



Evaluation Of The Multi Level Referral System Policy In Health Service Facilities

Mardia Habel^{1*}, Gunawan Hi Ibra², Liskha Ayuningrum², M Awaluddin², Feby Triadi²

Universitas Bumi Hijrah Tidore¹, Universitas Cahaya Prima²

Correspondence Author: mardiiyahabel@gmail.com

ABSTRACT

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Access to equitable health services in Indonesia is supported by a tiered referral system within the National Health Insurance (JKN) program, which regulates service continuity between primary and advanced healthcare facilities. Although this system has expanded service access and reduced financial barriers, its implementation remains challenged by infrastructure limitations, unequal distribution of health workers, weak inter-facility coordination, and low public understanding of referral procedures. This study aimed to evaluate the implementation of the multi-level referral system policy within the JKN framework in Indonesian health service facilities. A structured literature review was conducted using the Google Scholar database. Articles published between 2020 and 2025 were screened and selected using predefined inclusion and exclusion criteria. A total of six eligible studies were analyzed using thematic analysis to identify recurring patterns related to implementation effectiveness, resource availability, coordination mechanisms, and public understanding. The results show that the JKN program has improved access to healthcare services and reduced financial barriers; however, the referral system has not functioned optimally due to disparities in infrastructure, limited human resource capacity, weak coordination between service levels, and insufficient program socialization. The novelty of this study lies in its integrative synthesis of structural, organizational, and behavioral dimensions in evaluating referral system performance. This study provides evidence-based insights to support policy strengthening aimed at improving efficiency, equity, and sustainability of health services and accelerating the achievement of universal health coverage in Indonesia.

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INTRODUCTION

The referral system is a health service that regulates the delegation of tasks and responsibilities for shared health services, both vertically and horizontally. In accordance with the Indonesian Minister of Health's Decree No. 01 of 2012 concerning the Individual Health Service Referral System, Vertical Referrals, namely. From this service level, referrals can be made between different levels of health services down to a higher level of service. Although horizontal referrals are referrals that occur between health services at a level when the sender is unable to provide services. Medical

conditions that meet the patient's needs due to limited facilities, equipment, and/or personnel are temporary or permanent (Suriati et al., 2023).

The National Health Insurance (JKN) implements a tiered referral scheme, from basic services at First Level Health Facilities (FKTP) including Community Health Centers, Clinics, Primary Care Doctors and Dentists to specialist services at secondary and tertiary level health facilities (Zahrina et al., 2023).

Access to healthcare is a fundamental right of every Indonesian citizen, as mandated by the 1945 Constitution (Widjaja, 2025). The state has full responsibility to ensure that every citizen can receive adequate and equal healthcare services without discrimination. One concrete effort by the government to fulfill this right is to implement an inclusive and equitable health insurance program for all levels of society.

Before the National Health Insurance era, Indonesia's health care system was fragmented and fragmented. Various insurance programs existed, such as Askes for civil servants, Jamsostek for the private sector, and Jamkesmas and Jamkesda, which targeted the poor and disadvantaged. However, limited coverage, potential overlapping enrollments, and disparities in service quality and access were crucial issues frequently raised by the public (Akbar et al., 2020).

The National Health Insurance (JKN) implements a tiered referral scheme, from basic services at Primary Health Facilities (FKTP) including Community Health Centers (Puskesmas), Clinics, Primary Care Physicians, and Dentists to specialist services at secondary and tertiary health facilities (R. V. Ramadhani et al., 2024). One weakness of the health service is the inaccurate and inefficient implementation of referrals (Susiloningtyas et al., 2020).

The referral system regulates the flow of information from and to which individuals with specific health problems should seek medical attention. It is hoped that this system will benefit everyone, including the government as the health policy maker (*policy maker*), the benefits that will be obtained include helping to save funds and clarifying the health care system. Then, the community as service users will reduce medical costs because the services obtained are very easy, and health services (*health provider*), encourages the career path of health workers, in addition to increasing knowledge and skills, and lightening the workload (Risky & Munir, 2023).

