

Implementation of the Mobile JKN program in Public Services at the Candi Community Health Center in Sidoarjo Regency

Nike Surya Saputri¹, Ahmad Riyadh Umar Balahmar²

^{1,2}Muhammadiyah University of Sidoarjo, Indonesia



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ABSTRACT

Objective: This study aims to analyze the implementation of the Mobile JKN application at the Candi Community Health Center (Puskesmas Candi) in Sidoarjo Regency as part of the digital transformation of public services. **Method:** The method used was descriptive qualitative, using observation, interviews, and documentation techniques. The analysis was conducted using George C. Edward III's policy implementation theory, which includes four indicators: communication, resources, disposition, and bureaucratic structure. **Results:** The results showed that the implementation of Mobile JKN has not been optimal. In terms of communication, there are still obstacles in socialization and digital literacy, especially among the elderly. In terms of resources, staff are sufficiently prepared, but user skills are not evenly distributed. In terms of disposition, staff attitudes are considered good and cooperative, although some patients still experience difficulties. Meanwhile, in terms of bureaucratic structure, limited SOPs and application features hinder smooth service delivery. These findings emphasize the need for increased socialization, infrastructure improvements, and regulatory strengthening so that the use of Mobile JKN can support basic health services more effectively. **Novelty:** This study highlights the real challenges in implementing a digital public service application in a community health center context, particularly emphasizing the gaps in communication, user skills, and bureaucratic support, which are often overlooked in digital transformation initiatives.

INTRODUCTION

The government has three main duties: governing, implementing development, and providing services to the public. In terms of public services, the state is responsible for fulfilling the basic rights and needs of citizens, as stipulated in the 1945 Constitution of the Republic of Indonesia. However, based on real data and facts, public services in Indonesia have not yet reached the expected level. This situation has resulted in a gap between public expectations and the reality of available services, necessitating innovations that can improve the quality of government services.[1]One of the innovations needed to improve the quality of public services in the health sector is the digitalization of services through the use of technology-based applications.[2]Advances in information and communication technology have now entered various industries, including healthcare. This can impact how healthcare services operate worldwide. Technology plays a significant role in the healthcare sector, particularly in improving the quality and standards of healthcare services[3].

The current technological development is undeniable. Various innovations continue to emerge thanks to technology. This progress has been implemented in many sectors of society, including the health sector. The government provides health protection to its citizens through the BPJS Kesehatan program. BPJS Kesehatan is the organizer of social security programs in the health sector and is one of five programs in the National

Social Security System (SJSN). The program includes Health Insurance, Work Accident Insurance, Old Age Security, Pension Security, and Death Security, as regulated by Law Number 40 of 2004 concerning the National Social Security System. BPJS Kesehatan, previously known as Askes (Health Insurance), is managed by PT Askes Indonesia (Persero). However, based on Law No. 24 of 2011 concerning BPJS, the company transformed into BPJS Kesehatan starting January 1, 2014. The use of mobile applications, including social media, continues to experience a significant increase in Indonesia. By 2023, internet users in Indonesia will reach approximately 215.6 million people, or 78.19% of the total population of approximately 276 million. Meanwhile, active social media users are estimated to reach around 191 million people or around 68% of Indonesia's total population, indicating increasingly widespread and significant digital technology penetration.

An effective information system can improve service flow in several ways, which will help improve patient care. There are three main functions of an information system in supporting healthcare services: assisting healthcare processes and activities, supporting staff and management in decision-making, and supporting strategies for competitive advantage. With technological advancements, the healthcare information system, which was previously handled manually and through administrative activities at branch offices, has now shifted to a digital transformation within the BPJS Kesehatan business model, in the form of applications.[4] This aligns with government policy outlined in Presidential Regulation No. 82 of 2018 concerning Health Insurance and Presidential Instruction No. 5 of 2022 concerning Digital Transformation of Public Services, which encourage the use of technology in healthcare services. In this context, the implementation of the Mobile JKN program at the Candi Sidoarjo Community Health Center is a concrete step towards making it easier for the public to access healthcare services, reducing physical queues, and increasing the effectiveness of public services at the primary healthcare facility level[5].

