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EVALUASI HASIL IMPLEMENTASI PROGRAM JKN PADA PELAYAN TERHADAP PASIEN PENYAKIT STROKE YANG DIRAWAT DI

UNIT STROKE RS PPK III

MUHAMMAD DAHLAN, Prof. dr. Laksono Trisnantoro, M.Sc., Ph.D.; DR.dr. Ismail Setyopranoto, Sp.S(K).

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## EVALUASI HASIL IMPLEMENTASI PROGRAM JKN PADA PELAYAN TERHADAP PASIEN PENYAKIT STROKE YANG DIRAWAT DI UNIT STROKE RS PPK III

Muhammad Dahlan<sup>1</sup> Laksono Trisnantoro<sup>2</sup> Ismail Setyopranoto<sup>3</sup>

### INTISARI

**Latar Belakang:** Era baru program asuransi kesehatan nasional mulai 1 Januari 2014 yang diselenggarakan oleh BPJS Kesehatan dengan target seluruh masyarakat telah menjadi peserta BPJS pada tahun 2019. Apresiasi diberikan kepada pemerintah atas usahanya melaksanakan JKN. Dalam pelaksanaannya para pemberi pelayanan kesehatan perlu diketahui tingkat penerimaan dan mutu pelayanan yang diberikan. Stroke sebagai salah satu penyakit yang banyak dijangkit oleh masyarakat perlu dilihat mutunya. Bagaimana hasil implementasi pelayanan penyakit stroke pada pelaksanaan program JKN.

**Tujuan:** (1) Mengukur kinerja pelayanan; (2) mengukur kinerja keuangan; (3) Mengetahui penerimaan dan ketiaatan pemberi pelayanan terhadap unit.

**Metode:** *Mixed method* dengan pendekatan sekuelisasi eksplanasi pada unit Stroke RSUP Dr Sardjito. Data yang dipergunakan menggunakan alat primer berupa observasi dan wawancara.

**Hasil:** Mutu pelayanan penyakit stroke sudah sesuai dengan mutu standar. Rasionalisasi pemberian obat, maupun pemulangan pasien tetap sesuai standar. Performa keuangan unit Stroke mengalami selisih negatif. Penerimaan dari para dokter terkait beberapa aturan seperti sistem rujukan dan standar tarif belum diterima sepenuhnya.

**Kesimpulan:** Permasalahan program Jaminan Kesehatan Nasional masih terjadi. Perbedaan persepsi antara pembuat aturan dengan pemberi pelayanan masih menonjol. Performa keuangan dari unit stroke mengalami kerugian walaupun mutu pelayanan sudah dilakukan secara optimal. Sistem rujukan terutama rujuk balik belum dirasa layak oleh para dokter karena keterbatasan di PPK I. Pelayanan *home care* yang biasa digunakan tidak bisa optimal karena peserta asuransi belum mendapatkan jaminan untuk memperoleh pelayanan *home care*.

**Keywords:** Jaminan Kesehatan Nasional, Stroke, Kualitas Pelayanan

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<sup>1</sup> Student of Magister of Hospital Management, Faculty of Medicine, Universitas Gadjah Mada

<sup>2</sup> Main Supervisor, Departement Health and Policy Management, Faculty of Medicine, Universitas Gadjah

<sup>3</sup> Co Supervisor, Departemen of Neurology, Universitas Gadjah Mada, Yogyakarta



## ***IMPLEMENTATION RESEARCH OF UNIVERSAL HEALTH COVERAGE FOR STROKE CARE IN THE SARDJITO GENERAL HOSPITAL***

Muhammad Dahlan<sup>4</sup> Laksono Trisnantoro<sup>5</sup> Ismail Setyopranoto<sup>6</sup>

### ***ABSTRACT***

**Background:** Since 2014, Indonesia has implemented universal health coverage. In Indonesia, it was named as Jaminan Kesehatan Nasional or JKN. "Quality control and cost control" is the tagline of these program. Health provider such as doctors, nurses and the others health provider must control the quality and the cost of the patient's treatment. Stroke, as one of the disease which needed such a complex treatment, must be treated as effective as possible.

**Aim:** The aim of this study is evaluating the implementation of the JKN in stroke care especially in Central hospital. Measuring the quality of the care in stroke unit is compulsory in implementation research. Knowing acceptability and fidelity of the rules from JKN by the doctors must be described.

**Method:** This study is mixed method with sequential explanatory design. The qualitative research was a cross sectional research which began in June 15<sup>th</sup>- July 31st. Interview from three doctors in stroke unit Sardjito General Hospital were performed to know the acceptability of the program.

**Result:** The quality of care in Unit Stroke RSUP Dr. Sardjito from the doctors are good. Rationalization of the drugs and safety of the patients were prioritized. From that conditions the unit got a debt condition. The financial performance from one patient could get debt up to eleven million rupiahs. From the qualitative research, the acceptability of the national formulation slightly didn't accept by the doctors. Neuro protector and another kind of drugs isn't on the list. rtPA which can be found in the list is too expensive. Reimbursement from the BPJS was too low. Homecare as one the rehabilitation isn't covered by BPJS. Back referral system to general practitioner isn't accepted by the neurologist because of the lack of the facility in pustekmas or PPK I. Research and education in academic hospital didn't do well because of the lack of patients.

**Conclusion:** National formularies are needed to revised based on the patients need. Reimbursement from BPJS should be higher than before. Homecare patients should be guaranteed by BPJS.

**Keywords:** *Universal health coverage, stroke, quality care, implementation research*

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<sup>4</sup> Student of Magister of Hospital Management, Faculty of Medicine, Universitas Gadjah Mada

<sup>5</sup> Main Supervisor, Departement Health and Policy Management, Faculty of Medicine, Universitas Gadjah

<sup>6</sup> Co Supervisor, Departemen of Neurology, Universitas Gadjah Mada