

ABSTRAK

Latar Belakang: WHO menetapkan standar *sectio caesarea* dengan rata-rata sekitar 10-15%. Proporsi persalinan SC di Jawa Timur sebesar 22,4% pada tahun 2018, sedangkan rata-rata nasional sebesar 17,6%. Beban pembiayaan JKN pada persalinan semakin meningkat dan masuk ke dalam 10 besar kasus CBGs terbanyak secara nasional. Sebagai upaya kendali mutu dan kendali biaya, BPJS Kesehatan berkoordinasi dengan Tim Kendali Mutu Kendali Biaya (TKMKB) dengan hasil diterbitkan pedoman dan instrument asesmen diri seksio cesarea (SC) pada tahun 2020. Berdasarkan hal tersebut, penelitian ini dilakukan untuk mengeksplorasi gambaran *sectio caesarea* sebelum dan selama implementasi Instrumen Asesmen Mandiri SC pada pasien Jaminan Kesehatan Nasional wilayah Jawa Timur.

Metode: Penelitian analitik dengan desain penelitian *cross sectional* pada data sekunder klaim BPJS Kesehatan wilayah Jawa Timur tahun 2018-2021. Analisis dilakukan secara univariat dengan statistik deskriptif untuk menjabarkan proporsi dan distribusi frekuensi dari masing-masing variabel penelitian. Kemudian dilanjutkan analisis bivariat dengan uji Chi-Square untuk mengetahui kemaknaan hubungan dengan confident interval/CI 95% dan tingkat kemaknaan $p < 0,05$; dan analisis multivariat dengan *multiple logistic regression*.

Hasil: Dari 837.809 subjek penelitian didapatkan subjek dengan persalinan SC yaitu 247.508 (60,5%) dengan total biaya Rp 1,3 trilyun pada periode sebelum implementasi dan 272.545 (63,58%) dengan total biaya Rp 1,4 trilyun pada periode selama implementasi Instrumen Asesmen Mandiri SC. Hasil analisis univariat menunjukkan distribusi kasus SC tertinggi pada usia 20-35 tahun (49%); jenis kepesertaan PBI (24,5%); kelas 3 (37,0%); Severity Level I (52,4%); jenis tindakan SC tidak spesifik (32,2%), dan RS tipe C (33,5%). Indikasi SC terbanyak adalah riwayat persalinan SC sebelumnya (17,18%). Hasil analisis bivariat menunjukkan hubungan signifikan pada seluruh variabel terhadap persalinan SC ditunjukkan dengan nilai $p < 0,05$. Hasil analisis multivariat menunjukkan implementasi Instrumen Asesmen Mandiri SC memiliki kemungkinan 1,093 kali lebih besar terhadap kejadian persalinan *sectio caesarea* di FKRTL wilayah Jawa Timur.

Kesimpulan: Persalinan *Sectio Caesarea* Pasien Jaminan Kesehatan Nasional di FKRTL wilayah Jawa Timur berhubungan dengan faktor individu yaitu usia dan jenis kepesertaan JKN serta faktor pelayanan meliputi Instrumen Asesmen Mandiri SC, kelas rawat, tingkat keparahan, dan tipe RS. Implementasi Instrumen Asesmen Mandiri SC belum optimal dalam menurunkan rate SC.

Kata Kunci: Persalinan *sectio caesarea*, BPJS Kesehatan, Jaminan Kesehatan Nasional, Kendali Mutu, Kendali Biaya, Klasifikasi Robson.

ABSTRACT

Background: WHO has recommended the average rate of caesarean sections (CS) around 10%-15% as being appropriate. In 2018, East Java had a greater percentage of CS with a rate of 22.4% than the national average of 17.6%. The financial cost of JKN for childbirth is rising and is among the top 10 CBG cases nationally. BPJS collaborated with Tim Kendali Mutu Kendali Biaya (TKMKB) to publish guidelines and self-assessment tools for caesarean sections in 2020 as a means of controlling costs and quality. This research was conducted to examine how caesarean sections were described for patients with JKN in the East Java region before and after the implementation of the CS Self-Assessment Instrument.

Methods: Cross-sectional analytical research using secondary data on BPJS claims for the East Java region for the years 2018–2021. The analysis was conducted univariately using descriptive statistics to describe each research variable's proportion and frequency distribution. Then proceed with bivariate analysis with the Chi-Square test to determine the significance of the relationship with a 95% CI and $p < 0.05$; then multivariate analysis with multiple logistic regression.

Results: Out of the 837,809 research subjects, there were 247,508 (60,5%) CS subjects with a total cost of IDR 1.3 trillion before the implementation period and 272,545 (63,58%) CS subjects with a total cost of IDR 1.4 trillion during the SC Self-Assessment Instrument implementation period. According to the univariate analysis, the distribution of CS cases peaked between the ages of 20 and 35 (49%), type of PBI membership (24.5%), class 3 (37.0%), Severity Level I (52.4%), type of non-specific SC procedure (32.2%), and RS type C (33.5%). The most frequent indication for CS was a history of previous CS delivery (17.18%). The results of the bivariate analysis showed a significant relationship between all variables on CS delivery, indicated by a p value < 0.05 . The bivariate analysis's findings demonstrated a significant correlation between all variables affecting CS delivery, as shown by a p value < 0.05 . The results of the multivariate analysis show that the implementation of the SC Self-Assessment Instrument increases the chances of a caesarean section delivery in the FKRTL in the East Java region by 1.093 times.

Conclusion: Caesarean section deliveries for JKN patients in hospital in the East Java region are influenced by individual factors, namely age and type of JKN membership as well as service factors including the CS Self-Assessment Instrument, treatment class, severity level, and hospital type. The implementation of the SC Self-Assessment Instrument can't reduce CS rate.

Keywords: Caesarean delivery, BPJS, JKN, National Health Insurance, Quality Control, Cost Control, Robson Classification.