Research Paper

Effectiveness of BPJS Kesehatan Service Quality Transformation Implementation

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Abstract: BPJS Kesehatan has implemented Service Quality Transformation to enhance service accessibility, speed, and equity for National Health Insurance (JKN) participants. This transformation is a collaborative initiative involving BPJS Kesehatan, the Ministry of Health, professional associations, and regional governments, with a primary focus on improving JKN participant satisfaction. This research aimed to evaluate the effectiveness level of service quality transformation implementation conducted by BPJS Kesehatan. The study employed quantitative methodology. The research used a population of 10.198 BPJS Kesehatan employees, 244 billion JKN participants, and 7.562 stakeholders (Central and Regional Governments, Professional Associations, and Healthcare Facilities). The analysis of service quality transformation implementation effectiveness encompassed two principal indicators: process indicators and impact/outcome indicators. Survey results indicated that the Service Quality Transformation Process Index achieved 87.40%, while the Service Quality Transformation Impact Index on customer perception reached 90.88%. Additionally, the impact of transformation implementation (TML) on Service Performance was measured at 1.94. This research generated recommendations for continuous improvement in service quality implementation, emphasizing the necessity for ongoing training and enhanced collaboration with stakeholders. These findings are expected to contribute significantly to developing health service policies and practices in Indonesia.

Keywords: Change Management; Service Quality Transformation; Healthcare Services; BPJS Kesehatan; National Health Insurance (JKN)

Introduction

It has been ten years since BPJS Kesehatan launched the National Health Insurance Program (JKN). With participants spread worldwide, BPJS Kesehatan has developed into a public institution provider of health insurance after going through various challenges and dynamics. As of December 31, 2024, the number of JKN-KIS participants had reached 279

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million people, or around 98.49% of the total population of Indonesia. In terms of service, BPJS Kesehatan has collaborated with 5.708 pharmacies and optics, 23.443 First Level Health Facilities (FKTP), and 3.132 Advanced Referral Health Facilities (FKRTL).

At the end of 2022, the total contribution revenue reached Rp144.04 trillion, while health insurance costs were realized at Rp113.47 trillion. This shows that the balance between the receipt of contributions and the price of the benefits of the JKN-KIS program is maintained. In 2022, BPJS Kesehatan also won the title of financial reporting with a fair audit opinion without modification (WTP) in its report on March 20, 2023. The achievement of this WTP is the 9th or 31st consecutive or 31st since PT Askes (Persero), which indicates that the JKN program contribution is managed effectively, efficiently, and transparently to provide maximum benefits for JKN participants.

From the participant satisfaction perspective, there was an increase in participant satisfaction survey results, from 87.63% in 2021 to 89.62% in 2022. This can be interpreted as participant satisfaction with service guarantees provided by BPJS Kesehatan, which is in the satisfactory category. However, BPJS Kesehatan must not be complacent, as several areas of improvement still need to be addressed. Similarly, with facts occurring in the field, where there are still participant complaints related to the JKN Program service, including 105.435 complaints or around 9.58% of the data on Information Request and Complaint Handling (PIPP) channel utilization in the Fourth Quarter of 2022 (source: SIPP Application, LAPOR! and Care Center 165). These participant complaints must be promptly fulfilled and resolved to increase participant satisfaction

In line with this, the results of field observations are still obtained by complaints from JKN participants. Feedback from JKN participants is one of the factors that BPJS Kesehatan uses to improve the quality of JKN program services. This is also supported by the organization's condition, which continues to improve and becomes a golden momentum to enhance the quality of implementing the JKN program. In addition to opening access to health services and providing financial protection, we must ensure that participants feel the JKN program services are easy, practical, and non-discriminatory. To bring quality improvement, Services need the support and joint efforts of all BPJS Kesehatan employees through the structural and cultural transformation we carry out. Structural transformation is a change in organizational hardware (hard system tools) in the form of a more effective change in organizational structure, adjusting to the organization's strategy and focus. Cultural transformation is a change in organizational software (Soft System Tools) focusing on people related to changes in mindset and behavior (cultural) to make continuous improvements according to the needs of participants and organizations, including through internalizing initiative values, especially the value of excellent service. The BPJS Kesehatan Ambassador and external parties involved in the JKN ecosystem must implement the value of outstanding service in everyday life.

Based on the foregoing, to realize BPJS Kesehatan's vision and mission and create easy, fast, and equitable health services for JKN Participants, a Service Quality Transformation will be implemented starting at the end of 2023. to ensure effective implementation of the Service Quality Transformation in the field, a study will be conducted regarding the effectiveness level of service quality transformation in improving the service quality.

One of the Sustainable Development Goals (SDGs) is to ensure a healthy life and improve welfare for all people (good health and well-being). Most of the world's population still lacks access to important health services. Overcoming this gap is very important to ensure fair health services. Ensuring a healthy life for everyone requires a strong commitment, but the benefits are greater than the cost. A healthy society is a healthy foundation for the economy. Universal Health Coverage (UHC) ensures everyone can access quality health services without financial difficulties. UHC is a noble ideal of the Indonesian people that must be realized. The purpose of UHC includes: (1) Protection of financial risks for the entire community; (2) access to quality health services for the whole community; (3) Access to treatment and immunization that is safe, quality, and affordable for the whole community (Agyepong, 2018).

In addition to realizing UHC goals and entering 1 (one) decade of the National Health Insurance Program (JKN) management, BPJS Kesehatan must ensure that participants feel the JKN program services are easy, practical, and equal through improving the service quality. 2023 is the right time to start implementing service quality transformation, and it cannot be postponed until next year or the following years. The urgency of implementing service quality transformation in 2023, among others: 1) JKN Participants, who own the JKN Program and are entitled to the best service. We are representatives of Participants to ensure their needs are met; 2) Golden Momentum, the organization's financial condition is improving, and there is no longer a deficit. Even now, BPJS Kesehatan has implemented a mechanism for providing advances in health services to health facilities to facilitate cash flows for health facilities. In addition, in 2023, there was an increase in the tariff in the Health Insurance Program as stipulated in the Minister of Health Regulation of the Republic of Indonesia Number 3 of 2023 concerning the Standard for Health Service Tariffs in the Implementation of the Health Insurance Program. Therefore, 2023 is the right time to focus on service quality. this momentum may not recur for another 3–4 years, particularly if future financial deficits reemerge; 3) Service Revival Post-Pandemic, after controlling the COVID-19 pandemic, the health facility has begun rearranging the best health services for patients. This moment must be based on enthusiasm for improving the quality of health services for participants; 4) Organizational Image improvement, Changing the negative image that has been attached to the positive; 5) Strategic Purchasing, which is 90% of the hospital has collaborated, and 80 to 90% of the revenue is sourced from JKN. This is a strong positioning to encourage hospitals to improve service quality for JKN participants; 6) Reach Universal Health Coverage (UHC). Efforts are being made to increase public

confidence, especially in the Missing Middle, which is unsure whether to register to become a JKN participant.

