

# Balancing incentives in performance-based capitation for chronic care: the PROLANIS programme in Indonesia

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## Summary

- The Government of Indonesia has set up several programs for managing patients with chronic conditions under its national health insurance scheme (Jaminan Kesehatan Nasional; JKN) covering 86% of the population (235 million people) in 2021. One of these is PROLANIS (Program Penanggulangan Penyakit Kronis), a programme to improve the management of care for patients with hypertension and/or diabetes at the primary level and to control costs.
- JKN pools revenue from contributions paid by individuals and employers, and budget transfers for subsidies for poor families. Primary care providers are paid through capitation with pay for performance (P4P).
- The assessment to determine the P4P is based on uniform national weighted scores for three indicators: a minimum of 15% contact rate among JKN members (40% weight); a non-specialist referral rate below 2% (50%); and a minimum of 5% of patients enrolled in PROLANIS whose blood pressure or blood glucose levels are controlled (10%).
- The total monthly capitation payment per JKN member ranges from US\$ 0.25–0.60 for public providers and US\$ 0.60–1.08 for private providers. The capitation payment from JKN accounts for more than 93% of funding for the 22 373 participating primary care facilities.
- Since JKN was introduced in 2014, nearly 1 million members have registered with PROLANIS. An independent evaluation reported significant but relatively small program effects.

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## Key elements of the programme

- Patients with diabetes and/or hypertension who voluntarily enrol in PROLANIS receive monthly medical consultations and health status monitoring, including a blood glucose check for patients with laboratory testing for metabolic control and renal function every six months as required. Peer club activities (e.g. health education) are also offered.
- Linked to PROLANIS is a separate mandatory program, Program Rujuk Balik (PRB). PRB moves clinically stable patients from secondary to primary care. PRB automatically enrolls these patients in PROLANIS, so that they can access monthly medications through PROLANIS pharmacy networks without returning to secondary care.
- Providers participating in JKN must meet credentialing requirements - primarily quality standards. Since 2019, provider participation in PROLANIS has been mandatory, with optional peer club activities that require a minimum of 30 patient participants.

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## Results

- Patient enrolment in PROLANIS is low. In 2020 and 2021, respectively, only 12% and 14% of JKN members diagnosed by a primary care provider with one of nine chronic conditions (asthma, diabetes, epilepsy, hypertension, heart disease, chronic obstructive pulmonary disease, schizophrenia, systemic lupus erythematosus and stroke) were registered with PROLANIS. More than 50% of those registered were members of PRB.

- Approximately 63% of PROLANIS patients visited a primary care facility monthly; 16% had a monthly blood glucose check and 7% had 6-monthly laboratory testing. However, only 3.9% of patients with chronic disease had controlled blood pressure or blood glucose levels; across the three cities surveyed for this study, the range was 1.2% to 10.6%.
- In 2021, 6.5% of public health centres received 100% of the performance-based capitation payment, having met the minimum targets for the three indicators.
- The involvement of other key stakeholders (i.e. Ministry of Health, Provincial and District Health Offices and providers' associations) is limited. Linkages between PROLANIS and other non-communicable disease programmes are weak resulting in poor complementarity.
- It is more difficult to implement PROLANIS in rural areas where there are a limited number of health facilities, wide catchment areas and low levels of staffing. Some facilities in rural areas that could not meet quality standards were unable to participate.

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## Facilitating factors

- Facilitating factors for program success include the participation of a large number of primary care providers and facilities that increases the opportunities to enrol more patients.
- JKN views the management of chronic disease patients as a priority; meeting the PROLANIS patient care target was thus included as one of three indicators within the weighted performance payment for providers.
- The links between PROLANIS and PRB aim to ensure that comprehensive curative and preventive services are available to patients.

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## Inhibiting factors

- The threshold for the PROLANIS performance indicator is considered difficult to achieve, does not consider facilities' capacities, and is influenced by patients' behaviour.
- Primary care providers selectively enrol patients who would be more likely to comply with medical recommendations to maximize their revenue from capitation payments.

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## Lessons learned for other settings

- It is important for blended capitation-performance payment arrangements to strike a good balance between disincentives (reduced payment for poor performance) and incentives (higher payments for good performance).
- A single national threshold for the target for performance payments does not account for different provider capacities across regions or promote gradual improvements to ensure quality and promote equity in access and quality and can thus be perceived as a demotivating penalty. Facility or regional specific thresholds may better promote performance and recognize effort.
- Comprehensive monitoring and independent evaluation are critical to identify improvements made to the processes of patient care to provide better incentives for providers.
- Purchasing arrangements to improve care for patients with chronic conditions should be better integrated into other national programmes for chronic disease management to avoid duplication and inefficiencies in service delivery.

This policy brief is based on Nappoe SA, Djasri H, Kurniawan MF. *Chronic disease management programme (PROLANIS) in Indonesia: case study*. Geneva: World Health Organization, Organisation for Economic Co-operation and Development; 2023.