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Analysis of the implementation of capitation policy based on service commitment at Social Security Agency on Health, Semarang-Indonesia

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Abstract

Background: Performance-based capitation payments are an innovative approach in the health financing system implemented by Social Security Agency on Health (BPJS Health).

Purpose: To analyze of the implementation of capitation policy based on service commitment.

Method: A descriptive qualitative approach with a case study approach, which aims to analyzing the implementation of the Performance-Based Capitation policy, by taking four variables that are considered most crucial in determining the success of the implementation of the Performance-Based Capitation policy in the city of Semarang, with the policy implementation model approach from Donald Van Meter and Carl Van Horn, namely communication factors, resources, implementer disposition, and implementer characteristics.

Results: This approach aims to stimulate the provision of higher quality and more efficient health services, by providing incentives to health service providers based on optimal performance and service outcomes. The implementation of performance-based capitation payments provides several benefits, including increased accountability of health service providers, more effective cost management, and stimulation of innovation in service provision.

Conclusion: Performance-based capitation payments by BPJS Health are a step forward in creating a health insurance system that focuses on service quality. Performance-based capitation payments by BPJS Health are a step forward in creating a health insurance system that focuses on service quality.

Keyword: BPJS Health; Capitation; Health Insurance; National Health Insurance; Performance-based Capitation.

INTRODUCTION

Public policy implementation is an administrative process carried out after the policy has been established or approved. Implementation functions as a system that conveys or forwards policies to implementers and related stakeholders. As a system, implementation consists of elements and activities that are directed to achieve the desired goals and objectives (Anggraini, Permatasari, Azahra, & Astuti, 2024).

The Indonesian government is trying to improve people's welfare through the National Health

Insurance program, which provides affordable health services for the population (Sukohar, Suryawinata, & Mediansyah, 2020). This program includes health insurance for access to basic and advanced services, with BPJS Health as the organizer. This program includes health insurance for access to basic and advanced services, with BPJS Health as the organizer. One of the main services is the Primary Health Care Facility, which aims to reduce the burden on hospitals and improve the quality of life and health of participants (Rahmani & Putri, 2023). Capitation is

a system of advance payment, where the healthcare provider receives a fixed payment per patient for a specified period of time, usually per month (Agustina, Hidayat, & Noormanadi, 2022). This payment is based on the number of patients enrolled, not the number of services provided. The advantage is that it encourages efficient care and comprehensive, but critics say this system can reduce the quality of care in order to save costs (Darmawan, Kusdiyah, Enis, Susantara, & Realita, 2020; Aryani, 2022).

A performance-based pay approach, known as "pay for performance where individuals or organizations are motivated to improve performance based on incentives has become popular in several countries in order to encourage improvement and increase the quality of health services (Witter, Toonen, Meessen, Kagubare, Fritsche, & Vaughan, 2013; Syukran & As-Shidieq, 2020; Petryk, Andrieiev, Tishko, Kurbanov, & Yunger, 2023). Countries that have adopted this approach include the UK, Denmark, Canada, Germany, Sweden, Norway and the Netherlands. This performance-based payment approach is designed to reward health care providers who achieve high performance. Through this payment system, it is hoped that the results of health services can be controlled, which will ultimately have a positive impact on the services received by patients (Ardhiasti & Setiawan, 2021).

BPJS Health has implemented capitation payments based on fulfillment of service commitments so it is necessary to re-evaluate the performance-based capitation policy in Primary Health Facility services which aims to optimize the quality of services. increase patient satisfaction (Khujaefah, Ratnawati, & Yuliyanti, 2020; Mujiburrahman & Sofyandi, 2021; Widodextrosa, Muryanto, Rany, Hanafi, & Puspasari, 2021). The number of contacts, which is one of the indicators of commitment-based capitation, did not reach the target because the officers responsible for monitoring the process of inputting data on healthy visits and sick visits from patients were not yet organized (Agustinakhoeriyah, Mardiah, & Hidayati, 2021). Increasing demand for patient referrals to be served at hospitals and the lack of availability of facilities and infrastructure are factors causing the non-specialist referral ratio indicators not to be achieved. Meanwhile, the achievement of the controlled prolanis participant ratio indicator could not reach the maximum target

also because Prolanis participants were less enthusiastic about utilizing Prolanis services provided by Primary Health Care Facility. In addition, the lack of socialization related to Prolanis and the lack of operational funds to carry out Prolanis activities are factors that cause the controlled prolanis participant ratio indicator not to be achieved (Fadila, Via, Dewiyani, & Ardhia, 2023).

