
STRENGTHENING THE ACCREDITATION REGULATIONS FOR EQUITABLE PRIMARY HEALTHCARE CLINICS

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ABSTRACT; *Justice traces its roots to “adil” in Indonesia, embodying impartiality and neutrality. Indonesia's healthcare system contends with complex challenges related to accessibility and cost disparities between private and government facilities. Improving service quality, especially at the primary level, is crucial for national health objectives. Despite the mandatory accreditation, obstacles such as high costs, limited understanding, and infrastructural constraints hinder the government's efforts to enhance public health. The problem formulation of this research emphasizes accomplishments, challenges, and solutions related to the accreditation of first-level healthcare facilities in Indonesia. The focus is on evaluating current achievements, identifying emerging issues, and proposing remedies to ensure equitable access, efficiency, and improvement in service quality. This research adopts a normative juridical approach, involving an examination of legal products in the form of regulations and legislation, coupled with an observation of the realities existing in society, particularly those related to the fairness of primary clinic accreditation. The study's object encompasses literature categorized as secondary data, utilizing a normative juridical approach that perceives law as a norm within society. Private clinics encounter challenges related to infrastructure, funding, and comprehension of accreditation processes. A significant financial burden, particularly for non-profit facilities, associated with accreditation survey fees, stands out as a major obstacle. Comprehensive support and guidance, including efforts to streamline the accreditation process, emerge as critical solutions to enhance healthcare service quality. These constraints not only affect public access to quality healthcare facilities but also jeopardize the operational sustainability of healthcare facilities. Therefore, concrete and collaborative measures are essential to achieving national health goals, including the provision of practical guidelines, staff training, and infrastructure assistance. Simplifying the accreditation process will yield manifold benefits by enhancing efficiency, expanding access, and fostering sustainable improvements, ensuring equivalent healthcare service quality access across all layers of Indonesian society.*

Keywords: *accreditation; equity; healthcare facilities; quality healthcare services*

INTRODUCTION

The healthcare system constitutes a vital element in the development of a nation and the enhancement of public welfare.¹ However, achieving equity in access and accreditation processes in both private and government healthcare facilities gives rise to a myriad of complex issues. Private healthcare facilities, often managed as businesses to attain profitability, and government-owned facilities funded by the government with the aim of providing quality healthcare services, both play crucial roles in delivering healthcare to the public.²

It is imperative to comprehend that equitable access to healthcare services is a fundamental right for every individual. This access fairness encompasses the ability of all citizens to receive care without discrimination or undue financial barriers.³

Private healthcare facilities, especially those relying on self-funding for accreditation, may pose challenges in achieving equitable access as high operational costs may be reflected in the service charges imposed on patients, limiting access for low-income individuals. Government-funded and subsidized healthcare facilities may offer more equitable access, as patients are often not directly charged or the fees incurred are more affordable. However, bureaucratic constraints and capacity issues frequently impede efficiency and prompt service delivery in government-owned facilities, creating challenges in achieving efficient and fair access.⁴

The quality of services becomes a pivotal factor in determining equity within the healthcare system.⁵ The increasing prevalence of accreditation in healthcare facilities, including at the primary healthcare level, can enhance service quality. Private facilities compelled to self-accredit may have greater incentives to improve quality to gain a favorable reputation.⁶ However, stringent regulations and continuous monitoring need to be maintained to ensure that accreditation genuinely enhances quality without compromising access.

The sustainability of the healthcare system is also a crucial consideration. Private healthcare facilities that finance their own accreditation may be more financially independent but also face the risk of closure if unable to meet costs or attract sufficient patients. On the other hand, government-owned healthcare facilities receiving direct funding from the government can provide financial stability, but it

¹ Endang Sutisna Sulaeman, *Pemberdayaan masyarakat di bidang kesehatan: teori dan implementasi*, Cetakan ketiga (revisi) (Depok, Sleman, D.I. Yogyakarta: Gadjah Mada University Press, 2020).

