

## Evaluation Of The Implementation Of Primary Care (P-Care) Application At Puskesmas Onolalu Nias Selatan In 2022

Ohito Laia<sup>1</sup>, Sri Lestari Nasution<sup>2\*</sup>, Johannes Ginting<sup>3</sup>

<sup>1,2,3</sup> Master of Public Health Study Program, Faculty of Medicine, Dentistry and Health Sciences, Prima University of Indonesia, Medan, Indonesia.

\*Corresponding Author:

Email: [srilestari\\_nasution@yahoo.com](mailto:srilestari_nasution@yahoo.com)

---

### **Abstract.**

Primary Care (P-Care) is a patient information service using the internet and computer-based provided by BPJS Health for primary health facilities to provide easy access to data to the BPJS server for both registration and medical services. The purpose of this study was to evaluate the implementation of the Primary Care (P-Care) application at the Onolalu Health Center UPTD South Nias Regency in 2022. This research is qualitative research with a phenomenological approach. The informants in this study were all officers holding the P-Care application, totaling 5 officers. The data analysis method used in this research is descriptive qualitative with the stages of data reduction, data display, and conclusion or verification. The results of the study show that the production implementation of the p-care application makes all processes from registration to the referral process easier, the efficiency implementation of the p-care application makes all patient handling to get health services much easier and saves time and the implementation of the satisfaction of the p-care application making officers, patients and the puskesmas itself very satisfied. Based on the research results, it is hoped that the puskesmas will always improve the quality of services related to the use of p-care applications such as strengthening the internet network, so that each patient visit data can be input on time, as well as increasing the workforce of graduates from D-III Medical Records so that the application of primary care ( p-care) to be more optimal.

**Keywords:** Evaluasi, Implementasi, Primary Care (P-Care) and Puskesmas Management

---

### **I. INTRODUCTION**

Puskesmas management is a process of cooperation and partnership in achieving organizational goals. The leaders of the Puskesmas in achieving organizational goals cannot do it alone, they must utilize and empower existing human resources (HR) so as to create dynamic and harmonious cooperation. Agreement and commitment between management and staff are needed regarding the vision, mission, objectives, policies, strategies, programs, organizational activities and processes for achieving organizational goals. The leadership of the Puskesmas is obliged to socialize, communicate, share the vision, mission and goals of the Puskesmas to all employees and stakeholders so that every employee and stakeholder is committed, willing to support and work together to achieve it. The Social Security Administering Body (BPJS) is one of the stakeholders in the era of National Health Insurance (JKN), since January 1, 2014. The gatekeeper role by BPJS is given to level one health facilities, the Puskesmas is the spearhead of health service providers. The Gatekeeper Concept is the concept of a health service system, first level health facilities acting as basic health service providers must function optimally according to their competency standards and provide health services according to medical service standards [1]. A management information system that can support superior organizational performance is the hope of many parties. Effective clinical care and public health depend heavily on information. The adoption of electronic medical record applications has great potential to positively change the health system. Electronic medical records can reduce clinical errors and improve chronic disease care. Electronic medical records can improve the completeness, accuracy, and timeliness of reporting public health cases.

A two-way data exchange between clinical care and public health can interact. Public health epidemiological analysis, providing situational awareness and improved health outcome trend predictions for individuals in high-risk populations. Combining clinical data and public health data can be useful information. Especially chronic diseases because they can provide input to treating doctors, represent the community if the analysis results are meaningful, as well as being input for health policy makers [1]. Services at the primary level include private practice doctors, clinics and puskesmas which are the first services passed by patients using the Social Security Administration Agency (BPJS) prior to further services. BPJS Health, which serves as the organizing body for the JKN system, has developed a system intended for the

first health service, namely the Primary Care application, which is an online-based information system for BPJS Health participant patient services [2]. The Primary Care application or commonly called the P-Care application is an application intended for web-based basic services created to support the payment process at first-level health facility services for BPJS Health participants [3]. This system makes it easy to access data to the BPJS server, including the registration process, diagnostics, therapy, and laboratory services. First-level health facilities that collaborate with BPJS Health are required to carry out health services in a comprehensive manner. So that the health services provided must be broad and complete, covering all aspects, or covering a broad scope in order to produce the best quality of service [4]. P-Care is a patient information service using the internet and computer-based provided by BPJS Health for primary health facilities to provide easy access to data to BPJS servers, both registration and medical services.

