

(Research/Review) Article

The Role of Health Management in Enhancing Community Health Center Service Quality under the National Health Insurance (JKN) Program in Coastal Areas

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Abstract: The implementation of the National Health Insurance (JKN) requires Community Health Centers (Puskesmas) as first-level health facilities to not only provide basic services but also optimize management governance to maintain service quality evenly, including in coastal areas that face geographical and social challenges. This study aims to analyze the role of health management in improving the quality of Community Health Center services in coastal areas during the JKN era through planning, organizing, implementing, and evaluating functions. The method used is descriptive qualitative with a phenomenological approach, through a literature review and analysis of the empirical experiences of Community Health Center managers, health workers, and the community. The results of the study indicate that the implementation of management functions has been carried out administratively, but its effectiveness still depends on human resource capacity, cross-sector support, and the ability to adapt to local cultural characteristics. Strategies that have proven effective include a *proactive approach*, digitalization of simple services, competency-based task allocation, and strengthening therapeutic communication. Structured health management has been shown to have a positive impact on accelerating services, increasing public trust, and reducing patient complaints. Thus, strengthening local needs-based management is key to the success of coastal Community Health Centers in supporting the implementation of JKN in an inclusive and equitable manner.

Keywords: Community Health Centers; Coastal Areas; Health Management; National Health Insurance; Service Quality

1. INTRODUCTION

The implementation of the National Health Insurance (JKN) aims to ensure fair and equitable access to healthcare services for all Indonesians. Within this system, Community Health Centers (Puskesmas) play a strategic role as first-level healthcare facilities, serving as the frontline providers of promotive, preventive, curative, and rehabilitative services. However, the success of JKN implementation is determined not only by the availability of facilities and funding, but also by the quality of healthcare management within each Puskesmas. Good management is necessary to optimize the planning, organization, implementation, and evaluation of services to ensure they meet government-set quality standards.

The challenges of implementing health management in community health centers (Puskesmas) are increasingly complex when considering coastal areas, which are generally associated with limited transportation access, low levels of public health education, and a shortage of competent health workers. Various studies have shown that utilization of community health center services in coastal areas remains low due to distance, inadequate facilities, and low public trust in service quality. This situation suggests that the National Health Insurance (JKN) has not yet fully achieved its optimal impact in areas with difficult-to-reach geographic characteristics.

In this context, effective health management is key to ensuring quality health services continue to operate even under limited resources. Good management encompasses not only the management of facilities, infrastructure, and financing, but also how Community

Received: September 16, 2025;
Revised: September 30, 2025;
Accepted: October 14, 2025;
Published: October 20, 2025;
Curr. Ver.: October 20, 2025



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Health Centers (Puskesmas) can build communication, education, and cultural engagement with coastal communities, encouraging them to maximize their use of health services. Cross-sector coordination, innovative community-based services, and the implementation of an efficient referral system are crucial components of the service quality development strategy in the National Health Insurance (JKN) era (Winda and Susilawati 2023) .

The implementation of the National Health Insurance (JKN) requires healthcare management that focuses not only on the availability of facilities but also on effective governance at the primary care level, namely Community Health Centers (Puskesmas). In coastal areas, Puskesmas are the community's sole source of promotive and curative services. However, numerous studies have shown that the quality of Puskesmas services in coastal areas still faces serious challenges, ranging from planning that is not based on local needs, weak coordination between service units, and the low capacity of healthcare workers to manage resources efficiently. This indicates that the success of JKN is not solely determined by financing and participation, but is strongly supported by the quality of healthcare management at the primary care facility level. (Alayda et al. 2024)

The role of health management becomes even more crucial when faced with the geographically and socially vulnerable characteristics of coastal areas. Managing health programs in these areas cannot be done solely through administrative approaches, but rather requires adaptive strategies that take into account the lifestyles of fishing communities, local culture, and fluctuating economic dynamics. Community health centers (Puskesmas) are required to implement community-based innovations, such as door-to-door visitation systems, local health cadre development, and the use of simple technology for recording and referrals. Therefore, effective management encompasses not only internal resource management but also the ability to build cross-sector partnership networks to expand service reach.

However, there is still limited literature specifically examining how health management practices are applied in the context of coastal areas during the National Health Insurance (JKN) era. This research is crucial in filling this gap by evaluating the extent to which Community Health Center (Puskesmas) management is able to improve service quality despite structural limitations. The findings of this study are expected to not only provide academic contributions but also form the basis for more contextual and inclusive policy recommendations, so that JKN implementation can truly reach communities in the outermost regions and those most vulnerable to inequities in health services (Rahman 2025) .

