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EXPLORATION OF BPJS HEALTH PATIENTS' EXPERIENCES IN ACCESSING PRIMARY HEALTH SERVICES

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ABSTRACT

Abstract:
Primary healthcare services are the initial access point for BPJS Kesehatan participants in the Indonesian healthcare system. However, the public still complains about various obstacles such as limited facilities, long waiting times, limited medication, and suboptimal healthcare services. This study aims to explore the experiences of BPJS patients in accessing services at the Lapadde Community Health Center in Parepare City. This study used a qualitative phenomenological approach through in-depth interviews with 16 informants. Data analysis was conducted using MAXQDA with coding and thematic methods. The results showed that patients considered the facilities inadequate, especially medical equipment and room comfort. Long waiting times were due to limited staff and high number of visits. Medication services were carried out according to procedures, but the types and stock were limited. Healthcare workers were considered friendly and communicative, although interaction was limited due to queues and limited human resources. In conclusion, BPJS patients still face obstacles in primary care, so improvements in facilities, queue management, medication availability, and communication training for healthcare workers are needed to support responsive and quality services.

Abstrak:
Pelayanan kesehatan primer merupakan akses awal peserta BPJS Kesehatan dalam sistem layanan di Indonesia. Namun, masyarakat masih mengeluhkan berbagai kendala seperti keterbatasan fasilitas, waktu tunggu panjang, keterbatasan obat, serta pelayanan tenaga kesehatan yang belum optimal. Penelitian ini bertujuan mengeksplorasi pengalaman pasien BPJS dalam mengakses layanan di Puskesmas Lapadde, Kota Parepare. Penelitian ini menggunakan pendekatan kualitatif fenomenologis melalui wawancara mendalam terhadap 16 informan. Analisis data dilakukan menggunakan MAXQDA dengan metode pengkodean dan tematik. Hasil menunjukkan bahwa pasien menilai fasilitas belum memadai, terutama alat medis dan kenyamanan ruangan. Waktu tunggu lama disebabkan keterbatasan petugas dan tingginya kunjungan. Pelayanan obat sesuai prosedur, namun jenis dan stok terbatas. Tenaga kesehatan dinilai ramah dan komunikatif, meskipun interaksi terbatas karena antrean dan SDM yang terbatas. Kesimpulannya, pasien BPJS masih menghadapi hambatan dalam layanan primer, sehingga dibutuhkan peningkatan sarana, manajemen antrean, ketersediaan obat, serta pelatihan komunikasi bagi tenaga kesehatan untuk mendukung layanan yang responsif dan berkualitas.

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INTRODUCTION

National Health Insurance (JKN) is a government program in Indonesia that aims to provide comprehensive health insurance for all Indonesian residents, ensuring they can live healthy, productive and prosperous lives [1]. National Health Insurance is part of the National Social Security System (SJSN) which is organized through a mandatory social health insurance mechanism, as regulated in Law No. 40 of 2004 [2].

The National Social Security System (SJSN) aims to provide a guarantee that the basic needs of a decent life are met for each participant and/or their family members [3]. Benefits of the JKN Program: Ensuring equitable and fair access to healthcare services for all Indonesian citizens. Improving the quality and standards of healthcare services provided by healthcare facilities throughout Indonesia [4].

The Social Security Administering Body (BPJS) is an institution established to administer social security programs in Indonesia according to Law Number 40 of 2004 concerning the National Social Security System and Law Number 24 of 2011 concerning the Social Security Administering Body [5]. As of February 2025, the number of National Health Insurance (JKN) participants managed by BPJS Kesehatan has reached 277,859,856 people, covering around 98.25% of the total population of Indonesia [6]. Data from the BPJS Kesehatan of Parepare City in June 2024 showed that 162,308 people were registered, of which 142,874 or 90.08 percent were active [7].

According to research by Fierda Nurany et al. (2024), BPJS Kesehatan participants are divided into two groups: Premium Assistance Recipients (PBI) and non-PBI. In implementing its health service program, BPJS Kesehatan collaborates with various health facilities such as community health centers (Puskesmas), integrated health posts (Posyandu), and hospitals to provide public health services [8].

Primary health care is the main foundation of the health care system, acting as the first point of contact for individuals, families or communities who need health care services [9]. Primary health care facilities are facilities that provide basic health services, such as community health centers, clinics, or general practitioners [10].

