Business Strategy for the implementation of Mobile JKN Faskes Application

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ABSTRACT

BPJS Kesehatan (BPJSK) to improve the quality of its services presents the Mobile JKN Faskes (MJF) application, a teleconsultation Application used for a doctor in National Health Insurance Progam (JKN). There is a significant increase in the prevalence of comparable applications under pandemic conditions, which may provide a challenge to the role of MJF. This research was developed to Propose a Business Strategy to ensure the adoption of the MJF by Primary Health Care amid the rise of similar teleconsultation applications. The aspects that influence application acceptance will be researched in terms of developing a suitable strategy. Through an examination of the MJF features that need to be developed, An Application, which refers to customer orientation becomes part of the research. Research reveals that the Social Influence of the teleconsultation system is the most influential factor of application utilization, and various MJF features need improvement. Acceptance of the MJF was studied with the Unified Theory Of Acceptance And Use Of Technology (UTAUT) model as part of customer analysis, Strategy formulation was conducted after internal and external analysis.

Keywords: *Application, Business, Strategy, Teleconsultation, UTAUT*

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INTRODUCTION

Telemedicine, a sort of information and communication technology (ICT), has been a component of health care for decades. Telemedicine services employ digital information technology to meet the communication demands of doctors and patients who are separated by distance. Teleconsultation, prison telemedicine, telerehabilitation, telediabetes education, telesurgery, telehospice, and telemonitoring are all terms used to represent telemedicine services that are beyond simply sharing information between physicians and patients. (Rho et al., 2014)

Telemedicine is part of efforts to suppress the spread of COVID 19 in several countries, including Indonesia. The distribution of health facilities and paramedics is a subject that still attracts attention, considering that Indonesia has an area of 1,916,906.77 km2, a population of more than 250 million people, and a total of 16,056 islands. (Badan Pusat Statistik, 2020), The Ministry of Health in its strategic plan has recommended eHealth technology to address the issue of inequality in the pre-pandemic era but was hampered by paramedical motivation and disparity in technology skills. This has been found to have hampered the growth of Health ICT-based services in Indonesia. (Yudho et al., 2015)

This pandemic situation has accelerated the growth of online consulting services in Indonesia. The security provided by this service, with its broad coverage, flexibility, and low

cost, appears to encourage the public to adopt a new method of obtaining health care. (Budiyanti & Herlambang, 2021). These phenomena will be aided by doctors' adoption of new apps or technology, and suitable infrastructure will be required. An integrated application in a national health service system might well be given as assistance to ensure optimal utilization of a telemedicine service. (Adnan et al., 2021).

MJF as integrated into the JKN system proposes as an alternative media to the challenge of applications such as WhatsApp and Telegram that have been used by doctors to provide indirect services. The presence of this application is a development of the JKN mobile application which was initially used by JKN participants as an administrative service application. With the addition of the consultation menu, the MJF application is presented as an entry point for doctors to receive consultation services from JKN participants. The number of JKN program participation in Indonesia until April 2021 reached 223,953,243 people or about 83% of the total population of Indonesia. (BPJS Kesehatan, 2021) The success of a digital-based service will be a shining prospect for Indonesian health amid pandemic circumstances because of this enormous number. Doctors, as administrators of teleconsultation services, play a significant role in the prevalence of teleconsultation service interactions. This needs to be explored to offer the best approach for delivering applications, which is supported by the availability of suitable applications that take into account the wide range of advantages for the community.

LITERATURE REVIEW

The research model has evolved over the last few decades to study the acceptance and use of new technologies. Among these models, UTAUT is a more advanced research model and is used by researchers because of its ability to comprehensively explain the purpose of using an application or technology from individuals. In the health industry, UTAUT is preferred because it is more complete in describing an approaching human behavior theory when compared to TAM which has been the gold standard of research models in the industry. (Khatun et al., 2017). Efforts to generate a relevant research model are currently ongoing to accommodate the suitability of object and environmental conditions from the basic (Venkatesh et al., 2003) technology acceptance models. The presence of a new variable, namely RF in Adenuga's research in Nigeria, was taken into consideration by researchers in adopting their research. Nigeria's condition, which is comparable to Indonesia's in terms of World Bank country classifications (World Bank, 2021b), as well as the restricted ratio of physicians to the population which is still a concern (Jayani, 2020), strengthens the researcher's consideration to adopt the Adenuga research model. Because the physician is already using the MJF program, the researcher proposes utilizing experience as a moderating variable. As a result, the proposed UTAUT research model is depicted in Figure 1. Table 2 displays indicators that represent variables that were generated based on prior research. (Venkatesh et al., 2003) for Performance Expectancy (PE) and Facilitating Condition (FC), (Verfürth, 2020) for Effort Expectancy (EE) and Social Influence (SI), (Rho et al., 2014) for Reinforcement Factor (RF), and (Chang et al., 2007) for Behavioral Intention (B.I).

