

EQUITY DALAM JKN

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Interpretation of the equity concept

- 4. Equal access/utilization according to need
 - Some income redistribution would be needed to ensure that the real cost of using services is evened out between income groups
 - Equal treatment for equal needs, horizontal equity= people with the same problems be treated in the same way
 - Vertical equity? How to treat people with different health problems

Interpretation of the equity concept

- 5. Treatment according to capacity to benefit
 - This goes beyond needs to the question of whether someone is likely to benefit from treatment. It will depend both on the availability of effective technologies and the characteristics of the patient which make successful treatment likely or unlikely

Interpretation of the equity concept

- Many possible interpretation of equity in health?
 - 1. Equal resources or use of services
 - Everyone should receive the same services or have the same resources spent on health (is it efficient, since health needs differ widely)
 - 2. Equal health
 - Does every one have a right to equal health? (some look after themselves less well than the others) ->
 - 3. Fair inning
 - We might set a target age which people are in some way entitled to reach, what happen for people whose genetic inheritance predispose them to early death?

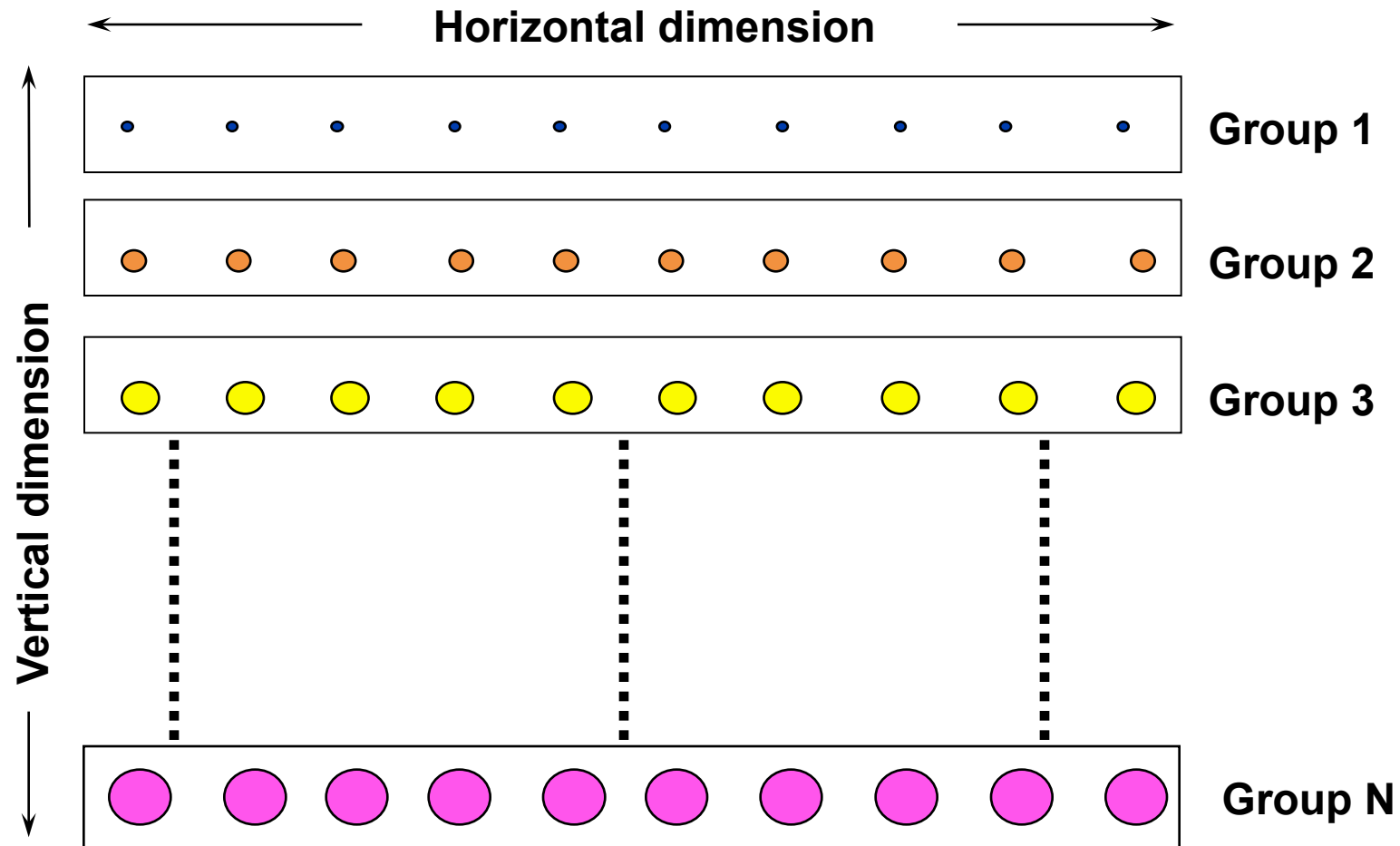
- We also have a term for equity in relation to the philosophical concepts :
 - Egalitarian equity (you get what you need, regardless of your socio-economic status)
 - Libertarian equity (you get what you pay for) it relates with your payment

EQUITY IN HEALTH

- Which interpretation of equity is valid and acceptable?
- Here, we will seek to define equity in health, by defining two central concepts:
 - Equity in delivery
 - Equity in financing

HORIZONTAL AND VERTICAL REPRESENTATION OF SOCIETY

(Bitran & Associates, 2003).



EQUITY IN DELIVERY

(Bitran & Associates, 2003).

- Horizontal equity

- Health care delivery system is horizontally equitable if all people with equal need for health care are equally likely to obtain the same type of health care.
- “Equal treatment of equals” (Bitran & Associates, 2003).

