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Factors Associated With Performance-Based Capitation Indicator Achievement In Jambi City Primary Health Centers In 2026

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Abstract
Performance-Based Capitation (PBC) is a capitation payment system that assesses Primary Health Care Center performance based on the Contact Rate, Non-Specialist Outpatient Referral Ratio, and Controlled Prolanis Participant Ratio. Data from 2023–2025 showed variations in PBC achievement across centers. Paal V increased from 92% in 2023 and 93% in 2024 to 98% in 2025. Paal Merah II achieved 95% in 2023 and 2024, followed by 93% in 2025. Meanwhile, Talang Bakung achieved 90% in 2023, decreased to 86% in 2024, and increased to 91% in 2025. This study aimed to identify factors associated with PBC achievement in Jambi City in 2026. This study was a quantitative analytical study with a cross-sectional approach involving 89 health workers. The sample size was determined using the Lemeshow formula and allocated proportionally: 31 respondents from Paal V, 26 from Paal Merah II, and 32 from Talang Bakung. Data were collected through questionnaires and documentation and analyzed using univariate and bivariate analyses with the Chi-square test. The results showed significant associations between PBC achievement and human resources (p=0.020), facilities and infrastructure (p=0.017), health service information systems (p=0.043), organization (p=0.039), service management (p=0.017), and policies (p=0.021). In conclusion, all six factors were associated with PBC achievement.

Keywords: Keywords: PBC, Human Resources, Facilities And Infrastructure, Information Systems, Policy.

INTRODUCTION

Primary Health Care Facilities (PHCFs) are the first point of contact for people seeking health services. They play an important role in improving access to health care and reducing inequalities in health service delivery (Den et al., 2025). Under Law of the Republic of Indonesia Number 17 of 2023 concerning Health, community health centers are responsible for providing health services within their working areas. These services include health promotion, disease prevention, treatment, recovery, and care to improve community health and quality of life.

Performance-Based Capitation (PBC) is a payment system that links capitation payments to the performance of health services provided by primary health care facilities (Yunita et al., 2026). This policy aims to improve service quality by linking capitation payments to predetermined performance targets (Solikha et al., 2023). PBC achievement is assessed using three indicators: Contact Rate (AK), Non-Specialistic Outpatient Referral Ratio (RRNS), and Controlled Prolanis Participant Ratio (RPPT). The target for AK is at least 150‰ and is used to measure the utilization of primary health care services. The target for RRNS is no more than 2% and is used to assess referrals for non specialistic cases. Meanwhile, the target for RPPT is at least 5% and is used to assess the implementation of Prolanis in controlling the health conditions of participants with chronic diseases (Yunita et al., 2026).

Jambi City has 20 community health centers that have implemented PBC to support the National Health Insurance program (JKN) and improve the quality of primary health care services. Data from 2023 to 2025 show that PBC achievement generally ranged from 90% to 100% across community health centers in Jambi City (MHD. et al., 2024). In 2023, achievement rates of 99–100% were reported at Simpang IV Sipin, Kenali Besar, and Paal

V Community Health Centers. Rates of 93–95% were reported at Paal Merah II, Payo Selincah, and Simpang Kawat, while rates of around 90% were reported at Putri Ayu, Aur Duri, and Tanjung Pinang Community Health Centers.

In 2023, achievement rates of 99–100% were reported at Simpang IV Sipin, Kenali Besar, and Paal V Community Health Centers. Rates of 93–95% were reported at Paal Merah II, Payo Selincah, and Simpang Kawat, while rates of around 90% were reported at Putri Ayu, Aur Duri, and Tanjung Pinang Community Health Centers (B. K. C. K. Jambi, n.d.). In 2025, achievement rates of 99–100% were reported at Simpang IV Sipin and Paal V. Rates of 93–98% were reported at Paal Merah II, Payo Selincah, and Paal Lima, while rates of 89–91% were reported at Rawasari, Palmerah I, and Talang Bakung Community Health Centers. These findings indicate that although PBC achievement was generally high, differences remained among community health centers and across years. Therefore, it is necessary to identify the factors associated with PBC achievement.