The UTAUT research model provided the following research hypotheses :

H1: PE significant and positive influence on BI.
H2: EE significant and positive influences on BI
H3: SI significant and positive influence on BI.
H4: FC significant and positive influence on BI
H5: RF significant and positive influence on BI.
H6a: The relationship among (1. PE, 2. EE, 3. FC,4.SI, and 5. RF) and physicians' BI to utilize telemedicine systems will be significantly moderated by Gender.
H6b: The relationship among (1. PE, 2. EE, 3. FC, 4. SI, and 5. RF) and physicians' BI to adopt telemedicine systems will be significantly moderated by Age.

H6c: The correlation between (1. EE, 2. FC, and 3. SI) and physicians' BI to employ telemedicine systems will be significantly moderated by Experience.)

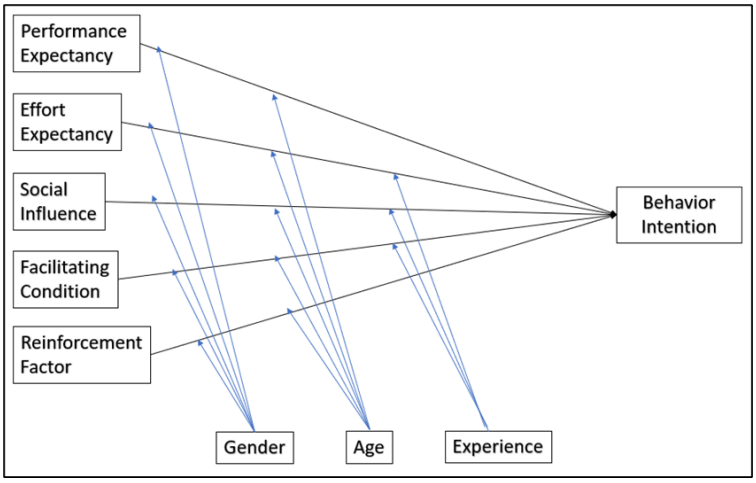

Figure1. Propose UTAUT adoption research Model

The internal analysis describes the company's attention to its resources and capabilities as an important asset to develop a competitive strategy. This analysis is carried out with a comprehensive evaluation of the structure, resources, competencies, and capabilities possessed. The company will have a better knowledge of its strengths and weaknesses as a consequence of these efforts. (Thompson Jr et al., 2012)

The external analysis deals with factors outside the company's environment and ecosystem in an industry that affects the company's ability to compete. Companies may evaluate the proximity of their resources to opportunities arising from the dynamics of change in the external environment to have a better understanding of the impact of this external element. (Rothaermel, 2021)

SWOT analysis compares the company's current situation to its potential future by taking into account respectively external and internal factors. This analysis facilitates the company in scanning important internal and external components that may have an important influence on its competitiveness in the short and long term. (Rothaermel, 2021)

Value proposition Canvas was chosen by researchers as a medium to be able to present a teleconsultation service product that is oriented to consumer expectations or in this case doctors as users of the MJF application. There are two sides to the Value Proposition Canvas. The Customer Profile enables enterprises further understand their customers and the Value Mapp becomes a tool that allows companies to articulate how they intend to add value to their customers. (Osterwalder et al., 2014)

(Hambrick & Fredrickson, 2001) Diamond strategy is an excellent model to describe the fit of the components that comprise a strategy. The strategy is primarily a practical way to develop strategic plans. Importantly, it attempts to develop a revenue strategy through constructing a robust framework containing "sub-strategies" that compose the diamond.

RESEARCH METHOD

Primary data was achieved by interviewing Qualified responders from within BPJSK about the existing and future state of the MJF app and distributing online questionnaires to doctor as JKN's Primary Health Care. The research also utilized secondary data from company data and relevant reports from the MJF App. In addition, books, journals, as well as the news would be used to improve understanding of Teleconsultation applications to design an effective business strategy.

Distribution of questionnaires online and through doctor provider JKN social media group channels. To obtain more genuine opinions and answers based on the user's actual circumstances, the questionnaire was purposefully designed without asking for the respondent's identity. In this research, Internal Analysis with, VRIO, RBV, and Value Chain make up the framework. Then there's the external analysis, which includes PESTEL, competitor analysis, and customer analysis. The SWOT Analysis was provided as part of the Fabrication Strategy, together with the TOWS, and was followed by the Value Proposition Canvas and Diamond Model as strategists in suggesting a strategy implementation. The UTAUT model is integrated into Customer Analysis and utilizes five Likert scales. For data analysis, researchers employ descriptive analysis and the Partial Least Square (PLS) since it requires a minimum assumption distribution and sample size. (Yamin, 2021)

