

## Hubungan antara Pengendalian Biaya Bapel JPKM PT Ruslam dengan Peningkatan Biaya Kesehatan Karyawan Rumah Sakit Islam Jakarta Pusat Tahun 2001

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### Abstrak

Rumah Sakit Islam Jakarta Pusat membuat program JPKM bagi pelayanan kesehatan karyawannya. Salah satu tujuan pengelolaan kesehatan karyawan RSIJ melalui program JPKM adalah mengendalikan biaya pelayanan kesehatan karyawan, namun terjadi peningkatan biaya kesehatan karyawan RSI Jakarta Pusat pada tahun 2001 sebesar 77,88%, sedangkan peningkatan jumlah peserta RSI Jakarta Pusat 1,69%, inflasi harga obat 12,19%, inflasi jasa pelayanan kesehatan 12,88% dan inflasi secara umum 12,55 %.

Beberapa pertanyaan penelitian muncul yaitu a) bagaimana pengendalian biaya dilaksanakan oleh bapel JPKM PT Ruslam pada pelayanan kesehatan pegawai RSI Jakarta Pusat pada tahun 2001? dan b) komponen apa saja yang menyebabkan peningkatan biaya pelayanan kesehatan pegawai RSI Jakarta Pusat pada tahun 2001 ?

Penelitian ini menggunakan rancangan penelitian operasional dengan analisa kualitatif eksploratif untuk menganalisa aspek pengendalian biaya bapel JPKM PT Ruslam. Tempat penelitian di bapel PT Ruslam dan RS. Islam Jakarta Pusat pada bulan Desember 2002 dan Januari 2003. Data primer diperoleh dari wawancara informan yaitu : pejabat, staf dan pelaksana yang terlibat dalam pengendalian biaya pelayanan kesehatan karyawan RS. Islam Jakarta Pusat sedangkan data sekunder diperoleh dari laporan dan dokumen yang berkaitan dengan proses pengendalian biaya pelayanan kesehatan.

Dari hasil penelitian penulis menemukan bahwa cara pembayaran kepada PPK untuk rawat jalan memakai cara fee for service dan untuk rawat inap paket, adanya peningkatan biaya obat rawat jalan sebesar 86,95 % dari keseluruhan peningkatan biaya, bapel belum mempunyai kegiatan promotif, melakukan cost sharing untuk pelayanan di luar standar dan belum melaksanakan utilisasi review untuk jaminan rawat inap.

Hal tersebut menunjukkan pengendalian biaya yang dilaksanakan bapel JPKM PT Ruslam kurang baik, sehingga dapat diambil kesimpulan peningkatan biaya kesehatan karyawan RSIJ tahun 2001 berhubungan dengan kurang baiknya pengendalian biaya bapel JPKM PT Ruslam.

Penulis memberikan saran penyamaan persepsi pentingnya pengendalian biaya kesehatan karyawan RSIJ antara bapel, RSIJ, dokter dan karyawan RSIJ, komilmen bapel, PPK peserta dan dokter untuk mengendalikan biaya pelayanan kesehatan, melakukan pembayaran PPK secara praupaya, sanksi berupa tidak diberikannya jaminan bagi peserta dan PPK yang tidak mentaati standard pelayanan, insentif bagi dokter karyawan, dokter spesialis dan peserta, melakukan program promotif, melakukan cost sharing untuk rawat jaijan dan obat, bapel JPKM PT Ruslam memiliki sistem informasi manajemen.,melaksanakan kajian utilisasi dan membuat laporan pelaksanaan pengelolaan kesehatan karyawan RSIJ Pusat kepada Yayasan

RSIJ,

Daftar bacaan : 29 (1966-2002)

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Relationship between Cost Control of Implementing Body (Bapel) of JPKM PT Ruslam with Increase of Health Cost among Workers in Islamic Hospital, Central Jakarta, 2001 Islamic Hospital in Central Jakarta had developed a JPKM program for its worker's health care. One of the objectives is to control worker's health care cost. However, there was an increase in health cost of health cost among workers of the hospital in the year 2001 as many as 77.88%, while the increase of participant is of 1.69%, drugs price inflation of 12.19, health care service inflation of 12.88% and general inflation of 12.55%.

Several research questions aroused including a) how was the implementation of cost control conducted by Bapel JPKM of PT Ruslam to Islamic Hospital workers' health care in the year 2001?; and b) what component caused the increase of health service cost among Islamic Hospital workers in 2001?

The study is operational research with explorative qualitative analysis to analyze cost control of Bapel JPKM of PT Ruslam. The study was conducted in PT Ruslam and Islamic Hospital in December 2002 to January 2003. Primary data was obtained through interview with informants including high management, staff, and implementer involved in the health care cost control of Islamic Hospital while secondary data gathered through report and document related to the health care cost control.

The study found that fee for service payment method was employed for outside hospital care and for package of inside hospital care; there was an increase of drug's cost for outside hospital care of 86.95% out of total increase of cost; the Bapel had no promotion activity; implementing cost sharing for care outside the standard and not yet conducting utilization review for inside hospital insurance.

The above-mentioned findings exhibited a rather poor cost control conducted by Bapel JPKM of PT Ruslam. Thus, it could be concluded that the increase of health cost of Islamic Hospital workers was related to poor cost control conducted by Bapel JPKM of PT Ruslam.

It is, then, suggested to adjusting to similar perception on the importance of health cost control of Islamic Hospital workers among Bapel, Islamic Hospital Management and workers as well as commitment from all to control the health care cost, implementing, the payment before hand, implementing sanctions for out of standard practices by not providing the insurance, providing incentives for physicians, specialists, and member, conducting promotion activities, implementing cost sharing for outside hospital care and drugs, establishing management information system in Bapel JPKM of PT Ruslam, conducting utilization review, and reporting the implementation of health care management of Islamic Hospital workers to Yayasan RSIJ as owner.

References: 29 (1966-2002)