Business Strategy for Private General Hospital in Universal Health Coverage Era

Nysa Ro Aina Zulfa^{1,2}, Dony Septriana Rosady³, Umi Narimawati^{1,4}

- ¹International Women University, Pasir Kaliki No.179 A Bandung Indonesia, nysa.zulfa13@gmail.com
- ²Universitas Indonesia, Lingkar Kampus Raya Universitas Indonesia Depok Indonesia
- ³Universitas Islam Bandung, Tamansari No.1 Bandung Indonesia, donyseptrianarosady@gmail.com
- 4 Universitas Komputer Indonesia, Dipati Ukur No.112-116 Bandung Indonesia, umiarie@email.unikom.ac.id

Abstract

Indonesia seeks to implement Universal Health Coverage to ensure that all people can access health services. The implementation of this program has an impact on the national health system. The pattern of health services has shifted both in terms of health services and health financing. Hospitals as one health care institution must adapt to these changes in order to remain able to provide the best health services. MAL Hospital as one of the hospitals providing health services faces the impact of decreasing income after implementation of Universal Health Coverage. Facing these conditions required the right business strategy for MAL Hospital to be able to increase its income in order to continue running health services as one of the hospital with social mission. This study uses qualitative methods with primary data obtained from interviews and secondary data obtained from reports, articles, journals, and books. In business exploration, this study analyzes and proposes business strategies for public private hospitals. Analysis begins by analyzing internal and external factors. Internal factors are analyzed based on financial, operational, human resources, and marketing aspects. External factors were analyzed using PESTLE Analysis and Porters Force. All factors are classified as Strength, Weakness, Opportunity, and Threat (SWOT). The analysis is continued by calculating the Internal Factor Analysis Summary (IFAS) and External Factor Analysis Summary (EFAS). Obtained result value IFAS -40 with value EFAS 20. Position of MAL Hospital by using Cartesian diagram is in quadrant of weakness and opportunity. MAL Hospital should choose competitive strategy through differentiation focus by targeting the main target is the participants of Universal Health Coverage. Some alternative business strategies are prepared using TOWS Matrix. Alternative business strategies were analyzed using Analytical Hierarchial Process to obtain priority program sequence. Priority programs with the highest scores were selected and then continued by organizing activities. Estimated cost required and estimated increase in revenues are calculated to obtain Return on Investment value. MAL Hospital as one of the private hospital that has social mission is expected to do the best business strategy for health service can continue...

Keywords

Business; Strategy; Hospital; Universal; Health

INTRODUCTION

Indonesia launched the Universal Health Coverage program on January 1, 2014. After the implementation of Universal Health Coverage there was a shift in the pattern of utilization of health services by the people. The impact of the shift will encourage every health service institution to make adjustments so that the target of the implementation of Universal Health Coverage program can be run as planned. The main objective is to

improve access to basic health services for all Indonesians (Misnaniarti & Ayuningtyas, 2015).

There are at least three major issues related to Universal Health Coverage. These are population coverage, financial protection and access to service, are inter-linked and interdependent. Universal population coverage has the meaning that the whole society can be part of a protected group whose health status does not perceive differences in any way. Universal population protection has

the meaning that every participant of the Universal Health Coverage program can obtain health care financing without worrying or fear of not getting service. Concerns or fears of not being able to finance health services can be eliminated by community joining the Universal Health Coverage program. Universal acces includes the availability of health care facilities, health resources, and the ability to obtain health services by the community (Abiiro, Mbera, & Allegri, 2014).

All health care institutions are working to ensure that the Universal Health Coverage program's goals can be achieved and the operations of every institution continue without any constraint. According to research in Thailand found that the implementation of Universal Health Coverage caused the hospital unprofitable. Hospital being characteristic relates to the amount of loss experienced by the hospital. Hospital charactersitics include variations managerial variables, service mix, and market (Ngorsuraches & Sornlertlumvanich, 2006).