In primary health facilities, there are 155 disease diagnoses that have been determined by BPJS Health, so that BPJS Health always monitors and evaluates so that JKN participants receive health services that are in accordance with the capabilities of these primary health facilities and can monitor the number of visits and patient referral rates [4]. The development of the P-Care application by BPJS Kesehatan is one manifestation of implementing community health epidemiological monitoring and evaluation. The BPJS health P-Care application was started in January 2014. This information system can be accessed via the internet at the address <http://pcare.bpjs-kesehatan.go.id/>. BPJS Kesehatan P-Care can be accessed through several computers provided at the Puskesmas or through computers outside the Puskesmas area that are connected to the internet. All Puskesmas and other basic health services that work with BPJS are required to use the P-Care application, so that service data becomes more integrated from every part of the basic health service institutions to Referral Health Service institutions. The use of P-Care has covered all regions of Indonesia [4]. Data that can be accessed by First Level Health Facilities in the P-Care application is participant data including, type of card (card number or identification number), name, participant status, date of birth, gender, participant health service provider. P-Care is useful for monitoring and evaluating participation, including the number of participants by group (recipients of contribution assistance, wage earners and non-wage earners), participant groups according to PISA (Spouse, Wife, Children), groups of participants who register through various registration places (online, branches, banks and others) [4].

Based on research conducted by Sari, et al in 2021, it shows that the P-care application has been used at the Dr. Alfred Majalaya Clinic since 2019 but errors still occur and it takes long to load, the control system used has used usernames and passwords but there are still unauthorized parties can access and use the P-care application, and the use of resources (material and human) is in accordance with the needs. The Pcare application has been used at the Dr. Alfred Majalaya Clinic since 2019, but there are still some unresolved problems [5]. Likewise, research conducted by Kurniawan, et al in 2019 showed that the P-care application has been used at the Laras Hati clinic since 2014. However, errors still occur and loading takes a long time, the control system used has used usernames and passwords but still there are parties who do not have authority who can access and use the P-care application and the use of resources (material and human) is in accordance with the needs [6]. The Onolalu Health Center in South Nias Regency has collaborated with BPJS in its health services. Since 2014 the P-care application has been implemented at this puskesmas. The P-care application is the only application used by the Onolalu health center in providing services to BPJS patients and the only information system in the puskesmas. The P-care application itself is used to enter social data, patient examination data and make referral letters for BPJS patients. Based on a preliminary study conducted by researchers at the Onolalu Health Center by conducting interviews and observations in several service units. The results of the preliminary study were the implementation of the P-care application at the Ono Health Center, and problems were found in its application, which disrupted the running of services.

In April 2021, the primary care application experienced an error problem, this problem was caused by a problem from the system itself which made officers have to wait 1 day to be able to operate the application again which resulted in application users having to record manually. If there are patients who need a referral letter, the patient must wait to get a referral letter until the system returns to normal so that the service process provided is very inefficient and not optimal. Another problem that occurred according to the results of the interview was the P-care application which suddenly exits or logs out on its own if it is left too

long, so the officer has to input the username and password again to be able to access the application. In addition to problems originating from applications, there are also other problems related to technology support tools, namely printers and computers. In each poly at the Puskesmas there is 1 unit of printer, but only in the general poly can a printer be used, because in other poly polys the printer is damaged and also only in general poly there are computers. Meanwhile, there are no computers for the MCH polyclinic and dental polyclinic, but sometimes officers from these polyclinics bring their own laptops or use cell phones to input service data into the P-care application. Then the problem is in making referral letters which should be able to be done in every service unit, but in reality, only 1 unit is in charge of making referral letters. So that it can be said that the utilization of this application is not optimal.