Therefore, it is important to examine more deeply the role of health management in improving the quality of community health center services in coastal areas during the National Health Insurance (JKN) era. This study is expected to provide a comprehensive overview of the effectiveness of health service management in coastal areas, while identifying supporting and inhibiting factors. The results of this study can then inform policymaking by the government and health stakeholders to strengthen the implementation of JKN in a more inclusive and equitable manner, particularly for communities living in remote and vulnerable areas with access to health insurance.

2. LITERATURE REVIEW

Health Management

Health management in the context of public services is defined as the process of managing health resources, including human resources, facilities, funding, and information, to achieve public health goals effectively and efficiently. The book *Fundamentals of Health Management* explains that management has five main functions: planning, organizing, implementing (actuating), monitoring, and evaluating.

In the context of the Community Health Center (Puskesmas), these functions are realized through the preparation of annual activity plans (RUK/RPK), the division of health worker tasks, the implementation of promotive-preventive-curative programs, as well as supervision and regular reporting to the Health Office. Good management quality determines the smoothness of the entire service delivery process. Besides being a process, health management is also seen as a system of resource coordination within a health organization. This book emphasizes that the success of a Community Health Center does not only depend on facilities, but also on the leadership's ability to build motivation,

communication, and cooperation among health workers from different backgrounds. The Head of the Community Health Center is required to have leadership competencies, the ability to formulate internal policies, and accuracy in data-based decision-making. Therefore, health management is not only technical-administrative, but also social and humanistic.

Furthermore, within the National Health System (SKN) framework, health management is positioned as a *strategic subsystem* that functions to integrate other subsystems such as health financing, human resources, and information systems. In the era of National Health Insurance (JKN), management at Community Health Centers (Puskesmas) must be able to manage the BPJS claims mechanism, adjust the tiered referral service flow, and ensure service quality is maintained despite an increase in the number of patient visits. Thus, health management is not merely an administrative tool, but also a *quality control instrument* in realizing equitable health services, especially in areas with limitations such as coastal areas (Rahman 2020).

National Health Insurance

National Health Insurance Program (JKN) This is a state policy measure to ensure comprehensive health protection for all levels of Indonesian society. Organized by BPJS Kesehatan (Social Security Agency for Health), this program aims to ensure that every citizen, including foreign residents residing for more than six months, has access to fair, equitable, and quality health services. This aligns with the mandate of the National Social Security System (SJSN) Law, which requires all residents to be active participants in health insurance.

In its implementation, the National Health Insurance (JKN) still faces several obstacles. One of the main obstacles is the unregistered population due to the lack of a National Identification Number (NIK), as well as a lack of understanding of the program's benefits. Furthermore, economic factors also play a significant role, with some individuals reluctant to pay premiums due to financial constraints, even though JKN offers significant relief from medical costs for its participants.

Various studies have shown that the success of the National Health Insurance (JKN) implementation is significantly influenced by factors such as knowledge level, trust in the provider, economic conditions, and family support. Individuals with a good understanding of JKN tend to be more enthusiastic about participating. Likewise, encouragement from family members can strengthen the decision to enroll. Therefore, policies that prioritize public education, strengthen public trust, and consider socioeconomic aspects are key to expanding the coverage and effectiveness of the JKN program nationally (Besse Wahyuni, Nurgahayu, and Haeruddin 2022).

The National Health Insurance (JKN) is part of the National Social Security System (SJSN), designed to achieve *Universal Health Coverage* (UHC), where all residents have financial protection against health risks without cost barriers when accessing services. In addition to being a financing scheme, JKN also serves as an instrument for health system reform by encouraging health facilities, including Community Health Centers (Puskesmas), to improve service quality through capitation-based *purchasing mechanisms* and INA-CBG claims. Thus, JKN is not only a source of funding but also a trigger for increased efficiency and accountability of service providers.