LITERATURE REVIEW

SWOT (strengths, weaknesses, opportunities, and threats) analysis is a framework used to evaluate a company's competitive position and to develop strategic planning. SWOT analysis assesses internal and external factors, as well as current and future potential. A PESTLE analysis studies the key external factors (Political, Economic, Sociological, Technological, Legal and Environmental) that influence an organization. It can be used in a range of different scenarios, and can guide people professionals and senior managers in strategic decisions-making.

An internal analysis is the thorough examination of a company's internal components, both tangible and intangible, such as resources, assets and processes. An internal analysis helps the company decision-makers accurately identify areas for growth or revision to form a practical business strategy or business plan.

METHODS

Conceptual Frameworks

The steps of the analysis in this research basically could be described as:

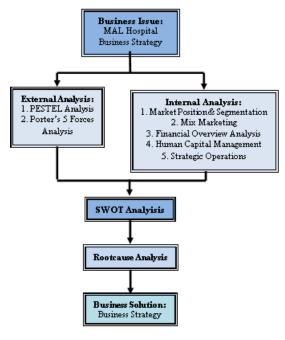


Figure 1.
Conceptual Framework

Method of Data Collection and Analysis

This study uses qualitative methods with primary data obtained from interviews and secondary data obtained from reports, articles, journals, and books. Analysis begins by analyzing internal and external factors. Internal factors are analyzed based on financial, operational, human resources, and marketing aspects. External factors were analyzed using PESTLE Analysis and Porters Force (Wheelen & Hunger, 2012). All factors classified as Strenath. Weakness. Opportunity, and Threat (SWOT). Weighing each factor based on importance level. The analysis is continued by calculating the Internal Factor Analysis Summary (IFAS) and External Factor Analysis Summary (EFAS). The analysis results are entered into cartesian diagram to determine the position according to the quadrant. Root analysis was done by using Fishbone analysis to get root of problem from each factor. The Strategic Factors Analysis Summary (SFAS) Matrix is designed to explore possible alternatives of applicable business strategies. Risk analysis and risk mitigation plans are prepared to avoid failure in the implementation of business strategy. needs and schedule implementation stages are prepared as a reference in implementing the business strategy of MAL Hospital.

DATA ANALYSIS AND DISCUSSION

Analysis of Business Situation

MAL Hospital is a private hospital which obtained permission from Bandung District Health Office on 26 May 2001 based on decision letter number 442/001/RS-YANKES/VI/2001. MAL Hospital is a development of Polyclinic and Maternity Hospital which was established on 5 July 1997. It is currently obtaining a general hospital operational license with Class C classification.

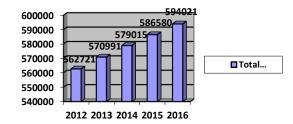
MAL Hospital is located in Cimindi Cimahi City with occupied land area of 1969.68 m2 with total building area of 4140.00 m2. The operational of the hospital is supported by 221 workers with the capacity of inpatient service of 120 beds. MAL Hospital provides emergency, inpatient, and outpatient services covering 12 types of polyclinics.

External Analysis

The Government of Indonesia has an interest in ensuring that every Indonesian people can access health services. The interest is based on the state obligations contained in the 1945 Constitution relating to health. Universal Health Covergae is implemented as a constitutional mandate and is targeted for completion by 2019. For the people it is provided an independent financing scheme while for the economically weak group is financing scheme provided а whose contributions are paid by the state through APBN.

Local governments have the authority to regulate some of the mandatory regional work, including health. Cimahi City Government as one of the regional government at the district / city level develops health insurance for the people. So the hope is no longer there are people in Cimahi City who can not get health services just because they do not have the money.

This condition causes access to health services is increasing. There is a paradigm shift in society towards access to health services. The number of patient visits compared increased to before implementation of Universal Health Coverage. Health care institutions are encouraged to adapt to this change. It needs to be done so that health service institution can still run its operation in doing health service.



