

Cost Analysis of Chronic Diseases Patient of JKN Outpatient For Advanced Health Care Level (RJTL) In Fatmawati General Hospital In 2018 Compared With 2013

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Abstrak

Sesuai dengan Permenkes No. 64 Tahun 2016 tentang Tarif Standar Pelayanan Kesehatan Dalam Penyelenggaraan Program Jaminan Kesehatan, maka sistem pembayaran pelayanan kesehatan rawat jalan lanjutan tidak lagi berdasarkan fee for service tetapi dibayarkan sesuai paket InaCBGs tanpa iuran biaya dari peserta, dimana pembayaran klaim dari BPJS Kesehatan ke rumah sakit termasuk total biaya pelayanan yang diberikan kepada peserta BPJS Kesehatan. Penelitian ini dilakukan untuk mengetahui berapa rata-rata biaya pengobatan JKN Rawat Jalan Tingkat Lanjutan (RJTL) di RSUP Fatmawati, berapa biaya pengobatan kronis yang harus ditanggung RSUP Fatmawati dengan menerapkan klaim InaCBGs, dengan skema pembayaran 7:23, dan untuk mengetahui perbedaan yang terlihat dari implementasi skema pembayaran klaim InaCBGs 7:23 tahun 2018 dibandingkan tahun 2013. Penelitian ini dilakukan dengan menganalisis data selisih biaya obat yang diberikan kepada pasien JKN Rawat Jalan Tingkat Lanjut (RJTL) di RSUP Fatmawati tahun 2013 sebanyak 75.451 resep dan tahun 2018 sebanyak 49.649 resep menggunakan analisis statistik Mann-Whitney. Hasil penelitian menunjukkan bahwa rata-rata biaya pengobatan JKN Rawat Jalan Tingkat Pelayanan Kesehatan Lanjut (RJTL) di RSUP Fatmawati tahun 2013 dengan skema pembayaran klaim fee for service sebesar Rp. 254.091, tahun 2018 dengan skema pembayaran klaim InaCBGs 7:23 sebesar Rp. 324.477. Rata-rata biaya obat yang ditanggung RSUP Fatmawati dengan skema pembayaran klaim InaCBGs 7:23 pada tahun 2018 adalah Rp 45.890 per pasien. Hasil uji statistik (Mann-Whitney) menunjukkan terdapat perbedaan yang bermakna antara biaya obat dengan skema pembayaran klaim fee for service tahun 2013 dengan skema pembayaran klaim InaCBGs 7:23 tahun 2018 ($P = 0,000$), dimana hasilnya setelah konversi ke Indonesia diperoleh angka inflasi dengan hasil penurunan sebesar 8,57%, dari Rp. 304.716 pada tahun 2013 menjadi Rp 278.587 pada tahun 2018. Kesimpulan: Tidak terdapat dampak keuangan yang merugikan BPJS Kesehatan dan RSUP Fatmawati karena perubahan skema pembayaran klaim fee for service pada tahun 2013 menjadi skema pembayaran klaim InaCBGs 7:23 pada tahun 2018 dalam memberikan pelayanan rawat jalan di RSUP Fatmawati.

Kata kunci: *Analisis Biaya Obat, Skema Pembayaran Klaim Fee For Service, Skema Pembayaran Klaim InaCBGs 7:23*

Abstract

In accordance with Permenkes No. 64 of 2016 concerning of standard tariff for Health Service in Implementation of the Health Insurance Program, the payment system for advanced outpatient health care services is no longer based on fee for service but is paid according to the InaCBGs package without cost contribution from participants, where the claim payment from BPJS Health to the hospital including the total cost of services that provided to BPJS Health participants. This research is conducted to find how much of the average medicine cost of JKN Outpatient for Advanced Health Care Level (RJTL) in RSUP Fatmawati, how much is the cost of chronic medicine that must be borned by RSUP Fatmawati by applying the InaCBGs claim, with payment scheme 7:23, and to find out the differences evident from the implementation of the InaCBGs 7:23 claim payment scheme in