## II. METHODS

This type of research is qualitative research with a phenomenological approach, namely research that describes experiences or finds meaning from fundamental and essential things from phenomena, reality, and experiences experienced by research objects. This study also uses a semi-structured interview method, namely the type of interview that is included in the in-depth interview category which is recorded using a tape recorder which is freer in implementation when compared to structured interviews [7]. This research was carried out in the Working Area of the Onolalu Health Center, South Nias Regency. The choice of location for this study was based on an initial survey that had been conducted showing that there were still problems with the implementation of the use of P-Care at the Onolalu Health Center, South Nias Regency. The research time survey (data collection, management, data analysis and writing of research results) is planned to last 2 months (July-September 2022). Data collection techniques in this qualitative research used interviews, observations, and surveys.

The determination of subjects or informants in this study used a case study technique, which was based on certain considerations made by the researchers themselves, based on previously known characteristics or characteristics of the population [8]. Informants were selected based on the cases studied. Evaluation of the Implementation of the P-Care Application at the UPTD of the Onolalu Health Center, South Nias Regency. The informants in this study were all officers holding the P-Care application, totaling 5 officers. Data triangulation as a combination or combination of various methods used to examine interrelated phenomena from different points of view and perspectives. In this study using Triangulation Method. Method triangulation is done by comparing information or data in different ways. In qualitative research, researchers use interviews, observations, and surveys. To obtain reliable correct information and a complete picture of certain information, researchers can use interviews and observation methods to check the truth. In addition, researchers can also use different informants to check the truth of the information. Triangulation at this stage is carried out if the data or information obtained from research subjects or informants is doubtful [9].

## III. RESULT AND DISCUSSION

### RESULT

**Table 3.1.** Characteristics of Informants

| No. | Informant Name        | Gender | Age          | Education                 |
|-----|-----------------------|--------|--------------|---------------------------|
| 1.  | Fransiska Telaumbanua | Female | 26 years old | Pharmacy Graduate         |
| 2.  | Refan Harita          | Male   | 26 years old | Nursing Diploma           |
| 3.  | Siwelsoni Hondro      | Male   | 33 years old | Nursing Diploma           |
| 4.  | Siterlina Gaho        | Female | 31 years old | Midwifery Diploma         |
| 5.  | Warta Abdian Laia     | Male   | 26 years old | Diploma in Dental Nursing |

### Research Interview Results

**Table 3.2.** Interview results of Primary Care (P-Care) Application Implementation Based on Production Factors

| Question   | Findings  |
|--|---|
| <i>The process and steps for diagnosing patients using</i> | The P-Care application in diagnosing patients is very easy where the patient does not need to do a re-check-up. Because all |

|   |   |
|---|---|
| <i>the P-Care application</i>   | of the patient's medical records have been stored in the application, the officer only looks back at the patient's medical history and the patient immediately gets service from the health worker. Then the p-care application is very helpful and makes the work of officers in recording patient records shorter and faster. |
| <i>How patients get types of health services with patient data that has been integrated</i> | Integrated patient data makes it faster for patients to get the desired service. In addition, patient data that has been registered in the p-care application saves officers more time in providing services to patients, because patients can be provided with services immediately without having to re-examine the patient.  |
| <i>Patient registration process using the P-Care application</i>                            | The registration process with the p-care application is much easier and faster, because patients who want to register for treatment only need to enter the number in the BPJS registration. So, patients no longer need to waste time taking queue numbers and queuing to register.   |
| <i>Patient data security in the P-Care application</i>                                      | Patient data storage in the p-care application is quite safe and will not be lost. Because patient data is always connected online. It's different from storing files in a file storage room which may not be safe, because files can be damaged, duplicate files and even lose files.  |
| <i>Ease of referral process using the P-Care application</i>                                | The referral process with p-care is made easier, because in this application patient referrals can be made online, where the patient diagnosis process can be directly carried out online and referrals can be directly processed to the intended hospital.   |

Based on the results of the interviews, it can be concluded that the implementation of primary care applications (P-Care) based on production factors has a positive impact on patients and health workers in providing services to patients effectively. This can be seen from the interview results where the application of p-care in diagnosing patients is very easy because patients do not need to do a re-check-up. Then patient data that has been integrated makes it faster for patients to get the desired service and shortens the time for officers to provide services to patients. In addition, the patient registration process using the p-care application is much easier and faster. In terms of storing patient data, it is also safer and can prevent data loss or loss of patient medical records. Furthermore, the referral process with p-care can be done more easily, because in this application patient referrals can be made online. Based on these results, it shows that the implementation of primary care (p-care) applications based on production factors runs effectively and has a good impact on patients and health workers.

