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Analysis of Risk Mitigation Strategies for Maintaining Revenue Following the Relocation of Talise Public Health Center (A Case Study of UPTD Talise Public Health Center, Palu City)

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Abstract: The relocation of the Talise Community Health Center (UPTD Puskesmas Talise) in Palu City, which began operating in a new building on 1 June 2026, creates opportunities to expand service capacity but also poses risks to community accessibility and the sustainability of National Health Insurance (Jaminan Kesehatan Nasional, JKN) revenue. This study aims to identify post-relocation risks, analyze changes in JKN enrollment, patient visits, and revenue, and examine the risk mitigation strategies implemented to maintain the health center's revenue. The study employs a qualitative descriptive approach. Informants were selected purposively and included the head of the health center, JKN or capitation-fund managers, administrative staff, health professionals, and supporting informants. Data were collected through semi-structured interviews, observation, and documentation, and analyzed using the interactive model of Miles, Huberman, and Saldaña. The findings indicate that the new building provides more spacious service areas, supports service development, and facilitates registration, although the distance to the new location remains an obstacle for some residents. A comparison of data for June–September 2025 and June–September 2026 shows that total revenue increased from IDR 923,998,912 to IDR 1,112,436,198, an increase of approximately 20.39%. Conversely, patient visits declined from 23,218 to 21,686, or approximately 6.60%. JKN enrollment data for 2026 show 34,390 registered participants in September, while complete monthly comparative data for 2025 are not available in all records. Mitigation strategies include using the former building as an auxiliary health center (Pustu), publicizing the new location, coordinating with BPJS Kesehatan, improving service quality, strengthening administrative records, and evaluating and controlling operating costs. The study concludes that maintaining JKN revenue requires an integrated approach combining access preservation, service-quality improvement, administrative accuracy and cost control. More complete data are needed,

however, to explain more accurately the relationship between relocation, changes in patient visits, and revenue growth.

Keywords: Risk Mitigation, JKN Revenue, Relocation, Healthcare Accessibility, Talise Public Health Center

INTRODUCTION

Community health centers (Puskesmas) are primary healthcare facilities that play an important role in delivering health services to the public. Their continuity depends not only on service delivery but also on revenue management, including capitation funds under the National Health Insurance (JKN) scheme, which support healthcare personnel remuneration and operational activities (Doanita et al., 2023; Sari et al., 2022). Capitation-fund management continues to face challenges related to planning, implementation, fund absorption, and human resources (Novyandina et al., 2025; Hasibuan & Sabila, 2024; Mau et al., 2023; Rahmawati et al., 2023). The use of JKN services is also influenced by public education, knowledge, and perceptions (Amadea & Rahardjo, 2022; Basith & Prameswari, 2021; Puji et al., 2022; Rahmayanti & Ariasih, 2021; Solehah, 2022; Stiyawan & Ainy, 2023), while service quality, registration, access to information, and empathy are associated with patient satisfaction (Munawwaroh & Indrawati, 2022). These conditions indicate that the sustainability of health-center revenue is inseparable from the public's ability to access and use healthcare services.

Changes in the location of a healthcare facility may create risks to access and service utilization. Distance, transportation, geographical conditions, travel time, and information can affect access to healthcare (Andriani & Sutriyawan, 2023; Isnaini Salsabilah et al., 2023; Meintari & Susilawati, 2022; Munawwaroh, 2023; Rahmayani, 2023). Previous research on health-center relocation has largely focused on facility relocation feasibility, whereas other studies have separately examined healthcare access, JKN utilization, capitation-fund management, and facility performance. For example, Feasibility Study of Relocation Gunung Rampah Public Health Center (2023) examined relocation feasibility, while Novyandina et al. (2025) focused on capitation-fund management. Research on performance-based capitation indicators has been conducted by Fadila and Katmini (2022), Munawarah et al. (2022), and Sandra et al. (2021). Risk-management research has also examined methods for identifying and evaluating risks in healthcare services (Mustofa et al., 2024), but the risks arising after a health center's relocation and their relationship with efforts to maintain JKN revenue have not been specifically examined.