The process of preparation, implementation, and monitoring of program evaluation and service quality transformation strategies is systematically guided by Kotter's 8-Step Change Management model. This model is a structured framework to facilitate effective organizational change by identifying and addressing gaps at various customer journey stages. Specifically, each touchpoint within the customer experience is analyzed to detect deficiencies or areas requiring improvement, thereby enabling targeted interventions. Furthermore, this approach integrates insights from the service quality framework (Figure 1), which provides a comprehensive conceptual foundation for evaluating service quality dimensions (Parasuraman, Zeithaml, & Berry, 2018). Combining Kotter's change management principles with the Parasuraman et al. model ensures that transformational efforts are methodical and grounded in established service quality theory, ultimately enhancing customer satisfaction and organizational performance. Continuous monitoring throughout the implementation phase allows for adaptive management, ensuring the transformation remains aligned with customer expectations and organizational objectives.
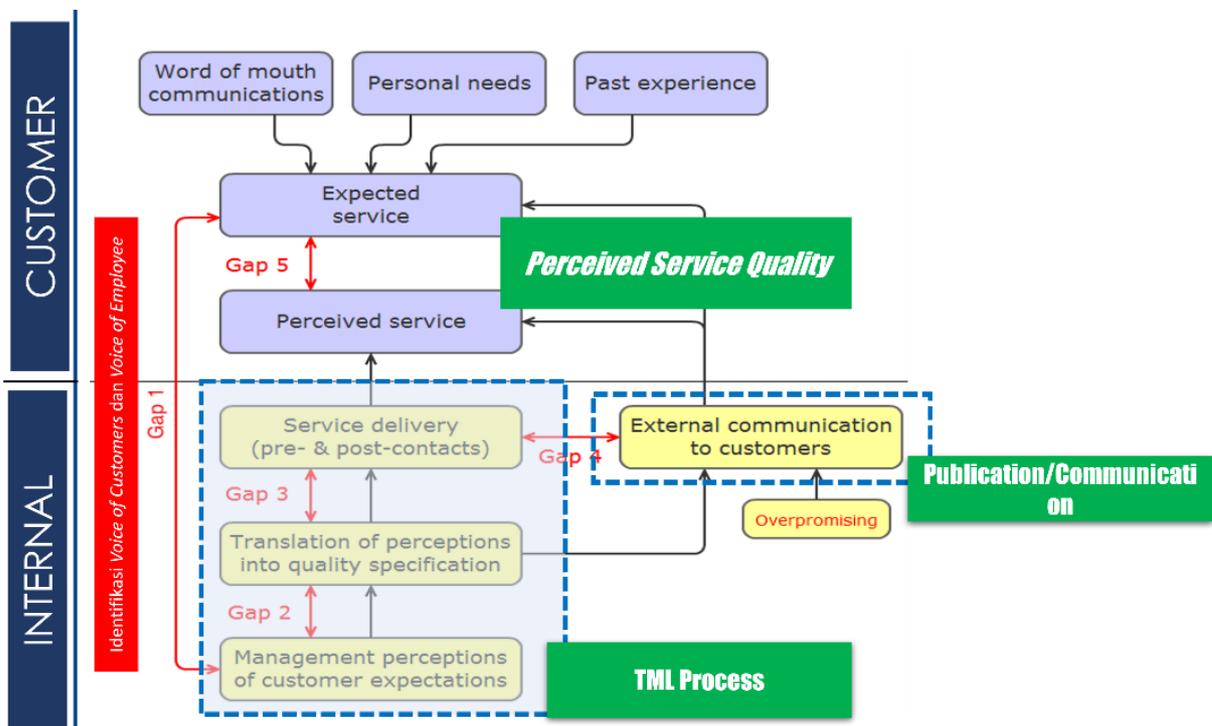

Figure 1. Service Quality Transformation Framework

The framework identifies critical gaps that may arise within the service delivery and management process. These include discrepancies between management perceptions of customer expectations (Gap 1), the translation of these perceptions into quality specifications (Gap 2), and the actual service delivery (Gap 3). External communication to customers, including marketing and publication efforts, can also contribute to overpromising, thereby creating Gap 4. The cumulative effect of these gaps manifests as a divergence between expected and perceived service (Gap 5), ultimately impacting the overall perceived service quality. The transformation process systematically addresses

these internal gaps through coordinated actions in service delivery, communication, and support systems. Organizations can effectively reduce service quality gaps by aligning internal management perceptions with customer expectations and ensuring accurate external communications. This alignment is critical for enhancing customer satisfaction and fostering loyalty.

Implementing BPJS Kesehatan Service Quality Transformation is a response to customer voice input and field check results. The transformation effort aligns with BPJS Kesehatan's vision to ensure that every National Health Insurance (JKN) participant can obtain quality and inclusive health services. This research aims to evaluate and assess the effectiveness of the implementation of service quality transformation. BPJS Kesehatan's Service Quality Transformation efforts involve several key areas, such as service administration simplification and complaint response speed.

This service quality transformation effort is rolled out with a change management approach. Change management is a systematic process of applying knowledge, facilities, and resources needed to effect changes in the people affected. Kreitner said that change management strives for the transformation process to occur relatively quickly with minimal difficulties. Furthermore, Kreitner emphasized that changes in organizational behavior involve shifting organizational elements toward a more stable or "cooled" condition to enhance effectiveness. This perspective aligns with the organizational behavior concepts presented by Kreitner and Kinicki (Kreitner, R., & Kinicki, A. (2022), who state that two forces can encourage the emergence of the need to make changes in the organization, namely: 1) External forces, including forces that emerge from outside the organization, such as Demographic characteristics, technological development, changes in the market, and social and political pressures. 2) Internal power, including the strength within the organization, such as Human Resources Problems (Lack of labor, staffing, productivity, motivation), management behavior, and decisions.