**Table 3.3.** Interview results of Primary Care (P-Care) Application Implementation  
Based on efficiency factors

| <b>Question</b>  | <b>Findings</b>   |
|--|---|
| <i>Use of the P-Care Application</i>   | Officers who already understand how to operate, the P-Care application is very helpful in speeding up the provision of services to patients, compared to using the manual method.     |
| <i>The time needed to find patient data that has been registered in the P-Care application</i> | The time to find patient data is more efficient and shorter. Because the patient has already been treated, the patient's identity or personal data immediately appears automatically. |
| <i>A series of patient test or check-up processes</i>  | Patients who have registered on the p-care application no longer need to have a check-up. Because the patient's medical history and diagnosis is complete and available.              |
| <i>Access patient data in the P-Care application</i>   | Patient data that has been registered with P-Care can be accessed anywhere.   |

Based on the results of the interviews, it can be concluded that the implementation of primary care (P-Care) applications based on efficiency factors has a positive impact on patients and health workers in providing services to patients effectively. This can be seen from the results of the interviews, where the use of the p-care application is very helpful in accelerating the provision of services to patients, compared to using the manual method. Then the time needed to find patient data becomes more efficient and shorter. Because the personal data of patients who have been treated will appear automatically. Furthermore, patients

who have registered with the p-care application no longer need to do check-ups and the data of patients who wish to seek treatment can also be accessed at other health facilities.

**Table 3.4.** Interview results of Primary Care (P-Care) Application Implementation Based on Satisfaction Factors

| Question  | Findings  |
|---|---|
| <i>Job satisfaction using the P-Care application</i>                      | The officers stated that as long as the p-care was in place they were very satisfied with the results of their work, because the work done was completed faster and it saved more time.   |
| <i>Guaranteed patient convenience in using the P-Care application</i>     | The officers stated that all of the patient's affairs to seek treatment at the puskesmas became easier and they dared to guarantee that patients also felt that getting services was much easier.   |
| <i>Patient satisfaction in using the P-Care application</i>               | The officer stated that the patient was satisfied with the use of the P-Care application to obtain health services.   |
| <i>The impact of the P-Care application on the image of the puskesmas</i> | According to most P-Care officers at the puskesmas, they stated that the presence of the P-Care application had improved the image of the puskesmas, seen from the number of patients and patient satisfaction because it did not take long to get health services. |

Based on the results of the interviews, it can be concluded that the implementation of primary care (P-Care) applications is based on satisfaction factors, has a good impact and increases satisfaction for patients and health workers in providing services to patients. This can be seen from the results of the interviews, where the use of the p-care application makes officers very satisfied with their work, because the work done is completed faster and saves time. Then all the patient's affairs to seek treatment at the health center become easier. Patients are also satisfied with the use of the p-care application to obtain health services. Furthermore, the p-care application not only increases staff and patient satisfaction, but the presence of the p-care application has improved the image of the puskesmas, seen from the increased number of patients and patient satisfaction with the waiting time for health services.

## DISCUSSION

### Evaluation of Primary Care Application Production Implementation (P-Care)

Based on the expressions of the 5 informants from p-care officers, it was found that the implementation of the production of the p-care application made all processes from registration to the referral process easier. All informants gave positive opinions and were very happy with the presence of the p-care application in providing services to patients. In line with the results of research conducted by Crystal [10], Five respondents stated that the task characteristics were very good, all tasks carried out were facilitated in each application menu. Characteristic criteria in the application of the technology used are good, although the availability is not evenly distributed. The task suitability criteria felt by the user are in accordance with the technology used. The usefulness criterion is that the user feels the need for this application. As well as the performance impact criteria in implementing this application, namely this has been well felt [10]. Research conducted by Kurniawan [6], shows that the p-care application has been used at the Laras Hati clinic since 2014. However, errors still occur and it takes long to load, the control system used has used usernames and passwords but there are still parties who don't have the authority to access and use p-care applications, and the use of resources (material and human) is in accordance with needs [6]. The Primary Care application or commonly called the P-Care application is an application intended for web-based basic services created to support the payment process at first-level health facility services for BPJS Health participants [3].