RESULTS AND DISCUSSION

1. External Analysis

a. PESTEL Analysis

- **Political**. Indonesia's political confidence in the age of President Jokowi's leadership, which is particularly focused on the performance of his cabinet, is sufficient to offer impact in the sector of health. Minister of Health previously served as Chairman of the National Economic Recovery Task Force in the condition of the Covid 19 Pandemic. Teleconsultation Application will undoubtedly be in line with his objective as an expression of the government's attention on managing the impact of the covid 19 pandemics.
- **Economics**. Restored Indonesia's economy from the recession and as projected one of the strategies recommended by the World Bank (World Bank, 2021a) regarding pandemic conditions, is to accelerate the scope of vaccines and other non-pharmaceutical interventions to reduce the frequency of transmission of the Covid 19 virus.
- **Sociocultural**. Indonesian society is well-known for being a collectivist society. In a collectivist society, all members of the group will be concerned about events in their group; they will trade information, greet each other, and visit to maintain strong ties. (Harjanto & Mulyana, 2008). A new product or service may consider word-of-mouth in this collectivist community to increase usage or sales of upcoming products.
- **Technological**. In Indonesia, the rise of information and communication technology has accelerated in recent years. The internet usage in households reached 73.75 percent, a steady increase over the previous year, and in 2019, the number of persons using mobile phones increased by 63.53 percent linear with the enhancement of the social media user.
- **Ecological**. BPJSK undertakes an initiative aimed at environmental preservation. In addition to decreasing pollution, the actions carried out are donating through waste bank activities. People from low-income communities who cannot afford to pay their insurance are aided by waste donations provided by others.
- **Legal**. Responding to the pandemic conditions in Indonesia, the government through the Minister of Health in April 2020 issued a circular letter from the Minister of Health Number HK.02.01/MENKES/303/2020 the YEAR 2020 concerning Implementation Of Health Services Through The Utilization Of Information And Communication Technology In The Framework Of The Prevention Of Corona Virus 2019 -19). This regulation is an anticipatory measure to protect doctors and patients from the potential transmission of diseases caused by the COVID-19 virus. The deployment of telemedicine in Indonesia is still hindered by challenges from ethical instruments of policy. (Adnan et al., 2021)

b. Customer Analysis

291 respondents filled out the questionnaire as a consequence of the random distribution of the questionnaire, however, only 249 were considered acceptable which is 24% were male and 76% were female, majority of responses are between the ages of 26

and 40 and 71% have less than 2 years of teleconsultation experience. 96% said they volunteered to use the MJF app and the rest felt obliged.

- General Perception and Opinion.
  What's up 87 percent, Telegram, and Halo Doc 4 percent, Klik Docter 3 percent, and Instagram 2 percent are notable apps used by doctors for teleconsultation. They employ MJF because of its safety in serving in pandemics (31%), as well as its ease of access to patients (30%). Features that are expected to be in the application are health service history 20% and JKN program participant list 18%. The biggest obstacles doctors experience when using are the lagging application 29% and the Issue in message notifications 26%. Physician recommendations for MJF application development by 46% expect application simplification. Table1 contains the complete outcome of the physician's general perception.

Table 1. Physician's General Perception

Question	Answers	%
Other App Used	What's up	87
	Telegram	4
	Halo Doc	4
	Klik Docter	3
	Instagram	2
Reason for Utilizing MJF App.	A sense of safety in providing health care during a pandemic.	31
	Participants/patients can easily be contacted.	30
	The speed of digital-based service	18
	Enhancing the Image of Health Care Facilities	18
	Responsibilities as a JKN Health Facility	2
	System integration in health services	1
Features Should be Included in Teleconsultation App.	History of Health Service	20
	JKN Programs Registered Participant List	18
	Chat	15
	Notifications	13
	Application Integration	13
	Photo Attachment	12
	Video Call	8
	Others	1
Drawbacks experience	Lagging Application	29
	Notification Issue	26
	Low Patient Utilization	13
	Inadequate Patient Knowledge	12
	Registration Issue	4
	Insufficient User Knowledge	4
	Password Issue	3
	Not Integrated, double entry	3
	Auto logout Issue	3
	Chat and Medication History	2
	No Video Call and Photo attachment	2
Respondent Suggestion	Simplification of app features	46
	Improve Notification Feature	15
	Outreach to patients	11
	Real-time update data and utilization	7
	Develop Patient Picture / Photo and video call	6
	Reward	4

Integration with others app.	4
Improvement in the broadcast message	4
Regulatory assistant	4

- Unified Theory of Acceptance and Use of Technology (UTAUT)

The PLS-SEM method of analysis consists of two stages: The Assessment of Reflecting Measurement Models and The Evaluation of Structural Models. (Haryono, 2016). Measurement models are carried out by fulfilling some of the following provisions: Convergent Validity test (Loading factor > 0,5; Composite Reliability (CR) > 0,7; Average Variance Extracted (AVE) > 0,5) (Haryono, 2016) and Discriminant Validity test For the association construct, the indicator's correlation coefficient must be higher than for other constructs. This higher score suggests that an indicator is better suited to describing its association construct than other constructs. (David, 2016) The Outcome of the Assessment of Reflecting Measurement Models may indicate that the indicators and variables used in this research are valid and reliability as shown in Table 2 and Table 3.

