



NON-BPJS CLINIC MANAGEMENT: STRATEGIES, CHALLENGES AND SOLUTION FOR OPTIMIZING HEALTH SERVICE

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Abstract

The management of non-BPJS clinics is becoming increasingly significant in Indonesia's healthcare landscape, primarily due to rapid changes in the healthcare system and shifting patient preferences. These clinics face distinct challenges compared to those operating under the BPJS framework, especially in financial management, service quality, and human resource management. Unlike BPJS clinics, non-BPJS clinics often need to develop innovative strategies to maintain operational efficiency and high patient satisfaction. Effective management is crucial to overcoming these hurdles and ensuring quality healthcare services. This study utilizes a literature review to explore various managerial practices adopted by non-BPJS clinics. The reviewed literature, including academic journals and relevant sources, highlights key strategies that have proven effective in addressing operational and service challenges. Among these strategies are innovations in financial management, such as streamlining budgeting and optimizing revenue streams, as well as improvements in service quality through better staff training and patient care protocols. Furthermore, the adoption of information technology has been instrumental in increasing operational efficiency, from automating patient records to improving appointment scheduling. Direct patient interaction and flexible service offerings have also emerged as critical factors in enhancing patient satisfaction. By implementing these strategies, non-BPJS clinics can better meet the demands of their patients while navigating the complex and evolving healthcare system in Indonesia, thereby providing more efficient and patient-centered care.

Keywords: Non-BPJS clinics, healthcare management, patient satisfaction, financial management, service quality, operational efficiency

INTRODUCTION

Indonesia is currently facing a significant public health services crisis, primarily driven by a decline in public trust in the system. This lack of trust is fueled by various concerns from citizens, particularly around the inefficiencies and inadequacies in the delivery of healthcare services. The most frequent complaints include lengthy procedures, complex service mechanisms, insufficient access to clear and accurate information, and a lack of consistency in the quality of care. Moreover, these issues are further compounded by limitations in the physical infrastructure and facilities of healthcare institutions, which are often under-equipped or outdated. In response, many Indonesians have grown frustrated with domestic healthcare services and have opted to seek treatment abroad, believing foreign systems to be more efficient, reliable, and patient-friendly.

The introduction of the BPJS (Badan Penyelenggara Jaminan Sosial) healthcare system was aimed at providing universal health coverage to the Indonesian population. While it has significantly increased access to healthcare, the BPJS system is heavily regulated and constrained by budgetary limitations, particularly when it comes to treatment options. Many patients have expressed dissatisfaction with the BPJS framework, citing limited availability of drugs, rigid treatment protocols, and a perceived lack of flexibility in terms of the services available. This has created a further divide in the healthcare system, where those who are able to afford it choose private or foreign medical care, while others remain frustrated by the shortcomings of the BPJS system.

To address this growing crisis, a possible solution is to enhance the quality of healthcare services for non-BPJS patients. By improving the services offered to those not covered by BPJS, healthcare providers can set a higher standard of care, reduce wait times, and offer more personalized and efficient treatment options. This could include better access to modern medical technology, more qualified healthcare personnel, and comprehensive treatment packages that cater to the needs of non-BPJS patients. Additionally, increasing transparency and communication with patients, offering flexible and diverse treatment options, and enhancing hospital facilities can restore public confidence in domestic healthcare systems.

By creating a dual focus where BPJS services continue to provide essential care while non-BPJS services offer a higher quality alternative, healthcare providers can cater to both segments of the population. Such improvements can help retain patients within the country and reduce the number of Indonesians seeking medical treatment abroad, while also fostering a stronger sense of trust and reliability in the national healthcare system.

According to data from Indonesia's Ministry of Health in 2022, an estimated 1 million Indonesian citizens sought medical treatment abroad annually, with a large portion heading to neighboring countries such as Singapore, Malaysia, Thailand, and Australia. This trend reflects a significant loss of confidence in the domestic healthcare system, as patients opt for treatment in countries perceived to offer superior medical facilities, more advanced technology, and a higher standard of care. The cost of this medical tourism is staggering, with approximately USD 11.5 billion (equivalent to around IDR 165 trillion) being spent by Indonesians each year on foreign healthcare services. This financial outflow not only affects the country's economy but also highlights the urgent need to improve healthcare services domestically to retain these patients

These foreign clinics and hospitals have been able to effectively market themselves to the Indonesian population, taking full advantage of the growing dissatisfaction with local healthcare services. Through targeted marketing campaigns, they promise shorter waiting times, better facilities, and more advanced treatments, which are attractive to Indonesian patients who feel that they cannot access comparable care at home. The marketing strategies of these foreign healthcare providers have been increasingly aggressive, with little to no restrictions, which has further contributed to the influx of Indonesian patients seeking treatment abroad

At the same time, data from the Ministry of Health indicates a worrying decline in the use of Indonesia's National Health Insurance (Jaminan Kesehatan Nasional, or JKN) services. During the Covid-19 pandemic, the number of visits to healthcare facilities under the JKN program dropped significantly, plummeting to just 70.67 million people. This represents a sharp decline in patient engagement with domestic healthcare services, likely exacerbated by fears of Covid-19 transmission, concerns about the capacity of local facilities to handle cases safely, and the already existing dissatisfaction with the quality of care available under the JKN scheme.