Mobile JKN is the official BPJS Kesehatan application that provides digital services for JKN-KIS participants. This application also implements BPJS Kesehatan Regulation Number 7 of 2018 concerning the Management of Health Insurance Participation Administration. Through this application, participants can access various services such as new participant registration, data changes, premium payments, health service registration, and online complaint submission. Based on data from BPJS Kesehatan East Java in 2023, it was recorded that 25.6 million of the 42.7 million JKN-KIS participants (60%) were actively using the application. This achievement indicates that more than half of participants in the region have utilized digital services to access health facilities, thereby reducing physical queues and simplifying administrative processes. One hospital that has implemented this service is Dr. Soetomo Hospital in Surabaya, which recorded that 45% of its average 1,500 outpatients per day are active Mobile JKN users. The use of this application has reduced registration wait times from an average of 120 minutes to 45 minutes.

Sidoarjo Regency, one of the regions with the highest population growth in East Java, recorded a total of 2.3 million residents, with 1.8 million of them registered as JKN-KIS participants in 2023. This number reflects a participant coverage of 78.3% of the total population, placing Sidoarjo as one of the regencies with the highest JKN-KIS participation rate in the province. Based on data from the Sidoarjo BPJS Kesehatan Branch, of 26 community health centers spread across 18 sub-districts, the Mobile JKN usage rate reached 68% of total visits, which equates to approximately 1.22 million participants actively utilizing digital services. Sidoarjo Regional General Hospital, as the main referral hospital, recorded an increase in Mobile JKN usage from 55% in early 2023 to 73% by the end of 2023, with an average of 2,500 outpatient visits per day. Thus, approximately 1,825 patients per day have utilized the application's features such as online queuing, checking service rights, and health screening. This improvement also boosts service efficiency by reducing the average wait time from 90 minutes to 40–45 minutes for active users.

Despite the positive trend, the Sidoarjo Health Office noted that approximately 28% of users still experienced difficulties operating the application, particularly among those aged 50 and over. In Candi District, which serves a population of 145,000, there were 85,000 JKN-KIS participants in 2023. Mobile JKN usage at the Candi Community Health Center reached 65% of the total monthly visits, which averaged 3,000 patients. Most patients used the application for online queuing, health screening, and information on health facility locations. The implementation of online queuing directly reduced waiting times for services, from an average of 90 minutes to around 40 minutes. This not only increased patient satisfaction but also reduced the administrative burden on healthcare workers. A 2023 user satisfaction survey at the Candi Community Health Center showed that 82% of users found the Mobile JKN application helpful.

Based on data from the Sidoarjo Branch of BPJS Kesehatan, the number of active Mobile JKN users in the Candi District area continues to increase from year to year:

Table 1. Number of Patients per Year and Number of Mobile JKN Users in Candi District.

Year	Number of Patients (People)	Percentage of Total JKN Mobile Users
2021	35,000	41%
2022	50,000	59%
2023	55,250	65%
2024	59,500	70%

Source: BPJS Health Data, Sidoarjo Regency

The data shows a positive trend in digitalization, which is in line with the findings of several previous studies. In the study[6]Studies show that the use of mobile applications in healthcare can increase community engagement and reduce the information gap. However, challenges remain, such as issues of personal data privacy,

unequal access to technology, and low digital literacy and ethical use of technology. References[7]studied the optimization of the use of the Mobile JKN application in the Sanggrahan Village community. The results showed that the application was deemed effective and met service effectiveness indicators, with many residents satisfied and experiencing ease of access to health services. However, several obstacles were still encountered, including low levels of public knowledge, limited access to devices and internet networks, and technical issues in using the application. Furthermore,[8] Studies have shown that the implementation of digital health services such as telemedicine and electronic medical records has been proven to improve the quality, efficiency, and accessibility of services. However, major challenges such as infrastructure limitations, data security, and resistance to change still need to be addressed.[9]It was explained that the digitalization of the healthcare system has expanded access, strengthened interactions, and improved service quality through concepts such as Hospital at Home (HAH), Electronic Medical Records (EMR), big data, and chatbots. However, adapting to technology, data protection, infrastructure readiness, and training for healthcare workers remain significant challenges in implementing comprehensive digital transformation.

