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Enhancing Healthcare Consulting Services: Addressing Accessibility and Quality Challenges in Indonesia

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Abstract

The National Health Insurance Program (JKN), implemented by the Social Security Organizing Agency (BPJS) Kesehatan, aims to provide affordable healthcare access for all Indonesian citizens. However, the program faces challenges regarding access and quality of consultation services. BPJS Kesehatan participants often report difficulties obtaining adequate consultation services due to several contributing factors, including a limited number of medical personnel, a complex referral system, and suboptimal utilization of technology. The shortage of medical personnel, particularly doctors, is a significant obstacle. Indonesia's doctor-to-patient ratio falls far below the WHO standard, leaving healthcare facilities overwhelmed by the growing number of BPJS participants. Additionally, while intended for efficiency, the complex referral system can hinder patient access to specialist doctors. Furthermore, the utilization of technology such as telemedicine remains limited despite its potential to improve access and efficiency in consultation services. These issues surrounding access and quality of consultation services have significant consequences for both BPJS Kesehatan participants and the national health system. Participants facing difficulties accessing essential healthcare services may experience delays in diagnosis and treatment, potentially worsening their health conditions and increasing healthcare costs. This situation can also reduce individual productivity, ultimately burdening the national health system. To address these challenges, comprehensive policy interventions are necessary, such as developing and expanding telemedicine infrastructure, increasing the number of medical personnel, simplifying the referral system, and increasing the budget for BPJS Kesehatan. By addressing the issues of access and quality in consultation services, the JKN program can be more effective in achieving its goal of improving the health of the Indonesian people.

Keywords: Health Policy, Healthcare Access, National Health Insurance, Quality of Care

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Introduction

The National Health Insurance Program (JKN), managed by the Social Security Administration Agency (BPJS) Kesehatan, aims to provide affordable and quality health services for all Indonesians. Since its inception, JKN has significantly impacted the national health system, especially in increasing the inclusivity of health services for people with lower-middle economies. However, despite its achievements, the program faces significant challenges, especially related to access and quality of health consultation services, which is the main focus of this discussion.

One of the main challenges is the limited number of medical personnel. According to data from the Ministry of Health, the ratio of doctors in Indonesia only reaches 0.4 per 1,000 population, far below the WHO standard that recommends one doctor per 1,000 population.

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This has overwhelmed many health facilities, especially in remote areas, with the ever-increasing number of patients. This condition is exacerbated by the uneven distribution of medical personnel, where most doctors are concentrated in large cities, while remote areas often lack medical personnel.

The complexity of the referral system is also a significant obstacle. The system is designed to ensure efficiency and resource management, but it often confuses participants. Lengthy procedures and complicated bureaucracy require patients to undergo several stages before gaining access to a specialist. As a result, patients with urgent needs often have to wait longer, potentially worsening their health conditions. Another challenge arises from the lack of training for administrative staff in understanding referral procedures, which usually prolongs patient wait times.

In addition, the use of technology in health services, especially telemedicine, is still minimal. Telemedicine has great potential to address geographical challenges and reduce pressure on healthcare facilities. However, the adoption of this technology by BPJS Kesehatan is still in its early stages. Most participants still have to go to health facilities in person to get consultation services, which adds to the burden on an already overwhelmed system. In telemedicine, another obstacle is the lack of digital literacy among the community and internet infrastructure in remote areas.

This challenge has a significant impact on participant satisfaction and the effectiveness of the JKN program. Long queues at healthcare facilities, short consultation times, and limited specialist access often frustrated participants. Low participant satisfaction not only has an impact on the perception of BPJS Kesehatan but also on the sustainability of the program itself. Dissatisfied participants may be reluctant to continue using JKN services, which can ultimately affect the program's financial stability.

Furthermore, the national health system could be disrupted due to the increasing pressure on health facilities. For example, primary health facilities that are supposed to serve as frontlines often operate beyond their capacity due to excessive patient numbers. This impacts the decline in service quality and increased burnout rates among medical personnel. Another impact is the increase in operational costs in secondary health facilities due to the caseload that should be able to be handled at the primary level.

In addition to operational challenges, regulatory aspects also affect the effectiveness of JKN services. The lack of coordination between relevant government agencies is often an obstacle to solving BPJS Kesehatan's technical problems. For example, inflexible budget policies usually make it difficult for BPJS Kesehatan to allocate resources optimally, especially for areas with urgent needs. On the other hand, the low level of public awareness about their rights and obligations as JKN participants is also an obstacle to the success of this program.