The decline in JKN service utilization during the pandemic signals deeper structural problems in Indonesia's healthcare system, particularly the challenges faced in providing efficient, timely, and high-quality care. The pandemic exposed many of these weaknesses, as healthcare facilities became overwhelmed and unable to meet patient needs, driving even more people to seek treatment abroad when possible. This underscores the need for a substantial overhaul of the domestic healthcare system, with a particular focus on rebuilding public trust and improving the quality of care, especially within the BPJS (BPJS Kesehatan) framework, which is the core of the JKN program. If these issues are not addressed, Indonesia risks losing further confidence in its healthcare system, alongside the continued outflow of patients and capital to foreign healthcare providers.

The rapid evolution of global values and Indonesia's participation in free market competition necessitates a shift in how healthcare facilities, especially clinics, are perceived and managed. Traditionally, clinics have been viewed primarily as social institutions that provide essential healthcare services. However, in the current environment, clinics must be recognized not only for their social role but also for their economic potential. They are now socio-economic institutions that must balance their mission of providing care with the need for financial sustainability, efficiency, and competitiveness in an increasingly globalized market. This shift in paradigm is essential for clinics to thrive and meet the growing demands of both local and international patients.

As clinics transition into socio-economic institutions, one of the key areas that needs careful consideration is promotion and marketing. Unlike other service sectors, healthcare is a deeply sensitive and essential service, meaning that its promotion must adhere to a set of ethical guidelines specific to the healthcare industry. Clinics offer a unique set of services that often deal with vulnerable populations, health emergencies, and life-saving treatments. Therefore, the way these services are marketed cannot simply follow the same models used in commercial industries. Clinics must ensure that their marketing practices are transparent, patient-centered, and do not exploit the vulnerabilities of patients.

To ensure that promotional activities remain ethical and aligned with the clinic's primary mission of healthcare provision, there is a strong need for self-regulation through the development of specific guidelines. These guidelines should be designed to govern all aspects of clinic promotion, from advertising to patient engagement. They must emphasize the importance of honesty in marketing, ensuring that clinics do not make exaggerated claims

about treatments or outcomes, and that they provide patients with clear, accurate, and accessible information about the services they offer.

Moreover, self-regulation should address issues related to patient privacy, ensuring that clinics respect the confidentiality of patient information in any promotional activities. Clinics should also avoid creating unnecessary fear or anxiety in their marketing materials, focusing instead on education and empowerment of patients. These guidelines should encourage clinics to promote the quality of care, the qualifications of their medical staff, and the outcomes of their services in a way that builds trust and confidence without resorting to sensationalism or false promises.

By developing a robust set of self-regulating ethical guidelines, clinics can maintain the delicate balance between their socio-economic role and their ethical obligations to patients. This will not only ensure that they remain competitive in an increasingly open market but also that they continue to operate with integrity and maintain the trust of the communities they serve. Ultimately, these guidelines will help to establish clinics as responsible socio-economic institutions that prioritize patient well-being while navigating the demands of a competitive marketplace.

Research conducted by Abadi and colleagues at Tugurejo Regional Hospital in Semarang highlights important strategies for optimizing marketing activities, particularly with a focus on executive outpatient services or non-BPJS/JKN services. The findings suggest that in order to compete effectively and provide higher quality care, it is crucial for hospitals to implement targeted marketing approaches that cater to a broader audience, including non-BPJS/JKN patients, while also improving operational efficiency and service delivery

One key recommendation from the study is the importance of fostering partnerships with private institutions. By collaborating with private companies, insurance providers, or corporations, hospitals can expand their reach to a more diverse set of patients. These partnerships could involve exclusive healthcare packages, corporate health programs, or discounts for private sector employees, which can encourage more non-BPJS patients to utilize hospital services. Such collaborations not only enhance patient inflow but also provide a reliable revenue stream for the hospital, enabling it to invest in better infrastructure, technology, and service quality.

In addition to strengthening partnerships, the research emphasizes the need for improved promotional activities. Specifically, creating and distributing leaflets and other marketing materials can play a crucial role in educating the public about the hospital's services. Effective promotion can raise awareness about the availability of specialized executive outpatient services, highlight the qualifications of the medical staff, and showcase the hospital's cutting-edge facilities. By utilizing both traditional marketing methods, such as leaflets, and digital platforms, the hospital can reach a wider audience and attract more patients from the non-BPJS segment.

A critical aspect of patient satisfaction that the study underlines is the punctuality of doctors. Ensuring that doctors arrive on time and are available according to the scheduled appointments is vital for improving patient experience. Long waiting times and delays can significantly undermine the hospital's reputation and deter potential patients from returning. By adhering to precise scheduling and minimizing wait times, the hospital can enhance its reputation for reliability and professionalism, which is especially important for attracting executive or private patients who often expect a higher standard of service.

Lastly, the study suggests considering the possibility of extending access to executive-level services for BPJS/JKN participants. While non-BPJS services may provide higher revenue, opening access to these services for BPJS patients could bridge the gap between different patient segments. Offering additional paid services or upgrades for BPJS patients who are willing to pay for more convenience or specialized care could help maximize the hospital's capacity and meet the growing demand for quality healthcare. This approach could provide an additional revenue stream while ensuring that the hospital remains inclusive and accessible to a broader demographic.

