

BRIDGING THE GAP OF INFORMATION SOURCE AND ACCESS TO DIALYSIS SERVICES WITH KLIKDIALISIS.COM, AS AN INTEGRATED DIGITAL COMMUNICATION PLATFORMTri Astuti^{1*}, Satya Aditya Wibowo²¹⁻² Institut Teknologi Bandung

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DOI: <https://doi.org/10.33024/mnj.v4i11.7268>**ABSTRACT**

The diagnosis and management of CKD, incredibly advanced CKD, can have a major impact on the patient's life due to the limitations of daily activities that the patient experiences, whether at work, traveling, or socializing. The author formulates the research design and methodology, as seen in Figure 2.2. In this research, both the external and internal analysis plays an important role in defining the clear gap of dialysis access and barriers and understanding the competitive advantages of klikdialisis.com. KlikDialisis.com is a health application platform based on socioeconomics by connecting patients, especially kidney patients, with dialysis service providers and other kidney health facilities.

Keywords: Klikdialisis.Com, Dialysis, Telehealth, Health App

INTRODUCTION

Chronic kidney disease (CKD) is defined as a progressive and irreversible decline in kidney function with or without renal structural abnormalities for three months or more (Polzin, 2011). In addition to decreased quality of life due to direct effects of low kidney function, CKD patients will also suffer from various complications due to chronic kidney failure.

The diagnosis and management of CKD, incredibly advanced CKD, can have a major impact on the patient's life due to the limitations of daily activities that the patient experiences, whether at work, traveling, or socializing. The decrease in activity was also triggered by other effects of CKD such as easy fatigue, pain, depression, cognitive disorders, gastrointestinal disorders, sleep

disorders, etc. CKD patients are at risk for various complications due to the nature of the disease itself (Putri, 2018).

Based on a report from the Indonesia Renal Registry in 2019, the number of active dialysis patients in that year amounted to 130,931 with 61,786 new patients (Purnama et al., 2015). When a person has been declared that their kidneys are at the eternalises stage or have dialysis in chronic stage 5, they have no other choice. There are only three options: Kidney Transplant, Hemodialysis/HD (Dialysis), and CAPD (Continuous Ambulatory Peritoneal Dialysis).

In Indonesia, of these three therapies, the most widely used and chosen by patients with Chronic Kidney Failure is Hemodialysis. In addition, not many patients with Chronic Kidney Failure are willing to make the first choice, which is a

kidney transplant. Various reasons make these patients reluctant to even think about it, such as costs, limited information, lack of access to health services, and the process of finding donors, which is arguably not easy. Haemodialysis therapy for

CKD can be done two to three times a week for the rest of his life. The main problem often occurs is the difficulty of patients finding information on the availability of a room or dialysis place that suits their needs.

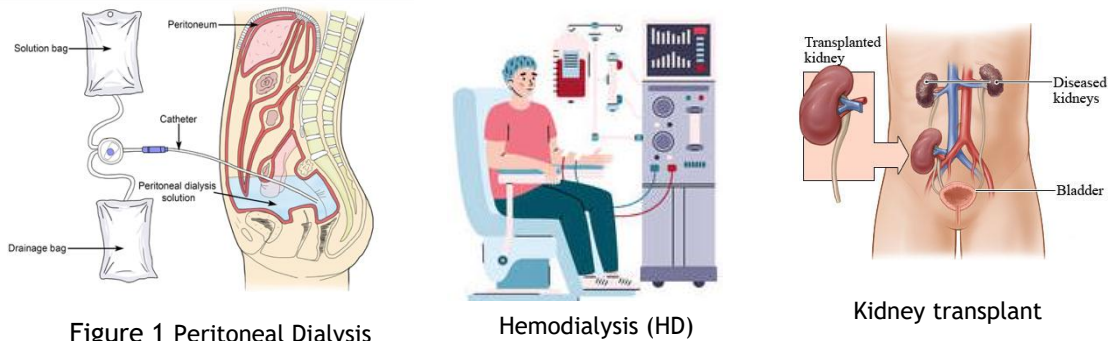


Figure 1 Peritoneal Dialysis

Hemodialysis (HD)

Kidney transplant

Based on the data from Indonesia Renal Registry there are only 13,048 Haemodialysis machines, 960 dialysis unit, 156 nephrologist. Lack of resources from dialysis units and health care professionals such as nephrologists or kidney doctors. The uneven distribution nationally of HD units and Nephrologists causes a problem for patients' access to haemodialysis services. ((Afiatin et al., 2020).

Indonesia's health coverage program, the National Health Insurance (JKN) program, is administered by the BPJS Kesehatan (Healthcare and Social Security Agency). Total 222.048.314 participants as of 31 Jan 2021, 82% from total population 271.349.889. Government targeted 98% coverage in 2024. Dialysis modalities such as Haemodialysis (HD), Peritoneal Dialysis (PD) have been included in the benefits package in the Guaranteed by National Health (JKN). However, it is estimated that only 53% of patients currently can access dialysis, and most undergo HD, even though the cost to carry out PD is cheaper than HD. Dialysis has absorbed more than 6.4 trillion in financing rupiah in 2018-2020, in

the fourth rank terms of costs incurred by Social Security Agency (BPJS). (BPJS Kesehatan, 2020)

The cost impact analysis (budget impact analysis) is estimated to be the amount of 40 trillion rupiahs for dialysis coverage of 53% and 75 trillion rupiahs for 100% coverage in 5 years if Peritoneal Dialysis (PD) is applied as a first-line therapy policy. While when HD is applied as a first-line therapy policy, it costs 88 trillion rupiahs for coverage of 53% and 166 trillion rupiahs for 100% coverage. Studies showed that residual kidney function is preserved better in PD patients compared to HD patients. Hence, it can be solution to the limitations and the difficulty of reaching HD units especially in remote areas. However, due to lack of knowledge or experience of clinicians regarding PD, the use of PD is scarce in Indonesia. Therefore, it takes the role of the government and socio-economy health care to improve education and awareness to the public about dialysis.