This gap provides the rationale for studying Talise Public Health Center in Palu City, which began operating in a new building on 1 June 2026 after moving from Jalan Komodor Laut Yos Sudarso to Jalan Untad 2, Bumi Roviga, Tondo Subdistrict, Mantikulore District, Palu City. This relocation provides a context for examining whether a change of location creates risks to public access, patient visits, JKN service utilization, and health-center revenue. The study's distinctive contribution is its integration of risk management, service accessibility, JKN utilization, and revenue in a single analysis of the post-relocation context. It identifies emerging risks, examines their implications for JKN revenue, and explores the mitigation strategies implemented by the health center.

Accordingly, the study addresses three research questions: 1) What risks emerged following the relocation of Talise Public Health Center in Palu City?; 2) How did the relocation affect JKN revenue at Talise Public Health Center?; 3) What risk mitigation strategies has Talise Public Health Center implemented to maintain JKN revenue following relocation?.

METHOD

This study uses a qualitative descriptive approach to analyze risks arising from the relocation of Talise Public Health Center in Palu City, the implications for National Health

Insurance (JKN) revenue, and the mitigation strategies adopted to sustain revenue. The analysis focuses on post-relocation risks, changes in patient visits and healthcare utilization, JKN revenue or capitation funds, and the health center's risk mitigation strategies.

The study was conducted at Talise Public Health Center, Palu City, which began operating at its new location on 1 June 2026. Data were collected on 22 September 2026. Informants were selected through purposive sampling based on their knowledge, experience, and direct involvement in JKN management, administration, and healthcare delivery. They included the head of the health center, the JKN or capitation-fund manager, administrative staff, healthcare personnel, and patients as supporting informants. This selection was intended to capture different perspectives on the risks and changes associated with the relocation.

The study used primary and secondary data. Primary data were obtained through interviews and observation, while secondary data included patient-visit records, JKN revenue or capitation-fund records, Performance-Based Capitation (Kapitasi Berbasis Kinerja, KBK) indicators, administrative documents, and policies related to the relocation. The research instruments consisted of a semi-structured interview guide, an observation sheet, and documentation notes. These instruments were used to gather information about the risks encountered, their causes, potential effects on JKN revenue, healthcare service conditions, and the mitigation strategies implemented.

Data were collected through semi-structured interviews, direct observation, and documentation. The data were analyzed using the interactive model of Miles, Huberman, and Saldaña, comprising data condensation, data display, and conclusion drawing and verification. Conditions before and after relocation were compared to identify changes in patient visits, healthcare utilization, revenue, and risks related to revenue maintenance. Data trustworthiness was assessed through source and method triangulation by comparing information from different informants and checking interview findings against observations and supporting documents.

RESULTS AND DISCUSSION

Results

Healthcare Service Risks Following Relocation

Interviews indicate that Talise Public Health Center's move to the new building, which began operating on 1 June 2026, was prompted by limitations in the facilities and infrastructure at the former site. The head of the health center (RM) explained that the old building had limited service space and land, making service expansion difficult despite a growing patient population. Limited parking also generated public complaints. In addition, the former location was considered exposed to disaster risk because of its proximity to a tsunami-prone area. Relocation was therefore intended to address facility constraints and increase healthcare service capacity.

The new building provides more spacious service areas and opportunities to expand service types and recruit additional healthcare personnel. The JKN manager (A) explained that a more comfortable building, a larger waiting area, and additional healthcare staff supported service-quality improvements. A healthcare professional (Dr. D) similarly noted that the new building offered greater comfort for patients. These findings suggest that relocation creates opportunities to improve service quality through more adequate facilities. Comfort and service quality are also relevant to patient satisfaction in community health centers (Munawwaroh & Indrawati, 2022).

Nevertheless, relocation has created new accessibility risks for some residents. The head of the health center (RM) identified travel distance for people living far from the new site as the main obstacle. A healthcare professional (Dr. D) also reported that distance remained a complaint, even though patients appreciated the new building. Administrative staff (A) added that some residents continued to ask about the new location during Posyandu activities. Thus,

post-relocation risks involve not only geographical distance but also gaps in information about where services are provided.