² Weppy Susetiyo and Anik Ifitah, "Peranan Dan Tanggungjawab Pemerintah Dalam Pelayanan Kesehatan Pasca Berlakunya UU Cipta Kerja," *Jurnal Supremasi*, 2021, 92–106, <https://doi.org/10.35457/supremasi.v1i1i2.1648>.

³ Rasidin Calundu, "Manajemen Kesehatan (Vol. 1)," *Sah Media*, 2018.

⁴ Laksono Trisnantoro, *Kebijakan Pembiayaan Dan Fragmentasi Sistem Kesehatan* (UGM PRESS, 2021).

⁵ Siti Marlina et al., "Hubungan Status Akreditasi Puskesmas Dengan Mutu Pelayanan Di Kabupaten Simalungun," *Jurnal Penelitian Keperawatan Medik* 2, no. 2 (2020): 45–53.

⁶ Tri Rini Puji Lestari, "Upaya Peningkatan Mutu Pelayanan Di Puskesmas Melalui Pendekatan Manajemen Sumberdaya Manusia Kesehatan," *Kajian* 23, no. 3 (2020): 157–74.

must be ensured that the funds are used efficiently and the services provided meet established standards.

In maintaining a balance between access, quality, and the sustainability of the healthcare system, wise regulations, meticulous monitoring, and close collaboration between private healthcare facilities and the government are essential.⁷ Only through a holistic approach can the healthcare system achieve the desired equity, ensuring that the public can access quality healthcare services regardless of the sector of service provision.

PROBLEM

1. How can government-owned health facilities that receive funding directly from the government provide financial stability?
2. What is a health care system that achieves the desired equity, ensuring that people can access quality health services regardless of the sector in which the service is provided?

RESEARCH METHODS

This research is a normative juridical study, which involves an examination of legal products in the form of regulations and legislation and an observation of the realities existing in society, particularly those related to the focal issue of the fairness of primary clinic accreditation. The object of the study comprises literature categorized as secondary data, utilizing a normative juridical approach that perceives law as a norm within society. The analytical technique employed by the author involves the use of content analysis and consistency analysis to explore the alignment and conformity within legal norms and societal practices.

DISCUSSION

The origin of the word "justice" is derived from "adil," which is defined in the Indonesian language dictionary as a state of impartiality, neutrality, and absence of bias.⁸ In essence, fairness refers to decisions and actions based on objective norms. Justice is relative and can be interpreted differently by individuals, but claims of justice must align with the common norms in a society. The concept of justice is multifaceted and subject to various perspectives, requiring recognition of diversity in views and values within a community.⁹

When someone claims an action or decision as just, it is crucial that the claim aligns with the common norms of the community. Justice encompasses the equitable distribution of resources, rights, and treatment, reflecting moral and ethical principles recognized in society. While there is a shared aspiration for justice,

⁷ Abubakar Betan et al., "Kebijakan Kesehatan Nasional," *Yayasan Penerbit Muhammad Zaini*, 2023.

⁸ Ferry Irawan Febriansyah, "Keadilan Berdasarkan Pancasila Sebagai Dasar Filosofis Dan Ideologis Bangsa," *DiH: Jurnal Ilmu Hukum* 13, no. 25 (2017): 368.

⁹ Danang Risdianto, "Perlindungan Terhadap Kelompok Minoritas Di Indonesia Dalam Mewujudkan Keadilan Dan Persamaan Di Hadapan Hukum," *Jurnal Rechts Vinding: Media Pembinaan Hukum Nasional* 6, no. 1 (2017): 125–42.

interpretations and implementations can lead to differences and conflicts. In a multicultural society, efforts to achieve justice require an understanding of these differences and active engagement in dialogue to reach common agreements.