This study aims to analyze the challenges of access and quality of consulting services in the JKN program and offer policy recommendations to improve its effectiveness. This research uses a qualitative approach focusing on the perspectives of participants, medical personnel, and policymakers. By analyzing the direct experiences of participants and the

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views of stakeholders, this study seeks to provide a comprehensive picture of existing problems and solutions that can be implemented.

As part of the commitment to creating a better health system, an in-depth analysis of the root causes and potential solutions that can be implemented is needed. For example, incentive programs can increase medical personnel for doctors willing to work in remote areas. In addition, simplifying the referral system through digitization and information technology can speed up the process and improve the accessibility of specialist services. Technology such as telemedicine also needs to be accelerated, focusing on developing adequate infrastructure and training for medical personnel to operate the technology. In addition, collaboration with the private sector in building AI-based health applications can be an additional solution to ease the burden on health facilities.

In addition to these steps, public education needs to be improved, especially in understanding how to access JKN services effectively. The government and BPJS Kesehatan can hold a campaign education focusing on health literacy and the importance of telemedicine services. This campaign improves public understanding and helps reduce dependence on physical health facilities, thereby reducing the pressure on medical personnel.

This article provides a complete overview of the challenges and opportunities in implementing JKN, focusing on health consultation services. With this approach, policy recommendations that are relevant and can be implemented practically in various health service contexts in Indonesia are hoped. These recommendations include short-term solutions to address urgent issues and strategic measures to ensure the sustainability and effectiveness of JKN programs in the long term.

In analyzing this problem, the introduction also includes a review of relevant literature and data to provide a solid basis for understanding the access and quality of JKN consulting services. For example, previous research has shown that countries with higher physician ratios and optimal utilization of technology tend to have more efficient and responsive health systems to patient needs. This study is essential in formulating strategies to improve consulting services under the JKN program. Relevant data show that countries with physician incentive policies in remote areas experienced a 30% increase in services within the first five years of implementation.

Overall, this introduction emphasizes that efforts to improve consultation services through increasing the number of medical personnel, optimizing referral systems, and adopting technology are strategic steps that must be taken to achieve the goal of a more inclusive and effective JKN. By addressing these challenges, JKN can become a model of success in providing universal health services in developing countries, improving people's quality of life, and contributing to overall social and economic development. Other recommendations include increasing public education on the importance of telemedicine and the involvement of local communities in supporting the implementation of health programs.

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Literature Review

The Social Security Administration Agency (BPJS) is a legal entity that was formed to implement social security programs in Indonesia. The existence of BPJS is based on Law Number 40 of 2004 concerning the National Social Security System (SJSN) and Law Number 24 of 2011 concerning the Social Security Administration Agency. BPJS consists of two main entities, namely BPJS Kesehatan and BPJS Ketenagakerjaan. BPJS Kesehatan is in charge of organizing health insurance programs. At the same time, BPJS Employment is responsible for implementing work accident insurance programs, old-age insurance, pension insurance, and death insurance.

BPJS is essential in ensuring Indonesian people's access to health and social welfare. This is in line with the mandate of Article 28H Paragraph (3) of the 1945 Constitution, which states that everyone has the right to social security to meet the basic needs of life. As a legal entity, BPJS ensures that every citizen receives social protection per applicable regulations. Functions and Duties of BPJS In Law Number 24 of 2011, BPJS Kesehatan primarily organizes health insurance programs, while BPJS Employment manages work accident insurance programs, death insurance, pension insurance, and old-age insurance.

Quality or quality of service refers to the extent to which a service can meet the needs and expectations of consumers in a way that is by applicable professional standards, norms, and ethics. This concept is fundamental in various sectors, including the health sector, where the quality of services determines patient satisfaction and trust in the service system provided. According to Nursalam (2011), the quality of service results from research on consumer needs in the form of services. This means that service quality is related to an organization's ability to provide services based on consumer needs and expectations. These qualities include oversight that meets customer needs based on pre-set standards.

