

ABSTRAK

Latar Belakang : Dalam rangka menerapkan sistem kendali mutu dan kendali biaya, BPJS Kesehatan merancang suatu Indikator Kapitasi Berbasis Komitmen Pelayanan (KBKP) yang harus dipenuhi setiap FKTP yang bekerja sama dengan BPJS. Puskesmas di Kabupaten Pemalang, hanya satu dari dua puluh dua puskesmas yang sudah mencapai target pemenuhan KBKP. Dinas Kesehatan sebagai satuan kerja di tingkat daerah (kabupaten) berkewajiban untuk melakukan pembinaan dan pengawasan terhadap penyelenggaraan puskesmas.

Tujuan Penelitian : Mengidentifikasi Peran Dinas Kesehatan dalam melakukan koordinasi dan supervisi untuk menyelesaikan permasalahan pemenuhan KBKP.

Metode Penelitian : Metode penelitian adalah kualitatif dengan pendekatan studi kasus. Pengumpulan data menggunakan wawancara, observasi dan telaah dokumen. Informan terdiri dari 1 (satu) staff BPJS Kesehatan, 6 (enam) informan dari Dinas Kesehatan, dan 14 (empat belas) informan dari Puskesmas di wilayah Kabupaten Pemalang.

Hasil : Saat berkoordinasi Dinas Kesehatan tidak mengurai permasalahan KBKP secara tepat, namun mendorong Puskesmas untuk melakukan upaya *upcoding*, Puskesmas lebih banyak menyusun strategi sendiri. Rapat koordinasi dilakukan bertahap dari internal Dinas Kesehatan, dengan Puskesmas dan yang terakhir antara Dinas Kesehatan, BPJS Kesehatan dan Puskesmas. Pada rapat koordinasi masih terdapat hal yang ditutupi dari BPJS Kesehatan yaitu *fraud* yang dilakukan. Supervisi yang dilakukan belum khusus membahas KBKP, karena diintegrasikan dengan program Dinas Kesehatan (Bidang Yankes). Bidang Yankes sebagai pelaksana koordinasi dan supervisi belum memahami hal-hal KBKP termasuk mutu pelayanan kesehatan.

Kesimpulan : Koordinasi Dinas Kesehatan dalam menyelesaikan permasalahan KBKP tidak solutif dan cenderung melakukan *fraud*, supervisi yang dilakukan masih terfokus pada program Dinas Kesehatan, tidak ada supervisi khusus mengenai KBKP. Perlu adanya pembangunan kapasitas pada staff Yankes mengenai KBKP sehingga koordinasi dan supervisi bisa mengatasi permasalahan KBKP.

Kata Kunci : Koordinasi, Supervisi, KBKP, Dinas Kesehatan

ABSTRACT

Background : In order to implementation the system of managing of health care quality and cost, BPJS (Health Insurance Organization of Government of Indonesia) design an indicator of Pay For Performance that has been targeted to every public health center (Puskesmas) that have a collaboration with BPJS. One of twenty two Puskesmas has already achieved the target of Pay For Performance. District Health Office (Dinas Kesehatan) as the government organization in the district level has to manage and supervise the work of Puskesmas.

The aim of the study is to identify the role of District Health Office in coordination and supervision to solve problems of Pay For Performance in public health center.

Research Method: The method used was qualitative with case study approach. The data gathering was done through interviews, observation and document collection. The informants were 1 (one) informant from BPJS Kesehatan, 6 (six) informan from District Health Office and 14 (fourteen) Informant from public health center.

Result: The result of discussion with staffs of Dinas Kesehatan explain that they can't identify the main problems of Pay For Performance and they tend to do *up coding* to public health center. Public health center work with their own strategy to achieve the target of Pay For Performance. However, Coordination meeting has been done in every level in District Health Office, between Public Helath Center and District Health Office, and among Public Helath Center, District Health Office and BPJS. In the coordination meeting, District Health Office tend to do something like Fraud. The Supervision of District Health Office to Public Helath Center is not specific to focus on Pay For Performance, because they integrate it into supervision of general programs in Health Services Division (Bidang Pelayanan Kesehatan) of District Health Office. Health Services Division as a coordinator and supervisor program of health services hasn't fully understand yet the program of even to quality of health services.

Conclusion: The coordination of the District Health Office in solving Pay For Performance fulfilment problem was still facilitative and less solutive. The supervision was limited to the District Health Office program. The supervised Pay For Performance program was usually the one that could be inserted in the District Health Office program only. It is necessary to improve coordination and supervision that is more comprehensive in providing solutions related to KBKP problems

Keywords: Coordination, Supervision, Pay For Performance, District Health Office