2018 compared to 2013. This research was conducted by analyzing data on the difference of medicine cost given to the patient of JKN Outpatient for Advanced Level (RJTL) in RSUP Fatmawati in 2013 with 75,451 prescription and in 2018 with 49,649 recipes using a Mann-Whitney statistical analysis. The results showed that the average medicine costs of JKN Outpatients for Advanced Health Care Level (RJTL) in RSUP Fatmawati in 2013 with fee for service claim payment scheme is IDR. 254.091, in 2018 with InaCBGs 7:23 claim payment scheme of IDR. 324,477. The average medicine cost that borned by RSUP Fatmawati with the InaCBGs 7:23 claim payment scheme in 2018 is IDR 45,890 per patient. The statistical test result (Mann-Whitney) shows there is a meaningful difference between the cost of medicine with fee for service claim payment scheme in 2013 and the InaCBGs 7:23 claim payment scheme in 2018 ($P = 0.000$), in which the results after the conversion to Indonesia's inflation rate were obtained by the result of a decreased by 8.57%, from IDR. 304,716 in 2013 to IDR 278,587 in 2018. Conclusion: There is no adverse financial impact of BPJS Health and RSUP Fatmawati due to changes in the fee for service claim payment scheme in 2013 became the InaCBGs 7:23 claim payment scheme in 2018 in providing an outpatient service in RSUP Fatmawati.

Keywords : *Drug Cost Analysis, Fee For Service Claim Payment Scheme, InaCBGs 7:23 Claim Payment Scheme*

INTRODUCTION

Health is a state of health, both physically, mentally, spiritually and socially that enables everyone to live socially and economically productive lives. To achieve optimal health status for the community, health efforts are carried out with approaches to maintenance, health improvement (promotive), disease prevention (preventive), disease healing (curative) and health recovery (rehabilitative) which are carried out in a comprehensive, integrated and sustainable manner. The implementation of various health development efforts is carried out, among others, by equitable distribution and improvement of health services supported by the provision of adequate health service facilities, the provision of sufficient quantities of drugs, of good quality and evenly distributed at prices affordable by the wider community.

The mandate of Law Number 40 of 2004 concerning the National Social Security System (SJSN) and Law of the Republic of Indonesia Number 24 of 2011 concerning the Social Security Administering Body (BPJS) began to be implemented on January 1, 2014. From that date PT. Askes carried out institutional transformation into BPJS Health which organized the Indonesian public health insurance program as a whole, not only serving civil servants and the poor (askeskin) as it was still in the form of PT. Askes used to be, meanwhile BPJS Employment organized work accident insurance programs, old age insurance, pension benefits, and death benefits.

Indonesia Case-Based Groups (InaCBGs) payment system, namely the amount of claim payment by BPJS Health to hospitals for service packages based on disease diagnosis groupings and procedures. The InaCBGs package tariff includes the costs of all services provided to BPJS Health participants, both administrative costs, services, facilities, consumables/consumables, as well as drugs and others.

With a significant difference in the payment system between the InaCBGs claims received and the cost of drugs that must be issued by the hospital, it is felt that the hospital is very burdensome in providing health services for JKN patients, so that the National Health Insurance as a national insurance really needs to be evaluated in its implementation. , especially in terms of payment of claims with the InaCBGs 7:23 claim scheme, so that effectiveness and efficiency in achieving therapeutic goals can be achieved without reducing the quality of health services through quality control and cost control.

In this study, the hospital chosen was Fatmawati Hospital. Fatmawati Hospital is a Class A Education hospital that has met Hospital Accreditation Standards and was declared Plenary Level Pass by the Hospital Accreditation Commission (KARS) and has also been

accredited by the Joint Commission International (JCI) in 2013. Fatmawati Hospital is one of the government hospitals in Indonesia that serves JKN patients who are designated as the highest referral place (Top Referral Hospital) of JKN patients who are included in the category of advanced referral health facilities (FKRTL) level 3.

