
CHALLENGES AND STRATEGIES FOR IMPLEMENTING PERFORMANCE-BASED CAPITATION IN INDONESIAN COMMUNITY HEALTH CENTER : A SCOPING REVIEW

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ABSTRACT

This study examines the implementation and challenges of performance-based capitation (KBK) at Community Health Centers (Puskesmas) in Indonesia, as a part of the National Health Insurance Program, aiming to improve the efficiency and quality of primary health services. Despite its potential, the implementation of KBK faces various challenges including inadequate human resources, limited infrastructure, and insufficient monitoring systems. The study uses a scoping review framework based on the Public Health Care Monitoring Conceptual Framework by WHO, analyzing 11 selected studies from 2021 to 2024. Findings indicate that internal factors such as management capacity, health worker competence, and organizational culture significantly impact the effectiveness of KBK. External factors like local government support, funding policies, and infrastructure availability also play crucial roles. Technological barriers, particularly in remote areas, hinder optimal policy implementation. The study emphasizes the need for clear regulations, consistent policy dissemination, and effective monitoring to ensure successful KBK implementation. Recommendations include strengthening leadership, training health workers, improving infrastructure, and enhancing digital health technology utilization. These strategies aim to optimize resource allocation, enhance service access, and improve patient satisfaction in Indonesia's primary health care system.

KEYWORDS *performance, capitation, KBK, community, puskesmas, health care, health center*



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INTRODUCTION

The implementation of the National Health Insurance Program has reached a decade since it was first implemented in 2014. The presence of this program has been proven to help many people. However, 10 years into its journey, it is still faced with criticism, complaints, shortcomings and dissatisfaction from various parties. One of them is how the implementation of primary health services, especially Community Health Centers, can run in line with the vision, mission and objectives of the national health insurance program itself.

Puskesmas is the spearhead of the primary health system in Indonesia which plays an important role in providing basic health services, which focuses more on promotive and preventive efforts without neglecting curative and rehabilitative services. Apart from that, the Community Health Center has a role as a gatekeeper in deciding whether patients continue to receive comprehensive services or must be referred to hospital. The impact resulting from the decision to refer influences the level of efficiency in the use of health care costs incurred. For this reason, optimal Puskesmas performance can increase efficiency, effectiveness, quality and patient satisfaction. (Peraturan Menteri Kesehatan Republik Indonesia No. 43 Tahun 2019 Tentang Pusat Kesehatan Masyarakat, 2019)

The Health Social Security Administering Agency (BPJS Kesehatan) has developed a performance-based capitation payment system to Community Health Centers since 2016 based on Joint Regulations of the Secretary General of the Ministry of Health and the Main Director of BPJS Health Number HK.02.05/III/SK/089/2016 and Number 3 of 2016 concerning Technical Instructions for Implementing Capitation Payments Based on Fulfillment of Service Commitments at First Level Health Facilities (FKTP), where payments are given based on how successfully the performance indicators are achieved. FKTP will receive 100% payment if all indicators are achieved perfectly. Meanwhile, payments are given below 100% if these indicators do not reach the expected targets. (Peraturan BPJS Kesehatan No. 7 Tahun 2019 Tentang Petunjuk Pelaksanaan Pembayaran Kapitasi Berbasis Kinerja Pada Fasilitas Kesehatan Tingkat Pertama, 2019)

Performance-based capitation has been implemented in Community Health Centers as part of health system reform in Indonesia. The government is trying to improve the quality of primary health services by using a capitation approach that considers performance. This is in line with efforts to optimize resource allocation and ensure access to quality health services. (Peraturan Presiden No 82 Tahun 2018 Tentang Jaminan Kesehatan Nasional, 2018)

Even though it has good aims, the implementation of performance-based capitation in community health centers faces various challenges, including a lack of adequate human resources, limited facilities, and a lack of an effective monitoring and evaluation system. This can affect the effectiveness of this policy in improving service quality. (Fahmil et al., 2022)

Some previous literature states that internal factors such as management capacity, competence of health workers, and organizational culture in community health centers also greatly influence the success of implementing performance-based capitation. Health workers who are not trained or are not sufficient in number

will hinder the optimal implementation of these policies .(Roykardo & Nurani, 2024)

External factors such as support from local governments, funding policies, and infrastructure availability also play an important role.(Fadila & Katmini, 2022) Community health centers in remote areas often have difficulty implementing performance-based capitation due to limited access to technology and logistics. (Syam et al., 2023)

Clear regulations and consistent policies are needed to ensure that the implementation of performance-based capitation runs as intended. The government through the Ministry of Health and BPJS Health needs to ensure that the technical guidelines and incentives provided to community health centers can be properly accessed. (Kemenkes RI, 2016)

An effective monitoring and evaluation system is very important to ensure that the implementation of performance-based capitation in community health centers achieves the desired targets. Weak monitoring can cause misalignment between policy objectives and results in the field.(Fadila & Katmini, 2022)

To achieve continuous improvement in FKTP performance, it is necessary to know how was policy is implemented and what factors could affect the achievement of performance based capitation (KBK) indicators. This study aims to identify them.(WHO, 2021) The framework used for reviewing the literatures is based on Public Health Care Monitoring Conceptual Framework by WHO (Figure 1).