The pandemic has made a significant shift in people's behavior in viewing health risks. Globally, this shift impacts market share and

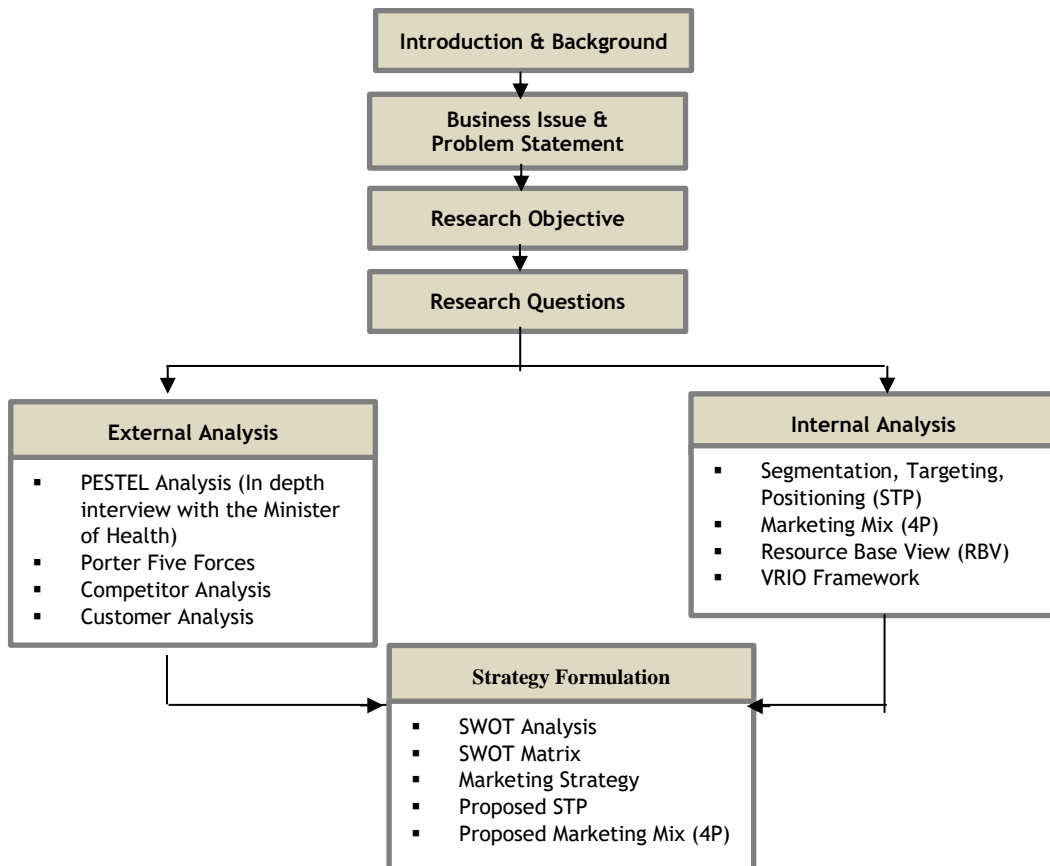
growth in the telehealth industry sector, where Deloitte predicts the telehealth market value in 2027 will reach USD 186.7 billion. The promising potential can also be seen in investor confidence in telehealth's growth, where 2020 is the highest record for investor funding in this sector.

(<https://www.gminsights.com/presentation/telemedicine-market>).

The President of The Republic of Indonesia aims to realize a healthy, productive, independent, and just society on the government side (Mahendradhata et al., 2017). This vision is realized through 6 pillars of transformation, one of which is health technology transformation (Burton-Jones et al., 2020). Until 2024 The government will prioritize developing and utilizing digitalization and biotechnology technologies in the

health sector, where telemedicine services will be vitally developed (Gaafar et al., 2022). The government has regulated the telemedicine in The Minister of Health Regulation No. 20 on the Implementation of Telemedicine Services Between Health Care Facilities, and the decree of the minister of health number HK.01.07 / MENKES / 4829 / 2021 for health service guidelines through telemedicine during the coronavirus pandemic. That to bring health care closer specialist and improved service quality health care facilities, especially remote areas made various wrong attempts the other is through the use of the information technology field health services in the form of consultation services between facilities health services via telemedicine.

METHODOLOGY



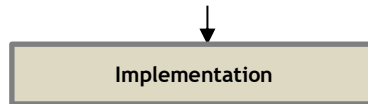


Figure 2 Research Design and Methodology

(Source: Author)

The author formulates the research design and methodology, as seen in Figure 2. In this research, both the external and internal analysis plays an important role in defining the clear gap of dialysis access and barriers and understanding the competitive advantages of klikdialisis.com. For the external analysis, the author uses several frameworks such as PESTEL, Porter Five Forces, Competitor Analysis, Customer Analysis and for internal analysis, the author uses frameworks such as understanding current STP, current Marketing Mix, Resource-Based View (RBV), and VRIO framework.

In this research methodology, the author does the triangulation methods. Triangulating the data from findings, compare both quantitative data (Questionnaire Responses) and qualitative data (Podems, 2017). To define strategic marketing strategy for klikdialisis.com, valid data sources from the expert are needed. In this research determining the situation of problems and challenges of chronic kidney disease in Indonesia, to understand policies and

regulations carried out by the current and future government, and how socio-economic health care can work together with the government in bridging access to information and education on chronic kidney disease for Indonesian people by strategic key experts in Indonesia. Klikdialisis.com also needs to understand the current obstacles for dialysis patients as the customers, the limited access to information about dialysis and its services, and what dialysis patients in Indonesia need from digital platforms to help patients maintain their quality of life. Triangulation facilitates data validation through cross-verification from more than two sources. It increases the chances of controlling or at least evaluating some of the unsure or multiple causes that affect our results, tests the consistency of qualitative data and quantitative data results obtained through the different tasks. Triangulation is more than verification, and it can combine quantitative and qualitative results to deepen and broaden understanding. (Cohen et al., 2002)