Sulistyo (2015) defines service quality as the provider's ability to create customer satisfaction while complying with applicable standards and codes of ethics. Thus, the quality of service includes consumer satisfaction and implementation of the procedures and regulations set. Immas (2015) explained that the quality of health services includes patient satisfaction and procedures for providing services that meet professional standards. The quality of health services also consists of the effective and efficient use of resources, aiming to provide safe and satisfactory services to customers per applicable norms and ethics (Bustami, 2011).

Tjiptono (2018) stated that service quality measures how well the level of service provided can meet or even exceed customer expectations. Jayaraman et al. (2010) & Sadhana et al., (2025), added that high service quality can result in better customer satisfaction, ultimately positively impacting the company's future revenue. Therefore, many organizations focus on improving service quality as the primary strategy to compete in the market. According to Assauri (2013) & Sukowati et al., (2023) quality is the core of the sustainability of an organization's life. An integrated quality management approach is essential to ensure

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organizations remain competitive amid increasing competition. Organizations can increase customer loyalty and reputation by providing the best service to consumers.

Immas (2017), in his research, found that dimensions such as reliability, responsiveness, assurance, empathy, and tangible play an important role in determining the quality of hospital services. This study shows that these five dimensions can provide a comprehensive picture of the quality of service consumers receive. Customer satisfaction is one of the leading indicators of service quality. According to Kotler (2009), satisfaction is a feeling of pleasure or disappointment that arises after comparing the performance or results of a product or service with customer expectations. Nursalam (2011) added that customer satisfaction is a feeling of pleasure that arises when customers feel that the service they receive is to their expectations.

According to Supranto (2016), the level of customer satisfaction is determined by the difference between perceived performance and expectations. If the performance is in line with expectations, customers will be satisfied. Conversely, if the performance is below expectations, customers will feel disappointed. A high level of satisfaction can encourage customer loyalty and improve the organization's image.

Damayanti (2017) found that BPJS participants felt satisfied when the services they received met their expectations. However, when the service is unsatisfactory, they tend to file complaints, which can affect trust in the organization. Patient performance assessment is also carried out using the Likert scale using graduation Assessment levels, for example: very good, quite good, good, not good, and not good. The weight is 1-5. Scale 1 is dissatisfied, and scale 5 is satisfied. The scale's average value is the score's value (score = number of n measurements said to be a scale). The BPJS patient satisfaction questionnaire consisted of 4 alternative answers consisting of STP (Very Dissatisfied), TP (Dissatisfied), P (Satisfied), and SP (Very Satisfied). With the category of assessing the level of satisfaction of BPJS health patients (Sugiyono, 2013):

1. Satisfied if > 75%-100%
2. Enough satisfaction if 56%-75%
3. Less satisfied if ≤ 55%

Method

This study uses a qualitative approach with a case study method to deeply understand the perspective of the BPJS Kesehatan user community regarding the Standard Inpatient Class (KRIS) policy. This approach was chosen because it allows in-depth exploration of social phenomena through detailed and systematic data collection. The case studies provide a framework for exploring and analyzing contemporary systems bound in authentic contexts, such as the KRIS policy in the National Health Insurance (JKN) program. This research was conducted in Klaten Regency and the Special Region Province of Yogyakarta. The selection of this location was based on several considerations, including the existence of national referral hospitals such as Dr. Sardjito Hospital and community representation from various classes of

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BPJS Kesehatan participants. The purposive sampling technique is used to select informants who meet specific criteria, such as socio-economic background, BPJS Kesehatan membership class, and experience in using inpatient facilities. In this study, four informants were selected based on the maximum variation to cover the views of BPJS Class 1, 2, and 3 participants.
The primary data was obtained through in-depth interviews with informants. The interviews used a guide to explore the community's experiences, views, and expectations regarding KRIS policies. Supporting data is also taken from relevant documents, archives, and literature.

A. Data Analysis Techniques

The data analysis was carried out using the qualitative analysis model from Miles and Huberman, which consisted of three main stages:

1. **Data Reduction:** Simplification and grouping of interview data to identify key themes.
2. **Data Presentation:** Organize data through narratives and tables for straightforward interpretation.
3. **Drawing Conclusions:** Identifying patterns, relationships, and meanings based on the data that has been analyzed.

