



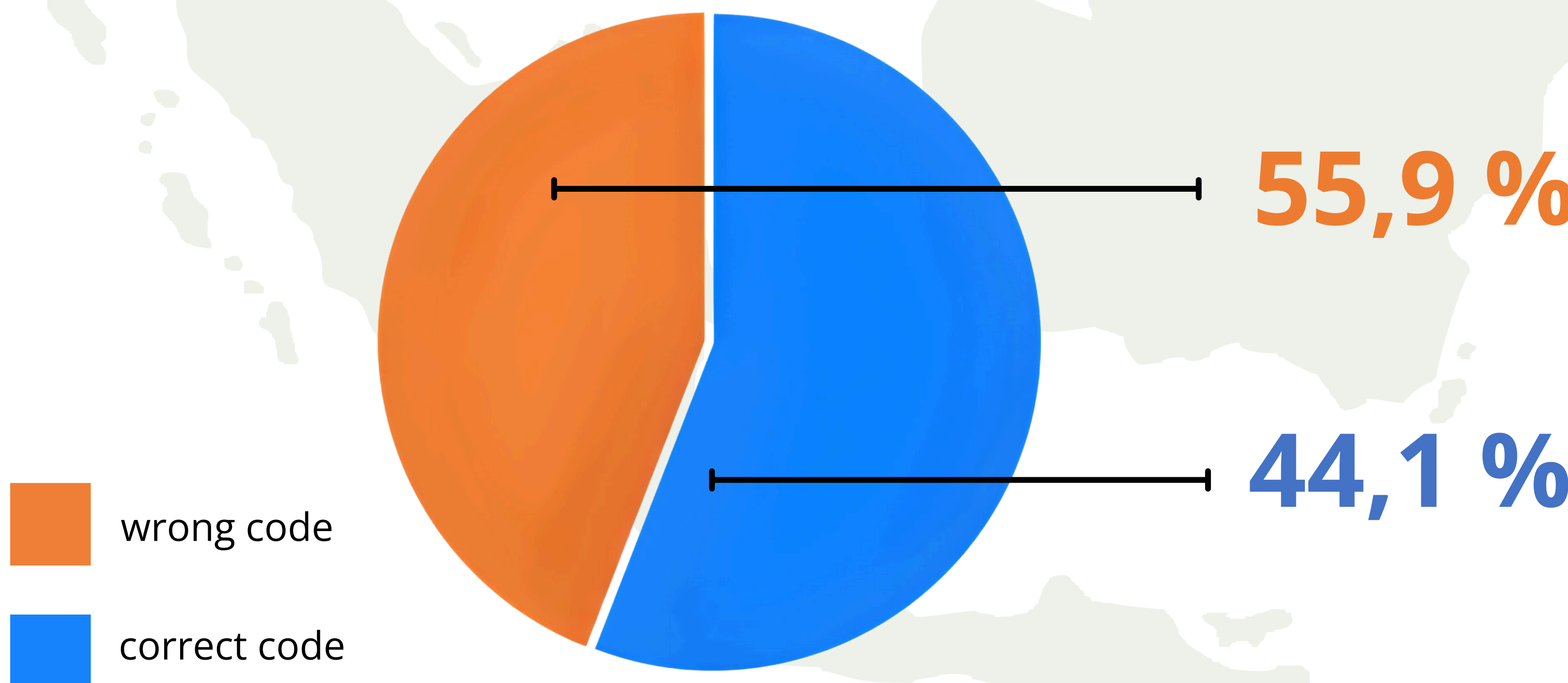
THE ENDORPIN APPLICATION

OPTIMIZE EFFICIENCY, MAXIMIZE SERVICE QUALITY

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INTRODUCTION

BPJS Kesehatan noted that the coverage of National Health Insurance (JKN) participants reached more than 269.49 million people or 95.7% of the total population in March 2024. Meanwhile, in Banyumas Regency, JKN users were 95.87% of the total population as of June 1, 2024. In the era of National Health Insurance (JKN) which uses the INACBG (Indonesian Case Base Group) system, namely a method of paying for patient care based on a diagnosis or case that is relatively the same. The Indonesian Tariff - Case Based Groups, hereinafter referred to as the INA-CBG's Tariff, is the amount of claim payment by BPJS Kesehatan to Advanced Health Facilities for service packages based on grouping disease diagnoses. The accuracy of the coding of diagnoses and actions not only affects the suitability of the tariff, but also affects the number of pending BPJS claims submitted by the hospital. Delayed claims will cause losses for the hospital due to delayed claim payments from BPJS.