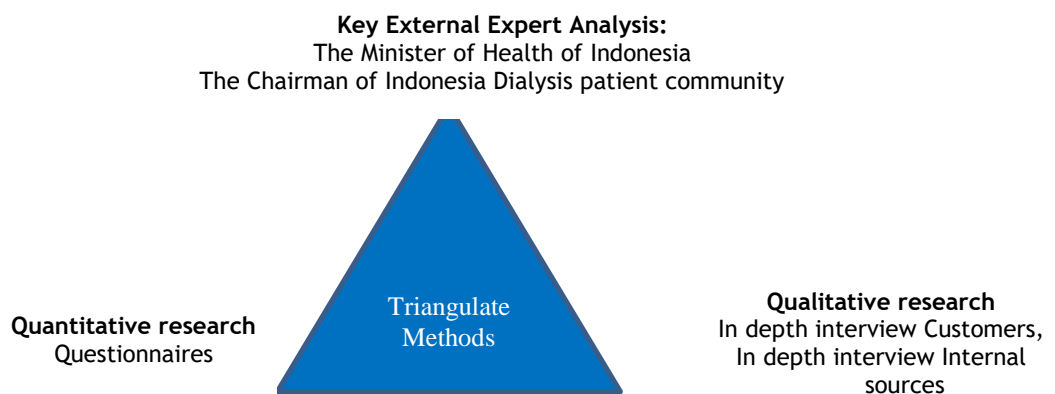


Figure 3 Triangulate Methods

(Source: Author analysis, Cohen & Manion 2002)

Key Expert Analysis

In the triangulate methods the author does the qualitative research by doing the in depth interview with two key external expert as the resources of information for chronic kidney disease and dialysis problem and challenges in Indonesia and

dialysis patients. The author cultivates the primary data directly from the key expert, the Minister of Health of Indonesia, Mr. Budi Gunadi Sadikin as the health policy maker in Indonesia and Tony Richard Samosir the chairman of Dialysis patient community.

RESULT AND DISCUSSION

Dialysis modalities such as Hemodialysis (HD), Peritoneal Dialysis (PD) have been included in the benefits package in the Guaranteed by National Health (JKN). However, it is estimated that only 53% of patients currently can

access dialysis, and most undergo HD. Even though the cost to carry out PD is cheaper than HD but PD patient coverage still far compare to HD, this takes as a focus by the ministry of health for program implementation.

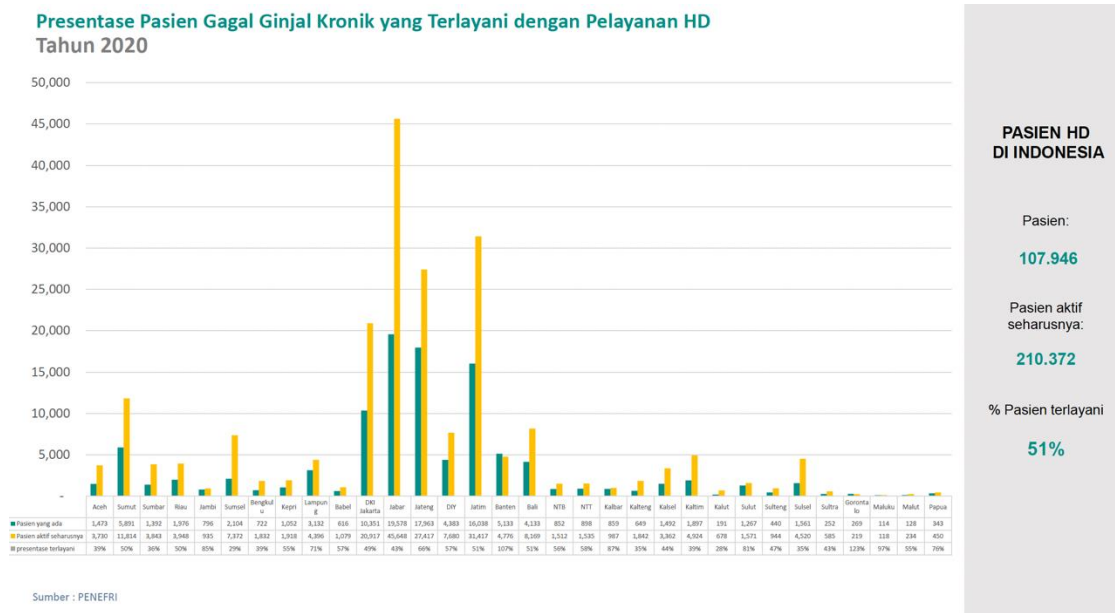


Figure 4 The percentage of chronic kidney disease patient vs Hemodialysis services

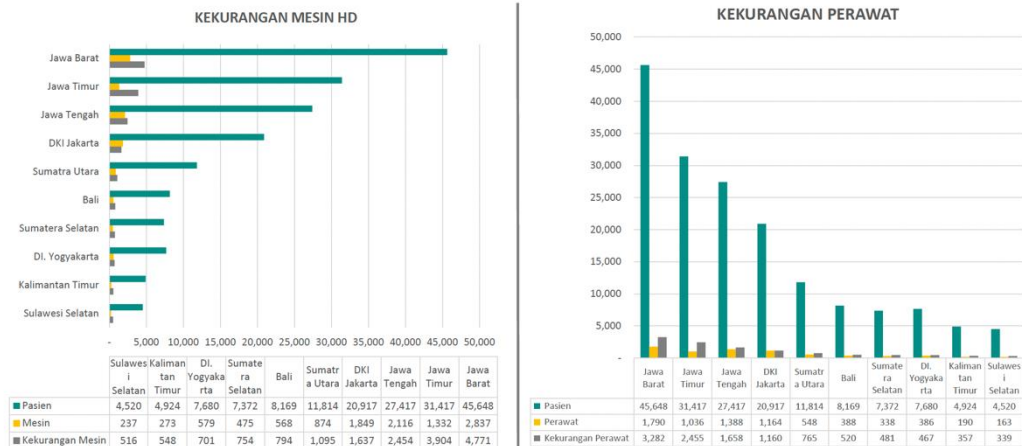
(Source: PENEFRRI, exclusive access slide presentation from the ministry of health)

As seen in the figure 4 the percentage of chronic kidney disease patient treated by hemodialysis only 55% of the total population, even though at the curative level dialysis services are available but because of the limitations of the dialysis unit compared to the patient population

who needed hemodialysis services. The shortage of available dialysis units is influenced by several factors, some of which are limited sources of health personnel in the dialysis field and also infrastructure such as the limited availability of HD machines.

