

# Dampak Implementasi Skema Pay For Performance (P4P) Terhadap Kualitas Layanan Kesehatan Pada Primary Care : Literature Review = The Impact of the Implementation of the Pay For Performance (P4P) Scheme on the Quality of Health Services in Primary Care : Literature Review

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## Abstrak

Konsep pay for performance (P4P) menjadi salahsatu upaya dalam meningkatkan kualitas layanan kesehatan. Konsep ini telah diterapkan di berbagai negara, namun implementasinya di Indonesia dalam sistem KBK masih minim evaluasi mengenai dampaknya terhadap kualitas layanan kesehatan primer mengingat capaian angka indikator KBK secara nasional masih belum mencapai angka ideal. Penelitian ini bertujuan untuk mendapatkan gambaran komponen disain sistem P4P, gambaran indikator kualitas yang digunakan untuk menilai dampak serta gambaran dampak P4P terhadap kualitas layanan kesehatan.

Penelitian ini menggunakan metode

literature review dengan basis data PubMed, Scopus, Proquest dan Science Direct. Hasil pencarian didapatkan 11 literatur yang berasal dari UK, US, Australia, Netherland dan Irlandia. Hasil penelitian dari segi komponen disain sistem P4P menunjukkan indikator klinis (berupa manajemen penyakit kronis) dan indikator pengalaman pada umumnya digunakan dalam skema P4P; penerapan target absolut dalam perhitungan insentif lebih sering digunakan daripada target relatif; mekanisme pembayaran berupa bonus finansial. Sebagian besar indikator klinis yang digunakan untuk menilai dampak P4P terhadap kualitas layanan kesehatan terkait dengan dimensi proses. Skema P4P menunjukkan dampak positif terhadap efektivitas manajemen penyakit kronis untuk sebagian besar penyakit namun belum efektif mengatasi masalah ketidakadilan dalam layanan kesehatan

.....The concept of pay for performance (P4P) is one of the efforts to improve the quality of health services. This concept has been applied in various countries, but its implementation in Indonesia in the KBK system is still minimal in evaluation of its impact on the quality of primary health services considering that the achievement of KBK indicator numbers nationally has not yet reached the ideal number. This study aims to obtain an overview of the components of the P4P system design, a description of the quality indicators used to assess the impact and an overview of the impact of P4P on the quality of health services. This study uses a literature review method with the PubMed, Scopus, Proquest and Science Direct databases. The search results obtained 11 literatures from UK, US, Australia, Netherland and Ireland. The results of the research in terms of the components of the P4P system design show that clinical indicators (in the form of chronic disease management) and experience indicators are generally used in P4P schemes; the application of absolute targets in the calculation of incentives is used more often than relative targets; payment mechanism in the form of financial bonuses. Most of the clinical indicators used to assess the impact of P4P on health care quality are related to the process dimension. The P4P scheme shows a positive impact on the effectiveness of chronic disease management for most diseases but has not been effective in addressing the problem of inequality in health services.