Organizational culture constitutes an important determinant in healthcare service quality and organizational performance. The ICE Formula (INITIATIVE Culture Event for Service Quality Transformation) represents a comprehensive approach to instilling a service culture. A study revealed that structured cultural interventions can enhance healthcare service quality by up to 27% within 18 months (West et al., 2022). The ICE Formula approach aligns with the artistic transformation model developed by Schein, which emphasizes the importance of artifacts, values, and basic assumptions in shaping organizational culture (Schein, 2019).

In developing Kotter's 8-Step Change Management Model, Kotter discussed 8 Step Processes (now called 8 Accelerators) and 4 Change Principles to help the organization succeed in its changes (Figure 2). The eight accelerators are: (1) Create a sense of urgency, establish a compelling rationale for change, which is critical to overcoming complacency. This step involves communicating the pressing change needs to stakeholders and mobilizing energy and commitment across the organization. (2) Build a guiding coalition. Change efforts require strong leadership and broad-based support. Forming a coalition of

influential stakeholders who share a commitment to the change vision ensures that momentum is maintained and resistance is effectively managed. (3) Form a strategic vision and initiatives, developing a clear and actionable vision provides direction and aligns organizational efforts. This vision must be accompanied by strategic initiatives that translate abstract goals into concrete actions; (4) Enlist a volunteer army. Broad participation is essential for embedding change within the organizational culture. By engaging a large group of motivated individuals, organizations can foster grassroots support that sustains change efforts beyond formal leadership; (5) Enable action by removing barriers, Identifying and eliminating obstacles—whether structural, procedural, or cultural—empowers employees to contribute effectively to the change process; (6) Generate short-term wins, Early successes validate the change effort and build confidence among stakeholders. These wins serve as tangible evidence of progress, helping to maintain enthusiasm and justify continued investment. (7) Sustain acceleration. Change is an ongoing process that requires continuous effort. This step emphasizes maintaining momentum by leveraging early wins to drive further change and prevent regression; (8) Institute change, embedding new behaviors and practices into the organizational culture, ensures the durability of change. This institutionalization is achieved through reinforcement mechanisms such as leadership development, performance management, and organizational norms.

Figure 2. The Eight Accelerators by Kotter

Method

This study uses quantitative research, which was chosen to obtain a comprehensive picture of the effectiveness of the quality transformation of BPJS Kesehatan services. Furthermore, the quantitative research method can be defined as a research approach

based on the philosophy of positivism, applied to specific populations or samples, utilizing research instruments to collect data, and analyzing the data quantitatively or statistically with the goal of testing predetermined hypotheses (Sugiyono, 2018).

This study collected data through several methods. Questionnaires were distributed online to respondents to collect quantitative data on their perceptions and experiences regarding implementing service quality transformation.

The research sample used purposive sampling, where respondents were chosen based on certain criteria relevant to the research objectives. The population in this study was all BPJS Kesehatan employees for the internal respondent category. The external respondent category includes JKN participants and BPJS Kesehatan partners involved in the National Health Insurance (JKN) ecosystem (Healthcare Facilities, Stakeholders, Government, Professional Association). The respondent sample was determined through the Slovin method with a margin of error of 5%.

The total population of BPJS Kesehatan internal respondents is 10.918 employees. The sampling process employs Slovin's formula to calculate the minimum required sample size of 732 employees. Notably, the number of respondents obtained exceeds this minimum, with 1.531 employees participating, resulting in a margin of error of approximately 2.31% (Table 1). This margin indicates a high level of precision in the sample concerning the internal employee population. The following is an overview of BPJS Kesehatan internal respondents.

Table 1. General Sampling Method

Respondents	Population	Slovin's Min Sample	Respondent Entry	Margin of Error
Employee	10,918	732	1531	2.31%

Table 2. Sampling Method

Respondent Type	Population	Slovin's Min Sample	Respondent Entry	Margin of Error
JKN Participants (customer)	244.600.449	400	3.468	1.78%
Healthcare Facilities	7.048	351	1113	2.93%
Government and Professional Association	514	225	274	2.77%

These external respondents are categorized into three main groups: JKN participants (customers), healthcare facilities, and government and professional associations. Regarding external respondents, the study encompasses three primary categories: JKN participants (customers), healthcare facilities, and government and professional associations. The population of JKN participants is notably large, totaling approximately 244.6 million individuals. Based on Slovin's formula, a minimum sample size of 400 was calculated, with an actual respondent entry of 3.468, yielding a margin of error of 1.78%. This substantial sample size strengthens the validity of insights drawn from the customer perspective. Healthcare facilities, numbering 7.048, required a minimum sample of 351. The study obtained 1.113 responses from this group, corresponding to a margin of error of 2.93%. Similarly, government and professional associations, with a population of 514, had a

minimum sample requirement of 225, and 274 respondents participated, resulting in a 2.77% margin of error. The total population of BPJS Kesehatan external respondents who are ecosystems of JKN is as follows (Table 2).

External respondents cover all regions in Indonesia, which is the distribution of BPJS Kesehatan regions. Most respondents in the participant category are National Health Insurance (JKN) participants who have been with the program for more than three years, while respondents in the BPJS Kesehatan working partner category (consisting of local governments and health facilities) have worked for over five years.