10 Provinsi dengan Jumlah Kekurangan SDM Perawat dan Mesin HD Tertinggi

• Tahun 2020



• Sumber: PENEFR

Figure 5 The 10 provinces with the highest shortage of dialysis nurse and HD machine
(Source: exclusive slide presentation from the ministry of health)

The Minister of Health mentioned, *“Intervention cannot be done at the curative level because it will never be enough, it will be costly, too late, and it is necessary to carry out promotive and preventive interventions. Right now, the focus is too much on the curative level, and it will never be enough if promotive and preventive have not been done and it is wrong if our main focus is only at the curative level.”*

Mr. Budi Gunadi sadikin emphasizing the curative level is the wrong focus of policy, it will never enough for number of HD machine installed in every hospital and with the limited source of health care resources. He will be focus on the preventive and promotion level, on how increase access information about the burden of disease, educate society the important of kidney health as the preventive level and for the promotion level access of

information about the awareness on renal replacement therapy is important, currently Hemodialysis (HD) is well known in society in fact HD is not the only renal replacement therapy option for dialysis, there are Transplant and Peritoneal dialysis (CAPD).

“For the renal replacement therapy, I will drive the focus, the first focus will be kidney transplantation, the second is peritoneal dialysis and the third is hemodialysis.”

The statement of the minister of health on how moving forward the chronic kidney disease will be strengthening with the preventive and promotion focus need the other parties also to work hand in hand together with government to bridge the gap of access information of dialysis and reinforce education for the society on the kidney health.

Economic

Government spending for the healthcare budget continues to rise with 18.3% growth (CAGR 2016-2021), indicating the higher demand

for healthcare services and products, which will benefit pharmaceutical, hospital, clinical lab and medical players. (Memorandum, 2021)

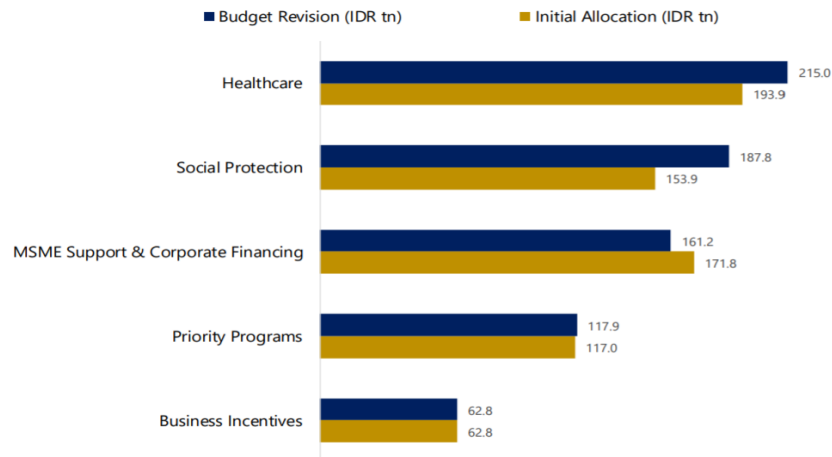


Figure 6 The Minister of finance revealed that Indonesia will increase its health and social protection spending. (Source: Ministry of Finance, as of July 19, 2021)

Dialysis has absorbed more than 6.4 trillion in financing rupiah in 2018-2020, in the fourth rank terms of costs incurred by Social Security Agency (BPJS). The cost impact analysis (budget impact analysis) is estimated to be the amount of 40 trillion rupiahs for dialysis coverage of 53% and 75 trillion rupiahs for 100% coverage in 5 years if Peritoneal Dialysis (PD) is applied as a first-line therapy policy. While when HD is applied as a first-line therapy policy, it costs 88 trillion rupiahs for coverage of 53% and 166 trillion rupiahs for 100% coverage.

The Minister of health, Budi Gunadi Sadikin mentioned during the in-depth interview, “dialysis is one of the biggest health financial

spending”

The most spending in Dialysis treatment come from Hemodialysis or known as *Cuci Darah*, cover 99% population dialysis patients.

From an economic point of view for dialysis patients doing dialysis therapy is also a burden because patients have to pay for transportation in carrying out regular dialysis actions in hospitals which are carried out twice a week, “I have to do hemodialysis routinely twice a week in dialysis center” said Bayu, 28th years old, a hemodialysis patient. Aima, the dialysis patient said he had to travel an hour and a half from home to his dialysis facility while doing dialysis until he finally found the closest dialysis place to where she lived.

Sociocultural

From the in-depth interview with dialysis patients mentioned chronic kidney diseases they have social burdens. Tony Samosir, the chairman of KPCDI share his story and thought, *“Back in 2009, I was diagnosed with kidney failure which required me to do dialysis, this happened due to uncontrolled hypertension. I was devastated, I felt that my world crumbled and was at death’s door. Back then I was only 26 years old. Usually at this age people would speak about sweet stories about career, education, friendship and love. But for me, it was me it was a sad story about going back and forth to the hospital for treatment.”*

The other dialysis patients,

Technological

The Indonesian Ministry of Health together with the United Nations Development Programmed (UNDP) launched the blueprint of the Health Digital Transformation Strategy 2024 on 16th December 2021 The President of The Republic of Indonesia aims to realize a healthy, productive, independent, and just society on the government side. This vision is realized through 6 pillars of transformation, one of

Bayu was sentenced to undergo dialysis when he was 19 years old and active in the football club he was involved in, so he had to quit and leave his regular playing football.

“At that time, I also had to adjust my lecture schedule at my college because I have to do regular dialysis every two weeks” (Bayu, dialysis patient)

The other dialysis patients; Aima should leave her hobby on mount tracking, and Susanto should leave his employee status and start his own business to have flexible time on doing dialysis.

That clearly seen from the patient perspective Dialysis is very impactful for socio culture of dialysis patients.

which is health technology transformation. Until 2024, the government will prioritize developing and utilizing digitalization and biotechnology technologies in the health sector, where telemedicine services will be vitally developed. That to bring health care closer to specialists and improved service quality health care facilities, especially remote areas made various wrong attempts.

