

INTISARI

Analisis *cost of illness* penyakit kronis di fasilitas pelayanan kesehatan selama JKN sangat diperlukan sebagai kontrol kualitas dan pengendalian biaya. Stroke adalah penyakit katastropik yang berbiaya tinggi, bervolume dan berisiko tinggi yang dapat menyebabkan peningkatan biaya pengobatan, sehingga memerlukan perhatian khusus. Tujuan dari penelitian ini adalah untuk memberikan gambaran biaya medik langsung dan komponen penyusun biaya, memberikan gambaran perbedaan biaya *riil* dan paket tarif INA-CBGs berdasarkan tipe stroke, dan faktor-faktor yang mempengaruhi biaya medik langsung.

Penelitian ini merupakan penelitian observasional deskriptif-analitik menurut perspektif rumah sakit. Data diambil secara retrospektif selama periode 1 Januari hingga 31 Desember 2017 di RSUD Blambangan Banyuwangi. Subjek penelitian adalah pasien JKN dewasa yang dirawat di rumah sakit berusia ≥ 18 tahun dengan diagnosis stroke yang masuk kriteria inklusi. Variabel penelitian meliputi usia, jenis kelamin, jenis stroke, komorbiditas, kelas rawat inap, lama tinggal (LOS), dan total biaya medik langsung. Analisis data menggunakan analisis univariat, bivariat dan multivariat.

Hasil penelitian diperoleh jumlah kunjungan pasien stroke rawat inap sebanyak 313 orang, total biaya *riil* Rp1.525.236.503 dengan rata-rata biaya Rp4.872.960, komponen biaya terbesar adalah biaya obat dan BMHP Rp402.248.555 (27,21%). Pada stroke hemoragik diperoleh biaya *riil* Rp572.969.865 dan paket tarif INA-CBGs Rp483.804.000, biaya *riil* stroke iskemik Rp952.266.639 dan paket tarif INA-CBGs Rp1.107.055.700. Terdapat perbedaan signifikan pada total biaya medik langsung dari faktor kelas dan lama rawat inap ($p\text{-value} < 0,005$).

Dapat disimpulkan bahwa paket tarif INA-CBGs tidak mencukupi untuk membiayai pasien rawat inap dengan stroke hemoragik (-Rp89.165.865), tetapi cukup untuk stroke iskemik (+Rp154.789.069). Perlu dilakukan monitoring dan evaluasi, salah satunya dengan penerapan *Clinical Pathway* agar tercapai pelayanan yang efektif dan efisien.

Kata Kunci: analisis biaya, stroke, rawat inap

ABSTRACT

Cost of illness analysis of chronic diseases in health care facilities during JKN is needed as quality and cost control. Stroke is a high cost, volume, and risk, catastrophic disease that can cause an increase in medical expenses, which requires special attention. The purpose of this study is to provide an overview of direct medical costs and cost components, providing an overview of the real costs and tariff packages of INA-CBGs based on the type of stroke, and the factors that affect direct medical costs.

This study is a descriptive-analytical observational study according to the hospital perspective. Data was taken retrospectively during the period of 1 January to 31 December 2017 at Blambangan Hospital Banyuwangi. The subjects of the study were adult JKN patients who were aged ≥ 18 years old with a stroke diagnosis that entered the inclusion criteria. The research variables included age, gender, type of stroke, comorbidity, hospitalization class, length of stay (LOS), and direct medical costs. Data analysis used univariate, bivariate and multivariate analysis.

The results showed that there were 313 inpatient visits, the total real costs were Rp1,525,236,503 with an average cost of Rp4,872,960, the largest cost component was the cost of drugs and BMHP of Rp402,248,555 (27.21%). In hemorrhagic stroke, the real cost of Rp572,969,865 and the INA-CBGs tariff package of Rp483,804,000, the real cost of ischemic stroke Rp952,266,639 and the tariff package of INA-CBGs Rp1,107,055,700. There are significant differences in total medical costs directly from class factors and length of stay (p-value < 0.005).

It is concluded that the INA-CBGs tariff package is insufficient to finance hospitalized patients with hemorrhagic strokes (-Rp89,165,865), but sufficient for ischemic stroke (+Rp154,789,069). Monitoring and evaluation need to be done, one of which is the implementation of a Clinical Pathway to achieve effective and efficient services.

Keywords: cost analysis, stroke, hospitalization