However, in the context of implementation at the primary care level, various studies indicate that the main challenge lies not only in coverage but also in the readiness of the service system to meet the quality standards required by BPJS Kesehatan. Low service quality, slow claims administration processes, and limited health human resources are factors that often hinder the optimal utilization of JKN, especially in remote and coastal areas. Even if communities become JKN participants, this does not necessarily increase community health center utilization if trust in service quality remains low. Therefore, the effectiveness of JKN depends heavily on the synergy between national financing policies and governance at the health facility level. The capitation scheme provided to Puskesmas requires strong operational management to ensure optimal allocation of funds for promotive, preventive, curative, and rehabilitative services. Furthermore, the success of JKN implementation in coastal areas is greatly influenced by management's ability to overcome geographical barriers and innovate community-based services.

Therefore, examining the role of health management in the context of JKN is crucial to understanding how universal financing can truly impact the quality of primary health care (Putri and Suryawati 2022) .

Quality of Health Services

The quality of healthcare services is a key element in the provision of public services in the health sector. In community health centers (Puskesmas), service quality depends not only on the physical facilities available but also on how services are delivered and how the community perceives them. According to Donabedian's service quality theory, service quality can be analyzed through three main components: structure (facilities, personnel, and systems), process (how services are delivered), and outcomes (patient recovery rates and satisfaction). The balance between these three aspects determines the success of the Puskesmas in meeting the community's health needs (Winda and Susilawati 2023) .

In an effort to strengthen service quality, the Indonesian government has implemented Minimum Service Standards (SPM) and a Community Health Center Accreditation system to ensure services meet quality and patient safety standards. The accreditation process includes assessments of administrative governance, risk management, and the quality of clinical procedures. However, in practice, the quality of community health center services in coastal areas is often suboptimal due to limited health personnel, transportation access, and high administrative burdens in the National Health Insurance (JKN) era. Therefore, many experts emphasize that improving service quality cannot be achieved solely through the provision of facilities, but must also be accompanied by strengthening internal management, human resource training, and a needs-based approach for local communities (Machmud 2008) .

Furthermore, the success of improving the quality of Community Health Center services is also greatly influenced by the perceptions and experiences of the community as service recipients. Research shows that patient satisfaction is determined not only by the speed and accuracy of medical services, but also by aspects of empathy, interpersonal communication, and the ability of health workers to build community trust. This is especially important in coastal areas, where communities have diverse socio-cultural backgrounds and often still hold strong traditional values. Therefore, a humanistic and participatory service approach needs to be developed, such as through the involvement of local leaders, community health cadres, and community-based health education. By integrating technical and social aspects in service management, Community Health Centers can be more effective in improving service quality and expanding the use of the National Health Insurance (JKN) equitably in coastal areas.

3. RESEARCH METHODS

This research uses a qualitative descriptive method with a phenomenological approach. Qualitative descriptive research aims to provide an in-depth description of a phenomenon, event, or social reality based on narrative data, not numbers. The primary focus of this approach is to understand the meaning behind events or human behavior through words, experiences, and interpretations, rather than simply measuring variables as in quantitative research (Sinaga 2023) .

This approach was chosen to gain a deeper understanding of the *real-life experiences* of community health center managers, healthcare workers, and patients in implementing health management in the National Health Insurance (JKN) era, particularly in coastal areas. The phenomenological approach allows researchers to explore *the subjective meanings* of managerial practices and the quality of service perceived by both providers and recipients.

4. RESULTS AND DISCUSSION

Implementation of Health Management Functions in Coastal Health Centers

The implementation of health management functions in coastal community health centers (Puskesmas) has generally followed Ministry of Health guidelines, but its effectiveness varies depending on human resource capacity and cross-sector support. Conceptually, management functions encompass planning, organizing, implementing, and *controlling*. In the field, health program planning, such as the Health Business Plan

(RUK) and Activity Implementation Plan (RPK), is prepared annually, but the preparation process is still dominated by an administrative approach rather than based on the local needs of coastal communities. Many Puskesmas simply adopt the planning format from the health office without conducting an in-depth analysis of the socio-economic conditions of fishing communities, for example, related to seasonal population mobility or low family nutrition awareness (Halimah et al. 2023).

Structurally, the organizational function has been implemented with a clear division of tasks based on main duties and functions (*tupoksi*). However, the reality on the ground shows that many health workers are juggling multiple roles due to limited human resources. A midwife, for example, is not only responsible for antenatal and delivery services but also provides nutrition education, PIS-PK data entry, and BPJS reporting. A similar situation occurs with nurses, who often act as health promoters, elderly program managers, and surveillance personnel. This indicates that the organizational function is not yet fully effective because the division of tasks is only administrative and does not take into account the actual workload.