Although various previous studies have highlighted the benefits of digitizing healthcare services through the Mobile JKN application, most of these studies have focused on technical aspects of use and overall user satisfaction. Few studies have specifically examined how the Mobile JKN program is implemented in the context of public services at the primary healthcare facility level, particularly at the Candi Sidoarjo Community Health Center (UPT Puskesmas, a Technical Implementation Unit). Understanding the implementation process, including the roles and challenges faced by healthcare workers and service users, is crucial to assessing the program's overall effectiveness.

Based on the results of initial observations at the Candi Health Center, Candi District, Sidoarjo Regency, several problems that emerged included:Low digital literacy, particularly among the elderly, technical difficulties in operating applications, and limited features available in these applications. These issues indicate that although technology adoption in public services has increased, there are still gaps in its equitable use across the community. This indicates the need for a deeper understanding of the implementation of digital policies in the health sector, so that the digital transformation initiated by the government can be inclusive and effective.

To analyze these problems, this study uses the policy implementation theory from George C. Edward III (1980) in[10], which emphasizes that the success of a program's implementation is greatly influenced by four main variables, namely communication, resources, disposition and bureaucratic structure. These four variables provideA comprehensive analytical framework for understanding the various factors influencing the effectiveness of the Mobile JKN program at primary healthcare facilities like Candi Community Health Center (Puskesmas). Using this approach, the research is expected to more deeply identify obstacles and potential issues in the implementation process and

provide strategic recommendations for improving the quality of digital-based public services in the healthcare sector.

RESEARCH METHODS

This research uses an approach descriptive qualitative to explain and analyze Implementation of the Mobile JKN program in public services at the Candi Health Center UPT, Candi District, Sidoarjo Regency. This location was chosen because Candi Community Health Center is one of the first-level health facilities that has actively adopted the Mobile JKN application as part of the digital transformation of health services. The focus of this research is on the implementation of Mobile JKN application-based services, particularly in the use of online queue features, health service registration, and access to participant information by staff and patients. To support data analysis and interpretation, this study uses policy implementation theory from George C. Edward III (1980) in [10], which emphasizes four main variables as indicators of successful implementation, namely communication, resources, disposition, and bureaucratic structure. Data collection techniques included direct observation, in-depth interviews with staff and patients, and documentation such as internal community health center reports and application usage data from the Sidoarjo BPJS Kesehatan Branch. The data used included primary data from interviews and observations, as well as secondary data from official documents, administrative archives, and policy references. Informants were selected using a purposive sampling technique, taking into account their involvement and understanding of the Mobile JKN implementation, such as registration staff and active patient users of the application.

RESULTS AND DISCUSSION

Through research conducted, it was found that the implementation of the Mobile JKN application at Candi Community Health Center, Sidoarjo Regency, can be analyzed using four variables proposed by Edward III (1980): 1) communication, 2) resources, 3) disposition, and 4) bureaucratic structure. According to Edward III, these four variables are the main factors influencing the success or failure of public policy implementation, including digital-based public services in the health sector. These four variables interact with each other and work simultaneously to determine the effectiveness of policy implementation.

1. Communication

Communication is a process in which information is conveyed from one party to another. Edwards III (1980) in [10] states that the success of a policy is greatly influenced by effective communication between policymakers, implementers, and beneficiaries. Three key communication indicators that must be met are clarity of information, consistency of delivery, and accurate transmission of information. The lack of digital socialization and education is a barrier to strengthening public understanding of this policy. Ineffective communication creates an information gap, which ultimately impacts public compliance and participation in the digital service system. In the context of the

implementation of the Mobile JKN application at the Candi Community Health Center (UPT Puskesmas), this study found that communication was not optimal.

