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Analysis of Ability and Willingness to Pay Patients in Psychiatric Clinics (Special hospital case study in Maluku Province)

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Abstract

The ability to pay and the willingness to pay is a contributing factor in the utilization of services. The population in this study was a general patient who was educated at a psychiatric clinic in the Special Hospital of Maluku Province, 2019. The samples in this study are common patients who are given services to psychiatric clinics. The number of samples obtained using accidental sampling techniques obtained as much as 48 people. The results showed that patients could pay (Ability to Pay) at psychiatric clinics at a rate of Rp. 80,000 with the ability to pay a maximum of Rp. 175,000 and the ability to pay a minimum of Rp. 40,000 whereas the willingness to pay (willingness to pay) normative patients at the Special Hospital Psychiatric Clinic of Maluku region is Rp. 82,083 with a willingness to pay a maximum normative amount of Rp. 100,000 and a willingness to pay a minimum normative cost of Rp. 75,000. Hospitals can revise tariffs in psychiatric clinics taking into account the level of ability and willingness of the community and set rates that do not exceed the ability to pay the community.

Keywords: ATP, WTP, psychiatric clinic

Introduction

The ability to pay and the willingness to pay is a contributing factor in the utilization of services. The ability to pay can be measured by the calculation approach of family income, family assets, or household expenditure. The willingness to pay can be done in the first two ways of measuring the actual ability to measure the amount of expenses a person has paid for health care and normative ability can be done by asking how many individuals are willing to issue health services¹.

This study chose service at the psychiatric clinic, because this clinic is one of the clinic in the outpatient

installation that the most number of visits from other outpatient clinics. In addition, the reason for choosing a psychiatric clinic because the tariff of public services of hospitals specialized in Maluku province based on local regulations No. 13 year 2013, then in the update the Tariff of public service levy according to regional regulations No. 1 year 2019 where this psychiatric clinic tariff has been running for approximately 6 years still with a tariff of Rp 75,000,-(seventy Five thousand rupiahs) for a one-time visit regardless of the type of therapy given because the tariff is not based on the type of therapy. So whatever action is given to the patient then the patient still pays the same magnitude².

Based on the above data, it is necessary to analyze the ability and willingness to pay the patient or the community of health services users so that the appropriate costs can be known. By knowing the ability and willingness to pay the community, the hospital can

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estimate how much the tariff does not cause harm to the hospital, but not also the Community health services users

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Materials and Method

The type of research used is quantitative research with a descriptive survey to analyse the ability to pay (ability to pay) and willingness to pay (willingness to pay) general patient clinics in the provincial district special Hospital of Maluku. The population in this study is a common patient who gets service to the psychiatric clinic in the regional Special Hospital of Maluku province. The samples in this study were common patients at the clinic for the life of the ministry. The number of samples obtained using accidental sampling technique obtained as much as 48 people. Data collection is obtained through interviews using data processing questionnaires conducted in computerised by using SPSS program.

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Table 1. The distribution of respondents based on expenditure on the psychiatric clinic in the provincial district Special Hospital of Maluku in 2020

Expense Category (Rp)	Respondents	
	Amount (n)	Percentage (%)
Food Expenditures		
500,000 - 1,000,000	14	29.2
1,000,000 - 1,500,000	29	60.4
> 1,500,000	5	10.4
Non-Food Expenditures		
500,000 - 1,000,000	8	16.7
1,000,000 - 1,500,000	23	47.9
> 1,500,000	17	35.4
Non-Essential Expenditures		
<500,000	28	59.3
500,001 - 1,000,000	18	37.5
> 1,000,000	2	4.2

Source: Primary Data, 2020

Data presented in narrative form, frequency distribution table accompanied by interpretation.

Results

According to table 1, there are known food expenditure of respondents at most between Rp. 1.000.000-Rp. 1.500.000, which is as much as 29 respondents or 60.4% and the least amount spent in > Group of Rp. 1.500.000, which is 5 respondents or 10.4%, based on household expenditure for non-food is seen that the respondents at most between Rp. 1.000.000-Rp. 1.500.000, which is 23 respondents or 47.9% and the fewest expenditure on the group of Rp. 500.000-Rp. 1.000.000 is 8 respondents or 16.7%. The amount of cost for non-essential respondents was shown that most respondents were in the category of < Rp. 500,000 as many as 28 respondents or 59.3% and at least in the category of > Rp. 1.000.000 as many as 2 respondents or 4.2%

The calculation of ability to pay respondents to this study is used to calculate the level of the general patient's ability to pay rates in the hospitalisation area of special hospitals in Maluku province by using ATP 5% of household expenditure on food (table 2).

Table 2. Distribution of ability to pay (ATP 1) respondents based on 5% Non-food expenditure on psychiatric clinics in the provincial Special Hospital of Maluku Province in 2020

Category	Paying Ability
	5% Non Food expenses (Rp)
Maximum	175,000
Minimum	40,000
The mean	80,000

Source : Primary Data, 2020

Based on table 2 indicates that the minimum ability to pay respondents using non-food ATP formula is Rp. 40.000 and maximum non-food is Rp. 175.000. Average ability to pay non-food respondents is Rp. 80.000.