The waiting time for BPJS Health patients to access primary health services is an important aspect in assessing the quality of health services [11]. Drug services for BPJS Kesehatan patients are regulated in the National Formulary (Fornas), which is the official list of drugs covered by the National Health Insurance (JKN) system [12].

Good service quality will satisfy customers, and they will reuse and recommend the healthcare service to others. Customer satisfaction can also be defined as a consumer's attitude, measured by their likes or dislikes regarding the service they have experienced. Furthermore, patients expect staff to consistently provide clear information, a friendly counter, a comfortable waiting room, short queues, clean restrooms, easy administration, and so on [13].

Lapadde Community Health Center is one of eight inpatient health centers in Parepare City. It covers an area of 10.64 km2, encompassing 3 sub-districts, 29 neighborhood units (RW), and 78 neighborhood units (RT). BPJS Kesehatan patient data at Lapadde Community Health Center reached 22,538 in 2022, 25,903 in 2023, and 29,104 in 2024.

Based on initial observations made by researchers, many BPJS Health patients at the Lapadde Community Health Center complained about the long waiting times, both during registration and consultations with doctors, and several patients stated that the prescribed drugs were not always available at the Community Health Center, so they had to buy them themselves at outside pharmacies.

These initial observations indicate challenges in terms of patient waiting times and medication availability. Therefore, this

study aims not only to describe patient experiences but also to identify specific areas requiring intervention and improvement. This study aims to explore BPJS patients' experiences in accessing services at the Lapadde Community Health Center in Parepare City.

RESEARCH METHOD

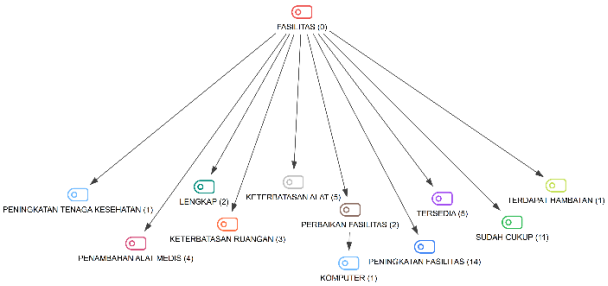
This study used a qualitative phenomenological approach through in-depth interviews with 16 informants. The determination of informants was carried out using a purposive sampling method, namely selecting people who were considered to have in-depth knowledge. The main informants consisted of 10 BPJS health patients at the Lapadde Health Center, 4 health workers at the Lapadde Health Center, and 1 administrative officer or BPJS counter, while the key informants were staff from the planning department.

Data analysis was carried out using MAXQDA with coding and thematic methods.

RESULTS AND ANALYSIS

Based on the research results obtained through in-depth interviews and observations of 16 informants consisting of 10 BPJS Health patients and 6 health workers at the Lapadde Community Health Center, several important findings were found as follows:

1. **Health Facilities**



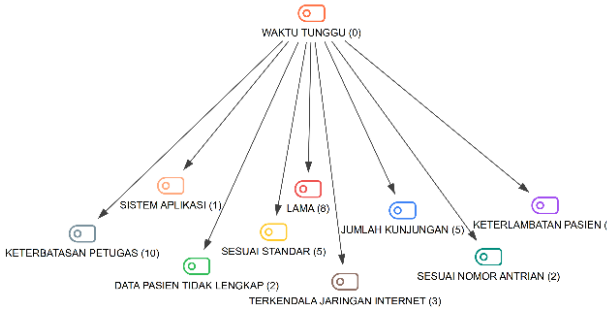
Most informants (14 people) stated that the facilities at the Lapadde Community Health Center still need to be improved. On the other hand, 11 informants stated that the existing facilities are sufficient to meet basic service needs at the Lapadde Community Health Center. Various obstacles were also identified from the opinions of other informants. A total of 5 informants reported limited equipment, while 4 informants directly suggested additional medical equipment. There were also 2 informants who felt that the facilities at the Lapadde Community Health Center were complete, and 1 informant conveyed the importance of improving the health workforce.

Based on interviews with informants, most stated that the facilities at the Lapadde Community Health Center were generally adequate, in terms of the availability of service rooms, waiting chairs, and environmental cleanliness. However, they also complained about several aspects, such as the cramped waiting room, poor ventilation, and toilets that were not always clean. This indicates that while basic service facilities are available, comfort and accessibility still need to be improved.