Table 2. Indicators, Mean, Loading Factor

Variable	Indicators	Code	Mean Score	Loading
Performance Expectancy	MJF Application assists me in providing health services to JKN Participants.	PE1	4,0884	0,894
	MJF application reduces the risk of transmitting pathogens from patients to me as a health care provider.	PE2	4,4578	0,693
	MJF Application has the potential to increase the performance of my service contact rate for JKN participants by providing indirect services.	PE3	4,2892	0,849
	MJF application allows me to easily access and manage the data of JKN participants enrolled at my practice.	PE4	4,1124	0,769
Effort Expectancy	I feel that I can easily learn how to operate the MJF Application.	EE1	4,0161	0,877
	I find it easy to become proficient when using the MJF Application.	EE2	3,8795	0,894
	My interactions with the features in the MJF are clear and easy to understand.	EE3	4,0040	0,893
	Overall I believe that the MJF is easy to use to provide teleconsultation services.	EE4	4,0402	0,858
Social Influence	People whom I consider important in my life think that I need to implement teleconsultation services with the MJF application.	SI1	3,9398	0,845
	I utilize the MJF Application since it has been used by many other Health Facilities.	SI2	3,6867	0,693
	I use the MJF Application because the Health Service and Professional Organizations support the implementation of this application.	SI3	3,9880	0,802
	Providing teleconsultation services with MJF Application will improve the image of Health Facilities in the JKN ecosystem (JKN participants, BPJS Health, Government, etc.)	SI4	4,1486	0,840
Facilitating Condition	I have the necessary facilities and infrastructure to use the MJF application.	FC1	4,2610	0,874
	I have sufficient skills and knowledge to use the MJF application.	FC2	4,1205	0,863
	There is a user/application manual available to assist me in	FC3	4,0442	0,847

	using the MJF Application. There are persons that can assist me if I experience problems with the MJF Application.	FC4	4,0321	0,815
Reinforcement Factors	This teleconsultation service with MJF requires Policy and Regulatory support from the Government.	RF1	4,2450	0,761
	A form of appreciation is needed for Health Facilities that provide teleconsultation services with MJF.	RF2	4,1727	0,882
	It would be very meaningful if the financial reward were given to Health Facilities for Teleconsultation services with the MJF application.	RF3	4,1165	0,815
Behavior Intention	I will always actively use the MJF as part of the Health services I provide.	BI1	4,1084	0,881
	In the future, I will continue to use the MJF as a teleconsultation application for my patients.	BI2	4,0643	0,941
	I will recommend MJF to my colleagues as a Teleconsultation service application.	BI3	4,0843	0,910

Table 3. Variable, Mean, Composite Reliability, Average Variance Extracted, Discriminant Validity

Variable	Mean	CR	AVE	BI	EE	FC	PE	RF	SI
BI	4,0857	0,936	0,830	0,911					
EE	3,9849	0,933	0,776	0,715	0,881				
FC	4,1145	0,912	0,722	0,747	0,749	0,850			
PE	4,2369	0,879	0,648	0,734	0,725	0,619	0,805		
RF	4,1780	0,861	0,674	0,733	0,621	0,670	0,644	0,821	
SI	3,9408	0,874	0,636	0,771	0,766	0,709	0,701	0,649	0,797

The purpose of structural model evaluation is to assess the presence of influence between constructs and determine the R Square. Structural models are evaluated using p-values to determine the significance of the structural, path parameter coefficient, and R Square R-square, also known as the coefficient of determination, is a measure of the overall effect magnitude for the structural model. (David, 2016). The P-Value is expected to be less than 0.1 to determine the significance of the relationship and the path coefficient value to determine the direction of the positive or negative correlation. Structural model evaluation results are displayed in Table 4.

Table 4. Structural model evaluation results

Path Diagram	R Square	Path Coeficient	p Values	Gender p Value	Age p Value	Experience p Value
EE -> BI	0,74	0,005	0,953	0,648	0,890	0,125
FC -> BI		0,244	0,000	0,295	0,755	0,086
PE -> BI		0,233	0,001	0,732	0,844	
RF -> BI		0,237	0,000	0,551	0,651	
SI -> BI		0,277	0,000	0,500	0,885	0,336

The variables used in this research explain 74% of factors that affect BI to use of MJF applications and H1, H3, H4, H5 consider accepted. EE in our research showed insignificant results / H2 rejected as opposed to previous research. (Adenuga et al., 2017) This might occur because additional respondents are required, or because of the difference of sample

conditions. Significant moderating effects may only be demonstrated in FC-BI correlations / H6b3 accepted. Path coefficient values result in SI Factor giving the greatest influence followed by FC. Analyze the description by comparing the mean value in Table 2 depict indicators that give a big influence to SI is SI4 which shows the importance of the image of the facility in this JKN ecosystem. Doctors' greatest desire in FC is the involvement of a person in charge who might assist them when they are having difficulty FC4 and influence by the moderating effect of the length of experience doctors have, in utilizing the applications H6b3.

c. Competitor Analysis. Competitor Analysis was conducted on What's up, Telegram, Instagram, Hallo Doc, and Klik Dokter as other applications encountered used by a physician to provide teleconsultation services. Competitor Analyze by doing 7 P marketing mix as follows. (Wirtz & Lovelock, 2016)