Peta Jalan Transformasi dan Digitalisasi Kesehatan

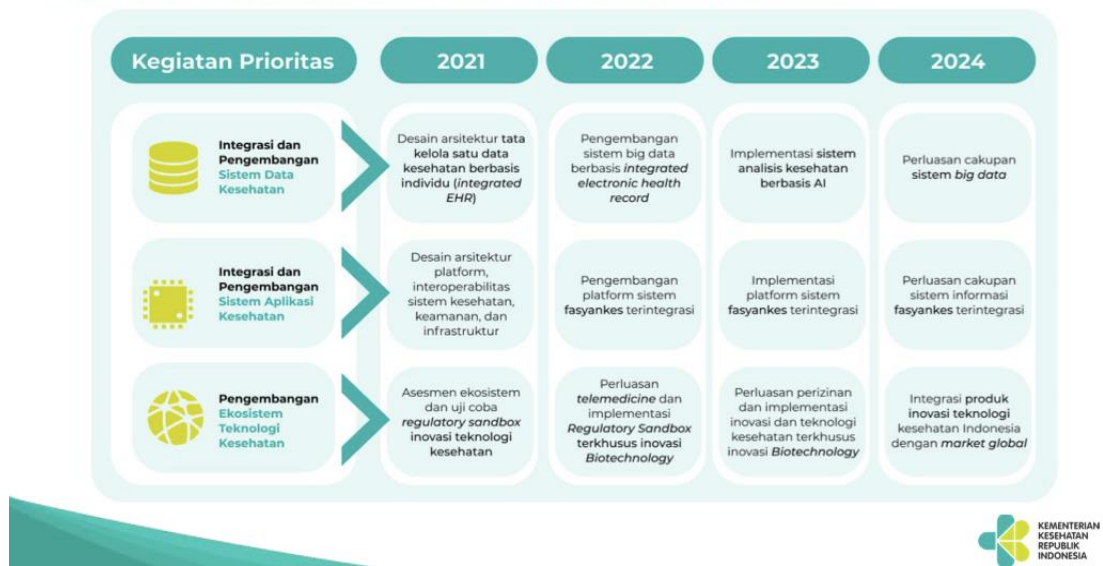


Figure 7 Indonesian Health Digital Transformation Roadmap 2021- 2024

(Source: The Ministry of Health blueprint of the Health Digital Transformation Strategy 2024)

The range of digital services in the field of healthcare is vast. Hence, it has been classified into three major of digital healthcare segmentation in Indonesia, according to the market research conducted by KEN Research (www.kenresearch.com) in 2020, e-Pharmacy players made up 3% of Indonesia's pharmaceutical sector; the total revenue of the sector was US\$6 billion. The sector is projected to grow 10% this year. E-pharmacies could play a bigger part as social distancing has forced many consumers to adopt and become accustomed to its services.

By March 2020, digital healthcare providers have witnessed more than 61 million patients visit their website for virtual medical

assistance. According to research by McKinsey and Company, around 44% of people who dropped them in-person routine appointments were looking forward to online consultation and 24% received appropriate care.

A rapid growth of Indonesia's digital health ecosystem opens the opportunity for software developers to tap into this emerging sector. According to Ken Research, Indonesia's hospitals, clinics and pharmacies are becoming the end users to provide their own digital health solutions. It is quite evident from the growth in these 3 segments that Indonesian is witnessing a shift from traditional to online health services in the health care technology.

Legal

The government has regulated the telemedicine in The Minister of Health Regulation No. 20 on the Implementation of Telemedicine Services Between Health Care Facilities, and the decree of the minister of health number HK.01.07 / MENKES / 4829 /

2021 for health service guidelines through telemedicine during the coronavirus pandemic. The Indonesian Ministry of Health together with the United Nations Development Programmed (UNDP) launched the blueprint of the Health Digital Transformation Strategy 2024 on 16th December 2021

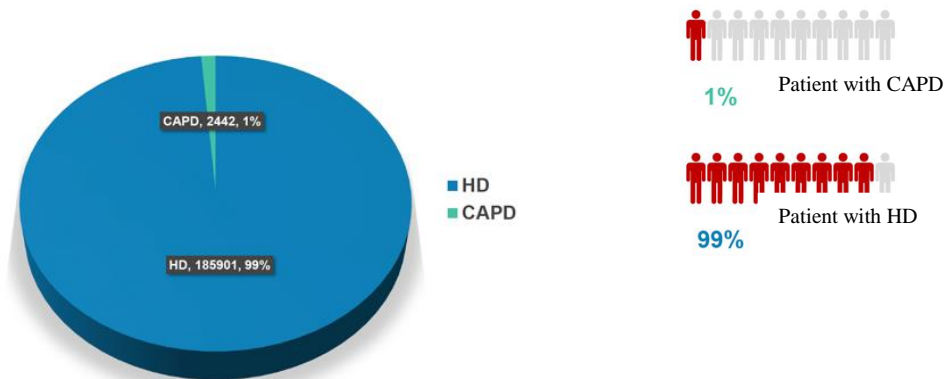


Figure 8 HD vs CAPD coverage
(Source: Indonesia Society of Nephrology -PERNEFRI)

As mentioned by Bapak Budi Gunadi Sadikin, that CAPD more cost effective compare to HD, beside cost effective CAPD also it gives quality of life for patient can do independently at home, patient doesn't need to go to dialysis center to do dialysis. However, the penetration is quite low that mainly only 1% compare to hemodialysis,

thus the ministry of health drives the CAPD program into the implementation. One of the initiatives from the ministry of health is CAPD 7 provinces implementation with the decree of minister of health NOMOR.HK.01.07/MENKES/6554/20 21 regarding the implementation of improving CAPD services.



