

Cost Analysis on Chronic Kidney Disease Outpatient with Anemia in RSUP Sardjito

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ABSTRACT

Chronic kidney disease is a progressive and irreversible disorder of renal function. The prevalence of CKD is 90% of patients undergoing hemodialysis. Therapy that can be given for anemia in patients with chronic kidney disease is by giving erythropoietin, folic acid and transfusion of red blood cells or a combination. The purpose of the study was to determine the description of therapy, the description of clinical outcomes, direct medical costs and the difference in real costs with the rates of INA-CBGs at Sardjito Hospital Yogyakarta. The research method used was an descriptive observational method. Data collection from secondary sources, namely, medical records carried out retrospectively and claim / guarantee data (cost data from the hospital). Data analysis used descriptive analysis which included a description of therapy, a description of clinical outcomes, direct medical costs and the difference in real costs with the rates of INA-CBGs. Representation of therapy is 31.08% of the combination of amino acids and folic acid with alpha erythropoietin. Clinical outcome table is a change in Hb value (Δ Hb) that fulfills the target of 0.5-1.5 mg/dL in 4 weeks, namely the granting of single erythropoietin beta, erythropoietin alpha + blood tranfusion + amino acid and erythropoietin alpha + nefrofer. The average direct medical cost of each patient visit was Rp1.103.881,87 with the highest costs on non-surgical and pharmaceutical drug procedure rates, that is Rp775.716,44 (70,3%) and Rp146.267,68 (13,3%). The total real cost with the rate of INA-CBGs is a negative difference of Rp160.875.208.

Keywords: Chronic kidney disease, hemodialysis, anemia, cost analysis, INA-CBGs.