- **Product**. According to (Kotler & Armstrong, 2018), a product's name has a significant effect on its success. The product name must be unique, easy to pronounce, contain useful values, be easily adopted by foreign languages, and can be registered. These values have not been loaded into MJF. Video calling is an engagement element that MJF lacks in comparison to its competitors.
- **Place**. The existence of BPJS branch offices throughout Indonesia makes it an advantage compared to its competitors. competitors rely on product distribution Only online so that customer proximity will be limited by digital interactions.
- **Price**. Direct usage of applications is possible. Physicians are not charged, which is not the case with Halo doc and Click Doctors due to the service cost for doctors as users and charges for patient services.
- **Promotion**. Promotions are carried out by competitors through their respective online media channels. Besides being able to use the online mechanism, MJF may also be assisted through offline activities at branch offices throughout Indonesia.
- **Process**. Competitors in the installation process have fully used the online mechanism. MJF is still limited by the need for offline registration for users by attending to the branch office to receive the App. user.
- **People**. The review of the role of people is described in the average star rating in the App Store application to get an overview of the response of all HR components in handling complaints and supporting the improvement of the application. MJF got the lowest score with a score of 3.5 points.
- **Physical Evidence**. WhatsApp, Telegram, and Instagram allow users to communicate directly with each other. Klikdokter and Halodoc focus on health telemedicine services, which are aided by the ease of additional aspects like pharmacy shopping and others. The JKN program service menu is particularly considered embedded in MJF's features as designed.

2. Internal Analysis

a. Resource-Based View. The researcher utilizes it to analyze if BPJSK's resources offer a competitive advantage. Because not all resources are available to a strategy. (Madhani, 2010). Intangible and tangible resources are the two sorts of resources.

- Tangible
  - Labor / Employee. More than 7 thousand BPJSK employees are spread throughout Indonesia and 80% are millennials.
  - Capital. As long as it is part of the BPJSK board of directors' execution plan, the budget is always accessible and sufficient.
  - Supplies. BPJSK works closely with suppliers to fill in the gaps in the development of a technology-based application or service and the availability of more than 23.000 Primary health facilities to provide dynamic information.

- Land / Building and Equipment. Branch offices are located around Indonesia and possess the necessary infrastructure and resources, such as servers and other technologies, to develop and operate an application.

- Intangible
  - Culture. Professional integrity, excellent service, and operational efficiency are embedded in the BPJS culture supported and nurtured by creative and innovative maintenance by the availability of Knowledge Management agents resulting in a staff that is inherent with the board of directors strategy.
  - Knowledge. Knowledge particularly related JKN participant database is a precious resource that needs to be properly managed supported by IT and the innovation KM agent to ensure the knowledge of all employees is up to date.
  - Intellectual Property. The legalization of submitted applications, particularly those for public services embedded in the establishment process.
  - Brand Equity and Reputation. All Indonesians are familiar with BPJSK since it runs the JKN program. Several awards for integrity and professionalism will ensure that the public has confidence in BPJSK's performances.

b. VRIO Framework. In contribute as the cornerstone of competitive advantage, a resource must be valuable, uncommon, and difficult to imitate. Furthermore, the organization should be designed in such a manner that the full value of the resources is harnessed. (Rothaermel, 2021).

Table 5. BPJSK VRIO Framework

Resource		V	R	I	O	Competitive Advantage
Tangible	*Labour / Employee*	v	v	v	v	Sustainable
	Capital	v	x	x	x	Competitive Parity
	Supplier	v	x	x	x	Competitive Parity
	Land, Building /Equipment	v	v	v	x	Temporary
Intangible	*Culture*	v	v	v	v	Sustainable
	Knowledge	v	v	v	v	Sustainable
	Intellectual Property	v	v	v	v	Sustainable
	Brand /Reputation	v	v	v	v	Sustainable

The tangible resource that has sustainable competitive advantage characteristics is Labor. The distribution of employees throughout Indonesia with an 80% advantage of the millennial generation ensures the ease of adoption and distribution of new policies related to information technology. Hence also makes it easier to entrust the handling of regional doctors' difficulties related to MJF. They also have experienced the process of adapting to the existing culture. All resources that categorize as intangible resources, constitute a competitive advantage for BPJSK. Ownership of membership data knowledge reaches more than 82 percent of Indonesians, ensuring a competitive advantage for teleconsultation services on a national scale, it has been demonstrated multiple times as competitors offer collaboration. Support for work culture and compliance with regulations further secures BPJSK to encourage the digitization of services as part of the strategic plan of the board of directors.

c. Value Chain Analysis (VCA)

Researchers conduct VCA to identify internally in the BPJSK set of values that occur in the teleconsultation service cycle. The following are the steps involved in conducting the analysis.

a. Identify Value Chain Activities.

- **Primary Activities.**

Inbound Logistics. Conducts an analysis as well as a study of the applicable regulations. To address development needs, requests are handled, and the Information Technology Directorate compares them to similar apps and possible vendors.

Operations. Coordination with medical professional organizations is carried out to get input on teleconsultation apps to ensure a seamless rollout of the App.

Outbound Logistics. Outreach and collaboration with physician professional organizations to perform application assessments at numerous branch offices.

Marketing and Sales. In the terms of the association agreement contract, socialization includes the execution of digitizing health services as the key performance indicators.

Service. Conducts evaluation and monitoring of the system's application in health institutions, as well as accepting feedback on implementation challenges to develop the MJF Application.

- **Secondary Activity**

  Procurement. obtaining the element of materials by performing a vendor evaluation to assist in the development of the most appropriate application and a study of existing policies.

  Technology Development. Conduct research and development activities, observation, and evaluation of utilization by service department embodied in the improvement of application by the programmers.