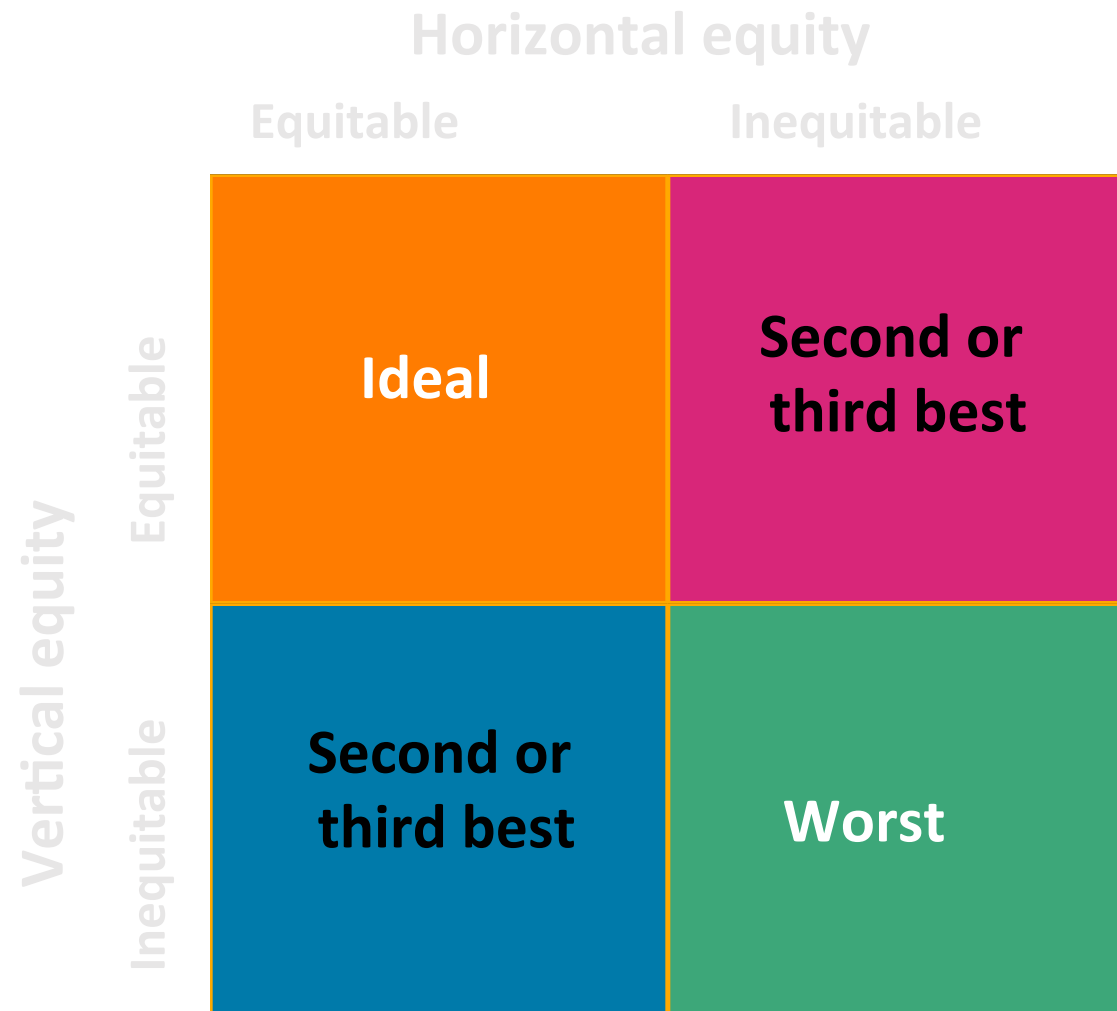
- Vertical equity

- “A health care delivery system is vertically equitable if people with greater need for health care are more likely to obtain care than those with a lower need.”
- “More health care for those with more need”



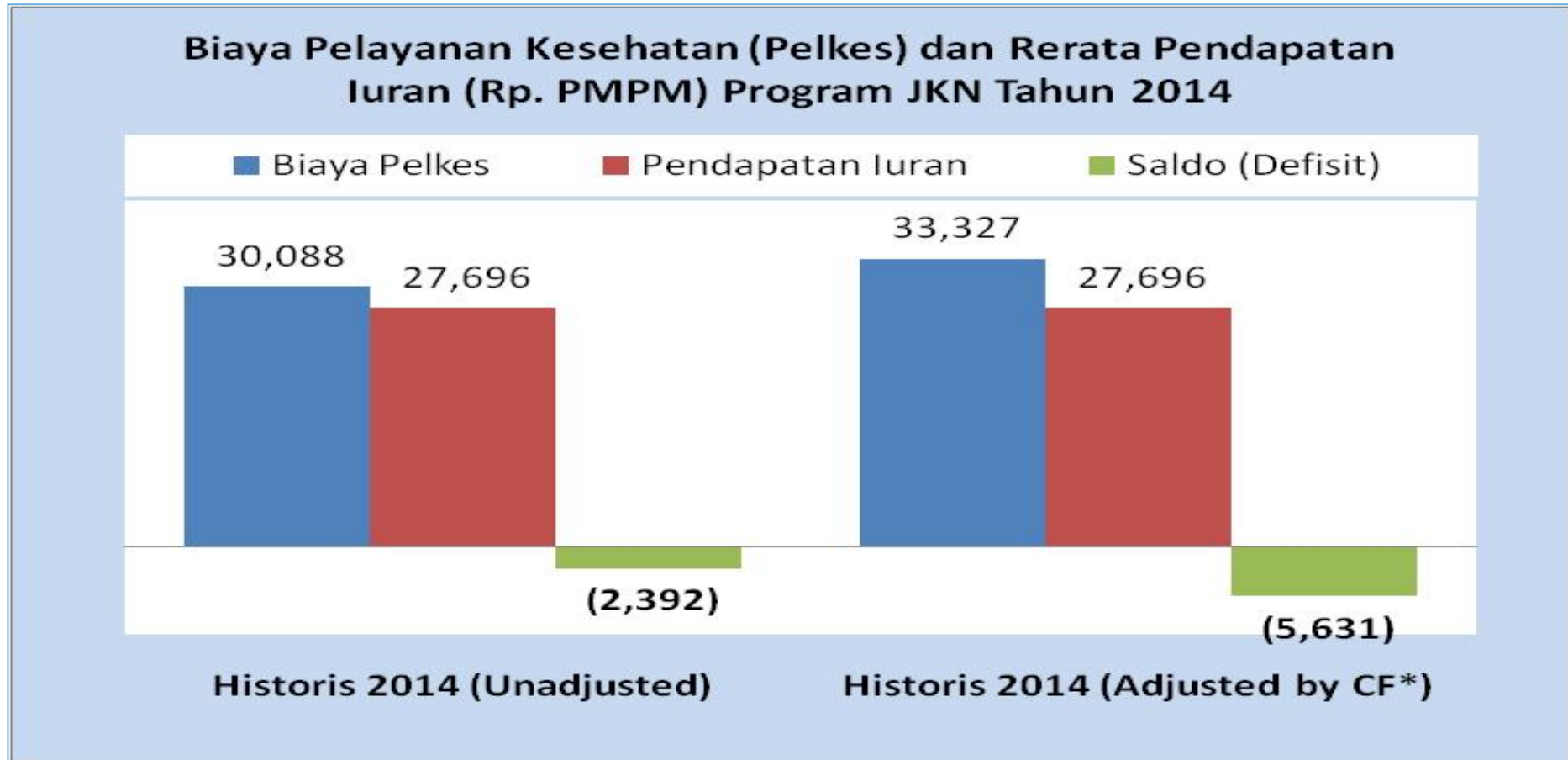
EQUITY IN DELIVERY: POSSIBLE CASES

(Bitran & Associates, 2003).



EQUITY DALAM JKN

Ada kekurangan dana BPJS



Sumber: Data klaim Bulan Pelayanan Jan s/d Des 2014 (Bulan Pembebanan s/d Jan 2015) dari BPJS, Maret 2015.