Accessibility barriers may affect whether residents continue using Talise Public Health Center or switch to another primary healthcare facility. The head of the center (RM) reported that nearly 200 participants had transferred from the facility where they had previously been registered at Talise. However, the informant also stated that the number of new participants was higher. Overall enrollment can therefore increase while some existing participants are lost. Enrollment changes should consequently be analyzed using inflow and outflow data, rather than only the number of registered participants at the end of a period. This issue is consistent with research on JKN utilization and access barriers in community health centers (Amadea & Rahardjo, 2022; Rahmayanti & Ariasih, 2021).

To mitigate these risks, the former building continues to provide services as an auxiliary health center (Pustu). The head of the center (RM) explained that doctors and healthcare workers remain available there so that people who have difficulty reaching the new site—particularly older adults, pregnant women, and children—can still obtain care. Administrative staff (A) reported that information about the new location is disseminated through Facebook, Instagram, TikTok, banners at the former building, Posyandu cadres, and coordination with local government. These measures reflect two mitigation approaches: maintaining access at the former site and broadening public communication about the new location.

The main post-relocation service risks are travel-distance barriers, possible transfers of JKN participants to other facilities, and uneven public awareness of the new location. The health center has taken steps to address these risks, but their effectiveness should be monitored through Pustu visit data, public complaints, and changes in JKN enrollment. Relocation success should not be assessed solely by improvements in physical facilities; it should also be assessed by the health center's ability to maintain accessible services for the community.

Staffing Changes

Relocation was accompanied by adjustments to staffing to support service delivery. The availability of healthcare and administrative personnel is important to the smooth operation of the new building.

Table 1. The staffing data for 2025 and 2026

Staff category	2025 ASN	2025 Non-ASN	Total	2026 ASN	2026 Non-ASN	Total
General practitioners	5	2	7	5	4	9
Dentists	2	0	2	3	0	3
Nurses	18	0	18	18	0	18
Midwives	33	0	33	33	0	33
Dental nurses	1	2	3	1	2	3
Public health promotion	2	0	2	2	0	2
Public health surveillance	1	0	1	1	0	1
Environmental health	3	0	3	3	0	3
Nutritionists	2	1	3	2	1	3
Pharmacists	1	0	1	1	0	1
Pharmacy assistants	4	0	4	4	0	4
Medical laboratory technologists (ATLM)	1	0	1	1	0	1
Medical records staff	1	1	2	1	1	2
Health administration staff	1	1	2	1	1	2
Policy technical reviewers	3	0	3	3	0	3
Information systems and technology managers	1	0	1	1	0	1
Operational service managers	3	0	3	3	0	3
Health service operators	2	0	2	2	0	2
Office administrators	4	0	4	4	0	4
Total	**86**	**7**	**93**	**87**	**9**	**96**

Source: Talise Public Health Center staffing records, processed by the authors

The number of staff increased from 93 in 2025 to 96 in 2026, an addition of three employees or approximately 3.23%. The increase consisted of two general practitioners and one dentist. The number of civil servants (ASN) rose from 86 to 87, while non-civil-servant staff increased from seven to nine. The number of nurses remained 18, midwives 33, dental nurses three, health-promotion staff two, surveillance staff one, environmental-health staff three, nutrition staff three, pharmacists one, pharmacy assistants four, laboratory staff one, medical-records staff two, and health-administration staff two. The additional medical personnel may support service capacity at the new location.

Changes in JKN Enrollment, Patient Visits and Revenue

Interviews with the head of the health center (RM) and the JKN manager (A) indicate that JKN enrollment at Talise increased after relocation. The head stated that enrollment rose from approximately 33,000 to more than 34,000 participants. The JKN manager also reported an increase, despite initial concerns that moving farther away might reduce enrollment. In the manager's view, improved facilities helped residents accept the new location.

The enrollment data show 30,423 participants in September 2025 and 34,390 in September 2026, an increase of 3,967 participants or approximately 13.04%. However, this change cannot be attributed solely to relocation because it may also reflect transfers between healthcare facilities, updates to enrollment records, and other factors.

