

Analisis Capaian Indikator Casemix, Casemix Index dan Hospital Baserate Rumah Sakit Muhammadiyah Jawa Timur Tahun 2017-2020 = Analysis of Casemix Indicator, Casemix Index and Hospital Baserate Achievements of Muhammadiyah Hospitals in East Java in 2017-2020

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Abstrak

Casemix, casemix index dan hospital baserate merupakan indikator penting untuk melihat kinerja rumah sakit dengan pembayaran DRG. Indikator tersebut merupakan penyusun besaran tarif INA-CBGs, instrumen penilaian kinerja rumah sakit mitra BPJS Kesehatan dan instrumen penyusun pembayaran klaim mixed method INA-CBGs dan global budget yang mulai diujicobakan. Cakupan pelayanan rawat inap dan rawat jalan rumah sakit Muhammadiyah Jawa Timur didominasi pasien JKN, rumah sakit harus mempunyai keunggulan kompetitif dan dapat berkembang di era JKN. Penelitian bertujuan menganalisis capaian casemix, casemix index dan hospital baserate Rumah Sakit Muhammadiyah Jawa Timur tahun 2017-2020. Studi observasional dengan pengamatan selama empat tahun dilakukan pada 27 rumah sakit. Penelitian menggunakan data sekunder yang didapatkan dari elektronik klaim (E-klaim) Kementerian Kesehatan. Hasil penelitian menunjukkan klasifikasi rumah sakit, jenis rumah sakit, kelas perawatan, dan lama hari rawat inap mempengaruhi capaian casemix, casemix index dan hospital baserate. Casemix, casemix index dan hospital baserate rumah sakit kelas B lebih besar dibandingkan rumah sakit kelas C dan kelas D, capaian indikator rumah sakit umum kelas C lebih besar dibandingkan rumah sakit khusus kelas C. Capaian indikator antar rumah sakit pada kelas yang sama dapat berbeda signifikan tergantung variasi dan derajat keparahan kasus. Rumah sakit yang menangani kasus derajat berat mempunyai nilai casemix, casemix index dan hospital baserate lebih besar. Hasil uji statistik menunjukkan lama rawat inap berpengaruh signifikan terhadap kenaikan hospital baserate rawat inap, semakin lama hari perawatan maka peluang peningkatan hospital baserate semakin besar ($p < 0,05$). Rumah sakit yang menangani kasus hemodialisis dan operasi katarak mempunyai casemix, casemix index dan hospital baserate rawat jalan lebih besar. Pandemi COVID-19 pada tahun 2020 berdampak pada capaian casemix, casemix index dan hospital baserate rumah sakit. Sebanyak 19 rumah sakit (70,4%) mengalami penurunan capaian casemix rawat inap dan 20 rumah sakit (74,1%) mengalami penurunan casemix rawat jalan. Sebanyak 21 rumah sakit (77,4%) mengalami peningkatan hospital baserate rawat inap dan 23 rumah sakit (85,2%) mengalami peningkatan hospital baserate rawat jalan pada tahun 2020. Kesimpulan: capaian indikator casemix, casemix index dan hospital baserate dipengaruhi oleh klasifikasi, jenis rumah sakit, jumlah kasus, variasi dan derajat keparahan kasus serta lama rawat inap. Pandemi COVID-19 berdampak pada penurunan nilai casemix dan peningkatan hospital baserate rawat inap dan rawat jalan. Rumah sakit harus meningkatkan cakupan pelayanan, mengendalikan biaya pelayanan dan menjamin kualitas pengkodean diagnosis dan prosedur secara optimal. Rumah sakit harus memonitor capaian casemix, casemix index dan hospital baserate rawat inap dan rawat jalan secara berkala dan membandingkan dengan rumah sakit lain yang mempunyai kelas dan kapasitas yang sama.

.....Casemix, casemix index and hospital baserate are important indicators to see the hospital performance with DRG payments. These indicators are the compilers of the INA-CBGs tariff rate, the performance assessment instrument for Healthcare and Social Security Agency partner hospitals and the instrument for

compiling claims for the mixed method INA-CBGs and global budget which are being piloted. The coverage of inpatient and outpatient services at Muhammadiyah Hospitals in East Java is dominated by the National Health Insurance patients, therefore the hospitals must have a competitive advantages and be able to develop well in the JKN era. This study aims to analyze the achievement of casemix, casemix index and hospital baserate at Muhammadiyah Hospitals in East Java in year 2017-2020. An observational study within four years of observation was conducted in 27 hospitals. The study used secondary data obtained from the Ministry of Health's electronic claims (E-claims). The results showed that hospital classification, type of hospital, treatment class, and length of stay affected the achievement of casemix, casemix index and hospital base-rate. The casemix, casemix index and hospital base-rate of class B hospitals are higher than those of class C and class D hospitals, the indicator achievement of class C general hospitals is greater than those of special class C hospitals. The achievement of indicators between similar class hospitals can differ significantly. depending on the variety and severity level. Hospitals that handle severe cases have higher casemix, casemix index and hospital baserate values. The results of statistical tests showed that the length of stay had a significant effect on the increase of inpatient hospital baserate, the longer the days of stay, the greater the chance of increasing the hospital baserate ($p < 0.05$). Hospitals that handle cases of hemodialysis and cataract surgery have a higher casemix, casemix index and outpatient hospital base-rate. The COVID-19 pandemic in 2020 had an impact on the achievement of casemix, casemix index and hospital base-rates. A total of 19 hospitals (70.4%) experienced a decrease in inpatient casemix achievement and 20 hospitals (74.1%) experienced a decrease in outpatient casemix. A total of 21 hospitals (77.4%) experienced an increase in inpatient hospital baserate and 23 hospitals (85.2%) experienced an outpatient hospital baserate increase in 2020. Conclusion: the achievement of the casemix, casemix index and hospital baserate indicators are influenced by classification, type of hospital, number of cases, variation and severity level and length of stay. The COVID-19 pandemic has resulted a decrease in casemix values and an increase in inpatient and outpatient hospital baserates. Hospitals must increase healthcare coverage, control costs and ensure optimal quality of diagnostic coding and procedures. Hospitals must monitor the achievement of casemix, casemix index and hospital baserates of inpatient and outpatient regularly and compare to other hospitals of the same class and capacity.