- Pardede, 2015

Besarnya klaim manfaat untuk pelayanan Rujukan dipengaruhi

- Jumlah peserta
- Jumlah faskes
- Tipe Faskes
- Kelompok tarip
- Sumber sarana dan SDM
- Jenis penyakit
- Geografis

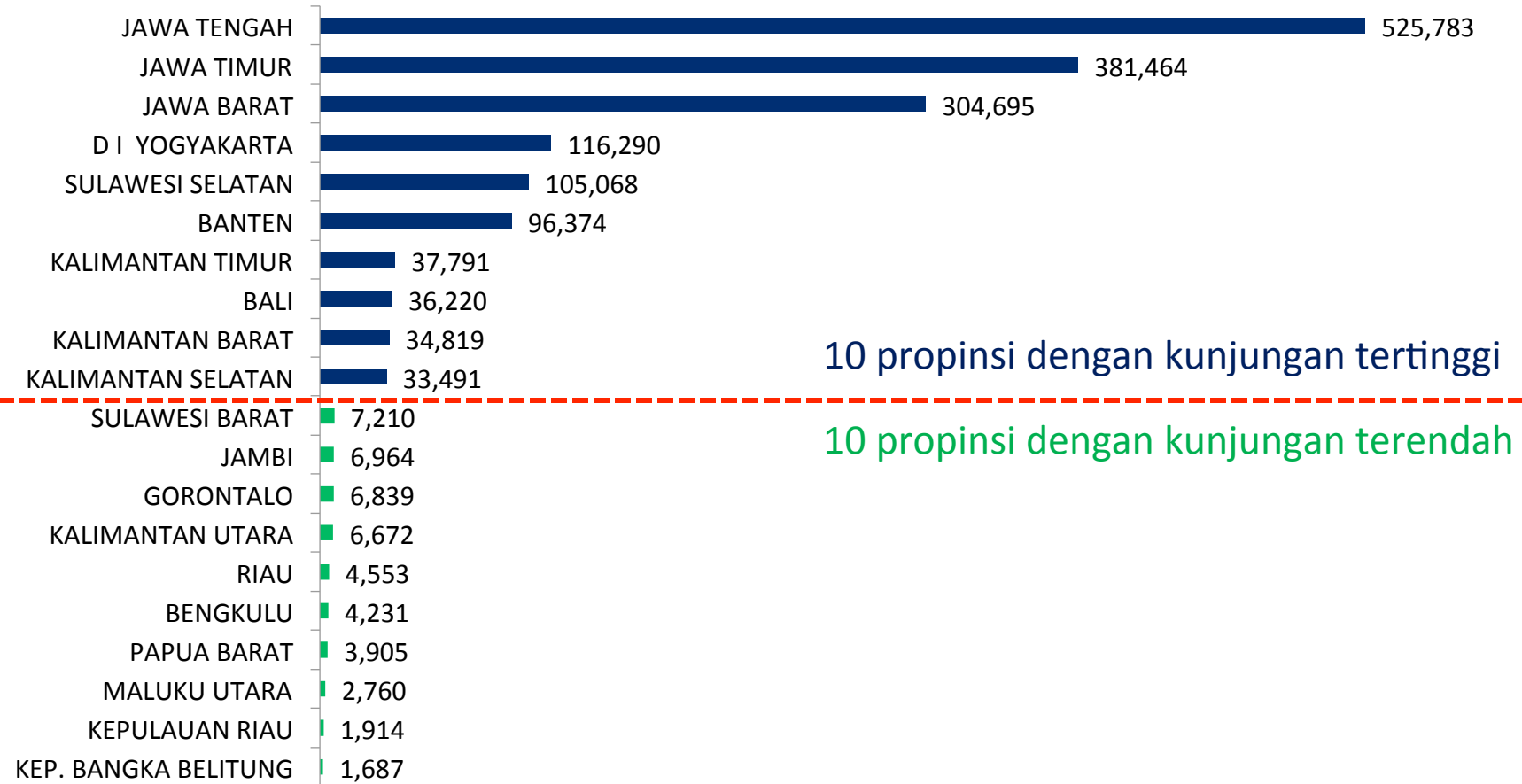
Ketimpangan pelayanan kesehatan (*health care inequality*) adalah perbedaan pelayanan kesehatan antara satu kelompok atau wilayah dengan kelompok atau wilayah lainnya

- Misalnya pelayanan kesehatan antara:
 - Urban dan rural
 - Orang kaya dan orang miskin
 - Laki-laki dan perempuan
 - Orang muda dan orang tua
 - Suku X dengan suku Y
 - Dan lainnya

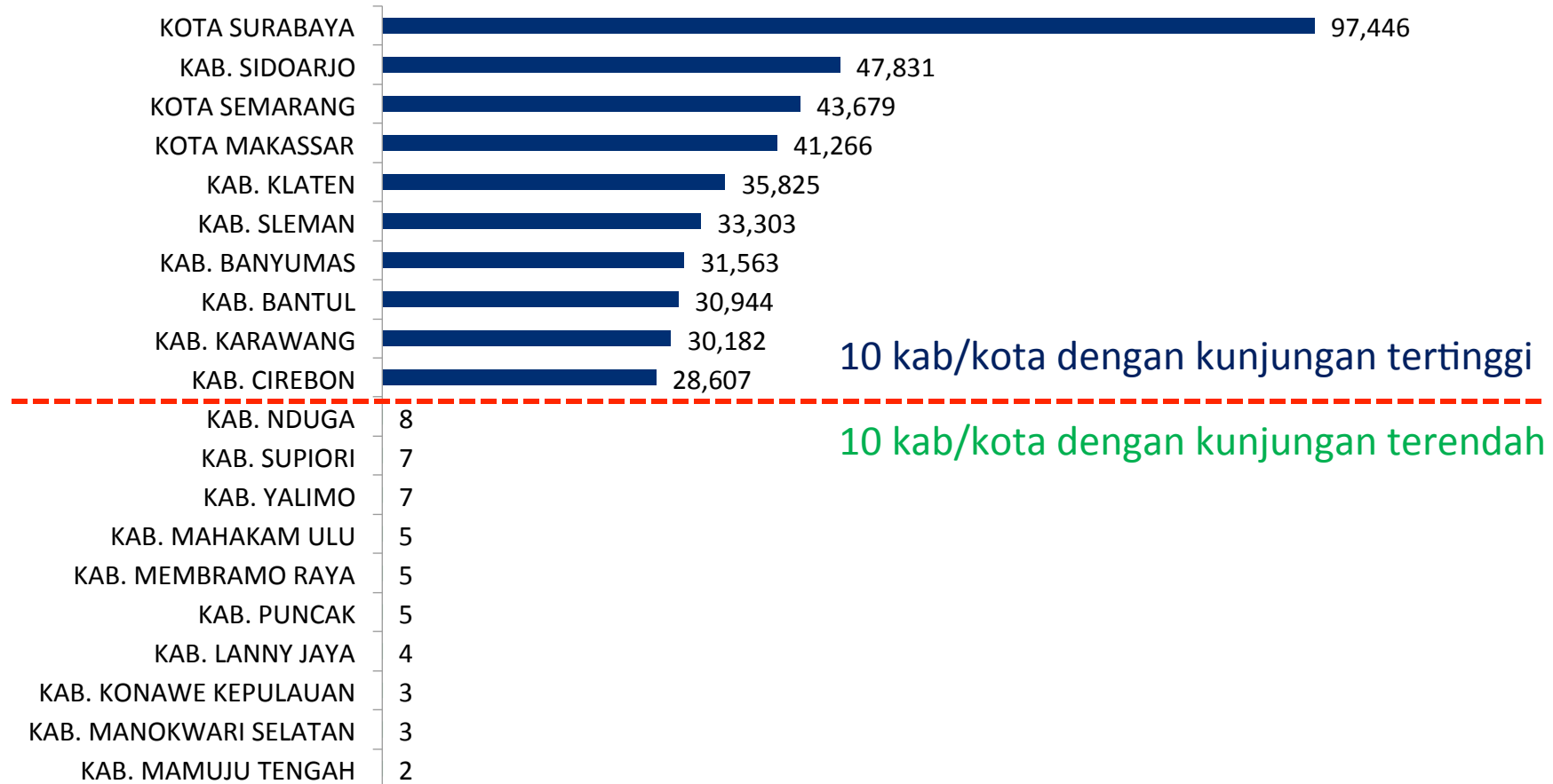
Bisakah ketimpangan pelayanan kesehatan dilihat dari data administrasi BPJS Kesehatan?