According to the theory of service access (Penchansky & Thomas), this indicates limitations in the dimensions of availability and accommodation. Inadequate equipment indicates low availability, while uncomfortable waiting rooms indicate a lack of accommodation for patient comfort [14]. Research by Widiastuti & Anindita (2023) supports these findings. They stated that patients' perceptions of service quality at community health centers are significantly influenced by physical conditions such as

waiting rooms, lighting, and medical equipment. Inadequate facilities can potentially reduce patients' motivation to seek regular treatment [15].

2. Waiting Time



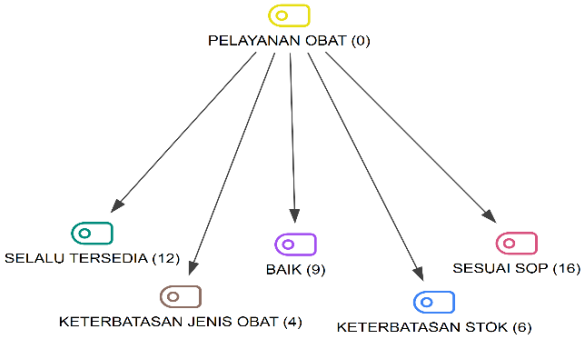
One of the most frequently mentioned key issues was the limited staff, as expressed by 10 informants. Eight informants directly stated that the wait times they experienced were relatively long, while five informants assessed that the wait times were within standards. Another factor considered to influence wait times was the number of patient visits, as reported by five informants. Interview results indicated that some patients felt the service process at Lapadde Community Health Center took a significant amount of time, from registration to waiting to be called, to being examined by medical personnel. This was due to several factors, including the high number of patients, limited healthcare personnel, and the service management system, which remains conventional, despite the implementation of mobile registration via the National Health Insurance (JKN).

From Penchansky & Thomas' perspective, waiting time is related to accommodation, namely the extent to which a service facility is able to adapt to patient needs, including scheduling and queuing systems. Inefficient queue management is a serious obstacle to service quality [16].

Limited staffing is a major factor contributing to long service times, especially during peak hours. This aligns with research by Rahmayani et al. (2022), which found that a shortage of medical personnel significantly impacts service duration and patient satisfaction at community health centers [17].

This is reinforced by the research findings of Sartika et al. (2021), which concluded that the community health center management information system (SIMPUS) often experiences technical problems and is not efficiently integrated, thus increasing patient waiting times [17].

3. Drug Services



Sixteen informants stated that drug services were running according to Standard Operating Procedures (SOPs). Furthermore, twelve informants stated that drugs were always available at the Lapadde Community Health Center. Nine informants also assessed that drug services at the Community Health Center were good. Several challenges and obstacles remain that require attention. Six informants mentioned limited drug stocks, which could result in delays or failure to fulfill patient treatment needs. Additionally, four informants stated that there were limited types of drugs available.

Medication services are a major challenge for patients. Several informants reported that prescription medications are often unavailable at the community health center pharmacy, forcing them to purchase them from outside at their own expense. This clearly contradicts the National Health Insurance (JKN) principle, which guarantees patient medication needs through the National Formulary (Fornas). Overall, these results demonstrate that the Lapadde Community Health Center has implemented

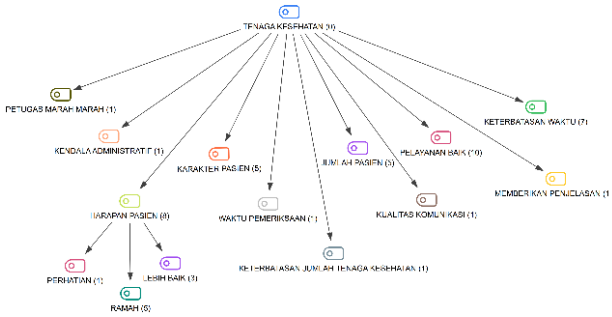
standardized medication services and is able to maintain basic availability.

According to Pratiwi et al. (2023), many primary health care facilities are still not optimal in managing prescriptions and distribution of drugs based on Fornas [18]. Therefore, there is a need for improvements in the drug management system and training of pharmacists to ensure drug services meet standards.