This system makes it easy to access data to the BPJS server, including the registration process, diagnostics, therapy, and laboratory services. First-level health facilities that collaborate with BPJS Health are required to carry out health services in a comprehensive manner. So that the health services provided must be broad and complete, covering all aspects, or covering a broad scope in order to produce the best quality of service [4]. According to this study, the implementation of primary care (P-Care) applications based on production factors has a positive impact on patients and health workers in providing services to patients effectively. This can be seen from the results of interviews where the application of P-Care in

diagnosing patients is very easy because patients do not need to do a re-check-up. Then patient data that has been integrated makes it faster for patients to get the desired service and shortens the time for officers to provide services to patients. In addition, the patient registration process using the P-Care application is much easier and faster. In terms of storing patient data, it is also safer and can prevent data loss or loss of patient medical records. Furthermore, the referral process with P-Care can be done more easily, because in this application patient referrals can be made online. Based on these results, it shows that the implementation of primary care applications (P-Care) based on production factors runs effectively and has a good impact on patients and health workers.

#### **Evaluation of Primary Care (P-Care) Application Efficiency Implementation**

Based on the results of interviews with the five informants as P-Care officers, it was found that the efficient implementation of the p-Care application made handling all patients to get health services much easier and save time. All informants gave positive opinions on the use of the P-Care application in providing services to patients. In line with research conducted by Sari [5], it shows that the p-care application has been used at the Dr. Clinic. Alfred Majalaya since 2019 but there are still frequent errors and slow loading, the control system used has used a username and password but there are still unauthorized parties who can access and use the P-Care application, and the use of resources (material and human) is in accordance with the requirements. The P-Care application has been used at the Dr. Alfred Majalaya Clinic since 2019, but there are still some unresolved problems [5]. Research conducted by Zahra in 2022 shows that the P-Care application still needs improvement and improvement. The performance of the P-Care application is still not optimal. However, the P-Care application has provided benefits for its users [11]. The development of the P-Care application by BPJS Kesehatan is one manifestation of implementing community health epidemiological monitoring and evaluation.

The BPJS health P-Care application was started in January 2014. This information system can be accessed via the internet at the address <http://pcare.bpjs-kesehatan.go.id/>. BPJS Kesehatan P-Care can be accessed through several computers provided at the Puskesmas or through computers outside the Puskesmas area that are connected to the internet. All Puskesmas and other basic health services that work with BPJS are required to use the P-Care application, so that service data becomes more integrated from every part of the basic health service institutions to Referral Health Service institutions. The use of P-Care has covered all regions of Indonesia [4]. Efficiency as an effectiveness criterion refers to a measure of the use of scarce resources by an organization. Efficiency is the ratio between output and input. Efficiency measures consist of profits and capital, cost per unit, waste, free time, cost per person, and so on. Efficiency is measured based on the ratio between profits and costs or time used [12]. According to the results of this study, the implementation of primary care (P-Care) applications based on efficiency factors has a positive impact on patients and health workers in providing services to patients effectively. This can be seen from the results of the interviews, where the use of the P-Care application is very helpful in accelerating the provision of services to patients, compared to using the manual method. Then the time needed to find patient data becomes more efficient and shorter. Because the personal data of patients who have been treated will appear automatically. Furthermore, patients who have registered with the P-Care application no longer need to do check-ups and data on patients who wish to seek treatment can also be accessed at other health facilities.

#### **Evaluation of Primary Care (P-Care) Application Satisfaction Implementation**

Based on the results of interviews with five P-Care staff informants, it was found that the implementation of the P-Care application satisfaction made officers, patients and the puskesmas itself very satisfied. All informants expressed their satisfaction with the presence of the P-Care application in providing services to patients. In line with Via Trisna's research in 2020, it shows that the registration feature on the p-care application consists of the patient's date of treatment, No. BPJS Card, Name, Participant Status, Participant Type, Date of Birth, Gender, Type of Visit, Treatment, Destination Polyclinic, Complaints, Physical Examination, and Participant Registration History, the benefits of p-care that have been stated by informants include making registration and referrals easier fast and easy, accessing BPJS services and policies that have been set by the health service based on BPJS Health Edition X Year 2014, P-Care is a patient service information system aimed at computer-based BPJS patients and via online internet [13]. The

results of research conducted by Crystal, et al in 2020 from five respondents stated that the task characteristics were very good, all tasks carried out were facilitated in each application menu. Characteristic criteria in the application of the technology used are good, although the availability is not evenly distributed. The task suitability criteria felt by the user are in accordance with the technology used. The usefulness criterion is that the user feels the need for this application.