Justice is reflected in Pancasila, particularly in the fifth principle emphasizing social justice for the entire population. These values revolve around humanitarian justice, encompassing relationships between individuals, society, nation, state, and God. The principles of justice in Pancasila involve the core essence of humanitarian justice, guiding basic rights and fair treatment regardless of background or status.¹⁰

The principles of justice in Pancasila form the basis for a fair and just legal system.¹¹ Legal justice includes the protection of human rights, transparent law enforcement, and equal treatment before the law. Indonesia's legal system is expected to reflect the values of justice contained in Pancasila. Aristotle and John Rawls, two legal philosophy figures, offer contrasting views on justice. Aristotle views justice as a virtue encompassing obedience to the law, distinguishing between distributive and corrective justice.¹²

On the other hand, Rawls introduces "justice as fairness," emphasizing pure procedural justice and key principles: equal liberty and the difference principle.¹³ Roscoe Pound provides a unique perspective, highlighting concrete outcomes and positive impacts on society through a social engineering approach, aligning legal principles with societal concepts.¹⁴ Hans Kelsen, with an abstract view, connects justice with social order supporting the pursuit of truth.

According to Kelsen, justice forms the foundation for a social environment that upholds democratic values and tolerance.¹⁵ A comparison of views between Kelsen and Pound shows diverse understandings of justice, with Kelsen emphasizing social and democratic values while Pound focuses on concrete outcomes and social engineering contributions. In a global context, justice values serve as the foundation for interactions between nations, creating order in international relations. Aristotle, Rawls, Pound, and Kelsen each provide unique perspectives in understanding and realizing justice in various contexts, enriching the discourse on the role of law in creating a just and fair social order.

In the context of healthcare, accreditation plays a crucial role as an assessment and recognition system for healthcare facility standards. Accreditation functions not only as an internal evaluation but also as an external tool validating service quality.

¹⁰ Noor Efendy, Ahmadi Hasan, and Masyithah Umar, "Membangun Hukum Yang Adil Dalam Bingkai Moralitas Pancasila," *Indonesian Journal of Islamic Jurisprudence, Economic and Legal Theory* 1, no. 4 (2023): 656–78.

¹¹ Efendy, Hasan, and Umar.

¹² Roger Crisp, *Aristotle: Nicomachean Ethics* (Cambridge University Press, 2014).

¹³ Edor J. Edor, "John Rawls's Concept of Justice as Fairness," *PINISI Discretion Review* 4, no. 1 (2020): 179–90.

¹⁴ Ahmad Qiram As-Suvi and Moh Zainullah, "Sociology of Law in The Perspective of Roscoe Pound and Donald Black and Its Relevance in The Indonesian Context," *Peradaban Journal of Law and Society* 1, no. 2 (2022): 82–95.

¹⁵ Hans Kelsen, *What Is Justice?: Justice, Law, and Politics in the Mirror of Science* (Univ of California Press, 2022).

Through accreditation certification, a healthcare facility obtains a seal of trust from an independent accreditation body, assuring the public that the facility has undergone rigorous assessment and meets established quality standards.

Accreditation of clinics is key to ensuring quality primary healthcare delivery.¹⁶ It signifies that a clinic has the capacity to provide basic care, including diagnosis, treatment, and preventive care. The existence of accreditation creates confidence among the public, as facilities recognized through the accreditation process are considered reliable and compliant with quality standards.¹⁷

Beyond providing quality assurance, accreditation encourages the improvement of healthcare staff education. Accreditation is not just an assessment process but a driver for the development and enhancement of healthcare staff education, including doctors, nurses, and other medical personnel.¹⁸ By focusing on human resource development, accreditation emphasizes the importance of trained and competent healthcare staff, ultimately benefiting patients.¹⁹

The importance of risk management in patient care and clinic operations is enhanced through accreditation. Strict standards and established procedures help identify, reduce, and manage clinical risks, patient safety, and compliance with relevant regulations. Accreditation creates an environment where risks can be identified earlier and managed more proactively, making healthcare not only of high quality but also safe. Accreditation also promotes strong teamwork in healthcare facilities.