RESEARCH METHOD

Analyzing the implementation of the Performance-Based Capitation policy, where researchers took four variables that were considered the most crucial in determining the success of the implementation of the performance-based capitation policy in the city of Semarang with the policy implementation model approach from Donald Van Meter and Carl Van Horn, namely communication factors, resources, implementer disposition, and implementer characteristics (Sambodo, Bonfrer, Sparrow, Pradhan, & van Doorslaer, 2023). The study was conducted at the Semarang Main Branch of BPJS Health by observing the Primary Health Care Facility Puskesmas and Pratama Clinics affected by the performance-based capitation according to Permenkes No. 3 of 2023 where there were differences in communication factors, resources, implementer disposition, and implementer characteristics in the implementation of the performance-based capitation. The approach used is descriptive qualitative, to describe the phenomenon of policy implementation in depth based on the perspectives of the implementers and related stakeholders.

RESEARCH RESULTS

Performance-Based Capitation is one of the payment methods implemented in order to improve the quality of service of Primary Health Care Facilities in the implementation of the Health Social Security Program. Performance-based capitation payment, is an adjustment of the amount of capitation rates based on the results of the assessment of the achievement of agreed individual health service indicators in the form of the performance results of Primary Health Care Facilities in order to improve the quality of service. There are three ratio indicators used to measure service commitment, namely the contact rate, the controlled Prolanis participants ratio, and the

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non-specialist outpatient referral ratio. The contact rate (≥ 150 per mile) refers to the number of patient visits or contacts with health care providers per 1,000 population, where at least 150 contacts are required to meet the commitment. The controlled prolans participant ratio ($\geq 50\%$) measures the percentage of Prolans program participants who routinely visit health facilities, with a minimum of 50% required to fulfill the commitment. Meanwhile, the Non-Specialist Referral Ratio ($\leq 5\%$) represents the percentage of patient referrals from primary to advanced (non-specialist) health facilities, which must be maintained

at or below 5%. These three indicators collectively serve as important measures of the level of service commitment and the effectiveness of health services in meeting community health needs.

This study takes data on the implementation of performance-based capitation in 2023 and 2024 with samples of Community Health Centers and Primary Clinics affected by performance-based capitation according to Minister of Health Regulation No. 3 of 2023 concerning Health Service Tariff Standards and is displayed in the form of a graph as follows.

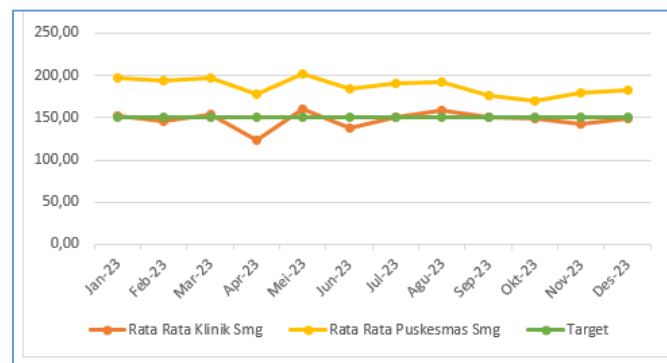


Figure 1. Trend of Contact Numbers in 2023

Figure 1 shows a trend in the number of contacts at health centers being higher than at clinics in 2023, where there was an increase in June and then generally decreased towards December.

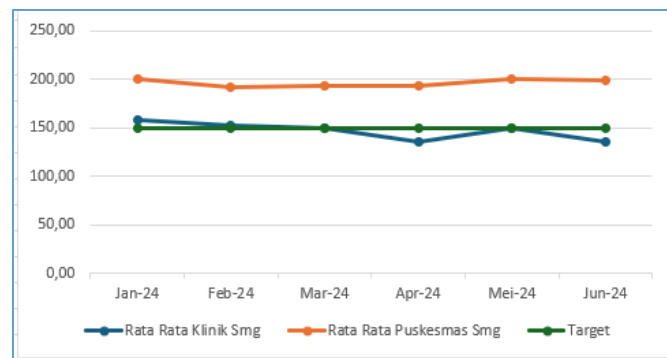


Figure 2. Trend of Contact Numbers in 2024

Figure 2 shows a trend in the number of health center contacts, which increased in January and March, while at clinics there was a decrease in April and June.