The JKN manager (A) reported that daily visits, previously around 150 patients, had increased to approximately 200 or more. A healthcare professional (Dr. D) also perceived an increase in the number of patients attending the center. These accounts reflect positive perceptions of activity at the new building. However, interview accounts need to be compared with monthly visit records to provide a fuller picture.

Monthly records show 23,218 patient visits from June to September 2025, compared with 21,686 in the same period of 2026—a decline of 1,532 visits or approximately 6.60%. Compared with the same months in 2025, visits increased by 168 in June 2026 and by 886 in July, but declined by 1,667 in August and 919 in September. The discrepancy between informants' perceptions and the cumulative data should be interpreted carefully: the interviews describe day-to-day experiences, whereas the table aggregates four months. The decline in total visits is an important finding that warrants further investigation, including possible effects of distance, changes in service patterns, and differences in recording practices. Research on healthcare utilization likewise emphasizes the need to consider public and access-related factors when interpreting changes in service use (Basith & Prameswari, 2021; Puji et al., 2022; Stiyawan & Ainy, 2023).

The head of the health center (RM) stated that an increase in BPJS participants was associated with higher capitation receipts and reported a surplus of more than IDR 100 million relative to the target. The JKN manager (A) also emphasized that the number of registered participants is one factor affecting capitation receipts. These accounts suggest that maintaining enrollment is viewed by the health center as an important strategy for sustaining revenue.

Financial records show that total revenue for June–September 2025 was IDR 923,998,912, while revenue for the same period in 2026 reached IDR 1,112,436,198. This represents an increase of IDR 188,437,286, or approximately 20.39%. However, these figures represent total recorded revenue and should not be interpreted as JKN revenue alone unless revenue sources are disaggregated. JKN or capitation revenue must be analyzed separately to determine the change attributable specifically to JKN.

The findings indicate that enrollment growth and increased total revenue occurred alongside a decline in cumulative patient visits. Enrollment, visits, and revenue are distinct indicators and do not necessarily move in the same direction. Under a capitation scheme, payments are linked to registered participants in accordance with applicable rules, rather than solely to daily visit volume. Revenue evaluation should therefore include management,

transparency, and monitoring of capitation-fund realization (Doanita et al., 2023; Hasibuan & Sabila, 2024; Rahmawati et al., 2023; Sari et al., 2022). Enrollment growth may be positive for capitation receipts, while visit numbers remain important for assessing service utilization.

Table 2. Revenue realization reports/documents of Talise Public Health Center for June–September 2025 and June–September 2026

Month	Revenue 2025 (IDR)	Revenue 2026 (IDR)	Difference (IDR)
June	238,840,033	234,000,000	−4,840,033
July	221,548,774	319,000,000	+97,451,226
August	226,045,155	259,959,686	+33,914,531
September	237,564,950	299,476,512	+61,911,562
Total	**923,998,912**	**1,112,436,198**	**+188,437,286**

Source: Processed by the authors

Revenue in June 2026 was IDR 234,000,000, which was IDR 4,840,033 (approximately 2.03%) lower than in June 2025. Revenue in July, August, and September 2026 was higher than in the corresponding months of 2025. The June decline may be related to the adjustment period at the beginning of operations in the new building, but this remains a possibility rather than an established cause. Differences in disbursement or recording dates and in the composition of revenue sources may also affect the recorded amounts. The underlying revenue sources, realization dates, and reporting periods should be checked before attributing the decline to relocation.

Table 3. Talise Public Health Center JKN enrollment data for 2025 and 2026

Month	JKN participants 2025	JKN participants 2026	Difference	Change
June	29,058	33,888	+4,830	+16.62%
July	29,303	34,452	+5,149	+17.57%
August	29,816	34,182	+4,366	+14.64%
September	30,423	34,390	+3,967	+13.04%
End of period (September)	30,423	34,390	+3,967	+13.04%

Source: Processed by the authors

Enrollment was higher in every month compared between 2025 and 2026. This is a positive development for service continuity and revenue management because registered participants are linked to JKN capitation receipts under applicable rules. Nevertheless, the increase cannot be attributed directly to relocation because participant transfers, data updates, and other factors may also have contributed. The center should continue to maintain service quality, public trust, and regular monitoring of enrollment.