By involving various aspects, including effective communication among staff, accreditation supports the provision of integrated and holistic healthcare services. Additionally, accreditation helps improve reliability in services, maintaining consistency and uniformity in the care provided, contributing to patient satisfaction levels and the clinic's positive reputation.²⁰

As of September 2023, Indonesia has a population of 271,066,356, with 96.6% or around 262,769,113 individuals participating in BPJS. Among BPJS participants, 48.5% are non-PBI participants, while 51.5% are PBI participants. Active BPJS participants using services reach 79.5%, while inactive participants with overdue contributions are at 20.5%. A budget of IDR 46.5 trillion is allocated from the state budget to support PBI participants in 2023. Although Indonesia has a total of 26,379 healthcare facilities, First-Level Health Facilities (FKTP) dominate with 23,361 facilities, approximately 88.6% of the total.

Puskesmas, Private Practice Doctors, and Primary Clinics are the main components of FKTP. On the other hand, the Higher Referral Health Facilities (FKRTL) reach 3,018

¹⁶ Calundu, "Manajemen Kesehatan (Vol. 1)."

¹⁷ Efendy, Hasan, and Umar, "Membangun Hukum Yang Adil Dalam Bingkai Moralitas Pancasila."

¹⁸ Viera Wardhani, *Akreditasi Dan Sistem Manajemen Mutu Pelayanan Kesehatan* (Universitas Brawijaya Press, 2018).

¹⁹ Muhammad Tahir et al., "The Relationship between Organizing and Leadership Style and the Quality Improvement of Primary Healthcare Services," *Enfermería Clínica* 30 (2020): 39–43.

²⁰ Hadjar Siswanto et al., "Pengembangan Indeks Mutu Pelayanan Kesehatan Puskesmas," *Media Penelitian Dan Pengembangan Kesehatan* 29, no. 3 (December 25, 2019), <https://doi.org/10.22435/mpk.v29i3.1156>.

facilities, approximately 11.4%. However, as of June 5, 2023, a Commission IX DPR meeting highlighted critical notes regarding FKTP accreditation achievements. Out of ten health development targets, nine were not met, especially FKTP accreditation, which only reached 56.4% of the 100% target. With only 9,332 accredited FKTP, especially Puskesmas, there are challenges in improving the quality of primary healthcare services.

Minister of Health Circular Letter Number 133 of 2022 regarding healthcare facility accreditation brings significant changes, especially for primary and main clinics. This circular letter mandates clinics to undergo the accreditation process within one year after its issuance, i.e., by February 2022. Although data shows that Indonesia had 7,127 primary clinics in 2022, only 179 of them, which are private clinics, had undergone the accreditation process.²¹

This indicates that only a small percentage of private clinics in Indonesia have undergone accreditation. However, the accreditation process still faces challenges, such as financing, which is considered expensive by various parties, the implementation of accreditation quality standards that have not fully become a culture in the working environment, and a lack of understanding of what is needed in the process.

In evaluating the effectiveness and impact of healthcare provision efforts in Indonesia, population data and BPJS participation serve as crucial foundations. With a population reaching 271,066,356 as of September 2023, and over 96.6% of the population being BPJS participants, there is a clear commitment and large-scale effort to provide equitable access to healthcare services.

However, the FKTP accreditation achievement indicates challenges that need to be addressed. With only 56.4% of the 100% target achieved, the expansion and improvement of quality at the primary level become an urgent agenda. This data reflects the complex dynamics in the local-level provision of healthcare services, which are not only related to the physical aspects of facilities but also to capacity, qualifications of medical personnel, and other supporting devices.

Minister of Health Regulation Number 34 of 2022 also governs the financing aspect, as stated in Article 28 paragraph (1), which stipulates that "The funding for the implementation of Accreditation for Community Health Centers (Puskesmas), Clinics, Health Laboratories, and Public Health Centers owned by the Government or Regional Government comes from the State Budget, Regional Budget, and/or other legitimate and non-binding sources in accordance with the provisions of the legislation."

