

Navigating the Service Ecosystem in Private Primary Care to Enhance Healthcare Accessibility Management



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ABSTRACT

Objective - The concept of the service ecosystem is gaining recognition in the academic community of management scholars. In this context, the discussion revolves around service-dominant logic, where the focus shifts to the value derived from service and relationships in the broader ecosystem. Therefore, this study aimed to explore the phenomena of healthcare access and how to navigate the service ecosystem to enhance healthcare accessibility management.

Methodology - The qualitative method was used with a case study design across two private primary care facilities in West Java.

Results - The results showed that challenges related to healthcare access were prevalent in developing countries, including Indonesia. However, there was a significant potential for innovation to achieve improvements. The results underscored the crucial need for collaborative efforts from multiple sectors and critical stakeholders.

Novelty - The novelty of this study lies in the adoption of an ecosystem perspective, accentuating the significance of value co-creation through collaborative efforts among interconnected actors. The results also contributed to a more comprehensive understanding of healthcare accessibility management in developing countries, offering insights that could inform strategies for fostering a more equitable and inclusive healthcare service management.

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1. Introduction

Equity in healthcare provision and accessibility are critical components of quality care and life (Organization, 2017). According to the commitment of the United Nations, as expressed in Sustainable Development Goals (SDGs) 2030 Target 3.8, every individual should have access to comprehensive, high-quality healthcare service when needed without financial burden (United Nations, 2022).

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In the context of social sustainability, accessibility in healthcare is a key indicator signifying the ability to improve the quality of life and elevate the overall well-being of the community (Mehra & Sharma, 2021). In a vast developing nation such as Indonesia, challenges related to healthcare service are significantly heightened. Despite recent initiatives aimed at improving healthcare access, substantial areas still require enhancement in service delivery. These include fragmented and isolated healthcare systems as well as a lack of integration (Kementerian Kesehatan Indonesia, 2021). Furthermore, service-dominant logic offers a unique perspective to understand complex systems such as healthcare service. The evolution of S-D Logic has paved the way for the development of collaborative value co-creation (Vargo & Akaka, 2012) (Vargo & Lusch, 2017). The healthcare service ecosystem consists of entities including patients, professionals, organizations, and public institutions. Actors consistently engage with each other, exchanging resources in and across different levels of the ecosystem, to collaboratively generate value (Palumbo et al., 2017).

This study offers a new perspective on the ecosystem for healthcare service management to improve accessibility as an outcome. The objective is to explore phenomena of healthcare access and how to navigate the service ecosystem in enhancing healthcare accessibility management. Section one consisted of abstract and introduction, while section two comprised reviews of existing literature, exploring healthcare access and service ecosystem. Section three outlines the methodology, detailing the qualitative method and case study design. Section four presents the result and discussion, integrating dimensions of healthcare accessibility and service ecosystem, underscoring collaborative value co-creation. Finally, section five concludes the paper by summarizing key results and outlining future directions.

2. Literature Review

The concept of service ecosystem has taken shape with the foundational principle of S-D Logic and value co-creation (Lusch & Vargo, 2006) (Vargo et al., 2008). Service ecosystem is a system of resource-integrating actors connected by shared institutional logic and reciprocal value generation through service exchange that is relatively self-contained and self-adjusting (Vargo & Lusch, 2017). The perspective of service ecosystem offers insights into how co-creation of value in service-for-service exchange contributes to and draws from the social context (Vargo & Akaka, 2012). The fundamental ideas of S-D Logic include interdependent, forming connections through cycles of value co-creation. Although actors are not fundamentally distinct from one another, the operant resources such as skills and abilities differ. The amalgamation of numerous resources obtained from private, public, and market sources constitutes service. Actors trade service to support the needs for survival by assisting others, thereby increasing viability. This trade relies on concerned institutions or stipulated regulations. Some institutions exist informally and silently develop, while others are institutionalized such as laws, and appear to be imposed from external sources (Fujita et al., 2018).

According to a previous study, interactions between actors in ecosystem occur at different levels (Palumbo et al., 2017). At the micro level, most interactions include the one-to-one user-provider relationship, which can be interpreted as a direct service-for-service exchange. At the meso level, indirect service-for-service exchanges occur through triadic ties between dyadic actors. In addition, at the macro level, relationships depend on complex synergy between various actors adhering to certain norms and standards to create a vibrant and co-creation environment.