- Jawabannya: Bisa
- Sebagai contoh, kita menggunakan data administrasi BPJS Kesehatan yang dimaksud adalah data klaim rumah sakit periode Mei 2015
- Variabel yang tersedia:
 - A
 - B
 - C
 - Dst

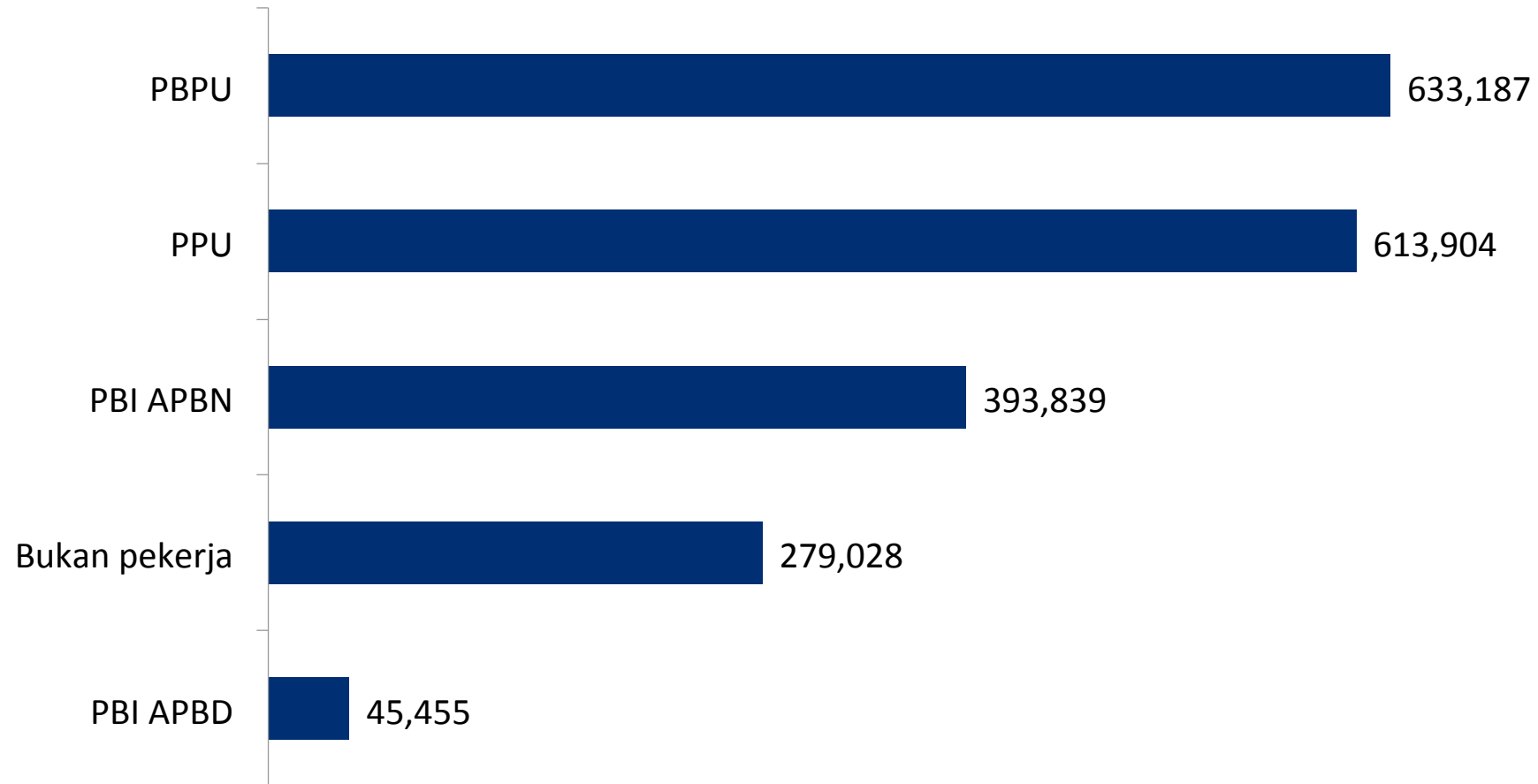
Ilustrasi 1: Empat besar propinsi dengan jumlah kunjungan ke RS terbesar masih didominasi propinsi di Pulau Jawa



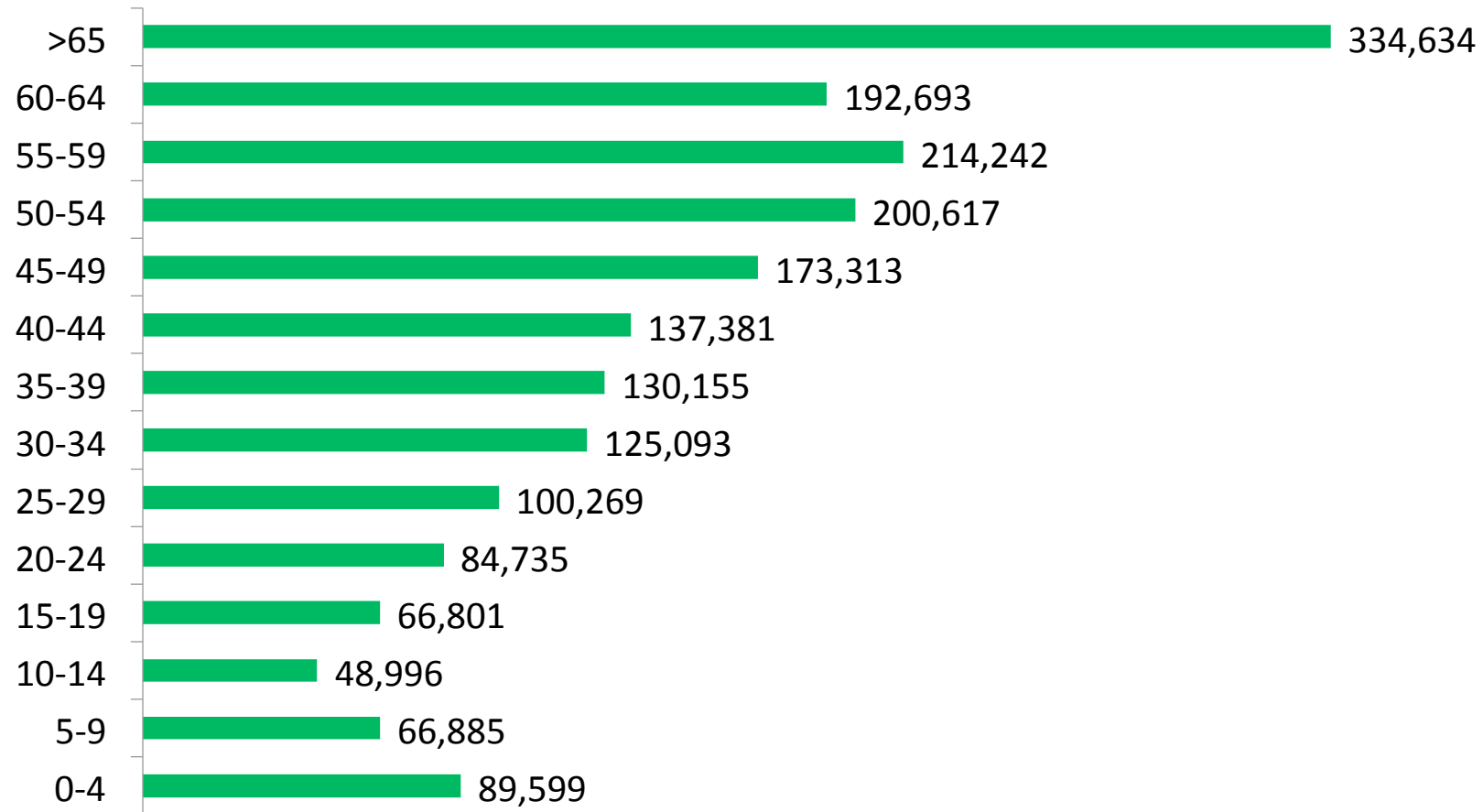
Ilustrasi 2: Sembilan dari 10 kab/kota dengan jumlah kunjungan ke RS terbesar masih didominasi kab/kota di Pulau Jawa