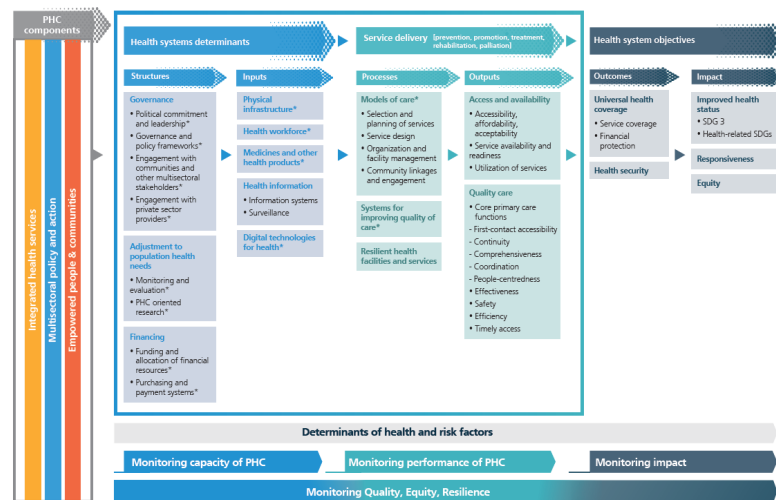


Figure 1. Primary Health Care Monitoring Conceptual Framework (WHO, 2022)

According to previous research by Laila Fadhilah Maulidati, Chatila Maharan (2022) with research entitled Evaluation of the Chronic Disease Management Program (Prolanis) During the Covid-19 Pandemic at Temanggung Community Health Center. The results of the research are differences in input occur in aspects of funds and materials, exercise activities are stopped and medication is taken every two months. Process differences occur in planning, organizing and implementation. The difference in output was an increase in the number of registered participants visiting during the pandemic, although the achievement was still below the target.

The ratio of controlled prolans participants (RPPT) has not changed, remaining low both before and during the pandemic.

Based on the previous research above, the novelty of this study is using a scoping review approach that focuses on evaluating the implementation of performance-based capitation (PPC) in Puskesmas in Indonesia. Although many previous studies have examined PPC, this study specifically reviews more comprehensive literature using a public health monitoring framework adopted from WHO, which has not been widely applied in an integrated manner in the context of PPC in Indonesia.

This study aims to identify the main challenges faced by Puskesmas in Indonesia in implementing performance-based capitation (PPC) as part of the National Health Insurance Program.

The results of this study are expected to help policy makers understand the factors that hinder the success of PPC and provide suggestions for improvements in terms of regulations and procedures, such as leadership training and the use of digital health technology.

RESEARCH METHOD

The research stages refer to the scoping review framework of Arksey and O'Malley (Arksey & O'Malley, 2005). The steps are contained 1) compiling research questions, 2) identifying relevant studies, 3) selection of studies, 4) data mapping, and 5) compiling and reporting the result of analysis.

Compiling Research Questions

The research questions developed refers to the purpose of this literature study: How to analyze implementation of performance based capitation and what are the factors that affect FKTP's achivement of KBK indicators?

Identify Relevants Studies

At this stages, a search for published journal articles through an electronic database is carried out. Literatyre search was conducted systematically from 2021-2024 using Google Scholar, Science Direct, PubMed, Elsevier Scopus, and Emerald Insight. The keywords used in the literature search are "Kapitasi Berbasis Kinerja di Puskesmas" for Google Scholar, "Performance Based Capitation, Community Health Centers" for Science Direct, "Performance Based Capitation, Community Health Services" for PubMed and Elsevier Scopus, and then also "Performance Based Capitation, Payment, Primary Health Care for Emerald Insight.

Selection of Studies

Studies are said to be feasible if they meet the following inclusion criterias published in the period between 2021-2024, use Indonesian or English, fully open access, and factors that affect the KBK of FKTP is related in PHC Monitoring Conceptual Framework.