The measurement of the effectiveness of Service Quality Transformation (TML) is conducted to ensure that the strategies implemented not only yield changes aligned with the organization's objectives but also have a tangible impact on service quality and customer satisfaction. In evaluating the effectiveness of Service Quality Transformation, two primary indices are utilized as measurement frameworks (Figure 3).
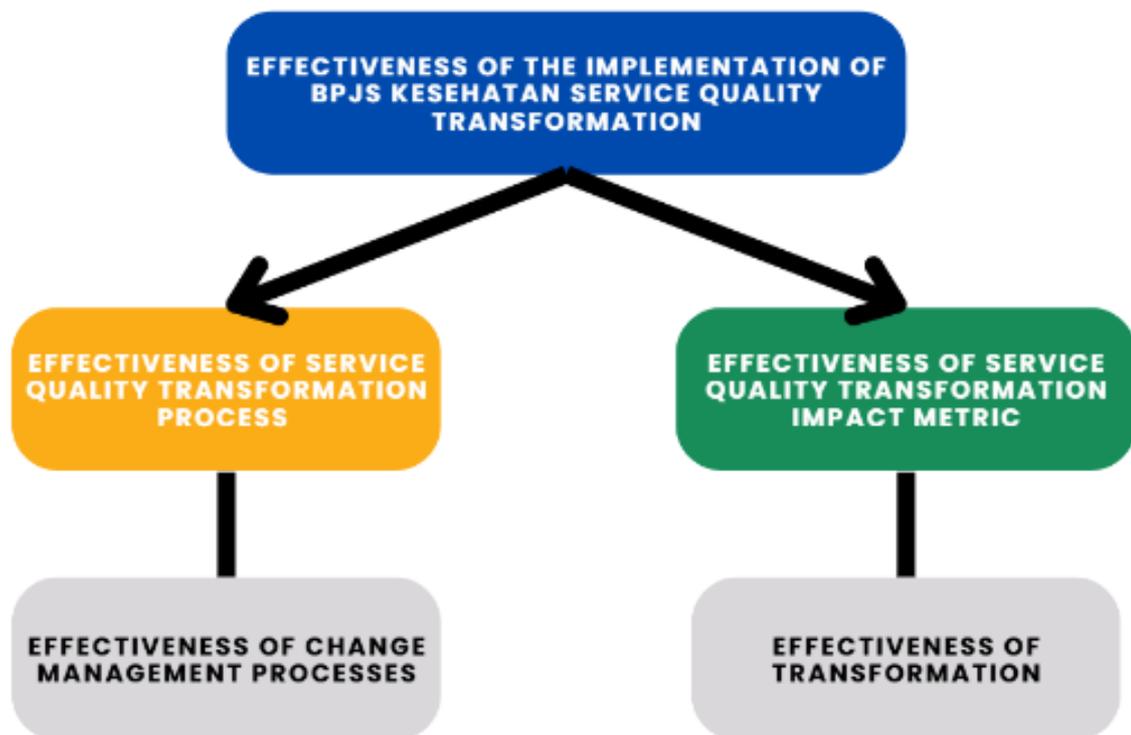
Figure 3. Framework Effectiveness of the Implementation of BPJS Kesehatan Service Quality Transformation

The Service Quality Transformation (TML) Process Index measurement framework is designed to evaluate the quality-of-service transformation implementation through three primary components: Support Index, Awareness Index, and Implementation Index. The Support Index measures various parties' support level, encompassing colleagues' mindset, external support levels, supervisory support, and collaboration intensity. This support is considered a fundamental element underpinning the successful implementation of TML. Furthermore, the Awareness Index depicts the understanding of various stakeholders, such as employees, healthcare facilities, JKN participants (customers), central partners, and regional partners regarding the existence and objectives of Service Quality

Transformation. Finally, the Implementation Index assesses the consistency and quality of TML strategy execution across all organizational lines and related partners.

This measurement is conducted across five key stakeholder groups: employees, healthcare facilities, JKN participants, and partners (central and regional). For the employee group, measurements include their experience supporting Service Quality Transformation, level of understanding (awareness), and consistency in implementing these strategies. For healthcare facilities, the indicators measured are their comprehension of TML strategic initiatives and their practical application. For JKN participants, the measurement focuses on their understanding of Service Quality Transformation and their perception of service quality. Meanwhile, central and regional partners are evaluated based on their level of understanding and strategy implementation, with particular attention to consistency and quality of execution.

The measurement methodology is conducted through surveys that collect data from each stakeholder group using a 1-4 Likert scale, which is converted into a 100-scale index. This measurement encompasses two primary aspects: understanding or awareness and the implementation level. Additionally, assessment weights are determined with a proportion of 30% for the Support Index, 30% for the Awareness Index, and 40% for the Implementation Index (Figure 4). This framework provides a comprehensive overview of the transformation process undertaken by BPJS Kesehatan by integrating support, understanding, and implementation from various related parties, thereby ensuring the success of the Service Quality Transformation strategy in enhancing service quality comprehensively. This index provides an in-depth illustration of the efficiency, accuracy, and quality of internal processes in executing transformation, enabling the organization to ensure that all steps taken align with established strategic objectives.
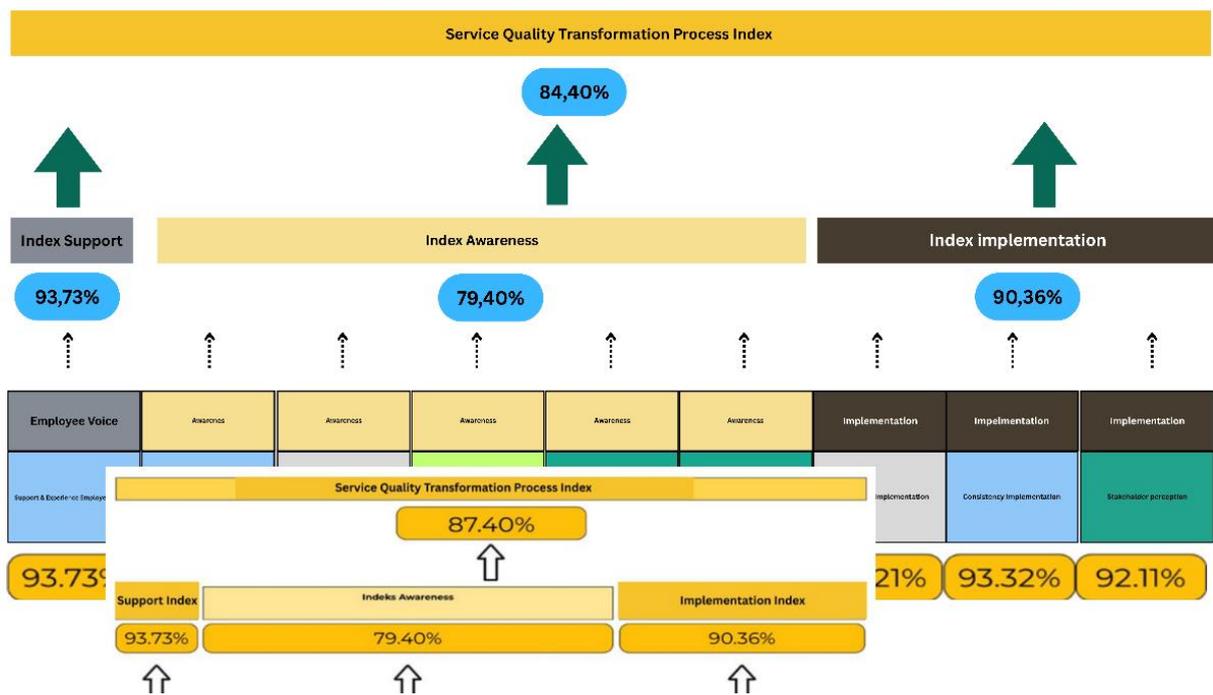

