

Analisis Alternatif Kebijakan Pengendalian Utilisasi Bedah Caesar Program Jaminan Kesehatan Nasional (Studi Kasus Tahun 2019 di Tiga Rumah Sakit Provinsi Jakarta)

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Abstrak

Implementasi Program Jaminan Kesehatan Nasional mendapatkan berbagai tantangan salah satunya adalah peningkatan utilisasi pelayanan kesehatan yang berakibat tingginya beban biaya pelayanan kesehatan. Tren persalinan dengan metode bedah caesar mengalami peningkatan setiap tahunnya. Disertasi ini bertujuan untuk menganalisis kebijakan dan menyusun suatu usulan kebijakan untuk pengendalian utilisasi tindakan bedah caesar dalam penyelenggaraan program Jaminan Kesehatan Nasional. Jenis penelitian adalah analitik dengan mixed method melalui analisis data kuantitatif dan data kualitatif, analisis kebijakan menggunakan Eugene Bardach's eightfold framework yang dimodifikasi oleh Collins. Penelitian kuantitatif melalui analisis data rekam medis tahun 2019 pada pasien bedah caesar di tiga rumah sakit dengan aspek bisnis yang berbeda di Provinsi Jakarta. Penelitian kualitatif dilakukan dengan wawancara mendalam dengan para pemangku kepentingan. Hasil penelitian menunjukkan bahwa Proporsi persalinan caesar dibanding normal di RSSP Y 99,3% di RSSK Z 63,66%, dan di RSUD X 13,42%. Tidak terdapat perbedaan karakteristik sosial dan karakteristik medis pasien bedah caesar di ketiga rumah sakit. Tidak terdapat perbedaan upaya pengendalian utilisasi operasi bedah caesar di ketiga rumah sakit. Bekas SC 1x memiliki persentase tertinggi sebagai indikasi SC dengan persentase 41,67% di RSUD X, di RSSK Z 39,48% dan di RSSP Y 24,11%. Terdapat hubungan antara usia, adanya komplikasi dalam kehamilan, malposisi janin, hipertensi, diabetes mellitus, penyakit jantung, dengan metode persalinan ibu secara caesar. Hasil penelitian kualitatif menunjukkan belum terdapat metode/tools khusus untuk pengendalian utilisasi caesar. Berdasarkan analisis kebijakan menggunakan Bardach's eightfold framework yang dimodifikasi oleh Collins terdapat skenario/alternatif kebijakan pengendalian utilisasi bedah caesar diantaranya penyusunan program promotive preventif yang melibatkan organisasi-organisasi profesi terkait (seperti: Kebidanan Kandungan, Penyakit Dalam, Gizi, Penyakit Jantung) dengan sasaran wanita usia subur yang merencanakan kehamilan dan ibu hamil, yang khususnya berfokus untuk meminimalisir adanya penyulit kehamilan seperti: Hipertensi, Diabetes mellitus, obesitas, penyakit jantung. Hal ini penting dalam upaya menekan penyulit kehamilan yang dapat berpotensi meningkatkan angka utiliasi bedah caesar.

The implementation of the National Health Insurance Program faces various challenges, one of which is the increase in the utilization of health services which results in high health service costs. The trend of childbirth by Caesarean section method has increased every year. This dissertation aims to analyze the policy and prepare a policy proposal for controlling the utilization of Caesarean section procedures in the implementation of the National Health Insurance program. The type of research is analytical with a mixed method through quantitative and qualitative data analysis, policy analysis using Eugene Bardach's eightfold framework modified by Collins. Quantitative research through analysis of medical record data in 2019 on caesarean section patients in three hospitals with different business aspects in Jakarta Province. Qualitative research was conducted through in-depth interviews with stakeholders. The results showed that the proportion of caesarean deliveries compared to

normal in RSSP Y was 99.3% in RSSK Z 63.66%, and in RSUD X 13.42%. There were no differences in the social characteristics and medical characteristics of caesarean section patients in the three hospitals. There were no differences in efforts to control the utilization of caesarean section operations in the three hospitals. Former 1x CS has the highest percentage as an indication for CS with a percentage of 41.67% in RSUD X, in RSSK Z 39.48% and in RSSP Y 24.11%. There is a significant influence between age, complications in pregnancy, fetal malposition, hypertension, diabetes mellitus, heart disease, and the method of maternal delivery by caesarean section. The results of qualitative research indicate that there are no specific methods/tools for controlling caesarean section utilization. Based on policy analysis using Bardach's eightfold framework modified by Collins, there are scenarios/alternative policies for controlling caesarean section utilization including the preparation of promotive preventive programs involving related professional organizations (such as: Obstetrics and Gynecology, Internal Medicine, Nutrition, Heart Disease) targeting women of childbearing age who are planning pregnancy and pregnant women, which specifically focus on minimizing pregnancy complications such as: Hypertension, Diabetes mellitus, obesity, heart disease. This is important in an effort to reduce pregnancy complications that can potentially increase the rate of caesarean section utilization.</p>