Literatures search result are described using flow diagram to see the literature identified, the selection process, articles that suitable eligibility criteria, and articles included in a through review. (Figure 2). There are 1.002 articles were identified based on criteria, that consist of 502 articles from google scholar, 258 articles from sience direct, 11 articles from pubmed, 5 articles from scopus and 226 articles from emerald insight. 316 articles were excluded due to duplication. And then 686 were excluded due lack of relevance to the researc purposes, not available in full version and there is no relation due to PHC monitoring conceptual framework. Finally, from

11 articles we assessed for quality and conformity with research question. Eleven articles were included for further analysis.

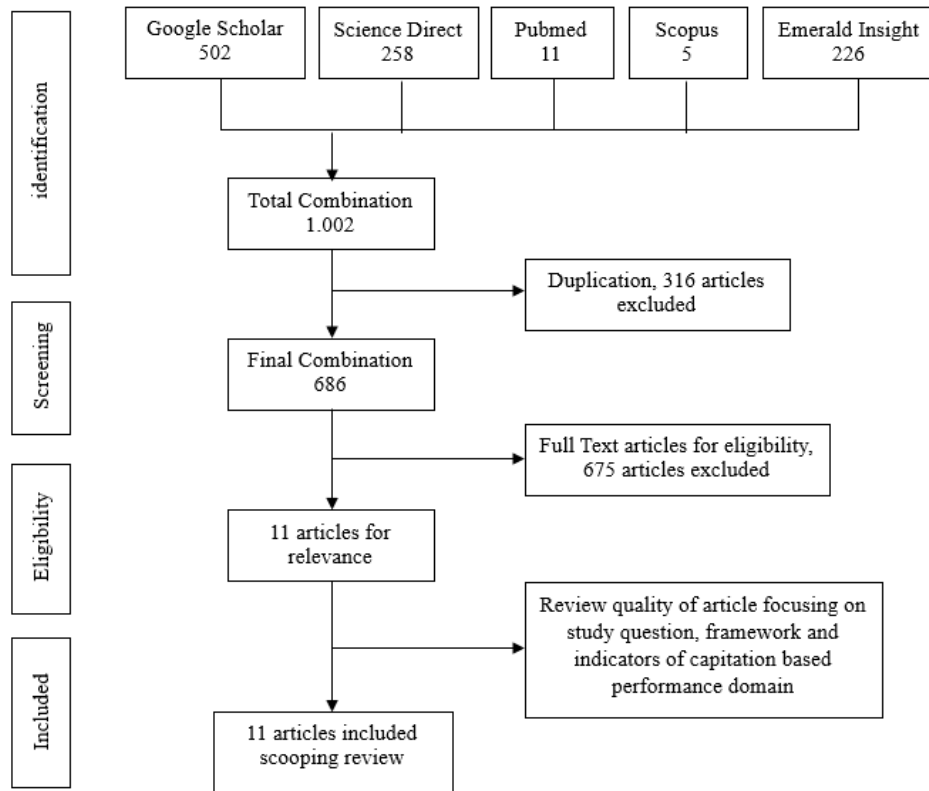


Figure 2. Article Selection Diagram

Data Mapping

Data analysis and mapping are conducted after an article fits the criteria. Data mapping results are presented in the form of a table matrix .

Compiling and Reporting the Result of Analysis

At this stages, the author analyzes, summarizes, and compiles the selected literatur to produce result and discussion.

RESULT AND DISCUSSION

Based on 11 articles selected from the period 2021-2024 we obtained factors that affect the achievement of KBK as shown in the following table.

Tabel. 1 Literatur Review Resume

Author	Journal	Title	Research Design	Result
Laila Fadhillah Maulidati, Chatila Maharani	Jurnal Kesehatan Masyarakat , Vol. 10 No. 2 Maret 2022	Evaluation of the Chronic Disease Management Program (Prolanis) During the Covid-19 Pandemic at Temanggung Community Health Center	Qualitative with a case study approach and thematic analysis techniques	Differences in input occur in aspects of funds and materials, exercise activities are stopped and medication is taken every two months. Process differences occur in planning, organizing and implementation. The difference in output was an increase in the number of registered participants visiting during the pandemic, although