By optimizing marketing strategies, enhancing partnerships, improving patient experience through punctual service, and exploring ways to expand access, Tugurejo Semarang Regional Hospital and other similar institutions can position themselves as leading healthcare providers. This approach not only benefits the hospital economically but also contributes to a more trusted and efficient healthcare system in Indonesia.

In addition, focusing on these strategies allows hospitals to strengthen their competitive advantage by enhancing their visibility in the healthcare sector and fostering stronger relationships with patients and other stakeholders. By promoting their services effectively and ensuring seamless cooperation with external partners such as insurance

companies, pharmaceutical firms, and local healthcare networks, hospitals can broaden their reach and create a more sustainable healthcare model that meets the evolving needs of the community.

Furthermore, by prioritizing patient satisfaction and investing in technologies or services that improve access and reduce waiting times, hospitals can build trust and loyalty among patients. This not only boosts the reputation of healthcare institutions but also plays a crucial role in achieving long-term success. Ultimately, the combined focus on marketing, partnerships, service efficiency, and accessibility will support Indonesia's broader goal of creating a more equitable, reliable, and efficient healthcare system for all citizens.

LITERATURE REVIEW

Indonesia's healthcare system operates as a hybrid model, integrating efforts from both the public and private sectors to provide medical services across the country. Given Indonesia's vast geography and diverse population, the government faces considerable challenges in ensuring equitable healthcare access. To address these challenges, a collaborative system between public and private institutions has been established, and the government plays a central role in regulating it through various policies and frameworks. The most notable of these is the National Health Insurance (Jaminan Kesehatan Nasional or JKN), which is aimed at ensuring that all Indonesians, regardless of their income level or geographic location, have access to essential healthcare services.

The collaboration between public and private healthcare institutions in Indonesia plays a crucial role in expanding access to medical services for all citizens. Central to this effort is the National Health Insurance program, or Jaminan Kesehatan Nasional (JKN), which was introduced to ensure that Indonesians, regardless of their income level or location, receive essential healthcare services. As part of this collaborative framework, BPJS Kesehatan, the agency responsible for administering JKN, has been instrumental in advancing Indonesia's goal of universal health coverage (UHC). Through this system, millions of people have gained access to healthcare. However, despite its successes, the JKN program still faces significant challenges that threaten its long-term sustainability and effectiveness.

The JKN program, launched in 2014, is managed by BPJS Kesehatan (the Health Social Security Administering Agency) and serves as a pivotal tool in achieving universal health coverage (UHC). As one of the largest single-payer healthcare systems in the world, JKN has enrolled over 220 million people, covering a significant portion of the population. The system is funded through a combination of individual and employer contributions, along with government subsidies for low-income participants. These funds are used to subsidize medical treatments, ensuring that patients can access a wide range of services at both public healthcare facilities, like Puskesmas (community health centers), and private healthcare providers partnered with the JKN scheme.

However, despite its successes, the JKN program faces several challenges. Financial sustainability is one of the most pressing concerns as the rising cost of healthcare puts significant pressure on BPJS Kesehatan. Infrastructure limitations, particularly in rural and remote areas, also affect the reach and effectiveness of the program. Many regions still suffer from shortages of healthcare professionals and medical resources. Furthermore, the quality of care at public hospitals, which are often overcrowded, poses another challenge, leading to long wait times and increased workloads for healthcare staff.

Looking forward, the Indonesian government remains committed to improving the JKN program and addressing these challenges. Efforts to enhance healthcare infrastructure, improve service quality, and expand preventive care initiatives are ongoing. The development of telemedicine and other technological solutions is also expected to play an important role in increasing healthcare accessibility, particularly in remote areas. As public and private sectors continue to collaborate, Indonesia's healthcare system is poised to adapt to the country's evolving needs, providing hope for a more inclusive and effective healthcare system in the future.

In this framework, private clinics and hospitals also play a critical role in Indonesia's health system, particularly in urban centers where demand for more specialized and premium healthcare services is higher. These private entities provide alternatives to public services, often delivering quicker and more personalized care. Many private clinics and hospitals collaborate with BPJS Kesehatan, offering care to patients enrolled in the JKN system. These institutions adhere to government guidelines, delivering standard care for BPJS participants while receiving reimbursement from the government for services provided. This collaboration

is crucial for reducing the burden on overcrowded public hospitals and expanding the healthcare network across the country.

However, not all private clinics and hospitals work with BPJS. A significant number operate independently, offering **non-BPJS services**, which often cater to individuals seeking faster, higher-quality, or more comfortable medical care. These non-BPJS clinics typically provide **premium services** at a higher cost, targeting middle-to-upper-income patients who are willing to pay more for enhanced facilities, shorter waiting times, and access to advanced medical technology or more experienced specialists. In contrast to the standardized treatment available under BPJS, non-BPJS clinics often emphasize patient-centered services, including greater convenience, privacy, and more personalized treatment plans.

To maintain their appeal in a competitive market, non-BPJS clinics invest heavily in state-of-the-art medical equipment, modern facilities, and highly qualified medical professionals. These clinics often promote their services through targeted marketing campaigns and partnerships with private insurance providers, aiming to attract a clientele that values quality and efficiency over cost. In big cities such as Jakarta, Surabaya, and Bandung, non-BPJS clinics have become a popular choice for those seeking premium healthcare options, and they represent a growing segment of the healthcare market.