Figure 9 The Ministry of Health regulation for CAPD pilot project and CAPD 7 province implementation
(Source: The Ministry of health)

Ecological

The pandemic has made a significant shift in people's behavior in viewing health risks. Globally, this shift impacts market share and growth in the telehealth industry as the ecological the telehealth industry enabler the society to reduce pollution in term of the mobility need to back and forth going to health care facilities now the patient can easily access the doctor consultation or receive their medicine through their smart phone or time efficiency for hospital appointment booking compare with the time for long queue to have face to face consultation. The Minister of health, Bapak Budi Gunadi mentioned ecological perspective patients who doing regular hemodialysis for 2- 3 times in a week need their effort to reach the dialysis center with their car or public car, which ecologically high risk for pollution compare to patient who do the independent dialysis CAPD at home. On the other dialysis treatment produce medical waste

from the consumables such as syringe, bloodline, dialyzer, and PD bags that can affect the ecological environment. The biodegradable and environment friendly material should be consider for the dialysis consumables.

Porter Five Forces Analysis

The author evaluates Klikdialisis.com's current strategic position in the market using Porter's five forces analysis and considering a new endeavor in a present industry. The analysis working with Porter's 5 forces analysis ought to be a basis where klikdialisis.com finds and executes technique that needs to increase their competitive benefit. Porter's model identifies five key competitive forces that strategic leaders need to consider when analyzing the industry environment and formulating competitive strategy which are Threat of Entry, Power of Suppliers, Power of Buyers, Threat of Substitutes, Rivalry Among Existing Competitors (Rothaermel, 2021).

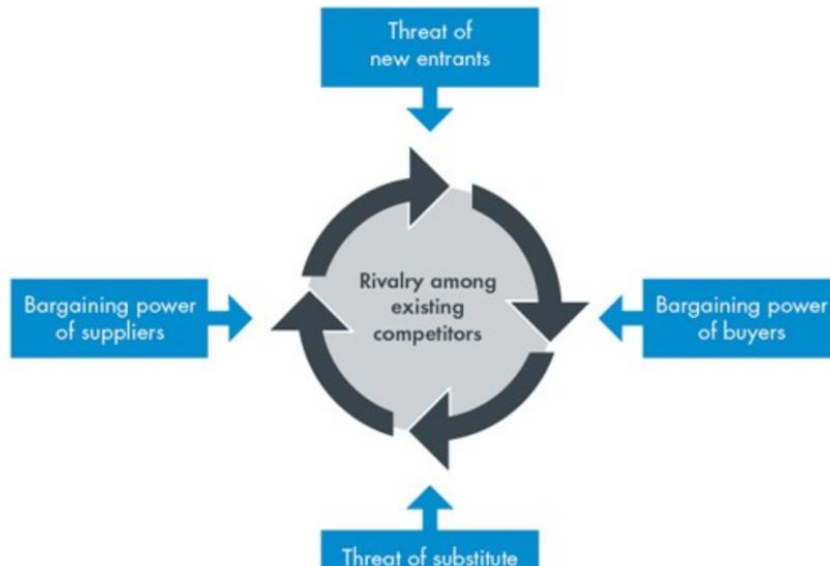


Figure 10 Porter Five Forces
(Source : Rothaermel, 2020)

Threat of new entrants

Technology and information have an important role in supporting people's lives, one of which is in the health sector (Simamora, 2019). Public health rates will increase when services in hospitals are also getting better (Usak et al., 2020). However, currently, hospitals are constantly faced with a problem: the length of waiting time for patients to get health services. This is not only a problem for the hospital but also the patients. Current technological advances bring opportunities for Indonesia to support digital health programs as the spearhead in efforts to improve the quality of health services. A survey by the Indonesian Internet Service Providers Association (APJII) in April 2019 reported that 64.8 percent of the Indonesian population already uses the internet (Safitri, 2020). In fact, Indonesia is the third country in the use of smartphones in Asia-Pacific. The users who access health articles through the telehealth application, especially those related to the Covid-19 situation, has also increased significantly (Nicholas et al., 2021). This shows that today's telehealth application is indeed increasingly meaningful, that bring the fact **the HIGH the threat of the new entrants** in the market.

Power of Suppliers

In handling the pandemic, the Ministry of Health collaborates with 17 telemedicine platforms to provide doctor consultation services and free drug delivery services for COVID-19 patients undergoing independent isolation at home to speed up the healing process. The platforms are Alodokter, Getwell, Good Doctor, Grabhealth, Halodoc, KlikDokter, KlinikGo, Link Sehat, Milvik Dokter, ProSehat, SehatQ, YesDok, Aido Health, Homecare24, Lekasehat, mDoc, Trustmedis, and

Vascular. None from those 17-telemedicine platform none of the platforms focus on source information for chronic kidney disease and dialysis services. Each of those telemedicine has their own uniqueness features and broad services, that makes power of suppliers in **the Medium Power of Suppliers**

Power of Buyers

In the COVID-19 pandemic, telemedicine facilitates the patient referral system between hospitals or from primary health care (*Puskesmas*) to hospitals. Data is sent with technology, thereby reducing the risk of damage or loss in the middle of the road. Patients no longer need to worry about forgetting to bring documents when they come to a referral hospital. So that it speeds up and facilitates the referral system, assists in first aid for patients before being referred to the hospital, and Assists in access to health for people who are far from health facilities, with various telemedicine options. Each of which has its unique features. Buyers, in this case, patients and the community, really need telemedicine and depend on the telemedicine technology offered. The bargaining powers of buyers are still considered **LOW** because the supply services are differentiated and there is demand from other buyers in the market

Threat of Substitutes

For the threat of substitutes for the chronic kidney disease telehealth considered **HIGH** as the patient behavior to do walk in check-up and consultation to health care facilities such as hospitals and clinics that provide telehealth and chronic kidney disease consultations. The health care facilities who owned the dialysis unit have an opportunity to

maintain their patients by having their own digital asset and or the threat of substitutes when patients do consultation and do the booking directly to in-center dialysis, as this way is very conventional.