Table 3. Distribution of willingness to pay (WTP) actual and normative respondents at the psychiatric clinic In Maluku Provincial District special Hospital in 2020

Category	Actual Paying Will (Rp)	Willingness to Pay Normative (Rp)
Maximum	150,000	100,000
Minimum	75,000	75,000
The mean	79,687	82,083

Source : Primary Data, 2020

Table 3 shows that the actual WTP respondent indicates that the minimum willingness to pay the actual respondent at the clinic's average soul is Rp. 75.000, and the maximum willingness to pay respondents amounted to Rp. 150,000 with an average of the willingness to pay the actual amount of Rp. 79,687. While the average willingness to pay normative suggests that the minimum willingness to pay a normative respondent in the clinic of the average soul of Rp. 75.000, and the maximum willingness to pay a normative respondent of Rp. 100,000 with an average of the willingness to pay the actual amount of Rp. 82,083,-.

Discussion

The ability to pay health or be known by Ability to Pay (ATP) is a cost that can be allocated by a person to finance related health services. In this study ATP was calculated according to the 5% formula of total non-food expenditure. The high income is directly proportional to the higher expectations to obtain the service in accordance with the costs incurred to obtain the service. The results of this study are in line with research conducted by Mudayana stating that family income affects the patient's ability to pay for healthcare services that have been given, if the patient's income

is still lacking, they assume they are unable to pay for health services³.

Expenditure to eat in this research consists of the expenditure of respondents in a month which is the form of grain, tubers, fish, vegetables, nuts, fruits, kitchen spices and other consumption calculated in units of rupiah. The results of this study also showed that the average of the spread for food was in the range of 1 million-1.5 million as few as 29 respondents (60.4%). This is because food expenditure is a basic necessity that must be fulfilled for the continuity of human life.

In this study non-food expenditure, the total of the monthly spending of respondents in the form of expenses for daily necessities such as tuition fees, housing, household purposes, the cost of various goods and services, durable goods, and expenses for taxes and other use contracts that are calculated in the rupiah unit. Based on the results of the study, the greatest non-food expenditure is expenditure on electricity, gas and water payments. This is because this expenditure must be issued each month as well as soap and transportation requirements. While the fewest non-food expenditures are expenditure on durable goods such as kitchen appliances, cutlery and mobile phones. This is in line with the research done by Marzuki et al, 2019 which shows the expenditure to eat, greater than the expenditure for non-food and non-essential expenditure.⁴

Non-essential expenditure is a month-long household expenditure covering the expenditure of parties, ceremonies, cigarettes, alcohol, snacks as well as spending on entertainment calculated in the rupiah unit. According to table 1, it is known that most respondents are in the category of < Rp. 500,000, which is 28 respondents or 59.3% and at least in the category of > Rp. 1.000.000 as many as 2 respondents or 4.2%. Non essential evasion is generally not large because the implementation is rarely done every month but only once a year. The results of this study in line with the research Istiqamah et al, 2019 showing the largest non-essential expenditure was in Class 3 as much as 41.4%⁵. The research conducted by Hardy which stated that the greater the ability to pay respondents then the higher the class of care selected and vice versa⁶.

The ability to pay patients will have an effect on his accessibilities to healthcare services. The lower

the ability to pay a person then the lower the access to health services. The ability to pay is also determined by a person's income level. The greater the income level the greater the access to healthcare services.

The ability to pay is calculated using concepts. Based on 5% of total non-food expenditure. In table 2 shows that the largest ATP is in the range of Rp. 175,000 and the smallest of Rp. 40,000 with an average pay capacity of Rp. 80,000. In this research the pay ability to calculate rational tariff assumptions is based on 5% of non-food expenditure. With the consideration that non-food needs in addition to secondary and tertiary needs, also in non-food components there is an expense that is destructive in health, such as cigarettes. It can generally be noted that this destructive household expenditure is precisely greater than the expenditure on health. This research is in line with the done (Annaafia et al., 2020) at Kaliwates General Hospital Jember district showed the ability to pay higher society than the prevailing tariff⁷. This research is not in line with the Done (Wirajaya, 2019) at Puri Raharja General Hospital Denpasar showed ATP < Rp 1 million for 55% was in class II and III and the smallest of Rp 4,000,001 to Rp 5 million for 1.5% which is in the VIP class⁸.

The willingness to pay consists of the willingness to pay actual and the willingness to pay normative. The willingness to pay the actual amount based on the cost of the respondent during the treatment of the psychiatric clinic in one month in the hospital while the willingness to pay normative is the amount that is willing to be paid according to the perception of the respondent about the condition of health care in the psychiatric clinic of the Regional Special Hospital

Willingness to pay respondents are willing to pay health care services at the hospital above the prevailing rates if the services including completeness of facilities and infrastructure can be improved and the improvement of health services is maximised. The willingness or willingness of patients to pay services provided by the hospital, should the hospital should be able to further improve the quality of service the willingness to pay high health services is usually driven by the perception of a person in choosing a class of treatment based on good quality of service. These patients will appreciate the quality of service compared to the price they have to

pay, while the quality of service takes precedence over the opportunity for patients who have a high willingness to pay. Hospital needs to pay attention to their wishes and complaints⁹⁻¹¹.

If compared between the ability and willingness to pay respondents to the current tariff rate, it can be seen that the average maximum ability and maximum willingness to pay patients is equally higher than the current tariff rate. This condition indicates that the ability to pay almost as much as the desire to pay the service. It belongs to the ideal tariff determination zone

Conclusion

This research concluded that the ability and willingness to pay the society is still high compared to the tariffs prevailing at the psychiatric clinic. Therefore, the hospital can revise the tariff on the psychiatric clinic by considering the level of ability and willingness of the community as well as setting the tariff not exceeding the community's paying ability.

Ethical Clearance- Taken from university ethical committee

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Conflict of Interest – Nil.

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