  Human Resource Management. Manage human resources owned by BPJSK especially information technology personnel, there is sufficient time available for development to ensure that they are constantly performing the MJF Application.

  Firm Infrastructure. Ensuring that branch offices are distributed throughout Indonesia, that the server is ready and network is available, and that the bandwidth required by the application is sufficient to permit the adoption of the MJF

b. Determine the Cost and Value of Activities

Cost Activities. In Value Chain main activities, this is accomplished by taking an online approach to marketing and sales operations. Online seminars and workshops may be organized in large numbers using the online forum application. By further considering word of mouth, it is possible to assure that the application will be well adapted in the physician community.

Value Activities. Regularly engages in assessment-related activities and responds to physician concerns and suggestions about the MJF Application. This necessitates the presence of a person in charge who is prepared to address grievances and offer solutions to difficulties encountered while using the app. Complaints will be documented and utilized as input for the next improvement.

c. Identify Opportunities for Competitive Advantage

In the Outbound Logistics activities, there are over 23,000 primary health facilities collaboration becomes a competitive factor in strengthening implementation. This must be accompanied up by a large-scale and successful implementation approach. Furthermore, exhibiting human resources as a competitive intangible asset to foster relationships with doctors would guarantee favorable interactions in the development of the MJF application.

Secondary data and interview findings with BPJSK personnel from various departments engaged in the development, distribution, and maintenance of the MJF Application are being used for internal analysis.

3. Strategi Formulation

a. SWOT and TOWS

SWOT analysis is used to develop a view of the consequences of a strategy based on the internal and external analysis that has been performed. External analysis of Pestel, Competitor Analysis, and Customer Analysis will be used to construct the threat and opportunity components, while internal analysis of Resource-Based View, VRIO, and Interviews results will be used to construct the strength and weakness components.

Strength

- BPJSK as well as the MJFApplication have a solid regulatory framework.
- Over 82 percent of Indonesia's population is represented in the database
- Collaboration with over 23000 Primary Health Care
- Eighty percent of BPJSK employees are from the millennial age.
- Digitization of services as part of the board of directors' strategic plan.
- Adequate resources in BPJSK for the development of digital services.
- Comply with intellectual property-related provisions.
- Attitude is to be creative and innovative all the time.

Weakness

- Manual registration is still required
- Time constraint on information technology personnel
- The premature regulation and need the support of stakeholder
- The user registration process is lengthy
- Instability in loading speed.
- The procedure of integration is not yet fully automated.

Opportunity

- JKN Ecosystem Telemedicine Service Image Trust for Primary Health Facilities
- The Minister's emphasis on expanding digital services to tackle the pandemic.
- An increase in the number of Indonesians who utilize the internet.
- Indonesia has recovered from the effects of the economic downturn.
- The Indonesian culture encourages word-of-mouth impact.

Threat

- Message-based alternative apps that provide easy access.
- Rising competitor applications that provide extra income
- Trademarks name that less proficient.
- Mismanaged social media users in Indonesia pose a risk of going viral.
- Regulation on the operational of the ethical aspect of telemedicine service.

Furthermore, based on (Koontz et al., 2007) TOWS matrix structure, four alternative strategies were developed, which resulted from the SWOT analysis.

SO

- Strengthening the image of the health facilities by prioritizing the usage of applications exhibited through BPJSK employees.
- Using social media ads, such as YouTube videos, to promote the usage of MJF consulting services.
- Develop programs that are lightweight and can operate on modest devices.
- Strengthen coordination with the Ministry in administering the pandemic's indirect health services.

WO

- simplify the registration mechanism and deliver lightweight apps.
- Broad public awareness of the app's benefits, so that doctors are encouraged to utilize it by their patients.
- Approaching the Minister of Health for assistance and provision so that teleconsultation may become a requirement in the service flow.

ST

- Develop an application with a catchy acronym that is easy to use, especially in terms of enrollment.
- Create the most basic and accessible app for IOS and Android that does not require complex capabilities.
- Establish a positive social media presence by immediately reacting to app users' issues.
- Approaching government to strengthen the regulatory basis for implementing JKN programs teleconsultation applications

WT

- Cooperating professional organizations to guarantee a smooth adoption process in each location.
- Enhancement of personnel at the branch office to respond effectively to the concerns of physicians who are having difficulty in utilizing the app or registering applications.
- Simplify the features and include vital information and basic functions so that the app is compact and utilized regularly.

b. Value Proposition Canvas.

