

INTISARI

LAKOAN, M.,R., 2015. ANALISIS KESESUAIAN BIAYA RILL TERHADAP TARIF INA-CBGs PADA PENGOBATAN GAGAL JANTUNG KONGESTIF PASIEN JKN RAWAT INAP RSUD DR. SOEHADI PRIJONEGORO SRAGEN TAHUN 2015

Gagal jantung kongestif merupakan salah satu penyakit katastrofik yang menyebabkan banyak kematian dan perawatannya memerlukan biaya yang cukup tinggi. Gagal jantung kongestif pembiayaannya diatur dalam tarif INA-CBGs. Tujuan penelitian ini mengetahui kesesuaian biaya riil dengan tarif INA-CBGs pada pasien rawat inap JKN penyakit gagal jantung kongestif di RSUD dr. Soehadi Prijonegoro Sragen tahun 2015.

Penelitian ini merupakan penelitian observasi, data diambil secara retrospektif dari berkas klaim JKN gagal jantung kongestif tahun 2015 di RSUD dr. Soehadi Prijonegoro Sragen. Data dianalisis untuk melihat pola pengobatan pasien selama menjalani rawat inap, uji *one sample t-test* untuk mencari selisih biaya riil dengan tarif paket INA-CBGs dan uji korelasi bivariat untuk melihat faktor yang berhubungan dengan biaya riil.

Hasil penelitian menunjukkan pola pengobatan pasien gagal jantung kongestif yang paling banyak digunakan adalah Furosemid (97%), Spironolakton (95%), Captopril (72%), ISDN (39%), Digoksin (26%), dan Amlodipin (26%). Analisis biaya riil dengan tarif paket INA-CBGs terdapat perbedaan antara biaya riil dengan tarif INA-CBGs pada pasien rawat inap JKN gagal jantung kongestif pada tingkat keparahan I/II/II dan kelas perawatan 1/2/3, perbedaan ini menunjukkan selisih yang positif, dimana total biaya riil lebih rendah dibanding tarif INA-CBGs. Faktor yang berhubungan dengan biaya riil pengobatan gagal jantung kongestif adalah LOS, diagnosis sekunder, prosedur, tingkat keparahan, dan kelas perawatan.

Kata Kunci: INA-CBGs, Gagal Jantung Kongestif, Biaya Riil.

ABSTRACT

LAKOAN, M., R., 2015. THE ANALYSIS OF REAL COST CONFORMITY TO THE INA-CBGs RATES ON CONGESTIVE HEART FAILURE TREATMENT OF HOSPITALIZED JKN PATIENTS IN DR. SOEHADI PRIJONEGORO HOSPITAL SRAGEN 2015

Congestive heart failure is a catastrophic disease that caused many deaths and treatment costs are quite high. Congestive heart failure defrayal was regulated in the INA-CBGs rates. The study purpose was determined the conformity of real cost to the INA-CBGs rates in hospitalized of national health insurance patients with congestive heart failure disease in dr. Soehadi Prijonegoro Hospital Sragen in 2015.

This is an observational study. Data was retrospectively retrieved from national health insurance claim file for congestive heart failure at dr. Soehadi Prijonegoro Hospital Sragen in 2015. Data was analyzed to known the treatment patterns for hospitalized patients, one sample t test to know the difference of real cost with the INA-CBGs package rates and bivariate correlation test to determine the related factors to the real cost.

The study results were showed the treatment patterns for hospitalized patients with congestive heart failure are the most widely used Furosemide (97%), Spironolakton (95%), Captopril (72%), ISDN (39%), Digoxin (26%), and Amlolidin (26%). The analysis of real cost to the INA-CBGs rates there are differences of real cost to the INA-CBGs rates of national health insurance patients with congestive heart failure disease at the severity rate of I/II/III, and treatment class of 1/2/3. This differences were shown the positive difference, where the real cost totals are lower than INA-CBGs rates. The factors were related to the real cost of congestive heart failure treatment including of LOS, secondary diagnoses, procedures, severity, and treatment classes.

Keywords: INA-CBGs, Congestive Heart Failure, Real Cost.