Informant Selection Criteria

Table 1. The following table summarizes the profiles of the informants selected for this study:

Initial	Participant Segments	Gender	Profession	Domicile	Education	BPJS Class
MR	Independent	P	College Student	Klaten	Diploma	2
RK	Independent	L	Lecturer	Klaten	Magistes	1
DN	PBI	P	Private sector employee	Yogyakarta	Senior High School	3
WD	PBI	P	Housewife	Yogyakarta	Senior High School	3

Source: Author Processed, 2025

Klaten Regency was strategically selected as a research site to represent a smaller administrative area under the jurisdiction of the BPJS Kesehatan Boyolali Branch Office. As a regency with a more rural and semi-urban population, Klaten provides insights into how the KRIS policy might impact regions with more limited healthcare infrastructure and economic diversity. This area reflects the conditions and challenges often encountered by smaller districts in implementing national healthcare policies. By examining Klaten, the study aims to capture grassroots-level responses and practical realities faced by local residents.

In contrast, Yogyakarta was chosen as a complementary research location due to the presence of Dr. Sardjito Hospital, a type A referral hospital that operates on a national level. This hospital serves a wider population, including patients referred from across regions and

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provinces, making it a key node in Indonesia's healthcare system. By including Yogyakarta in the study, the researchers were able to explore how KRIS is being implemented in a more urbanized, resource-rich setting with access to advanced medical services. This comparison between Klaten and Yogyakarta enables a more comprehensive understanding of the policy's implications across different healthcare environments.

To ensure that the research findings reflect a diverse range of perspectives, informants were carefully selected from various BPJS Kesehatan participant classes. This included individuals from Class I, II, and III, as well as those with a variety of experiences in using different types of health facilities, from primary care clinics to tertiary hospitals. By including a mix of users, the study could capture the nuances of how people from different socioeconomic and health backgrounds perceive and experience the KRIS policy. This inclusive approach enhances the depth and representativeness of the data collected.

The researchers adopted a qualitative approach using the case study method as the most appropriate strategy to explore this topic. This methodological choice allows for an in-depth examination of complex social phenomena, such as how individuals and communities interpret and respond to changes in healthcare policy. The qualitative design enables researchers to explore subjective experiences, social interactions, and institutional practices that cannot be easily quantified. It is particularly useful for uncovering context-specific insights and emergent themes that may not be visible through statistical analysis alone.

By using a case study method, the research is grounded in real-life contexts, allowing for a rich, detailed understanding of how the KRIS policy unfolds in practice. This approach facilitates the exploration of both individual narratives and broader community-level patterns, offering a more holistic view of the policy's implementation. The qualitative method also provides the flexibility to adapt data collection tools and strategies based on the evolving dynamics of the field. In doing so, the study captures a fuller picture of the challenges, opportunities, and unintended consequences that may arise from the policy's rollout.

Result and Discussion

This study aims to understand the perspective of the BPJS Kesehatan user community regarding the Standard Inpatient Class (KRIS) policy. This policy is intended to replace the previous class classification system, where BPJS participants are divided into classes 1, 2, and 3 based on the contributions paid. According to the principle of justice in the National Social Security System (SJSN), all participants will get services with the same standards as KRIS.

This research was conducted in Klaten Regency and the Special Region Province of Yogyakarta. Based on in-depth interviews with four informants from various social backgrounds and BPJS classes, it was found that most participants had a favorable view of KRIS. However, there are concerns about the potential increase in dues and a decrease in the quality of services, especially related to hospital capacity and administrative procedures.

Class 3 participants, especially Contribution Assistance Recipients (PBI), tend to accept KRIS policies because they feel they are not too directly affected. Their main hope is that the

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dues remain affordable. On the other hand, participants in grades 1 and 2 are more skeptical of this policy because they are worried about a decrease in service standards due to the elimination of class differentiation that previously provided different services according to contributions.

Informants from all socioeconomic classes emphasized the importance of taking into account the community's economic capacity when determining the amount of new contributions under the KRIS policy. They expressed concerns that the policy could result in increased contribution rates without a corresponding improvement in the quality of healthcare services. This issue is particularly worrisome for individuals from the middle to lower income groups, who fear that the new system may place an additional financial burden on them. These participants worry that the policy, while potentially beneficial in theory, may not be inclusive or fair in practice, especially if affordability is not prioritized.