However, various studies indicate that the implementation of the tiered referral system in the field has not been fully effective. Common problems include a lack of coordination between health facilities, limited facilities and infrastructure at the primary care level, delays in the referral process, and low compliance with established referral procedures. Furthermore, policy factors, human resource availability, and the use of health information technology also pose significant challenges to the system's effectiveness.

To comprehensively understand these issues, an in-depth evaluation of the tiered referral system policy is necessary by reviewing the results of previous research. Therefore, this study uses a literature review method, with the aim of examining and analyzing various studies that discuss the implementation, effectiveness, and

constraints of the referral system policy in Indonesia. Through this approach, the study is expected to provide a comprehensive overview of the extent to which the tiered referral system policy has been implemented and recommendations for improvements to support the strengthening of more efficient, equitable, and high-quality tiered health services.

METHOD

This study employed a structured literature review design to evaluate the implementation of the multi-level referral system policy within health service facilities in Indonesia. The review process was conducted systematically through several stages: identification, screening, eligibility assessment, data extraction, and thematic synthesis.

The literature search was carried out using Google Scholar as the primary database. The search strategy combined keywords such as *“tiered referral system”*, *“multi-level referral”*, *“National Health Insurance”*, *“JKN implementation”*, and *“health services in Indonesia”*. Boolean operators (AND/OR) were used to broaden and refine the search results. The time frame of publication was limited to studies published between 2020 and 2025.

Inclusion criteria were: (1) original research articles, (2) studies conducted in the Indonesian context, (3) articles discussing the implementation or evaluation of the referral system within the National Health Insurance framework, and (4) availability of full-text articles. Exclusion criteria included: (1) opinion articles, editorials, conference abstracts, policy briefs, and (2) studies not directly addressing referral system implementation.

Study selection was performed in three steps: title screening, abstract screening, and full-text review. All eligible articles were reviewed independently, and relevant data were extracted using a standardized extraction table that included author, year, research design, main findings, and reported barriers.

The extracted data were analyzed qualitatively using thematic analysis. Coding was conducted to identify recurring patterns related to implementation effectiveness, resource availability, inter-facility coordination, and public understanding of referral procedures. The results of the analysis were then grouped into major themes to provide a comprehensive understanding of policy implementation challenges and improvement opportunities.

RESULT AND DISCUSSION

Result

Table 1. Literature Review Results

No	Author (Year)	Research Design	Main Findings	Reported Barriers
1	Widjaja et al. (2025)	Literature review	Increased access to health services and reduced financial barriers through JKN implementation	Unequal infrastructure, inactive membership, and urban-rural service disparities

No	Author (Year)	Research Design	Main Findings	Reported Barriers
2	Susiloningtyas (2020)	Literature review	Improved quality of maternal and perinatal services through structured referral pathways	Weak inter-sectoral coordination, transportation limitations, and facility capacity gaps
3	Suriati (2023)	Literature review	High referral rates associated with patient behavior and system capacity limitations	Limited human resource competence, incomplete medical supplies, and inadequate infrastructure
4	Nugraheni et al. (2023)	Literature review	Identification of implementation gaps in the JKN program affecting service effectiveness	Weak monitoring mechanisms and inconsistent service quality
5	Akbar et al. (2020)	Qualitative (phenomenology)	Improved JKN participation following intensive socialization programs	Low public willingness and limited understanding of JKN procedures
6	Mariani et al. (2024)	Literature review	Low public and patient understanding of tiered referral mechanisms	Limited knowledge among providers and patients regarding referral regulations

Table 1 shows that most of the reviewed studies used qualitative and literature review approaches, with one phenomenological study. Overall, the findings indicate that the implementation of the National Health Insurance (JKN) program has improved access to health services and reduced financial barriers. However, the reviewed studies consistently report systemic barriers related to infrastructure inequality, limited capacity of human resources, weak coordination between service levels, and low public understanding of referral procedures. These patterns suggest that improvements in coverage have not been fully matched by improvements in system readiness and referral effectiveness.

Discussion

Effectiveness of JKN Implementation and Challenges of the Referral System

The implementation of the National Health Insurance (JKN) program in Indonesia has shown substantial progress in improving public access to healthcare services, primarily through increased participant coverage and reduced financial barriers for vulnerable groups. For example, research in Medan City found that the JKN program significantly expanded the reach of public healthcare services (Faiz et al., 2025). These findings are consistent with broader national trends reported in recent

literature, indicating that financial protection mechanisms under the National Health Insurance program have contributed to higher service utilization rates and improved equity in basic health access.