METHOD

The ENDORPIN application helps hospitals in compiling diagnosis and procedure codes submitted to BPJS. The success indicators observed are monthly data:

- Hospital income
- Severity level
- Pending claim amount
- Achievement of clinical pathways compliance value
- Data collected for 12 months divided into 2 groups, namely 6 months before and after the implementation of ENDORPIN. The resulting differences were analyzed statistically using the independent T test.

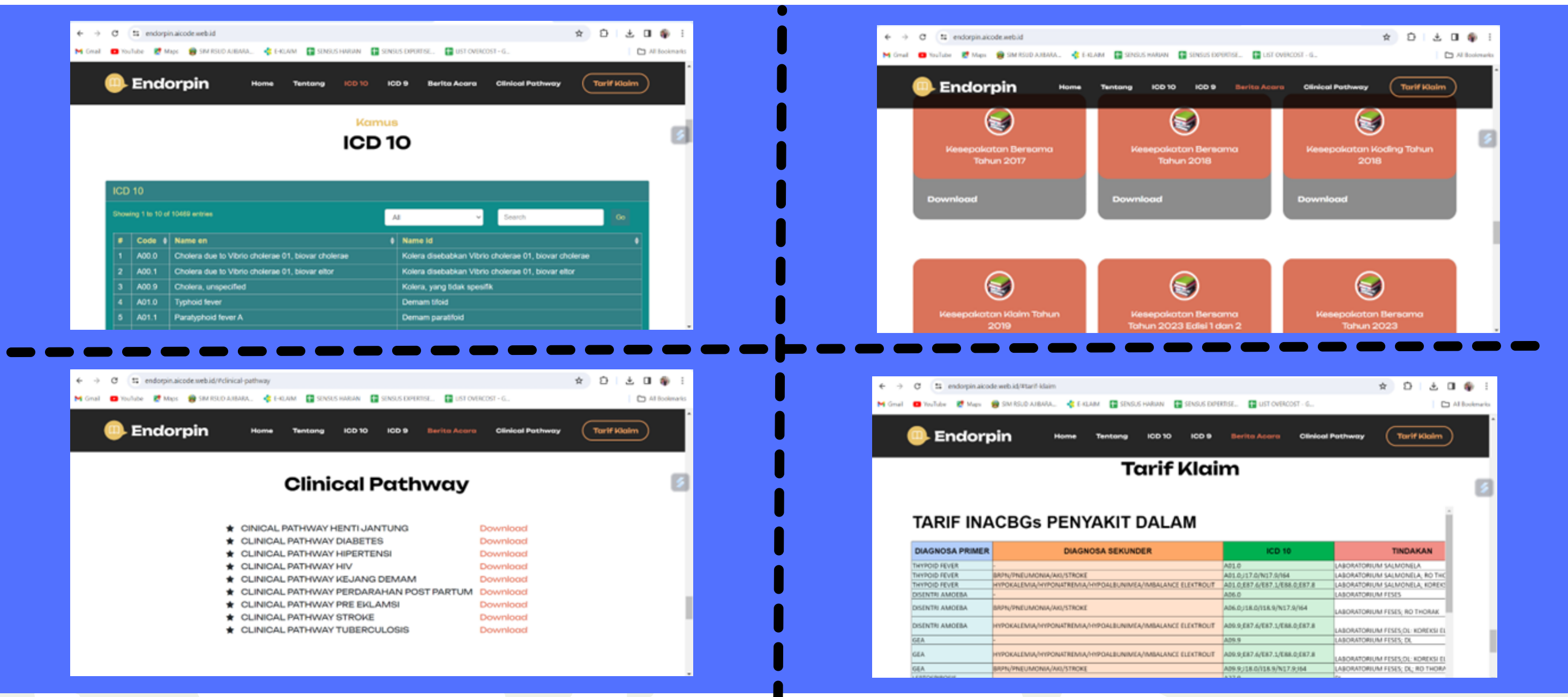
DISCUSSION

The ENDORPIN application is one of the innovations used in the hospital management system which is quite easy to access with the link <https://endorpin.aicode.web.id/>