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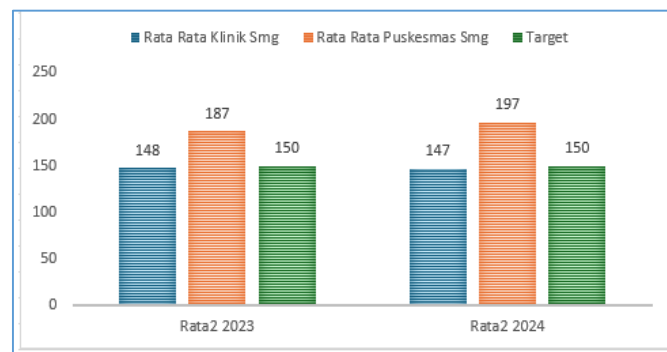


Figure 3. Average Number of Contacts

Figure 3 shows that the achievement of the number of clinic contacts in Semarang City has not reached the target in either 2023 or 2024. Meanwhile, the achievement of the number of contacts in Semarang City Health Centers has exceeded the target set and even tends to increase in 2024 compared to 2023.

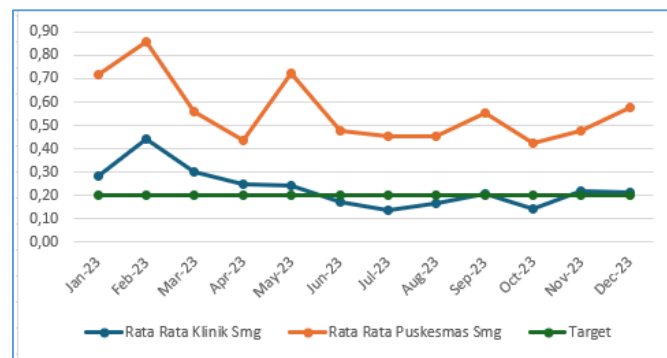


Figure 4. Non-Specialist Referral Ratio Trends in 2023

Figure 4 shows that the trend of non-specialist referrals ratio at community health centers fluctuates more than at clinics. This figure increased sharply in February and May, peaked, then declined in the following months, while at clinics the referral trend declined.

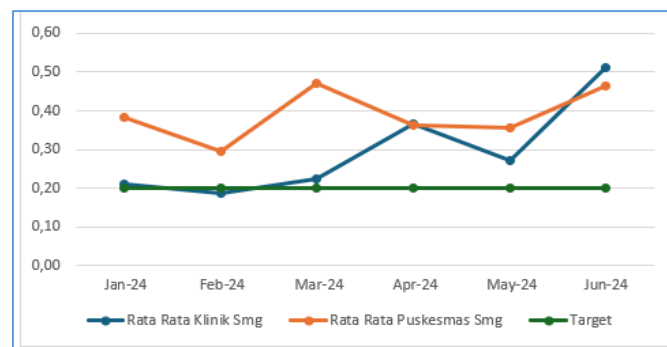


Figure 5. Non-Specialist Referral Ratio Trends in 2024

Figure 5 shows a trend of referrals to clinics that slightly decreased in February, followed by an increase in March and April. After that, it decreased in May 2024 and increased sharply in June 2024 exceeding the non-specialist referral ratio puskesmas figure in June 2024. Meanwhile, in Puskesmas, there was a decrease in February, a sharp increase in March, then a decrease in the following months. After experiencing a decrease, the trend showed an increasing trend in June 2024.

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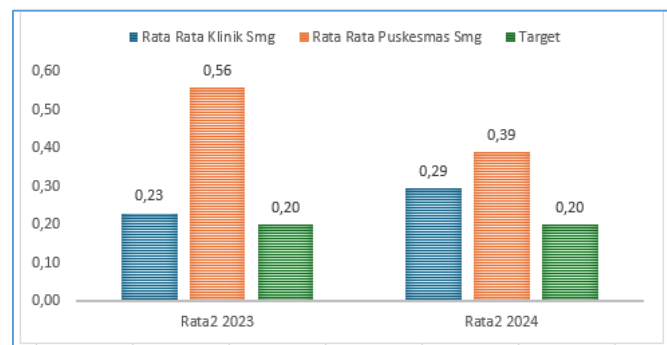


Figure 6. Average Non-Specialist Referral Ratio

Figure 6 shows that the achievement of non-specialist referral ratio for both clinics and health centers is still below the target. However, there has been an increase in non-specialist referral ratio for clinics in 2024 compared to 2023. Meanwhile, RNNS for health centers has decreased in 2024 compared to 2023.