In terms of implementation, most health programs, such as immunization, maternal and child health (KIA), TB, and integrated health posts (*Posyandu*), are running as intended. However, the implementation of promotive and preventive activities is often hampered by difficult geographic access. Many coastal community health centers (*Puskesmas*) only have one operational vehicle to reach several remote villages, and some are even accessible only by sea using traditional boats. Monitoring and evaluation are carried out routinely through periodic reports to the health office, but the internal supervision system is often a formality without in-depth analysis of quality indicator achievement (Winda and Susilawati 2023).

Thus, it can be concluded that health management functions in coastal areas have been implemented administratively in accordance with guidelines, but not fully contextually. The implementation of planning and organizing functions is still heavily influenced by limited human resources and accessibility, while implementation and oversight functions are often not adaptive to the cultural and economic characteristics of coastal communities, which tend to be highly mobile and pragmatic about health services.

Community Health Center Strategies in Optimizing Services in the JKN Era

The implementation of the National Health Insurance (JKN) requires Community Health Centers (*Puskesmas*) to serve not only as first-level healthcare facilities but also as the initial gateway to the national referral system. Based on observations and literature reviews at various Community Health Centers in coastal areas, several managerial strategies have been implemented to improve service quality. These strategies include strengthening internal management systems, expanding public access to healthcare services, improving the quality of health human resources, and utilizing information technology to support operations (Sri et al. 2024).

First, from a management perspective, most coastal community health centers (*Puskesmas*) implement a *plan-do-check-act (PDCA) approach* in developing service plans. The proposed activity plan (RUK) and activity implementation plan (RPK) are developed by considering trends in JKN participant visits, medication needs, and prevalent disease patterns. Furthermore, *queue management* using a queue number system or *booking service* through a WhatsApp-based application has been implemented to reduce patient congestion. This practice has been proven to reduce waiting times and increase community satisfaction, especially for elderly patients and pregnant women who previously often experienced long queues.

Second, to strengthen access and reach for coastal communities, the Community Health Center (*Puskesmas*) implemented an *outreach program* through *mobile health centers (Puskesmas Keliling)* and *integrated health posts (Posbindu)* located at strategic points near fishing settlements. These field visits provided not only minor curative services but also education on the use of the National Health Insurance (JKN) card, the management of chronic diseases such as hypertension and diabetes, and the early detection of infectious diseases such as tuberculosis.

This strategy is crucial given that some coastal communities still rely on traditional medicine and are reluctant to visit health facilities due to distance and transportation costs. Through this door-to-door approach, the Puskesmas succeeded in increasing the number of JKN visits while strengthening public trust in the national health system.

Third, in terms of human resource (HR) development, Community Health Center (Puskesmas) heads implement competency-based task allocation and ongoing training on the National Health Insurance (JKN) *clinical pathway*, electronic medical records, and patient-friendly services. Some Community Health Centers have even established internal *Quality Control and Cost Control Teams (TKMKB)* to monitor the effectiveness of JKN claims and prevent fraud. Strengthening the communication skills of healthcare workers is also a key focus, as some public complaints are not caused by the length of service, but rather by a lack of empathy in communication between healthcare workers and patients.

Fourth, digitalization of services is a crucial supporting factor. Although some coastal areas still have limited internet access, several community health centers (Puskesmas) have optimally utilized the BPJS Kesehatan *Primary Care (P-Care) system for service and claims input*. Others have developed *Excel-based monitoring dashboards* or simple applications to record the number of visits, medication stock, and evaluate the achievement of performance indicators. This data integration simplifies decision-making and reporting to the Health Office.

Overall, these strategies demonstrate that health management in coastal community health centers (Puskesmas) focuses not only on improving in-house services but also on a promotive-preventive approach that adapts to the socio-cultural characteristics of the community. The effectiveness of these strategies is greatly influenced by the leadership of the Puskesmas head, cross-sectoral support from village governments and traditional leaders, and the ability to leverage the National Health Insurance (JKN) regulations as an opportunity to strengthen services (Saiful 2023).

Thus, it can be concluded that optimizing community health center services in the JKN era is not simply a matter of infrastructure or the number of healthcare workers, but rather the result of implementing planned, data-driven management that is oriented toward the real needs of coastal communities. Going forward, more specific policy support for coastal community health centers, such as additional operational incentives and strengthening telemedicine technology, is needed to accelerate the equitable distribution of services.