Meanwhile, the subsequent paragraph states that "The funding for the implementation of Accreditation for Clinics, Health Laboratories, Public Health Centers, Blood Transfusion Units (UTD), and Independent Doctor's and Dentist's Practices (TPMD and TPMDG) owned by private or community entities comes from

²¹ "Akreditasi FKTP Masih Banyak Tantangan," accessed February 28, 2024, <https://mediaindonesia.com/humaniora/521503/akreditasi-fktp-masih-banyak-tantangan>.

the owners of Clinics, Health Laboratories, UTD, TPMD, and TPMDG." Thus, based on this regulation, accreditation activities mandated for all private or community-owned Clinics, Health Laboratories, UTD, TPMD, and TPMDG are conducted using financing from private entities or the community themselves.

This can lead to various problems due to the differing financial capacities of each healthcare facility. Regarding the accreditation survey fees, they are also regulated in the Republic of Indonesia Ministry of Health Decree Number HK.01.07/MENKES/110/2023 Concerning the Implementation of Accreditation for Independent Doctor's Practices and Independent Dentist's Practices. The regulation states that "Accreditation Survey Fees as referred to in Consideration Number ONE are the amount of accreditation survey fees charged to Community Health Centers, Clinics, Health Laboratories, Blood Transfusion Units, Independent Doctor's Practices, and Independent Dentist's Practices based on the type and classification of health service facilities, the number of surveyors, and the duration of the survey."

This additional cost includes accommodation expenses for surveyors and transportation costs for these surveyors. In this context, "Accreditation Survey Fees" refer to the expenses that must be covered by Community Health Centers, Clinics, Health Laboratories, Blood Transfusion Units, Independent Doctor's Practices, and Independent Dentist's Practices as part of the accreditation process. These fees will vary and be determined based on several factors, including the type of healthcare facility, facility classification, the number of surveyors involved in the survey, and the duration of the survey process.

It is also mentioned in the regulation that "In addition to the Accreditation Survey Fees as referred to in Consideration Number One, Community Health Centers, Clinics, Health Laboratories, Blood Transfusion Units, Independent Doctor's Practices, and Independent Dentist's Practices will also incur additional costs for: a. surveyor accommodation; and b. surveyor transportation." This explains that, besides the previously mentioned accreditation survey fees, Community Health Centers, Clinics, Health Laboratories, Blood Transfusion Units, Independent Doctor's Practices, and Independent Dentist's Practices must bear additional expenses.

Accreditation plays a crucial role in the healthcare service system by building and strengthening public trust in the system. The accreditation process is not only an internal evaluation for healthcare facilities but also an external tool that validates the quality of services.²² Through accreditation certification, facilities receive a seal of trust from an independent accreditation body, sending a strong message that quality standards have been met.

The role of accreditation in clinics is particularly important in ensuring primary healthcare services to patients. Accreditation ensures that clinics have the capacity to provide basic care, including diagnosis, treatment, and preventive care. The existence of accreditation creates confidence among the public that healthcare services from

²² Nur Hasan, "Implementasi Pelayanan Kesehatan Kepada Penerima Bpjs (Badan Penyelenggara Jaminan Sosial)," *Jurnal Ilmu Sosial Dan Ilmu Politik (JISIP)* 8, no. 4 (2019): 352–58.

that clinic can be relied upon, reducing uncertainty and enhancing the positive relationship between the facility and the community. In addition to providing quality assurance, accreditation encourages staff development through an emphasis on continuous education. Accreditation is not just about physical infrastructure but also about the quality of human resources.

Staff education improvement is key to providing the best services to the community, ensuring that staff stays updated with the latest developments in medical and clinical practices. Better risk management is also a contribution of accreditation to patient care and clinic operations. Strict standards and procedures from accreditation bodies help identify, reduce, and manage clinical risks, ensuring compliance with relevant regulations.²³

Accreditation creates an environment where risks can be identified earlier and managed more proactively, making healthcare services of higher quality, safer, and more controlled.

Apart from direct benefits to patients, accreditation also impacts the clinic's reputation. Patients tend to choose facilities that have been recognized through accreditation because it provides assurance that the clinic operates according to independent standards. Consistency in service, driven by accreditation, establishes a foundation for positive reputation and recommendations from satisfied patients.²⁴ However, financing accreditation poses a serious challenge for private clinics. The high cost of accreditation, especially related to infrastructure, equipment, and human resource requirements, can be a barrier.

