

Hubungan antara kualitas layanan dan pembayar pada kasus infark miokard akut di Rumah Sakit Jantung dan Pembuluh Darah Harapan Kita 2009-2012 = The relationship of quality of services and payers on patients with acute myocardial infarct at the National Cardiovascular Center Harapan Kita 2009-2012

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Abstrak

Penelitian ini meneliti tentang selisih antara tagihan dengan klaim yang dibayar oleh para penjamin biaya kesehatan terhadap pelayanan kasus Infark Miokard Akut di RSJPDHK serta selisih antara tagihan dengan klaim menggunakan tarif INA-CBG`s. Tujuan dari penelitian adalah untuk dapat memperoleh data karakteristik, mutu layanan dan permasalahan biaya dan pembayaran klaim terhadap RS oleh para penjamin/pembayar. Penelitian ini mendapatkan 5472 pasien Infark Miokard Akut selama periode 1 Januari 2009 sampai 31 Desember 2012 terdiri dari laki laki 81,5% dan perempuan 18,5%, rata-rata usia 56,3 tahun rentang usia yang lebar (21-97 th vs 26-96 th). Sebagian besar berasal dari DKI Jakarta (51%), Tingkat keparahan I 46%, Tingkat II 47,4%, dan Tingkat III 5,9%. Lebih dari separuh pasien (54,64%) mendapat tatalaksana intervensi PTCA atau bedah jantung (CABG), sedangkan 44,54% pasien dirawat tanpa tindakan intervensi non bedah maupun bedah. Penelitian mendapatkan 43,7% pasien dengan jaminan Askes, dan hanya 2,9 % dijamin dengan Jamkes yang dibayar dengan sistem INA-CBG`s. Lama rawat pasien rata rata 7,71±6,30 hari, 87,8, % keluar RS dengan status sembuh. Kesimpulan : Mutu layanan IMA di RSJPDHK tidak dibedakan berdasarkan jenis penjamin, dan adanya selisih antara tagihan RS dengan klaim yang dibayar oleh para penjamin berhubungan secara bermakna dengan kode diagnosis, jumlah tindakan sekunder, lama rawat dan tingkat keparahan penyakit. Penelitian mendapatkan nilai selisih dalam simulasi perhitungan antara tagihan terhadap klaim dengan sistem INA-CBG`s.

.....The Study examined the differences between the published rates and the CBG rates among patients with acute myocardial infarction (AMI) in National Cardiovascular Center (NCC) Harapan Kita. The purpose of this study is to examine whether there is quality and other differences among AMI patients paid by difference payers and payment levels. This study analyzed medical records of patients with AMI during the period of January 1, 2009 until December 31, 2012. The study found 5,472 patients with AMI consisting of 81.5% males and 18.5% females with the mean age of 56.3 years (range between 21-97 years vs. 26-96 years). Most of the patients were from Jakarta (51%). On severity levels, 46% patients were in severity level I, 47.7% severity level II, and 5.9% level III. More than half (54.6%) patients were treated with intervention (PTCA) or surgical procedures (CABG), while 44.4% patients were treated conventionally. We found that 43.7% of patients were covered by Askes, and only 2.9% were Medicaid (Jamkesmas) that were paid on DRGs. The average length of stays was 7.7 days and 87.8% were discharged in a good recovery. There was no difference in quality of treatment by difference payers or payment system although there was significant discrepancy in charges among difference payers. This differences in charges were associated differences in diagnoses, the number of secondary procedures, length of stays, and severity of the cases. It is concluded that the doctors provided the same quality of services among AMI patients, regardless of payers` status or charges.