The Competitive Rivalry

The competitive rivalry is HIGH, as the low barrier to enter the market that makes competitor easy to enter the market. The government has regulated the telemedicine in The Minister of Health Regulation No. 20 on the Implementation of Telemedicine Services Between Health Care Facilities, and the decree of the minister of health number HK.01.07 / MENKES / 4829 / 2021 for health service guidelines through telemedicine during the coronavirus pandemic. The minister of health Budi Gunadi said that the Ministry of Health is the highest element in the health sector and

should be able to provide the greatest opportunity for innovators to innovate to create the best applications of health technology systems to serve the community. “We hope that new unicorns will be born not only Fintech (financial technology) but from Healthtech (health technology) because the market share is quite wide 270 million Indonesians must be served from the health side”. Budi Gunadi also mentioned he will continue to improve the health sector with digital and open private sectors in strengthening socio-economic sharing in the health sector in Indonesia.

Summary of Porter Five Forces Analysis

To summarize the porter five forces that have been influence for telemedicine industry in Indonesia there are:

Porter Five Forces	Impact to klikdialisis.com
Threat of New Entrants	HIGH
Power of Suppliers	MEDIUM
Power of Buyers	LOW
The Threat of Substitute	HIGH
The Competitive Rivalry	HIGH

Figure 11 The summary of Porter Five Forces
(Source: Author analysis)

Competitor Analysis

The COVID-19 pandemic has forced us to live in very unusual conditions. Health protocols and restrictive rules are enforced to prevent the spread of the virus from expanding so that the pandemic can be controlled, it can limit people’s daily activities in various fields, including in the field of health services. This condition also encourages an

increase in the use of telemedicine. Telemedicine is a technology-based health service that allows users to consult with doctors face-to-face or remotely in order to provide diagnostic consultations and patient care management. In Indonesia, although it is still relatively new, the use of Telemedicine has been widely used by the community. The Leading digital apps in Indonesia in a rank;

Halodoc 71%, Alodokter 56%, YesDok 12%,
Klikdokter 30%, Good Doctor 13%

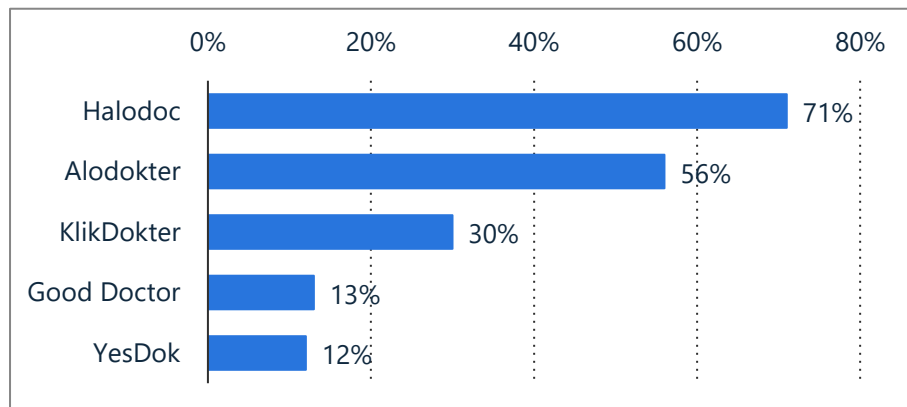


Figure 12 Leading digital health apps in Indonesia 2021
(Source: Statista premium account)






					
Total Users	20 mio active Users/ month	20 mio active Users/ month	14 mio active users/month	14 mio active users/month	N/A
Consultation	General practitioner, Specialist doctor	General practitioner, Specialist doctor	General practitioner, Specialist doctor	General practitioner, Specialist doctor	General practitioner
Telemedicine	Yes	No	No, only sell product vitamin and nutrition Under PT.Kalbe	Yes	No
Special features		Clinic/ Hospital Booked	Klikdokter owned by Kalbe that promotes and e commerce platform for Kalbe Product	Good Health AXA insurance	No
Geolocation	Yes	Yes	No	Yes	No

Figure 13 Top 5 digital App review
(Source: Author analysis from digital app sources)

As seen on Figure 11 of top five leading digital health in Indonesia most of the service provided is the consultation with doctors addressing the users need replacing hospital visit for face to face consultation. During the COVID-19 pandemic in Indonesia, the switch

from face-to-face to online consultations led to a 600% surge in the use of telemedicine applications, including both those developed by electronic health startups and hospitals (CNN Indonesia, 2020)

Customer Analysis

The COVID-19 pandemic is taking place in Indonesia, many habits and lifestyles of people have

changed, including in the health sector. Along with this change, the use of tech-health has increased significantly. In the customer

analysis research, the author combines qualitative and quantitative research methods with the goal of better understanding of klikdialisis.com customer base. The

quantitative research conducted with total 205 dialysis respondents, 87% with Hemodialysis, 9.8% with CAPD, and 2.9% with kidney transplant.

Dialysis treatment modality	Qty	In %
Hemodialysis	179	87,3%
Peritoneal Dialysis (CAPD)	20	9,8%
Kidney Transplant	6	2,9%
Total	205	100,0%

Figure 14
(Source: Author analysis)

The dialysis has direct and indirect impact to patient life, the affected components are social activity, financial, life style and diet.

In this customer analysis research, the author conducts the in-depth interview, besides the in-

depth interview with one key external resource, Tony Samosir the author also doing the in-depth interview with the other four dialysis patients with below profile to strengthen the evidence of the gap of access of dialysis information