Source: Indicators of People's Welfare in Cimahi City, 2016

Figure 2. Number of Population in Cimahi City 2012-2016

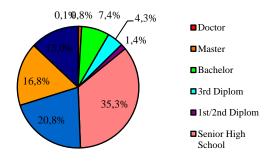
The population in Cimahi City in 2016 amounts to 594021 people and continues to grow every year. This is a potential consumer for companies engaged in health. Hospitals as one of the institutions engaged in the field of health services run its role between the interests of business and social mission. MAL Hospital as a private hospital that runs its activities in Cimahi City should take this opportunity to provide more optimal service.

Table 1.
Population Distribution in Cimahi City 2016

No.	District	Percentage of Population (%)	Population Density per Km ²
1.	South Cimahi	43.47	15278
2.	Central Cimahi	29.01	17236
3.	North Cimahi	27.52	12290
Cima	ahi City	100	14777

Source: Indicators of People's Welfare in Cimahi City, 2016

MAL Hospital is located in Cimindi area which is part of Central Cimahi Subdistrict. Central Cimahi Subdistrict has the highest population density compared to other areas. The location of MAL Hospital is also close to South Cimahi Subdistrict which is the most populated area compared to other area so it can be said this as an advantage in terms of location.



Source: Cimahi City Population Aggregate Data December 2015, Cimahi City Population and Civil Registration Service

Figure 3. Distribution of Education Level in Cimahi City 2015

The majority of the population of Kota Cimahi has a senior high school education with 35.3%, followed by junior high school 20.8%, and elementary school 16.8%. With this data it can be assumed that the majority of Cimahi City's people have received education and have literacy skills. This demographic data will be related to the right marketing strategy according to educational background. Digital marketing can be developed to penetrate the market because the majority of people today use gadgets connected to the internet.

The position of Cimahi City bordering with Bandung, Bandung Regency, and West Bandung Regency become a benefit for MAL Hospital. Referrals of patients who do not have room for hospitalization will be directed to the nearest hospital. This is an opportunity to build cooperation with local governments and health care facilities. The cooperation is expected to improve the utilization of facilities owned by MAL Hospital.

Regulation in the health sector is one of the strict rules in its implementation. Doctors' limitation to practice in three places is a problem to be faced for hospitals that will recruit new healthcare professionals. It takes effort that can interest the doctor to be able to work in hospital. One of his efforts by providing remuneration to ensure doctors obtain minimsal opinion in accordance with the expected.

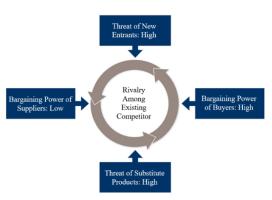


Figure 4. Summary of Porter's Five Forces

Competitors who enter in the field of health services, especially hospitals depends on the needs of the region. Government issued permits for the establishment and operation of hospitals are difficult from the aspect of the requirements and a considerable cost to fulfill them. So it can be said that the possibility of the presence of new competitors can be considered quite low.

Post implementation of Universal Health Coverage then the public has easy access to health services. So that all people experiencing health complaints can enroll to health care institutions to obtain treatment. Ease of access is not only owned by people with upper middle economy, but also for people with lower middle economy. So hospitals should see this as an opportunity and can take advantage of the condition.

The public can obtain health services in accordance with the region and the referral level. So the substitution of health care products can be said high. People who are not satisfied with the service of one health care facility can easily switch to another health service facility.

The impact of Universal Health Coverage implementation is greatly felt by the logistics supplier industry for health care facilities. Not a few companies that go bankrupt and stop its operations. So it can be said that bargaining power of suppliers is considered low against the hospital.

Cimahi City has several private hospitals and state-owned hospitals to provide health services to the public. Competition of health services is only done by some of these hospitals. If MAL Hospital does not make changes to the pattern of business strategy then it can be sure conditions will not change

even marketshare can be eroded by the business strategy of competitors.

Internal Analysis

Analysis of health services conducted by MAL Hospital can be assessed from the aspects of human resources, finance, operation, and marketing. The ratio of personnel to bed MAL Hospital in accordance with government regulations is as follows:

Table 2.
Personnel per Bed Ratio of MAL Hospital

No ·	Type of Workforc es	Total Personn el	Ratio of Human Resources to Bed MA Standar L d	
1.	Medical Doctor	9	1:13	1:9
2.	Nursing Paramedic s	79	1:2	1:1
3.	Non- nursing Paramedic s	28	1:4	1:5
4.	Non- medical	62	1:2	3:4

Source: Guidelines for Health Human Resource Needs 2010, Ministry of Health of the Republic of Indonesia.