Previous studies have identified several factors related to PBC implementation. Tri Cahyati et al. (2023) reported that the availability of human resources supports health service delivery, Prolanis implementation, and data entry through the P-Care system (Tri Cahyati et al., 2023). Purnamasari et al. (2025) found that PBC implementation faced several challenges, including limited health workers, inadequate facilities and technology, program management constraints, limited technical capacity among health workers, and low community participation (Purnamasari et al., 2024). Meanwhile, Husdiningsih et al. (2026) reported that PBC achievement was related to organizational capacity, program management, and the accuracy of service data recording and reportin (Husdiningsih et al., 2026).

However, research examining several factors simultaneously in relation to PBC achievement at community health centers in Jambi City remains limited. Differences in achievement among community health centers highlight the need for further investigation. Therefore, this study aimed to determine the factors associated with PBC achievement at community health centers in Jambi City in 2026, focusing on human resources, facilities and infrastructure, health service information systems, organization, service management, and policies.

RESEARCH METHODS

This study used a quantitative analytical design with a *cross-sectional* approach. It was conducted in 2026 at Paal V, Paal Merah II, and Talang Bakung Community Health Centers in Jambi City. The study population consisted of health workers employed at the selected community health centers. A total of 89 respondents were included in the study based on the research eligibility criteria.

The study used primary and secondary data. Primary data were collected through questionnaires to assess human resources, facilities and infrastructure, health service information systems, organization, service management, and policies. Each variable was categorized based on its median value. Secondary data were obtained from community health center records and BPJS Kesehatan to assess the achievement of Performance-Based Capitation (PBC) indicators.

KBK achievement was categorized as achieved if all indicators met their respective targets during the January–March 2026 period. Conversely, KBK achievement was categorized as not achieved if at least one indicator failed to meet its target. The data were analyzed using univariate analysis to describe the frequency distribution of each variable and bivariate analysis to examine the associations between the independent variables and KBK

achievement. The Chi-square test was used, with a significance level of 5% $\alpha = 0.05$.

RESULTS AND DISCUSSION

The study was conducted at three community health centers in Jambi City: Paal V, Paal Merah II, and Talang Bakung. These facilities were selected to represent different levels of Performance-Based Capitation (PBC) achievement. A total of 89 health workers participated in the study.

Table 1. Characteristics of Respondents at Community Health Centers in Jambi City, 2026

Respondent Characteristics	Frequency	Percentage
Age		
22-35	24	27.0
36-45	34	38.2
46-58	31	34.8
Sex		
Male	3	3.4
Female	86	96.6
Length of employment		
< 1 Year	2	2.2
1-3 Year	19	21.3
4-6 Year	9	10.1
> 6 Year	59	66.3
	Profession	
Physician	5	5.6
Dentist	6	6.7
Nurse	21	23.6
Midwife	26	29.2
Pharmacy personnel	9	10.1
Public health personnel	8	9.0
Medical Records Personnel	5	5.6
Environmental Health Personnel	5	5.6
Nutritionist	4	4.5
Primary Health Care Center		
Paal V	31	34.8
Paal Merah II	26	29.2
Talang Bakung	32	36.0
Location of Primary Health Care Center		
Urban	89	100
Rural	-	-
Peri-urban	-	-
Remote	-	-
Direct Involvement in PBC Indicator Implementation		
Yes	89	100
No	-	-

Source: Primary data, 2026.

Based on the characteristics of the 89 respondents, the largest age group was 36–45 years, accounting for 38.2% (34 respondents), followed by those aged 46–58 years at 34.8% (31 respondents) and those aged 22–35 years at 27.0% (24 respondents). In terms of sex, the majority of respondents were female, accounting for 96.6% (86 respondents), while males accounted for 3.4% (3 respondents). Regarding length of employment at Primary Health

Care Facilities (PHCFs), most respondents had worked for more than 6 years, accounting for 66.3% (59 respondents), followed by 1–3 years at 21.3% (19 respondents), 4–6 years at 10.1% (9 respondents), and less than 1 year at 2.2% (2 respondents).

In terms of profession, midwives represented the largest group at 29.2% (26 respondents), followed by nurses at 23.6% (21 respondents), pharmacy personnel at 10.1% (9 respondents), public health personnel at 9.0% (8 respondents), dentists at 6.7% (6 respondents), physicians at 5.6% (5 respondents), medical records personnel at 5.6% (5 respondents), environmental health personnel at 5.6% (5 respondents), and nutritionists at 4.5% (4 respondents). Regarding the location of PHCFs, 36.0% (32 respondents) were from Talang Bakung Primary Health Care Center, 34.8% (31 respondents) from Paal V Primary Health Care Center, and 29.2% (26 respondents) from Paal Merah II Primary Health Care Center. All respondents were from urban PHCFs, and all were directly involved in the implementation of Performance-Based Capitation (PBC) indicators, accounting for 100% (89 respondents), respectively.