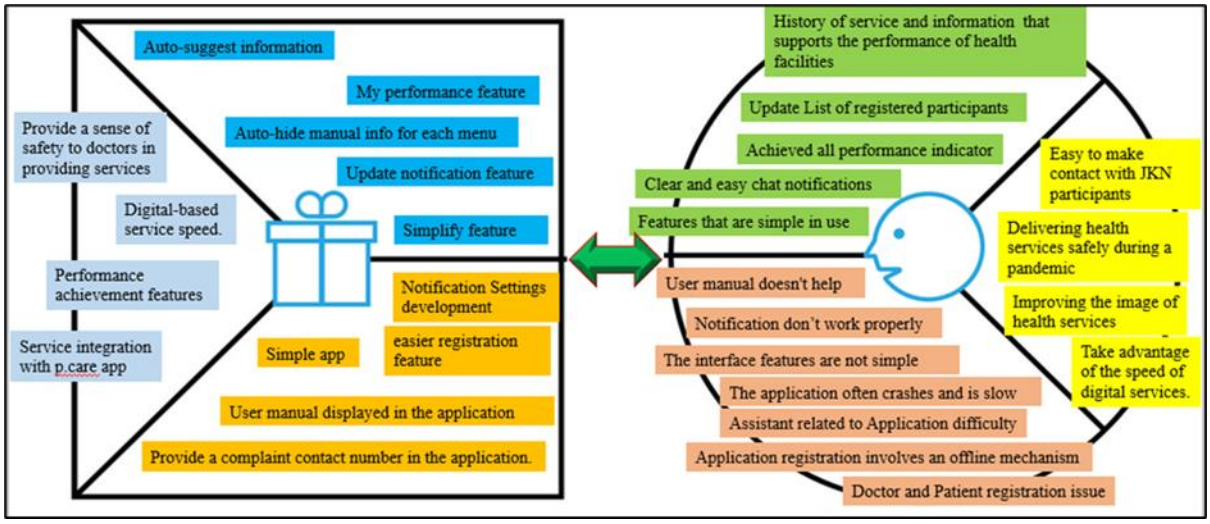

Figure 2. Value Proposition Canvas For MJF App

The value proposition Canvas's primary purpose is conformity. Conformity is attained when the created value proposition results in the management of critical jobs to alleviate extreme pain as well as provide significant results for customers. (Osterwalder et al., 2014) The Value Proposition Canvas is made out of the findings in the questioner's general perception as a Circle Customer Profile diagram and internal resource availability as a Square Value Map Diagram.

The following are some essential enhancements for MJF apps that may be explored based on the Value Proposition Canvas that is formed:

1. Feature simplification
2. Notification enhancement performance
3. Manual guidance availability in the applications.
4. Up to date and health facility performance data
5. Auto-suggestion information enables the application to be utilized regularly.

c. Diamond Model

Arena. provide detailed recommendations for strategic location organizations should be active. teleconsultation services with MJF the type of product chosen as the first focus of

the arena. Furthermore, the market segment is doctors in primary health care throughout Indonesia as the second arena.

Vehicle. It is a method for a company to reach out to a certain market or industry. Internal development, in terms of managing information technology human resources time constraints and enhancing features in the MJF, is the initial vehicle. The next vehicle, as shown in the UTAUT model result, is the use of social influence to promote the willingness to use teleconsultation apps. In these circumstances, each branch office is expected to develop collaboration with the regional doctor's professional organization.

Differentiators. It is to demonstrate how the organization is performing effectively in today's market. One of the driving elements for expanding application deployment is the image of health facilities in the national health insurance ecosystem. BPJSK must demonstrate a high level of its capabilities to ensure that ecosystem because of its strong reputation among his stakeholder including health facilities. Application adjustments, as mentioned in the Value Proposition Canvas, are intended to bring corporate expectations closer to healthcare quality.

Staging

- **Internal enhancement**. This stage focus on application development, from internal information technology personnel resources, application names up to consumer-oriented products depicted in the value proposition canvas.
- **Distribution of applications and regulatory reinforcement**. This stage involves socialization in all branches offices aims to improve application performance, coordinate the distribution of individual contacts responsible for resolving difficulty from health facilities, strengthen collaboration with stakeholders and encourage regulation to improve the image of teleconsultation services.
- **Routine evaluation and monitoring**. In this stage, service pledges from health facilities are monitored and evaluated regularly. The obstacles and improvements recommendations for the information technology team are also discussed in the event.

Economic Logic. It acts as a fulcrum for profit-generating. Teleconsulting Service Performance is the first economic logic for BPJSK in offering teleconsultation services. The overall performance of this digital service, as a non-profit organization, will be one of the stimulants for the national health security program's development of long-term health efforts. The second factor to consider is customer satisfaction. Consumer satisfaction, in this situation, among doctors as service providers, will drive service improvement and public trust in BPJSK's performance. This rise in confidence will be able to construct engagement with stakeholders for a policy that will ensure the National Health Insurance program's long-term viability.

CONCLUSION

Internally, several features still need improvement to accommodate the application's performance, and the support for facilitating conditions, such as the role of the assigned person in cases of doctor difficulty, would be explained as factors that influence the desire to use MJF applications in health facilities. Externally, the most significant consequence of physicians' motivation to use the MJF application is social influence. This variable is dominated by physicians' desire to improve the image of their health facilities among the National Health Insurance program's participants. It is followed with assistance from the regulation as the Reinforcement Factors. Internal Enhancement related to the improvement of application features such as features in value proposition canvas, adjusting more marketable names, and accommodating personnel for complaints about application usage is the first proposed strategies that BPJSK may implement. Second, regulatory reinforcement will be achieved by an approach to the government for the issuing of teleconsultation service regulations in the framework of JKN, as well as collaboration with community health care stakeholders. The last recommendation strategy is Distribution and Control, which

involves significant socializing at each branch office through online and offline exercise, as well as monitoring and analyzing the implementation of MJF applications by doctors in terms of quantity and quality of services. As a consequence of these recommendations, it is envisaged that the adoption and performance of the MJF Application would regenerate, allowing for higher customer satisfaction and undertaking the long-term viability of the National Health Insurance Program.