Author	Journal	Title	Research Design	Result
				the achievement was still below the target. The ratio of controlled prolanis participants (RPPT) has not changed, remaining low both before and during the pandemic.
Anggi Setiawati, Riyana Hadihtya	Manajemen Informasi Kesehatan, Vol. 9, No. 1 Juni 2024	Analysis of the Implementation of BPJS Patient Contact Numbers at the Cibodas Community Health Center, Lembang District, West Bandung Regency	Qualitative with a case study approach, data collection method using a questionnaire	Achievement of Contact Rates in Performance-Based Capitation Indicators at Cibodas Community Health Center has not met the target, due to lack of patient knowledge in using the Mobile JKN application.
Mujiburrahman, Arif Sofyandi	Bima Nursing Jurnal, Vol 2. No. 2, Mei 2021	Analysis of Communication and Resources in the Implementation of the Capitation Policy Based on the Service Commitment of the Social Security Agency (KBK-BPJS) Health	Qualitative, data collection using interviews (in-depth interviews) and observation	The communication built at FKTP has been going well. Likewise with the availability of adequate human resources. However, regarding new policy changes in the implementation of KBK, more intensive outreach needs to be carried out from BPJS Health.
Surya Fahmil, Zulfendri, Rahmat Alyakin Dachidkk	Jurnal Kesehatan Masyarakat, Vol. 6 No. 1, April 2022	Analysis of the Implementation of Capitation Based on Fulfilling Service Commitments at the Langkat Regency Health Center.	Qualitative descriptive, purposive method. Miles and Huberman's data analysis was carried out interactively and took place continuously	Facilities and infrastructure resources at the Community Health Center are adequate to support the implementation of KBKP. Human resources are adequate in terms of numbers, but inadequate in terms of expertise and time required. Cross-sectors do not have a significant influence.
Novat Pugo Sambodo, Ignatius Bonfrer Robert Sparrow, dkk	Social Science & Medicine, Vol. 327, April 2023	Effects of performance based capitation payment on the use of public primary health care services in Indonesia	Quantitative with Quasi Experimental design. Using the Difference in Differences approach. The sampling technique uses stratified random sampling	The KBK implemented at the Community Health Center has had a positive impact, but is still far below the expected target. There has been an increase in the number of visits to the Community Health Center, although it is still below the target of 15%. There was a small increase in chronic patient visits although well below the minimum target of 50% expected from the program. And there is no

Author	Journal	Title	Research Design	Result
				significant effect on hospital referral rates.
Garibaldi Dantas Gurgel Junior, Soren Rud Kristensen, Everton Nunes da Silva, dkk	Health policy, Vol. 128 November 2022	Pay for performance for primary health care in Brazil : A comparison with England's Quality Outcomes Framework and lessons for the future	Qualitative with comparative analysis. Data collection techniques use literature reviews	The PMAQ program in Brazil is the largest pay for performance (P4P) scheme for primary health care in the world. This program was successful in creating a new source of funding to support family health teams (FHT) and improve access and quality of primary health care. However, this program has weaknesses in the form of first, unclear incentives because the indicator system is very complex, and the health team's lack of understanding of indicator achievement. Second, freedom of use of funds by local governments. and Third, the factor of delay in incentive payments.
Siti Halimatul Munawaroh, Misnarti, Isnurhadi	JUMANTI K, Vol. 7, No. 2 Mei 2022	Analysis of Factors for Achieving Capitation Indicators Based on Fulfillment of Service Commitments (KBPKP) in Palembang City Health Centers.	Quantitative, Observational Analytical Method, cross sectional study approach.	There is a significant relationship between transmission, clarity, consistency, commitment, SOP and fragmentation on KBPKP achievement. There is no significant relationship between incentives and KBPKP achievement.
Rachel Tobey, James Maxwell, Eric Turer, dkk	The Milbank Quarterly, Vol. 100 No. 3 2022	Health Centers and Value Based Payment : A Framework for Health Center Payment Reform and Early Experiences in Medicaid Value Based Payment in Seven States	Mix methods, Qualitative through key informants with health center leaders in seven states and Quantitative by analyzing the Uniform	The layered payment model is useful for implementing and monitoring the adoption of value based payment (VBP) in health centers. Health center participation in VBP in seven states increased from 35% to 58% between 2013 and 2017. State policies, financial incentives and collaboration between health centers and medicaid are important to increase adoption of VBP, and

Author	Journal	Title	Research Design	Result
			Data System (UDS) and financial data of health centers in seven states.	tiered payment models provide an effective approach to measure and monitor these developments.
Rizki Fadila, Mega Putri Via, AAI Citra Dewiyan, dkk	Jurnal Kesehatan Qomarul Huda, Vol. 11, No. 1, Juni 2023	Analysis of the Achievement of Performance-Based Capitation Indicators During the Covid 19 Pandemic	Qualitative descriptive, Location of all health centers in Blitar City, Informant selection technique using purposive sampling. The data collection method uses documentation studies and interviews	Obstacles to achieving the contact number indicator target are the spread of the Covid-19 virus, disruption of the P-Care application network and the lack of staff ability to input data. The challenge in achieving the RRNS indicator is the request for patients to be referred directly to the hospital, differences in perceptions of the implementation of referrals between the Community Health Center and BPJS Health. The obstacle in achieving the RPPT is that most of the participants are elderly.
Euis Yanti Supartika, Kosasih, Etty Sofia Mariati Asnar	Open Journal System, Vo. 18 No. 10 Mei 2024	Strategy to Increase Achievement of Performance-Based Capitation (KBK) Through Management Functions in West Bandung Regency Regional Health Centers	Qualitative Descriptive with in-depth interviews and literature study	The planning strategy created by the community health center is not carried out systematically and structured, especially in problem identification and analysis. There is a match between the planning and implementation functions in the three community health centers studied. The positive attitude and motivation of leaders towards employees has proven to be effective in running the organization. Variations in the implementation of performance strategies in community health centers have an impact on the results of performance indicators.