Table 2. Association Between Independent Variables and Performance-Based Capitation Achievement at Primary Health Care Centers in Jambi City in 2026

Variable	Category	Pencapaian KBK				Total		PR (95% Cl)	Nilai P value
		Not Achieved		Achieved					
		N	%	N	%	N	%		
Human resources	Less supportive	11	45.8	13	54.2	24	100.0	1.956 (1.142-3.351)	0.020
	Supportive	47	72.3	18	27.7	65	100.0		
Facilities and Infrastructure	Complete	8	42.1	11	57.9	19	100.0	2.026 (1.189 – 3.453)	0.017
	Incomplete	50	71.4	20	28.6	70	100.0		
Health Service Information Systems	Poor	11	47.8	12	52.2	23	100.0	1.812 (1.051 – 3.126)	0.043
	Good	47	71.2	19	28.8	66	100.0		
Organization	Poor	8	44.4	10	55.6	18	100.0	1.812 (1.051 – 3.126)	0.039
	Good	50	70.4	21	29.6	71	100.0		
Primary Health Care Facility Management	Poor	8	42.1	11	57.9	19	100.0	2.026 (1.189 - 3.453)	0.017
	Good	50	71.4	20	28.6	70	100.0		
Policy	Poor	7	41.2	10	58.8	17	100.0	0.017 (1.180 – 3.449)	0.021
	Good	51	70.8	21	29.2	72	100.0		

Source: Primary data, 2026

The bivariate analysis showed statistically significant associations between all independent variables and Performance-Based Capitation (PBC) achievement. For the human resources variable, the proportion of unachieved PBC indicators was 45.8% among respondents who perceived human resources as less supportive and 72.3% among those who

perceived human resources as supportive. Meanwhile, the proportions of achieved PBC indicators were 54.2% and 27.7%, respectively (p = 0.020).

For facilities and infrastructure, the proportion of unachieved PBC indicators was 71.4% among respondents who rated the facilities and infrastructure as complete, compared to 42.1% among those who rated them as incomplete. The proportions of achieved PBC indicators were 28.6% and 57.9%, respectively (p = 0.017). Regarding health service information systems, the proportion of unachieved PBC indicators was 71.2% in the good category and 47.8% in the poor category. Meanwhile, the proportions of achieved PBC indicators were 28.8% and 52.2%, respectively (p = 0.043).

For organization, the proportion of unachieved PBC indicators was 70.4% in the good category and 44.4% in the poor category. The proportions of achieved PBC indicators were 29.6% and 55.6%, respectively (p = 0.039). For primary health care facility management, the proportion of unachieved PBC indicators was 71.4% in the good category and 42.1% in the poor category. Meanwhile, the proportions of achieved PBC indicators were 28.6% and 57.9%, respectively (p = 0.017). Furthermore, for policy, the proportion of unachieved PBC indicators was 70.8% in the good category and 41.2% in the poor category. The proportions of achieved PBC indicators were 29.2% and 58.8%, respectively (p = 0.021). All variables had p-values below 0.05, indicating statistically significant associations between human resources, facilities and infrastructure, health service information systems, organization, primary health care facility management, policy, and PBC achievement.

Performance-Based Capitation Achievement

PBC achievement is the result of assessing the performance of Primary Health Care Centers based on several established indicators. These indicators are used to evaluate the utilization of health services, the quality of referrals, and the success of chronic disease management through the Prolanis program (Fadila et al., 2023).Based on the calculations, the Contact Rate (AK) achievement at three Primary Health Care Centers in Jambi City from January to March 2026 varied across facilities. At Paal V Primary Health Care Center, the AK values were 176.89‰ in January and 159.62‰ in February, both classified as achieved, while the value in March was 146.55‰. At Paal Merah II Primary Health Care Center, the AK value was 148.30‰ in January and was classified as not achieved, 150.66‰ in February and classified as achieved, and 113.68‰ in March and classified as not achieved. Meanwhile, Talang Bakung Primary Health Care Center recorded AK values of 133.50‰ in January, classified as not achieved; 153.00‰ in February, classified as achieved; and 122.36‰ in March, classified as not achieved. These results indicate that Paal Merah II and Talang Bakung did not consistently achieve the target throughout the three-month period.