In addition to financial concerns, the readiness of healthcare facilities to implement the KRIS policy emerged as a major issue among participants. Many informants voiced apprehension that the new system could worsen the already existing problem of overcapacity in hospitals, particularly in regions with underdeveloped health infrastructure. They highlighted that without adequate improvements in medical equipment, facility conditions, and the availability of trained healthcare personnel, the quality of services may decline rather than improve. The success of the KRIS policy, therefore, hinges not only on financial considerations but also on the government's ability to strengthen the healthcare system's capacity to meet growing demand.

Discussion

The KRIS policy is a strategic step toward realizing the principle of justice in national health services. This principle is reflected in Article 23, Paragraph 4 of the SJSN Law, which states that hospitalization must use standard classes for all participants. However, the implementation of this policy must consider the variation in the economic capabilities of the community and the capacity of the existing health infrastructure.

In the implementation context, the principle of justice faces challenges from public perception. Participants who previously paid higher dues felt disadvantaged due to the elimination of service differentiation. In contrast, class 3 participants benefited more because service standards would increase without significantly increasing costs. The main challenge for the government is balancing the perception of justice and the effectiveness of policy implementation.

Research shows that the increase in contributions is the primary concern of participants. In the context of class 3 participants, most of whom come from the lower economic group, the increase in contributions can be an additional burden. Meanwhile, class 1 and 2 participants, who pay higher dues, expect services proportional to their financial contribution. A proportional contribution policy is critical to maintaining public trust in BPJS Kesehatan. The government needs to design a contribution scheme that reflects the balance

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between the principle of cooperation and the financial ability of participants. This can be done through a transparent cross-subsidy mechanism, where groups with higher financial capabilities can help more needy groups.

In the KRIS policy, hospitals must meet 12 standard criteria for facilities, including ventilation, lighting, bed equipment, and ensuite bathrooms. However, research shows that many hospitals are not yet ready to meet these standards, especially in remote areas. This can lead to a gap between policy objectives and implementation. Infrastructure readiness is also related to the capacity of hospitals to manage the increasing number of patients. The decrease in inpatient classes can lead to overcapacity in certain health facilities. To address this problem, the government needs to increase investment in health infrastructure, including hospital renovations and the construction of new facilities in underserved areas.

The study findings showed that many participants felt less informed about KRIS. Comprehensive socialization is essential to ensure the public understands these policies' objectives, benefits, and impacts. The government must also prepare effective communication strategies to reach people in different regions with different geographical and demographic characteristics. Good communication can increase public participation in supporting policy implementation. This can be done through the use of local media, educational campaigns, and the involvement of influential community leaders in the local community.

Some developed countries, such as Sweden and Norway, have successfully implemented equity-based health systems where all citizens receive health services of the same standard. However, the success of this system is highly dependent on ample budget support and equitable distribution of resources. Indonesia can learn from the experience of these countries in designing KRIS policies based on local conditions. Case studies in the Nordic countries show that universal health systems require collaboration between governments, health care providers, and communities. Indonesia can adopt a similar approach by adjusting implementation strategies based on local needs and capacities.

KRIS policies can improve the quality of services if implemented correctly. Standardizing facilities and services can reduce the gap between participants from different economic classes. However, without strict supervision, these policies can significantly decline the quality of services if the number of patients increases without being matched by an increase in resources. Participants in grades 1 and 2 are worried that service standards will decline due to eliminating class differentiation. These concerns must be addressed through increased training of medical personnel and procuring additional facilities to ensure that all patients receive adequate care.

Applying digital technology is one way to ensure that the implementation of KRIS runs smoothly. Mobile apps and integrated information systems can help manage registration, schedule hospitalizations, and monitor bed availability in real time. This step also allows patients to get information faster without directly contacting the hospital, reducing the administrative burden. Based on research, people in rural areas often have

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Limited access to information about the new health policy. Therefore, the government must ensure that socialization is done at the community level. This includes direct counseling, traditional media such as radio, and community leaders' involvement to help explain KRIS's benefits.

Measuring performance indicators are needed to ensure the success of KRIS implementation. These indicators can include patient wait times, participant satisfaction levels, and the ratio of medical personnel to the number of patients. Regular data collection and in-depth analysis can help governments identify areas that need improvement. In implementing KRIS, involving the community in decision-making can increase support for this policy. The participatory approach involves public discussions, community needs surveys, and the involvement of civil society organizations in the planning and implementation process.

