

## RINGKASAN

PT.PAL merupakan salah satu Badan Usaha Milik Negara (BUMN). Bisnis utama PT.PAL adalah pembuatan kapal dengan unit penunjang lain untuk memperlancar produksi perusahaan. Unit penunjang tersebut antara lain PT.Mitra PAL, PT. Palindo Jaya, PT. Maduraya, PT. Posi, Diklat PT. PAL dan Departemen Kesehatan PAL. Unit penunjang tersebut sangat penting bagi PT. PAL, tetapi pada beberapa tahun terakhir biaya operasional unit penunjang tersebut semakin besar dan memberatkan perusahaan. Setiap unit penunjang tersebut harus mandiri, memiliki kepercayaan diri dan lebih efektif dalam penggunaan biaya. Departemen Kesehatan PAL sedang dalam proses menjadi suatu badan usaha mandiri, dengan memberikan pelayanan kesehatan yang profesional kepada para karyawan dan keluarganya.

Penelitian ini bermula dari adanya permasalahan yang terjadi di Departemen Kesehatan PAL. Permasalahan yang terjadi adalah terjadinya peningkatan pembiayaan kesehatan selama 3 tahun berturut-turut (data tahun 2001- 2003). Pembiayaan tertinggi digunakan untuk pembayaran pada pihak ketiga pada apotek, karena selama ini PT.PAL menggunakan sistem *outsourcing* dengan bekerja sama dengan pihak Kimia Farma dalam mengelola apotek di Depkes PAL.

Setelah dilakukan identifikasi masalah ternyata didapatkan data bahwa telah terjadi *moral hazard* dalam penggunaan pelayanan pengobatan. Jumlah kunjungan pasien perbulan cukup tinggi, rata-rata sekitar 1800 orang. Pihak yang berperan dalam terjadinya *moral hazard* tersebut adalah pasien, dokter dan pihak apotek, Selain itu sistem pengelolaan apotek secara *outsourcing* dirasakan kurang efisien dalam pembiayaan. Dalam penelitian ini peneliti berusaha membandingkan *benefit* manfaat (*benefit*) dan biaya (*cost*) antara sistem pengelolaan apotek secara *inhouse* dan *outsourcing*.

Penelitian ini bertujuan untuk mengatasi masalah terjadinya *moral hazard* dan memperbaiki sistem pengelolaan pelayanan obat dalam rangka efisiensi di Depkes PAL. Metode yang digunakan untuk menemukan cara penyelesaian masalah adalah *Focus Group Discussion* (FGD). Berdasarkan hasil FGD tersebut diperoleh cara pemecahan masalah *moral hazard* yaitu dengan penerapan *Standart Operation Procedure* (SOP). Sedangkan untuk memperbaiki sistem pengelolaan apotek dikaji dengan metode *Cost Benefit Analysis* (CBA).

*Standart Operation Procedure* (SOP) dibuat bersama oleh manajemen dan staf Depkes PAL serta pihak apotek. Metode CBA digunakan untuk mengetahui sistem pengelolaan apotek yang paling menguntungkan secara finansial. Metode ini membandingkan antara *benefit* dan *cost* dari sistem pengelolaan *inhouse* dan *outsourcing*. Perbandingan antara *benefit* dan *cost* akan

menghasilkan nilai rasio B/C. Sistem pengelolaan dengan nilai rasio B/C terbesar menunjukkan bahwa sistem pengelolaan tersebut yang paling menguntungkan.

Penelitian ini menggunakan metode *Action Research*. Peneliti melakukan beberapa tahapan kegiatan yaitu analisis situasi, identifikasi masalah, menyusun SOP, melakukan pengamatan, dan evaluasi hasil pelaksanaan SOP. Data yang digunakan adalah data jumlah kunjungan dan jumlah biaya obat antara sebelum dan setelah diterapkan SOP. *Standart Operation Procedure* (SOP) dilaksanakan selama 2 bulan yaitu mulai tanggal 26 April – 26 Juni 2005. Evaluasi keberhasilan intervensi dilakukan setelah 2 bulan SOP diterapkan. Teknik analisis yang digunakan adalah uji t 2 sampel berpasangan. Indikator keberhasilan adalah adanya penurunan jumlah kunjungan > 4 kali per bulan dan penurunan jumlah biaya kesehatan untuk obat.

Hasil penelitian ini menunjukkan bahwa kedua indikator keberhasilan telah dipenuhi. Indikator yang dimaksud adalah penurunan jumlah kunjungan > 4 kali per bulan dan penurunan jumlah biaya untuk obat. Penurunan jumlah kunjungan > 4 kali per bulan antara sebelum dan setelah diterapkan SOP adalah sebanyak 37 orang (54,41 %). Berdasarkan data diketahui terjadi peningkatan biaya antara sebelum dan setelah diterapkan SOP. Hal ini disebabkan karena adanya 3 faktor yaitu :

1. Adanya kenaikan jumlah kunjungan dari pasien baru (jumlah resep/bulan) ikut mempengaruhi kenaikan biaya total untuk obat.
2. Adanya penurunan jumlah diskon yang diterima oleh Depkes PAL dari Kimia Farma. Dari 11 % menjadi 7,5 %, sehingga Depkes PAL harus menanggung sendiri biaya untuk obat sebesar 3,5 %.
3. Adanya kenaikan harga obat dari Kimia Farma sebesar 10 %.