For the Non-Specialistic Outpatient Referral Ratio (RRNS), all three Primary Health Care Centers achieved the BPJS target of ≤2%. Paal V recorded RRNS values of 1.84% in January, 0.74% in February, and 0.38% in March. Paal Merah II recorded values of 0% in January, 0.36% in February, and 0.94% in March. Meanwhile, Talang Bakung recorded values of 0% in January, 0% in February, and 0.83% in March. These results indicate that all three Primary Health Care Centers achieved the RRNS target from January to March 2026.

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Association Between Human Resources and PBC Achievement

PBC achievement is assessed using indicators of health service utilization, referral quality, and chronic disease management through Prolanis (Fadila et al., 2023) Health human resources are essential to primary health care services. Adequate availability of health workers in terms of number, type, qualifications, and distribution supports access to and quality of services (Hanipan et al., 2024).

The Chi-Square test showed a significant association between human resources and PBC achievement at Primary Health Care Centers in Jambi City in 2026 (p-value = 0.020). Furthermore, the Prevalence Ratio (PR) of 1.956 (95% CI: 1.142–3.351) indicates that respondents who rated human resources as less supportive had a 1.956 times higher prevalence of PBC achievement compared to those who rated human resources as supportive.

These findings are consistent with Noviani et al. (2026), who found an association between health worker competence and employee performance in PBC implementation (p = 0.021; PR = 2) (Noviani et al., 2026). Aryani et al. (2024) also found an association between human resources and PBC achievement, with a p-value of < 0.001 (Aryani et al., 2024). Yunita et al. (2026) explained that limited staffing and high workloads may hinder active services for JKN participants and affect Contact Rate achievement (Yunita et al., 2026). These findings indicate that sufficient numbers of competent health workers are important for supporting PBC indicator achievement.

Association Between Facilities and Infrastructure and PBC Achievement

Facilities and infrastructure refer to the resources needed to support service delivery and organizational activities (Solikha et al., 2023). The Chi-Square test showed a significant association between facilities and infrastructure and PBC achievement at Primary Health Care Centers in Jambi City in 2026 (p-value = 0.017). Furthermore, the Prevalence Ratio (PR) of 2.026 (95% CI: 1.189–3.453) indicates that respondents who rated the facilities and infrastructure as incomplete had a 2.026 times higher prevalence of PBC achievement compared to those who rated the facilities and infrastructure as complete.

These findings are consistent with Makarim and Pujiyanto (2025), who found an association between the availability of facilities or medical equipment and PBC achievement (p = 0.04) (Makarim & Pujiyanto, 2025). Tri Cahyati et al. (2023) explained that limited medical equipment and service facilities may hinder patient management and lead to referrals for cases that could otherwise be managed at primary health care centers (Tri Cahyati et al., 2023). Aryani et al. (2024) also found an association between facilities and infrastructure and PBC achievement (p = 0.002) (Aryani et al., 2024). Therefore, adequate facilities and examination equipment can help health workers provide services according to patients' needs and support PBC achievement.

Association Between Health Service Information Systems and PBC Achievement

P-Care is an online application used to verify JKN participants and support primary health care services at community health centers. It records patient service data, including registration, diagnosis, treatment, and laboratory test results (Pangulu et al., 2025). The Chi-Square test showed a significant association between health service information systems and PBC achievement at Primary Health Care Centers in Jambi City in 2026 (p-value = 0.043). Furthermore, the Prevalence Ratio (PR) of 1.812 (95% CI: 1.051–3.126) indicates that respondents who rated the health service information system as poor had a 1.812 times higher prevalence of PBC achievement compared to those who rated the system as good.

These findings are consistent with Makarim and Pujiyanto (2025), who found an association between the use of health service information systems and PBC achievement (p = 0.04) (Makarim & Pujiyanto, 2025). Augustian and Ayuningtyas (2023) explained that complete and timely recording and reporting of service data support PBC indicator

achievement (Augustian & Ayuningtyas, 2023). Cahyadi et al. (2023) also explained that P-Care supports service recording and reporting. Adequate internet connectivity helps facilitate these processes (Cahyadi et al., 2023). Therefore, optimal use of P-Care, supported by proper data recording and reliable internet access, may improve the monitoring of PBC indicators.