As well as the performance impact criteria in implementing this application, namely this has been well felt [10]. P-Care is a web-based basic service application owned by BPJS that was built to support the service process for first-level health facilities for BPJS Health participants. According to the Regulation of the Minister of Health of the Republic of Indonesia Number 71 of 2013 concerning Health Services at the National Health Insurance, first-level health facilities that work with BPJS Health must provide comprehensive health services. It is hoped that the use of p-care can run optimally so that all health data, especially those related to patient care, can be real time, integrated from every part of a health care institution [4]. Satisfaction as an effectiveness criterion refers to the success of the organization in meeting the needs of its member employees. Satisfaction measures include employee attitudes, employee replacement, absenteeism, tardiness, complaints, welfare and so on [12]. According to the assumptions of researchers implementing primary care (P-Care) applications based on satisfaction factors, have a good impact and increase satisfaction for patients and health workers in providing services to patients. This can be seen from the results of the interviews, where the use of the P-Care application makes officers very satisfied with their work, because the work done is completed faster and saves more time. Then all the patient's affairs to seek treatment at the health center become easier. Patients are also satisfied with the use of the P-Care application to obtain health services. Furthermore, the P-Care application not only increases staff and patient satisfaction, but the presence of the P-Care application has made the image of the puskesmas improve, seen from the increased number of patients and patient satisfaction with the waiting time to get health services.

#### **RESEARCH IMPLICATIONS**

Implication is a consequence or result of the findings. The results of this study have implications for the management of the puskesmas, especially for p-care workers, regarding the importance of managing patient health services to increase patient satisfaction. The results of this study are also an illustration for the puskesmas to be able to provide health services to patients quickly, precisely and effectively. This is also a reference for the puskesmas to know more and be aware of the importance of patient health service management, so that problems do not occur which can reduce the quality of health services at the puskesmas.

The purpose of research implication is to compare the results of previous research with the results of the latest or recently conducted research using a method. In this study, the researcher only examined several factors related to the implementation of the use of the p-care application. It is hoped that future researchers will add other factors beyond the factors that have been studied. The time limitation, especially the relatively short time to conduct research, is due to the fact that the research is carried out during the p-care staff's breaks. There are limitations to research using interview guidelines, namely that sometimes the answers given by informants do not reflect the real situation and are inaccurate in providing information

#### **IV. CONCLUSION**

Based on the research results, the implementation of the production of the P-Care application makes all processes from registration to the referral process easier. All informants gave positive opinions and were very happy with the presence of the P-Care application in providing services to patients. The results of this study the implementation of the efficiency of the P-Care application makes all patient handling to get health services much easier and saves time. All informants gave positive opinions on the use of the P-Care application in providing services to patients. Then the results of this study indicate that the implementation of the P-Care application satisfaction has made officers, patients and the puskesmas itself very satisfied. All informants expressed their satisfaction with the presence of the P-Care application in providing services to patients.

## V. SUGGESTION

It is expected that the puskesmas will always improve the quality of services related to the use of the P-Care application such as strengthening the internet network, so that each patient visit data can be input on time, as well as increasing the workforce of graduates from D-III Medical Records so that the application of primary care (P) -Care) becomes more leverage. It is hoped that this research can be used as a reference in adding information, especially in the field of science, especially in public health related to the implementation of primary care applications (P-Care).

It is hoped that this research can be used as input or information that is useful for officers in related agencies with the maximum and effective implementation of primary care (P-Care) applications. It is hoped that this research can be used as input in perfecting this research by looking for other factors related to the use of P-Care applications outside of the factors that have been studied.

