

ABSTRAK

COST EFFECTIVENESS PENGELOLAAN DIABETES MELITUS TIPE 2 PADA PESERTA PROLANIS DI KANTOR CABANG SIBOLGA BPJS KESEHATAN

Latar belakang: BPJS Kesehatan melakukan upaya untuk meningkatkan kesehatan bagi peserta penderita Diabetes Mellitus Tipe 2 (DM Tipe 2), melalui strategi Program Pengelolaan Penyakit Kronis (Prolanis) yang dilaksanakan di Fasilitas Kesehatan Tingkat Pertama (FKTP). Prolanis adalah bentuk *Disease Management Program*. Indikator keberhasilan program diukur dari luaran status Gula Darah Puasa terkendali. Penelitian ini juga mengukur analisa efektivitas biaya Program Prolanis dengan metode *Incremental Cost Effectiveness Ratio* (ICER). Penelitian ini dilakukan untuk mengetahui *cost effectiveness* pelaksanaan Prolanis sebagai intervensi dalam penanganan DM Tipe 2 di Fasilitas Kesehatan.

Metode: Penelitian *cross sectional* analitik menggunakan data sekunder BPJS Kesehatan wilayah kerja Kantor Cabang Sibolga tahun 2020-2022 pada peserta Diabetes Melitus Tipe 2 yang mengikuti Prolanis dan Non Prolanis. Analisis dilakukan secara univariat, bivariat, *multiple logistic regression* dan analisis biaya ICER.

Hasil: Karakteristik kepesertaan Prolanis, umur, jumlah kunjungan dan Indeks Massa Tubuh menunjukkan hubungan signifikan terhadap capaian gula darah puasa terkendali. Rerata gula darah puasa peserta Prolanis dan Non Prolanis tahun 2021-2022 tidak menunjukkan perbedaan yang signifikan tetapi proporsi gula darah puasa terkendali peserta Prolanis lebih besar dibandingkan peserta Non Prolanis. Total biaya Prolanis berturut-turut tahun 2020-2022 yaitu Rp. 1.437.411.273; Rp. 2.706.895.281; Rp. 2.751.510.452. Total biaya Non Prolanis tahun 2020-2022 yaitu Rp. 5.861.773.361; Rp. 7.807.455.547,-; Rp. 10.291.812.544,-. ICER untuk setiap proporsi gula darah puasa terkendali bervariasi dari tahun 2020-2022 yaitu Rp 462.489,-; Rp 201.473,-; Rp 362.856,-.

Kesimpulan: Pembiayaan Prolanis di Kantor Cabang Sibolga lebih tinggi tetapi efektivitas klinis proporsi peserta gula darah puasa terkendali lebih baik dibandingkan peserta Non Prolanis.

Kata kunci: Diabetes melitus Tipe 2; Program Pengelolaan Penyakit Kronis (Prolanis); *Incremental Cost Effectiveness Ratio*

ABSTRACT

COST-EFFECTIVENESS MANAGEMENT OF TYPE 2 DIABETES MELLITUS IN PROLANIS PARTICIPANTS AT THE SIBOLGA BRANCH OFFICE OF BPJS KESEHATAN

Background: BPJS Kesehatan aims to improve the health of participants suffering from Type 2 DM through the Chronic Disease Management Program (Prolanis) strategy implemented at Primary Health Care (FKTP). Program success is measured by the outcomes of controlled Fasting Blood Sugar status and the cost-effectiveness of Prolanis. This research was conducted to determine the cost-effectiveness of implementing Prolanis in treating Type 2 DM in Health Facilities.

Method: Analytical cross-sectional research using secondary data from BPJS Kesehatan in the Sibolga Branch Office work area in 2020-2022 on Type 2 DM participants who took Prolanis and Non-Prolanis. The analysis was carried out using univariate, bivariate, multiple logistic regression and ICER cost analysis.

Results: Characteristics of Prolanis participants, age, number of visits and Body Mass Index showed a significant relationship with the achievement of controlled fasting blood sugar. The average fasting blood sugar of Prolanis and Non-Prolanis participants in 2021-2022 did not show a significant difference. Still, the proportion of controlled fasting blood sugar of Prolanis participants was greater than that of Non-Prolanis participants. The total cost of Prolanis in a row for 2020-2022 is IDR 1,437,411,273; IDR 2,706,895,281; IDR 2,751,510,452. The total cost of Non Prolanis for 2020-2022 is IDR 5,861,773,361; IDR 7,807,455,547,-; IDR 10,291,812,544,-. The ICER for each proportion of controlled fasting blood sugar varies from 2020-2022, namely IDR 462,489; IDR 201,473,-; IDR 362,856,-.

Conclusion: Prolanis expenditure at the Sibolga Branch Office is higher, but the clinical effectiveness of the proportion of controlled fasting blood sugar participants is better than that of non-Prolanis participants.

Keywords: Diabetes mellitus Type 2, Chronic Disease Management Program (Prolanis), Incremental Cost Effectiveness Ratio