



Effectiveness of the National Health Insurance (JKN) Policy in Improving Access and Quality of Health Services: A Literature Study

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ABSTRACT

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Indonesia's National Health Insurance (*Jaminan Kesehatan Nasional/ JKN*) has become a major policy instrument in expanding healthcare access and supporting the achievement of Universal Health Coverage (UHC). This study aims to analyze the effectiveness of JKN in improving healthcare access and service quality through a literature review approach. Articles published between 2020–2025 were identified from relevant academic sources. A total of 48 articles were initially identified. After duplicate removal and title–abstract screening, 27 articles remained. Following full-text assessment based on the inclusion and exclusion criteria, 5 articles were finally selected for analysis. The findings indicate that JKN has significantly increased healthcare utilization, reduced financial barriers, and accelerated Indonesia's progress toward UHC. However, disparities in healthcare utilization, regional access, and service quality remain important challenges. Strategic purchasing reforms through Performance-Based Capitation (KBK) have contributed to improving provider performance, while digital transformation through Mobile JKN has enhanced administrative efficiency and user satisfaction. Nevertheless, the effectiveness of these reforms depends on infrastructure readiness, human resource capacity, and monitoring systems. The novelty of this study lies in presenting an integrated perspective linking healthcare access, quality of care, strategic purchasing, and digital transformation in evaluating JKN effectiveness. In conclusion, JKN has demonstrated measurable progress in expanding access, but strengthening financing sustainability, provider capacity, monitoring systems, and equitable digital innovation remains essential to ensure that broader access consistently leads to high-quality health outcomes.

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INTRODUCTION

Transforming Indonesian health financing through National Health Insurance (JKN) directed to expand access while encouraging quality improvement services within the framework *Universal Health Coverage* (UHC) (Hasibuan, 2025). The UHC framework emphasizes three key dimensions—population coverage, service coverage, and financial protection—so that the effectiveness of JKN cannot be assessed solely on participation or

service claims, but rather on the system's ability to ensure that people can access the services they need without cost barriers and with adequate quality. In practice, UHC achievement is heavily influenced by the "supply side," such as health facility capacity, human resource availability, referral governance, and payment design and cost control. Therefore, evaluating JKN's effectiveness requires assessing access and quality simultaneously, not separated (Azizatunnisa et al., 2025).

From the perspective of service quality theory, Donabedian model (structure–process–output) explains why expanding access through insurance does not automatically improve quality (Asante et al., 2023). Structures (availability of healthcare workers, drugs, equipment, information systems, and clinical governance) influence processes (accuracy of diagnosis/therapy, waiting times, guideline adherence, referral management), which ultimately determine outcomes (patient safety, satisfaction, and chronic disease control). In the context of JKN, purchase of services—especially primary care financing through capitation and referral control mechanisms—becomes a lever for directing service behavior. performance-based capitation (KBK) shows strategic purchasing steps to strengthen primary care, but variations in indicator achievement (e.g., non-specialist referral ratio, contact rate, and chronic disease management) indicate that there are still implementation gaps that impact quality and efficiency (Anindita et al., 2024).

In dimension access National literature confirms that the National Health Insurance (JKN) facilitates service utilization, but equitable access remains influenced by demographic factors, region, and participant segment (Hartanto et al., 2025). Several studies indicate that utilization of promotive and preventive services is uneven across groups (e.g., urban-rural differences, age groups, and informal workers). Yet, preventive services are fundamental to strengthening primary care and crucial for long-term cost control. This means that "administratively available" access does not always translate into "effectively utilized" access. Therefore, the effectiveness of JKN is also determined by the policy's ability to reduce inequality and shift service patterns from curative to preventive (Sukawati & Ilyas, 2025).

The effectiveness of JKN is also related to financial protection Although JKN aims to reduce direct household expenditure (*out-of-pocket*), several studies have noted challenges related to indirect costs (transportation, time, lost income) and service gaps that are not always covered by financing schemes. At the same time, increased service utilization has the potential to put pressure on quality if not balanced by strengthening facility capacity and financing governance. Health policy literature emphasizes the need for a balance between expanding access, controlling costs, and maintaining quality; without this balance, the system can face queueing issues, healthcare worker workload, and a degraded patient experience (Adya et al., 2024).

In dimension quality, much research attention is directed towards *quality of primary care* And *strategic purchasing*. The KBK (Credit Card) is an example of a policy to promote quality through incentives, but its implementation often faces obstacles in terms of human resources, infrastructure, and varying monitoring systems across regions. In remote areas, special payment schemes can help improve service compliance, but their impact on clinical quality depends heavily on consistent supervision and system support. Therefore, assessing the effectiveness of the National Health Insurance (JKN) on quality aspects cannot simply stop at the existence of incentives; it must also examine whether incentives actually change the

service process – for example, the accuracy of referrals, the continuity of chronic disease care, and the quality of preventive services (Prasetyo et al., 2025).

Another important development is digitalization of JKN services through Mobile JKN and registration/queue integration. This innovation has the potential to reduce transaction barriers (time, information, queues) and improve the patient experience. However, the benefits are not always evenly distributed, as the quality of digital services must be assessed based on system reliability, ease of use, responsiveness, and security. If these aspects are not consistent, access gaps can arise based on digital literacy, age, or region. Therefore, digitalization needs to be accompanied by strengthening processes at facilities (front office, verification, clinic readiness) so that the impact is not only to simplify administration but also to significantly improve service quality (Fakhriandi & Sofa, 2024).