## VI. ACKNOWLEDGMENTS

The author would like to thank the Director of Royal Prima Hospital who has supported this research, Prima Indonesia University and Head of the Public Health Masters Study Program, Faculty of Medicine, Dentistry and Health Sciences. And thanks to the director UPTD Puskesmas Onolalu, South Nias Regency, and we also thank the supervising lecturers for their valuable advice..

## REFERENCES

- [1] BPJS. (2014). *Buku Pegangan Sosialisasi Jaminan Kesehatan Nasional (JKN) dalam Sistem Jaminan Sosial Nasional*. Badan Penyelenggara Jaminan Sosial (BPJS).
- [2] BPJS Kesehatan. (2016). *Panduan Layanan Bagi Peserta Jaminan Kesehatan Nasional Kartu Indonesia Sehat (JKN-KIS)*. Badan Penyelenggara Jaminan Sosial Kesehatan.
- [3] Sudarti, R. (2015). Evaluasi Implementasi Perangkat Lunak P-Care di Puskesmas Kotagede I Kota Yogyakarta dengan Menggunakan Metode Technology Acceptance Model (TAM). *Diploma Thesis*, Universitas Gadjah Mada.
- [4] Kemenkes RI. (2013a). *Buku Pegangan Sosialisasi Jaminan Kesehatan Nasional (JKN) dalam Sistem Jaminan Sosial Nasional*. Kementerian Kesehatan Republik Indonesia.
- [5] Sari, D. N. I., Maulvi, T. R., & Wahab, S. (2021). Evaluasi Implementasi Aplikasi Primary Care (P-Care) Guna Menunjang Pengklaiman BPJS di Klinik dr. Alfred Majalaya. *Cerdika: Jurnal Ilmiah Indonesia*, Volume: 1, No.11, Page: 1482–1488. <https://doi.org/10.36418/cerdika.v1i11.234>.
- [6] Kurniawan, A., Mustika, D. A., Muhammad, R. C., & Putri, S. C. (2019). Evaluasi Implementasi Aplikasi Primary Care (Pcare) di Klinik Laras Hati. *Jurnal Kesehatan Vokasional*, Volume: 4, Nomor:1, Page: 21. <https://doi.org/10.22146/jkesvo.38816>.
- [7] Creswell, J. W. (2015). *Penelitian Kualitatif & Desain Riset*. Pustaka Pelajar.
- [8] Notoatmodjo, S. (2012). *Metodologi Penelitian Kesehatan*. Rineka Cipta.
- [9] Sugiyono. (2017). *Metode Penelitian Kuantitatif, Kualitatif dan R&D*. Alfabeta.
- [10] Crystal, I. De, Farlinda, S., Nuraini, N., & Wicaksono, A. P. (2020). Evaluasi Implementasi Aplikasi Primary Care (P-Care) dengan Menggunakan Metode Task Technology Fit di Puskesmas Patrang Kabupaten Jember Tahun 2019. *J-REMI: Jurnal Rekam Medik Dan Informasi Kesehatan*, Vol.1, No.4, Pp: 502–510. <https://doi.org/10.25047/j-j-remi.v1i4.2127>.
- [11] Zahra Arwananing Tyas & Wira Nata Negara. (2022). Literature Review: Implementasi Sistem Informasi Kesehatan Puskesmas di Berbagai Daerah. *Journal of Technopreneurship and Information System*. Vol. 5 No. 1. <http://jurnal.umb.ac.id/index.php/JTIS/article/view/3444>
- [12] Tika, M. P. (2016). *Budaya Organisasi dan Peningkatan Kinerja Perusahaan*. Bumi Aksara.
- [13] Via Trisna, W., Effi Daniati, S., Purnama Sari, T., & Hang Tuah Pekanbaru, Stik. (2020). Evaluasi Penggunaan Aplikasi Primary Care (P-Care) BPJS terhadap Pelayanan Kesehatan di Puskesmas Se-Kota Pekanbaru dengan Menggunakan Metode Technology Acceptance Model (Tam). *Journal of Information Technology and Computer Science (INTECOMS)*, Vol.3, No.2, Pp. 152–161. <https://orcid.org/0000-0001-8782-3285>.