According to Article 246 of the Indonesian Commercial Code (KUHD) quoted in Soeino Djojosedarso, insurance or coverage is: "An agreement whereby a person who bears binds himself to the insured by receiving a premium, to compensate him for a loss, damage, or lose the expected profit, which he may suffer due to an unspecified event.

Health insurance is a guarantee in the form of health protection so that participants obtain health care benefits and protection in meeting basic health needs that are given to everyone who has paid contributions or whose contributions are paid by the government.

The National Health Insurance Program, abbreviated as JKN program, is a government and community (people) program with the aim of providing comprehensive health insurance for every Indonesian so that the Indonesian population can live a healthy, productive and prosperous life.

In some countries, health insurance systems have also been implemented, where each country has different systems and mechanisms. But all health insurance leads to the achievement of three basic goals of the health care system which are relatively the same, namely: keeping people healthy, caring for the sick, and protecting families from financial bankruptcy due to medical bills.

The Pharmacy Installation of Fatmawati Hospital is one of the medical support units in charge of carrying out pharmaceutical services at Fatmawati Hospital, including carrying out the procurement, storage, compounding and distribution of pharmaceutical supplies for the needs of Fatmawati Hospital as well as providing drug information to the health service team at Fatmawati Hospital and inpatients. or outpatient. The Pharmacy Installation of Fatmawati Hospital is a facility for organizing all pharmaceutical activities and services aimed at the needs of the hospital itself.

Based on the Law of the Republic of Indonesia No. 24 of 2011, the Social Security Administering Body, hereinafter abbreviated as BPJS, is a legal entity established to administer social security programs. With this Law, 2 (two) BPJS are established, namely BPJS Health which functions to organize health insurance programs and BPJS Employment which functions to organize work accident insurance programs, death insurance programs, pension insurance programs and old age benefits.

The INA-CBG tariff is a package tariff that includes all components of hospital resources used in both medical and non-medical services. At the INA-CBG tariff, there is an additional payment (top up payment) for certain services called Special Casemix Main Groups (CMG), consisting of a) special drugs; b) special procedures; c) special prostheses; d) special investigations; e) sub-acute cases; and f) chronic cases. Non INA-CBG tariffs are tariffs for certain services, namely health aids, chemotherapy drugs, chronic disease drugs, CAPD and PET scans. The procedure for submitting claims for Non-INA-CBG Tariffs is carried out separately from the INA-CBG system.

Drug Management and Use is one standard group that focuses on patients. This standard regulates various systems that coordinate with each other and are multi-disciplinary, especially in terms of selecting, procuring, storing, processing and distributing, as well as recording income and expenditure, preparing and monitoring drugs. Health practitioners have an important role in drug management with the principle of maintaining patient safety.

Hospital Pharmacy Installation in general can be defined as a department or unit or part of a hospital under the leadership of a pharmacist and assisted by several pharmacists who meet the requirements of the applicable laws and are responsible for all work and pharmacy, which consists of services. plenary ones includes planning, procurement, production, storage of pharmaceutical supplies / pharmaceutical preparations, dispensing of drugs based on prescriptions for patients during and outpatient care, quality control and control of distribution and use of all medical supplies in the hospital.

Problem Definition

Health services provided to the community in the implementation of the National Health Insurance (JKN) are carried out through health efforts with approaches to maintenance, health promotion (promotive), disease prevention (preventive), disease healing (curative) and health recovery (rehabilitative) which are carried out as a whole. integrated and sustainable including drug services in accordance with medical needs. Comprehensive treatment cost management covering all effective and efficient health services has been.

Research on the Study of the Amount of Drug Costs for Advanced Outpatient JKN (RJTL) at Fatmawati Hospital for the period January – December 2018 and the period January – December 2013, includes administering drugs to JKN patients, both drugs with trademarks or with generic names included in the e-mail. -Catalogue or non-e-Catalogue served at the Outpatient Polyclinic of Fatmawati Hospital, which focuses more on research on chronic drug administration with the InaCBGs 7:23 claim scheme. The research location is Fatmawati Hospital, Jl. Fatmawati Hospital, Cilandak, South Jakarta. The period of research data analyzed is the period January – December 2018 and the period January – December 2013. The sample size is census, namely data on drug use of JKN patients who seek treatment at the Outpatient Polyclinic of Fatmawati Hospital for the period January – December 2018. The research design used The research used is an analytic observational cohort study which was carried out retrospectively by taking data from the **patient's medical record**.