Oleh karena itu kemudian dilakukan perhitungan dengan mengeliminasi ketiga faktor di atas, sehingga dapat diketahui besar pembiayaan obat setelah SOP pada kondisi normal. Dari perhitungan tersebut diperoleh data penurunan jumlah biaya setelah SOP sebesar Rp.1.827.739,00 (0,92 %). Akan tetapi secara statistik, penurunan jumlah kunjungan dan biaya untuk obat menunjukkan tidak ada perbedaan bermakna. Jumlah kunjungan sebelum & setelah SOP memiliki nilai  $\rho=0,329 (>0,05)$ , sedangkan jumlah biaya kesehatan sebelum dan setelah SOP memiliki nilai  $\rho = 0,259 (>0,05)$ . Nilai  $\rho$  tersebut masih dipengaruhi 3 faktor seperti di atas, setelah dieliminasi diperoleh nilai  $\rho = 0,204 (> 0,05)$ . Hal ini dapat dimaklumi karena pelaksanaan SOP baru dilakukan selama 2 bulan, perlu waktu lebih lama untuk memperbaiki perilaku manusia (*moral hazard*), hingga didapatkan penurunan jumlah kunjungan pasien > 4 kali per bulan dan penurunan biaya untuk obat yang signifikan.

Berdasarkan perhitungan CBA, didapatkan hasil kedua sistem pengelolaan apotek baik *inhouse* maupun *outsourcing* memiliki nilai rasio B/C < 1. Nilai rasio B/C apotek *inhouse* adalah 0,97, sedangkan nilai rasio B/C apotek *outsourcing* lebih kecil yaitu 0,21. Hal tersebut menunjukkan bahwa walaupun kedua sistem



pengelolaan apotek tersebut memiliki nilai rasio  $B/C < 1$ , tetapi besar manfaat sistem pengelolaan *inhouse* lebih besar daripada *outsourcing*, karena dengan pengelolaan *inhouse* penghematan yang dapat dilakukan lebih besar.

Berdasarkan penjelasan di atas maka dapat disimpulkan bahwa pelaksanaan SOP cukup berhasil dalam mencapai tujuan efisiensi. Hal ini dapat dilihat dari terpenuhinya dua indikator keberhasilan, yaitu penurunan jumlah kunjungan pasien  $> 4$  kali per bulan dan penurunan biaya kesehatan. Penurunan yang terjadi pada kedua indikator keberhasilan tersebut memang belum signifikan. Hal ini dapat dimaklumi karena evaluasi pelaksanaan SOP hanya dilakukan pada 2 bulan pertama, sehingga perlu waktu yang lebih lama untuk memperbaiki *moral hazard* sehingga mendapat hasil yang signifikan.

Berdasarkan hasil perhitungan CBA, dapat diketahui bahwa sistem pengelolaan apotek secara *inhouse* lebih menghemat daripada sistem pengelolaan *outsourcing*.



## SUMMARY

### **Drug Cost Control Efforts by Service Management System and Moral Hazard Improvement to Accomplish an Outpatient Efficiency at PT. PAL Health Department (A Case Study at PT. PAL Indonesia)**

PT. PAL Indonesia is one of the renown state-owned-companies. PT PAL's core business is shipbuilding with other supporting units to assist the smooth-running production of the company. The supporting units are PT.Mitra PAL, PT.Palindo Jaya, PT.Maduraya, PT.Posi, PT.PAL Education & Training and PAL Health Department. These assisting units are crucial for PT.PAL, but for the last couple of years, the supporting unit operational costs were too heavy to bear. Each supporting unit has to be independent, self-reliance and cost effective. PAL Health Department is in the process of becoming an independent company, professional in health-care services with a positive market share of PT PAL's employees and their families.

The problem started in 2001, for 3 consecutive years until 2003, an apparent increase in health finance had dismayed the management. The highest expense was to pay to 3<sup>rd</sup> party i.e. the pharmacy. PAL Health Department used an outsourcing system for drug procurement system by join-cooperating with Kimia Farma.

After an earnest problem identification, it was found that moral hazard in drug utilization was the core of the problem. Patient visitation rate was high, averaging around 1800/month and the ones responsible for the occurrence of moral hazard were patients, doctors and the pharmacy. The management felt that an outsourcing system was not efficient in health financing. This research tried to compare the cost and benefit between inhouse pharmacy and outsourcing management.

