

Analisis pola pemanfaatan pelayanan kesehatan yang didanai kapitasi dan non kapitasi pada FKTP milik pemerintah di Kabupaten Pandeglang = Analysis models of health care utilization which funded capitation and non capitation in government primary health facility of Pandeglang Regency / Arovian Yuliardi

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Abstrak

[Pada 1 Januari 2014 Negara Indonesia berupaya untuk mensejahterakan rakyatnya melalui Jaminan Kesehatan Nasional (JKN). Jaminan Kesehatan berupa perlindungan kesehatan agar peserta memperoleh manfaat pemeliharaan kesehatan dan perlindungan dalam memenuhi kebutuhan dasar kesehatan. Dalam pelaksanaan penyelenggaraan jaminan kesehatan pada prinsipnya menggunakan konsep managed care, yaitu suatu teknik yang mengintegrasikan pembiayaan dan pelayanan kesehatan melalui penerapan kendali biaya dan kendali mutu dengan tujuan mengurangi biaya pelayanan yang tidak perlu melalui cara meningkatkan kelayakan dan efisiensi pelayanan kesehatan.

Penelitian ini bertujuan untuk mengetahui dan menganalisa gambaran pola pemanfaatan pelayanan kesehatan bersumber dana kapitasi dan non kapitasi pada FKTP milik Pemerintah di Kabupaten Pandeglang. Penelitian ini merupakan studi analitik dengan desain cross sectional. Sampel sebanyak 615 pasien, merupakan pasien yang berkunjung ke FKTP milik Pemerintah di tiga wilayah Puskesmas terpilih.

Hasil penelitian menunjukkan bahwa Proporsi peserta JKN yang memanfaatkan pelayanan kesehatan di FKTP milik Pemerintah di Kabupaten Pandeglang adalah 47,3%, sebesar 52,7% dari yang memanfaatkan pelayanan kesehatan merupakan bukan peserta JKN (pasien umum). Pemanfaatan pelayanan kesehatan pada peserta JKN sebanyak 66,7% memanfaatkan jenis pelayanan kesehatan yang dapat didanai oleh kapitasi dan 33,3% memanfaatkan jenis pelayanan kesehatan yang dapat didanai oleh non kapitasi. Pada peserta JKN pemanfaatan jenis pelayanan kesehatan yang dapat didanai oleh non kapitasi lebih tinggi dibandingkan dengan bukan peserta JKN. Faktor – faktor yang berhubungan dengan pemanfaatan jenis pelayanan kesehatan yang didanai kapitasi dan non kapitasi di FKTP adalah status kesehatan, kepesertaan JKN, dan kemampuan membayar.

Disarankan dalam perumusan pembuatan kebijakan tingkat daerah diharapkan dapat lebih memperhatikan acuan pelaksanaan ditingkat pusat, sehingga manfaat pelayanan kesehatan bagi masyarakat tidak menjadi bias. Dalam menunjang Universal Coverage pada tahun 2019, mekanisme pendaftaran peserta JKN diharapkan dapat menjadi bahan pokok bahasan penting di tingkat

Kementerian Kesehatan maupun BPJS sebagai pelaksana; On 1st January 2014, Indonesia tried to welfare its people by National Health

Insurance (JKN). National Health Insurance in the form of health protection for participants to obtain health care benefits and protection to meet basic health needs.

Principle of health insurance implementation is using managed care principle, technique that integrates the funding and health care through the implementation of cost control and quality control with the aim of reducing the cost of needless services by improve the viability and efficiency of health care.

This research aims for knowing and analysing the models of health care utilization which funded capitation and non-capitation in government primary health facility of Pandeglang Regency. This research is an analytical study with cross sectional design. Amount of samples are 615 patients, those are visited to government primary health facility at the three areas selected health centers.

The result of research show that national health insurance proportion of participants who use the health care in government primary health facility of Pandeglang is 47.3%, and 52.7% of using health care is not participant of national health insurance. In health care utilization of national health insurance participant there are 66,7% who use health care model of capitation and 33,3% who use health care model of non-capitation. In national health insurance participant of health care utilization with non-capitation model is higher than non-participant of national health insurance. Factors that related to the utilization of health care with funded capitation and non-capitation in primary health facility are health status, membership of national health insurance, and ability to pay.

It is suggested in the formulation of policy-making in regional level is expected to be more concerned with the reference implementation at central level, so the benefits of health care for the people will not be refraction. In supporting the Universal Coverage in 2019, the registration mechanism of national health insurance participant is expected to be an important discussion at the Health Ministry level and BPJS as executor, On 1st January 2014, Indonesia tried to welfare its people by National Health

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