Figure 4. Framework of Service Quality Transformation Process

The measurement framework of the Service Quality Transformation (TML) Impact Index aims to evaluate the impact of TML implementation on two primary dimensions: Customer Perception of Service Quality and Service Performance (Figure 5). To measure the effect on customer perception, the Index of TML Implementation Impact on Customer Perception is utilized, calculated based on two main components: the Service Perception Index and the Customer Voice Fulfillment Index, each using a scale of 100. The Service Perception Index reflects the outcomes of TML implementation as experienced directly by customers in perceived service. Meanwhile, the Customer Voice Fulfillment Index measures how TML implementation meets customer expectations and needs, focusing on three key principles: speed, accessibility, and equity. Data for this index is obtained through customer surveys.
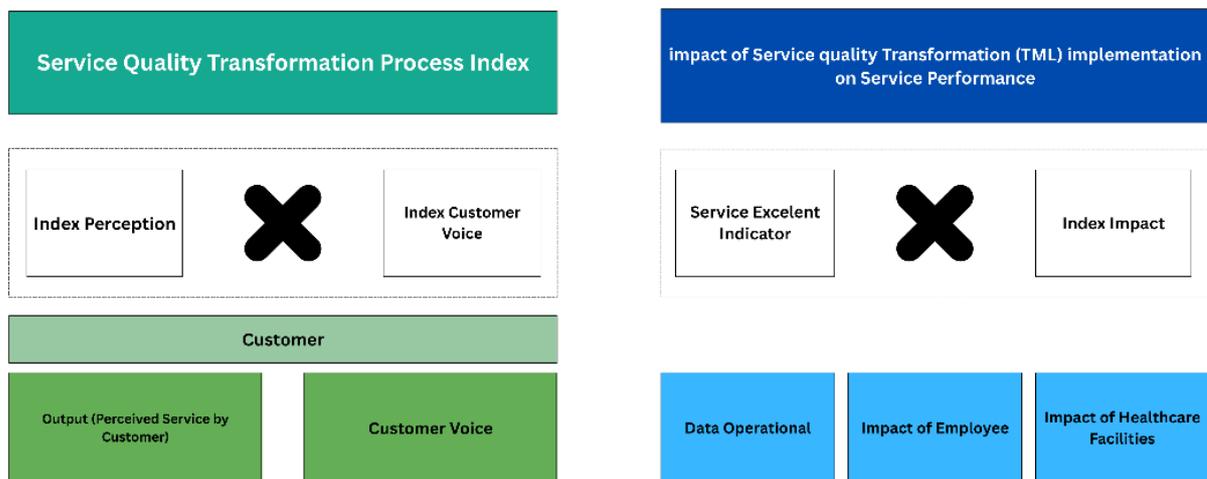
Figure 5. Framework of Service Quality Transformation Impact Index

Results

The effectiveness of the service quality transformation was evaluated across two main dimensions, they are the Service Quality Transformation Process Index and the Service Quality Transformation Impact Index. The results of the Service Quality Transformation Process Index indicate a high level of overall achievement, with a total score of 87.40%. This index is composed of three sub-dimensions, each measuring different aspects of the transformation's application within the BPJS Kesehatan environment (Table 3). The Support Index demonstrated the highest achievement at 93.73%, suggesting strong organizational backing and resources for the transformation. This was followed closely by the Implementation Index, which scored 90.36%, indicating successful execution of the planned initiatives. The Awareness Index had the lowest score at 79.40%, suggesting that while the program was well-supported and implemented, there is still room to improve stakeholder awareness.

Meanwhile, the Service Quality Transformation Impact Index was used to assess the tangible outcomes of the transformation on both customer perception and service performance. The findings reveal a significant disparity between the two areas. The impact on customer perception was highly positive, achieving a score of 90.88%. This indicates that

the transformation efforts were highly effective in improving how customers view the service quality. In stark contrast, the impact on service performance was remarkably low, with a total achievement of only 1.94% (Table 4). This result suggests a critical disconnect where the perception of improved service quality has not yet translated into measurable improvements in operational performance.

Table 3. Service Quality Transformation Process Index

Service Quality Transformation Process Index	Index
Service Quality Transformation Process Index	87.40%
Support Index	93.73%
Awareness Index	79.40%
Implementation Index	90.36%

Table 4. Service Quality Transformation Impact Index

Service Quality Transformation Impact Index	Index
Impact of Service Quality Transformation (TML) implementation on customer perception	90.88%
Impact of Service Quality Transformation (TML) implementation on service performance	1.94%

Discussion

To enhance service quality for National Health Insurance (JKN) Program Participants, thereby creating services that are accessible, expeditious, and equitable, a Service Quality Transformation has been implemented. The Service Quality Transformation (TML) framework can be explained as follows: (1) Orchestrating and accelerating service quality improvement by managing service quality enhancement through monitoring program implementation and service quality improvement strategies; (2) Regional Deputies, Branch Offices, and City/Regency Offices implement programs and strategies for service quality improvement, executing the National Quality Improvement Program formulated by the BPJS Kesehatan Board of Directors, and conducting self-assessment of quality improvement at local sites; (3) Stakeholder support, particularly from Healthcare Facilities, implementing programs and strategies for service quality improvement at local Healthcare Facilities; (4) Support for positive publications regarding service quality improvement.

Service quality transformation aims to create accessible, expeditious, and equitable healthcare services for JKN participants, thereby establishing a positive organizational image for the sustainability of the JKN Program and the BPJS Kesehatan organization. The foundation for implementing service quality transformation is the BPJS Kesehatan Ambassador culture of serving Participants wholeheartedly. Participant satisfaction is impacted by the difference between expectations and directly perceived reality (Parasuraman, 2020).

Service Quality Transformation (TML) activities conducted by BPJS Kesehatan within the internal scope of BPJS Kesehatan are as follows: (1) Standardization of service performance at BPJS Kesehatan Offices; (2) Rapid Response to Participant Complaints; (3) Enhancement of Participant Understanding of the JKN Program; (4) Updating Participant Mobile Phone Number Data.

Meanwhile, TML activities in collaboration with Healthcare Facilities include: (1) Accepting National ID Number/ID Card/Digital Health Insurance Card for service registration; (2) Eliminating requirements for document photocopies; (3) Ensuring no limitations on hospitalization days; (4) Eliminating discriminatory treatment; (5) Ensuring no additional charges; (6) Providing necessary medications without burdening Participants to seek medications in cases of shortages; (7) Ensuring unimpeded service for participants at registered primary healthcare facilities.