The purpose of this research was to obtain an efficient outpatient service by controlling moral hazard and drug cost with a service-management-system at PAL Health Department. The problem solving utilized a Focus Group Discussion (FGD) method. From the result of FGD, the moral hazard problem can be solved by SOP (Standard Operating Procedure) application, whereas the improvement of pharmacy management system is by applying Cost Benefit Analysis (CBA) method.

The SOP was made by the management and staff of PAL Health Department, and the pharmacy. CBA method was used to find out financially the most beneficial method in drug provision management. Thus, CBA will compare the cost and benefit of inhouse and outsourcing management system. The comparison between benefit and cost will produce a B/C ratio, where the higher the ratio is, the more effective the method will be.

This was an observational study with an action research approach, conducted from April 26 until June 26, 2005 and carried out in several stages i.e. situation analysis, problem identification, SOP formulation, observation, evaluation of SOP implementation. The SOP implementation was observed directly. A pre- and



post-SOP application were evaluated by measuring the visitation rate and medicine (drug) cost, before and after SOP application. The SOP was held for 2 months. The technical analysis used paired 2 sample t-test. The indicators were a lower visitation rate > 4 times/month and a decrease of drug cost.

The result showed that 2 success indicators had been fulfilled. There was a reduction of visitation rate of 31 persons (54.41%), between before and after SOP application. From the data, it showed an increase of drug cost between before and after SOP. The increased cost was due to :

1. an increase in new patient visits ( total prescription/month) influencing the total drug cost;
2. a decrease in discounted price received by PAL Health Department from Kimia Farma. The former discount was 11% decreased to 7.5%, where the 3.5% cost had to be borne by PAL Health Department.
3. a 10% raise of Kimia Farma drug price.

These three factors had influenced the increment of drug cost. Therefore, a re-calculation was performed by eliminating these factors, resulting in drug cost (after SOP) in normal condition. The re-calculation presented a decline of drug cost after SOP, was about Rp 1,827.739,00 (0.92%). Statistically, the reduction of the visitation rate and the total drug cost decline showed no significant difference. The visitation rate before and after SOP, demonstrated  $p=0.329 (>0.05)$ , while the total drug cost before and after SOP showed  $p=0.259 (>0.05)$ . Clearly, the p value was still influenced by 3 factors mentioned above, but after eliminating 3 factors,  $p=0.204 (>0.05)$ . The non-changing condition of  $p>0.05$  was understandable, because of the short time (2 months) period of SOP implementation, this research needed a longer period of time to change human behavior (moral hazard) so that a significant decrease of patient visitation rate and total drug cost will appear.

From CBA method, it was acquired that both pharmacy management systems had a B/C ratio <1 i.e.: the B/C ratio of inhouse pharmacy was 0,97, while the B/C ratio for outsourcing pharmacy was 0,21. Although both system had B/C ratios < 1, but the inhouse pharmacy management system was more beneficial than the outsourcing system, shown by the B/C of inhouse pharmacy was > than the outsourcing (0,97 > 0,21).

Grounded on the explanation above, it can be concluded that the SOP application was successful in achieving efficiency. Two success indicators pointed out the decrease of both indicators, although the differences were not significant, due to the short 2 months period of SOP application, the moral hazard takes more than 2 months to repair.

Based on CBA analysis, an inhouse pharmacy was more profitable than outsourcing management system.

## ABSTRACT

### **Drug Cost Control Efforts by Service Management System and Moral Hazard Improvement to Accomplish an Outpatient Efficiency at PT.PAL Health Department (A Case Study at PT. PAL Indonesia)**

PT. PAL Indonesia is one of the renowned state-owned-companies. PT PAL's core business is shipbuilding with other supporting units to assist the smooth-running production of the company. PAL Health Department is in the process of becoming an independent company, professional in health-care services with a positive opportunity market of PT PAL's employees and their families. The company faces a moral hazard and inefficient pharmacy management system (swelled-up drug cost). The purpose of this research was to obtain an efficient outpatient service by controlling moral hazard and drug cost with a service-management-system at PAL Health Department.

This was an observational study with an action research approach, conducted from April 26 until June 26, 2005. SOP implementation was observed directly. A pre- and post-SOP-application was evaluated by measuring the visitation rate and medicine (drug) cost, before and after SOP application. The SOP was held for 2 months. The technical analysis used pair 2 sample t-test. The indicators were the visitation rate and the comparison of drug cost, before and after SOP intervention.

The result showed that 2 success indicators had been fulfilled. There was a reduction of visitation rate, before and after SOP application (54,41 %). The decline of drug cost before and after SOP application was about Rp 1,827.739.00 (0,92 %). By using CBA method, it can be calculated that the inhouse pharmacy B/C ratio value was less than 1 (0,97), but it still bigger than the outsourcing pharmacy B/C ratio value (0,21). It was showed that inhouse pharmacy was still more profitable than outsourcing.

Based on these results, it was concluded that SOP application was successful and inhouse pharmacy management system was more profitable than outsourcing management system.

**Keywords:** Moral Hazard, Cost Efficiency, SOP, Cost Benefit Analysis, Management System