INTISARI

TAMBUNAN, RINI M.BR. 2014. ANALISIS BIAYA TERAPI GAGAL JANTUNG PADA PASIEN RAWAT INAP DENGAN JKN DI RSUD UNDATA PALU PROPINSI SULAWESI TENGAH, TESIS, FAKULTAS FARMASI, UNIVERSITAS SETIA BUDI, SURAKARTA

Dalam implementasi Jaminan Kesehatan Nasional, pola pembayaran pada fasilitas tingkat lanjutan berdasarkan tarif INA-CBGs, melihat tingginya prevalensi dan biaya perawatan gagal jantung, tidak menutup kemungkinan timbulnya kerugian finansial pada rumah sakit. Tujuan penelitian ini untuk mengetahui berapa besar perbedaan antara biaya riil dengan tarif INA-CBGs, faktor yang mempengaruhi biaya riil, serta untuk mengetahui kesesuaian terapi dengan diagnosa.

Penelitian ini merupakan penelitian *observasional analitik*, data diambil secara retrospektif dari berkas klaim jaminan kesehatan nasional periode Januari-Mei 2014. Analisa data menggunakan *one sample t test* untuk membandingkan biaya riil dengan tarif INA-CBGs, uji korelasi untuk mengetahui pengaruh faktor-faktor terhadap biaya riil, serta kesesuaian terapi dengan melihat penggunaan obat selama pasien menjalani rawat inap dengan diagnosa.

Hasil penelitian menunjukkan selisih biaya positif antara biaya riil dengan tarif INA-CBGs, yaitu untuk gagal jantung tingkat keparahan I kelas perawatan I Rp 144.691.734; kelas perawatan II Rp. 53.901.246; kelas perawatan III 56.193.456; untuk gagal jantung tingkat keparahan II kelas perawatan I Rp. 168.864.674; kelas perawatan II Rp. 72.220.683; kelas perawatan III Rp. 87.292.089; untuk gagal jantung tingkat keparahan III kelas perawatan I Rp. 36.348.499; kelas perawatan II Rp. 12.254.979; kelas perawatan III Rp. 16.532.029. Faktor yang mempengaruhi biaya riil pada tingkat keparahan I dan II adalah LOS dan prosedur, pada tingkat keparahan III tidak terdapat faktor yang mempengaruhi biaya riil, pada kelas perawatan I dan II adalah LOS dan prosedur, pada kelas perawatan III adalah LOS, diagnosa sekunder, dan prosedur. Hasil kesesuaian terapi 99 episode perawatan sesuai dan 16 episode perawatan tidak sesuai dari 115 episode perawatan.

Kata Kunci : Jaminan Kesehatan Nasional, INA-CBGs, Gagal jantung, Biaya, Kesesuaian terapi

ABSTRACT

TAMBUNAN, RINI M.BR. 2014. AN ANALYSIS ON THERAPY COST OF HEART FAILURE IN INPATIENT WITH JKN IN UNDATA LOCAL GENERAL HOSPITAL IN PALU IN 2014. THESIS, PHARMACY FACULTY, SETIA BUDI UNIVERSITY, SURAKARTA.

In the implementation of National Health Insurance, the payment pattern in intermediate facility level based on INA-CBG's tariff, considering the high prevalence and treatment cost of heart failure, it is possible for the hospital to encounter financial loss. The objective of research was to find out the difference of real cost from the INA-CBG's tariff, the factors affecting the real cost, and to find out the compatibility of therapy and diagnosis.

This study was an observational analytical research. The data was taken retrospectively from the document of national health insurance claim in January-May 2014 period. The data analysis was conducted using one sample t-test to compare the real cost and INA-CBG's tariff, correlational test to find out the factors affecting the real cost, and the therapy compatibility was analyzed by considering the use of medication when the patients was treated in inpatient ward related to the diagnosis.

The result of research showed a positive difference of real cost with INA-CBG's tariff. For heart failure at the first severity levels, the first class of treatment was IDR 144.691.734; the second class of treatment was IDR 53.901.246; the third class of treatment was IDR 56.193.456. For heart failure at the second severity levels, the first class of treatment was IDR 168.864.674; the second class of treatment was IDR 72.220.683; the third class of treatment was IDR 87.292.674. For heart failure at the third severity levels, the first class of treatment was IDR 36.348.499; the second class of treatment was IDR 12.254.979; the third class of treatment was IDR 16.532.029. The factors affecting the real cost in the first and second severity levels were LOS and procedure, in the third severity level were no factors affecting the real cost. The factors affecting the real cost in the first and second class of treatment were LOS and procedure, while in the third class of treatment were LOS, secondary diagnosis, and procedure. The result of therapy compatibility showed that out of 115 treatment episodes, 99 were compatible and 16 were incompatible.

Keywords: National Health Insurance, INA-CBGs, Heart Failure, Cost, Therapy Compatibility.