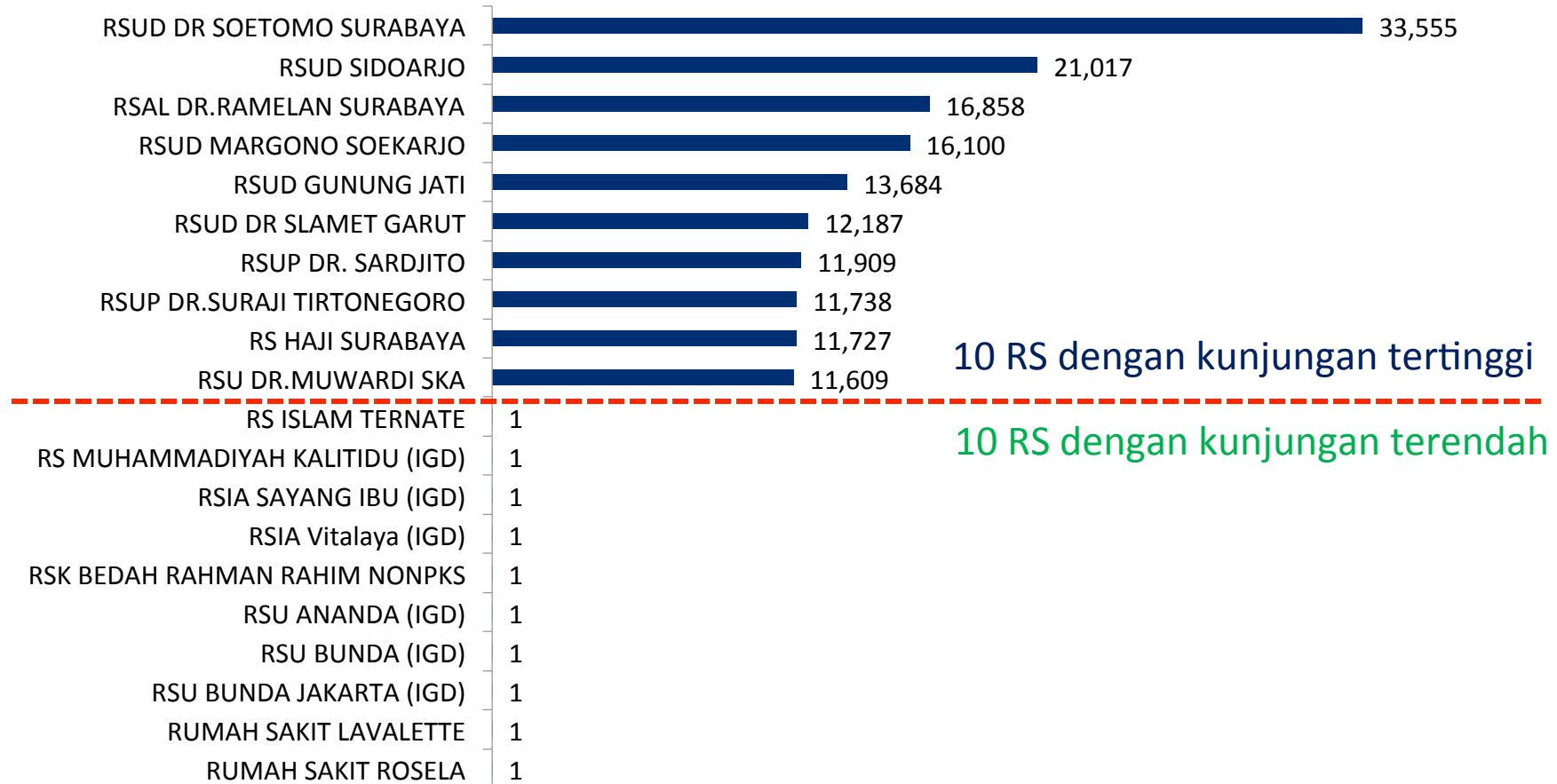
Ilustrasi 3: Jenis peserta yang paling banyak melakukan kunjungan ke RS adalah Peserta Bukan Penerima Upah (PBPU)



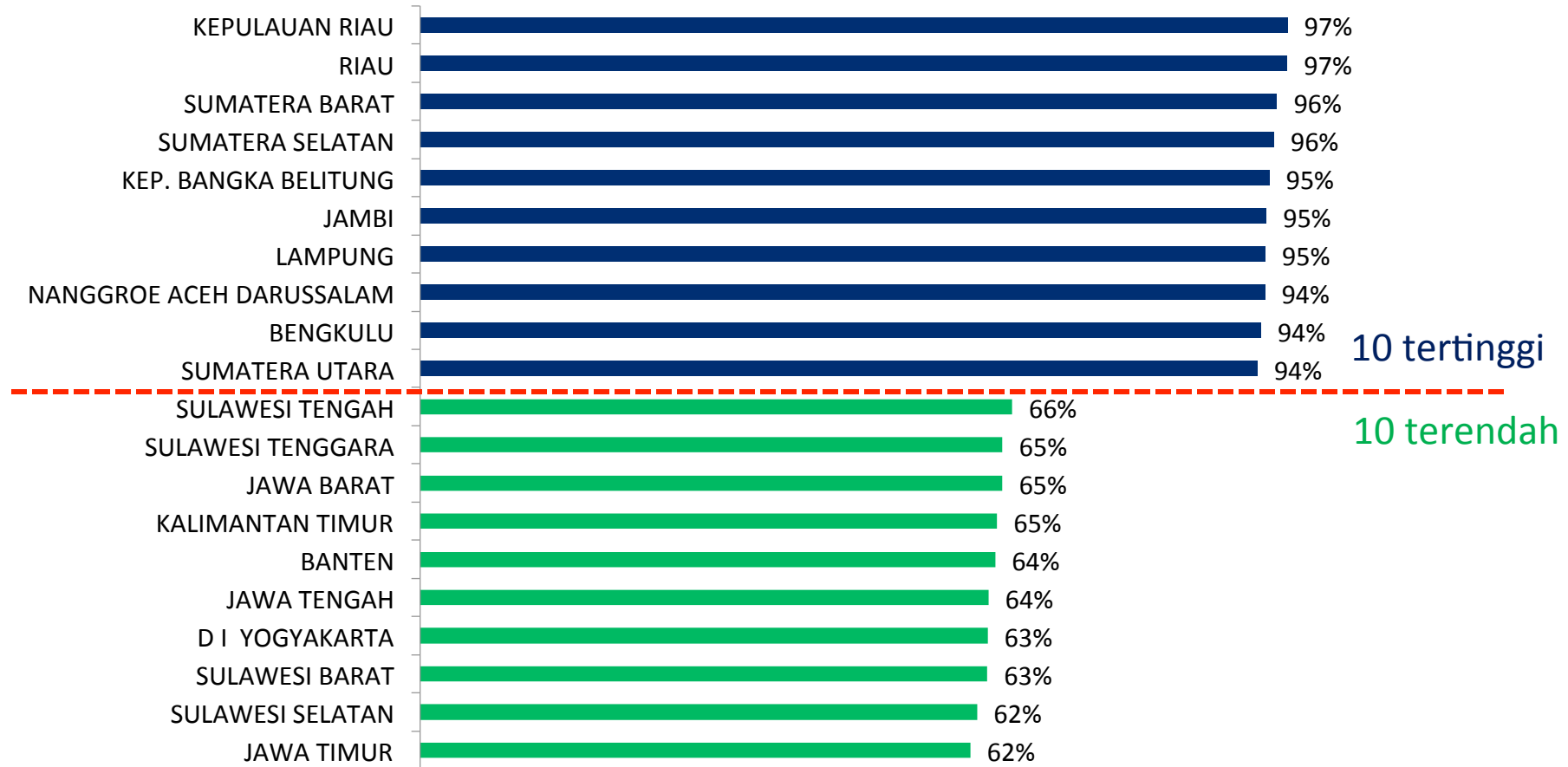
Ilustrasi 4: Jumlah kunjungan ke RS meningkat setiap peningkatan kelompok usia



