



Evaluation Of The Impact Of The National Health Insurance Program On The Quality Of Primary Services: A Literature Review

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ABSTRACT

The National Health Insurance Program (JKN) has improved access to and utilization of primary health care services; however, the quality of care at many primary health care facilities (FKTP) has not always improved, making it necessary to evaluate the impact of JKN on the quality of primary care. This study aims to evaluate the impact of JKN on the quality of primary care through a literature review. The study employs a literature review approach with a critical qualitative-descriptive design, utilizing national and international journals, theses, dissertations, reports, and JKN policy documents accessed via Google Scholar, Garuda, and SINTA, analyzed using content analysis and narrative synthesis techniques. The results indicate that JKN improves access to and utilization of primary care services and encourages the implementation of quality assurance standards and systems in Primary Health Care Facilities (FKTP); however, in some areas, service quality is hindered by delays, long waiting times, and limitations in personnel and facilities, resulting in suboptimal patient experiences and satisfaction. Thus, JKN has the potential to improve the quality of primary care if accompanied by capacity building at primary health care facilities (FKTP), consistent regulations, and resource allocation.

INTRODUCTION

Public health is one of the main indicators of social and economic development at the global level. In the context of the modern health system, primary health services (PKP) play a role as the main gateway to services, both in prevention, health promotion, and handling basic diseases. However, global challenges such as access disparities, the increasing burden of non-communicable diseases, and weakening primary service capacity in many developing countries show that strengthening the quality of primary care is a priority on the world health agenda.

In Indonesia, the National Health Insurance Program (JKN), which has been implemented since January 1, 2014, has become one of the main mechanisms for financing and increasing the reach of health services. This program targets the entire Indonesian population to get health protection through first-level health facilities (FKTP), especially accredited health centers and private clinics. Although the coverage of participants and access to services in aggregate has increased, various reports and studies show that the quality of primary services has not fully met expectations, such as delays in services, limited competencies of health workers, mismatches in referral flows, and diverse patient experiences in various regions.

Various previous studies have shown that JKN has significant potential to increase the utilization of primary health services and reduce the cost burden for the community, especially the poor and vulnerable groups. Quantitative studies using survey data state that health insurance owners have a higher tendency to utilize primary health services than those who do not have insurance. On the other hand, several literature reviews also reveal that the measurable performance of primary health services is still not optimal when viewed from quality indicators such as timeliness, sustainability, and comprehensive management of service components (Irwandy, 2016).

National policies related to strengthening primary health services and the integration of life-cycle-based services are also a strong basis for re-evaluating the role of JKN in the context of service quality. The policy of

integrating primary services and transforming the function of the health center demands services that are not only affordable, but also of high quality, sustainable, and oriented to patient needs. Thus, research that focuses on evaluating the impact of JKN on the quality of primary services is important to provide a factual picture, identify the strengths and weaknesses of implementation, and produce more appropriate recommendations for improving the service system at the primary level (Hendrawan, 2021).

Based on these general problems, as well as the limitations that still exist in the quality of primary health services even though JKN has been widely implemented, this research is considered relevant and urgent to be carried out. This study chose a literature review approach to map the existing empirical evidence regarding the impact of JKN on the quality of primary services, both at the national level and in various regions of Indonesia. In this way, researchers can compile a systematic synthesis of the driving and inhibiting factors, as well as identify knowledge gaps that need to be deepened in further research (Icha Lesmana, 2025).

The main objective of this study is to evaluate the impact of the National Health Insurance Program on the quality of primary health services based on the results of published literature studies. In particular, this study aims to describe how JKN affects primary service quality indicators such as accessibility, competence of health workers, patient satisfaction, and service flow efficiency. Thus, the results of this study are expected to provide input for policy makers, FKTP organizers, and BPJS Kesehatan to formulate a strategy to improve the quality of primary health services that are more effective and sustainable (Silvana Della Batubara, 2023).

KAJIAN TEORITIS

Primary Health Care Theory

Primary health care is defined as basic health services that are easily accessible, sustainable, comprehensive, and family- and community-oriented. Its main functions include prevention, health promotion, treatment of common diseases, follow-up care, and appropriate referral to secondary and tertiary health facilities.

The terminology of primary health care refers to clinical activities carried out to solve individual health problems. Primary health services also focus on individual health services and emphasize transformation efforts to meet the goals of primary health care. Furthermore, primary health services are an indispensable strategy to manage the flow of patients in the health care system and become the determinant of the role and function of each level of service. Primary health services are synonymous with family medicine-based services, while basic health services have a scope that covers the entire population (Widjaja, 2023).