Challenges of Health Management in Improving Service Quality

Although the implementation of the National Health Insurance (JKN) has provided significant opportunities for Community Health Centers (Puskesmas) to expand service coverage, in practice, various managerial barriers remain that hinder the optimization of service quality, particularly in coastal areas. Based on a review of various performance reports and field studies, these challenges can be categorized into four main aspects: limited human resources, JKN financing and budget efficiency, infrastructure and geographic access, and cultural resistance and community participation (Sumiati, Dinata, and Agustina 2023).

First, the limited number and competence of human health resources is the most dominant obstacle. Many community health centers (Puskesmas) in coastal areas have only one general practitioner who handles various tasks, from curative services and JKN claims administration to cross-sector coordination. This situation results in a high workload that has the potential to reduce the quality of interactions with patients. Furthermore, not all health workers fully understand the JKN *clinical pathway* and service standards. The lack of continuous training has led some health workers to focus solely on curative measures without considering aspects of education and therapeutic communication. However, the quality of service in the JKN context is measured not only by the speed of treatment but also by the empathy and patient satisfaction with the care received.

Second, in terms of financing and the JKN claims mechanism, several Community Health Centers (Puskesmas) are experiencing challenges in managing capitation funds. Delays in disbursement of funds from the BPJS Kesehatan (Social Security Agency for Health) are hampering the implementation of planned promotive and preventive programs. Furthermore, pressure to reduce referral costs to Advanced Referral Health Facilities (FKRTL), has led some Community Health Centers to withhold referrals even

when the patient's condition requires further treatment. This situation can impact patient safety and potentially undermine public trust in the primary care system. Furthermore, the manual process for reporting JKN claims in some areas poses a risk of *fraud* and inconsistencies in service data.

Another challenge is limited infrastructure and geographic access. Many community health centers (Puskesmas) in coastal areas face transportation constraints, especially when providing out-of-house services to fishing areas or small islands. Facilities such as waiting rooms, simple laboratory test equipment, and the availability of essential medicines are often inadequate. In some cases, information technology systems like the P-Care app cannot be used optimally due to limited internet connection. This hampers service input, reporting, and monitoring of quality indicators.

In addition to technical factors, cultural resistance and the level of community participation also pose significant challenges. Some coastal communities still rely more on traditional medicine or local shamans, making them reluctant to utilize formal healthcare services, even if they have a National Health Insurance (JKN) card. Poor understanding of the rights and obligations of JKN participants has led to the perception that free services equate to low quality. When healthcare professionals fail to provide persuasive explanations, conflict and patient dissatisfaction are inevitable.

To face all these challenges, health management at community health centers (Puskesmas) needs to adopt an adaptive approach based on the local context. Strengthening *the leadership of* community health center heads, implementing innovative non-conventional services such as simple WhatsApp-based teleconsultation, and collaborating with community leaders and village governments can serve as mitigation strategies. Furthermore, a quality monitoring system based on indicators such as waiting times, referral rates, and patient response needs to be implemented regularly so that any challenges can be addressed promptly and systematically.

Thus, it can be concluded that the challenge of improving the quality of community health center services in the National Health Insurance (JKN) era is not merely a technical issue, but a combination of structural and cultural factors. Efforts to improve quality must be carried out through strengthening data-driven management, developing human resource competencies, and a social approach that respects the characteristics of coastal communities. Without comprehensive managerial intervention, the JKN's goal of an equitable and inclusive health system will be difficult to achieve (Ministry of Health of the Republic of Indonesia) .

The Impact of Health Management on Service Quality and Community Satisfaction

The implementation of effective health management has been shown to significantly improve service quality and community satisfaction in coastal community health centers (Puskesmas) under the National Health Insurance (JKN) scheme. Analysis shows that Puskesmas with well-structured management, from planning, implementation, to evaluation, tend to have higher visitor numbers, shorter waiting times, and more humane patient-health worker interactions compared to Puskesmas with suboptimal management (Sumiati et al. 2023) .

From a service quality perspective, good management enables a more orderly and expeditious service system. Arranging service flows based on mild-moderate-severe triage, implementing a simple digital queuing system, and assigning tasks to healthcare workers based on competency ensure patients receive guaranteed service. This has a direct impact on the public's perception that Community Health Centers (Puskesmas) are no longer "low-class" facilities but rather credible and trustworthy healthcare providers. Several Puskesmas have even reported a decrease in patient complaint rates after implementing *Standard Operating Procedures (SOPs)* and regular *service quality monitoring* .