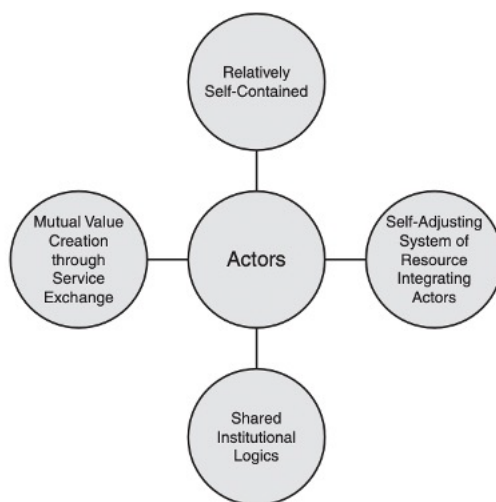


Figure 2.1 Key Concepts of Service Ecosystem

Service ecosystem perspective is consistent with the objective of improving healthcare access by promoting collaboration, innovation, patient-centered care, and a comprehensive understanding of the factors influencing access to service. Access to healthcare is a complex concept and is conceptualized in several different ways (Levesque et al., 2013). The (Organization, 2017) defined access to healthcare as the ability to reach healthcare service or facility in terms of location, timeliness, and ease of approach. A population may have access to service when there is a sufficient supply and opportunities to receive health care. The extent to which a population gains access also depends on the financial, organizational, social, and cultural constraints restricting the use of service (Gulliford et al., 2002). Moreover, access is defined as the ability of individuals to obtain healthcare service promptly and in the appropriate location, irrespective of geographical location, socioeconomic status, or cultural background (Kitchin, R., & Thrift, 2009). It is also crucial that service offered is suitable and efficient for the population to achieve favorable health outcomes (Gulliford et al., 2002). To assess access accurately, a comprehensive set of measures comprising the characteristics of service, providers, and systems is needed, with a focus on the capabilities of individual, household, and community (Levesque et al., 2013).

3. Methodology

Service ecosystem offers insight into a holistic understanding of healthcare beyond individual components. The concept considers the entire network of actors, including patients, healthcare professionals, organizations, and technology to underscore collaborative value creation. This method is essential for addressing barriers to healthcare access. Figure 3.1 represents the conceptual framework of this study.

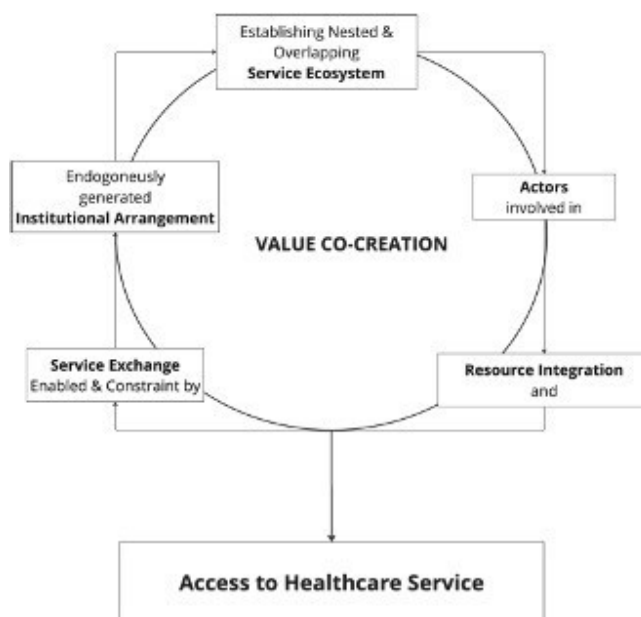


Figure 3.1 Conceptual Framework

Qualitative method with case study design was used, in this context, qualitative method provided insight into a problem or issue requiring exploration by investigating human interaction, meaning, and process of specific phenomenon that cannot be easily measured (Creswell & Poth, 2016). In case study design, the purpose was to comprehend "the case", understanding the nature, operations, and interactions with the real-world contextual environment, providing a detailed and real-world viewpoint (Yin Robert, 2017). Case study defined the boundaries of the micro level of the ecosystem, incorporating dyadic interaction between patients and health professionals in Primary Care.

Following qualitative method, semi-structured in-depth interviews were conducted with doctors, nurses, pharmacists, and primary care administrators. Semi-structured interviews are advised for extracting meaningful and valuable insights pertaining to the subject under discussion (Adams, 2015). The interviews explored the existing phenomena of access to primary care, as well as the processes, influencing factors, and challenges. In the context of case study, interviews provide valuable insights and explanations regarding key events, including the understanding of the "hows" and "whys" (Yin Robert, 2017).

Samples were purposively selected from two private primary healthcare services in West Java, Indonesia. All the interviews were transcribed and analyzed using NVivo 10 software, while a preliminary examination of existing literature was conducted at the beginning of the study. In the course of the data analysis phase, additional reviews of the literature were carried out to draw comparisons and establish connections between the results and previous studies. The objective was to use theoretical concepts as navigational tools for evaluating the empirical outcomes of a specific case (Yin Robert, 2017).

4. Results and Discussion

This study examined the five dimensions of healthcare accessibility at two private primary care in West Java based on the conceptual framework by (Levesque et al., 2013). These five dimensions included approachability, acceptability, availability and accommodation, affordability, and appropriateness.