The results of the interview with Mr. Anas Al Ayyubi, as the person in charge of registration services, showed that most patients still do not understand the procedures for using the application, especially regarding online registration and the suitability of health facilities (faskes) as follows:

"There are still many patients who don't understand how to use the app, ma'am. Especially the elderly ones, who usually prefer to come in person because they don't understand the app's interface. Sometimes, there are also those who register online but the healthcare facility doesn't match, so we still have to help them at the counter." (Interview, July 28, 2025)

One of the elderly patients at the Candi Community Health Center UPT, Mr. Darmo (62 years old) showed difficulty in understanding information related to the use of the Mobile JKN application:

"My child was once told to register on an app, but when I opened it, I was confused. There was so much text, I couldn't figure out which one to press. In the end, I just asked the community health center directly for clarification." (Interview, July 29, 2025)

The above statement indicates that the communication aspect of the Mobile JKN implementation has not been optimal. The public has not fully understood information regarding the use of the Mobile JKN application, both regarding the online registration mechanism and administrative requirements, such as suitability of health facilities. Many patients continue to visit in person because they do not fully understand the digital procedures. This indicates that the indicators of information clarity and consistency are still not met. The lack of digital outreach and education is a barrier to strengthening public understanding of this policy. Ineffective communication creates an information gap, which ultimately impacts public compliance and participation in the digital service system.

This finding is in line with previous research.[11]which states that the public's low understanding of digital systems is the main cause of poor compliance with digital service procedures. The study also emphasizes the importance of ongoing education and outreach to build public awareness of digital service procedures. The similarities between these two studies lie in the use of a qualitative approach and data analysis with a data reduction, data presentation, and conclusion-drawing model. The difference is that the previous study focused more on aspects of service quality in general, while this study specifically examines the role of digital transformation through the Mobile JKN application and its relevance in the context of public services at Candi Community Health Center. Therefore, improving communication strategies and increasing digital literacy are crucial steps in optimizing the implementation of Mobile JKN at the primary service level.

2. Resource

According to Edward III (1980), resources are a crucial element for the successful implementation of public policy. Policy implementation can face significant difficulties without adequate resource support, whether in the form of manpower, technology,

training, or the necessary infrastructure. In the context of implementing the Mobile JKN program at the Candi Community Health Center (UPT Puskesmas Candi), the resource aspect significantly impacts the effectiveness of digital services using the application. One important aspect of resources is readiness and competence of human resources as policy implementers.

Based on an interview with Ms. Ailul Ajemi, a service officer at the Candi Community Health Center (UPT), it was discovered that the staff had received technical training in using the Mobile JKN application. This is reflected in her statement:

"The staff have been trained to use the app, so we understand the process. But patients, especially the elderly, often have difficulties. Some don't have phones that can install the app. Even if they do, many experience problems logging in or selecting menus." (Interview, July 28, 2025)

This statement indicates that from the implementation side, human resource capacity is sufficient to run application-based services. However, problems arise on the other side, namely readiness of users or the community as recipients of the policy, which lacks equal capacity and access. Many people, especially the elderly, experience difficulties using applications, either due to limited devices, a lack of technological understanding, or a reliance on assistance from others. This is reinforced by a statement from a patient named Ms. Kartining (78 years old):

"I'm old, and I'm confused when asked to use my phone, especially to register for injections via phone. Usually, my children or grandchildren help me register via their phones. I once tried to get help from a neighbor, but I was confused when I entered the data on the app and was asked to select the clinic I was going to." (Interview, July 29, 2025)

This situation demonstrates the disparity in technology mastery and utilization between policy implementers and recipients. Low digital literacy among the public, particularly the elderly, is a major obstacle to equitable utilization of digital services. This fact aligns with previous research, which found that one of the major challenges in digital health services is the public's lack of technical knowledge, limited devices and internet connections, and various technical barriers to application use.

This finding is reinforced by the results of literature research.[12]which discusses the role of digital technology in promoting equitable access to health care. The study revealed that the digital divide and low technological literacy and infrastructure remain major obstacles to equitable access to digital health services. This inequality reflects significant differences in social status, where people with low economic levels or living in remote areas have limited access to technology and health information. The similarities between the previous study and this study lie in their focus on the importance of technology in improving access to health services and the need for collaboration between the government, health workers, and the community. The differences lie in the approach and scope of the study, where the previous study used a conceptual, literature-based approach in a national context, while this study uses a descriptive qualitative approach that focuses on the implementation of the Mobile JKN application at the Candi Sidoarjo Community Health Center, and analyzes how social status influences the use of digital

services, especially among people who have limited mastery of technology and digital devices.