According to the WHO's Health System Building Blocks theory, supply chain management is one of the main pillars of a health system. Consistent drug availability reflects efficient logistics governance, inter-agency coordination, and information technology infrastructure support. When the logistics system is not functioning optimally, pharmaceutical services at FKTP (First Level Health Facilities) become unresponsive to patient needs [19].

Most informants assessed that drug services were running well and in accordance with SOPs, indicating that the Lapadde Community Health Center has implemented professional and structured pharmaceutical service standards. This finding aligns with research by Nurlina et al. (2021) in the Journal of Health Science and Technology, which stated that implementing SOPs for pharmaceutical services can improve service efficiency and reduce medication errors [20].

4. Health workers



One of the most dominant findings was that healthcare workers were considered to provide good explanations, as reflected in 15 informant quotes stating that they received clear and easy-to-understand explanations from healthcare workers. Furthermore, 10 quotes stated that healthcare workers' service was considered good, demonstrated by their responsiveness, attention to patient complaints, and willingness to listen with empathy. Several challenges remain in service. Seven quotes indicated limited time for healthcare workers to treat patients. This could be due to the high workload and the long daily queue of patients. Another five quotes highlighted the large number of patients, which limited interaction time with healthcare workers and made the experience rushed. Meanwhile, eight quotes illustrated patients' expectations for friendlier, more attentive, and more quality service.

Regarding healthcare professionals, informants' responses varied. Some patients felt they received friendly, professional, and communicative service. However, others felt medical staff rushed, poorly explained diagnoses or treatment procedures, and even seemed indifferent. This diversity of experiences suggests that not all healthcare professionals maintain consistent service standards. This aspect is closely related to the "Empathy" and "Responsiveness" dimensions of SERVQUAL (service quality), which encompass attention, communication skills, and responsiveness to patient needs.

Research by Dewi & Kristiana (2021) shows that patients' perceptions of healthcare professionals, particularly in terms of empathy, communication, and promptness of service, significantly influence their experience in accessing healthcare services [21].

Lestari and Andini (2021) emphasized the importance of interpersonal communication training for medical personnel in increasing patients' positive perceptions of health services [22].

According to the theory of service quality, this is related to the dimensions of empathy and assurance, namely the extent to which health workers are able to provide personal attention and a sense of security to patients [23].

Most informants assessed that the healthcare workers at the Lapadde Community Health Center provided good, communicative service, and were friendly in their interactions with patients. Five informants even stated that the staff were able to explain medical conditions and procedures clearly. This finding indicates good interpersonal communication skills, as stated in a study by Hafid et al. (2020) that found that healthcare workers' ability to provide explanations and be empathetic increased patient satisfaction and trust [24].

These limitations also impact examination times and the potential for healthcare worker fatigue, especially during surges in patient numbers. Research by Sari et al. (2021) shows that an imbalance between the number of healthcare workers and the number of patients negatively impacts service quality, particularly in terms of speed and timeliness of treatment [25].

CONCLUSION

Based on the research results, it can be concluded that the majority of patients assessed that the healthcare facilities at the Lapadde Community Health Center still need improvement. Several patients reported limited medical equipment, uncomfortable waiting rooms, and inadequate physical facilities. Patient wait times for primary healthcare services remain relatively long. This is due to the limited number of healthcare workers, the high number of patient visits, and the suboptimal queuing system and use of information technology.

Generally, medication services have been running according to standard operating procedures and are considered satisfactory by patients. However, there are still issues with limited types and stock of medications, which have forced some patients to purchase medications outside the community health center. The service provided by healthcare workers at the Lapadde Community Health Center is considered adequate in terms of communication, empathy, and medical explanations. However, limited consultation time, the large number of patients, and the limited number of healthcare workers hinder the provision of optimal and personalized care.

Based on the findings in the field, the following suggestions can be given: Lapadde Community Health Center needs to improve service facilities such as waiting rooms, medical equipment, and queuing systems. And the Parepare City Health Office needs policy and budget support to improve community health center infrastructure, equitable drug distribution, and communication training for health workers to make services more humane and responsive.

Meanwhile, further researchers are advised to explore patient experiences at other community health centers or compare outpatient and inpatient community health centers, as well as consider a quantitative approach to measure patient satisfaction levels more broadly.

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