

SUMMARY

Recommendations for Improving the Quality of Home Visits in the Application of Capitation Based on Fulfilling Service Commitment at Public Health Center in Jombang Regency Referring Triangle Fraud Theory

Home visits are one of the activities carried out by Public Health Centers as an effort to improve the achievement of contact numbers in the application of capitation based on the fulfillment of service commitments of Public Health Centers. This home visit is in line with the Healthy Indonesia Program with a Family Approach which is also one of the indicators that must be carried out by Public Health Centers but does not become the basis in calculating the amount of Public Health Centers' capitation. The results of a preliminary study showed that 42.85% of the respondents had never been visited by the health workers and 57.15% of home visits done by health workers were limited to less than 30 minutes of health education without monitoring basic sanitation and health screening. It indicated the low quality of home visits in order to meet the target number of contacts each month at Public Health Centers.

This research aimed at developing the recommendations to improve the quality of home visits in capitation application based on the fulfillment of service commitment referring to Triangle Fraud Theory. Triangle Fraud Theory was proposed by Cressey (1953) who stated that pressure, opportunity, and rationalization were the factors influencing the occurrence of fraud or activities that were not up to standards. The method used was observational with a cross-sectional approach. The samples of this research were 12 Public Health Centers which were taken randomly. The sampling technique used stratified random sampling based on territorial strata, types of Public Health Centers, and coverage. The respondents of this research consisted of 149 BPJS participants and 44 health workers at Public Health Centers in Jombang Regency.

The results showed that the quality of home visits at 11 (eleven) Public Health Centers in Jombang Regency was poor. The levels of pressure and opportunity at 11 (eleven) Public Health Centers were high and the rationalization rate at 7 Public Health Centers was at a low category. The results of a statistical test done by using multiple logistic regression with $\alpha = 0.05$ indicated that pressure had a negative and significant effect on the quality of home visits ($p = 0.003$, $\beta = -3.825$), opportunity had a negative and significant effect on the quality of home visits ($p = 0.007$, $\beta = -4.815$) and rationalization had a negative and significant effect on the quality of home visits ($p = 0.013$, $\beta = -3.317$). Statistical test results also showed that pressure, opportunity, and rationalization had a simultaneous effect on the quality of home visits with an R-squared value of 0.834, which means that pressure, opportunity, and rationalization had 83.4% effects on the low quality of home visits in the application of capitation based on the fulfillment of service commitments of Public Health Centers.

The conclusion drawn of this research was that the quality of home visits in capitation application based on the fulfillment of service commitments on 91.7% of Public Health Centers in Jombang regency was poor. The level of pressure on the implementation of home visits in capitation application based on the fulfillment of service commitments on 91.7% of Public Health Centers in Jombang regency was high. The level of opportunity in the implementation of home visits in capitation application based on the fulfillment of service commitments on 91.7% of Public Health Centers in Jombang regency was high. The level of rationalization in the implementation of home visits in the application of capitation based on the fulfillment service commitments of Public Health Center on 58.3% of Public Health Centers in Jombang regency was low. Pressure, Opportunity and Rationalization had significant simultaneous effects on the quality of home visits in the application of capitation based on the fulfillment service commitments of Public Health Center at Jombang regency.

The recommendations given to improve the quality of home visits in capitation application based on meeting the commitment of Public Health Centers services in Jombang were through reducing pressure, minimizing opportunities and reducing rationalization not to conduct home visits according to the standards, covering a) Optimizing the function of the evaluation monitoring team, b) Optimizing the fraud prevention team of Health Department, c) Strengthening the Health Information System for the detection of non-standard home visits, d) Optimizing the mini workshops for strategy planning and home visit planning at Public Health Centers, e) Optimizing the internal audit team of Public Health Centers, h) Policy formulation of reward and punishment, i) Inclusion of evidence to the implementation of home visits in the form of video recordings during the implementation of home visits, and k) Raising the commitments to improve the quality of home visits in capitation application based on the fulfillment of Public Health Centers service commitments.