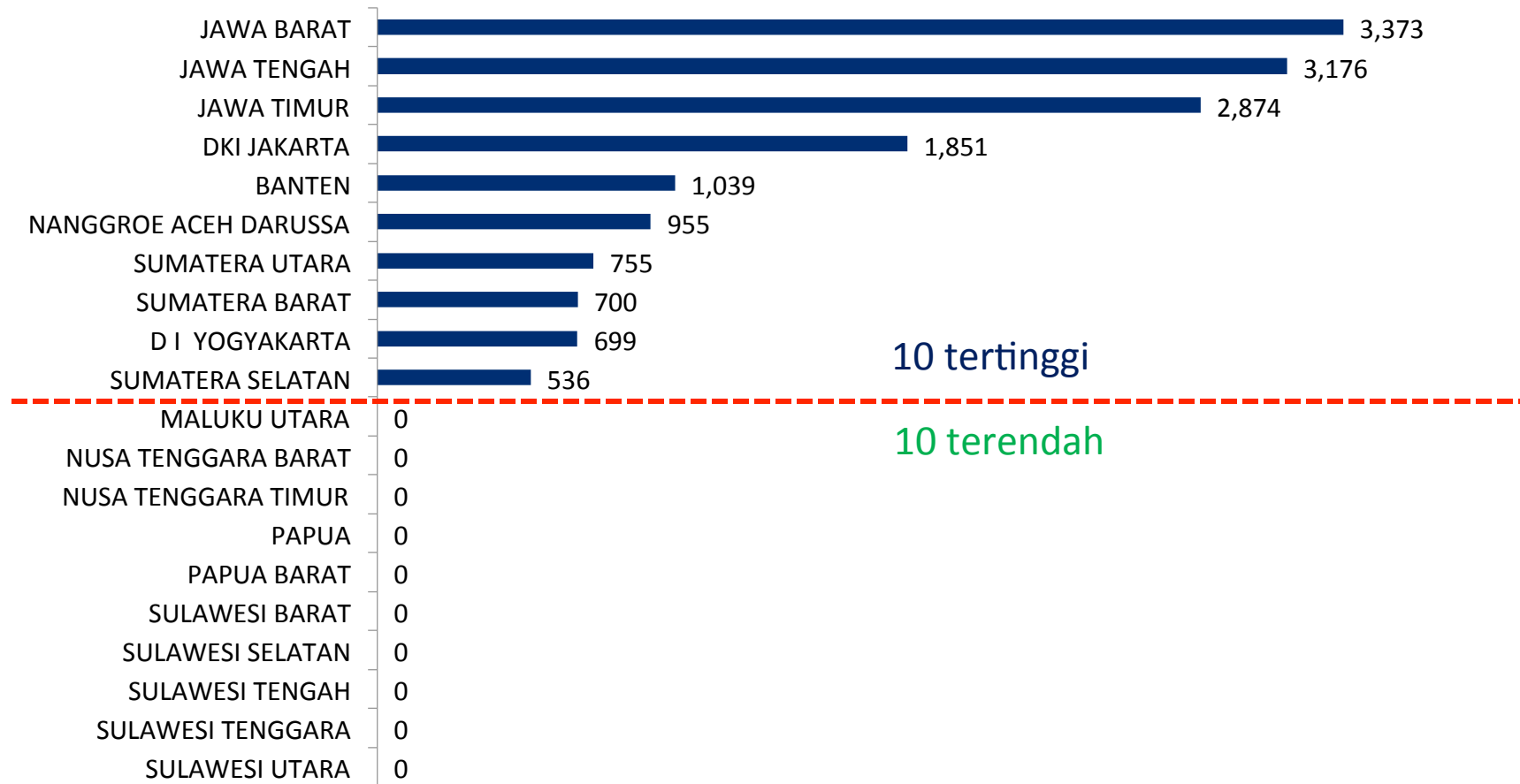
Ilustrasi 5: Sepuluh besar RS dengan jumlah kunjungan tertinggi masih didominasi RS di Pulau Jawa



