

Perbedaan Lama Masa Rawat, Kualitas Hidup, dan Efektivitas Biaya Perawatan Pasien Geriatri di Ruang Rawat Akut RSCM Sebelum dan Sesudah Penerapan Jaminan Kesehatan Nasional = The difference in length of stay, quality of life, and cost effectiveness of care for geriatric patients in acute care or elderly Cipto Mangunkusumo Hospital before and after National Health Insurance Program Implementation

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Abstrak

[Latar belakang : Kelompok geriatri memiliki karakteristik khusus yang berpotensi meningkatkan lama masa rawat dan menurunkan kualitas hidup dan terbukti dapat diperbaiki dengan Pendekatan Paripurna Pasien Geriatri (P3G). Terdapat kemungkinan adanya perbedaan antara lama masa rawat dan kualitas hidup pasien geriatri dengan P3G sebelum dengan sesudah adanya sistem pembiayaan JKN (Jaminan Kesehatan Nasional)

Tujuan: melakukan evaluasi pelaksanaan sistem JKN terhadap lama rawat, quality adjusted life days (QALD) dan efektivitas biaya pasien geriatri yang dirawat di ruang rawat geriatri akut RSCM.

Metode: Penelitian kohort retrospektif dengan kontrol historis dilakukan pada pasien geriatri 60 tahun dengan 1 sindrom geriatri yang dirawat di ruang rawat geriatri akut RSCM periode Juli-Desember 2013 (era non JKN) dan Januari-Juni 2014 (era JKN). Perbedaan dua rerata lama rawat dan QALD era non JKN dengan JKN dianalisis dengan uji-T tidak berpasangan. Dilakukan juga penghitungan incremental cost effectivity ratio (ICER) program JKN dengan outcome lama rawat dan QALD yang akan dipresentasikan dalam skema ICER.

Hasil: Dari total 225 subjek, 100 subjek berada di era non JKN dan 125 subjek di era JKN dengan karakteristik relatif sama. Rerata usia adalah 70 [60-86] tahun dan 68 [60-85] tahun secara berurutan. Tidak ada perbedaan lama rawat antara era non JKN dan JKN dengan median 12 [2-76] dan 12 [2-59] hari, $p=0,974$. Begitu juga tak ada perbedaan QALD antara kelompok non JKN dan JKN dengan median 0,812[-3,1 – 24,37] dan 0,000 [-7,37 – 22,43], $p=0,256$. Biaya per satu kali rawat pada era non JKN adalah Rp. 19.961,000 [Rp.2.57 juta –Rp. 100 juta] dan JKN Rp. 20.832.000,- [Rp.3.067 juta - Rp.100 juta]. Skema ICER memperlihatkan biaya rawat lebih mahal Rp. 1.500.000,- untuk mendapatkan lama rawat lebih pendek 0,91 hari. Berdasarkan QALD, biaya rawat lebih murah Rp.3.484.887,- dengan 0,25 QALD lebih rendah dibanding era non JKN.

Simpulan: Tidak ada perbedaan lama rawat dan kualitas hidup pasien yang dirawat pada era non JKN dengan era JKN.;Background: Geriatric population with special characteristics tend to have longer average length of stay and lower quality of life. CGA (comprehensive Geriatric Assesment) was proven to improve the outcomes and has already be the standard procedure in RSCM. There were concerns on the difference between length of stay and quality of life before and after NHIP (National Health Insurance program) applied.

Objectives: To evaluate the implementation of NHIP system according to length of stay, quality adjusted life days and cost effectiveness of care in geriatric patients in acute care for elderly Cipto Mangunkusumo Hospital

Method : This is a retrospective cohort study with historical control. The subjects were geriatric patients 60 years old with one or more geriatrics giants between Juli to Desember 2013 (Non NHIP) and Januari to Juni 2014 (NHIP). We used independent T test to compare between two mean of length of stay and QALD.

Results : The characteristics were relatively similar between 100 subject in non NHIP group and 125 subject in NHIP group. the median of age were 70 [60- 86] dan 68 [60- 85] years old respectively. There was no significant difference between length of stay in non NHIP, median 12[2-76] days and NHIP group, median 12[2-59] days, $p= 0,974$. Quality of life which described as QALD proved that there was also no significant difference between non NHIP, median 0,812[-3,1 – 24,37] and NHIP group, median 0,000 [-7,37 –22,43], $p= 0,256$. The cost spent for one admission was Rp. 19.961,000 [Rp.2.57–Rp. 100 millions] in non NHIP and Rp. 20.832.000,- [Rp.3.067-Rp.100 millions] in NHIP group. Incremental cost effectiveness ratio (ICER) scheme showed NHIP is more expensive Rp.1.500.000,- to have 0,91 shorter days than non NHIP system. For QALD, the cost was cheaper Rp.3.484.887,- to have 0,25 QALD lower than non NHIP.

Conclusion: There were no difference in length of stay and quality of life of patients who admitted in acute geriatric Cipto Mangunkusumo hospital with CGA approach before and after National Health Insurance program implementation., Background: Geriatric population with special characteristics tend to have longer average length of stay and lower quality of life. CGA (comprehensive Geriatric Assesment) was proven to improve the outcomes and has already be the standard procedure in RSCM. There were concerns on the difference between length of stay and quality of life before and after NHIP (National Health Insurance program) applied.

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