Taken together, the reviewed studies demonstrate that the referral system functions as a critical bottleneck within the national health system. This indicates that improving referral effectiveness requires not only regulatory compliance but also systemic strengthening of governance, resources, and community engagement.

However, the reality on the ground shows that service effectiveness is still hampered by the suboptimal implementation of the tiered referral system. One study found that although referral procedures from primary healthcare facilities (FKTP) to advanced facilities were in accordance with regulations, complete reference letter, such as previous diagnosis or therapy, are often not filled out by health workers, and the level of patient satisfaction with referrals is still low (34.9%) (Setiawati & Nurriszka, 2020). When viewed collectively, these findings suggest a systemic gap between policy design and operational practice across multiple regions.

Furthermore, the distribution of healthcare facilities and specialist personnel remains heavily concentrated in urban areas, resulting in disparities in services between regions that hinder equal access—for example, in East Java, 86% of cesarean section services are enjoyed by non-subsidized participants, demonstrating inequitable access. Medical equipment at each service provider is assessed based on its availability, completeness, and functionality (S. N. Ramadhani, 2020). This pattern reflects a structural imbalance in resource allocation that weakens the gatekeeping role of primary health care and increases dependency on higher-level facilities.

Thus, although the National Health Insurance (JKN) has been effective in expanding basic access, achieving the goal of universal health coverage (UHC) remains hampered by weaknesses in the referral system, inequities in infrastructure and human resources, and a lack of public understanding of the referral pathway. This indicates the need for policy reforms that focus more on strengthening the tiered referral system, improving the distribution of health services, and conducting intensive outreach to ensure that referrals truly support equitable and quality access for all JKN participants.

Taken together, the reviewed studies demonstrate that the referral system functions as a critical bottleneck within the national health system. This indicates that improving referral effectiveness requires not only regulatory compliance but also systemic strengthening of governance, resources, and community engagement.

The Role of Resources and Socialization in Improving Service Quality

The successful implementation of the National Health Insurance (JKN) depends heavily on two key aspects: the quality of human resources and the effectiveness of program outreach to the community. In terms of human resources and health facilities, studies show that the distribution of specialist personnel remains highly unequal across regions—there is a shortage of specialists in remote areas and a concentration in urban areas.-big cities, which in turn affects the quality of services and widens the

access gap (Muharram, 2024). These imbalances directly affect service quality and contribute to persistent inequities in access between populations.

The JKN program implemented by the government is indeed aimed at improving the social welfare of the community in providing convenience for public services, especially in the health aspect (Iskandar & Hartono, 2023).

Meanwhile, in terms of outreach, research in various regions of Indonesia reveals that many JKN participants still lack understanding of their rights, referral procedures, and program benefits, resulting in potentially suboptimal service delivery due to information constraints. One study in Deli Serdang found increased participant knowledge after JKN outreach activities, underscoring the importance of effective communication strategies (Sirait et al., 2024). Synthesized across the reviewed studies, these findings confirm that health literacy is a critical enabling factor in the effective implementation of referral system policies.

Therefore, to improve the quality of JKN services, a combination of policies is needed that strengthen human resource capacity (including distribution, competence, facilities) and expand and deepen outreach to the community so that correct and optimal use of services can be achieved. These integrated strategies are essential to strengthen system sustainability and to ensure that the multi-level referral system supports long-term equity and quality in healthcare delivery.

CONCLUSION

This study evaluated the implementation of the multi-level referral system within Indonesia's National Health Insurance (JKN) program through a literature review. The findings show that although JKN has successfully expanded access to healthcare and reduced financial barriers, the referral system remains suboptimal due to unequal distribution of health resources, weak coordination between service levels, and low public understanding of referral procedures.

This study contributes new insight by integrating evidence from multiple recent studies to highlight structural and operational gaps in the referral system. Strengthening workforce distribution, facility readiness, and public education is essential to improve referral effectiveness and support the achievement of Universal Health Coverage in Indonesia.

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