Author	Journal	Title	Research Design	Result
Nanda Elok Juwita, Dwi Santoso	Jurnal Jaminan Kesehatan Nasional, Vol. 3, No. 2, Desember 2023	Analysis of Effective Communication on Performance-Based Capitation Achievements in First Level Health Facilities in Bengkulu Regency.	Qualitative, in-depth interviews. Informant selection techniques are based on inclusion criteria. Data analysis techniques from Miles and Huberman. Validity of triangulation	Communication with REACH principles has been proven to be able to maintain the quality of interpersonal communication between BPJS Health Bangkayang and FKTP in accordance with what has been running from June 2020 to June 2023.

DISCUSSION

WHO advocates for sustainable and efficient financing systems to support primary health. This includes the use of payment mechanisms such as capitation and pay-for-performance designed to ensure affordable health services and reduce unnecessary costs to the health system and society.(Obadha et al., 2020) It is also said that PHC also requires a fair and sustainable financing system, including schemes such as capitation and pay for performance that can optimize resource allocation and ensure that health services reach everyone without a large financial burden on community.(Wijayanta et al., 2023)

The implementation of KBK in Indonesia aims to improve service quality and satisfaction of JKN participants, which is based on various types of measurements and standards so as to increase cost efficiency, so that only FKTP that meet all targets are entitled to 100% capitation payment. These indicators are achieving a contact rate of more than 150 per mil, non-specialist referrals of less than 2 percent and achieving a ratio of controlled prolanis participants of more than 5 percent.(Peraturan BPJS Kesehatan No. 7 Tahun 2019 Tentang Petunjuk Pelaksanaan Pembayaran Kapitasi Berbasis Kinerja Pada Fasilitas Kesehatan Tingkat Pertama, 2019) In accordance with the monitoring concept in primary health care, we can find it in 11 research articles in the study scoping several factors, namely 1) Commitment and Leadership, 2) Strengthening Health Workers, 3) Adequate Infrastructure, 4) Utilization of Technology Digital Health, 5) Budget and Incentives, 6) Monitoring and Evaluation.

Commitment and Leadership

Commitment and leadership at the community health center level greatly determines the achievement of KBK indicators. Studies in Palembang show that many community health centers have not been able to achieve the indicators due to a lack of commitment from the leadership. (Munawarah et al., 2022) The lack of commitment from the FKTP head in managing and motivating staff is one of the factors causing the low achievement of the KBK indicators.(Fahmil et al., 2022) Ineffective leadership has an impact on low motivation of health workers and the inability to achieve predetermined targets. (Fadila & Katmini, 2022)

Studies in West Bandung Regency show that the role of community health center management is very important in determining the success of achieving KBK indicators. Heads of community health centers need to strengthen planning, organizing and monitoring functions to ensure optimal performance. (Supartika et al., 2024) Communication effectiveness is an important factor in achieving KBK indicators. Research in Bengkayang shows that effective communication between BPJS Health and FKTP can increase KBK achievement by up to 100% in several health facilities. (Juwita & Santoso, 2023). This strategy can be implemented post-pandemic to improve communication between stakeholders.

The KBK policy in Palembang still faces challenges in coordinating and disseminating the policy to health workers at community health centers. Post-pandemic, this coordination function must be further optimized to ensure that each health facility understands and is able to implement policies correctly. (Munawarah et al., 2022) Many JKN participants do not understand the benefits and services provided by FKTP, so they do not utilize primary health services optimally. This resulted in the controlled contact rate and Prolanis ratio not being achieved according to the target. (Fadila & Ahmad, 2021) The low level of patient participation in the Prolanis program at FKTP is often caused by a lack of education and outreach about the importance of the program. This factor influences the achievement of a controlled Prolanis ratio which is one of the main indicators in KBK. (Lestari et al., 2022)