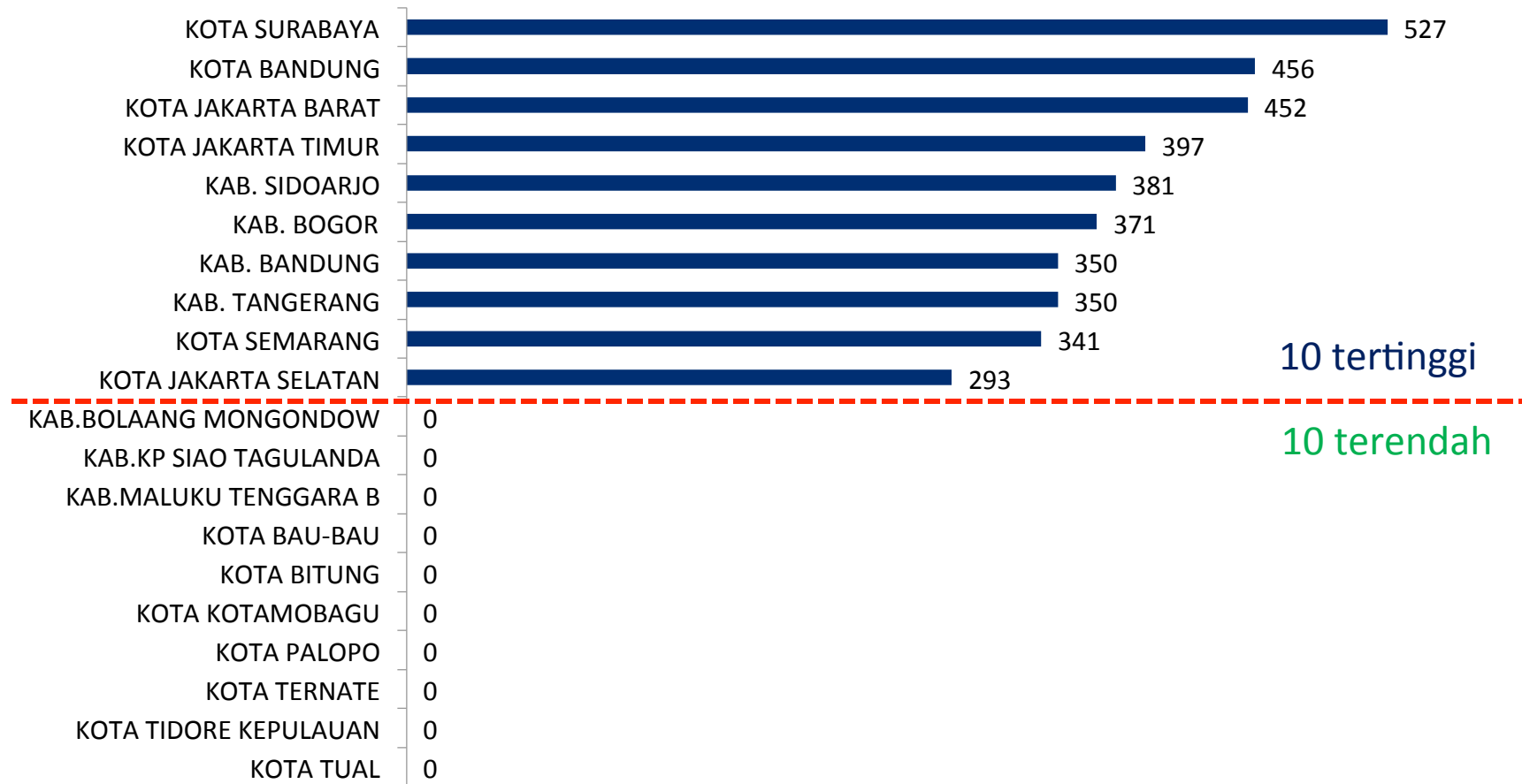
Ilustrasi 6: Berapa persen peserta yang berobat 1 kali dalam 1 bulan?
Tingginya persentase mengindikasikan tingkat kesehatan yang baik atau timpangnya akses peserta ke fasilitas kesehatan



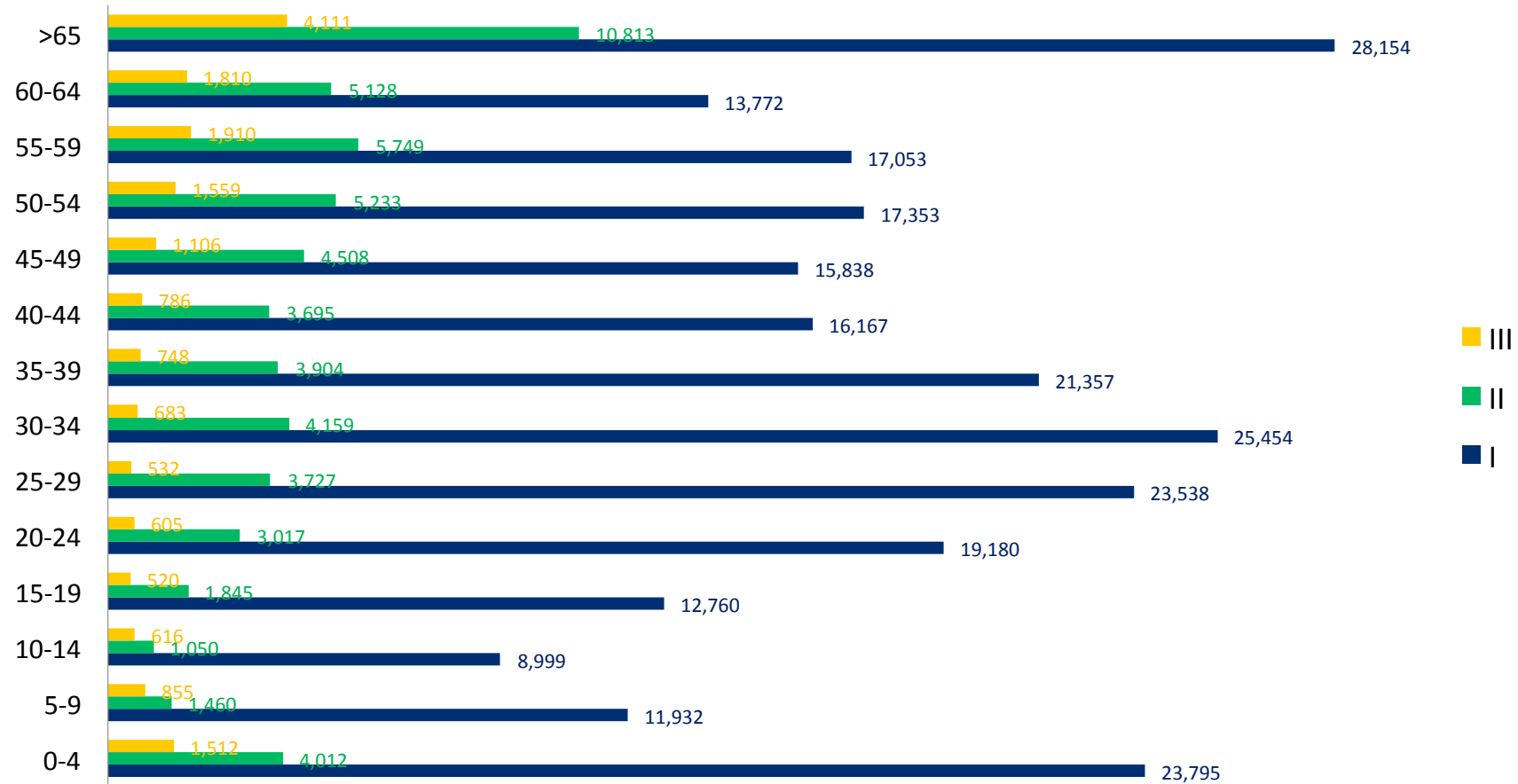
Ilustrasi 7: Propinsi apa yang paling banyak merawat pasien dengan tingkat keparahan tertinggi (severity level III)?