A. Supporting Research

Similar research in other countries shows that the success of health systems prioritizing justice requires strong collaboration between various parties. For example, in Germany, the universal health insurance system is successful because of a mutual fund managed efficiently and transparently. A model like this can be a reference for improving the implementation of KRIS policies in Indonesia. In addition, data from the World Health Organization (WHO) shows that countries with a high ratio of medical personnel tend to have better quality health services. Therefore, the Indonesian government needs to pay attention to the ratio of medical personnel and their distribution, especially in remote areas.

B. Policy Implications

The government needs to ensure the readiness of hospitals to meet KRIS standards. This includes increasing bed capacity, providing medical equipment, and training health workers. Renovation and construction of new facilities should be a priority to reduce the gap between urban and rural areas. The contribution policy must consider the economic ability of the community. Adjustment of contributions needs to be carried out transparently and involve public participation in the decision-making process. Cross-subsidy schemes can be used to ensure that lower economic groups continue to have adequate access to services. Socialization must be carried out thoroughly, considering geographical and demographic differences. Information about KRIS must.

Be delivered in an easy-to-understand language and using media relevant to the local community. The implementation of KRIS must be closely monitored to ensure that this policy runs as planned. The government also needs to evaluate the impact of this policy periodically and make adjustments if necessary.

The Standard Inpatient Class (KRIS) policy is a strategic step in creating health service equality while improving the efficiency of the national health system. This policy is expected

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to facilitate resource allocation, reduce service gaps, and support sustainable development goals by simplifying the classroom system into a universal standard.

One of the main advantages of KRIS is efficiency in the allocation of hospital resources. In the previous system, medical personnel were often focused on class 1 and 2 patients, while class 3 patients often received more limited services. With KRIS, medical personnel can be allocated more evenly to serve all participants, regardless of class. This improves the quality of services and helps hospitals with limited capacity to optimize their use. In addition, KRIS provides flexibility in the management of physical facilities. Previously, hospitals had to segregate inpatient rooms based on classes that required different care and management. With one universal standard, hospitals can efficiently use inpatient space, reduce resource wastage, and increase patient service capacity.

The reduction in administrative burden also has a direct impact on patient wait times. With a more efficient system, the registration process for treatment can be carried out faster, providing a better patient experience. In the long run, this can improve the image of hospitals and public trust in the national health system.

However, this efficiency will not be realized without strict supervision. KRIS policies require regular monitoring and evaluation to ensure that the principle of efficiency is applied consistently. The government needs to develop a real-time data-based evaluation system to monitor the implementation of this policy. This system allows for quick identification to problems that arise, such as a lack of medical personnel or uneven distribution of drugs.
Good monitoring also provides opportunities for sustainable policy improvement. With accurate data, the government can make more appropriate decisions to improve the quality of services, both through training medical personnel, improving facilities, and procuring supporting medical equipment.

In addition to the technical aspect, KRIS has a significant social impact. With the elimination of class differences, BPJS participants feel more appreciated because they get the same services as other participants, regardless of the amount of contributions they pay. This sense of social justice has the potential to increase the level of participant satisfaction with BPJS services. On the other hand, this policy also strengthens social solidarity. Service fairness is important to build community support in a cross-subsidized national health system. With KRIS, people are more willing to contribute through contributions because they see direct benefits through equal services. However, it is undeniable that there are challenges related to public perception. Participants in grades 1 and 2, who previously enjoyed exclusive services, may feel deprived of their privileges. To overcome this, the government needs to conduct intensive socialization. A transparent explanation of the policy's objectives, benefits, and how contributions are used to improve services should be communicated. Transparency is the key to building public trust in this policy.

KRIS also opens up opportunities for broader reforms in the health sector. This service standardization can be applied to other aspects, such as referral systems, outpatient services, and drug distribution. If the success of KRIS can be proven through data and experience on

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the ground, this model can be a reference for overall health system reform. For example, the referral system, often an obstacle in health services, can be simplified with a similar approach. With standardization, the referral process can be carried out faster and more efficiently, reducing waiting times for patients who need further treatment. This also applies to drug distribution, where standardization can ensure the availability of drugs evenly across health facilities.

Globally, the implementation of KRIS shows Indonesia's commitment to the sustainable development goals (SDGs), especially in the third point, ensuring a healthy life and supporting welfare for all. By strengthening the national health system, this policy is a concrete step in achieving universal health coverage (UHC) as well as.