The greatest challenge in change is the mindset resistant to transformation (resistance to change). Mindset transformation begins with conveying the necessity for change, which aligns with the assertion that establishing a sense of urgency is the most fundamental initial step in implementing change (Kotter, 2021). Therefore, a mindset transformation is essential for executing service quality transformation. The anticipated mindset changes are displayed in Table 5.

Table 5. The Mindset that Needs to be Changed and Expected Mindset

Mindset	BPJS Kesehatan Employee	Healthcare Facilities & Health Personnel
The mindset that needs to be changed	The current service conditions are good, and participants are satisfied with the services received at this time. Service quality is not the main target to be achieved	The quality of services to JKN participants has not become a management priority. JKN Participants with Low Tariffs, Healthcare Facilities Suffer Losses, Becoming a Burden for Healthcare Facilities and Health Personnel Health Personnel Income Decreases Due to BPJS Kesehatan Delaying Claim Payments
Expected Mindset	Realizing that the salaries and other income we receive and make a living for our families are all sourced from participant contributions. Committed to implementing and improving service quality, as a BPJS Kesehatan image determines organizational support.	Recognize the main source of healthcare facilities (80-90%) used to pay the salaries and income of employees from JKN participants, which are collected one by one by BPJS Kesehatan. JKN participants, such as general patients, should be well served and become a priority. Realizing that the payment of JKN patients' claims is more certain and faster.

The activity of People (Human Resources) intervention activities in supporting service quality transformation encompasses: (1) Establishing Urgency for Service Quality Improvement for JKN Participants with a "Big Message" and "Service Quality Transformation can only be achieved if we can mobilize Healthcare Facilities to move together"; (2) Strengthening Service Culture to become the DNA of every BPJS Kesehatan Representative through the ICE Formula. ICE Formula (INITIATIVE Culture Event for Service Quality Transformation); (3) Massive Socialization regarding Service Quality Transformation Programs and Activities; (4) Program Appreciation (Best QuickWin Achievement); and (5) Follow-up Evaluation and improvement achievements according to targets, as well as Spot-checks to Branch Offices and Healthcare Facilities.

Building urgency for service quality improvement represents a critical initial step in healthcare organization transformation. Research indicates that 70% of transformation initiatives fail due to a lack of urgency among stakeholders (Kotter & Cohen, 2021). The "Big Message" approach, which emphasizes the importance of collaboration among healthcare facilities, has proven effective in mobilizing systemic change. A longitudinal study identified that healthcare organizations that successfully construct a collective narrative around the urgency for change have implementation success rates 3.4 times higher than those that do not (Damschroder et al., 2019). The core message that "Service Quality Transformation can only be achieved if we can mobilize Healthcare Facilities to move together" aligns with findings that underscore the importance of a systems approach in healthcare service transformation (Greenhalgh et al., 2020).

Organizational culture constitutes an important determinant in healthcare service quality. Research has demonstrated a significant correlation between service culture and participant satisfaction (Braithwaite et al., 2020). The ICE Formula (INITIATIVE Culture Event for Service Quality Transformation) represents a comprehensive approach to instilling a service culture. A study revealed that structured cultural interventions can enhance healthcare service quality by up to 27% within 18 months (West et al., 2022). The ICE Formula approach aligns with the artistic transformation model developed by Schein, which emphasizes the importance of artifacts, values, and basic assumptions in shaping organizational culture (Schein, 2019).

Effective communication constitutes a critical component in implementing organizational change. The massive socialization approach must consider various communication channels. Research indicates that a multi-channel approach combining digital and face-to-face communication enhances staff understanding of transformation initiatives by 43% compared to a single-channel approach (Gagnon et al., 2021).

Recognition and reward systems represent important motivational factors in organizational transformation. A study demonstrates that performance-based appreciation programs increase healthcare staff motivation by 34% and service quality by 21% (Jha et al., 2022). The Best QuickWin Achievement program aligns with motivation theory, emphasizing the importance of external recognition in facilitating intrinsic motivation (Ryan & Deci, 2020). Well-designed recognition programs can reduce healthcare staff turnover by up to 17% and increase productivity by 23% (Mathauer & Imhoff, 2021).

An effective evaluation approach encompasses process and outcome indicators. Healthcare organizations implementing comprehensive evaluation systems experienced a 37% reduction in medical errors and a 29% increase in patient satisfaction (Pronovost et al., 2021). Spot-checks conducted with a collaborative approach have been shown to enhance best practice adoption by 47% within 12 months (Frimpong et al., 2021).

The Evaluation of Service Quality Transformation Effectiveness consists of two main dimensions: the Service Quality Transformation Process Index and the Impact Index. The

Service Quality Transformation Process Index stands at 87.40%, comprising a Support Index of 93.73%, an Awareness Index of 79.40%, and an Implementation Index of 90.36%.

Service Quality Transformation Process Index (EPP)