Table 4. Patient-visit registers and summaries of Talise Public Health Center for June–September 2025 and June–September 2026

Month	Patient visits 2025	Patient visits 2026	Difference
June	5,111	5,279	+168
July	4,717	5,603	+886
August	6,695	5,028	−1,667
September	6,695	5,776	−919
Total	**23,218**	**21,686**	**−1,532**

Source: Processed by the authors

The decline in visits during August and September 2026 requires attention. One possible explanation is that some residents experienced difficulty reaching the new building, although the available data cannot establish that relocation was the sole cause. Changes in healthcare needs, service schedules, choices to use other facilities, and differences in visit recording should also be investigated. The center should regularly monitor visits, evaluate service accessibility, and improve communication about its location and available services.

Changes in Operating Costs Following Relocation

The JKN or capitation-fund manager (A) reported that moving to the larger building increased operating requirements. The new facility requires more electricity and stronger internet connectivity. According to the informant, electrical capacity increased from approximately 33,000 watts to 150,000 watts, while internet service was upgraded to 100 Mbps. These changes show that expanded service capacity also creates additional recurring financial needs.

Administrative staff (A) explained that administrative procedures remained broadly similar, but registration facilities improved. The number of registration computers increased from two to four, alongside better internet connectivity. These changes reportedly made registration easier and faster and improved patient comfort. Additional expenditure on facilities should therefore be considered alongside its potential benefits for administrative efficiency and service delivery.

Recorded operating costs for June–September totaled IDR 123,815,453 in 2025 and IDR 225,526,724.95 in 2026, an apparent increase of IDR 101,711,271.95. However, electricity costs in 2026 were paid by the Health Office, whereas electricity costs for 2025 remained included in the health center's operating data. The two totals therefore do not represent fully comparable expenditure burdens. The largest recorded increase was in stationery and office supplies, at IDR 105,482,258.95. Food and beverages for activities increased by IDR 23,535,000; air-conditioning and computer maintenance increased by IDR 19,036,500; and internet/Wi-Fi costs increased by IDR 2,814,901. In contrast, printing and photocopying costs decreased by IDR 6,195,000, medical consumables by IDR 3,622,820, and vehicle or ambulance maintenance by IDR 2,094,000.

The increases may indicate changing operating needs after relocation, but the cause of each increase cannot be established from interviews alone. The substantial increase in stationery and office supplies should be verified against transaction details, item types, purchase volumes, and expenditure documentation. This would help determine whether it arose from initial needs for the new building, inventory replenishment, changes in purchase timing, or other factors. The JKN manager (A) stated that an internal audit team evaluates activities and expenditures periodically, prioritizes urgent needs, and reviews purchases or activities that are not yet priorities. Such controls are important to ensure that facility expansion does not create unnecessary financial pressure.

Table 5. Operating expenditure/cost realization documents of Talise Public Health Center for June–September 2025 and June–September 2026

Operating cost item	June–September 2025 (IDR)	June–September 2026 (IDR)	Difference
Electricity	23,014,660	Paid by Health Office	Not comparable
Internet/Wi-Fi	13,052,560	15,867,461	+2,814,901
Stationery and office supplies	18,119,975	123,602,233.95	+105,482,258.95
Printing and photocopying	13,150,000	6,955,000	−6,195,000
Medical consumables (BMHP)	30,979,750	27,356,930	−3,622,820
Air-conditioning and computer maintenance	2,657,500	21,694,000	+19,036,500
Vehicle/ambulance maintenance	5,400,000	3,306,000	−2,094,000
Hazardous medical waste management	1,979,408	2,719,500	+740,092
Technical guidance/training	15,000,000	0	−15,000,000
Food and beverages for activities	450,000	23,985,000	+23,535,000
Non-capitation financial transaction fees	11,600	40,600	+29,000
Total costs	**123,815,453**	**225,526,724.95**	**+101,711,271.95**

Source: Processed by the authors

The expenditure mix differed between the periods. Increases in stationery and office supplies, air-conditioning and computer maintenance, and other items may be related to the facilities and administrative support required by the new building, but this relationship needs verification through transaction-level records. Risk management should therefore include needs assessment, spending prioritization, and regular budget monitoring. Expenditure paid directly by the Health Office, such as electricity in 2026, should be distinguished from costs borne by the health center to provide a more accurate picture of operating costs.

