrals. This is in line with Bathari et al's research in 2022 on that one of the determinants of Non-Specialist Referrals in FKTP Batang Hari Regency is that patient behavior that *specialist minded* and forcing doctors to make referrals even though efforts have been made to keep patients in primary facilities, it will be a consideration for doctors to refer patients so that it will affect the number of referrals in FKTP. (Yanthi, Hendartini, & Sulisty, 2023) This is also corroborated by Desvi Suriati's research in 2023 that the high number of referrals at the Public Health Center is one of them caused by poor patient behavior and knowledge.(Suriati, Hang, & Pekanbaru, 2023)

Based on the practical guidelines for the BPJS Kesehatan tiered referral system, participants who want to get services that are not in accordance with the referral system can be included in the category of services that are not in accordance with the procedure so that they cannot be paid by BPJS Kesehatan. Therefore, in achieving the non-specialist referral ratio indicator, the Public Health Center must ensure that the referrals made are in accordance with applicable regulations

3. Controlled Prolanist Participant Ratio

Hypertension and Diabetes Mellitus are catastrophic diseases that cause high health spending (*high risk, high cost dan high volume*). Research conducted by Adila Solida et al in

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2021 on catastrophic health spending patterns of National Health Insurance participants in Jambi City shows that income, number of family members and sick status are the most dominant triggers in influencing catastrophic health spending patterns, so it is necessary to prioritize independent NHI participants, especially low-income or vulnerable poor categories, as the main target of preventive and promotive health programs that refer to A healthy lifestyle that can protect families from catastrophic shopping (Research et al., 2021) One such program is prolanist.

The Chronic Disease Management Program is a program of BPJS Health that aims to improve the quality of life of people with chronic diseases of hypertension and diabetes and is an integrated and integrated activity between BPJS Health, Health Facilities, and patients. The controlled ratio of Prolanis participants is included in the assessment of the KBK system performance on FKTP. Research conducted by Avrilya Iqoranny Susilo et al in 2020 provided information that the ratio of prolanists below 50% in several Public Health Centers resulted in Public Health Centers being in unsafe zones for assessment of capitation indicators.(Avrilya Iqoranny Susilo1), Satibi1), 1979)

The main obstacle to achieving the controlled progress ratio indicator of the Talang Banjar Public Health Center is the difficulty of controlling the health of participants while at home because often not compliant in carrying out the recommendations given by doctors. This is due to the participants' lack of awareness of the dangers of their actions or behavior to their health status. The results of this study are in line with research by Shella Mediciani Purnamasari, et al in 2020 stating that prolanist participants are not compliant in their treatment, namely there are still patients who consume foods other than the specified type of food and do not regularly take medication.(Purnamasari & Prameswari, 2020)

Supervision

Supervision is the process of monitoring activities so that the planned goals are achieved. Monitoring and evaluation of the implementation of Performance-Based Capitation at FKTP Jambi City is carried out at least once a year This meeting involved various parties, including BPJS Kesehatan, the Health Office, and the FKTP Association. Monitoring and evaluation is carried out usually every three months. This is in accordance with BPJS Kesehatan Regulation No. 7 of 2019 that monitoring the evaluation of the implementation of KBK payments. Conducted by the branch office money team every 3 months.

BPJS Kesehatan routinely submits the results of the evaluation of the achievement of KBK indicators to the Public Health Center every month only through telegram groups, not through regular meetings. Meanwhile, meetings involving the Health Office and Public Health Center usually occur during Coordination Meetings that are held regularly every month which discuss the achievements of each program in the Public Health Center and do not specifically discuss the implementation of KBPKP at the Jambi City Public Health Center. The results of Nofriyanti's research in 2019 stated that the achievement of KBK indicators needs to be carried out routinely to be used as a guideline for obstacles encountered by the Public Health Center (Syah & Akbar, 2019)

