

Cost effectiveness analysis penata laksanaan cholecystolithiasis antara metode open cholecystectomy dengan metode laparoscopic cholecystectomy di RSUPN dr. Cipto Mangunkusumo Jakarta Tahun 2007 = Cost effectiveness analysis of cholecystolithiasis management between open cholecystectomy method and laparoscopic cholecystectomy method at dr. Cipto Mangunkusumo Hospital Jakarta In 2007

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Abstrak

Biaya pelayanan kesehatan khususnya rumah sakit sekitar 70% sampai 75 % terdiri dari biaya obat, pesonil dan biaya investasi alat kedokteran canggih. Penggunaan alat kedokteran canggih dalam pelayanan kesehatan akan membawa konsekuensi pada peningkatan biaya pelayanan kesehatan sehingga akan meningkatkan tarif pelayanan kesehatan.

Cholecystolithiasis adalah penyakit batu kandung empedu yang banyak menyerang orang yang berumur di atas 40 tahun. Di RSUPN dr. Cipto Mangunkusumo ada dua metode yang dilakukan pada penata laksanaan Cholecystolithiasis yaitu dengan open cholecystectomy (konvensional) dan dengan laparoscopic cholecystectomy (minimal invasif) menggunakan alat kedokteran canggih, dimana tarif tindakan open cholecystectomy lebih murah di bandingkan dengan tindakan laparoscopic cholecystectomy.

Penelitian ini merupakan evaluasi ekonomi yang bertujuan untuk memperoleh informasi tentang metode mana yang paling cost effective dan efisien dalam penata laksanaan cholecystolithiasis antara metode open cholecystectomy (open chole) dengan metode laparoscopic cholecystectomy (lap chole) dengan menggunakan biaya per DRG's.

Jenis penelitian ini adalah descriptive-comparative menggunakan metode studi kasus dengan pendekatan kombinasi kuantitatif dan kualitatif yang dilaksanakan di RSUPN dr. Cipto Mangunkusumo (RSCM) dan dari bulan April sampai Juni 2008, menggunakan data sekunder dan Unit Rekam medik pasien rawat inap dengan diagnosa utama cholecystolithiasis dari bulan Januari-Desember 2007, keuangan, asset untuk mendapatkan data biaya, serta data primer dari wawancara dengan dokter, paramedis dan petugas yang terlibat dalam penata laksanaan cholecystolithiasis. Unit cost dihitung berdasarkan direct cost dengan activity Based Costing (ABC) dan indirect cost dengan simple distribution.

Pengelompokan penata laksanaan cholecystolithiasis dengan open chole di RSCM, yaitu 1) Open chole murni, 2) Open chole dengan penyulit, 3) Open chole dengan penyerta dan penyulit. Pengelompokan penata laksanaan cholecystolithiasis dengan lap chole di RSCM, yaitu: 1) Lap chole murni, 2) Lap chole dengan penyerta, 3) Lap chole dengan penyulit, 4) Lap chole dengan penyerta dan penyulit.

Clinical pathway penata laksanaan cholecystolithiasis dengan open chole dan lap chole yang di dapatkan terdiri atas tujuh (7) tahap, yaitu: pendaftaran, penetapan diagnosa, admission rawat inap (P3RN), pra operasi, operasi, post operasi, dan pulang.

Cost of treatment penata laksana Cholecystolithiasis dengan open chole di RSCM tahun 2007, yaitu : Open chole murni dengan rata-rata lama hari rawat 8 hari, biaya Rp.6.454.003, open chole dengan penyulit rata-rata lama hari rawat 11 hari, biaya Rp.8.863.527, open chole dengan penyerta dan penyulit rata-rata lama

hari rawat 23 hari, biaya Rp.17.060.543.

Cost of treatment penata laksanaan cholecystolithiasis dengan lap chole di RSCM tahun 2007, yaitu; lap chole murni dengan lama hari rawat 6 bali, biaya Rp.7.278.891, lap chole dengan penyerta rata-rata lama hari rawat 13 bali, biaya Rp. 13.004.740, lap chole dengan penyulit rata-rata lama hari rawat 10 hari, biaya Rp.9.246.148, lap chole dengan penyerta dan penyulit rata-rata lama hari rawat 19 hari, biaya Rp.15.950.193.

