

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

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ABSTRAK

Article History:

Submitted: 03/08/2025

Accepted: 01/02/2026

Published: 25/03/2026

Keywords:

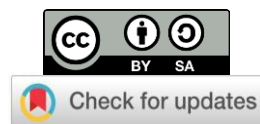
BPJS,
Patient Experience,
Primary Health Care,
Waiting Time

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 antrian dan SDM yang terbatas. Kesimpulannya, pasien BPJS masih menghadapi hambatan dalam layanan primer, sehingga dibutuhkan peningkatan sarana, manajemen antrian, ketersediaan obat, serta pelatihan komunikasi bagi tenaga kesehatan untuk mendukung layanan yang responsif dan berkualitas.



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How to Cite:

N. Izzah, M. Majid, Nurlinda, A. D. P. Rusman, R. W. Sari "Exploration Of BPJS Health Patients' Experiences In Accessing Primary Health Services," Indonesia. J. Heal. Sci., vol. 10, no. 1, pp. 74-83, 2026.

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].

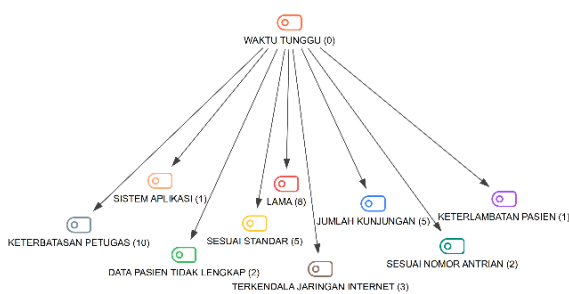
Good service quality will satisfy customers, and they will reuse and recommend the healthcare service to others. Customer satisfaction can also be defined as a consumer's attitude, measured by their likes or dislikes regarding the service they have experienced. Furthermore, patients expect staff to consistently 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.

Initial observations at the Lapadde Community Health Center (Puskesmas) revealed challenges experienced by BPJS Kesehatan (Indonesian Health Insurance) patients with waiting times and medication availability. Based on a preliminary study of 15 patients, approximately 50% reported long wait times for services, both in the registration room and doctor's consultations. Furthermore, 37.5% of patients complained about limited

Research by [15] 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.

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.

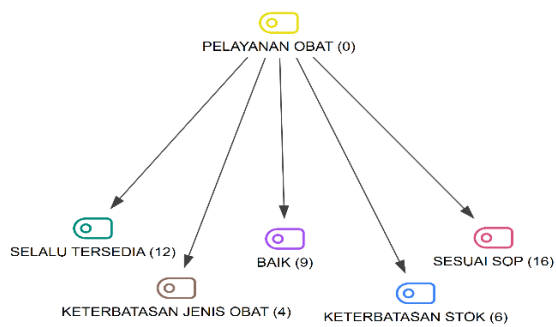
Interview results indicated that some patients felt the service process at Lapadde Community Health Center took a significant amount of time, from registration to waiting to be called, to being examined by medical personnel. This was due to several factors, including the high number of patients, limited healthcare personnel, and the service management system, which remains conventional, despite the implementation of mobile registration via the National Health Insurance (JKN).

From [16] 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.

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

According to researchers, long patient waiting times at primary healthcare facilities, particularly community health centers (Puskesmas), are linked to high patient numbers, limited healthcare workers, and conventional services. The high number of patients leads to queues at various service points, from the registration counter to the doctor's examination room. This situation is exacerbated by the limited number of healthcare workers, which is not commensurate with the workload, slowing the examination process and extending the duration of service for each patient. Furthermore, the still-manual service system, such as administrative recording and queue management without adequate digitalization support, further exacerbates inefficiencies, as a single small obstacle can have a domino effect on the entire service flow. This combination of factors results in long waiting times, which not only lower patient satisfaction but also potentially impact perceptions of service quality and trust in healthcare facilities. This aligns with the findings of who stated that high patient load and limited human resources are the main determinants of long waiting times in primary healthcare, as well as research by [17] who emphasized the importance of digital transformation of healthcare services to minimize time inefficiencies.