Strengthening Health Workers

Many FKTPs lack health workers trained to operate health information systems such as the P-Care application. This results in data recording and reporting that is not optimal, thus affecting the achievement of contact numbers and other indicators. (Fahmil et al., 2022) (Yanthi et al., 2023) Implementation of a health information system that is not supported by adequate training and assistance results in low quality data input. Many officers have difficulty operating the applications used for recording and reporting, thereby affecting the accuracy and effectiveness of reporting. (Rosita & Nuzul, 2024)

FKTP is often unable to optimize the referral system according to standards, which causes a high number of non-specialist referrals that should be handled at FKTP. This problem is related to the limited competency of health workers as well as the availability of adequate equipment and medicines. (Yanthi et al., 2023) (Semarajana et al., 2022) Investment in health human resources (SDMK) is very important. WHO emphasizes training and capacity building for health workers so they can provide services that meet community standards and needs. In addition, ensuring that health workers are evenly distributed throughout the region, including remote areas, to be a priority. (WHO, 2021) (Aryani et al., 2024)

Adequate Infrastructure

Some FKTPs experience limitations in terms of medical equipment, medicines and other supporting facilities that are essential for handling cases at the primary level. This lack of facilities and infrastructure causes FKTP to be unable to meet the Non-Specialized Referral (RNS) indicators according to targets. (Syam et al., 2023) (Yanthi et al., 2023)

Utilization of Digital Health Technology

The COVID-19 pandemic has brought major challenges to achieving KBK indicators. The article discussing the Blitar area shows that the spread of the virus

and technical problems in the health application system are the main obstacles in achieving indicator targets such as contact rates and referral ratios.(Fadila et al., 2023) Post-pandemic strategies must take these obstacles into account to tailor a more adaptive approach. Post-pandemic, the KBK strategy must include a flexible approach that adapts to conditions on the ground, especially in responding to fluctuations in the number of visits and changing community needs. Technical barriers such as health app glitches indicate that technology use must be accompanied by adequate training and support. Adaptation of programs such as Prolanis is important to maintain activities even in crisis situations such as a pandemic.(Maulidati & Maharani, 2022)

There is a need for technological infrastructure support and training for health workers to achieve more optimal KBK indicators. Post-pandemic, this strategy must be a priority to increase the efficiency of the health system.(Mujiburrahman & Sofyandi, 2021) WHO encourages the use of health technology, such as telemedicine and health information systems, to improve the accessibility and efficiency of health services, especially in remote areas. This technology also supports better monitoring and evaluation of PHC program achievements.(Korneta et al., 2021)

Budget and Incentives

Comparison with similar programs in other countries, such as Brazil, shows that performance-based incentives can be optimized through clearer arrangements and well-structured performance measurements.(Tobey et al., 2022) This lesson can be a reference for Indonesia in improving the design and implementation of KBK. FKTP often does not receive sufficient policy and budget support from local governments and BPJS Health. This causes a lack of funds for developing facilities, training and incentives for Health workers.(Fadila & Katmini, 2022) (Syam et al., 2023)

Research in Cibodas highlights that not all FKTPs are able to achieve the target number of contacts expected in the KBK. Evaluation and improvement of the recording system as well as motivation for health workers are urgently needed.(Setiawati & Hadihtya, 2024) High workload without adequate incentives causes a decrease in the motivation of health workers at FKTP. This has an impact on low effectiveness in achieving KBK targets, such as contact rates and reduced non-specialist referrals.(Syam et al., 2023)

In several states of the United States, a layered payment model for health centers is implemented, consisting of basic payments (Layer 1), payments for coordination and infrastructure (Layer 2), and performance incentives (Layer 3). This model is designed to drive the transformation of health services from a visit-based system to a population-based approach. This study concludes that the tiered payment model is effective for implementing and incorporating VBP implementation in health centers. State policy support, financial incentives from Medicaid agencies, and collaboration between health centers and Medicaid are needed to increase participation in VBP. To strengthen VBP implementation, there needs to be close collaboration between state primary care associations and health center leadership to shape policies that support a more flexible, population-based health care transformation.(Tobey et al., 2022).

Monitoring and Evaluation

Evaluation of the Prolanis program in Temanggung shows a significant decrease in the contact rate and controlled Prolanis participant ratio (RPPT) during the pandemic. This indicates that although there have been improvements, a more focused and comprehensive strategy is still needed. (Maulidati & Maharani, 2022) The lack of regular monitoring and evaluation from BPJS Health and the health service means that many FKTPs are not monitored optimally in achieving KBK indicators. This results in problems not being identified and not being handled quickly. (Fadila & Katmini, 2022)

CONCLUSION

The main key issues in achieving KBK in FKTP involve (1) Commitment and Leadership, (2) Strengthening Health Workers, (3) Adequate Infrastructure, (4) Utilization of Digital Health Technology, (5) Budget and Incentives, (6) Monitoring and Evaluation. These factors are in line with the components in the domains of the WHO primary health care conceptual framework. The strategy to increase performance-based capitation (KBK) must focus on improving communication and leadership, aggressively disseminate and utilize digital health technology, strengthening infrastructure, adequate budgeting and incentives, and increasing managerial capabilities at FKTP. Learning from other countries and adapting local policies are the keys to successful, more effective implementation of the KBK.