Mandated by the World Health Organization (WHO). In this context, KRIS is a local policy and part of a global effort to improve the health system. By standardizing services, Indonesia can show the world that equality in health services can be achieved without sacrificing quality. In fact, with the support of technology and data, this policy can be a model for other countries facing similar challenges. The Standard Inpatient Class Policy (KRIS) is a progressive step in creating a more equitable and efficient health system. By eliminating class differences, these policies improve the efficiency of resource allocation and administration and strengthen social solidarity and public trust in the national health system.

However, the success of KRIS is highly dependent on proper implementation, including strict monitoring and evaluation, as well as transparency in communication with the public. If implemented well, KRIS can become a model for broader health sector reforms while contributing to achieving sustainable development goals at the global level. Thus, KRIS is about equality of services and the future of a better health system for all.

Conclusion

This study shows that most people who use BPJS Kesehatan can accept the Standard Inpatient Class (KRIS) policy. This policy is considered a strategic step to realize health service justice based on the principles of social insurance in the National Health Insurance (JKN). However, the community submitted several important notes related to the implementation of this policy, especially regarding the amount of contributions, service quality, and readiness of health infrastructure.

Participants from grades 1 and 2 are generally more skeptical of this policy because they are worried about the decline in service quality and feel that they have lost the privileges they previously earned. They hope that the amount of the fee set is proportional to the quality of the service received. On the other hand, class 3 participants, most of whom are included in the Contribution Assistance Recipient (PBI) group, tend to be more receptive to the KRIS policy. They see this policy as an opportunity to get services with better standards without a significant fee increase. However, the 3rd-grade participants also emphasized the importance of maintaining the affordability of contributions, considering the limitations of their economic capabilities.

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The readiness of health facilities is a significant concern. Many hospitals, especially in remote areas, have not met the 12 criteria of the KRIS standard set by the government. This has sparked concerns about the possibility of overcapacity and a decrease in service quality if this policy is implemented without improving infrastructure and human resources. Therefore, this study recommends that the government increase investment in health infrastructure, such as the construction of new facilities, hospital renovations, and training of medical personnel. This investment will help ensure that all hospitals meet the standards expected in KRIS policies.

Adjusting monthly contributions is one of the issues highlighted in high regard. Participants from all classes expected that this policy would consider the economic capabilities of the community. Disproportionate adjustment of contributions can cause dissatisfaction from upper-class and lower-class participants. Therefore, the government needs to design a transparent cross-subsidy scheme to ensure the fairness and sustainability of this system. Fund transparency is also important to maintain public trust in the JKN program. Socialization of KRIS policies is also a key element of successful implementation. The study found that many participants did not fully understand the purpose and benefits of these policies. Comprehensive and data-based socialization is needed to increase public acceptance. This approach should consider geographical and demographic differences, including the delivery of information through local media and the involvement of community leaders to reach the wider community. The government also needs to ensure that socialization reaches people in remote areas with limited access to information.

As a first step, the study recommends piloting KRIS policies to ensure readiness for implementation in various regions. The pilot aims to identify challenges, gather feedback from the public, and refine policies before they are implemented nationally. With the existence of a trial, the government can reduce the risk of implementation failure and optimize the impact of policies on society. In addition, applying digital technology can be an important solution to support the implementation of KRIS. An application-based information system can help manage registration, schedule treatment, and monitor the availability of beds in hospitals. This technology also allows for better transparency in the implementation of policies so that people can monitor the quality of services they receive. On the other hand, this technology also helps minimize the administrative burden that has been an obstacle in many hospitals.

Overall, KRIS policies can improve the fairness and quality of health services. However, the success of its implementation is highly dependent on infrastructure readiness, fair adjustment of contributions, and effective communication with the community. With the proper steps, KRIS can support Indonesia's vision to achieve inclusive and equitable universal health coverage (UHC) and become a model of reform that can be applied to other health policies. This policy can also pave the way for other health sector reforms, such as managing the drug referral and distribution system, thereby creating a more efficient and equitable national health system.

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Now, the biggest challenge for the government is to ensure that this policy is not only a rule on paper but has a real impact on society. Support from all parties, including the community, health workers, and the government, is indispensable to realize the great goals of KRIS. With careful planning, transparency, and continuous evaluation, KRIS can be one of the important milestones in Indonesia's health system's journey toward a better future.

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