Based on the above table, MAL Hospital as one of the hospital with classification of C class still faces obstacles in fulfilling the specified ratio. Unfulfilled number of doctors, health workers, and other personnel need to be met to provide optimal health services. The Government of Indonesia has an interest in ensuring that every Indonesian people can access health services.

Table 3.

Number of Specialist Doctors at MAL Hospital

No	Type of	Personne	Standar
	Workforces	1	d
1.	Obstetrician and	1	2
	Gynecologist		
2.	Pediatrician	2	2
3.	Internist	2	2
4.	Surgeon	2	2
5.	Anaesthesiologis	1	1
	t		
6.	Radiologist	1	1

7.	Cilinal	1	1
	Pathologist		

Source: Guidelines for Implementation of Hospital Services 2008, Directorate General of Medical Services, Ministry of Health.

Based on the above table obtained data that the quantity of the need for a class C hospital is almost met by MAL Hospital. Needs Obstetrician and Gynecologist still less one person to fill the needs. However, if analyzed in quality then still need additional surgeons to provide health services in the field of surgery at the prime times. The surgeon who practices at MAL Hospital is the main doctor in other hospitals so that more often practice in the afternoon until late evening. This results in visit numbers from surgical polyclinics tend to be lower than other basic specialist polyclinics such as Internist, Pediatrician, and Obstetric and Gynecologist.

Table 4. Financial Statement of MAL Hospital

	2015	2016	2017
Income	7,440,599,800	7,320,398,400	7,046,923,500
Expense	6,956,129,000	6,808,474,000	6,753,924,000
Other	82,376,000	45,662,000	68,253,000
Net Income	566,846,800	557,586,400	361,252,500
Profit	8.15%	8.19%	5.21%

Source: MAL Hospital, 2018

MAL Hospital has decreased revenues in 2017 compared to revenue in the previous two years. In 2017, net income of MAL Hospital decreased by 35.2% compared to 2016. New business strategy needed to be applied in order to increase revenue and net income.

Table 5. Service Indicator of MAL Hospital

N	Service		201	201	201	201
IN			201	201	201	201
0.	Indicator	2013	4	5	6	7
			3133	3046	3589	2887
1	Outpatient	28825	8	9	0	3
_						
2	Inpatient	2068	2252	2792	4208	3688
_			12.7	15.9	30.1	25.9
3	BOR	11.56	1	1	1	7
	100					
4	LOS	2.55	2.76	2.38	3	3.09
_	TOI		18.1	13.7		
5	TOI	18.11	4	7	8.17	9.77
_	DTO					
6	BTO	1.53	1.51	2.18	2.88	2.48
7	NDR		0.47			
	אטא	0.08	0.17	0.03	0.11	0.05
8	GDR	0.84	0.85	0.56	0.78	0.83
0	JDIN	0.84	0.85	0.56	0.78	0.63

Source: Medical Record Department of MAL Hospital, 2018.

Based on these data can be concluded that the utilization of facilities at MAL Hospital not optimal. This is based on the value of BOR MAL Hospital which is at number 25.97. BOR is an indicator to provide an overview of bed utilization rates in hospitals. The Ministry of Health stipulates that the ideal BOR value is between 65-85.