REFERENCES

Adenuga, K. I., Iahad, N. A., & Miskon, S. (2017). Towards reinforcing telemedicine adoption amongst clinicians in Nigeria. International Journal of Medical Informatics, 104(May), 84–96. https://doi.org/10.1016/j.ijmedinf.2017.05.008

Adnan, M. L., Dewi, M., & Pramaningtyas. (2021). PENGGUNAAN TELEMEDICINE PADA MASA PANDEMI COVID-19: PROSPEK DAN TANTANGAN. Jurnal Ilmiah Mahasiswa Kedokteran Indonesia, 8(3).

Badan Pusat Statistik. (2020). Statistical Year Book Of Indonesia 2020. Badan Pusat Statistik, 788.

BPJS Kesehatan. (2021). Empat Quick Wins Direksi Baru BPJS Kesehatan. MEDIA INFO BPJS KESEHATAN, 94.

Chang, I. C., Hwang, H. G., Hung, W. F., & Li, Y. C. (2007). Physicians' acceptance of pharmacokinetics-based clinical decision support systems. Expert Systems with Applications, 33(2), 296–303. https://doi.org/10.1016/j.eswa.2006.05.001

David, G. (2016). Partial Least Squares : Regression & Structural Equation Models. In Multi-Label Dimensionality Reduction. https://doi.org/10.1201/b16017-6

Hambrick, C. D., & Fredrickson, W. J. (2001). Are you sure you have a strategy? Academy of Management Executive, 19(4).

Harjanto, R., & Mulyana, D. (2008). Komunikasi Getok Tular Pengantar Popularitas Merek. Mediator: Jurnal Komunikasi, 9(2), 233–242. https://doi.org/10.29313/mediator.v9i2.1131

Haryono, S. (2016). Metode SEM Untuk Penelitian Manajemen Dengan Amos Lisrel PLS (Vol. 44, Issue 8). PT. Intermedia Personalia Utama. https://doi.org/10.1088/1751-8113/44/8/085201

Jayani, D. H. (2020). Rasio Dokter Indonesia Terendah Kedua di Asia Tenggara | Databoks. Databoks Katadata. https://databoks.katadata.co.id/datapublish/2020/04/02/rasio-dokter-indonesia-terendah-kedua-di-asia-tenggara

Khatun, F., Palas, M. J., & Ray, P. (2017). Using the Unified Theory of Acceptance and Use of Technology model to analyze cloud-based mHealth service for primary care. Digital Medicine, 3(2), 69. https://doi.org/10.4103/digm.digm_21_17

Koontz, H., Weihrich, H., & Weihrich, H. (2007). Essentials of management : an international perspective. 475.

Kotler, P., & Armstrong, G. (2018). Principles of Marketing 17th Global Edition. In Pearson Education Limited.

Madhani, P. (2010). Resource Based View (RBV) of Competitive Advantage: An Overview. … BASED VIEW: CONCEPTS AND PRACTICES, Pankaj …, March 2010.

Osterwalder, A., Pigneur, Y., Smith, A., Bernarda, G., & Papadakos, P. (2014). Value Proposition Design. In John Wiley & Sons. https://doi.org/10.1080/10686967.2015.11918419

Rho, M. J., Choi, I. young, & Lee, J. (2014). Predictive factors of telemedicine service acceptance and behavioral intention of physicians. International Journal of Medical Informatics.

Rothaermel, F. T. (2021). Strategic Management Fifth edition (Vol. 5th).

Thompson Jr, A. ., Petereaf, M. ., Gamble, J. ., & Strickland, A. . (2012). Crafting & Executing : Strategy The Quest for Competitive Advantage, Concept & Cases, 18th ed. McGraw Hill.

Venkatesh, V., Morris, M. G., Davis, G. B., & Davis, F. D. (2003). User acceptance of information technology: Toward a unified view. MIS Quarterly: Management Information Systems, 27(3), 425–478. https://doi.org/10.2307/30036540

Verfürth, M. (2020). Design and validation of a questionnaire to measure the acceptance of telemedicine by healthcare professionals in Germany Theoretical foundations : Measurement of technology acceptance and transfer to medicine (PREPRINT - Version 1). Research Square, 1–16.

Wirtz, J., & Lovelock, C. (2016). Services Marketing. In Angewandte Chemie International Edition, 6(11), 951–952. (Vol. 1, Issue 1).

World Bank. (2021a). Indonesia economic Prospects (Boosting the recovery). World Bank Group, 65.

World Bank. (2021b). Lower Middle Income. In The Little Data Book on Private Sector Development 2012 (pp. 12–12).

Yamin, S. (2021). Olah Data Statistik : SmartPLS 3, Amos dan STATA (Mudah & Praktis). PT Dewangga Energi Internasional.

Yudho, O., Sucahyo, G., & Basaruddin, C. (2015). Sistem Kesehatan Nasional berbasis IT (e-Health) di Indonesia. Kesehatan UI, 374.