Primary health services are generally displayed based on their position as a service level, the elaboration of the functions performed, and the identification of the authority of the service provider. Primary Health Services are based on three categories, namely the nature of the service, the service provider and the place of service. This condition in principle creates ambiguity that can have an impact on efforts to optimize the quality of Primary Health Services. The mention of Primary Health Services as First-Level Services tends to narrow the definition of Primary Health Services which is more connoted as the simplest/most basic service that is of less quality than specialist services. In addition, the mention does not image/display the meaning of "primary" and its position as the main service in the health system.

In this context, primary services are the basis of the health insurance system because they are the first point of contact between patients and the health system (gatekeeping). The quality of primary services is measured in terms of functional completeness, continuity, coordination, and the ability of FKTP to manage health problems correctly from the beginning (Surtimanah, 2024).

The Concept of National Health Insurance (JKN)

National Health Insurance (JKN) is a health financing system that is organized through mutual cooperation to ensure that all Indonesians get affordable and sustainable health protection. Conceptually, JKN is based on the principles of justice, universal access, and sustainability of funds, with the main goal of reducing financial burdens and improving the quality of life of the community.

In recent years, the state has tried to realize health insurance for the entire population of Indonesia or commonly known as Universal Health Coverage. These efforts are intended to increase public access to comprehensive, quality, and equitable health services for all Indonesian people through the establishment of a national social security system for all Indonesian people. Social Security is a form of social protection to ensure that all people can meet their basic needs for a decent life, including the need for health (Suprianto, 2017).

National Health Insurance (JKN) through a Social Security Administration Agency (BPJS) 1. Based on Law No. 40/2004 concerning the National Social Security System, the Social Security Administration Agency (BPJS) is a non-profit legal entity formed to administer social security programs. Law No. 24/2011 also stipulates that National Social Security will be organized by BPJS, which consists of BPJS Kesehatan and BPJS Ketenagakerjaan.

In theoretical studies, JKN is seen as a health social protection mechanism that functions as "social insurance" that reduces health risks and increases the utilization of health services, especially at the primary level (Utami, 2024).

The Concept of Health Service Quality

The quality of health services refers to the extent to which the services provided are able to improve the health and satisfaction of patients, in accordance with professional standards and community expectations. Various theorists emphasize that the quality of health services includes technical (clinical) aspects, patient experience, and the aggregate sustainability of the system.

There is a dilemma in efforts to realize quality in health services. On the one hand, quality is also defined as the extent to which health services are provided in accordance with standard operating procedures (SOPs) or permanent medical procedures. When the SOP is implemented, for example in some government-owned teaching hospitals, it is considered by patients to be too long and convoluted. From the other side, according to the patient's perspective, government-owned teaching hospitals are considered to be of less quality than private hospitals which can be faster because the procedures applied are more flexible.

The history of development on quality improvement efforts quoted from Tjahyono Koentjoro, 2004 explains that efforts to improve the quality and performance of health services in Indonesia have been carried out since 1986 with the implementation of quality control groups in hospitals and health centers as well as in other health services. This improvement was continued with the introduction of total quality management in 1994 and performance management in 1996 (Ambari, 2023).

For basic health services at Puskesmas, a quality assurance program was introduced in 1995 in the provinces of West Java, East Java, West Nusa Tenggara, West Kalimantan, Central Kalimantan, and West Sumatra through Health Project IV. In Central Java, the health services were introduced through the Community Health and Nutrition III Project, while in the Special Region of Yogyakarta Province, the introduction was carried out through the Provincial Health Project I with three stages, namely system analysis, supervision and coaching, and team approach. Four service standards have been prepared through the quality assurance program, namely diarrhea handling standards, immunization service standards, upper respiratory tract infection handling standards, and antenatal service standards, in the form of an inspection sheet that must be followed by health service workers at health centers (Machmud, 2008).

The Theory of the Relationship between JKN and Primary Service Quality

National Health Insurance is a social security program organized by BPJS Kesehatan since January 1, 2014 based on Law No. 40 of 2004 concerning the National Social Security System. The main goal of JKN is to realize Universal Health Coverage (UHC), which is equal health service coverage and accessible to all citizens without financial barriers.

The National Health Insurance (JKN) program conceptually not only serves as a health financing mechanism, but also as an instrument to strengthen health service governance at the primary level. In the context of the Indonesian health system, JKN functions as a "gatekeeper" that channels participants to first-level health facilities (FKTP), especially health centers and clinics, so that the position of primary services becomes very strategic both in terms of access, efficiency, and quality control of the health system (Anggraeni, 2024).

