INTISARI

Tujuan penelitian ini untuk menganalisis proporsi kebutuhan obat secara normatif dikaitkan dengan biaya kapitasi, menganalisis proporsi kebutuhan obat secara aktual dikaitkan dengan biaya kapitasi, menganalisis perbedaan komponen obat normatif dan aktual dalam sistem kapitasi, menganalisis faktor-faktor yang memengaruhi biaya obat di Fasilitas Kesehatan Primer.

Penelitian ini merupakan penelitian observasional dengan rancangan *cross sectional* yang dilakukan secara retrospektif menggunakan data sekunder. Metode pengambilan sampel yang digunakan adalah *nonprobability sampling*. Teknik sampling yang digunakan adalah *purposive sampling* selama September 2017-September 2018. Subyek penelitian adalah resep pasien rawat jalan terdiagnosis dua puluh penyakit terbanyak di delapan puluh dua FKTP Prov. DIY. Data biaya aktual yang digunakan adalah lembar resep dan penerimaan kapitasi. Data biaya normatif berdasarkan uji delphi pada sebelas dokter di Layanan Primer. Metode analisis yang digunakan yaitu *mann mhitney, spearman's.*

Berdasarkan hasil penelitian didapatkan rerata nilai biaya obat normatif pada penyakit akut dari dua puluh penyakit terbesar Rp6.664 aktual, Rp5.862,00-±4.989,00. Biaya obat normatif pada penyakit kronis Rp24.950,00 dan aktual Rp10.023,00±10.672,00. Selain itu angka komponen obat normatif dengan aktual dalam besaran tarif kapitasi berbeda signifikan ($p<0,05$) dengan rerata nilai normatif. Faktor yang memengaruhi biaya obat antara lain jenis kelamin, kelompok usia, jumlah obat, letak geografis, karakteristik FKTP, jumlah lembar resep, jumlah peserta terdaftar, sumber pembiayaan obat, tatakelola FKTP.

Proporsi biaya obat pada penyakit kronis lebih tinggi dibandingkan penyakit akut dengan rincian proporsi biaya obat aktual pada penyakit kronis sebesar 26% terhadap sistem kapitasi, proporsi biaya obat penyakit akut sebesar 15% terhadap sistem kapitasi. Proporsi biaya obat normatif dikaitkan dengan biaya kapitasi sebesar 38% dengan rincian pada penyakit akut 14% kronis 62%. Terdapat perbedaan komponen biaya obat normatif dan aktual dalam sistem kapitasi. Pengambil kebijakan dapat mengimplementasikan proporsi biaya obat sebesar 38% dikaitkan dengan biaya kapitasi.

Kata kunci: biaya obat, kapitasi, JKN, Faskes Kesehatan Primer, Metode Delphi, penyakit akut, penyakit kronis

ABSTRACT

This study aims to analyze the proportion of normative drug need associated with the capitation cost, analyze the proportion of actual drug need associated with capitation cost, analyze knowing the difference between normative and actual drug components in capitation system and knowing the analyze factors influencing drug cost in Primary Health Facilities.

This study was an observational research with *cross sectional* design done retrospectively using secondary data. The sampling method used was *nonprobability sampling*. The sampling technique used was *purposive sampling* done from September 2017 until September 2018. The subjects of this research were outgoing patient prescriptions diagnosed with twenty most disease in eighty two First Level Health Facilities in Yogyakarta Special Region Province. The data used were prescription and capitation reception sheets. The analysis in this study was done using *mann whitney, spearman's.*

The result showed that the average of normative drug cost value in acute disease of twenty biggest disease was 6,664 IDR, and the actual drug cost value in acute disease of twenty biggest disease were 5,862,00±4,989,00 IDR. In addition, the normative and actual drug component figures in the capitation rate were significantly different ($p<0.05$) with the average normative value. The factors causing drug costs were gender, age group, amount of drug, geographical location, patients' characteristics, and amount of prescription sheets, financing sources, and number of registered patients.

The proportion of drug cost for chronic disease was higher than the acute disease. The proportion of actual drug cost for chronic disease was 26% towards the capitation system and the proportion of actual drug cost for acute disease was 15% towards the capitation system. The normative drug cost associated with capitation cost in acute disease was 38%, namely for acute disease was 14% and chronic disease was 62%. There were differences on the components of normative and actual drug cost in capitation system. The policy makers could implement the proportion of drug costs around 38% of capitation cost.

Keywords : drug cost, capitation, National Health Insurance, Primary Health Facility.