Based on these findings, it can be seen that in the implementation of Mobile JKN at the Candi Community Health Center (UPT Puskesmas Candi), the resource variable still shows a striking imbalance between the readiness of the implementing and beneficiary parties. Although implementing officers have been equipped with sufficient technical skills, the community as users, especially vulnerable groups such as the elderly, still encounter various obstacles in accessing and using digital services. Therefore, a more inclusive approach is needed, such as technology training at the community level, providing assistance with application use directly at the community health center, and increasing access to devices and internet networks in the community. Without a balance of resources between both parties, the implementation of digital policies has the potential to widen the inequality of access, which ultimately contradicts the principles of justice and equity in public services.

3. Disposition

In Edward III's (1980) policy implementation model, the disposition or attitude of implementers refers to the level of commitment, understanding, and desire of the individual or institution tasked with implementing the policy seriously. Even if communication channels and resources are in place, a policy cannot be implemented effectively if implementers lack the desire to support and implement it effectively. This disposition is strongly influenced by the level of loyalty, professionalism, trust in the policy, and understanding of the program's objectives. In the implementation of Mobile JKN at the Candi Community Health Center (UPT Puskesmas), the implementer's role is crucial in helping overcome difficulties faced by users, especially among the elderly who are still unfamiliar with digital technology. The implementer's friendly, solution-oriented, and active attitude in providing support will have a significant impact on the program's success. A willingness to assist patients experiencing difficulties, even if it adds to their workload, reflects a real attitude of support for the policy[13].

The support of the Mobile JKN application by the Candi Community Health Center (UPT Puskesmas Candi) staff is reflected in their proactive and empathetic approach to serving the community, particularly the elderly who have difficulty using technology. This is evident in the following statement from Ms. Ailul Ajemi, a registration officer at Candi Puskesmas:

"We'll try our best to help, ma'am. Sometimes, it's a bit embarrassing. Many patients say the app is confusing because there are too many menus, and sometimes they don't know which option to choose. So, even though there's an online queue, we still serve many patients one by one at the counter." (Interview, July 28, 2025)

This statement demonstrates that officers have a positive disposition in implementing policies, characterized by a willingness to help, patience, and an understanding of the challenges faced by the community. Although the system is now digital, the cooperative attitude of implementers is a crucial bridge in adapting policies to real-world conditions.

However, challenges still arise from the beneficiary side, as expressed by Mr. Darmo (62 years old) as a patient, he said:

"The staff are friendly, ma'am. When I was confused yesterday, they helped me right away. But I sometimes feel awkward, because I spend a long time at the counter because I don't understand the app. There are so many options, I'm afraid of pressing the wrong button. So it's better to just ask the staff directly." (Interview, July 29, 2025)

This statement indicates that despite the supportive attitude of implementers, the implementation of digital services still faces psychological and technical challenges from the community. Some patients feel insecure about using the application, which impacts the effectiveness of digital services.

This finding is supported by previous research.[14]which states that the success of technology implementation in public services is greatly influenced by the attitude and professionalism of the implementer. The study emphasizes that implementers who have a high level of commitment and empathy for the community are able to bridge the digital divide and create more inclusive services. The similarity between this study and previous studies lies in the recognition of the importance of the implementer's role as a mediator between digital policies and the community. The difference is that this study specifically addresses the challenges of implementer disposition in the context of primary health care at Candi Community Health Center, focusing on direct interactions between implementers and elderly patients.

4. Bureaucratic Structure

According to Edward III (1980), bureaucratic structure is an important element in public policy implementation because it encompasses organizational work mechanisms, standard operating procedures (SOPs), and coordination systems between implementing units. A good bureaucratic structure must be able to provide clear, standardized work guidelines and be adaptive to field challenges, including technological changes. In the context of implementing the Mobile JKN application at the Candi Community Health Center (UPT Puskesmas), the bureaucratic structure is a crucial element because the transition from a manual system to a digital system requires not only technical readiness but also institutional readiness in developing SOPs and workflows relevant to application use. Field findings indicate that there is no SOP that comprehensively regulates the flow of handling technical obstacles arising from the use of the Mobile JKN application.

