

ABSTRAK

Latar Belakang : Sistem pembayaran Jaminan Kesehatan Nasional (JKN) berbasis INA-CBGs menempatkan rumah sakit pada mekanisme pembayaran paket, sedangkan remunerasi Dokter Penanggung Jawab Pelayanan (DPJP) di Rumah Sakit Santa Maria Pemalang masih menggunakan Fee For Service (FFS). Ketidaksinkronan tersebut berpotensi menimbulkan ketimpangan remunerasi antarspesialisasi dan tekanan terhadap keberlanjutan pembiayaan rumah sakit.

Tujuan : Menganalisis perbedaan remunerasi jasa medis DPJP antara sistem FFS dan model remunerasi berbasis konversi, mengeksplorasi persepsi keadilan DPJP bedah dan non-bedah, serta mengkaji pandangan manajemen terhadap kesesuaian model dalam era JKN berbasis INA-CBGs.

Metode Penelitian : Penelitian menggunakan mixed methods dengan desain explanatory sequential. Tahap kuantitatif menganalisis 72 pasangan data remunerasi dari enam kelompok spesialisasi selama Januari-Desember 2025. Normalitas selisih diuji dengan Shapiro-Wilk dan perbedaan dua sistem dianalisis menggunakan Wilcoxon Signed-Rank Test serta effect size. Tahap kualitatif dilakukan melalui Focus Group Discussion dan wawancara mendalam terhadap DPJP dan unsur manajemen dengan purposive sampling, dianalisis secara tematik, kemudian diintegrasikan melalui Joint Display Analysis.

Hasil dan Pembahasan : Rerata remunerasi FFS sebesar Rp43.127.921,11 dan model konversi Rp41.815.947,60. Total remunerasi turun dari Rp3.105.210.320,00 menjadi Rp3.010.748.227,20 atau sekitar 3,04%. Uji Wilcoxon menunjukkan perbedaan signifikan. Temuan menunjukkan model konversi terutama menghasilkan redistribusi remunerasi. DPJP menilai FFS sederhana dan pasti, tetapi belum sepenuhnya merepresentasikan kontribusi profesional. DPJP bedah menekankan risiko operatif dan tanggung jawab teknis, sedangkan non-bedah menekankan beban kognitif, intensitas visit, kompleksitas kasus, kontinuitas, dan koordinasi. Model konversi diterima lebih positif secara bersyarat apabila indikator objektif, data akurat, formula transparan, dan DPJP dilibatkan. Manajemen menilai model konversi lebih selaras dengan pembiayaan INA-CBGs dan keberlanjutan organisasi.

Kesimpulan : Model remunerasi berbasis konversi menghasilkan distribusi jasa medis yang berbeda secara signifikan dibandingkan FFS dengan perubahan praktis yang relatif kecil, namun berpotensi lebih proporsional dan lebih selaras dengan pembiayaan JKN. Implementasi perlu dilakukan bertahap melalui sosialisasi, simulasi data historis, uji coba, transparansi, pelibatan DPJP, monitoring, dan evaluasi berkala.

Kata Kunci: Fee For Service; INA-CBGs; JKN; keadilan distributif; model konversi; remunerasi DPJP.

ABSTRACT

Background: The National Health Insurance (Jaminan Kesehatan Nasional/JKN) payment system based on Indonesia Case-Based Groups (INA-CBGs) places hospitals under a bundled payment mechanism, whereas the remuneration of Physicians in Charge of Services (Dokter Penanggung Jawab Pelayanan/DPJP) at Santa Maria Hospital Pemalang continues to use the Fee-for-Service (FFS) system. This misalignment may lead to disparities in remuneration across specialties and create financial pressure on the sustainability of hospital financing.

Objective: To analyze differences in DPJP medical service remuneration between the FFS system and a conversion-based remuneration model, explore perceptions of remuneration fairness among surgical and non-surgical DPJPs, and examine management perspectives regarding the suitability of the model within the JKN payment system based on INA-CBGs.

Methods: This study employed a mixed-methods approach with an explanatory sequential design. The quantitative phase analyzed 72 paired remuneration observations from six specialty groups between January and December 2025. The normality of paired differences was assessed using the Shapiro–Wilk test, while differences between the two remuneration systems were analyzed using the Wilcoxon Signed-Rank Test and effect size. The qualitative phase involved Focus Group Discussions (FGDs) and in-depth interviews with DPJPs and hospital management representatives selected through purposive sampling. Qualitative data were analyzed thematically, and quantitative and qualitative findings were subsequently integrated using Joint Display Analysis.

Results and Discussion: The mean remuneration under the FFS system was IDR 43,127,921.11, compared with IDR 41,815,947.60 under the conversion-based model. Total remuneration decreased from IDR 3,105,210,320.00 to IDR 3,010,748,227.20, representing a reduction of approximately 3.04%. The Wilcoxon Signed-Rank Test demonstrated a statistically significant difference between the two remuneration systems. The findings indicate that the conversion-based model primarily resulted in a redistribution of remuneration. DPJPs perceived the FFS system as simple and predictable; however, it did not fully represent professional contributions. Surgical DPJPs emphasized operative risks and technical responsibilities, whereas non-surgical DPJPs emphasized cognitive workload, visit intensity, case complexity, continuity of care, and coordination. The conversion-based model was conditionally viewed more positively when supported by objective indicators, accurate data, a transparent formula, and active DPJP involvement. Hospital management considered the conversion-based model to be more aligned with INA-CBGs financing and organizational sustainability.

Conclusion: The conversion-based remuneration model resulted in a statistically significant difference in the distribution of medical service remuneration compared with the FFS system, although the magnitude of the practical change was relatively small. Nevertheless, the model has the potential to provide a more proportional distribution of remuneration and greater alignment with JKN financing. Its implementation should be conducted gradually through socialization, simulation

using historical data, pilot testing, transparency, DPJP involvement, monitoring, and periodic evaluation.

Keywords: Fee-for-Service; INA-CBGs; JKN; distributive justice; conversion-based model; DPJP remuneration.