Clinic owners or managers often do not fully understand the procedures, requirements, and benefits of accreditation, leading to a lack of preparation and limited understanding. Inadequate infrastructure is also a constraint, with accreditation standards requiring significant investment to upgrade equipment and infrastructure. Constraints are not limited to physical facilities but also include quality management and human resource requirements. Clinics may not have an effective quality management system, requiring time and resources for improvement. Cost increases are also related to staff preparation, training, and development to meet accreditation standards. Financial constraints are further exacerbated by regulations imposing additional costs, such as accommodation and transportation for surveyors. The government and accreditation bodies need to consider policies that support private clinics in overcoming these challenges. Efforts to simplify the accreditation process may be an effective solution. Simplification not only reduces costs but also speeds up the process, improves clinic access, and encourages continuous

²³ Mery Nurlinda Th Saragih, Balqis W, and Sri Melda Br Bangun, "Perbandingan Komponen Mutu Layanan Klinis Rawat Jalan Puskesmas Akreditasi Dan Non Akreditasi Menggunakan Kerangka Kerja Malcolm Baldrige Framework," *NURSING UPDATE: Jurnal Ilmiah Ilmu Keperawatan P-ISSN: 2085-5931 e-ISSN: 2623-2871* 14, no. 3 (July 31, 2023): 227–46, <https://doi.org/10.36089/nu.v14i3.1364>.

²⁴ Balqees Salem Ajarmah, "Patient Satisfaction Evaluation on Hospitals: Comparison Study Between Accredited and Non Accredited Hospitals in Jordan," *European Scientific Journal* 11 (2015).

improvement. However, it is essential to maintain high-quality standards in this simplification effort.

Government support, healthcare institutions, and community involvement are also crucial for achieving transformation in healthcare service delivery. Campaigns to increase public understanding and awareness of the benefits of accreditation need to be conducted. Empowering private clinics with practical guidance, staff training, and infrastructure assistance can help them overcome accreditation barriers. The continuous evaluation of the accreditation process and responsiveness to changes in community conditions and needs cannot be ignored. With the right guidance and resources, private clinics are expected to overcome barriers during the accreditation process, improve service quality, and have a positive impact on the health sector as a whole.

It is important to consider efforts to simplify the accreditation process as a solution to address potential challenges. Simplification is an approach that helps ensure that the accreditation process becomes more efficient, effective, and affordable. The complexity and time required in the current accreditation process can be a serious constraint, especially for private clinics that often operate with limited resources.

With simplification, the accreditation process will become more efficient, minimizing costs associated with preparation, implementation, and maintenance of accreditation, and encouraging more clinics to undergo accreditation. With effective implementation, the simplification of the accreditation process will support the efforts of the government and BPJS in improving the quality of healthcare services throughout Indonesia. Collaboration between authorities, accreditation bodies, and other stakeholders will be a crucial step in achieving this goal.

With effective simplification, private healthcare facilities and other clinics will be more prepared to meet accreditation requirements, and all Indonesians will be able to access quality healthcare. The simplification of the accreditation process also has various significant benefits. First and foremost, simplification will provide efficiency in terms of time and costs. A simpler and more understandable accreditation process will reduce the time needed for preparation and implementation. This will also help reduce additional costs that may be required for financing, staff training, or acquiring new infrastructure. Moreover, simplification will improve clinic access.

When the accreditation process is more understandable and manageable, more clinics may be motivated to undergo accreditation. This will have a positive impact on increasing the community's access to quality healthcare facilities. Therefore, simplification can support BPJS and the government's efforts to improve the quality of healthcare services throughout Indonesia.

The simplification of the accreditation process will also drive continuous improvement. With simpler and more focused thinking, accredited clinics will be more inclined to consistently improve their service quality. Thus, simplification will help create a culture of continuous improvement in the healthcare sector. Additionally, simplification will help increase compliance with quality standards.