The coexistence of public and private healthcare options, particularly with the presence of BPJS and non-BPJS services, creates a **multi-tiered healthcare system** in Indonesia. This offers flexibility for patients to choose between more affordable, government-subsidized care and higher-end, privately funded medical services. While the system allows for a diverse range of services, it also poses challenges, such as the need to balance equity with quality, ensuring that both BPJS and non-BPJS patients receive appropriate standards of care without significant disparities in service delivery.

Although JKN can provide wider access to health services, there are challenges such as late capitation payments, BPJS financing deficits, suboptimal service quality, long queues, and limited resources (human and infrastructure) in remote areas that are still problems. For this reason, there is an opportunity to offer things that can be done by non-BPJS clinics in the form of improving service quality, integrating information technology to support faster and more efficient health services, diversifying services, etc. for this, a quality and good clinic financial management system is needed.

In its development, the health service system in Indonesia still has many non-BPJS clinics operating to serve patients who do not have/register BPJS, which also play an important role in providing health services. With the increasing need of the community for fast and quality health services, it is important for non-BPJS clinics to manage their operational and financial management to develop innovative and effective strategies and solutions to optimize the health services provided, in facing the challenges and competition that arise, both from BPJS clinics and from fellow non-BPJS clinics.

Non-BPJS clinic management is an important effort in providing optimal health services outside the scope of government health insurance. Here, non-BPJS clinics operate with a business model that focuses on private funding, including patients who pay directly or through private insurance. The strategies taken by non-BPJS clinics generally focus on efforts to maintain competitiveness through affordable costs, optimal service quality, diversified services and building good relationships with patients.

Research conducted by Irawati, et al (2022) with the title Level of Satisfaction of BPJS User Patients Compared to Other Insurance Regarding Health Services showed that BPJS patients were dissatisfied (25%) and satisfied (25%) with health services. However, most non-BPJS patients were satisfied (35%) with health services. This is because the employment status of all health workers has become permanent employees, and the length of service of health workers has been 2-3 years so that health services to BPJS and non-BPJS patients do not look at patient status, all patients are treated equally in providing health services.

To improve the satisfaction of non-BPJS patient services in Indonesia faces various complex challenges. There are several challenges faced, first limited Human Resources (HR), the availability of qualified medical personnel, especially in remote areas, so that it is difficult to recruit and retain trained and experienced medical personnel. This has a direct impact on the quality of services provided to non-BPJS patients. Non-BPJS clinics also often face challenges in recruiting and retaining quality medical personnel, especially due to competition with other health facilities that offer more attractive compensation (Trianike Nor Aini & Agusta Dian Ellina, 2021). Non-BPJS clinics often have limited resources compared to BPJS-affiliated health facilities, both in terms of medical personnel and facilities. The shortage of specialist doctors and other health workers is also a significant problem for non-BPJS clinics (Lette, 2020).

Inadequate infrastructure and technology, such as less sophisticated medical facilities and limited access to information technology, are obstacles to improving the quality of services. The implementation of electronic medical record systems (EMR) and other technologies will be able to accelerate and simplify the management of patient data but are often hampered by budget and training limitations.

The implementation of **Electronic Medical Record (EMR)** systems and other technologies has the potential to significantly improve the management of patient data, leading to better coordination of care and reduced errors. EMR systems allow healthcare providers to access patient information quickly, ensure seamless communication between departments, and track patient history more efficiently. However, despite these clear benefits, many healthcare facilities struggle with the adoption of these technologies due to budgetary constraints. Implementing EMR systems requires significant initial investment, not only in software and hardware but also in staff training and ongoing technical support. Many smaller clinics, particularly in rural areas, lack the financial resources to make these investments, which slows down the modernization of healthcare services.

Moreover, the lack of training in using new technologies can hinder the effective implementation of these systems. Healthcare workers who are unfamiliar with digital tools may find it challenging to transition from paper-based records to electronic systems, leading to inefficiencies and potential mistakes in data management. Continuous professional development and training programs are essential to ensure that staff can use EMR systems and other medical technologies effectively. Unfortunately, in many healthcare facilities, training budgets are often limited, and staff are not provided with adequate support to master these systems. This not only affects the efficiency of the clinic or hospital but also impacts patient outcomes, as delays in accessing patient information can lead to errors in diagnosis or treatment.

Infrastructure and technology improvements such as EMR systems offer great potential to enhance healthcare services, many clinics and hospitals face significant challenges in adopting these innovations. Budget limitations, inadequate training, and outdated facilities are major barriers that need to be addressed. Without proper investment in infrastructure and technology, the healthcare sector will struggle to meet modern demands for efficient, high-quality patient care.

