

ABSTRAK

Pemberian edukasi asma secara *Home Care* dapat meminimalkan gejala kronis, eksaserbasi serta dapat mencapai hasil pengobatan yang maksimal dengan menggunakan biaya yang seoptimal mungkin. Penelitian ini bertujuan untuk mengetahui apakah pemberian edukasi secara *Home Care* pada pasien asma *cost-effective*.

Penelitian ini merupakan penelitian eksperimen dengan rancangan penelitian *Randomized Controlled Trial*. Partisipan penelitian adalah 60 pasien asma rawat jalan di Rumah Sakit Paru Jember dengan usia 18-60 tahun selama periode Februari-Juni 2016 yang memenuhi kriteria inklusi dan eksklusi. Kelompok uji mendapatkan edukasi secara *Home Care*. Kelompok kontrol tidak mendapatkan edukasi. Pengetahuan asma diukur dengan *Asthma General Knowledge Questionnaire* (AGKQ), kontrol asma diukur dengan *Asthma Control Test* (ACT), fungsi paru diukur dengan *Peak Flow Meter*, *Cost-Effectiveness Analysis* (CEA) dihitung sebagai rasio biaya dengan *outcome*.

Nilai AGKQ partisipan asma pada kelompok uji sesudah diberikan edukasi ($22,63 \pm 3,419$) berbeda signifikan dibandingkan kelompok kontrol ($19,57 \pm 3,12$). Nilai ACT partisipan asma pada kelompok uji sesudah diberikan edukasi ($21,77 \pm 2,24$) berbeda signifikan dibandingkan kelompok kontrol ($17,40 \pm 2,77$). Nilai PEF partisipan asma pada kelompok uji sesudah diberikan edukasi ($283,67 \pm 95,89$) berbeda signifikan dibandingkan kelompok kontrol ($216,33 \pm 64,57$). Nilai ACER (PEF) pada kelompok uji = Rp 1.998,86; sedangkan pada kelompok kontrol = Rp 3.084,66. Nilai ACER (ACT) pada kelompok uji = Rp 28.714,34; sedangkan pada kelompok kontrol = Rp 56.860,19. Kesimpulan dari penelitian ini, pemberian edukasi secara *Home Care* terjadi peningkatan pengetahuan asma, kontrol asma, nilai PEF, dan biaya yang lebih *cost-effective*.

Kata kunci : Edukasi, *Home Care*, Pengetahuan asma, Kontrol asma, *Peak Expiratory Flow*, *Cost-Effectiveness Analysis*.

ABSTRACT

Provision of education asthma Home Care can minimize chronic symptoms, exacerbations and can achieve maximum treatment results by using cost optimal as possible. This study aims to determine whether the provision of education in Home Care in asthma patients cost-effective.

This research is experimental research design Randomized Controlled Trial. Study participants were 60 asthma patients in hospital outpatient Paru Jember with age 18-60 years during the period from February to June 2016 meet the inclusion and exclusion criteria. The test group are educated in Home Care. The control group did not receive education. Asthma knowledge measured by the Asthma General Knowledge Questionnaire (AGKQ), asthma control measured by the Asthma Control Test (ACT), lung function was measured with a Peak Flow Meter, Cost-Effectiveness Analysis (CEA) is calculated as the ratio of costs to the outcome.

Value AGKQ asthma participants in the test group after given education (22.63 ± 3.419) was significantly different than the control group (19.57 ± 3.12). ACT scores asthma participants in the test group after given education (21.77 ± 2.24) was significantly different than the control group (17.40 ± 2.77). Values asthma PEF participants in the test group after given education (283.67 ± 95.89) was significantly different than the control group (216.33 ± 64.57). Value ACER (PEF) in the test group = USD \$ 1998.86; whereas in the control group = Rp 3084.66. ACER Values (ACT) in the test group = USD 28714.34; whereas in the control group = USD 56860.19 The conclusion of this study, the provision of education in Home Care an increased knowledge of asthma, asthma control, PEF value, and more cost-effective.

Keywords : education, Home Care, asthma knowledge, asthma control, Peak Expiratory Flow , Cost-Effectiveness Analysis.