

Strategi penetapan tarif kamar rawat inap umum di Rumah Sakit Umum Bhakti Yudha Depok

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Abstrak

Pricing Strategy of General Nursing Room at Bhakti Yudha General Hospital, Depok. Various changes at a hospital caused the health expense to increase. As a result, a certain effort is required to maintaining a hospital to survive. One of the efforts is to calculate the unit cost correctly. This calculation will be used to determine an optimum tariff for a hospital. This optimum tariff means that the tariff is affordable for consumers and will cover the hospital operation cost including a reinvestment program. Currently, the BOR of the superior class, first and second class have not indicated the optimum value including the tariff setting which is still changed every year. This-research is intended to have the unit cost of the general nursing room at RSUBY and the relationship to the optimum tariff setting concept by considering the tariff setting goal, ATP/WTP, competitors and marketing strategy.

The Unit cost calculated by double distribution method. The ATP/WTP analysis derived from the interview data on 185 respondents at general nursing room. Meanwhile, the competitors identification was performed by an observation. The unit cost calculation of RSUBY indicated that the purpose of cross subsidization from the superior class, first and second class to third class have not been successfully achieved. The 20% mark up for inflation anticipation and reinvestment also did not cover the deficit. This is because the tariff setting orientation has not figured the RSUBY future projection and the gradation index point was far away.

ATP analysis showed that the demand for the general nursing room has inelastic characteristic. This means that the setting price by RSUBY does not influent the consumer buying power. This analysis also denoted that the 1st class, 2nd and 3rd class patients were at deficit financing level that might create a potential bad debt. WTP analysis showed that some of 1st, 2nd and 3rd class patients did not agree with the existing tariff. This WTP indicates the patient's relatives payment capability. Since the nursing expense is patients' relatives responsibility (both nuclear or extended family), therefore, WTP is only a rough figure of patients' willingness based on perception of serving quality that they received.

The potential competitors of RSUBY are private medical physicians and 24 hours medical clinics locate at the surrounding. This is because that the patients who visited RSUBY were near and a lot of them recommended by those physicians. In this case, RSUBY needs to have join effort in a certain ethical degree with those private medical physicians. The RSUBY marketing strategy is to determine the target market for common community and give humanistic services. In performing promotion strategy, RSUBY is recommended to utilize direct contact method to the target market. In other hand, RSUBY requires to perform a tariff intervention.

<hr>Berbagai perubahan pada rumah sakit mengakibatkan peningkatan biaya kesehatan, sehingga diperlukan upaya tertentu agar rumah sakit dapat survive. Salah satu upaya tersebut adalah perhitungan

biaya satuan yang benar sehingga dapat ditetapkan tarif yang optimal bagi rumah sakit, artinya terjangkau oleh konsumen dan rumah sakit mampu menutup biaya operasional serta reinvestasi. Saat ini BOR kelas Utama, I dan II belum menunjukkan angka yang optimal demikian pula tarif yang ditetapkan, masih mengalami perubahan setiap tahun. Penelitian ini bertujuan untuk mengetahui besarnya biaya satuan kamar rawat inap umum RSUBY dan kaitannya dalam konteks proses penetapan tarif yang optimal, dengan mempertimbangkan tujuan penetapan tarif, ATP/WTP, pesaing dan strategi pemasaran.

Perhitungan biaya satuan menggunakan metode double distribution, sedangkan analisis ATP/WTP berasal dari data wawancara terhadap 185 responden di rawat inap umum. Identifikasi pesaing dilakukan berdasarkan observasi. Perhitungan biaya satuan RSUBY menunjukkan bahwa tujuan untuk subsidi silang dari kelas Utama, I dan II ke kelas III belum terpenuhi, demikian pula mark-up 20% untuk antisipasi inflasi dan reinvestasi tidak bisa berjalan. Hal ini disebabkan orientasi penetapan tarif belum mencerminkan proyeksi RSUBY ke depan dan penetapan gradasi index point yang terlalu jauh. Analisis ATP menunjukkan bahwa permintaan untuk rawat inap umum bersifat inelastic, jadi berapapun harga yang ditetapkan RSUBY akan tetap dibeli konsumen.

Analisis ATP menunjukkan bahwa pasien kelas I, II dan III berada pada tingkat deficit financing sehingga berpotensi menyebabkan bad debt. Analisis WTP menunjukkan pasien kelas I, II dan III sebagian menyatakan tidak setuju dengan tarif yang ada: WTP ini menunjukkan kemampuan keluarga pasien untuk membayar, tetapi karena biaya perawatan merupakan tanggungan keluarga pasien (baik inti maupun extended) maka WTP hanya merupakan gambaran kasar kemauan pasien berdasar persepsinya terhadap layanan yang diterima.

Pesaing RSUBY yang potensial adalah dokter praktek swasta dan klinik 24 jam yang berada disekitarnya, karena alasan pasien yang masuk RSUBY adalah dekat dan banyak yang direkomendasikan oleh dokter tersebut. Dalam hal RSUBY perlu melakukan kerja sama dalam batas-batas etis dengan dokter swasta tersebut. Strategi pemasaran RSUBY adalah pemilihan target pasar untuk masyarakat umum dan memberikan layanan yang bersifat humanistik. Dalam melakukan promosi RSUBY sebaiknya langsung 'menyentuh' target pasar. Disamping itu RSUBY perlu melakukan intervensi tarif.