The limitations in infrastructure and technology not only hinder the healthcare sector's ability to meet modern demands for efficient, high-quality patient care but also exacerbate the financial challenges faced by non-BPJS clinics. With the implementation of BPJS Kesehatan in 2014, many patients began favoring BPJS-affiliated clinics due to their affordability, causing non-BPJS clinics to experience a significant decrease in patient numbers, particularly for services like childbirth, immunization, and family planning. As a result, the financial stability of non-BPJS clinics has been adversely affected, limiting their ability to invest in necessary technological upgrades, new equipment, and staff training, which further compounds the disparity in service quality between BPJS and non-BPJS facilities

Furthermore, after the implementation of BPJS Kesehatan in 2014, many non-BPJS clinics experienced a decrease in the number of patients, especially for services such as childbirth, immunization, and family planning. So patients prefer BPJS services because they are more affordable, which causes non-BPJS clinics to lose significant income which affects the financial stability and competitiveness of the clinic (Putro & Kusnanto, 2021). The financial management of non-BPJS clinics comes from personal funds and is managed independently so that if financial management is poor, it can hinder the clinic's ability to provide quality services. Budget constraints often hinder the purchase of new equipment, staff training, and infrastructure development needed to improve services.

The financial instability faced by non-BPJS clinics, due to the decline in patient numbers and revenue, also impacts their ability to comply with government regulations. Adhering to stringent healthcare standards, including patient safety protocols, hygiene regulations, and the proper management of pharmaceuticals and medical equipment, requires substantial financial and human resources. For smaller non-BPJS clinics with limited budgets, ensuring compliance with these regulations can be particularly challenging, further straining their operations and limiting their ability to offer high-quality services.

Compliance with government regulations is a critical aspect for non-BPJS clinics in Indonesia, as they must adhere to the same stringent health standards that apply to public and BPJS-affiliated healthcare facilities. These regulations cover a wide array of areas, including patient safety protocols, hygiene standards, medical personnel qualifications, and the proper management of pharmaceuticals and medical equipment. For non-BPJS clinics, ensuring compliance can be particularly challenging, especially for smaller facilities with limited financial or human resources. Despite their desire to offer premium services, these

clinics must allocate significant resources to regulatory compliance, which can strain their operations if not managed effectively.

Ensuring compliance with government regulations not only requires clinics to meet stringent health and safety standards but also emphasizes the importance of effective logistics and inventory management. For non-BPJS clinics, managing the supply of medicines and medical equipment is crucial to maintaining regulatory standards, as any shortages or lapses in inventory can directly impact their ability to provide timely and safe care. This makes inventory control an essential component of regulatory compliance, as clinics must ensure that they have adequate supplies of high-quality medications and equipment to meet both patient needs and legal requirements.

One of the most challenging aspects for non-BPJS clinics is the management of logistics and inventory, particularly with regard to medicines and medical equipment. Effective logistics management ensures that clinics maintain an adequate supply of essential medicines and high-quality medical tools. Proper inventory control is crucial in healthcare settings because it directly impacts the ability to provide timely and reliable care. Stock shortages or expired medications can lead to delayed treatments, missed appointments, and ultimately dissatisfied patients. In the competitive non-BPJS healthcare sector, where patients pay a premium for higher-quality services, any delay or disruption in service can significantly damage the clinic's reputation.

Effective inventory management is critical for non-BPJS clinics to ensure the continuous availability of essential medical supplies, but this process is often complicated by resource limitations. Smaller clinics, in particular, may face difficulties due to a lack of financial resources and limited access to advanced inventory management systems. These resource constraints make it challenging to maintain an optimal balance between stock levels and costs, leading to potential supply shortages or overstocking. As a result, the limitations in financial and human resources further strain the clinic's ability to efficiently manage their operations, exacerbating the challenges in providing consistent, high-quality care.

Efficient inventory management in non-BPJS clinics involves maintaining a balance between having sufficient stock on hand and avoiding overstock, which can result in waste or increased costs. Clinics must track their consumption patterns accurately, forecast demand, and work closely with suppliers to ensure a continuous flow of necessary supplies. Given the importance of high-quality care in non-BPJS clinics, they must also ensure that all medications

and equipment meet national quality standards, which often requires ongoing staff training and investment in quality control systems.

However, resource limitations can complicate this process. Smaller non-BPJS clinics, which may not have access to the same economies of scale as larger hospitals or government-supported facilities, often face higher procurement costs. Additionally, they may lack sophisticated inventory management systems, making it more difficult to track stock levels and predict future needs accurately. For these clinics, the risk of running out of critical supplies or facing service delays is higher, particularly during times of increased patient demand or supply chain disruptions.

To mitigate these challenges, non-BPJS clinics must focus on streamlining their logistics and inventory management processes. This could involve investing in modern inventory management software that helps track stock in real time, optimizing procurement processes to ensure timely deliveries, and establishing partnerships with reliable suppliers who can provide quality products consistently. Clinics could also benefit from strategic planning, such as maintaining safety stock of high-demand items, diversifying suppliers to reduce the risk of shortages, and conducting regular audits of their inventory systems to ensure efficiency.

Ultimately, efficient logistics and inventory management is not just about compliance with government regulations; it is essential for maintaining high standards of patient care. Non-BPJS clinics, which market themselves as premium healthcare providers, must ensure that their operations, from patient interactions to behind-the-scenes logistics, run smoothly and effectively. Failure to do so can lead to diminished patient trust, reduced satisfaction, and financial losses. Therefore, a strong focus on compliance and operational efficiency is critical to the success and sustainability of non-BPJS clinics in Indonesia's healthcare system.

