

EVALUASI POLA DISTRIBUSI BIAYA PENGOBATAN TB PARU DEWASA BERDASARKAN KLAIM BPJS DI RSUD DKI JAKARTA

THE BUDGET PATTERN OF THE DISTRIBUTION OF TB LUNG ADULT MEDICAL EXPENSES BASED ON NATIONAL HEALTH INSURANCE'S CLAIMS (BPJS) AT GENERAL HOSPITAL DKI JAKARTA

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ABSTRAK

Pendahuluan: Di Era JKN, TB masuk dalam skema kebijakan penerapan pembiayaan pengobatan TB, yaitu dapat menggunakan obat program dengan bekerjasama dengan BPJS. Survei prevalensi TB 2014 menyatakan jumlah pasien yang memulai pengobatannya di Rumah Sakit lebih besar dibandingkan di Puskesmas yang sudah melaksanakan DOTS. Penelitian ini bertujuan untuk mengevaluasi pola distribusi biaya dan potensi ketidaksesuaian pengobatan pasien TB Paru Dewasa.

Metode: Deskriptif kuantitatif berdasarkan data sekunder *cross sectional* klaim BPJS RSUD tipe B Provinsi DKI Jakarta bulan Januari sampai dengan Juni 2017 pada pasien TB Paru dewasa sebanyak 1366 dokumen klaim. Unit yang dipilih berdasarkan TB Paru di layanan rawat inap dan rawat jalan.

Hasil dan Pembahasan: Berdasarkan analisis terhadap 1067 dokumen klaim ditemukan diagnosa komorbid TB paru lebih banyak dibandingkan TB paru tanpa komorbid. Alokasi terbesar pembiayaan pada rawat inap adalah biaya farmasi RS Tipe B (37%) dan Tipe D 30%. Selisih klaim rawat inap di RS Tipe B sebesar 23% dan RS Tipe D sebesar 67% sedangkan di rawat jalan RS Tipe B sebesar 32% dan Tipe D 57% sehingga rumah sakit mengalami surplus dari selisih ini. Hal ini dikarenakan pasien stabil tidak dirujuk balik ke FKTP, walaupun ada klaim rumah sakit yang lebih tinggi dibandingkan tarif INA CBG, pada rawat inap 28,9% dan rawat jalan 24,3%. Potensi ketidaksesuaian dalam penegakan diagnosis penyakit TB rawat inap di RS Tipe B sebesar 34% dan Tipe D sebesar 66,7% sedangkan di rawat jalan RS Tipe B sebesar 58% dan RS Tipe D sebesar 81%. Klaim OAT rawat inap di RS Tipe B sebesar 59,4% dan Tipe D tidak ada klaim, pada rawat jalan di RS Tipe B sebesar 22,7% dan Tipe D sebesar 50%.

Kesimpulan: Evaluasi terhadap pengobatan TB Paru dilihat dari pembiayaan alokasi terbesar di biaya farmasi dan skema pembiayaan saat ini masih menguntungkan rumah sakit. Dari segi penegakan diagnosis masih adanya potensi ketidaksesuaian dalam pemeriksaan penunjang, klaim OAT dan pasien yang harusnya di rujuk balik ke FKTP.

Kata Kunci: INA-CBG, Klaim, TB Paru Dewasa, Rumah Sakit, Distribusi Biaya, Ketidaksesuaian, Rujuk Balik

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THE EVALUATION OF DISTRIBUTION PATTERN MEDICAL COST IN ADULT PULMONARY TUBERCULOSIS BASED ON NATIONAL HEALTH INSURANCE'S CLAIMS (BPJS) AT GENERAL HOSPITAL DKI JAKARTA

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ABSTRACT

Introduction: In the National Health Insurance Era, Tuberculosis (TB) is one of disease list in health insurance schemes provided by the Social Security Administrative Bodies. The TB prevalence surveys in 2014 found that the patients number who started treatment in hospitals were greater than that in the Primary Health Care which had implemented DOTS. This study aims to evaluate the distribution pattern medical cost and non-conformity in adult pulmonary tuberculosis treatment.

Methods: Descriptive quantitative based on secondary data cross sectional claims Social Security Administrative Bodies in type B Hospital DKI Jakarta Province from January to June 2017 in adult TB patients (1067 claims documents). The selected unit is based on pulmonary tuberculosis in inpatient and outpatient services.

Results and Discussion: Based on an analysis of 1067 claim document found that the comorbid pulmonary tuberculosis diagnosis is more than non-comorbid pulmonary tuberculosis. The allocation cost of inpatient consist of pharmacy cost type B hospital (37%) and type D hospital (30%). The gap inpatient in type B hospital is 23% and type hospital D is 67% while outpatient type B hospital is 32% and type D hospital is 57% so hospital get surplus from this difference. This condition is because the stable patients are not referred to First Level Health Facility and the claim value number is greater than INA CBG rate (inpatient is 28.9% and outpatient is 24.3%). The potential non-compliance in conformity of diagnosis of TB disease in type B hospital is 34% and type D hospital is 66.7% while in outpatient of type B hospital is 58% and type D hospital is 81%. Inpatient OAT Claim of type B hospital is 59,4% and type D hospital is none, while outpatient OAT Claim of type B hospital is 22,7% and type D hospital is 50%.

Conclusions: The evaluation of pulmonary tuberculosis treatment can be seen from the largest allocation financing in pharmaceutical costs and this current financing scheme makes benefit to the hospital. In terms of diagnostic enforcement, there is disobedience or non compliance in medical support service, OAT claims and patients who should be referred to First Level Health Facility.

Keywords: INA-CBG, Claims, Adult Pulmonary TB, Hospital, Cost Distribution, Non-Conformity, Referral

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