With a simpler accreditation process focusing on aspects that truly contribute to quality services, clinics will be more focused on meeting important and relevant quality standards. This will reduce the potential for confusion and burden caused by excessive or irrelevant standards. Simplification will have a positive impact on patient satisfaction. With a simpler accreditation process focusing on aspects that are truly relevant, patients will experience positive impacts in the form of better services.

Patient satisfaction is a crucial indicator in assessing the effectiveness and success of a healthcare facility. To achieve all the expected benefits of simplifying the accreditation process, the government, accreditation bodies, and other stakeholders must collaborate to design a simpler and more affordable accreditation process, without sacrificing high-quality standards. Simplification is a crucial step in promoting equal healthcare quality throughout the country, a desirable goal in improving the healthcare system in Indonesia.

With effective implementation of simplification, private clinics and various other healthcare facilities will be more capable of meeting accreditation requirements, improving service quality, and ensuring that quality healthcare services can be accessed by all Indonesians. Simplification is a crucial step in addressing existing challenges and achieving larger goals in providing quality healthcare services in Indonesia.

The implementation of accreditation policy changes is not just about achieving numerical targets but also about creating a sustainable and adaptive system. Continuous evaluation of the accreditation process, feedback from stakeholders, and flexibility in responding to changes in community conditions and needs are key. Therefore, steps toward providing equal and quality healthcare services throughout Indonesia need to be designed as a long journey involving inter-agency collaboration, community participation, and long-term commitment, where all stakeholders involved need to work together to realize it.

CONCLUSION

The achievement related to equitable accreditation of primary healthcare facilities still encounters several challenges. Despite efforts to enhance the quality of healthcare services through accreditation, especially in private facilities, significant access gaps persist, particularly for low-income communities. Achieving equal access to healthcare services and affordable costs remains a crucial issue. The main problems arising from the equitable accreditation of primary healthcare facilities include the fees imposed by private facilities on their patients, posing a serious barrier to low-income communities' access to quality healthcare.

On the other hand, government-owned healthcare facilities face capacity constraints that affect efficiency and fair access. Another issue is the cost and time required for the accreditation process, which can be an additional burden for private clinics, especially those with infrastructure and staff limitations. To address these challenges, solutions involving collaboration between the government, accreditation bodies, and other stakeholders are required. One key solution is to implement a simplification approach in

the accreditation process. Simplification will reduce the costs and time needed for accreditation, encourage more private clinics to undergo accreditation, and ensure compliance with relevant quality standards. Technical support and assistance need to be provided to private clinics to help them overcome barriers in the accreditation process. Effective simplification will assist private healthcare facilities and other clinics in being more prepared to meet accreditation requirements, ultimately providing all Indonesians with access to quality healthcare. Collaboration and joint commitment between the government, private healthcare facilities, and other stakeholders are key to achieving this goal.

It is crucial to adopt a simplification approach in the accreditation process of primary healthcare facilities. This encompasses the simplification of regulations, reduction of bureaucracy, and expedited procedures. Accreditation bodies should actively play a role in designing guidelines that are more accessible and understandable for healthcare facilities. The government and stakeholders need to collaborate to ensure a more efficient and effective accreditation process. The government and accreditation bodies should consider providing financial support to private clinics committed to enhancing the quality of healthcare services.

This may include assistance in accreditation costs or other incentives. Financial support will help alleviate the additional burden incurred by private facilities and encourage more clinics to undergo accreditation. Strong communication between the government, accreditation bodies, private healthcare facilities, and other stakeholders is key to the success of a fair accreditation program.

Establishing active communication forums and collaboration will enable continuous improvements in the healthcare system. The government can also hold regular meetings with private healthcare facilities to listen to their input and provide guidance on efforts to meet quality standards. By implementing these suggestions, it is anticipated that the accreditation system for primary healthcare facilities can become more inclusive, efficient, and effective, thus facilitating easier and more affordable access to quality healthcare for all Indonesians.

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