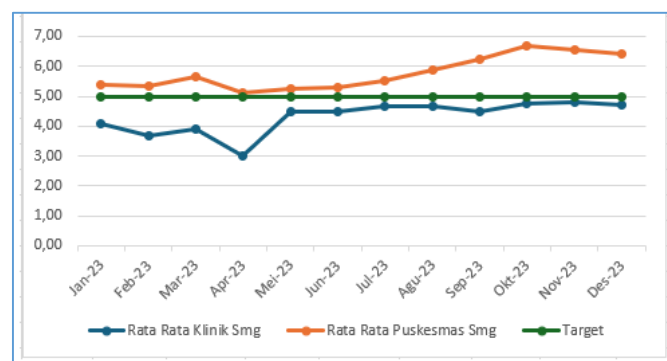


Figure 7. Controlled Prolanis Participant Ratio Trends in 2023

Figure 7. Clinics showed a slightly downward trend in February, followed by a slight increase in March and then a decrease in April. After that, there was a sharp increase in May 2023 and tended to be stable except for a slight decrease in September 2023. The trend increased slightly in September and tended to be stable until the end of the year, while health centers experienced a decrease in April and tended to experience a stable increase until October. Then it decreased until the end of the year but was still higher than the beginning of the year.

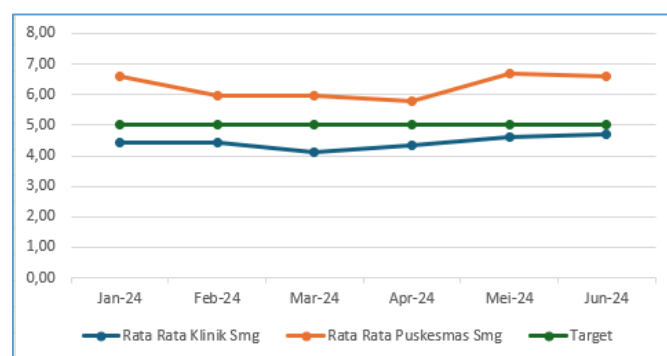


Figure 8. Controlled Prolanis Participant Ratio Trends in 2024

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Figure 8. Clinics show a trend that tends to be stable until February, followed by a slight decline in March. After that, it increased in April 2024 until June 2024, while health centers experienced a decline in February and tended to be stable in March. Then it decreased slightly in April but increased sharply in May and decreased slightly in June 2024.

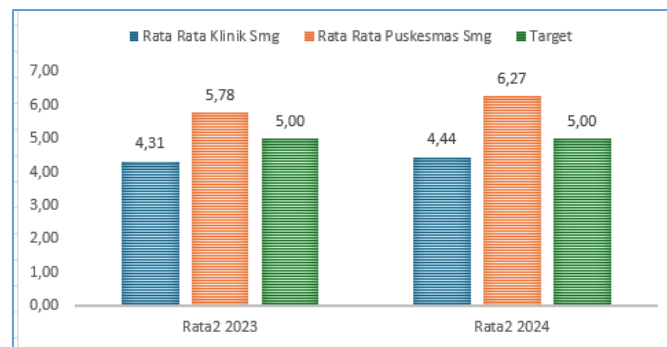


Figure 9. Average Controlled Prolanis Participant Ratio

Figure 9 shows that the Semarang City Clinic has not yet reached the target for the controlled Prolanis participant ratio. In contrast, the Semarang City Health Center has achieved the target and even shows an upward trend.

The implementation of the Performance-Based Capitation policy in Semarang City is influenced by several key factors, namely communication, the disposition or commitment of implementers, the characteristics of implementers, and the availability of resources.

DISCUSSION

Communication

The standards and objectives of policy implementation must be clearly communicated to the implementers. Therefore, Donald Van Mater and Carl Van Horn states that the standard objectives must be understood by each implementer. Individuals responsible for implementing policies must understand the standards and objectives set. Therefore, standards and objectives need to be communicated to implementers. Consistent and uniform communication from various sources of information is important to convey information about policy standards and objectives.

