



INTISARI

Latar Belakang:

Kelainan refraksi yang tidak terkoreksi merupakan penyebab utama gangguan penglihatan di Indonesia. Meskipun layanan refraksi telah ditanggung oleh Jaminan Kesehatan Nasional (JKN), evaluasi biaya aktual—termasuk biaya langsung dan tidak langsung—masih minimal.

Tujuan:

Mengestimasi biaya langsung dan biaya tidak langsung layanan refraksi dan optik di fasilitas publik dan swasta sebagai dasar perbaikan kebijakan pembiayaan dan peningkatan akses layanan.

Metode:

Penelitian ini menggunakan rancangan studi kasus potong lintang di dua fasilitas layanan mata: BKMM Cikampek (publik) dan Klinik JEC Bekasi (swasta). Data dikumpulkan melalui observasi alur pelayanan, penelusuran data biaya pengadaan/pemeliharaan alat, dan wawancara pasien. Wawancara pasien dilakukan untuk menghitung biaya tidak langsung yang meliputi kehilangan pendapatan, biaya transportasi, dan pengeluaran *out-of-pocket* (OOP) lain. Analisis deskriptif dilakukan, dan *Catastrophic Health Expenditure* (CHE) dihitung dengan *cut-off* 15% dari pendapatan bulanan keluarga per episode kunjungan.

Hasil:

Biaya langsung per pasien per kunjungan diperkirakan berkisar Rp 255.000 – Rp 340.000, dengan biaya aktual di fasilitas publik jauh lebih tinggi dari tarif klaim BPJS. Biaya tidak langsung berkisar antara Rp 344.000 – Rp 960.000, dengan komponen terbesar berasal dari biaya OOP kacamata dan kehilangan pendapatan harian. Proporsi biaya tidak langsung terhadap pendapatan keluarga berada pada kisaran 0,17% – 22,88%, dan 9,1% pasien dikategorikan mengalami CHE.

Kesimpulan:

Beban biaya tidak langsung relatif tinggi dan dapat menjadi hambatan akses layanan refraksi, terutama pada kelompok berpendapatan rendah. Diperlukan peninjauan kembali tarif layanan refraksi BPJS dan skema subsidi kacamata, serta pertimbangan intervensi untuk menurunkan biaya tidak langsung, seperti integrasi layanan optik di fasilitas kesehatan dan subsidi silang antar kelompok masyarakat.



ABSTRACT

Background:

Uncorrected refractive error (URE) is the leading cause of visual impairment in Indonesia. Although refractive services are covered by the National Health Insurance (JKN), there is limited evidence on the actual costs—both direct and indirect—required to deliver these services.

Objective:

To estimate the direct and indirect costs of refractive and optical services in public and private facilities, providing evidence to inform financing policy and improve access to refractive care.

Methods:

A cross-sectional case study was conducted in two eye care facilities: BKMM Cikampek (public) and JEC Bekasi Clinic (private). Data were collected through observation of service flow, review of equipment procurement and maintenance costs, and interviews with patients. Patient interviews were conducted to capture indirect costs, including income loss, transportation costs, and other out-of-pocket (OOP) expenditures. Descriptive analysis was performed, and Catastrophic Health Expenditure (CHE) was calculated using a 15% threshold of monthly household income per episode of care.

Results:

Estimated direct costs per patient per visit ranged from IDR 255,000 to IDR 340,000, with public facility costs exceeding the reimbursement rate of BPJS. Indirect costs ranged from IDR 344,000 to IDR 960,000, with the largest components being OOP for spectacles and daily income loss. The proportion of indirect costs to monthly household income ranged from 0.17% to 22.88%, and 9.1% of patients were categorized as experiencing CHE.

Conclusion:

Indirect costs impose a substantial financial burden and may limit access to refractive services, particularly among lower-income households. These findings highlight the need to review BPJS reimbursement rates and spectacle subsidy schemes, and to consider interventions that reduce indirect costs, such as integrating optical shops within facilities and providing cross subsidies between different socio-economic classes.