

Proses penentuan kebijakan tarif dan swadananisasi puskesmas pagar alam Kabupaten Lahat Propinsi Sumatra Selatan

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Abstrak

Tarif kunjungan puskesmas di Kabupaten Lahat tidak mengalami perubahan sejak 10 tahun yang lalu, yaitu sebesar Rp.300,00. Tarif ini tidak sesuai dengan kondisi masyarakat saat ini, apalagi masyarakat juga semakin menuntut adanya pelayanan yang lebih bermutu. Agar tugas dan fungsinya terlaksana dengan baik, puskesmas memerlukan biaya operasional yang tidak sedikit dan tak dapat hanya bergantung pada subsidi yang diberikan pemerintah. Puskesmas perlu menggali potensi masyarakat, antara lain melalui penyesuaian tarif dan penerapan konsep swadana.

Puskesmas Pagar Alam adalah puskesmas yang paling berkembang di Kabupaten Lahat dan layak menjadi puskesmas unit swadana daerah. Penyesuaian tarif dan swadananisasi Puskesmas Pagar Alam memerlukan dukungan pemegang keputusan di Kabupaten Lahat, karenanya perlu diketahui bagaimana pendapat/pandangan para pemegang keputusan terhadap penyesuaian tarif dan swadananisasi Puskesmas Pagar Alam. Penyesuaian tarif dilakukan melalui analisis tarif yang berdasarkan biaya satuan pelayanan dan tingkat kemampuan (ability to pay = ATP) dan kemauan masyarakat (willingness to pay = WTP) di Pagar Alam. Penelitian bersifat deskriptif analitik, dilakukan survei kepada masyarakat Pagar Alam dan wawancara mendalam kepada pemegang keputusan di Kabupaten Lahat.

Kemampuan masyarakat menurut ATP1 (5% pengeluaran bukan makanan) adalah : 100% masyarakat mampu membayar Rp.1.250,00, 94 % masyarakat mampu membayar Rp.2.000,00 dan 61% masyarakat mampu membayar Rp.5.000,00. Kemampuan masyarakat menurut ATP2 (pengeluaran bukan makanan tanpa pesta/acara adat) adalah : 100% masyarakat mampu membayar Rp.3.200,00, 99% masyarakat mampu membayar Rp.14.200,00 dan 95% masyarakat mampu membayar Rp.20.000.

Biaya satuan (unit cost) kunjungan puskesmas adalah Rp.1.900,00 dan biaya satuan untuk rawat inap adalah Rp.11.500,00. Tarif kunjungan yang diusulkan adalah Rp.2.000,00 dan tarif rawat inap diusulkan Rp.12.500,00 per hari.

Ternyata, walaupun para pemegang keputusan di Kabupaten tidak mengetahui persis persoalan yang dialami petugas di lapangan, tetapi pada dasarnya mereka setuju dengan rencana penyesuaian tarif dan swadananisasi Puskesmas Pagar Alam. Yang penting adalah bahwa penyesuaian tarif harus memperhatikan kemampuan masyarakat dan bertujuan untuk peningkatan mutu pelayanan kepada masyarakat. Penyesuaian tarif dan swadananisasi Puskesmas Pagar Alam harus segera disosialisasikan dan dikoordinasikan dengan unsur terkait bila ingin cepat terlaksana.

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The Tariff's Policy Making Process and Self-Funding In Pagar Alam Puskesmas in Lahat District South

Sumatra Province The admission fee in Pagar Alam Puskesmas Lahat Regency, which is Rp. 300, has not been changed since 10 years ago. This admission fee is not appropriate anymore with current community condition. More over, the people insist to get better service from the Puskesmas. In order Puskesmas can do their job and function better, they need more operational cost, they should not only depend on funding from the government. The Puskesmas needs to elaborate and community potencies. This can be done by using tariff cost-adjusted and implementing self-funded and self-managed services.

Pagar Alam Puskesmas is the most developed Puskesmas in Lahat Regency. Therefore, this Puskesmas is appropriate to become self-funded Puskesmas. Cost adjusted tariff and self-funded in Pagar Alam Puskesmas need the support from all comment from them about the cost adjusted tariff and self-funded Puskesmas Pagar Alam.

Cost adjusted tariff was done with cost analysis method, which is based on the unit cost of service, ability to pay and willingness to pay from Pagar Alam community. This study use descriptive-analytical approach, with conducting survey on Pagar Alam community and in-depth interviews to the Lahat District policy makers.

Based on community ability to pay, ATP1 (which is defined as 5% of non food expenses), there are if the tariff was increased to Rp.1.250, there will be 100% of community can pay the Puskesmas visit. The outreach is decreasing to 94% and 65%, if the tariff was increased to Rp.2.000 and Rp.5.000 per visit respectively. Based on ATP2 (non-food without party / traditional event expenses), if the tariff was increased to Rp.3.200/day there will be 100% of community can pay the visit. Furthermore the outreach is decreasing to 99% and 95% if the tariff were increased to Rp.14.200 and Rp.2.000 respectively.

Based on those ATP calculations, and unit costs for outpatient visit (which is Rp.1.900) and unit cost for inpatient visit (which is Rp.11.000), this study concluded that the tariff should be adjusted to Rp.2.000 and Rp.11.000 for outpatient and inpatient visit respectively.

Although the policy makers in Lahat didn't know about the field situations at Puskesmas, in general they were agree with the proposed cost-adjustment and self-funding plan in Pagar Alam Puskesmas. The most important thing in cost adjustment is we have to take attention on the community ability to pay. Beside that we also have to stress that the purpose of cost adjustment is for getting better Puskesmas service for the surroundings community. Cost adjustment and self-funding plan must be socialized soon and coordinated with the related institution.