With the various challenges faced, it is necessary to evaluate and adjust policies so that they are more adaptive to conditions in the field. The government needs to review existing regulations and increase infrastructure support, training and incentives to ensure performance-based capitation can be effective and sustainable.

REFERENCES

- Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology: Theory and Practice*, 8(1), 19–32. <https://doi.org/10.1080/1364557032000119616>
- Aryani, A. D., Bachtiar, A., & Candi, C. (2024). The Structural Equation Modelling of First Level Health Facilities' Performance-Based Capitation Payment in National Health Service. *Kesmas*, 19(1), 35–41. <https://doi.org/10.21109/kesmas.v19i1.7340>
- Fadila, R., & Ahmad, A. N. (2021). Determinan Rendahnya Partisipasi dalam Program Pengelolaan Penyakit Kronis di Puskesmas. *Jurnal Kesehatan Vokasional*, 6(4), 208. <https://doi.org/10.22146/jkesvo.66299>
- Fadila, R., & Katmini. (2022). Determinan Pencapaian Indikator Kapitasi Berbasis Kinerja pada Fasilitas Kesehatan Tingkat Pertama: Tinjauan Sistematis. *Jurnal Kesehatan Komunitas*, 8(3), 408–417. <https://doi.org/10.25311/keskom.vol8.iss3.1272>

- Fadila, R., Mega Putri Via, AAI Citra Dewiyani, & Anggi Ardhia. (2023). Analisis Pencapaian Indikator Kapitasi Berbasis Kinerja Pada Masa Pandemi Covid 19. *Jurnal Kesehatan Qamarul Huda*, 11(1), 241–249. <https://doi.org/10.37824/jkqh.v11i1.2023.446>
- Fahmil, S., Alyakin Dachi, R., Ginting, D., & Lina Tarigan, F. (2022). Analisis Implementasi Kapitasi Berbasis Pemenuhan Komitmen Pelayanan Di Puskesmas Kabupaten Langkat. *Prepotif Jurnal Kesehatan Masyarakat*, 6(1).
- Juwita, N. E., & Santoso, D. (2023). Analisis Komunikasi Efektif Terhadap Capaian Kapitasi Berbasis Kinerja di Fasilitas Kesehatan Tingkat Pertama Kabupaten Bengkayang. *Jurnal Jaminan Kesehatan Nasional*, 3(2), 37–55. <https://doi.org/10.53756/jjkn.v3i2.175>
- Kemenkes RI. (2016). *Buku Panduan Jaminan Kesehatan Nasional (JKN) Bagi Populasi Kunci*.
- Korneta, P., Kludacz-Alessandri, M., & Walczak, R. (2021). The impact of COVID-19 on the performance of primary health care service providers in a capitation payment system: A case study from Poland. *International Journal of Environmental Research and Public Health*, 18(4), 1–19. <https://doi.org/10.3390/ijerph18041407>
- Lestari, A. D., Witcahyo, E., & Sandra, C. (2022). Sumber Daya Manusia dan Manajemen Puskesmas dalam Mencapai Indikator Rasio Peserta Prolanis Terkendali (RPPT) di Kabupaten Situbondo. *Jurnal Penelitian Kesehatan Forikes*, 13(4). <https://doi.org/10.33846/sf13418>
- Maulidati, L. F., & Maharani, C. (2022). Evaluasi Program pengelolaan Penyakit Kronis (PROLANIS) Pada Masa Pandemi Covid-19 Di Puskesmas Temanggung. *Jurnal Kesehatan Masyarakat*, 10(2), 233–243. <https://doi.org/10.14710/jkm.v10i2.32800>
- Mujiburrahman, & Sofyandi, A. (2021). Analisis Komunikasi dan Sumberdaya dalam Implementasi Kebijakan Kapitasi Berbasis Komitmen Pelayanan Badan Penyelenggara Jaminan Sosial (KBK-BPJS) Kesehatan. *Bima Nursing Journal*, 2(2). <http://jkp.poltekkes-mataram.ac.id/index.php/bnj/index>
- Munawarah, S. H., Misnaniarti, M., & Isnurhadi, I. (2022). Analisis Faktor Pencapaian Indikator Kapitasi Berbasis Pemenuhan Komitmen Pelayanan (KBPKP) di Puskesmas Kota Palembang. *JUMANTIK (Jurnal Ilmiah Penelitian Kesehatan)*, 7(2), 159. <https://doi.org/10.30829/jumantik.v7i2.11309>
- Obadha, M., Chuma, J., Kazungu, J., Abihiro, G. A., Beck, M. J., & Barasa, E. (2020). Preferences of healthcare providers for capitation payment in Kenya: A discrete choice experiment. *Health Policy and Planning*, 35(7), 842–854. <https://doi.org/10.1093/heapol/czaa016>
- Peraturan BPJS Kesehatan No. 7 Tahun 2019 Tentang Petunjuk Pelaksanaan Pembayaran Kapitasi Berbasis Kinerja Pada Fasilitas Kesehatan Tingkat Pertama (2019).