Risk Mitigation Strategies to Maintain JKN Revenue

Interviews with the head of the health center (RM), JKN or capitation-fund manager (A), administrative staff (A), a healthcare professional (Dr. D), and a supporting informant (R) indicate that post-relocation risk mitigation has involved service adjustments, public communication, maintenance of JKN enrollment, stronger administrative records, and expenditure control. These strategies aim to reduce access barriers, sustain service utilization, maintain complete records, and support revenue continuity.

Table 6. Analysis of interviews with informants at Talise Public Health Center

Identified risk	Mitigation strategy	Purpose
The new location is difficult for some residents to reach	Use the former building as a Pustu and develop home-visit services	Maintain public access to healthcare
JKN participants may transfer to other facilities	Publicize the new location and coordinate with BPJS Kesehatan regarding participants' facility changes	Retain JKN enrollment and reduce the risk of losing registered participants
Discomfort and limitations in service provision	Improve facilities, add healthcare staff and clinics as needed, and simplify registration	Improve comfort, satisfaction, and service utilization
Visit data may be incomplete or poorly documented	Strengthen service registers and administrative summaries	Maintain complete and accurate data for service evaluation
Higher operating requirements	Review expenditure against needs, prioritize essential spending, and check transaction evidence and accountability documents	Keep spending aligned with service needs and financial capacity
Insufficient monitoring of relocation effects	Strengthen coordination among the health-center head, treasurer, JKN manager, and administrative staff	Support evaluation of changes in services, enrollment, and revenue

Source: Authors

The first strategy is to maintain access by using the former building as a Pustu. Doctors and healthcare workers remain available there for residents who have difficulty reaching the new building, especially older adults, pregnant women, and children. This approach preserves an alternative service point rather than concentrating all services at the new location. The number of patients using the Pustu should be monitored to determine whether it meets the needs of the intended groups.

The second strategy is to broaden communication about the relocation. Administrative staff (A) reported that information is disseminated through social media, banners at the former building, Posyandu cadres, and coordination with village and subdistrict officials. The head of the center (RM) also mentioned social media and community meetings. These channels help reach people with different information-seeking habits. However, continued questions about the new location suggest that communication should be sustained and evaluated based on public understanding.

The third strategy concerns JKN enrollment. The JKN manager (A) explained that the health center provides information to patients registered at other facilities and coordinates with BPJS Kesehatan to facilitate changes in registered healthcare facilities. BPJS officers may be invited to the health center to assist participants who wish to transfer. This approach is intended

to retain existing participants and attract new ones. Its effectiveness should be assessed using monthly data on incoming and outgoing participants.

The fourth strategy is to improve service quality and convenience. The head of the center (RM) stated that registration procedures have been improved, staff service ethics strengthened, doctors and service types added, and alternative service times made available to residents unable to attend in the morning. The JKN manager (A) emphasized fast, courteous, and accessible service, while a healthcare professional (Dr. D) identified improved facilities, additional personnel, and expanded clinics as elements of the effort to sustain utilization. Facility improvements must therefore be supported by staff conduct and ease of access to maintain public trust.

The fifth strategy is to strengthen administrative recording and oversight. The JKN manager (A) explained that each visit should be entered in the service register to prevent information loss due to undocumented services. Administrative staff (A) stated that patient records are maintained, although no dedicated system yet separately tracks all visit changes associated with relocation. Staff work is monitored to ensure daily activities are completed and documented. This suggests that recording practices are in place, but a dedicated before-and-after relocation monitoring system could be strengthened.