Because non-BPJS clinics manage patient expectations will affect the quality of service. Managing these expectations is a tough challenge, especially when patients have to face long waiting times, uncomfortable places or less than satisfactory interactions with medical staff. One of the primary challenges non-BPJS clinics face is long waiting times. Although patients may choose private or non-BPJS clinics to avoid the extended waits common in public healthcare facilities, they can still encounter delays due to the high demand for medical services and limited resources at these clinics. For example, non-BPJS clinics may have fewer doctors or medical staff, which can result in longer queues during peak times. Patients who

are paying directly for their services may feel particularly frustrated by these delays, as they expect quicker access to care in exchange for their payments.

In addition to waiting times, the comfort of the clinic environment is another important factor that influences patient satisfaction. Many patients expect private clinics to offer more comfortable, clean, and modern facilities compared to public healthcare centers. However, smaller non-BPJS clinics may not always have the resources to maintain high standards in terms of infrastructure or amenities. If patients are made to wait in cramped, outdated, or uncomfortable environments, it can lead to dissatisfaction, even if the medical care itself is of high quality. The lack of investment in clinic design and patient comfort may contribute to a negative overall perception of the service.

Moreover, interactions with medical staff are a crucial aspect of patient experience. In non-BPJS clinics, patients expect a more personalized and attentive approach from doctors and nurses, as they are paying for the service directly. However, if medical staff are overworked or dealing with high patient loads, their ability to provide attentive care may be compromised. Poor communication, rushed consultations, or a lack of empathy from healthcare providers can leave patients feeling neglected or undervalued. When patients' interactions with doctors and nurses fall short of their expectations, they may perceive the quality of care to be lower, even if the clinical outcomes are satisfactory.

To address these challenges, non-BPJS clinics must focus on proactive patient expectation management. This can involve clear communication with patients about potential waiting times and the limitations of the clinic's resources, as well as setting realistic expectations about the level of comfort and service that can be provided. Additionally, clinics should invest in improving the patient experience by training staff in customer service skills, optimizing clinic operations to reduce wait times, and enhancing the physical environment. Even small improvements, such as better seating, clearer signage, or the availability of refreshments, can make a significant difference in patient perceptions.

In addition to non-technical factors such as patient perception and comfort, which affect patient satisfaction, technical factors must also be considered to improve service quality in non-BPJS clinics. These factors include sound financial management, operational cost efficiency, and a well-prepared budget plan. Adequate qualifications of both medical and non-medical personnel are also critical, as their competence directly impacts the quality of care provided. Furthermore, continuous training for medical and non-medical staff should be

a priority to ensure they consistently update their skills and knowledge. By addressing all of these aspects, the overall quality of service in non-BPJS clinics can be enhanced, ultimately contributing to higher patient satisfaction and achieving optimal operational efficiency.

Operational efficiency is defined as the ability of an organization or system to maximize output while minimizing the input required to achieve that output. In the context of healthcare, operational efficiency involves the optimal use of resources such as labor, time, and financial costs to provide high-quality care. Achieving operational efficiency means delivering healthcare services that meet or exceed quality standards, while minimizing waste, delays, and unnecessary expenditures. This balance between high-quality patient care and resource management is crucial for both the sustainability of healthcare institutions and patient satisfaction.

In healthcare settings like clinics or hospitals, operational efficiency is critical because resources are often limited. The demand for healthcare services continues to grow, especially in regions with dense populations or in areas with limited healthcare infrastructure. For example, efficiently managing staffing, equipment, and supplies allows clinics to treat more patients without sacrificing the quality of care. If a clinic can minimize idle time for doctors and nurses, streamline patient intake processes, or reduce unnecessary administrative tasks, it can treat more patients within the same time frame and improve patient outcomes without increasing operational costs.

Another important aspect of operational efficiency in healthcare is time management. Time is one of the most valuable resources in a healthcare setting, and minimizing delays in patient care is essential to improving efficiency. For example, reducing waiting times for patients, ensuring timely delivery of treatments, and minimizing downtime between appointments all contribute to better use of time. Efficient scheduling of medical staff and patients ensures that clinics operate smoothly and avoid bottlenecks that can lead to long waiting times or rushed care. This not only improves patient experience but also enhances the overall performance of the clinic.

Cost management is also a significant factor in operational efficiency. Clinics that can manage their financial resources effectively—by reducing unnecessary expenses, negotiating better deals with suppliers, or preventing waste of medical supplies—can provide care at lower costs while maintaining high standards of service. Financial efficiency does not mean cutting corners; instead, it involves finding innovative ways to allocate funds in a manner that

supports better patient care. By doing so, clinics can improve their financial sustainability, allowing them to continue serving patients and even expand their services over time.

Technological advancements play a key role in enhancing operational efficiency in healthcare. The use of electronic health records (EHRs), telemedicine, and automated systems for managing appointments, billing, and patient data can streamline many processes that were previously time-consuming and labor-intensive. By adopting modern technology, clinics can reduce paperwork, avoid errors, and ensure that both medical professionals and administrative staff spend their time more effectively, focusing on patient care rather than manual tasks.

Operational efficiency in healthcare refers to how well a clinic or hospital can deliver high-quality care by using resources like labor, time, and costs as effectively as possible. By focusing on efficient use of resources, optimizing time management, controlling costs, and leveraging technology, healthcare institutions can enhance both their performance and the patient experience.