The significance value of the independent T test of 0.009 (p <0.05) indicates that there is a significant difference every month after using the ENDORPIN application.



Features of ENDORPIN include :



The impact of ENDORPIN innovation is as one of the cost and quality control efforts, including:

- Improving the accuracy of determining diagnosis codes and action codes according to ICD-10 and ICD-9.
- Minimizing the number of pending claims.
- Encouraging services according to clinical pathway standards and enforcing diagnoses according to clinical guidelines.

INTRODUCTION

The ENDORPIN application is able to be a quality control and cost control tool at the Ajibarang Regional General Hospital. Efforts to maintain the sustainability of this application include socializing the application to health workers, developing features and displays, procuring goods, and establishing cooperation with external parties.

RESULT

The ENDORPIN application has been implemented in the past year. ENDORPIN aims to make it easier for users to search and determine diagnoses based on ICD-10, procedures based on ICD-9, and find out the amount of claim rates according to treatment class.

MONTH	REALCOST	INA CBGs cost	DELTA
January	5.248.843.100	6.341.093.810	+1.092.250.710
February	4.949.182.860	6.261.148.325	+ 1.311.965.465
March	5.471.264.253	6.821.601.400	+ 1.350.337.147
April	5.476.133.847	5.877.088.700	+ 400.000.000
May	6.845.203.738	7.555.651.400	+ 710.447.662
June	6.179.211.208	6.871.795.500	+ 692.584.292

MONTH	REALCOST	INA CBGs cost	DELTA
July	6.819.630.381	7.587.317.400	+ 767.687.019
August	7.175.710.934	7.803.009.300	+ 627.298.366
September	7.271.381.813	8.255.601.300	+ 984.219.487
October	7.247.008.172	8.487.322.700	+ 1.240.314.528
November	7.322.752.189	8.429.421.400	+ 1.106.669.211
December	7.230.839.106	8.213.342.200	+ 982.503.094

MONTH	SEVERITY LEVEL 1	SEVERITY LEVEL 2	SEVERITY LEVEL 3
January	832	166	103
February	701	165	85
March	849	157	108
April	790	175	101
May	930	192	95
June	826	160	105
Average	821,3	169,1	99,5

MONTH	SEVERITY LEVEL 1	SEVERITY LEVEL 2	SEVERITY LEVEL 3
July	830	199	110
August	891	205	161
September	894	230	159
October	911	184	177
November	871	200	157
December	853	197	156
Average	875	202,5	153,3

MONTH	CLINICAL PATHWAYS COMPLIANCE VALUE
January	78,95
February	76,92
March	80,00
April	84,21
May	88,89
June	88,89

MONTH	CLINICAL PATHWAYS COMPLIANCE VALUE
July	81,82
August	86,42
September	85,19
October	83,87
November	82,14
December	87,10

REFERENCES

• Quality Committee of Ajibarang Regional Public Hospital. 2023. CapaianKepatuhan Clinical Pathway untuk Indikator Mutu Nasional dan Indikator PrioritasRumahSakit

• Regulation of the Minister of Health Number 30 of 2022 concerning Health Service Quality Indicators

• Law No. 29 tahun 2004 about PraktikKedokteran

• Suhenda, A., Karmanto, B., & -, S. (2021). Hubungan Pengetahuan dan Sikap Dokter DenganKesesuaianKoding Diagnosis Berdasarkan ICD-10 Di RSUD ArjawinangunKabupaten Cirebon. Media Informasi, 16(1), 75-79.