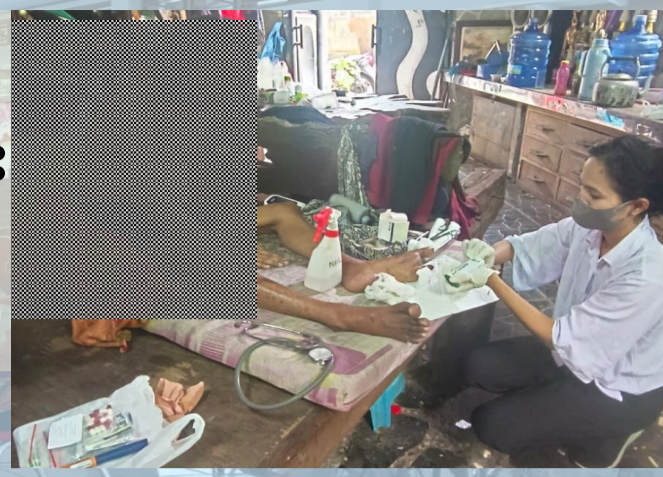


# Utilization and Expenditure of Home-Based Care Among Insured Patients Between 2018 and 2022: Evidence from Health Insurance Scheme of Yogyakarta Province, Indonesia



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## Introduction



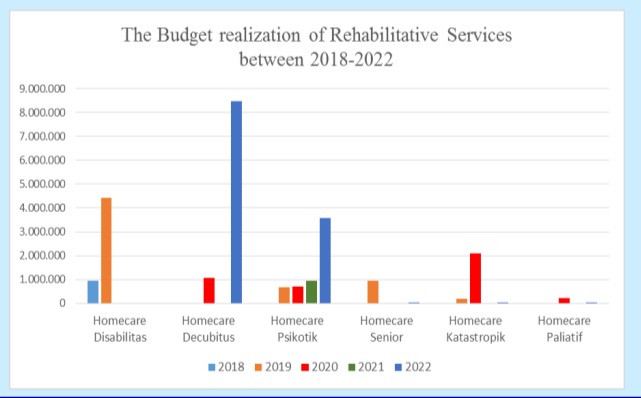
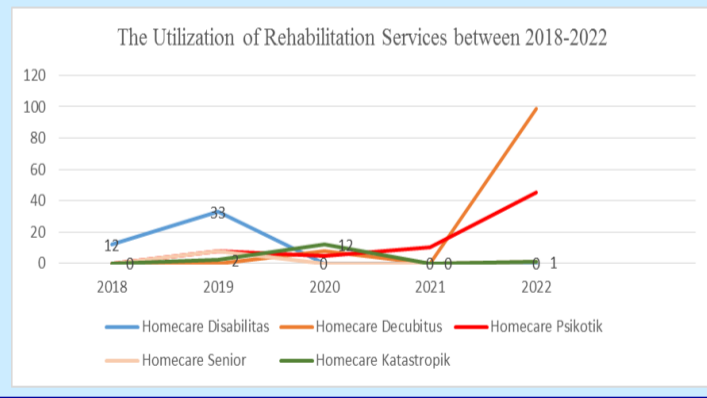
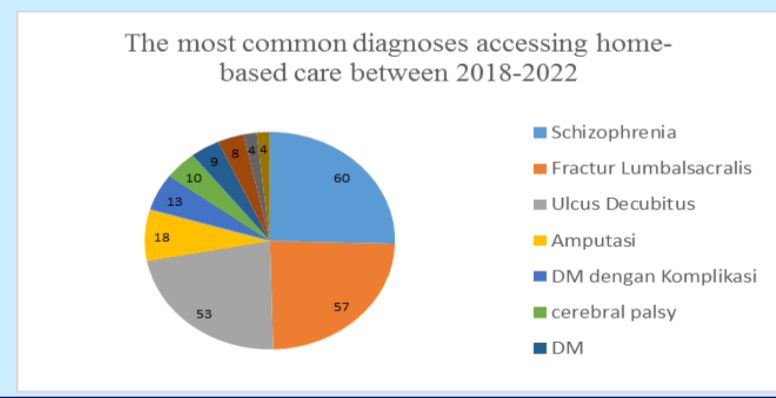
- Indonesia's National Health Insurance does not cover Home-based care therefore Local health insurance schemes in Yogyakarta started to cover home-based care since 2018.
- Clarity is needed for the sustainability of home-based care program to strengthen the healthcare system for poor and disadvantage communities
- Describing trends in home-based care use and cost among Yogyakarta's insured patients is necessary

## Methods

- Using a quantitative descriptive claim dataset of individuals who utilized home-based care between 2018 and 2022 with some detail such as type of services, number of visits provided, and insurance expenditure, research will be conducted to present the frequency and proportion of research variables.
- Using the total sample of participants who meet inclusion criteria, while exclusion criteria include unavailable visit and cost data.
- Providing a unique ID for data processing and obtaining permission from relevant authorities prior to data collection

## Result

- Between 2018 and 2022, 249 of patients received home-based care services.
- Three most common diagnose for home-based care visits are Schizophrenia, Lumbosacral fracture and Decubitus Ulcers
- The Highest home-base care visits are for decubitus, followed by psychosis, disability, catastrophic, senior and palliative
- The total expenses were 24 million IDR (1,626 USD). Almost 40% of expenses for homecare decubitus, followed by psychosis (24%), and disability (22%). The least utilization and expenditure was home-ed care for palliative services (2% and 1%)



## Discussion and Conclusions

- This results highlighted the importance of providing evidence-based planning for health insurance benefits and budgeting to ensure optimal resource allocation.
- Local health insurance schemes should consider increasing coverage for home-based care services for the most commonly claimed conditions and improve access to home-based palliative care services especially for the poor and underprivileged communities

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