Efficiency here includes the effective use of resources (labor, medicines, equipment) to produce services without waste, reducing waiting times and unnecessary administrative processes, to provide faster and better services, controlling operational costs to remain low while maintaining optimal service quality. In addition, regular evaluation of financial performance is carried out to identify areas that need improvement, including analysis of income and expenses to ensure the financial sustainability of the clinic.

Non-BPJS clinics face different challenges when compared to clinics that are members of BPJS. Some of the main challenges faced include competition with BPJS Clinics, so non-BPJS clinics must be able to offer more value to attract patients who are willing to pay directly and for that they need to innovate in services, for example by providing services that are not covered by BPJS or improving the quality of more personal services. However, not all non-BPJS clinics have the capacity to carry out this innovation, especially if they are hampered by financial and resource constraints (Putro & Kusnanto, 2021).

To determine the product must be linked to the segment, target and product positioning (Meutia Arini Yasrizal, 2022). Competitive service prices and better service quality are important factors. The limitations of the patient's social level in serving more limited community groups, especially those with higher purchasing power or who are not registered in the BPJS program. This limits the number of potential patients and affects the stability of

the clinic's income. Studies show that after BPJS came into effect, many patients preferred more affordable or even free BPJS services compared to non-BPJS clinic services that require out-of-pocket costs. This resulted in a decrease in clinic income and potentially caused non-BPJS clinics to experience financial difficulties (Putro & Kusnanto, 2021). High Operational Costs are caused by not receiving subsidies from the government, automatically operational costs such as procurement of medical equipment, medicines, and salaries of medical personnel are fully borne by the clinic, thereby increasing the price of services, which in turn can affect patient interest.

The Opinion of Abadi and friends has conducted research at Tugurejo Semarang Regional Hospital and concluded that; it is better to optimize marketing activities, especially for executive outpatient services or non-BPJS/JKN services by conducting and improving cooperation with private institutions, increasing promotion through the creation of leaflets, ensuring that doctors must arrive on time according to the patient's arrival schedule, and considering opening access to services for BPJS/JKN participants.

RESEARCH METHODOLOGY

This study employs a comprehensive literature review methodology to explore management practices in non-BPJS (Badan Penyelenggara Jaminan Sosial) clinics in Indonesia. The purpose of this review is to examine how these clinics optimize their operations to achieve better efficiency and patient satisfaction without being part of the national health insurance system. The selection of a literature review methodology is well-suited for this research, as it allows for a systematic synthesis of prior studies, creating a robust understanding of current practices and challenges in non-BPJS clinics.

The research follows a **qualitative approach** by systematically reviewing scholarly articles, reports, and other credible sources that address relevant aspects of healthcare management in non-BPJS clinics. The methodology is designed to focus on **financial management**, **operational efficiency**, and **patient satisfaction**, key components that influence the success of healthcare facilities. A **narrative review** method is adopted to identify and discuss various management strategies, service improvements, and innovations in non-BPJS clinics. This

approach allows for the exploration of a broad range of topics while presenting them in an accessible format.

The data for this review were sourced from **peer-reviewed journals, conference papers, and credible online publications** related to healthcare management and non-BPJS clinics. To ensure the relevance of the findings, the literature search was limited to publications from the last ten years (2014-2024), with a focus on recent developments and modern practices in the healthcare sector. The search employed keywords such as “non-BPJS clinics,” “healthcare management,” “financial management,” “operational efficiency,” and “patient satisfaction.”

To maintain the focus of the study, specific inclusion and exclusion criteria were applied during the literature selection process. **Inclusion criteria** for the articles included studies that focused on non-BPJS clinics, specifically those addressing financial management, operational strategies, and patient-centered service delivery. Only studies published in reputable academic journals and credible online sources were considered. **Exclusion criteria** eliminated articles that focused exclusively on **BPJS clinics, foreign healthcare models,** or generalized healthcare management practices not specific to non-BPJS settings.

The literature review presents a comprehensive understanding of the management challenges faced by non-BPJS clinics in Indonesia. By focusing on financial strategies, patient care approaches, and technology integration, the review provides valuable insights for healthcare administrators and policymakers. Additionally, the study suggests several areas for future research, such as the impact of digital healthcare solutions in non-BPJS settings and the development of patient satisfaction metrics tailored to the Indonesian healthcare context.

Through this systematic review, the research sheds light on the operational and financial dynamics of non-BPJS clinics, contributing to the broader understanding of healthcare management in Indonesia

RESULT AND DISCUSSION

The strategy implemented in non-BPJS clinics according to Trianike Nor Aini, et al. (2021) is the first Efficient Operational Management by managing limited resources efficiently, be it manpower, medical equipment, to cost management. Managing income from various sources, such as consultation fees, procedures, and drug sales. Improving operational

efficiency can also be achieved through service capacity management. Clinics can increase service capacity for certain types of care that are in high demand, as well as improve the overall quality of service. Research shows that clinics that are able to balance low operational costs with good service quality will remain competitive and efficient (Ulandari et al., 2021).