"We always communicate regarding performance-based capitation information with the Health Office and Primary Health Care Facility, both Puskesmas, Pratama Clinics, and DPP." (IU1, IU2, IU3)

"The health office always monitors the implementation of performance-based capitation, one of which is in desk meetings with Puskesmas, always reminding Puskesmas friends to." (IU3, IU4)

"The health office also invites the Head of the BPJS Health Branch to attend desk activities at the DKK specifically to provide direction in the implementation of..." (IT1, IT2)

Based on this study, in the implementation of performance-based capitation in Semarang City, there was good communication between BPJS Health and the Semarang City Office (IU1, IU2, IU3, IT2). BPJS Health has conducted socialization related to the implementation rules of performance-based capitation. Socialization was not carried out only once but repeatedly through routine meetings between BPJS Health and the Health Office and in lokmin at Primary Health Care Facility.

So far, communication with BPJS Health has been going well, all the latest information is always conveyed either verbally via WA or in writing to the Clinic (IT3, IT4)

We are also present at several Puskesmas lokmin activities in order to provide an understanding of performance-based capitation and align perceptions regarding performance-based capitation rules... (IU2, IU3)

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Based on this study, communication between BPJS Health and the Primary Clinic is well established because BPJS and Clinic Officers are always actively providing information to each other regarding the implementation of performance-based capitation in the Primary Clinic (IU1, IU2, IT3, IT4). However, communication is not enough to be done once, especially in the socialization of the implementation of performance-based capitation. The differences in the background of the HR of the Primary Clinic which vary have an impact on the differences in the level of understanding of performance-based capitation. The rapid turnover of employees at the Primary Clinic also affects the understanding of performance-based capitation so that BPJS Health also needs to establish regular communication. BPJS Health provides assistance to Primary Clinic officers in the implementation of performance-based capitation. In addition to conducting periodic evaluations, the existence of groups on social media such as WA is very helpful in conducting continuous communication. The health office communicates with the Clinic Association regarding the implementation of performance-based capitation in the Primary Clinic (IU1, IU2, IU3). However, so far there has been no assistance such as periodic monitoring and evaluation with the Primary Clinic (IT3, IT4).

Commitment

The implementer's disposition can be divided into three aspects: the implementer's response to the policy, the intensity of the implementer's disposition, and their obedience and commitment to the implementation of the policy. The implementer's attitude and response to the policy can affect the success of the implementation of the policy. If the implementer agrees with the policy, they will carry out their duties enthusiastically, but if their views differ from those of the policy makers, the implementation process can face obstacles.

The implementers' understanding of the policy is influenced by how they perceive its impact, as well as the alignment between organizational and personal interests.

"They should understand about performance-based capitation because the rules are clear and always communicated repeatedly." (IU3)

"At first it was difficult to achieve the targets of each indicator, but we continued to learn." (IT1, IT2)

"Not everyone understands what performance-based capitation means, especially since we are only admins, but over time there have been changes and additions to employees and we continue to try to implement performance-based capitation so that over time we understand more and more." (IT3, IT4)

The implementers' response—whether accepting or rejecting a policy—greatly influences the success or failure of its implementation (Hartawan & Kosasih, 2023).

"The implementation of performance-based capitation requires commitment from health facilities, both health centers and clinics..." (IU1, IU2, IU3)

"The main obstacle to performance-based capitation is that Primary Health Care Facility is not focused..." (IU3)

"We try to follow the related rules including performance-based capitation, whether we like it or not we have to implement it." (IT1)

"Friends have committed to the performance-based capitation policy, starting from learning the rules to forming a special team responsible for performance-based capitation." (IT1, IT2)

"We try to implement performance-based capitation and meet its targets." (IT3, IT4)

According to IT, the targets set by the performance-based capitation policy are too high to achieve, especially for health facilities with minimal resources. IT believes that in implementing performance-based capitation, BPJS Health should provide leniency to health facilities that are less able. (IT3, IT4). According to IU, the implementation of performance-based capitation in Pratama clinics experienced obstacles in the form of conflicts of interest both internally in the clinic and with external parties. Understanding of the performance-based capitation policy in Pratama clinics initially experienced obstacles, but the commitment to implementing performance-based capitation fostered an active attitude to establish communication with BPJS Health as a policy maker and with other Pratama clinics in order to establish cooperation and align perceptions about the implementation of performance-based capitation. This has an impact on the difficulty of the performance-based capitation policy to be accepted and implemented in Pratama clinics and Community Health Centers. However, commitment to the performance-based capitation policy continues to be improved through active communication with BPJS Health and the City Health Office.