From the theoretical perspective of health policy, there is a causal relationship between the existence of health insurance and the quality of clinical and organizational services. When JKN succeeds in expanding access and increasing the utilization of services, the workload at FKTP tends to increase, so that the quality of service becomes very sensitive to input capacity (health workers, facilities, medicines) and processes (clinical flows, referrals, time management). If inputs and processes are not strengthened along with increased utilization, then the quality of service can actually decrease even though the coverage of access increases.

Several studies show that JKN has the potential to improve the quality of primary services if accompanied by the application of strict standards and regulations for FKTP. For example, BPJS Kesehatan requires FKTPs to meet administrative, clinical, and referral management standards, including electronic medical record management, registration flows, and coordinated referral mechanisms. This obligation encourages FKTPs to adopt a health service quality management system, which in turn can improve the safety, effectiveness, and timeliness of services, while reducing medical errors and clinical practice inconsistencies (Sabilla, 2021).

In terms of quality management theory, the relationship between JKN and the quality of primary services can be explained through a model that connects financing, regulation, and organizational governance. Financing through JKN provides incentives for FKTPs to increase the number of visits and operational efficiency, while regulations and accreditation are standard control tools that must be met. When these two elements run simultaneously, a positive circle is formed: increasing service utilization encourages strengthening the capacity of FKTP, and strengthening FKTP capacity strengthens the quality of service which ultimately increases the satisfaction of JKN participants (Fajrah, 2021).

RESEARCH METHODS

This study uses a literature review approach with a critical qualitative descriptive design to evaluate the impact of the National Health Insurance Program on the quality of primary health services. Data sources are obtained from indexed national and international scientific journals, theses, dissertations, research reports of health institutions, and JKN policy documents from BPJS Kesehatan and the Ministry of Health which are

accessed through databases such as Google Scholar, Garuda, SINTA, and health journal portals. The search was conducted with keywords such as "National Health Insurance", "JKN", "quality of primary health services", "primary services", and related combinations, focusing on publications in Indonesian or English published in the period 2014–2025 and relevant to the impact of JKN on the quality of primary services, while works that did not discuss JKN or only focused on financial aspects without containing an analysis of service quality were excluded from the study.

Article selection is carried out in stages starting from scanning the title and abstract to assess the relevance of the topic, followed by a full reading of articles that meet the inclusion criteria to map the research objectives, methods, study locations, quality indicators, and key findings. The data were then synthesized in a narrative systematic manner by grouping findings based on themes, namely the impact of JKN on access and utilization of primary services, the quality of clinical aspects and service organization, as well as patient satisfaction and service-seeking behavior, so that a comprehensive picture of the strengths, weaknesses, and knowledge gaps in the literature was formed. The analysis was carried out using qualitative content analysis techniques, namely categorizing articles according to the type of research, location, and type of facility, then compiling a summary table of findings containing the year, location, type of research, quality indicators, main findings, and implications, and formulating a narrative synthesis to answer research questions about how JKN affects the quality of primary services, including the supporting and inhibiting factors identified.

This method of literature study has limitations because it depends on the availability and quality of existing publications, so it cannot replace empirical field studies; however, the results of this synthesis can serve as a basis for formulating further research questions, developing new research designs, and providing more specific policy recommendations in order to strengthen the quality of primary health services under the framework of the National Health Insurance Program.

RESULTS AND DISCUSSION

The results of the literature review show that the National Health Insurance Program (JKN) has a double impact on primary health services, namely: significantly increasing access and utilization of services, but its effect on service quality is more complex and contextual. Almost all quantitative research and evaluation of the JKN program found that JKN participants tended to use first-level health facilities (FKTP) such as health centers and clinics more often than non-participant communities, so that JKN succeeded in expanding the scope of primary services and reducing financial barriers as one of the main barriers to access. In this context, the role of JKN as an instrument for achieving Universal Health Coverage (UHC) is evidenced by the increase in the proportion of primary services used by JKN participants, especially for essential services such as antenatal examinations, immunization, and general disease management.

However, when viewed from primary service quality indicators, a literature review reveals a misalignment between improving access and improving clinical and organizational quality. In some FKTPs, the increase in the number of post-JKN patient visits was not followed by proportional adjustments to inputs such as health workers, infrastructure, and service time management, resulting in complaints of delays, long queues, and services that seemed rushed. Several qualitative and quantitative studies on the quality of JKN services at the health center show that quality dimensions such as reliability, responsiveness, and empathy are still at a relatively low level, although the tangibles and assurance dimensions (facilities and administrator trust) tend to be better. This indicates that JKN has succeeded in strengthening the image of the facility and administrative trust, but has not completely changed the process of clinical interaction and service response that is felt directly by patients.