Association Between Organization and PBC Achievement

Organizing is the process of arranging human resources, materials, and work procedures to achieve the established organizational goals (Cahyadi et al., 2023). The Chi-Square test showed a significant association between organization and PBC achievement at Primary Health Care Centers in Jambi City in 2026 (p-value = 0.039). Furthermore, the Prevalence Ratio (PR) of 1.878 (95% CI: 1.087–3.247) indicates that respondents who rated the organization as poor had a 1.878 times higher prevalence of PBC achievement compared to those who rated the organization as good.

These findings are consistent with Cahyadi et al. (2023), who highlighted the importance of clear task distribution and responsibilities in PBC implementation (Cahyadi et al., 2023). Den et al. (2025) also found an association between primary health care facility characteristics and PBC achievement ($p < 0.001$) (Den et al., 2025). In addition, Juniarti et al. (2024) found an association between leadership and PBC achievement at primary health care centers in Palembang ($p = 0.049$) (Juniarti et al., 2024). These findings suggest that clear task arrangements and leadership support can help health workers carry out their responsibilities and support PBC target achievement.

Association Between Primary Health Care Facility Management and PBC Achievement

Community health center service management is a planned effort to manage the organization, resources, and health programs to ensure effective, efficient, and quality services. Good management can improve the center's performance and support the achievement of PBC indicators (Supartika et al., 2024). The Chi-Square test showed a significant association between primary health care facility management and PBC achievement in Jambi City in 2026 (p-value = 0.017). Furthermore, the Prevalence Ratio (PR) of 2.026 (95% CI: 1.189–3.453) indicates that respondents who rated primary health care facility management as poor had a 2.026 times higher prevalence of PBC achievement compared to those who rated management as good.

These findings are consistent with Supartika et al. (2024), who explained that management activities, including health worker training, provision of facilities, and Prolanis implementation, may support PBC indicator achievement (Supartika et al., 2024). Firdhaus et al. (2025) also emphasized the importance of management quality, health worker involvement, and supervision in PBC implementation (Firdhaus et al., 2025). Meanwhile, Husdiningsih et al. (2026) explained that data management and consistent program implementation may support PBC achievement (Husdiningsih et al., 2026). Therefore, regular planning, monitoring, and evaluation are needed to maintain service performance at primary health care centers.

Association Between Policy and PBC Achievement

The Performance-Based Capitation (PBC) policy is a capitation payment system adjusted according to the service performance assessment results at primary health care facilities (Tri Cahyati et al., 2023). The Chi-Square test showed a significant association between policy and PBC achievement at Primary Health Care Centers in Jambi City in 2026 (p-value = 0.021). Furthermore, the Prevalence Ratio (PR) of 2.017 (95% CI: 1.180–3.449) indicates that respondents who rated the policy as poor had a 2.017 times higher prevalence of PBC achievement compared to those who rated the policy as good.

These findings indicate that although policies were generally rated positively, support for implementing PBC These findings are consistent with Munawarah et al. (2023), who

found significant relationships between policy transmission, clarity, consistency, commitment, standard operating procedures (SOPs), and fragmentation and the achievement of PBCP indicators ($p < 0.05$) (Munawarah et al., 2023). Anindita and Nadjib (2024) also found a relationship between the implementation of policy consequences and the achievement of the Contact Rate (CR) ($p = 0.0005$) and the Non-Specialistic Referral Ratio (NSRR) ($p = 0.002$) (Pugo et al., 2023). Meanwhile, Agustin et al. (2025) reported that the implementation of PBC policies still faces challenges, meaning that the goal of improving the quality of services at primary healthcare facilities has not been fully achieved (Agustin et al., 2025).These findings highlight the importance of clear and consistent policies, supported by effective implementation, in improving the achievement of PBC indicators at community health centers.

CONCLUSION

Based on the research findings, most respondents rated human resources as supportive, facilities and infrastructure as complete, and health service information systems, organization, service management, and policies as good. The analysis also showed significant associations between all six factors and the achievement of Performance-Based Capitation (PBC) indicators at Primary Health Care Centers in Jambi City in 2026. These findings indicate that PBC achievement is associated with supportive human resources, complete facilities and infrastructure, and the implementation of information systems, organizational arrangements, service management, and policies at Primary Health Care Centers

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