The Service Quality Transformation (TML) Process Index serves as a robust and multidimensional instrument designed to meticulously evaluate the efficacy of healthcare service quality improvement programs. As depicted in Figure 6, this index is not a monolithic measure but rather an integrated framework composed of three critical, interconnected components: the support level, the understanding/awareness level, and the implementation level (Mosadeghrad, 2020). The adoption of such a comprehensive approach is substantiated by a longitudinal study by Braithwaite et al. (2021), which emphasized that a multidimensional assessment is fundamental for a holistic and accurate evaluation of a healthcare system's transformation success. By analyzing these three components collectively, one can gain a nuanced understanding of the strengths and weaknesses of an ongoing service quality initiative.
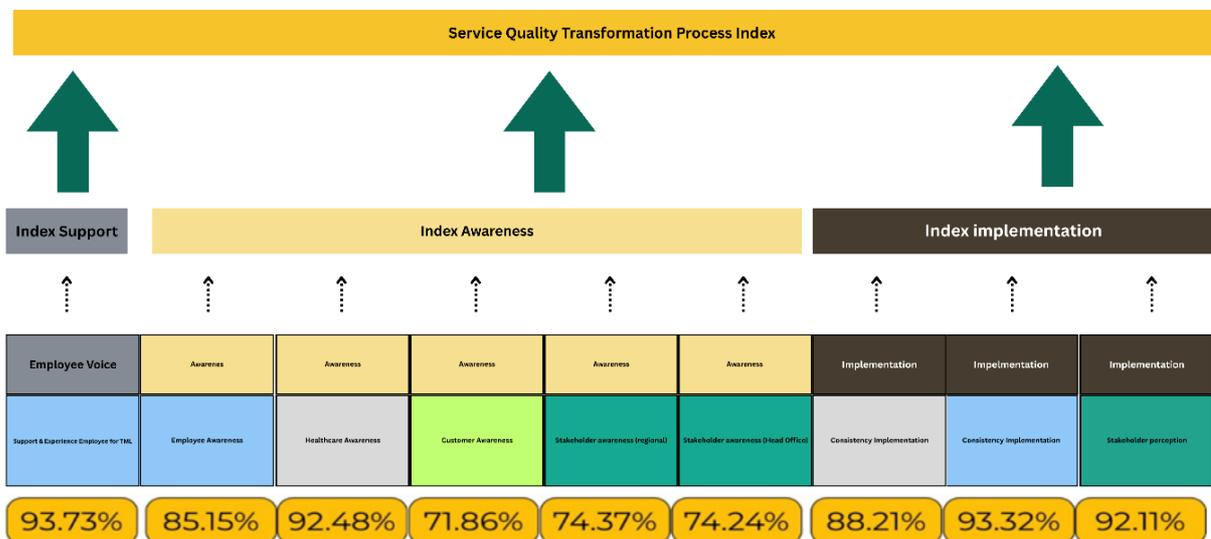

Figure 6. Service Quality Transformation Process Index

The first component, the support level, quantifies the extent to which employees feel supported and engaged in the TML implementation process. The impressive score of 93.74% achieved in this area is a testament to a strong organizational culture that values its human capital and their role in change. This result is not an isolated finding; it resonates with existing literature that consistently demonstrates a positive correlation between robust organizational support and the successful execution of healthcare service transformation programs (Sfantou et al., 2022). A deeper analysis reveals that this high level of support is not merely passive; it stems from active engagement. Damschroder et al. (2021) showed that direct and indirect employee involvement in transformation activities can enhance program effectiveness by as much as 37% compared to organizations with low employee support. This high score on the support index suggests that the organization has successfully fostered an environment where employees feel empowered, heard, and integral to the transformation journey, which is a powerful catalyst for change. It indicates effective leadership, clear communication from management, and a culture

that is open to feedback and collaboration, all of which are crucial for overcoming resistance to change and ensuring buy-in from the front lines.

The second component, the understanding/awareness level, measures the extent to which employees, participants, healthcare facilities, and all relevant stakeholders comprehend the objectives and processes of the TML program. With a score of 79.40%, this index is categorized as moderately satisfactory. While not a failing score, it points to a notable gap in communication that requires immediate attention. The findings from Gagnon et al. (2023) are particularly relevant here, as their research indicates that awareness levels below 85% are frequently associated with significant barriers to the adoption of healthcare service innovations. The moderate score suggests that while some stakeholders may be fully aware and engaged, others may lack a clear understanding of the program's purpose, their specific roles, or the benefits it is intended to deliver. This is a critical point of vulnerability. A meta-analysis of 87 health program implementation studies by Lewis et al. (2022) concluded that comprehensive and integrated communication strategies have the potential to boost awareness levels by up to 23.5% within a single year. This suggests that the organization could significantly improve its overall transformation outcomes by investing in more targeted and persistent communication efforts, such as workshops, informational campaigns, and feedback mechanisms to ensure a shared understanding across all levels. A lack of awareness can lead to confusion, misalignment of efforts, and ultimately, a failure to achieve the program's full potential, even with high levels of support and implementation.

The final component is the TML implementation index, which assesses the consistency of program execution across BPJS Kesehatan, healthcare facilities, and stakeholder perceptions. Achieving a score of 90.36%, this index demonstrates a high degree of program consistency and operational success. This result is particularly encouraging, as it aligns with research from Pronovost et al. (2023), which found that an implementation consistency above 90% is strongly correlated with measurable and sustainable improvements in service quality. Furthermore, a comparative study by Rowe et al. (2021) revealed that healthcare organizations with an implementation index above 90% experienced a significant reduction in patient complaints (27.3%) and a notable increase in service user satisfaction (31.8%) compared to their counterparts with scores below 80%. This high score indicates that the transformation program is not just a theoretical concept; it is being effectively translated into daily practice. It reflects a well-structured plan, diligent execution, and effective monitoring systems that ensure the intended changes are being consistently applied throughout the entire healthcare ecosystem.

Based on a comprehensive analysis of these three interconnected indices, the overall picture of the Service Quality Transformation program is one of considerable success, yet with a clear area for improvement. The program benefits from high levels of organizational support and robust implementation consistency, which are the twin pillars of a successful change initiative. However, the moderate score on the awareness index highlights a critical

need for strengthening communication and understanding among all stakeholders. These findings are consistent with the implementation framework proposed by Greenhalgh et al. (2023), which emphasizes that sustainable healthcare system transformation is achieved by striking a balance between organizational support, stakeholder understanding, and consistent implementation. The organization's next strategic move should be to bridge the existing awareness gap, as this is the final piece needed to ensure the long-term success and full realization of its service quality goals. By focusing on enhancing communication and literacy around the program, the organization can convert its high levels of support and implementation into an even more impactful and enduring transformation.

Service Quality Transformation Impact Index (Eppo)

The Service Quality Transformation (TML) Impact Index (Eppo) was developed based on a conceptual framework validated through confirmatory factor analysis (Parasuraman et al., 2020). This index comprises two principal dimensions: Customer Perception of Service Quality and Service Performance. The measurement of the customer perception dimension is conducted through the TML Implementation Impact Index on Customer Perception, encompassing the Service Perception Index and the Customer Voice Fulfillment Index, utilizing a scale of 100 (Zeithaml et al., 2022).

The Service Perception Index measures users' direct experience (perceived service) regarding TML implementation. Based on the SERVQUAL model, service experience constitutes the primary determinant of customer satisfaction and loyalty within the healthcare service context (Parasuraman et al., 2020). Meanwhile, the Customer Voice Fulfillment Index evaluates how TML implementation fulfills user expectations and needs, focusing on three fundamental principles: speed, accessibility, and equity. This approach aligns with the value-based healthcare framework, which emphasizes the importance of aligning healthcare services with the value perceived by participants (Porter & Teisberg, 2020).