In addition to technical improvements in services, communication and empathy among healthcare workers have also improved along with strengthened human resource management. Community health centers (Puskesmas) that implement effective communication training report increased patient comfort during consultations, especially among vulnerable groups such as pregnant women, the elderly, and patients with chronic illnesses.

Services such as *home visits* , *WhatsApp follow-up* , and post-treatment education create a positive emotional connection between the Puskesmas and the community. In coastal areas, services based on social proximity have proven more effective than purely administrative approaches.

In terms of community satisfaction, a simple survey in several coastal areas shows that the main indicator of satisfaction is not only the recovery from illness, but also how they are valued and treated in a friendly manner. The community feels more satisfied when the JKN administration process is straightforward, health workers do not discriminate between BPJS participants and general patients, and services are delivered as promised. The more responsive management is in responding to community complaints and suggestions, the higher their level of loyalty to the Community Health Center. This condition aligns with the concept of *patient-centered care* , where management that adapts to patient needs will result in sustainable service quality.

Overall, it can be concluded that health management has both direct and indirect effects on service quality and public satisfaction. Strengthening internal governance, service innovation based on local needs, and developing professional health human resources are dominant factors in improving the image and effectiveness of Community Health Centers (Puskesmas). If implemented consistently, good health management not only improves service quality but also builds public trust in the national health system (Rahman 2020) .

5. CONCLUSION AND SUGGESTIONS

Conclusion

Based on the discussion, it can be concluded that health management plays a central role in determining the quality of community health center services in coastal areas during the National Health Insurance (JKN) era. While all management functions (planning, organizing, implementing, and monitoring) have been implemented, they remain administrative in nature and are not fully responsive to local needs. Key challenges include limited human resources, uneven capitation funding, difficult geographic access , and low health literacy among coastal communities. However, adaptive strategies such as *proactive approaches* , the use of simple technology, strengthening communication between health workers and patients, and cross-sector collaboration have been shown to increase community trust and satisfaction. Therefore, the success of JKN implementation is not solely determined by funding but also by effective management at the primary care level. The planning function remains a major challenge, as most community health centers still develop programs based on standard formats from the health office without in-depth analysis of the characteristics of coastal communities with high mobility and socio-cultural heterogeneity. Without locally based planning, programs are potentially ineffective or poorly targeted. The organizing function also faces obstacles due to limited health workers, resulting in many staff holding multiple roles simultaneously. This has led to a buildup of workload, which has resulted in a decline in the quality of patient interactions. However, the internal coordination structure remains operational and serves as the main foundation for maintaining continuity of service. Implementation studies show that most curative programs are running well, but promotive and preventive activities are often hampered by geographic conditions and limited operational facilities in the field. Innovations such as mobile community *health centers (Puskesmas Keliling)* , door-to-door visits, and the use of simple technology are effective strategies for reaching remote communities. Evaluation and monitoring functions remain formal in some areas, as supervision is carried out only to fulfill reporting requirements, not for real quality improvement. However, indicator-based monitoring such as waiting times, patient complaints, referral rates, and the presence of health workers can be important measuring tools for consistent quality improvement. In general, the implementation of good health management has been proven to improve service quality, strengthen public trust, and encourage an increase in the number of JKN visits. Responsive, friendly, and empathetic services have been shown to be more appreciated by coastal communities than fast but uncommunicative services. Thus, strengthening management not only impacts organizational performance, but also the psychological and social aspects of the community as service recipients. Therefore, it can be emphasized that the success of JKN implementation is highly dependent on the quality of management at the Community Health Center level, especially in the context of coastal

areas that have unique challenges. If the management function is carried out adaptively, inclusively, and based on local needs, then equitable distribution of health services will not just be a discourse, but can actually be realized down to the outermost and most vulnerable areas in Indonesia.

Suggestion

1. Community health centers need to implement local data-based planning, rather than simply copying the format from the health department, so that programs are more in line with the lifestyles of coastal communities.
2. Strengthening human resource capacity must be a priority, especially training in therapeutic communication, JKN claims management, and empathy-based services.
3. Regional governments and BPJS Kesehatan need to provide special incentive support for Community Health Centers (Puskesmas) in coastal and hard-to-reach areas, including operational and digitalization support.

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