

Analisis Biaya Perawatan Periodontitis Stage I-IV Berdasarkan Perubahan Status Periodontal dan Jumlah Kunjungan: Studi di Rumah Sakit Khusus Gigi dan Mulut (RSKGM) FKG UI Tahun 2020-2022 = The Analysis of Treatment Cost for Periodontitis Stage I-IV Based on Periodontal Status Changes and Number of Visits: A Study at Dental and Oral Health Hospital (RSKGM) of Dentistry University of Indonesia in 2020-2023

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Abstrak

Latar Belakang: Prevalansi penyakit periodontitis di Indonesia tergolong lebih tinggi dibandingkan dengan berbagai penyakit gigi dan mulut lainnya. Berdasarkan data dari Kementerian Kesehatan, prevalansi periodontitis prevalansinya mencapai 74,1% pada tahun 2018. Beban ekonomi dari biaya perawatan periodontitis mencapai hingga 812 milyar rupiah secara global. Negara lain seperti negara Eropa dan Malaysia telah memiliki analisis biaya perawatan periodontitis yang dibutuhkan untuk menanggulangi prevalansi periodontitis. Peneliti tertarik untuk melakukan analisis biaya perawatan periodontitis stage I-IV pada penelitian ini dikarenakan Indonesia sendiri belum memiliki data tersebut. Tujuan: Untuk mendapatkan perkiraan biaya perawatan periodontitis yang dihitung berdasarkan perubahan status periodontal (Indeks Plak (IP), Papillary Bleeding Index (PBI), Indeks Kalkulus (IK)) setelah perawatan. Metode: Dari 210 rekam medik yang diambil dari Klinik Periodonsia RSKGM FKG UI periode April 2020 - Juli 2022, terdapat 64 rekam medik yang dianalisis. Pendekatan deskriptif dan observasional analitik dibuat dan diolah dengan analisis univariat dan bivariat dengan SPSS 26.0. Dilakukan pengambilan data diantaranya adalah biaya perawatan periodontitis dan perubahan skor status periodontal pada variabel IP, PBI, dan IK. Hasil: Biaya perawatan periodontitis stage I-IV berhasil diperoleh, namun biaya perawatan tersebut tidak memiliki hubungan yang signifikan dengan perubahan variabel IP, PBI, dan IK. Perubahan variabel IP, PBI, dan IK juga tidak memiliki hubungan signifikan dengan jumlah kunjungan. Kesimpulan: Didapatkan analisis biaya perawatan berdasarkan stage I-IV dan sekuens perawatan, serta hasil analisis hubungan antara biaya perawatan dengan perubahan variabel IP, PBI, dan IK dan jumlah kunjungan.

.....Background: The prevalence of periodontitis in Indonesia is relatively higher compared to various other oral and dental diseases. According to data from the Ministry of Health, the prevalence of periodontitis reached 74.1% in 2018. The economic burden of periodontitis treatment globally amounted to 812 billion rupiah. Other countries, such as those in Europe and Malaysia, have conducted cost analyses of periodontitis treatment to solve its prevalence. Authors of this study are interested in conducting a cost analysis of periodontitis treatment stages I-IV in this study since Indonesia itself lacks such data. Objective: To estimate the cost of periodontitis treatment calculated based on changes in periodontal status (Plaque Index (PI), Papillary Bleeding Index (PBI) and Calculus Index (CI)) after treatment and number of visits. Method: Out of 210 medical records collected from the Periodontology Clinic at Dental and Oral Health Hospital (RSKGM) of Dentistry University of Indonesia during the period of April 2020 to July 2022, 64 medical records were analyzed. A descriptive and analytical observational approach was employed and processed using univariate and bivariate analysis with SPSS 26.0. Data collection included the cost of periodontitis

treatment and changes in periodontal status scores for the PI, PBI and CI variables. Results: The cost of periodontitis treatment stages I-IV was successfully obtained; however, these treatment costs did not show a significant relationship with changes in variables PI, PBI and CI. Neither that the changes of PI, PBI and CI showed a significant relationship with number of visits. Conclusion: An analysis of treatment costs based on stages I-IV and treatment sequences was obtained, along with the results of the analysis of the relationship between treatment costs and changes in variables PI, PBI and CI and number of visits.