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BPJS Health has actively reminded Primary Health Care Facility regarding the commitment to implement performance-based capitation, both Health Centers and Primary Clinics. The Social Health Service periodically conducts monitoring and evaluation activities and always fosters commitment through the Head of Health Centers and forwarded to his staff. The Health Service communicates with the Clinic Association regarding the implementation of performance-based capitation so that they can play an active role in implementing performance-based capitation. Primary Clinics are expected to fulfill their commitment in implementing performance-based capitation by realizing its importance for health services. Based on this study, there are obstacles in the implementation of performance-based capitation in fostering commitment and sustainability of performance-based capitation implementation (IU2, IU3). Differences in understanding of policies at Primary Health Care Facility affect the implementation of performance-based capitation.

Characteristics of the Implementer

The characteristics of implementing agents are an important focus in determining the success of a policy implementation. To achieve optimal policy implementation success, the characteristics of implementing agents need to be identified and understood, including the bureaucratic structure, norms and rules, and relationship patterns within the bureaucracy. The bureaucratic structure in the implementation of performance-based capitation with BPJS Health as the performance-based capitation policy maker. The implementation of performance-based capitation at BPJS Health is carried out by the Health Facility Quality Management (Erkan & Unal, 2022) and Cooperation Section and the Claims and Utilization Management Section. Meanwhile, at the Health Office, performance-based capitation is implemented by the Primary and Traditional Health Services Section (PKPT), which coordinates Primary Health Care Facilities in the implementation of performance-based capitation. The Puskesmas has also committed to implementing performance-based capitation by forming a special performance-based capitation team consisting of a coordinator or person in charge of each indicator. At the Pratama Clinic, performance-based capitation is implemented by the clinic manager and appointed staff (both nurses and

clinic administration staff). management, resources, and participant targets. The implementation of performance-based capitation is in accordance with the established standards/applicable regulations. This is of course intended so that the implementation of performance-based capitation does not deviate or is in accordance with applicable regulations. Technical matters that are guidelines for the implementation of performance-based capitation but are not written in the regulations are agreed upon with the relevant associations (IT1, IT2, IT3, IT4). The BPJS Health team maintains good relations with all health facilities and does not discriminate in setting targets and evaluations. However, it is still adjusted to the conditions or bureaucracy of each health facility (Puskesmas or Pratama Clinic). (IU1, IU2, IU3).

"At BPJS Health KCU Semarang, performance-based capitation is implemented by the quality department..." (IU1, IU2)

"We formed a special performance-based capitation team consisting of small teams according to their fields in implementing performance-based capitation indicator targets." (IT1)

"Performance-based capitation indicators and targets have been clear since the beginning of the performance-based capitation rules being set." (IU1, IU2, IU3, IU4)

"We always try to follow the targets according to the performance-based capitation indicators and also communicate with BPJS, DKK, and other Puskesmas regarding how to implement them." (IT1)

Based on this study, the bureaucratic structure in the implementation of performance-based capitation in the city of Semarang is clear and in accordance with applicable regulations. Regarding norms and regulations, they have been determined and agreed upon in the implementation of performance-based capitation. However, according to BPJS Health and the Semarang City Health Office, it is still necessary to foster the commitment of Primary Health Care Facility in the implementation of performance-based capitation. Meanwhile, according to Primary Health Care Facility, they have committed to making efforts to implement performance-based capitation policies in meeting their targets.

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Resource

Resources have an important role in policy implementation. The availability of available resources can be utilized in the right way so that the objectives of the established policy can be achieved.

"BPJS Health already has sufficient human, financial, and supporting resources to implement this policy." (IU1, IU2)

"Puskesmas already have sufficient resources for the implementation of performance-based capitation." (IU1, IU2, IU3, IU4)

"We already have sufficient resources for the implementation of performance-based capitation." (IT1)

"We have limitations in human resources, such as one person can do several responsibilities while providing services." (IT3)

"Another obstacle (in the clinic) is that employees change frequently, which has an impact on the implementation of performance-based capitation which should require focus and commitment." (IT3, IT4)

Based on this study, resources are not an obstacle in the implementation of performance-based capitation at the Puskesmas level. Human resource support is sufficient in the implementation and efforts to implement programs or activities related to performance-based capitation. In terms of quantity, human resources have been met. The Puskesmas also routinely updates information to employees or teams related to the implementation of policies with support from the Health Office and BPJS Health. Financial resources are also not an obstacle for the Puskesmas in implementing this policy. Supporting resources, namely the time set, have become the standard each month in achieving the target or target of the performance-based capitation indicator. Human resources related to the implementation of performance-based capitation at the Pratama Clinic vary. In Private Clinics consisting of clinic managers and a small number of staff (2 or 3 people) often carry out several jobs at one time. (IU 1, IU2) The need for resources other than humans such as funds and other facilities so far is still sufficient to support the implementation of performance-based capitation at the Pratama clinic. (IT3, IT4).

