

Perbandingan perbaikan activity of daily living rehospitalisasi dan efektivitas biaya pasien geriatri yang dirawat di RSCM pada era sebelum dan sesudah penerapan jaminan kesehatan nasional = The comparison of activity of daily living improvement rehospitalization and cost effectiveness of geriatric patients hospitalized at RSCM in the era before and after implementation of national health insurance program nhip

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Abstrak

Latar Belakang: Pasien geriatri memiliki kompleksitas unik yang dapat meningkatkan beban dan biaya perawatan. Perbaikan status fungsional dan penurunan rehospitalisasi merupakan luaran keberhasilan pelayanan pasien geriatri yang dapat dicapai lebih baik dengan P3G (Pendekatan Paripurna Pasien Geriatri). Sejak implementasi sistem pembiayaan Jaminan Kesehatan Nasional (JKN) pada Januari 2014 belum diketahui perbandingan luaran perbaikan status fungsional, rehospitalisasi, dan efektivitas biaya pasien geriatri di RSCM dengan P3G.

Tujuan: Mengetahui perbandingan perbaikan status fungsional, kejadian rehospitalisasi, dan efektivitas biaya pasien geriatri yang dirawat di RSCM pada era sebelum dan sesudah penerapan JKN.

Metode: Kohort retrospektif dengan kontrol historis dilakukan pada pasien geriatri yang dirawat di RSCM pada periode Januari-Juni 2014 sebagai kelompok JKN dan Juli-Desember 2013 sebagai kelompok pra-JKN. Pengumpulan data dilakukan secara total sampling dari rekam medis. Pasien meninggal dieksklusi. Status fungsional dinilai dengan indeks ADL (activity of daily living) Barthel. Kemudian dilakukan analisis perbedaan proporsi rehospitalisasi, perbaikan status fungsional, dan perhitungan efektivitas biaya menggunakan incremental cost-effectiveness ratio (ICER).

Hasil: Dari total 158 pasien, 72 subjek berada di kelompok pra-JKN dan 86 subjek di kelompok JKN dengan karakteristik yang relatif tidak berbeda. Tidak ada perbedaan median perbaikan status fungsional dan kejadian rehospitalisasi antara kelompok pra-JKN dan JKN (1 [-5 to 13] vs 2 [-2 to 15], $p=0,715$ dan 21,7,1% vs 18,1%, $p=0,603$). Telaah efektivitas biaya menunjukkan dengan menginvestasikan 3,7 juta rupiah pada implementasi JKN menyebabkan peningkatan 1 skor ADL Barthel dan penghematan 600 ribu rupiah pada implementasi JKN menyebabkan penurunan rehospitalisasi 3,6%; namun secara klinis dan statistik perbedaan tersebut tidak bermakna.

Simpulan: Tidak ada perbedaan perbaikan ADL, kejadian rehospitalisasi, dan efektivitas biaya pasien geriatri yang dirawat di RSCM pada era JKN dan pra-JKN.

.....Background: Geriatric patients have unique characteristics with high burden of care and cost. Functional status improvement and reduction of rehospitalization are the outcome of health care that can be achieved better by implementation of CGA (Comprehensive Geriatric Assessment). Since January 2014, National Health Insurance Program (NHIP) has been implemented and there are no data that explain the comparison of functional status improvement, rehospitalization, and cost-effectiveness ratio in geriatric patients receiving CGA at RSCM.

Objectives: to determine the comparison of functional status improvement, rehospitalization, and cost-

effectiveness ratio in patients admitted to RSCM acute geriatric ward before and after implementation of NHIP.

Method: Retrospective cohort with historical control was done toward geriatric patients in periode of January-June 2014 as NHIP group and periode of July-December 2013 as pra-NHIP group. Data was collected from medical record and enrolled by total sampling. Death cases were excluded. Functional status was measured using activity of daily living (ADL) Barthel index. Analysis the difference of activity of daily living score, rehospitalization, and incremental cost effectiveness ratio (ICER) were done to compare both groups.

Result : From 158 patients, 72 subjects are in pra-NHIP group and 86 subject in NHIP groups. Both group have similar characteristics. There are no difference of functional status improvement and rates of rehospitalization between pra-NHIP and NHIP group (1 [-5 to 13] vs 2 [-2 to 15], $p=0,715$ and 21,7% vs 18,1%, $p=0,603$). ICER shows that by investing 3,7 million rupiah on implementation of NHIP cause 1 score improvement of ADL Barthel index and by saving 600 thousand rupiah on NHIP cause 3,6% declining rehospitalization rates. Statistically and clinically both ICER are not significant.

Conclusion: There are no difference of functional status improvement, rates of rehospitalization, and cost-effectiveness ratio in geriatric patients between NHIP and pra-NHIP groups.