

## INTISARI

**Latar belakang:** Diabetes melitus (DM) merupakan penyakit menahun yang akan di derita seumur hidup dan membutuhkan biaya cukup besar untuk mengatasinya. Dalam beberapa dekade terakhir biaya pelayanan kesehatan, khususnya biaya obat terus meningkat tajam, dan kecenderungan ini tampaknya akan terus berlanjut. Oleh sebab itu pemerintah mengembangkan sistem pembiayaan kesehatan dengan prinsip gotong royong yang dinamakan asuransi kesehatan (Askes). Berdasarkan hasil observasi di RSUD Panembahan Senopati Bantul, masih terdapat pemberian obat non DPHO sehingga peserta Askes harus membayar biaya obat.

**Tujuan:** Mengevaluasi penggunaan obat dan biaya pengobatan DM pada peserta Askes di RSUD Panembahan Senopati Bantul.

**Metode:** Penelitian ini merupakan penelitian observasional dengan rancangan studi kasus dan bersifat deskriptif analitik, dengan menggunakan data kualitatif dan kuantitatif. Data kuantitatif diperoleh dengan observasi dokumen yang diambil secara retrospektif sedangkan data kualitatif diperoleh dari wawancara mendalam.

**Hasil:** Rata-rata item obat per lembar resep sebesar 2,2 item, persentase peresepan dengan nama generik rendah sebesar 47,2%, persentase peresepan sesuai DPHO sangat tinggi sebesar 99,5%, persentase peresepan sesuai DOEN cukup tinggi sebesar 69%, persentase peresepan sesuai pedoman pengobatan tinggi sebesar 74,2%, rata-rata biaya per lembar resep yang dikeluarkan PT. Askes dan peserta relatif mahal sebesar Rp. 178.659 dan Rp. 173.050 (4,8 dan 4,7 UMH). Faktor yang mempengaruhi pola penggunaan dan biaya obat antara lain kurangnya pendidikan berkelanjutan, penerapan aturan yang lemah, kurangnya informasi mengenai obat, kepercayaan, tekanan dan permintaan dari peserta, beban pelayanan yang terlalu banyak, pengaruh promosi dari industri farmasi.

**Kesimpulan:** Pola penggunaan dan biaya obat berdasarkan indikator penggunaan obat WHO pada RSUD Panembahan Senopati Bantul dapat dikatakan belum rasional.

**Kata kunci :** Diabetes melitus, asuransi kesehatan, biaya obat.

## ABSTRACT

**Background:** Diabetes mellitus is a chronic disease suffered for a lifetime and requires a considerable cost of money to overcome it. In the recent decades the health care costs, particularly medicine costs have increased rapidly, and it is likely to continue increasing. Therefore, the government has developed a health financing system with the principle of mutual cooperation called health insurance (Askes). Based on observations conducted in Panembahan Senopati Public Hospital in Bantul, there is non DPHO drug provision to the patient, so that the Askes participant had to pay the price of the drug.

**Objective:** To evaluate the use of drugs and the cost of treatment of diabetes mellitus disease for health insurance participants in Panembahan Senopati Public Hospital in Bantul.

**Methods:** This study was an observational research with case study design and descriptive analytic using qualitative and quantitative data. The quantitative data was obtained by document observation retrieved retrospectively, whereas the qualitative data was obtained from indepth interviews.

**Results:** The average items of drugs per prescription was 2.2 items, the percentage of prescriptions with generic name are low was 47.2%, the percentage of prescriptions in accordance with DPHO is very high was 99.5%, the percentage of prescriptions according to DOEN is quite high was 69%, the percentage of prescriptions according to treatment guidelines is high was 74.2%, the average cost per prescription issued by PT. Askes and the participants is relatively expensive Rp. 178 659 and Rp. 173 050 (4.8 and 4.7 UMH) respectively. Factors affecting the patterns of drug use and costs are lack of on going education, weak application of rules, lack of information about drug, trust, pressure and demand from participants, service overload, and the influence from drug manufacture promotion.

**Conclusions:** The pattern of drug use and cost based on indicators of WHO drug use in Panembahan Senopati Public Hospital in Bantul has not yet rational.

**Keywords:** Diabetes mellitus, health insurance, drug costs.