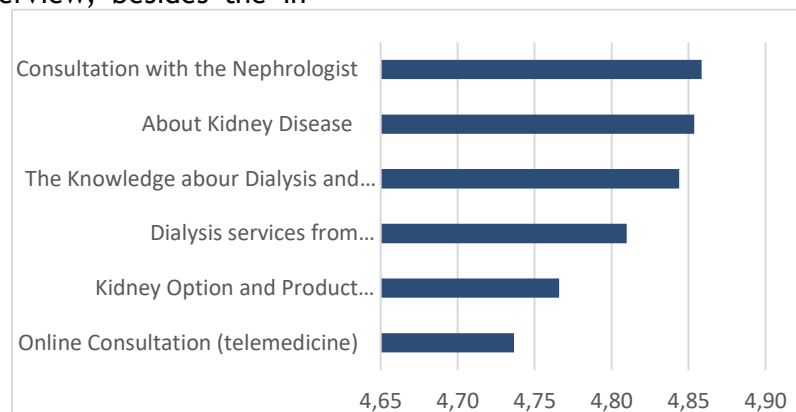


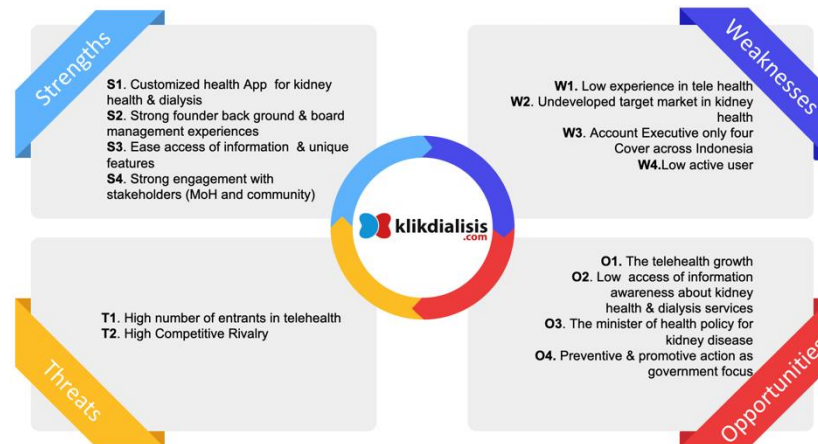
Figure 18 Preference for healthcare app Indonesia
(Source: Author analysis)

As seen on the figure 18 most of the dialysis patients looking for the consultation with the nephrologist, follow with the information about kidney disease and dialysis services.

The features of nephrologist consultation will give value of differentiation compare to other health care app.

SWOT Analysis

Table 1 VRIO klikdialisis.com
(Source: Author analysis)



Marketing Strategy

After doing some analysis and defining it from the SWOT matrix of Klikdialisis.com, there are several important strategies that Klikdialisis.com can consider to bridge the gap in information about kidney health and dialysis. In order to support government to bridge the gap information and access to dialysis services below the propose marketing strategy for klikdialisis.com to be consider :

1. Klikdialisis.com Increase competitive advantage by leverage the target customers and source information not only in the diseases aligning the input from the minister of health, Bapak Budi Gunadi Sadikin to reinforce preventive and promotive action.
2. To Increase competitive advantage, klikdialisis.com should reinforce their value propositions as an integrated

healthcare platform that give ease for the user to find nearest dialysis centre by its feature Geolocation this will be benefiting Klikdialisis.com, as they are the only one platform who provided the access information about dialysis services.

3. Support the government policy to drive the implementation program such as to drive the Peritoneal Dialysis (CAPD) and transplantation as renal replacement therapy (RRT) as currently Hemodialysis in the first rank for dialysis RRT. Opportunity for klikdialisis.com to strengthen the features that support CAPD and kidney transplant information. Klikdialisis.com should could provide end to end source information on the platform for dialysis patients to successfully help patients journey.

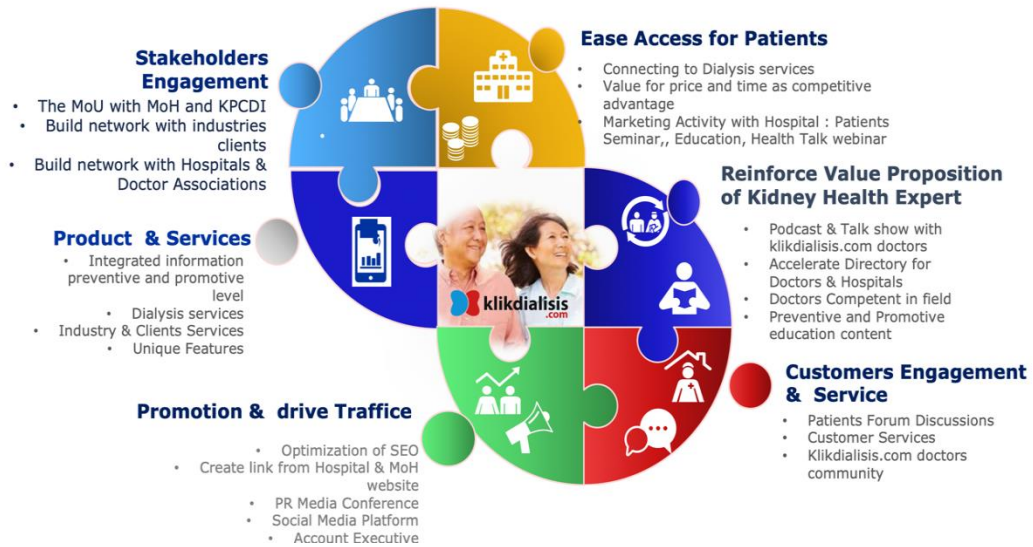


Figure 19 Propose Marketing Strategy klikdialisis.com
(Source: Author analysis)

CONCLUSION

KlikDialisis.com is a health application platform based on socioeconomics by connecting patients, especially kidney patients, with dialysis service providers and other kidney health facilities. Klikdialisis.com realizes that one of the solutions to improving the level of life and health, especially in the limitations during this pandemic, is easy access. In the current era of rapidly developing information technology and the ongoing COVID-19 pandemic, it should also make it easier for dialysis patients to find information and order hemodialysis services digitally without visiting the dialysis unit. Therefore, klickdialisis.com should see this opportunity as their strategy to bridge the gap of source information of kidney health and dialysis service.

The problem faced by Klikdialisis.com in the initial year of its launch was how to increase the number of visitors and the number of

active customers on the website and its application. Klikdialisis.com is currently the only health application that focuses on kidney health, so there is no benchmark for similar applications for kidney disease on the market. Klikdialisis.com should increase its competitive advantage by leveraging the target customers and source information in the diseases aligning the input from the minister of health, Bapak Budi Gunadi Sadikin, to reinforce preventive and promotive action. Knowing the challenges that Klikdialisis.com has will make it easier to bridge the gap of information sources with the right marketing strategy to obtain a strong value proposition from Klikdialisis.com. In conclusion, the author suggests that Klikdialisis.com can make a 360-degree approach in carrying out a marketing strategy by looking at existing health policies from the community, patient, and community side and industry needs.

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