METHODOLOGY

This study uses an observational study design, quantitative analytic with longitudinal time series. Data collection was carried out retrospectively using data on the drug use of Askes patients in 2013 and JKN patients in 2018 which were withdrawn from the Hospital Information System in the period January-December 2013 and January-December 2018. Drugs that were included in the inclusion were drugs given to patients. Askes in 2013, whether included in the 2013 Askes DPHO or not, as well as drugs given to JKN patients at the Outpatient Polyclinic of Fatmawati Hospital in 2018, both included in the e-Catalogue or not.

The data analysis uses bivariate analysis to see the effect of the InaCBGs 7:23 claim payment scheme in 2018 on the increasing hospital burden in providing services to JKN patients and to see a comparison of the 2013 fee for service payment scheme and the InaCBGs 7:23 claim payment scheme in 2018 and univariate analysis to see the trend of changing drug costs from the fee for service payment scheme in 2013 to the InaCBGs 7:23 claim payment scheme in 2018.

The study population was all drugs given to patients with Advanced Outpatient Health Care (RJTL) at Fatmawati Hospital in 2013 with 75,451 prescriptions and 49,649 prescriptions for Advanced Outpatient JKN (RJTL) patients at Fatmawati Hospital in 2018. All populations are the source of data in the study.

RESULTS OF RESEARCH

Analysis of changes in drug costs from the fee for service payment scheme in 2013 to the InaCBGs 7:23 claim payment scheme in 2018

To see the trend of changing drug costs from the fee for service payment scheme in 2013 to the InaCBGs 7:23 claim payment scheme in 2018, it can be examined from the amount of drug costs used. The burden of drug costs per patient can be divided into three, namely: the overall burden, the burden of drug costs borne by BPJS, and the burden of drug costs borne by the patient..

Fee for service payment scheme in 2013

The following are the results of the SPSS statistical data processing output of drug cost per patient:

Table 1. Drug costs per patient (overall)

Analysis Type	Drug costs per month	
	Fee for service payment scheme in 2013	InaCBGs 7:23 claim payment scheme in 2018
Minimum Drug Cost	105	170,63
Maximum Drug Cost	42.429.975	27.720.000
Average Drug Costs Per Month	254.091,23	324.477,37

Table 2. The burden of drug costs per patient borne by PT. Askes

Analysis Type	Drug costs per month	
	Fee for service payment scheme in 2013	InaCBGs 7:23 claim payment scheme in 2018
Minimum Drug Cost	53	118,83
Maximum Drug Cost	42.429.975	27.720.000
Average Drug Costs Per Month	235.203,22	278.587,21

Table 3. The burden of drug costs borne by the patient

Analysis Type	Drug costs per month	
	Fee for service payment scheme in 2013 (Askes)	InaCBGs 7:23 claim payment scheme in 2018 (Fatmawati Hospitals)
Minimum Drug Cost	,0000	39,81
Maximum Drug Cost	10.363.650	7.786.236
Average Drug Costs Per Month	92.489,48	45.890,17

Test the Average Difference by Using the Mann Whitney Test

The Mann Whitney test is used in this study as an alternative to the t test if the assumption of normality is not met. Based on the normality test, it was concluded that the data were not normally distributed. So in this study, the Mann Whitney test was used to determine whether there was a significant difference between the two populations.

The results of the Mann Whitney Test on Drug Costs resulted in a probability value of $\text{sig} < 0.05$, so it can be said that there is sufficient evidence to conclude that there is a difference in the cost of drugs borne by BPJS Kesehatan between the fee for service payment scheme in 2013 and the InaCBGs claim payment scheme 7 :23 year 2018.