- Peraturan Menteri Kesehatan Republik Indonesia No. 43 Tahun 2019 Tentang Pusat Kesehatan Masyarakat (2019).
- Peraturan Presiden No 82 Tahun 2018 Tentang Jaminan Kesehatan Nasional (2018).
- Rosita, S., & Nuzul, R. Z. (2024). Implementasi Kapitasi Berbasis Kinerja (KBK) di Puskesmas Meuraxa Kota Banda Aceh Implementation of Performance Based Capitation (KBK) at the Meuraxa Community Health Center, Banda Aceh City. In *Journal of Healthcare Technology and Medicine* (Vol. 10, Issue 1).
- Roykardo, B. A., & Nurani, N. (2024). Pengaruh Remunerasi dan Motivasi Pegawai terhadap Kinerja di Puskesmas Pasundan dan Puskesmas Talaga Bodas Kota Bandung. *Jurnal Syntax Admiration*, 5(5), p-ISSN.
- Semarajana, I., Suwedia, I., Daruki, M., & Damayanti, A. (2022). Faktor Faktor yang Berhubungan dengan Tingginya Rujukan Kasus Non Spesialistik oleh Fasilitas Kesehatan Tingkat Pertama Di Era Jaminan Kesehatan Nasional: Systematic Review. *Jurnal Administrasi Rumah Sakit Indonesia*, 8.
- Setiawati, A., & Hadihtya, R. (2024). Analisis Implementasi Angka Kontak Pasien BPJS di Puskesmas Cibodas Kecamatan Lembang Kabupaten Bandung Barat. *Manajemen Informasi Kesehatan*, 9(1).
- Supartika, E. Y., Kosasih, & Asnar, E. S. M. (2024). Strategi Meningkatkan Capaian Indikator Kapitasi Berbasis Kinerja (KBK) Melalui Fungsi Manajemen Di Puskesmas Wilayah Bandung Barat. *Open Journal System*, 18(10).
- Syam, A., Nurlila, R. U., & Risky, S. (2023). Faktor Faktor yang Berhubungan dengan Pencapaian Indikator Kapitasi Berbasis Komitmen Pelayanan di Puskesmas Kabupaten Kolaka. *Media Publikasi Promosi Kesehatan Indonesia*, 6(6). <https://doi.org/10.31934/mppki.v2i3>
- Tobey, R., Maxwell, J., Turer, E., Singer, E., Lindenfeld, Z., Nocon, R. S., Coleman, A., Bolton, J., Hoang, H., Sripipatana, A., & Huang, E. S. (2022). Health Centers and Value-Based Payment: A Framework for Health Center Payment Reform and Early Experiences in Medicaid Value-Based Payment in Seven States. *Milbank Quarterly*, 100(3), 879–917. <https://doi.org/10.1111/1468-0009.12580>
- WHO. (2021). *South-East Asia Regional Strategy for Primary Health Care : 2022-2030*. World Health Organization. Regional Office for South-East Asia.
- Wijayanta, S., Ginanjar, R., & Fadhillah, I. Q. (2023). Prototype Aplikasi Sistem Informasi Manajemen Pelayanan Prolanis Online (SIMPELPRO) untuk Mendukung Pencapaian Indikator Kapitasi Berbasis Komitmen Pelayanan di Fasilitas Kesehatan Tingkat Pertama Klinik Pratama Poltekkes Kemenkes Semarang. *Jurnal Rekam Medis Dan Informasi Kesehatan*, 6(1), 7–15. <https://doi.org/10.31983/jrmik.v6i1.9303>

Yanthi, B., Hendratini, J., & Sulisty, D. H. (2023). Determinan Rujukan Non Spesialistik Dengan Kriteria TACC di FKTP Kabupaten Batang Hari Tahun 2022. *Jurnal Jaminan Kesehatan Nasional*, 3(1).
<https://doi.org/10.53756/jjkn.v3i1.63>.