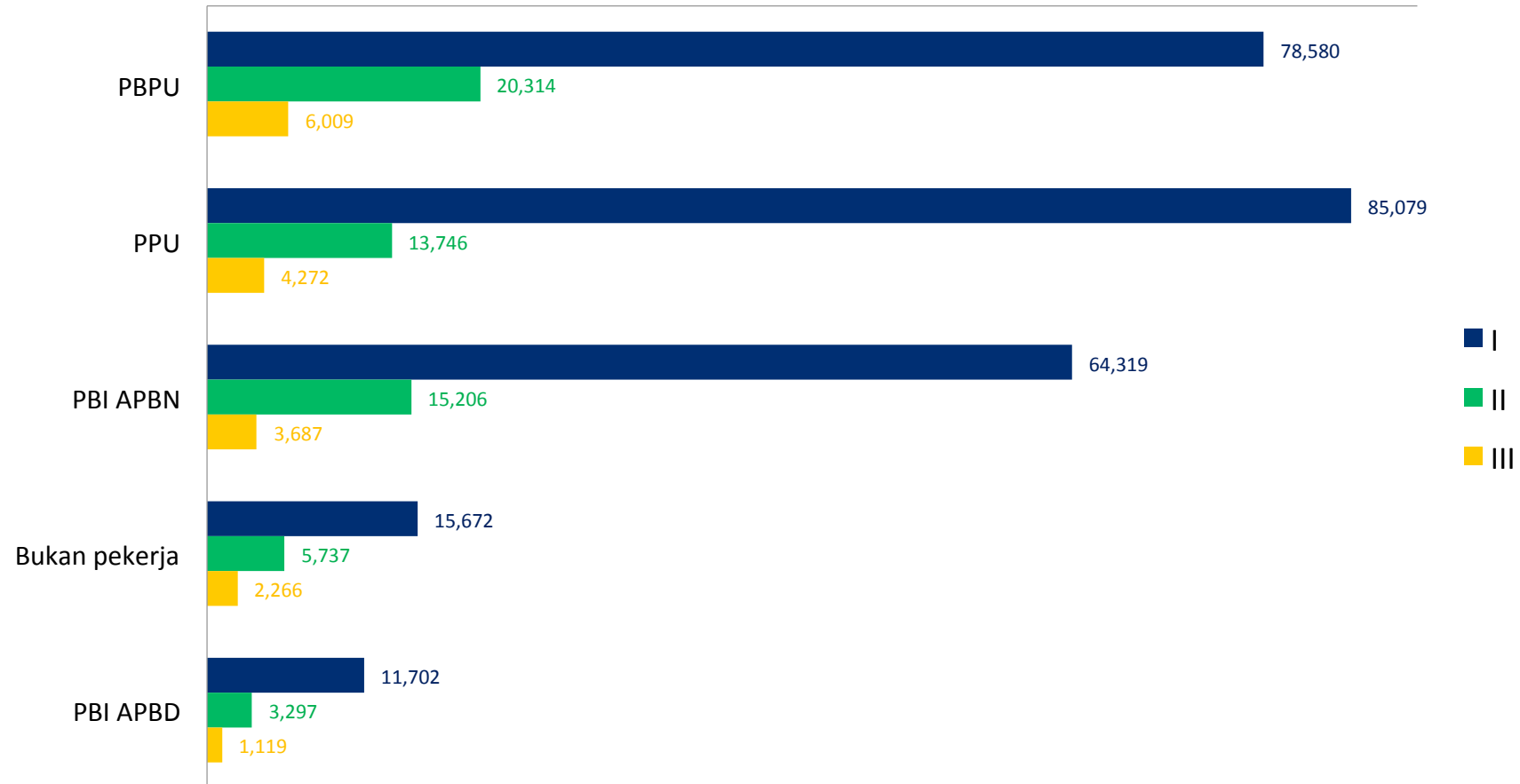
Ilustrasi 8: Kabupaten/Kotamadya apa yang paling banyak merawat pasien dengan tingkat keparahan tertinggi (severity level III)?



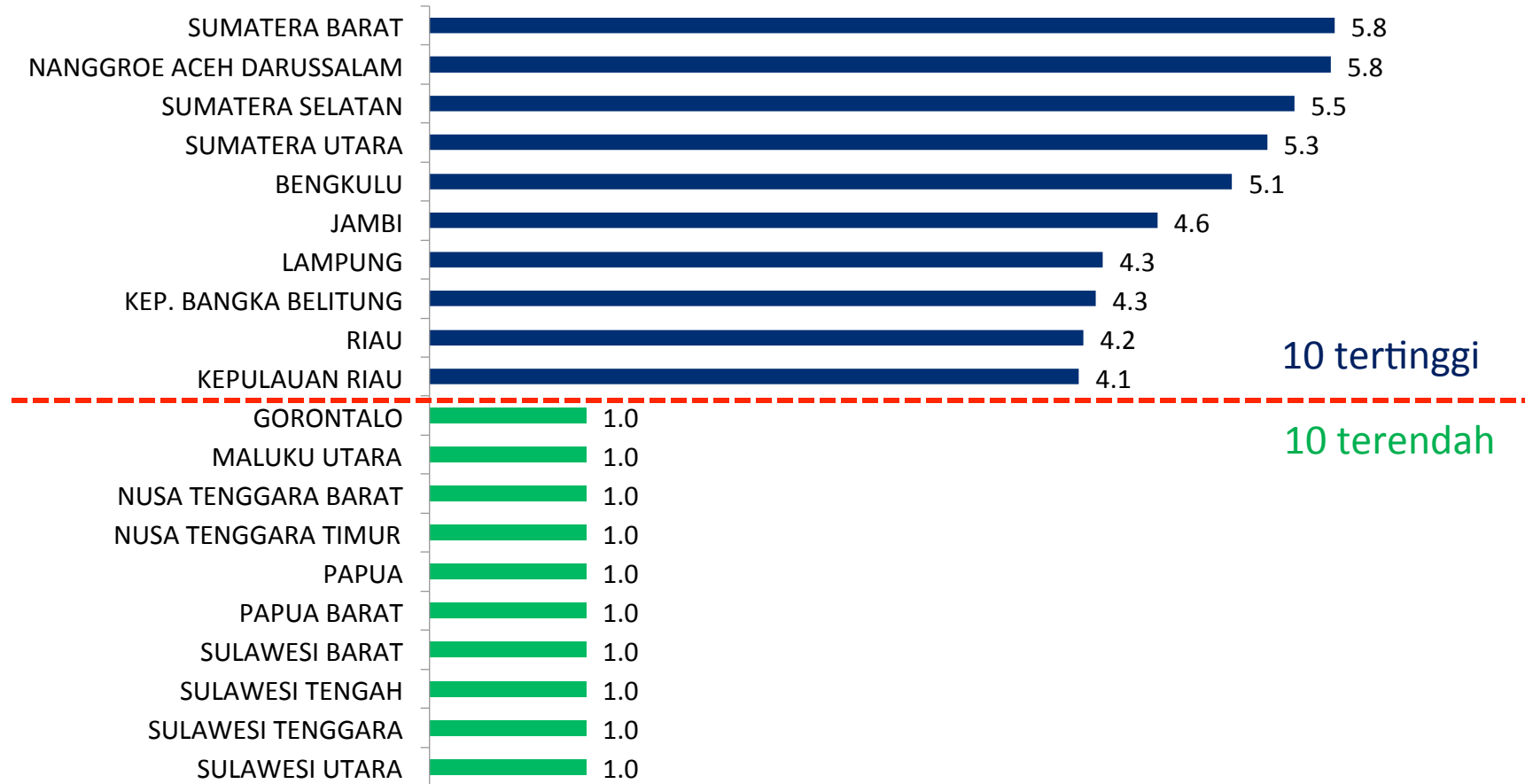
Ilustrasi 9: Sebaran kunjungan rawat inap berdasarkan tingkat keparahan dan kelompok usia



Ilustrasi 10: Sebaran kunjungan rawat inap berdasarkan tingkat keparahan dan jenis kepesertaan



Ilustrasi 11: Propinsi dengan rata-rata durasi rawat inap tertinggi dan terendah



Kesimpulan

- Layanan JKN lebih banyak dimanfaatkan oleh peserta non-PBI (relatif bukan masyarakat miskin)
- Dana sisa JKN belum dimanfaatkan sepenuhnya oleh DTPK, akibat kekurangan tenaga kesehatan, kekurangan fasilitas kesehatan, dan akses yang kurang baik.