One of the main challenges encountered in the implementation of the Mobile JKN application at the Candi Community Health Center (UPT Puskesmas) was the limited features available within the system. The application lacked interactive guidance, automatic validation, or a direct support system for users experiencing technical errors during the registration process. The absence of a confirmation feature when selecting a health facility, the lack of clear application navigation, and limited access to digital support made users, especially the elderly, vulnerable to errors. When patients encountered problems such as failed logins or selecting the wrong health facility, there was no in-app mechanism to independently correct these errors. As a result, health center

staff had to handle these issues manually without any standard operating procedures (SOPs) as a work reference. This situation created structural barriers at the service delivery level and directly impacted the effectiveness of digital-based public services.

This is reinforced by the statement of Mrs. Ailul Ajemi, a registration officer at the Candi Community Health Center UPT, who shared her experience in dealing with patients who experienced technical problems when using the Mobile JKN application:

"Some patients come here because they can't log in to the app or because they've chosen the wrong healthcare facility. The problem is, the app doesn't have a direct support feature or clear step-by-step instructions. So they're confused, and they end up coming directly to the counter. We help as best we can, but because there's no specific SOP for handling issues like this, sometimes we have to make decisions on the spot." (Interview, July 28, 2025)

This statement indicates that the limited features in the Mobile JKN application, such as the lack of automatic validation, confirmation of options, or interactive guidance, make it difficult for users to complete the process independently. As a result, many opt for in-person visits, and community health center staff face challenges due to the lack of official standard operating procedures (SOPs) explaining the technical steps for addressing these issues.

According to a patient named Mrs. Kartining (78 years old), she complained about the limitations in the Mobile JKN application:

"I once asked my child to help me register using my phone. When I was selecting a community health center, I accidentally clicked on another one, instead going to a community health center in another area. I only found out when I arrived here and found out I'd chosen the wrong one. There were no warning signs or alerts on the app, so I didn't know if it was wrong." (Interview, July 29, 2025)

These complaints reinforce the fact that limited features, such as the lack of automatic validation or warnings when selecting a health facility, lead to user errors that impact service delivery. This adds to the burden on staff and highlights the need for system improvements and SOPs that adapt to field needs. This situation aligns with previous research.[15]which reveals thatThe failure of the bureaucracy to adapt standard operating procedures (SOPs) to developments in information technology is one of the main causes of weak public digital services.. The study also highlights the importance ofdevelopment of adaptive internal regulationsAndinstitutional capacity building, including human resource readiness and governance reform, to respond to digital system limitations in a more structured and measurable manner. The similarity between this study and previous research lies in the recognition of the important role of implementers as a bridge between digital policy and society. However, this study specifically highlightschallenges of implementer disposition in the context of primary health care services at Candi Health Center, with emphasisdirect interaction between registration officers and elderly patients, who frequently experience problems using the Mobile JKN application. This reinforces the understanding that the success of digital policies depends not only on the availability of technology, but also on the readiness of attitudes, communication, and adaptability of implementers in the field.

CONCLUSION

Fundamental Finding : The implementation of the Mobile JKN application at the Candi Community Health Center in Sidoarjo has not been optimal and faces obstacles in communication, resources, disposition, and bureaucratic structure. Low socialization and digital literacy hinder elderly users, resources are uneven despite staff training, officers show positive attitudes but patients still struggle, and limited SOPs and application features reduce effectiveness. **Implication :** These findings imply that digital health services cannot be effective without stronger communication, balanced resources, supportive infrastructure, and clear SOPs. The cooperative attitude of officers is a strength, but without adequate features and education programs, inclusivity remains limited. **Limitation :** This study is limited to one health center and only uses Edward III's four indicators, excluding other factors like cultural, economic, or policy contexts. Therefore, the findings cannot be generalized broadly. **Future Research :** Future studies should cover more regions, integrate wider analytical frameworks, and design interventions such as digital literacy training, improved application features, and SOP development to enhance Mobile JKN's inclusiveness and sustainability.

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Nike Surya Saputri

Muhammadiyah University of Sidoarjo, Indonesia

Email: nikesuryas@gmail.com

***Ahmad Riyadh Umar Balahmar (Corresponding Author)**

Muhammadiyah University of Sidoarjo, Indonesia

Email: riyadh_ub@umsida.ac.id