Reliable administrative data are essential for decisions about mitigation strategies. The health center should prepare periodic summaries linking JKN enrollment, patient visits, revenue realization, and operating costs. Revenue should also be disaggregated by source so that JKN revenue can be analyzed accurately. More structured records would allow managers to identify changes earlier and select corrective actions based on evidence.

`The sixth strategy is operating-cost control through evaluation and prioritization. The JKN manager (A) reported that the internal audit team reviews activities and expenditures daily and monthly. Urgent expenditures are prioritized, while less essential activities are reconsidered. Such controls are relevant because the new building requires additional resources. Cost control must nevertheless take service needs into account so that efficiency measures do not undermine quality or restrict public access.

The head of the center (RM) also recommended expanding home visits to reach sick residents who have not attended the health center. The informant emphasized improving staff conduct, providing clear information, and making services more accessible. Future strategies should therefore focus not only on increasing enrollment but also on reaching people who do not currently use the services. Home visits should be developed and evaluated based on population coverage and follow-up care.

Overall, Talise Public Health Center has implemented several mitigation measures, including maintaining the Pustu, publicizing the new location, coordinating with BPJS Kesehatan, improving service quality, strengthening records, and controlling expenditure. However, the effectiveness of these strategies cannot be determined solely from informant statements or an increase in total revenue. The decline in visits during June–September 2026 and reports of participants transferring to other facilities indicate that ongoing risk monitoring remains necessary. A systematic risk-management approach can help healthcare facilities identify, prioritize, and evaluate risks more consistently (Mustofa et al., 2024).

Discussion

1. Relocation and Healthcare Accessibility Risks

The relocation of Talise Public Health Center changed its operational risk profile. At the former site, limited space, facilities, and parking restricted service development. The new location provides more room to increase service capacity but creates travel-distance challenges for some residents. This illustrates how reducing risk in one area may create risk in another. Improved infrastructure can enhance comfort, but the benefits may not be distributed evenly if some residents struggle to reach the new location. Relocation should therefore be assessed by balancing service-quality improvements with the accessibility of healthcare facilities.

Using the former building as a Pustu is a relevant mitigation strategy because it preserves an alternative service point for residents facing access barriers. Publicizing the new location also helps address information gaps. These measures show that risk management requires more than providing a new facility; it also requires maintaining service relationships with communities in the former catchment area.

2. The Effect of Relocation on JKN Revenue

The reported increase in JKN participants suggests that relocation was not accompanied by an overall decline in enrollment. Informants associated increased enrollment with higher JKN revenue because registered participants are linked to capitation receipts. Better facilities, greater comfort, and easier registration were also perceived as factors supporting residents' decisions to use Talise Public Health Center. Nevertheless, higher enrollment alone does not prove that all mitigation strategies have succeeded. Some participants reportedly transferred to other facilities, even though the number entering was said to be greater.

Revenue must also be considered alongside operating costs. A larger building requires expenditure on electricity, internet, and maintenance. A strategy for maintaining revenue should therefore combine stronger receipts with expenditure control. Success should not be measured solely by revenue growth, but also by the health center's ability to use resources efficiently without reducing service quality.

3. Effectiveness of Risk Mitigation Strategies

The strategies implemented by Talise Public Health Center include improving service quality, maintaining access through the Pustu, publicizing the new location, strengthening visit records, and reviewing expenditure. These measures respond to several risks identified in the interviews, particularly access barriers, possible participant transfers, and higher operating costs.

However, evaluating their effectiveness remains difficult. Administrative data do not specifically identify all visit changes associated with relocation, and satisfaction-survey documents and comparable revenue data should be examined to establish the extent of change. Increases in enrollment and revenue reported by informants are therefore better treated as indications of positive developments than as conclusive evidence of successful mitigation. Further evaluation should use data on participant inflows and outflows, patient visits, capitation-fund realization, performance-based capitation indicators, and operating costs for comparable periods before and after relocation.