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 [18], many primary health care facilities are still not optimal in managing prescriptions and distribution of drugs based on Fornas. 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. The lack of drug stock at the Lapadde Community Health Center occurs due to a mismatch between the need for drugs in the field and the distribution quantities provided by the Health Office, resulting in patient demand not being optimally met. Limited logistics management systems and weak procurement planning further exacerbate this situation, as disease patterns and drug consumption trends are not always adequately accommodated in the planning process [20].

Furthermore, the limited availability of various drugs, particularly non-generic drugs or those not listed in the National Formulary (Fornas), often results in patients having to purchase drugs outside the community health center at their own expense. This situation not only hinders the continuity of treatment, especially for patients with chronic diseases, but also has implications for decreasing patient satisfaction and trust in primary health care services, which are supposed to ensure comprehensive drug availability [20]. This finding aligns with research by Nurlina et al. in the Journal of Health Science and Technology, which stated that implementing SOPs for pharmaceutical services can improve service efficiency and reduce medication errors [21].

influence patient satisfaction. Hospitals that regularly upgrade and improve their facilities tend to achieve higher satisfaction scores from inpatients.

The use of application systems has also emerged as an important factor. Although digitalization of services is intended to speed up administrative processes, many systems are still not optimal. Some staff still have difficulty operating the system, and internet network constraints also delay the data input process. This is reinforced by research [28], which concluded that the community health center management information system (SIMPUS) often experiences technical problems and is not integrated efficiently, reducing patient waiting times.

Medication services are a crucial component of the healthcare system, especially in primary healthcare settings such as community health centers (Puskesmas). The quality of medication services is determined not only by the availability of medications, but also by distribution efficiency, accuracy of administration, and the ability of pharmacists to provide adequate education to patients. In the context of the National Health Insurance (JKN), medication services pose a particular challenge due to budget constraints and a complex procurement system, which often leads to delays or drug shortages. A study by [29] confirmed that limited medication availability at primary healthcare facilities (FKTP) can affect patient satisfaction and impact trust in the JKN system. Furthermore, the role of pharmacists in medication communication is crucial for improving patient understanding and preventing misuse. Therefore, improvements in medication management systems and training of healthcare workers must be a priority in improving the overall quality of healthcare services.

Variations in the quality of services provided by healthcare professionals at primary health care facilities (FKTP) significantly impact patient satisfaction and

perceptions. Some BPJS patients complain of inconsistent treatment, ranging from a lack of explanation of their diagnosis to a lack of empathy during examinations. This can exacerbate dissatisfaction and undermine trust in the JKN service system.

According to research by [30], the quality of interactions between medical personnel and patients plays a crucial role in creating a meaningful therapeutic relationship. Their research at community health centers in Central Java showed that BPJS patient satisfaction levels increased significantly when medical personnel demonstrated empathy, explained procedures clearly, and actively listened to patients' concerns.

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.

Lapadde Community Health Center is advised to immediately implement applicable improvement measures by increasing the number of health workers to balance the workload and reduce patient waiting times. Furthermore, a digital-based queuing system needs to be modernized to improve service efficiency and reduce patient congestion. Improving physical facilities, such as comfortable waiting rooms, toilet improvements, and the provision of adequate medical equipment, are also crucial to support service quality. Furthermore, drug distribution management must be strengthened to ensure the availability and variety of medications, eliminating the need for patients to purchase medications outside the community health center.

Equally important, ongoing communication and empathy training for health workers is needed to ensure more humane and responsive interactions with patients. With a combination of improvements to facilities, human resources, and the service management system, Lapadde Community Health Center can optimally improve the quality of primary care for BPJS Kesehatan patients.

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