

Chapter 6. Conclusion and Recommendations

Diagnostic concordance between FKTP and referral hospitals is influenced by service capacity, patient characteristics, geographic access, continuity of chronic disease management, and hospital classification.

RRNS has limitations as a standalone performance indicator when implemented without risk adjustment and contextual evaluation. Strengthening FKTP diagnostic capacity, optimizing PRB and Prolanis programs, and incorporating risk-adjusted RRNS evaluation mechanisms are essential to improve fairness and effectiveness within the KBK framework.

Policy refinement is necessary to ensure that performance-based capitation supports quality improvement without generating unintended financial inequities.