Analysis of the increase in the burden of Fatmawati Hospital in providing services to JKN patients after the implementation of the 7:23 InaCBGs claim payment scheme in 2018

To see the magnitude of the increase in the burden of Fatmawati Hospital in providing services to JKN patients after the implementation of the 7:23 InaCBGs claim payment scheme in 2018, it can be examined from the amount of drug costs borne by the hospital. In 2013, the hospital did not bear the burden of drug costs because everything was borne by the mPT. Askes or patients. Meanwhile, in 2018, the hospital bears some of the cost of the patient's medication. The following are the results of the SPSS statistical data processing output:

Table 4. The burden of drug costs borne by the hospital with the InaCBGs 7:23 claim payment scheme in 2018

Analysis Type	Drug costs (IDR)
Minimum Drug Cost	39,81
Maximum Drug Cost	7.876.236
Average Drug Costs Per Month	45.890,17
total drug costs in 2018	2.278.400.928

Table 4 above shows that the average cost of drugs borne by hospitals with the InaCBGs 7:23 claim payment scheme in 2018 is IDR 45,890 per patient. The largest cost of medication borne is Rp 7,876,236 per patient. The overall cost burden that must be borne by the hospital in 2018 was IDR 2,278,400,928. This shows that there was an increase in the burden of drug costs borne by hospitals in 2018 (the InaCBGs 7:23 claim scheme) compared to 2013 (fee for service).

CONCLUSIONS

From the results of the study, the following conclusions can be drawn:

The characteristics of the Advanced Outpatient JKN patients at Fatmawati Hospital have changed where in 2013 with the fee for service payment scheme the largest drug cost burden was for Askes class 3 patients, while in 2018 with the InaCBGs 7:23 claim payment scheme the largest drug cost burden was on patients. JKN class 1.

1. The average cost of medicines for Advanced Outpatient JKN (RJTL) patients at Fatmawati Hospital in 2013 with a fee for service payment scheme is IDR. 254,091. The average cost of drugs for Advanced Outpatient JKN (RJTL) patients at Fatmawati Hospital in 2018 with the InaCBGs 7:23 claim payment scheme, which is IDR. 324,477.
2. The average cost of drugs borne by Fatmawati Hospital with the InaCBGs 7:23 claim payment scheme in 2018 is IDR 45,890 per patient. The highest drug cost per patient borne by Fatmawati Hospital is IDR 7,876,236. The total cost to be borne by the hospital in 2018 was IDR.2.278.4000.928.
3. The top ten lists of chronic drugs included in the 7:23 InaCBGs package whose drug costs are burdensome at Fatmawati Hospital are: Nitrokaf Retard Capsules 2.5 mg, Lantus Solostar 100 IU/ml 3 ml, Mestinson Coated Tablets 60 mg, Adalat OROS Tablets 30 mg , Depakote ER Tablet 500 mg, Sebivo Tablet 600 mg, Sandimun Neoral Soft Capsule 25 mg, Nitrokaf Retard Forte Capsule SR 5 mg, Harnal OCAS Tablet SR 0.4 mg, Stalevo Tablet 100 mg/25mg/200mg
4. No financial impact was found that was detrimental to BPJS Kesehatan and Fatmawati Hospital due to the change in the fee for service claim payment scheme in 2013 to the InaCBGs 7:23 claim payment scheme in 2018 in providing outpatient services at Fatmawati Hospital

SCOPE OF THE FUTURE

Inappropriate use of drug delivery can threaten the equity, affordability, quality, and efficiency of health services themselves. Therefore, the government has started to implement a payment system for chronic disease health care costs in advanced outpatients with the InaCBGs 7:23 claim scheme as a substitute for the payment system for advanced outpatient health services based on a fee for service system. It is hoped that with the implementation of a payment system with the InaCBGs 7:23 claim scheme, the cost of treating chronic diseases borne by the government can be more effective and efficient. Over time, the implementation of a payment system with the InaCBGs 7:23 claim scheme is felt to be increasingly burdensome for Health Facilities due to the large burden of chronic disease drug costs for treating patients for 7 days that must be borne by advanced health facilities.

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