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Analisis Biaya Medis Langsung Pasien Transplantasi Ginjal: Studi Multicenter Di Indonesia
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INTISARI

Penyakit ginjal kronis merupakan masalah kesehatan global dengan insiden yang terus meningkat. Transplantasi ginjal terapi pengganti ginjal paling efektif, namun cukup membebani bagi rumah sakit. Tujuan penelitian untuk menghitung biaya medis langsung pasien transplantasi ginjal, membandingkannya dengan tarif INA-CBGs, menganalisis proporsi biaya terapi imunosupresan terhadap total biaya medis langsung, serta mengidentifikasi faktor pengaruhnya..

Penelitian ini menggunakan pendekatan kuantitatif berupa deskriptif analitik bersifat retrospektif dan teknik *purposive non-random sampling*. Data diperoleh dari rekam medis dan data keuangan pasien periode 2023–2025 di RSUP Dr. Sardjito, RSUP Dr. Soetomo, RSUP Dr. Kariadi, dan RSUPN Dr. Cipto Mangunkusumo. Analisis data dilakukan secara univariat, bivariat dan multivariat

Hasil penelitian menunjukkan total biaya medis langsung rawat inap dan rawat jalan di RS Dr. Soetomo, RS Dr. Sardjito, RSCM dan RS Dr. Kariadi adalah Rp541.892.120, Rp8.556.632.775, Rp5.040.248.698 dan Rp610.660.679. Adapun biaya per pasien sebesar Rp360.656.744±Rp173.140.417. Selisih biaya rumah sakit dan tarif INA-CBGs menunjukkan surplus di RS Dr. Soetomo (Rp963.500.936) dan RSCM (Rp2.878.001.155), serta defisit di RS Dr. Sardjito (Rp1.512.308.153). Agen monoklonal merupakan terapi yang paling banyak digunakan pada rawat inap, khususnya di RS Dr. Soetomo (31,4%) dan RS Dr. Kariadi (38,5%), sedangkan obat imunosupresan pada terapi rawat jalan di keempat rumah sakit, yaitu RS Dr. Soetomo (87,0%), RS Dr. Sardjito (81,6%), RSCM (84,5%) dan RS Dr. Kariadi (85,5%). Analisis multivariat menunjukkan bahwa biaya rawat inap dipengaruhi secara signifikan oleh tingkat keparahan prosedur transplantasi ginjal ($p = 0,031$), sedangkan biaya rawat jalan dipengaruhi oleh frekuensi kunjungan pasien ($p = 0,002$).

Kata Kunci: Analisis biaya medis langsung, transplantasi ginjal, INA-CBGs

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ABSTRACT

Chronic kidney disease is a global health problem with a continuously increasing incidence. Kidney transplantation is the most effective kidney replacement therapy; however, it imposes a substantial financial burden on hospitals. This study aimed to calculate the direct medical costs of kidney transplant patients, compare them with INA-CBGs tariffs, analyze the proportion of immunosuppressive therapy costs to total direct medical costs, and identify the factors influencing these costs.

This study employed a quantitative quantitative approach in the form of descriptive analytic retrospective and purposive non-random sampling technique. Data were obtained from patients' medical records and financial records from 2023 to 2025 at Dr. Sardjito General Hospital, Dr. Soetomo General Hospital, Dr. Kariadi General Hospital, and Dr. Cipto Mangunkusumo National Central General Hospital. Data were analyzed using univariate, bivariate, and multivariate analyses.

The results showed that the total direct medical costs for inpatient and outpatient care at Dr. Soetomo Hospital, Dr. Sardjito Hospital, RSCM, and Dr. Kariadi Hospital were IDR 541,892,120, IDR 8,556,632,775, IDR 5,040,248,698, and IDR 610,660,679, respectively. The cost per patient was IDR 360,656,744 ± IDR 173,140,417. The difference between hospital costs and INA-CBGs tariffs showed a surplus at Dr. Soetomo Hospital (IDR 963,500,936) and RSCM (IDR 2,878,001,155), and a deficit at Dr. Sardjito Hospital (IDR 1,512,308,153). Monoclonal agents were the most frequently used inpatient therapy, particularly at Dr. Soetomo Hospital (31.4%) and Dr. Kariadi Hospital (38.5%), while immunosuppressive drugs dominated outpatient therapy in all four hospitals: Dr. Soetomo Hospital (87.0%), Dr. Sardjito Hospital (81.6%), RSCM (84.5%), and Dr. Kariadi Hospital (85.5%). Multivariate analysis showed that inpatient costs were significantly influenced by the severity level of the kidney transplant procedure ($p = 0.031$), whereas outpatient costs were influenced by the frequency of patient visits ($p = 0.002$).

Keywords: Direct medical cost analysis, kidney transplantation, INA-CBGs