Although previous studies have discussed JKN from financial protection, service utilization, or policy implementation perspectives, limited studies comprehensively synthesize how healthcare access, quality of care, strategic purchasing, and digital innovation simultaneously determine JKN effectiveness toward UHC. Therefore, this study fills the gap by integrating these dimensions into one literature review framework.

METHOD

This study employed a literature review approach using articles published between 2020–2025 from indexed databases. A total of 48 articles were initially identified. After duplicate removal and title–abstract screening, 27 articles remained. Following full-text assessment based on inclusion and exclusion criteria, 5 articles were selected for final analysis.

Inclusion criteria were:

1. Studies discussing JKN, UHC, healthcare access, or quality of care.
2. Published between 2020–2025.
3. Full-text articles in English or Indonesian.

Exclusion criteria were:

1. Non-scientific reports or opinion papers.
2. Duplicate studies.
3. Irrelevant topics outside JKN policy.

RESULT AND DISCUSSION

Result

Table 1. Literature Review Results

No.	Title	Author (Year)	Method	Results
1.	Capitation Management Through Performance-Based Mechanism in Primary Health Care Facilities in Indonesia	Purnamasari et al. (2024)	Quantitative policy evaluation	Transformational leadership is significantly related to improving the quality of services and effectiveness of health teams (Restivo et al., 2022)

No.	Title	Author (Year)	Method	Results
2.	Utilization of Preventive Care Visits in Primary Healthcare: Evidence from Indonesia's National Health Insurance Sample Data 2017-2023	BPJS Kesehatan Research Team (2025)	Secondary data analysis (national sample data)	Preventive care utilization under JKN increased overall, but lower among males, younger groups, informal workers, and rural residents, indicating inequitable effective access.
3.	Assessing Performance-Based Capitation (KBK) for Primary Health Care in Indonesia	Think Well (2025)	Policy analysis and implementation review	KBK strengthened strategic purchasing but faced monitoring and performance measurement challenges, affecting service quality outcomes (Well, 2025).
4.	Analysis of Mobile JKN Service Quality and Patient Satisfaction	Muthia et al. (2023)	Quantitative cross-sectional study	Digital services improved administrative access and satisfaction; however, technical reliability and responsiveness influenced user trust (Fitriyani & Prasastin, 2023).
5.	Universal Health Coverage Policy Implementation in Indonesia: Norm Internalization and Health Financing Reform	Rahman et al. (2022)	Qualitative policy study	JKN significantly expanded coverage but sustainability depends on financing reform and service quality assurance mechanisms (Rizqi et al., 2022)

Based on the synthesis of six recent studies (2021-2025), the effectiveness of Indonesia's National Health Insurance (JKN) can be grouped into two major dimensions: access to healthcare services and quality of care.

The reviewed literature indicates that JKN has expanded healthcare utilization, particularly in primary care settings. National sample data (2017-2023) demonstrate an increase in preventive care visits among insured populations, although disparities remain across demographic and geographic groups. Preventive service utilization is lower among males, younger populations, informal workers, and rural residents, suggesting that insurance coverage does not automatically ensure equitable effective access (Rizqi et al., 2022). Patient satisfaction is closely associated with the quality of healthcare services delivered (Syahputra et al., 2025). Therefore, improvements in access must be accompanied by consistent enhancements in service quality to ensure optimal health outcomes.

Policy analyses also show that JKN significantly contributed to expanding Universal Health Coverage (UHC) in Indonesia, yet sustainability depends on continuous financing reform and institutional strengthening. Although financial barriers have decreased, indirect costs and geographic constraints continue to limit optimal service utilization, particularly in remote areas (Hasibuan, 2025).

Discussion

The literature demonstrates that JKN has been effective in expanding service coverage and increasing healthcare utilization, thereby supporting Indonesia's progress toward UHC (Rizqi et al., 2022). Nevertheless, disparities in preventive care utilization suggest that expanded coverage does not automatically ensure equitable access.

Strategic purchasing reforms such as Performance-Based Capitation represent progressive policy instruments aimed at improving quality through financial incentives. However, evidence shows that incentive mechanisms alone are insufficient without strengthened infrastructure, human resources, and monitoring systems (Purnamasari, 2024)

Furthermore, increasing service utilization under JKN requires balanced cost containment and quality assurance to maintain system sustainability. Digital transformation provides additional support for administrative efficiency but must be integrated with facility-level readiness to ensure improvements in clinical service quality rather than merely procedural convenience (Pratama, 2025).

Digital transformation provides additional support for administrative efficiency but must be integrated with facility-level readiness to ensure improvements in clinical service quality rather than merely procedural convenience (Pratama, 2025).

These findings contribute to health policy literature by demonstrating that insurance expansion alone is insufficient to achieve effective UHC. Service quality, strategic purchasing, and digital readiness are equally important determinants. Thus, JKN effectiveness should be measured not only by membership coverage, but also by equitable utilization and quality outcomes.

CONCLUSION

JKN expanded healthcare access and utilization, supporting UHC goals, yet disparities persist. Quality improvements through KBK and digitalization require stronger infrastructure, monitoring, and sustainable financing to ensure equitable, high-quality outcomes.

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