Controlling expenses for operations, salaries, equipment and drug purchases. Efficient drug inventory control is essential to avoid stock shortages or expensive urgent purchases. The Economic Order Quantity (EOQ) and Reorder Point (ROP) methods can be used to determine the optimum order quantity and ideal reorder time, so that drug inventory can be managed more efficiently and operational costs can be reduced (Melizza et al., 2021). Carrying out accurate and regular bookkeeping. Optimizing the schedules of medical personnel and support staff and utilizing information technology to support clinical administration are important parts of this strategy. Second, Patient-Focused Services, namely patient satisfaction-based services, are the main strategy to increase patient loyalty (Belian Anugrah Estri, 2022). Patient satisfaction is the level of feeling that arises after a patient receives health services and compares it with what is expected (Pohan, 2007).

This includes providing a personal, fast, and accurate service experience, as well as providing comfortable and modern medical facilities. Personal service includes recognizing patients by creating detailed medical records and updating them regularly, calling them by name that shows concern and closeness. Remembering patient preferences regarding treatment methods, communication, or types of drugs. Offering several treatment options and letting patients choose the most appropriate one. Diversifying Health Services by developing innovative services to attract specific market segments, such as premium health services, special health checks (ultrasound, basic laboratory), or alternative medical services (acupuncture).

Furthermore, the use of digital technology in clinic management is increasingly popular to speed up the administration process and patient services, such as the implementation of an electronic medical records (EMR) system, telemedicine, health applications to facilitate communication between patients and service providers, creating an online queue system to minimize patient waiting time. Technology will also help reduce manual errors, increase transparency, and speed up workflows. Technology also allows clinics to monitor service efficiency and productivity in real time. Promotional activities are a milestone in influencing patient or consumer impressions (Omega DR Year, 2022). Provide

discounts for patients who visit frequently, provide points that can be exchanged for prizes and also hold special events for patients, such as health seminars or free health checks.

The solution in optimising non BPJS clinic services is in the form of collaboration with Private Insurance to expand patient coverage and provide alternative payments for patients who are not registered with BPJS. Service rates according to health insurance are carried out with the collaboration between the clinic and the company so that the rates charged to patients can be affordable because of this collaboration (Sabran & Anggraeni, 2019).

Improving Service Quality by providing fast, precise, friendly, comfortable care and shorter waiting times to patients can be an attraction for patients who are willing to pay. Non-BPJS clinics can improve service quality by speeding up administrative processes and using technology to improve efficiency (Premilga et al., 2019).

Digital marketing through social media and websites can help non-BPJS clinics reach more patients. Digital marketing such as advertising on social media platforms and collaboration with health influencers can also be an effective way to attract new target markets (Mayori & Narundana, 2021). Creating strong branding and effective communication of the clinic's strengths will further increase attractiveness. Organising seminars or health education programmes for the community can increase the clinic's visibility and attract more patients. By providing information on health and disease prevention, the clinic can build a closer relationship with the surrounding community.

Operational Efficiency through Technology such as EMR (Electronic Medical Record), digital payment (QRIS), and automated digital scheduling can reduce overall administrative and operational costs. Development of more specific or premium specialised services such as regular medical check-ups, vaccinations outside government programmes, planned specialist consultations, or holistic health therapies (acupuncture, hypnotherapy) that are not fully covered by BPJS clinics.

CONCLUSION

One of the most effective strategies for non-BPJS clinics is to adopt a patient-focused service approach. Patients who are willing to pay for healthcare services generally expect a higher level of care, convenience, and personalization than what is typically available at BPJS-

affiliated facilities. Non-BPJS clinics can capitalize on this by offering shorter wait times, more flexible scheduling, and ensuring that medical professionals are available as per the patient's appointment. Clinics should focus on building strong relationships with their patients by providing personalized care, maintaining excellent communication, and ensuring a comfortable environment. Moreover, providing holistic care and making patients feel valued can help establish trust and long-term loyalty, which is crucial for patient retention and word-of-mouth referrals.

Non-BPJS clinics in Indonesia face a competitive environment as they contend with the more affordable and widely accessible services offered by BPJS-affiliated clinics. However, these non-BPJS clinics can distinguish themselves by focusing on patient-centered care that offers greater convenience, flexibility, and personalization. Patients willing to pay for healthcare services typically expect shorter waiting times, high-quality facilities, and access to experienced medical professionals. By enhancing patient relationships and providing superior care, non-BPJS clinics can attract a dedicated patient base seeking more premium healthcare options.

Diversifying services is another critical strategy for non-BPJS clinics. Offering specialized medical services, wellness programs, preventive care, and luxury treatment options allows these clinics to cater to a broader range of patient needs. This diversification not only draws in patients looking for specific treatments but also enables clinics to maintain a competitive edge in a market where BPJS clinics may not offer the same variety of services. By continuously expanding their offerings, non-BPJS clinics can appeal to middle-to-upper-income patients seeking premium, high-quality healthcare.

Technology plays a crucial role in optimizing both patient care and operational efficiency for non-BPJS clinics. By integrating electronic health records, telemedicine platforms, and automated systems, clinics can streamline their services, reduce errors, and improve the overall patient experience. Advanced medical technology also allows clinics to offer specialized treatments and maintain their reputation for excellence. To ensure long-term sustainability, non-BPJS clinics must manage resources efficiently, form partnerships with private insurers, and focus on innovation, ultimately providing the superior care that justifies their higher costs and differentiates them from BPJS-affiliated facilities.

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