A comprehensive analysis of the TML Implementation Impact Index on service quality perception demonstrates significant results (Figure 7). The indicator of TML implementation outcomes experienced by participants achieved a score of 90.98%. The high score reported (90.98%) aligns with findings in these studies, emphasizing that comprehensive and well-executed implementation strategies can substantially improve participants' perceptions of service quality. These results align with Satisfaction with implementing linear pathways among nurses, which has been shown to improve service quality through increased engagement and better hospital-patient relationships (Li et al., 2023).

Meanwhile, the indicator of TML implementation impact on fulfilling participant needs (customer voice) achieved a score of 92.37%. This result aligns with findings from a study across 78 healthcare service quality transformation programs, where expectation fulfillment scores above 90% were associated with significant improvements in service user satisfaction and perception of service value (Larson et al., 2023).

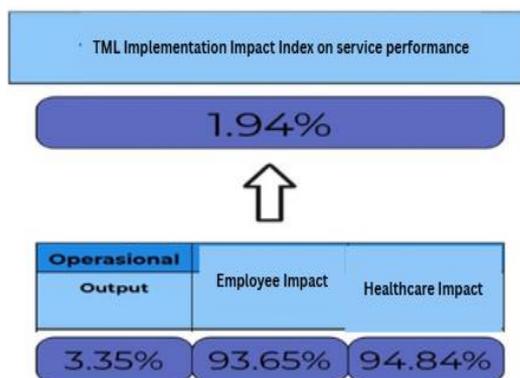**Figure 7. TML Implementation Impact Index on service quality perception**

Figure 8. TML Implementation Impact Index on service performance

The index measuring the impact of TML implementation on service performance comprises three primary data dimensions: operational data, employee surveys, and healthcare facility surveys. The evaluation results of the impact of Service Quality Transformation (TML) on service performance indicate a total achievement score of 1.94 (Figure 8).

Operational data is utilized to objectively measure the output of TML implementation before and after its execution. The operational data recorded a value of 3.35%, reflecting the outcomes of the Service Quality Transformation based on operational metrics (before and after TML implementation). A longitudinal study found that service quality transformation programs demonstrating a 3–5% increase in operational indicators during the first year of implementation had a 73.4% likelihood of achieving significant improvements (greater than 15%) by the third year (Rowe et al., 2022). Changes in operational indicators tend to follow an S-curve pattern, characterized by relatively modest increases during the initial stages of implementation, followed by acceleration in the mid-stage, and stabilization in the later stages (Greenhalgh et al., 2023).

The impact data from the employee group achieved a score of 93.65%, representing the impact of Service Quality Transformation on output or participant satisfaction. This score underscores the significant role of employees in positively impacting service performance. Positive employee perceptions of service quality transformation programs strongly predict program implementation success, contributing 47.3% of the variance (p <

0.001). An employee perception score above 90% indicates a very high level of support and engagement (West et al., 2022).

The impact data from the healthcare facility group recorded the highest score of 94.84%, reflecting the success of Service Quality Transformation in positively influencing output and participant satisfaction at the healthcare facility level. This high score in healthcare facility perception can be explained by the theoretical framework of "Implementation Climate," characterized by a shared perception that innovation is supported, valued, and expected within the organization (Klein & Sorra, 2021). Healthcare organizations with provider perception scores above 90% experience a 42.7% increase in the adoption of evidence-based practices and a 37.3% improvement in service quality compared to organizations with scores below 80% (Jacobs et al., 2023).

Conclusion

This study analyzes the effectiveness of the implementation of Service Quality Transformation (TML) conducted by BPJS Kesehatan in its efforts to enhance service quality for National Health Insurance (JKN) participants. The research aims to evaluate the effectiveness of the TML program through an evidence-based approach by integrating operational data and stakeholder perceptions. Based on a comprehensive analysis of the TML process index and impact index, it can be concluded that this program has demonstrated positive results in improving the quality of JKN services. The Service Quality Transformation implemented by BPJS Kesehatan has reached a participant base of 276 million individuals (98.19% of Indonesia's population) and has successfully increased participant satisfaction from 87.63% in 2021 to 89.62% in 2022. The TML process index achieved a score of 87.42%, while the impact index indicated customer satisfaction at 90.90%. These achievements suggest that the TML strategy, which focuses on providing faster, easier, and fairer services, has significantly impacted JKN participants' perceptions.

However, challenges remain to be addressed, as complaints from approximately 9.58% of participant interactions indicate. Operational data also shows a relatively moderate increase of 3.35%, suggesting that operational transformation is still in its early stages and requires time to manifest in performance indicators fully. Based on the research findings, several recommendations can be formulated for the development of the BPJS Kesehatan Service Quality Transformation program as follows: (1) Strengthening Communication and Education Strategies: Given that the awareness index reached 79.40% (categorized as moderately satisfactory), more effective communication and education strategies are needed to enhance the understanding of participants, healthcare facilities, and stakeholders regarding the TML program; (2) Development of an Operational Transformation Acceleration Model: To expedite the improvement of operational quality indicators, a transformation acceleration model based on the integration of organizational capability development, stakeholder support enhancement, and implementation of evidence-based practices in daily operations is necessary; (3) Continuous Evaluation for Monitoring TML Implementation: This should integrate leading indicators (such as

stakeholder perceptions) and lagging indicators (such as operational data) based on empirical evidence; (4) Development of Continuous Training Programs: Strengthening ongoing training programs for BPJS Kesehatan employees and healthcare facilities with a focus on enhancing service competencies and understanding of the JKN program; (5) Strengthening Cross-Sector Collaboration: Collaborating with the Ministry of Health, local governments, and other stakeholders to address structural barriers in TML implementation; (6) Continuous Improvement Based on Research: Identifying factors that facilitate and hinder TML implementation across various contexts; (7) Adaptation of Experience-Based Design Approaches: Integrating Experience-Based Design approaches in the development and improvement of JKN service quality to ensure that the perspectives and experiences of JKN participants are central to the transformation process; (8) Development of a Performance-Based Incentive System: Implementing a performance-based incentive system that links rewards to the achievement of service quality indicators both within BPJS Kesehatan and for healthcare facilities.

Implementing these recommendations is expected to strengthen the effectiveness of the BPJS Kesehatan Service Quality Transformation program and contribute to the sustainable improvement of healthcare services for JKN participants. An evidence-based approach and robust theoretical framework in implementing these recommendations will ensure that the transformation impacts stakeholder perceptions and significantly improves operational indicators.

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