SWOT Analysis

Existing data are classified by strength, weakness, opportunity, and threat categories. Then each factor is given weighting and the following results are obtained:

IFAS = Strength Score + Weakness Score IFAS = 340 - 380 = -40

EFAS = Opportunity Score + Threat Score EFAS = 390 - 370 = 20

The results of IFAS and EFAS calculations from MAL Hospital were then included in Cartesian Diagram and obtained by MAL Hospital position are as follows:

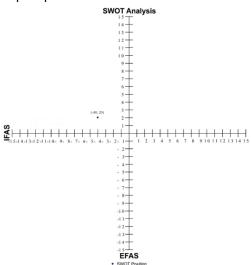


Figure 5.
Position of MAL Hospital

The results obtained that MAL Hospital is in weakness and opportunity quadrant. This means that strategies should be developed to improve internal conditions and take advantage of opportunities in the external environment of MAL Hospital. The problem factors affecting the condition of MAL Hospital were analyzed to find the root of the problem by using Fishbone Analysis. Here are the results from Fishbone Analysis:

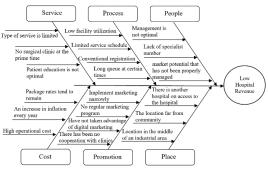


Figure 6. Fishbone Analysis of MAL Hospital

Alternative of Business Solution

Strategic management changes from one period to another. The evolution of strategic management practices provides practitioners with knowledge about when and where company resources can be useful explains the relationship between environmental uncertainty, corporate resources, competitive advantage, and organizational performance (O'Shannassy, 2008). The dynamics of the environment and competition is very influential in the relationship between business-level strategy and relative competitive performance (Nandakumar, Ghobadian, & O'Regan, 2010). acronym of Strengths, SWOT is an Weaknesses, Opportunities, and Threats that are strategic factors for specific company. As stated before the strengths and weaknesses variable could be concluded with the internal analysis and the opportunities and threats could be concluded from the external analysis. SWOT analysis should not only result in the identification of corporation distinctive competencies but also the identification of opportunities that the firm is not currently able to take advantage of due to lack of appropriate resources (Wheelen & Hunger, 2012).

Prepared several alternative business strategies by using SWOT Matrix based on the root of the problems faced by MAL Hospital. Here is the SWOT Matrix from MAL Hospital:

Table 6. SWOT Matrix

	Strengths	Weakness
	1. Completeness Physical Facilities	1. Number and Type of HR
	2. Completeness of Medical	2. Poor Reporting System
Internal Analysis	Facilities	3. Unregular Marketing Activities
	3. Basic Specialist Doctor	4. Low Service Product Variants
	4. Have one primary care	5. Hospital location is less strategic
External Analysis	5. Cooperation with several	
	industries	
Opportunities	Strengths and Opportunities	Weakness and Opportunities
1. Policy of National Social	Cooperation with Primary Care	Addition of Service Items
Security System	Cooperation with Government	Building Renovation
2. Local Government Subsidy on		Build Cafetaria and Shop
Health		Develop Marketing Program
3. Large Population		Improvement of Data Collection
4. High Patient Health Access		System
Many Primary Health Care		Operational Efficiency
Threats	Strengths and Threats	Weakness and Threats
1. Utilization of Latest	Utilization of Information	Workshop & Training Program
Technology	Technology	Recruit New Doctors
2. Limiting Number of Practices		
3. Low Market Share		
4. High Competitor Service		
Product Variants		
An aggressive marketing		
program		

With the limited time and cost to run the business strategy it is necessary to measure the priority of the business strategy to be selected.

Analysis of Business Solution

The purpose of the business strategy that will be implemented is to increase the number of visits and number of utilization facilities owned by MAL Hospital. MAL Hospital is advised to implement competitive strategy through differentiation focus. This strategy was taken with consideration of the limited internal conditions and opportunities in the external environment due to shifting patterns of health care financing and patient behavior at the Universal Health Coverage Era. The alternative strategies obtained by using TOWS Matrix are then labeled.

Table 7.
List of Business Strategy Program for MAL
Hospital

No.	Program	Label
1.	Addition of Service Items	Α
2.	Building Renovation	В
3.	Build Cafetaria and Shop	С
4.	Cooperation with Primary Care Center	D
5.	Operational Efficiency	Е
6.	Develop Marketing Program	F
7.	Cooperation with Government	G
8.	Improvement of Data Collection System	Н
9.	Utilization of Information Technology	I
10.	Workshop & Training Program	J
11.	Recruit New Doctors	K

Analytical Hierarchial Process by using Saaty Scale is done to analyze each alternative strategy. Highest scoring strategies are taken as priority strategy programs.