Policy implementation runs linearly from public policy, implementers, and public policy performance. This implementation model is called a model of policy

implementation process, which connects policy issues with implementation and a conceptual model that links policy with performance. The implementation of the performance-based capitation policy Overall, the communication variable has been running well. The transmission of information regarding policies and SOPs has been implemented by BPJS Health on an ongoing basis. In the implementation of the National Health Insurance program in Semarang City, it has been implemented and influenced by communication factors, resources, organizational characteristics, and disposition. BPJS Health also always accompanies the implementation of performance-based capitation by the Pratama Clinic by conducting monthly evaluations and through WhatsApp application groups to facilitate communication. The success of the performance-based capitation implementation requires the availability of resources. According to BPJS Health and the City Health Office, the quantity of human resources at the health center is sufficient in the implementation of performance-based capitation. Financial resources in the implementation of performance-based capitation are also sufficient at the health center level, especially in the implementation of activities related to family planning. According to IU and IT, the infrastructure resources are also sufficient to support the implementation of the performance-based capitation policy at the Community Health Center (Mubarak, Zauhar, Setyowati, & Suryadi, 2020; Kurhayadi, 2023)..

According to IU, the availability of human resources at the primary clinic is quite varied in terms of both quality and quantity. Financial resources for the implementation of performance-based capitation at the Primary clinic are generally sufficient, although there are activities supported by the clinic's own funds. Overall, infrastructure resources are sufficient to support the implementation of performance-based capitation, although not excessive.

The existence of constraints in terms of human resources has hampered the implementation of performance-based capitation. As a result, the target or goal in the implementation of performance-based capitation in primary clinics has not been achieved, in this case especially the Non-Specialist Referral Ratio indicator which is still high. The limitations of the quality and quantity of human resources are one of the factors causing the failure to achieve the Non-Specialist Referral Ratio indicator target. The attitude

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and response of the implementer to the policy can affect the success of the implementation of the policy. According to IU in this study, the commitment of Primary Health Care Facility in the implementation of performance-based capitation is still lacking and needs to be improved. Both the Health Center and the Primary Clinic should be committed to implementing the performance-based capitation that has been agreed upon in accordance with the capacity of each affected Primary Health Care Facility. According to IU, Primary Health Care Facility needs to realize that through performance-based capitation which is the main source of income for Primary Health Care Facility, a comprehensive commitment is needed in the implementation of performance-based capitation.

To achieve optimal policy implementation success, the characteristics of implementing agents need to be identified and understood, including bureaucratic structures, norms and rules, and relationship patterns within the bureaucracy. According to this study, the bureaucratic structure at the health center is quite clear, including the head of the Health Center and the performance-based capitation team consisting of those responsible for each indicator. The rules for implementing the performance-based capitation are also quite clear in accordance with applicable regulations. Team members work together in implementing the performance-based capitation because the success of the performance-based capitation does not depend on one factor alone, but all indicators and their supporters are involved. The bureaucratic structure at the Pratama Clinic varies depending on the ownership and status of the clinic. This is related to the implementation of the performance-based capitation at the Pratama Clinic. This also has an impact on the pattern of relationships within the bureaucracy. The involvement of the clinic manager in implementing the performance-based capitation in terms of monitoring, evaluation, and its implementation itself is also influenced by the type of each Pratama clinic.

CONCLUSION

The Primary Health Care Facility assessment through performance-based capitation uses three indicators—Contact Rate, Non-Specialist Outpatient Referral Ratio, and Prolanis Participant Ratio—to measure accessibility, service quality, and continuity of care. These are influenced by communication,

resources, commitment, and organizational characteristics. The study aims to improve performance-based capitation performance by strengthening Primary Health Facility capacity and providing input for BPJS Health monitoring. Further research is recommended to identify the most influential factors for targeted improvement.

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