

INTISARI

Latar Belakang : Malaria di wilayah endemis Jayapura memiliki dampak terhadap hilangnya produktivitas masyarakat dan meningkatkan beban finansial.

Tujuan : Mengetahui besaran biaya pengobatan malaria dan pengaruh karakteristik pasien (sosiodemografi dan penyakit) terhadap beban biaya pada pasien rawat inap di RSUD Abepura berdasarkan perspektif *societal*.

Metode : Observasional analitik dengan desain studi *cross-sectional* dan *bottom-up*. Data pasien rawat inap malaria dikumpulkan secara retrospektif di RSUD Abepura periode 1 Januari sampai 31 Desember 2023 meliputi karakteristik pasien (sosiodemografi dan penyakit) dari data rekam medis dan biaya medis langsung dari e-klaim INA-CBGs. Pengumpulan data biaya non medis langsung dan biaya tidak langsung dari kuesioner yang diwawancarakan melalui telepon kepada pasien atau pendampingnya. Analisis regresi berganda digunakan untuk mengetahui pengaruh karakteristik pasien (sosiodemografi dan penyakit) terhadap beban biaya pengobatan malaria.

Hasil : Total 170 pasien dianalisis karakteristiknya untuk biaya medis langsung, 35 pasien diantaranya dianalisis untuk biaya non medis langsung dan biaya tidak langsung. Rata-rata biaya medis langsung sebesar Rp4.165.851±2.811.996 per episode rawat inap dan biaya non medis langsung sebesar Rp657.716±423.075 per episode rawat inap. Biaya tidak langsung dihitung menggunakan dua metode pendekatan yaitu *Human Capital Approach* (HCA) dan pelaporan langsung upah yang hilang. Rata-rata biaya tidak langsung berdasarkan perhitungan *Human Capital Approach* sebesar Rp644.741±349.884 per episode rawat inap dan berdasarkan upah yang hilang sebesar Rp572.020±604.994 per episode rawat inap. Beban biaya malaria secara total didominasi oleh biaya medis langsung sekitar 80%, dan beban biaya yang ditanggung oleh pasien sebesar 33,70% per episode rawat inap dari total pendapatan perbulannya. Hasil regresi berganda biaya medis langsung secara signifikan ($p=0,000$) dipengaruhi oleh karakteristik penyakit pasien seperti gejala malaria, kelas dan lama rawat inap sebesar 31,3%. Biaya non medis langsung secara signifikan ($p=0,000$) dipengaruhi oleh karakteristik penyakit pasien seperti lama rawat inap dan karakteristik sosiodemografi pasien seperti usia, jumlah pendamping dan jenis kendaraan sebesar 82,8%. Biaya tidak langsung secara signifikan dipengaruhi oleh karakteristik penyakit pasien seperti lama rawat inap dan karakteristik sosiodemografi pasien seperti usia, pendidikan, dan jumlah pendamping sebesar 81,5%.

Kesimpulan : Berdasarkan hasil penelitian ini karakteristik sosiodemografi pasien seperti penggunaan jenis kendaraan dan jumlah pendamping dapat digunakan untuk mengontrol biaya pengobatan malaria. Analisis biaya pengobatan malaria menghasilkan rincian biaya secara deskriptif sehingga dapat memberikan gambaran alokasi dana yang optimal untuk mengatasi beban ekonomi penyakit malaria.

Kata Kunci : *Cost of Illness*, perspektif *societal*, Malaria, Jayapura

ABSTRACT

Background: In the endemic region of Jayapura, malaria affects community productivity and raises financial costs.

Objective: To examine the costs and patient characteristics that affect the Abepura District Hospital's inpatient malaria economic burden based on a social perspective.

Methods: This study takes a bottom-up approach using an analytical observational method and a cross-sectional study design. Retrospective data on malaria inpatients was gathered from the Abepura District Hospital between January 1st, to December 31st, 2023. The data included patient characteristics collected from medical records and direct medical cost information retrieved from the INA-CBGs E-claim, gathering information on indirect medical expenses and indirect costs through phone conversations with patients or caregivers and questionnaires. Multiple regression analysis was used to determine the influence of patient characteristics on the cost of malaria.

Result: A total of 170 patients were analyzed for their characteristics for direct medical costs, 35 of them were analyzed for direct non-medical costs and indirect costs. The average direct medical costs were IDR4.165.851±2.811.996 per inpatient episode and direct non-medical costs were IDR 657.716±423.075 per inpatient episode. Indirect costs are calculated using two approach methods, such as the Human Capital Approach (HCA) and direct reporting of lost wages. The average indirect costs based on Human Capital Approach calculations were IDR 644.741 ± 349,884 per inpatient episode and based on lost wages IDR 572.020 ± 604.994 per inpatient episode. The total cost burden of malaria is dominated by direct medical costs at around 80%, and the patient-incurred expenditures represent 33,70% of their entire monthly income each inpatient episode. The multiple regression results of direct medical costs were significantly ($p=0,000$) influenced by patient disease characteristics such as malaria symptoms, inpatient class and length of stay at 31,3%. Direct non-medical costs were significantly ($p=0,000$) influenced by patient disease characteristics such as length of stay and patient sociodemographic characteristics such as age, number of caregivers and type of vehicle at 82,8%. Indirect costs were significantly influenced by patient disease characteristics such as length of stay and patient sociodemographic characteristics such as age, education and number of caregivers at 81,5%.

Conclusion: Patient sociodemographic characteristics such as the type of vehicle used and number of caregivers can be used to control malaria treatment costs. Analysis of malaria treatment costs produces descriptive cost details so that it can provide an overview of the optimal allocation of funds to overcome the economic burden of malaria.

Keyword: Cost of Illness, societal perspective, Malaria, Jayapura