Table 8. Saaty Scale

Scale	Importance
1	Equal Importance
3	Slightly more Importance
5	Materially more Importance
7	Significantly more
	Importance

9	Absolutely more Importance
2, 4, 6, 8	Compromise Values

Table 9. AHP Matrix for Business Strategy of MAL Hospital

	A	В	C	D	E	F	G	H	I	J	K
A	1	5	1	0,2	0,2	0,143	0,333	0,2	1	0,333	0,25
В	0,2	1	0,5	0,143	0,111	0,111	0,2	0,2	0,5	1	0,2
C	1	2	1	0,25	0,143	0,125	0,5	0,333	0,333	0,5	0,333
D	5	7	4	1	0,333	0,333	3	2	5	7	4
E	5	9	7	3	1	0,333	5	3	7	5	5
F	7	9	8	3	3	1	7	5	7	7	5
G	3	5	2	0,333	0,2	0,143	1	0,333	3	3	0,2
H	5	5	3	0,5	0,333	0,2	3	1	3	4	1
I	1	2	3	0,2	0,143	0,143	0,333	0,333	1	0,5	0,333
J	3	1	2	0,143	0,2	0,143	0,333	0,25	2	1	0,333
K	4	5	3	0,25	0,2	0,2	5	1	3	3	1

Table 10.

Determination of Weight of Each Business
Strategy Program at MAL Hospital

	A	В	С	D	E	F	G	Н	I	J	K
A	0,028	0,098	0,029	0,022	0,034	0,05	0,013	0,015	0,03	0,01	0,014
В	0,006	0,02	0,014	0,016	0,019	0,039	0,008	0,015	0,015	0,031	0,011
C	0,028	0,039	0,029	0,028	0,024	0,043	0,019	0,024	0,01	0,015	0,019
D	0,142	0,137	0,116	0,111	0,057	0,116	0,117	0,147	0,152	0,216	0,227
E	0,142	0,176	0,203	0,333	0,171	0,116	0,195	0,22	0,213	0,155	0,283
F	0,199	0,176	0,232	0,333	0,512	0,348	0,272	0,366	0,213	0,216	0,283
G	0,085	0,098	0,058	0,037	0,034	0,05	0,039	0,024	0,091	0,093	0,011
H	0,142	0,098	0,087	0,055	0,057	0,07	0,117	0,073	0,091	0,124	0,057
I	0,028	0,039	0,087	0,022	0,024	0,05	0,013	0,024	0,03	0,015	0,019
J	0,085	0,2	0,058	0,016	0,034	0,05	0,013	0,018	0,061	0,031	0,019
K	0,114	0,098	0,087	0,028	0,034	0,07	0,195	0.073	0.091	0,093	0.057

Table 11.
Business Program of MAL Hospital Based on
Priority Scale

No.	Program	Initial	Score	%	Priority
1.	Develop Marketing Program	F	0,2865	28,65	I
2.	Operational Efficiency	E	0,2005	20,05	II
3.	Cooperation with Primary Care Center	D	0,1398	13,98	III
4.	Improvement of Data Collection System	H	0,0882	8,82	IV
5.	Recruit New Doctors	K	0,0853	8,53	V
6.	Cooperation with Governance	G	0,0564	5,64	VI
7.	Workshop & Training Program	J	0,0368	3,68	VII
8.	Utilization of Information Tech	I	0,0321	3,21	VIII
9.	Addition of Service Items	A	0,0313	3,13	IX
10.	Build Cafetaria and Shop	C	0,0255	2,55	X
11.	Building Renovation	В	0,0176	1,76	XI
	Total			100	

The priority strategy program based on Analytical Hierarchial Process is Develop Marketing Program, Operational Efficiency, and Cooperation with Primary Care. The strategies to be implemented should be supported by business functions such as operational, finance, human resources, and marketing. The whole strategy leads to brand image reinforcement and increased patient service satisfaction, thereby increasing the number of patient visits that impact on increasing hospital income.