4. Research Novelty

The novelty of this study lies in its analysis of JKN revenue risk mitigation by linking changes in community accessibility, enrollment growth, and increased operating-cost requirements following the relocation of Talise Public Health Center. The interviews indicate that relocation creates opportunities to increase revenue through participant growth, but also risks losing participants because of travel distance and creates a need to control expenditure in a larger facility. By bringing these three aspects into one analytical framework, the study conceptualizes revenue maintenance not merely as an effort to increase enrollment, but also as an effort to preserve access, improve service quality, strengthen records, and control operating costs. The findings provide contextual insight into the importance of integrated risk mitigation for sustaining JKN revenue after a primary healthcare facility changes location.

CONCLUSION AND SUGGESTIONS

Conclusion

This study shows that the relocation of Talise Public Health Center, which began operating in a new building on 1 June 2026, created both risks and opportunities for healthcare delivery. The new building provides more spacious service areas, supports service

development, and facilitates registration. However, its distance remains an obstacle for some residents, particularly those who have difficulty reaching healthcare facilities. Accessibility must therefore remain a priority to ensure that relocation does not hinder service utilization or the continuity of JKN enrollment.

Comparisons before and after relocation show changes in JKN enrollment, patient visits, and revenue. The number of JKN participants increased from 30,423 in September 2025 to 34,390 in September 2026, an increase of 3,967 participants (13.04%). Total visits for June–September decreased from 23,218 to 21,686. Meanwhile, revenue for the same period increased from IDR 923,998,912 in 2025 to IDR 1,112,436,198 in 2026. These differing trends show that enrollment, visits, and revenue should not be assessed using a single indicator. The available data are also insufficient to conclude that the revenue change was entirely caused by relocation.

Mitigation strategies include using the former building as a Pustu, publicizing the new location through social media, banners, Posyandu cadres, and coordination with local government, coordinating with BPJS Kesehatan, improving service quality, strengthening visit records, and reviewing operating costs. These measures are important for preserving public access, maintaining service utilization, and supporting sustainable JKN revenue management. An integrated strategy should address accessibility risks, service quality, administrative accuracy, and operating-cost control. More complete and consistent data, together with regular monitoring, are required to assess the effectiveness of these strategies more rigorously.

Limitations

This study is limited to Talise Public Health Center in Palu City and focuses on conditions after the facility began operating in its new building on 1 June 2026. Its findings are context-specific and cannot be generalized directly to all community health centers. The study also relies on interviews, observation, and available documents, while dedicated records for comparing conditions before and after relocation are not fully available. More complete comparable data on JKN revenue, enrollment changes, patient visits, and operating costs are needed to assess the relationship between relocation and revenue changes more accurately. The findings should therefore be interpreted within the scope of the site, period, and data obtained.

Recommendation

Talise Public Health Center should regularly monitor JKN enrollment, patient visits, revenue, and operating costs after relocation. Monitoring should be supported by consistent recording and reporting so that changes in each indicator can be identified and used as a basis for revenue-management decisions.

The center should also maintain access for residents who have difficulty reaching the new building by continuing to use the former building as a Pustu, communicating the service location clearly, and coordinating with Posyandu cadres, local government, and BPJS Kesehatan. Service quality and administrative accuracy should be continuously improved to sustain good healthcare delivery and effective JKN fund management.

Future research should use more complete data on JKN enrollment, patient visits, revenue realization, and operating costs and cover a longer observation period. Interviews with health-center managers, healthcare personnel, and community members should be expanded to explore access barriers and evaluate the effectiveness of mitigation strategies. This would enable a more accurate analysis of the relationship between relocation, service utilization, and JKN revenue sustainability.

Author Contribution

The authors were responsible for developing the research concept; collecting data through interviews, observation, and documentation; analyzing data; interpreting the findings; and preparing and revising the manuscript. The authors are also responsible for data accuracy

and for ensuring that the discussion is consistent with the research objectives. All authors have read and approved the final manuscript for publication.

AI Disclosure Statement

During the preparation of this article, the authors used ChatGPT as an aid to improve grammar, organize sentences more systematically, and clarify the presentation of ideas. ChatGPT was used only as a writing-support tool. All research data, interview findings, analyses, interpretations, and conclusions remain the authors' responsibility. The authors reviewed and checked the manuscript to ensure consistency with the research data and the accuracy of the information presented.

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