Effektifitas output cakupan untuk open chole murni 1 orang, open chole dengan penyulit 2 orang, open chole dengan penyerta dan penyulit 1 orang. Untuk lap chole murni 28 orang, lap chole dengan penyerta 13 orang, lap chole dengan penyulit 6 orang dan lap chole dengan penyerta dan penyulit 4 orang. Rata-rata waktu operasi dan rata-rata hari kesembuhan untuk open chole murni 100 menit dan 3 hari, open chole dengan penyulit 110 menit dan 6 hari, open chole dengan penyerta dan penyulit 135 menit dan 7 hari. Rata-rata waktu operasi dan rata-rata hari kesembuhan untuk lap chole murni 92,86 menit dan 2 hari, lap chole dengan penyulit 105 menit dan 5 hari, lap chole dengan penyerta dan penyulit 118,75 menit dan 5 hari. Cost effectiveness analysis dan kedua metode secara keseluruhan didapatkan biaya per pasien dalam setiap episode perawatan lebih mahal pada metode lap chole dibandingkan dengan open chole, dari efektifitas/output didapatkan rata-rata waktu operasi dan rata-rata hari kesembuhan lebih cepat pada metode lap chole dibandingkan dengan metode open chole, sehingga dapat disimpulkan bahwa metode lap chole lebih cost effective dibandingkan dengan metode open chole pada penata laksanaan Cholecystolithiasis.

Perlu dibuat clinical pathway dan perhitungan biaya perawatan pasien di rumah sakit secara nasional berdasarkan DRG's untuk setiap penyakit, dan perlu dilakukan penelitian evaluasi ekonomi lebih lanjut terhadap alat kedokteran canggih lainnya.

.....Health care cost, specially in hospital is about 70 to 75 percent consisted of medicines. staff and modern medical equipment investment costs. Utilization of modern medical equipment in health care will take a consequence to increased health care cost, thus will result in increased health care charge.

Cholecystolithiasis is a disease of gallstones formation, commonly occur over 40 ages. There are two types of Cholecystolithiasis management at dr. Cipto Mangunkusumo Hospital, open cholecystectomy (conventional) and laparoscopic cholecystectomy (minimal invasive) using modern medical equipment, and open cholecystectomy cost is lower compared to laparoscopic cholecystectomy.

This research was economic evaluation aimed to examine the most cost effective and efficient in cholecystolithiasis management between open cholecystectomy method (open chole) and laparoscopic cholecystectomy method (lap chole) using per DRG's cost.

The research design was descriptive-comparative using case study method with quantitative and qualitative combination approach, conducted at dr. Cipto Mangunkusumo Hospital from April to June 2008. Data used were secondary data obtained from Inpatient Medical Record Unit from January to December 2007 with primary diagnosis of Cholecystolithiasis, financial, asset to obtain cost data, and primary data from interview with medical, paramedic and staff related to Cholecystolithiasis management. Unit cost was calculated by direct cost with Activity Base Costing (ABC) and indirect cost by simple distribution.

Grouping of cholecystolithiasis management with open chole at dr. Cipto Mangunkusumo Hospital are 1) Pure open chole, 2) Open chole with complication, 3) Open chole with comorbidity and complication. Grouping of cholecystolithiasis management with lap chole are 1) Pure lap chole, 2) Lap chole with comorbidity, 3) Lap chole with complication, 4) Lap chole with comorbidity and complication.

Clinical Pathway of Cholecystolithiasis management with open chole and lap chole consisted of 7 steps, registration, diagnosis, admission (P3RN), pre operative, operative, post operative and discharge.

Cost of treatment of cholecystolithiasis management with open chole at dr. Cipto Mangokusumo Hospital in 2007 were pure open chole with length of stay 8 day, the cost was Rp. 6.454.003, open chole with complication with length of stay 11 days, the cost was Rp. 8.863.527, Open chole with commorbidity and complication with length of stay 23 days, the cost was Rp. 17.060.543.

Cost of treatment of cholecystolithiasis management with lap chole at dr. Cipto Mangokusumo Hospital in 2001 were for pure lap chole with length of stay 6 days, the cost was Rp. 7.278.891, lap chole with commorbidity with length of stay 13 days, the cost was Rp. 13.004.740, lap chole with complication with length of stay 10 days, the cost was Rp. 9.245.148, lap chole with commorbidity and complication with length of stay 19 days, the cost was Rp. 15.950.193.

Coverage effectiveness or output for pure open chole was 1 patient, open chole with complication 2 patients, open chole with commorbidity and complication 1 patient. For pure lap chole was 28 patients, lap chole with commorbidity 13 patients, lap chole with complication 6 patients and lap chole with commorbidity and complication 4 patients. Operation procedure time mean and recovery day mean for pure open chole were 100 minutes and 3 days respectively. Open chole with complication were 110 minutes 6 days respectively, open chole with commorbidity and complication were 135 minutes and 7 days respectively. Operation procedure time mean and recovery day mean for pure lap chole were 92,86 minutes and 2 day respectively, lap chole with complication were 105 minutes 5 days respectively, lap chole with commorbidity and complication were 118,7 minutes and 5 days respectively.

Total cost effectiveness analysis from both methods showed that cost per patient in every management episode for lap chole was higher compared to open chole, and from effectiveness or output, it is showed that operation procedure time and recovery day mean of lap chole was shorter compared to open chole. It is concluded that lap chole was more cost effective than open chole method in cholecystolithiasis management. It is suggested to built national clinical pathway and patient charge calculation in hospital based on DRG's for every disease, and it is needed to conduct future economic evaluation study in other modern medical equipments.