Avoiding the potential for failure in the implementation of business strategy, the measurement, mapping and mitigation of risks should be prepared. Risk measurements were performed by assessing likelihood and impact levels. Having obtained the level of risk then mapping to classify any program with high and extreme risk. Prepared risk mitigation program in an effort to prevent the risk that may occur or minimize the impact that will occur (Ristic, 2013).

Table 12.
Reference Risk Assessment

	Impact Level					
Likelihood	1-Insignificant	2-Minor	3-Moderate	4-Major	5-Severe	
1 - Very likely	H	H	E	E	E	
2 - Likely	M	H	H	E	Е	
3 - Possible	L	M	H	E	Е	
4 - Unlikely	L	L	M	H	Е	
5 - Very unlikely	L	L	M	H	H	
Information: L(L	ow Risk)	M (Moderate	Risk)			
H (H	igh Risk)	E (Extreme R	lisk)			

Table 13.

Risk Mapping related to Achieving Strategic
Objectives

No.	Strategic Program	Identification of Risk Factor	Likelihood	Impact	Level of Risk
1.	Develop Marketing Program	Availability of Human Resources	4	5	Е
		Availability of Support Funds	3	4	E
		Implementation Not Match Schedule	4	3	M
2.	Operational Efficiency	Inability to Evaluate Operation	2	3	Н
		Doctor's Authority Prescribes Drugs	1	4	Е
3.	Cooperation with Primary Care Center	Referral Number Restriction	1	2	L

Table 14. Risk Mitigation Plan

No.	Strategic Program	Identification of Risk Factor	Risk	Mitigation Program
1.	Develop Marketing Program	Availability of Human Resources	Human E Marketing Tea	
		Availability of Support Funds	Е	Strategic Partnership, Government Program Utilization
2.	Operational Efficiency	Inability to Evaluate Operation	Н	Recruit Hospital Consultant, Training for Operations Staff
		Doctor's Authority Prescribes Drugs	Е	Drafting of Hospital Drugs List, Rules of the Medical Committee on Drugs

CONCLUSION AND RECOMMENDATIONS

Implementation of MAL Hospital's business strategy requires a fund of Rp 289,300,000, - which is used for various programs and divisions. The details are as follows:

Table 15.
Estimation Cost for MAL Hospital Business
Strategy

Component	Program	Number	Price (IDR)	Total (IDR)	Detail
Develop Marketing Program	Build an integrated website and information system	1	Rp. 20.000.000,-	Rp. 20.000.000,-	
	Provide marketing merchandise	500	Rp. 15.000,-	Rp. 7.500.000,-	Wall Clock, Mug, Tumbler
	Marketing brochures	1000	Rp. 3.000,-	Rp. 3.0000.000,-	
	Marketing X- Banner	6	Rp. 300.000,-	Rp. 1.800.000,-	One brousr each clinics
	Sponsorship for Community Activities	6	Rp. 2.000.000,-	Rp. 18.000.000,-	
Operational Efficiency	Recruit Hospital Consultant	6	Rp. 5.000.000,-	Rp. 30.000.000,-	Role as pendamping
	Selection for Coding Team	1	Rp. 2.000.000,-	Rp. 2.000.000,-	
	Operational cost efficiency strategy	2	-	-	No Cost
	Drafting of Hospital Drugs List	1	-	-	No Cost
	Rules of the Medical Commitee on Drugs	1	-	-	No Cost
	Training and Workshop for Operations Staff	3	Rp. 3.000.000,-	Rp. 9.000.000,-	In house training
Cooperation with Primary	Joint Activities with Health Program	6	Rp. 3.000.000,-	Rp. 18.000.000,-	
Care Center	Build an online registration system	1	-	-	Aligned with website program
	Provision of mobile operational ambulance vehicles	1	Rp. 150.000.000,-	Rp.150.000.000,-	
	Funding of primary care center support equipment	6	Rp. 5.000.000,-	Rp. 30.000.000,-	Nebulizer, Thermometer, Sphygmo, etc
	Total estimat	ion cost		289.300.000,-	Gradually