On the other hand, a literature review also found evidence that JKN has the potential to improve the quality of primary services if accompanied by strengthening governance and standards in FKTP. JKN derivative programs and policies, such as the primary health service capacity strengthening program (KBPKP) and the guidelines of the Presidential Regulation on Health Insurance, encourage FKTP to implement clinical standards, SOPs, referral management, and data management and medimetric records, thereby improving safety, coordination, and service efficiency. Several evaluation studies of the JKN program at individual health centers show that JKN service procedures in general have run as planned, but there are still technical issues such as limited electronic systems, inactive membership, and inadequate number of doctors, which interfere with the consistency of service quality. These findings strengthen the theory of the relationship between financing, regulation, and organizational governance as key determinants of the quality of primary services under JKN.

From the perspective of service quality theory, a literature review shows a strong relationship between the quality of JKN services at the primary level and patient satisfaction. Several studies have found that the timeliness of service, clarity of communication, and attitude of health workers have a direct impact on the perception of quality and satisfaction of JKN participants at FKTP. In this context, JKN not only functions as a financing mechanism, but also as a test of the credibility of FKTP in front of the public; When the quality of primary service is good, trust and intention to continue participating in JKN increases, so that a positive circle is formed between service quality, satisfaction, and program sustainability. However, when quality standards are inconsistent between regions or FKTPs, there is a disparity in patient experience that has the potential to reduce satisfaction and trust in the JKN system as a whole (Nadira Dwi Cahya Rinia, 2025).

In general, the literature review in this study shows that JKN has great potential to improve the quality of primary services, but its realization is highly dependent on the capacity of FKTP, regulatory policy cohesion, and consistency in strengthening input and service processes. When JKN is carried out without improving organizational structure, distribution of health workers, and adjusting information technology, the increase in service utility can turn into a workload that has the potential to reduce the quality of clinical interactions. Conversely, when FKTPs are supported by a quality management system, clear regulations, and adequate resources, JKN serves as a catalyst that drives standardization, efficiency, and improvement of the patient experience at the primary level. Thus, the theoretical relationship between JKN and the quality of primary services changes from a linear relationship to a conditional relationship that is greatly influenced by the context of policies, organizations, and local capacities in each FKTP.

From a policy perspective, the results of this study strengthen the need for a strategy to strengthen primary health services that are integrated with the implementation of JKN, especially through rearrangement of workload, improvement of health workers, optimization of information systems, and alignment of quality standards between national policies and practices in the field. This research, although based on a literature review, provides a conceptual and empirical basis to direct policies to not only focus on expanding JKN membership, but also on improving service quality indicators such as accessibility, clinical safety, timeliness, and patient satisfaction, so that the goal of strengthening primary services and Universal Health Coverage can be realized in a balanced manner (Rinia, 2025).

CONCLUSION

Based on the results of the literature review, it can be concluded that the National Health Insurance Program (JKN) has had a clear positive impact on increasing access to and utilization of primary health services, but its effect on the quality of service is conditional and uneven in all first-level health facilities (FKTP). JKN has succeeded in reducing financial barriers and expanding the coverage of primary services, especially for poor and vulnerable groups, so that the goal of justice and Universal Health Coverage (UHC) conceptually gets closer. However, the increase in the number of visits is not always balanced with improvements in clinical quality, organization, and patient experience, especially in FKTPs that face limitations in health workers, facilities, and information systems.

From a theoretical point of view, the relationship between JKN and the quality of primary services is proven to depend on three main factors: massive financing, strict regulations and service standards, and the governance capacity of FKTPs at the local level. When these three elements run synergistically, JKN is able to become a catalyst for strengthening service quality through the implementation of SOPs, referral management, and a more structured quality assurance system. On the other hand, when FKTP's capacity is weak, JKN tends to increase the workload without improving quality, resulting in complaints of delays, long queues, and decreased patient satisfaction.

Thus, this study emphasizes that JKN has great potential to improve the quality of primary services, but does not automatically guarantee optimal quality without systemic improvements at the FKTP level and supporting policies. Therefore, a strategy to strengthen primary services that are integrated with JKN is needed, including rearranging workloads, increasing the number and competence of health workers, optimizing information technology, and aligning quality standards between national policies and practices in the field, so that the goals of improving access, service quality, and community satisfaction can be achieved in a balanced manner.

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