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Based on the analysis of researchers to improve supervision and evaluation of the implementation of Performance-Based Capitation (KBK) at the FKTP Jambi City. First, it is necessary to improve communication and coordination between the various parties involved, including BPJS Kesehatan, Dinas Kesehatan, and FKTP, in regular meetings. In this case, more intense periodic meetings, at least once a month, need to be considered to ensure effective monitoring and evaluation of KBK. This is in line with the results of research by Ibrahim Fikri et al in 2022 that the utilization of capitation funds has not been optimal, there are still more budget financing residues (SILPA), the Health Office and related agencies need to carry out coaching, supervision, monitoring and evaluation of the use of NHI capitation funds at the Talang Ratu Public Health Center in Palembang City (Ibrahim Fikri, Ririn Noviyanti Putri, 2022). Second, there needs to be an in-depth evaluation by the Public Health Center leadership on the obstacles faced, including delays in data input by staff.

Talang Banjar Public Health Center conducts various monitoring and monitoring efforts to ensure optimal health services and fulfillment of KBK indicators. First, puskesmas leaders always remind staff regularly to input data to increase the number of contacts. Second, ensure that the doctor has complied with the referral requirements set by BPJS. One of them is by treating benign tumors in health centers without the need to refer patients to the hospital. Third, conducting home visits for the elderly in collaboration with the elderly program, but in 2023 there is no home visit program implemented, which may need to be evaluated and planned again.

Despite these efforts, the supervision has not been optimal. One of the obstacles faced is the delay of staff in inputting data, which can hinder the achievement of KBK indicators. This shows that there are weaknesses in KBK supervision at the Public Health Center which is carried out which results in delays in data reporting.

Public Health Center leaders can hold periodic meetings with staff to provide feedback on their performance. Open discussion of the obstacles faced and how to overcome them can give staff a better understanding. The opinion of researchers is also corroborated by The results of Andy Amir et al's research in 2021 that leadership in the Public Health Center has a very important role to improve performance and service quality. However, one of the obstacles in improving the performance of the Public Health Center organization is the implementation *Reward* and *punishment* which is still not consistently executed (Andy Amir, Oka Lesmana, Dwi Noerjoedianto, 2021). The Public Health Center can establish a stricter internal monitoring mechanism, including routine checks on employee performance progress. This check can be done through regular inspections by the leader or a special team assigned.

Conclusion

The achievement of KBK Public Health Center Talang Banjar indicators is influenced by available inputs, namely health human resources, infrastructure, funds and methods. Human Resources (HR) and the availability of medical devices at the Talang Banjar Public Health Center have not met the Minister of Health Regulation Number 43 of 2019 concerning the minimum standards of non-inpatient Public Health Centers in urban areas. Public Health Centers lack health promotion and PCare input workers. The Public Health Center's budget is

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limited because the implementation of KBK results in the Public Health Center lacking funds of Rp4-7 million every month. The method of achieving KBK indicators is guided by BPJS juknis and makes SOPs for each KBK indicator. The process aspect shows obstacles to achieving contact number indicators, namely difficulties in Public Health Center accessibility, promotional and preventive efforts that are not optimal, as well as reporting healthy visits, non-specialist referral indicators are influenced by the behavior of patients who want to be referred and the availability of medical devices, while controlled prolant indicators are influenced by the difficulty of routine monitoring of officers to participants.

The suggestion given based on the results of this study is that regular meetings are needed every month between BPJS Kesehatan, Dinas Kesehatan, and Public Health Center to evaluate the achievement of KBK indicators through field visits and discussions. While the advice for the Public Health Center is that officers must enter data into the PCare application in real time through data entry that is carried out routinely every day. The achievement of non-specialty referral indicators is recommended so that the Public Health Center conducts counseling related to the flow of referrals to patients and collaborates with related cross-sectors. To control prolant participants, the Public Health Center needs to give special responsibility to officers for monitoring prolant participants so that participants can attend the prolant program created by the Public Health Center.

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