Estimated revenues should be calculated so that the funds spent to finance the business strategy can be accounted for. Here's the estimated revenues post implementation of business strategy MAL Hospital:

Table 16.
Estimation Revenue for MAL Hospital
Business Strategy

No.	Items	Quantity	Price (IDR)	Total (IDR)	Detail
1.	Addition of New Outpatient Patients	1500	Rp. 165.000	Rp. 247.500.000	6 x 250
2.	Mobile operational ambulance vehicles	480	Rp. 165.000	Rp. 79.200.000	6 x 80
3.	Website and Information System	450	Rp. 165.000	Rp. 74.250.000	6 x 75
4.	Marketing Program	1800	Rp. 165.000	Rp. 297.000.000	6 x 300
5.	Sponsorship	300	Rp. 165.000	Rp. 49.500.000	6 x 50
6.	Increase Surgery	150	Rp. 5.000.000,-	Rp. 750.000.000,-	6 x 25
Total Estimation Revenue				Rp. 1.497.450.000,-	

Implementation of the MAL business strategy is expected to generate additional revenue of Rp 1,497,450,000, -. So it can be said that there is an increase from the previous year's revenue from Rp 7,046,923,500,- to Rp 8,544,373,500,- which means an increase in revenue of 21.25%.

Return of Investment (ROI) can be used to measure how effectively the investment issued by the company can be profitable. Usually the return of investment is calculated on the project funding company as one of the basic decision-making in investing. Based on the estimation of cost and revenue from the implementation of MAL Hospital business strategy can be calculated the return of investment as follows:

ROI = (Gain from Investment - Cost of Investment) / Cost of Investment x 100% ROI = (1.497.450.000 - 289.300.000) / 289.300.000 x 100% ROI = 418%

Based on the calculation results, the ROI value is 418%. This means that the implementation of a business strategy is feasible because it can generate greater profits than the costs incurred.

REFERENCES

Abiiro, G. A., Mbera, G. B., & Allegri, M. De. (2014). Gaps in Universal Health Coverage in Malawi: A Qualitative Study in Rural Communities, BMC Health Services Research, 14(1), 1–10.

Misnaniarti, M., & Ayuningtyas, D. (2015). Achieving universal coverage: Lessons from The Experience of Other Countries for

- National Health Insurance Implementation in Indonesia. International Journal of Advanced Multidisciplinary Research, 3555(3), 40-52.
- Nandakumar, M. K., Ghobadian, A., & O'Regan, N. (2010). Business-level Strategy and Performance. Management Decision, 48(6), 907–939.
- Ngorsuraches, S., & Sornlertlumvanich, A. (2006).

 Determinants of Hospital Loss in Thailand:
 Experience from the First Year of a
 Universal Coverage Health Insurance
 Program. Health Care Management
 Science, 9(1), 59–70.
- O'Shannassy, T. (2008). Sustainable Competitive Advantage or Temporary Competitive Advantage Improving Understanding of an Important Strategy Construct. Journal of Strategy and Management, 1(2), 168–180.
- Ristic, D. (2013). A Tool for Risk Assessment. Safety Engineering, 3(3), 121–127.

- Wheelen, T. L., & Hunger, J. D. (2012). Startegic Management and Business Policy: Towards Global Sustainability (13 rd Edit). New Jersey: Prentice Hall.
- Humas RS MAL (2018). Company Profile of MAL. Cimahi: Humas RS MAL
- BPS Kota Cimahi (2016). Indikator Kesejahteraan Rakyat Kota Cimahi 2016. Cimahi: BPS Kota Cimahi.
- Disdukcapil Kota Cimahi (2015). Data Agregat Kependudukan Kota Cimahi 2015. Cimahi: Disdukcapil Kota Cimahi.
- Peraturan Menteri Kesehatan Nomor 262 Tahun 1979 tentang Standarisasi Ketenagaan Rumah Sakit.
- Depkes RI (2010). Pedoman Kebutuhan SDM di Rumah Sakit. Jakarta: Depkes RI.
- Depkes RI (2008). Pedoman Implementasi Pelayanan Kesehatan. Jakarta: Depkes RI.