Approachability refers to the ability of individuals with health needs to recognize and use available service, as well as acknowledge the potential to positively influence the health. Based on the results, one way

to enhance accessibility is by ensuring that medical service is easily accessible by bringing healthcare providers to meet patients at home. As stated by a healthcare professional, “One of our services is providing healthcare home visits. We bring medical service closer to patients, such as doctor visits and blood tests at home”. This enables professionals to reach patients in the comfort of their own homes, making healthcare more convenient and accessible. Furthermore, technology plays an important role in improving approachability, with telemedicine offering remote healthcare service. As shown by respondents “Our clinic also offers healthcare service by teleconsultation, including health consultation through WhatsApp or phone call. We also use WhatsApp to broadcast the health information to our patient database. This includes health educational programs that aim to inform the public about health issues, preventive measures, treatment options, and other relevant topics”. These initiatives aim to increase convenience and access to healthcare, specifically for individuals who may have difficulty traveling to medical facilities. Certain obstacles are encountered in benefiting from technological advancements, particularly in rural areas as described “Unfortunately, not all residents in this community can utilize technology because they live in rural areas where technological infrastructure is still limited. Additionally, disparities in education levels present challenges in utilizing technology”.

Acceptability focuses on the relationship between patient expectations and healthcare provider offerings. This dimension entails the willingness and readiness of patients or healthcare service users to receive and engage with the provided care. Cultural and social factors significantly influence the acceptability of healthcare service. This was shown by the statement: “We try to provide service that respects local culture, such as trying to make an effort to communicate in local languages to facilitate better understanding and effective communication”. An interesting point was observed as shown in the statement: “However, a recurring challenge arises when healthcare service clashes with patients adherence to traditions, cultural beliefs, or perceptions. These cultural beliefs span from the causes of illness, treatment methods, health maintenance, and even preferences for choosing healthcare providers”. Cultural beliefs significantly influence how patients perceive health, make healthcare decisions, and seek or avoid medical care. Respecting and accommodating cultural beliefs and values tend to influence the acceptability of service among patients.

Availability and accommodation comprise the accessibility and timely reachability of healthcare service. This was confirmed by the statement, “Our clinic is conveniently situated with easy access to public transportation”. Healthcare facilities must be strategically located near the communities to ensure easy access, minimize travel distances, and eliminate transportation obstacles. This requires equitable distribution of healthcare facilities and resources in relation to population density. However, resource constraints, particularly in developing countries such as Indonesia, directly impact the availability of healthcare service, including limited professionals. This was supported by the statement, “We offer precise service during our 12-hour operational hours from 8 am to 8 pm. We take measures to ensure that patients arriving during these operational hours can receive healthcare service they need. However, we cannot always avoid the problem of a doctor's presence; doctors sometimes arrive late or go earlier because they must work in another healthcare facility”.

Affordability pertains to the financial capability of individuals to allocate resources and time to access suitable service. This means that communities can access necessary healthcare service without experiencing financial hardship. According to the statement, “Our healthcare service is reasonably priced and within the financial means of the local community”. People with lower incomes or socioeconomic status often face greater challenges in affording healthcare service. However, healthcare costs may be reduced with the availability of all-inclusive health insurance plans that cover a variety of services. Insurance assists in spreading the cost of medical care over a more significant number of people. This was supported by the

statement, “We also cater to patients covered by government health insurance schemes, thereby ensuring that our services are accessible to a diverse range of individuals regardless of their socioeconomic status”.

Appropriateness refers to the correlation between service and the needs of patients, including timeliness, the thoroughness of health problem assessment and treatment decisions, as well as the technical and interpersonal quality of service delivered. As described by a doctor, “At the end of the consultation, I consistently ensure that the patient comprehends the medical advice and information provided, and I inquire whether there are any remaining questions. This practice is aimed at ensuring the patient satisfaction with the service and the efficiency of their medical treatment”. Appropriateness ensures that healthcare services are provided in a manner suitable, effective, and safe for the particular needs of patients. Moreover, the concept entails making sure that the right care is delivered correctly at the appropriate time and setting.

Ensuring equitable and effective healthcare access is a complex challenge, also, the five dimensions associated frequently interact with one another at various stages in service delivery process. Furthermore, ecosystem approach can be used to evaluate health outcomes, specifically in the context of healthcare access from a multidimensional and systemic viewpoint (Fusco et al., 2023). The fundamental concept of service ecosystem lies in value co-creation (Vargo et al., 2008). Value is co-created with the active participation and interaction of all related actors, including patients and healthcare professionals, through collaboration and integration of resources (Grönroos, 2011) (Prahalad & Ramaswamy, 2004) (Vargo et al., 2008).

Indonesia, as a developing country often faces health access constraints, but there is also a great potential for innovation and improved collaboration (Anggraini, 2023). According to the World Health Organization, several developing countries encounter similar challenges related to healthcare accessibility (WHO, 2017). In this context, Bangladesh concentrates on achieving universal health coverage through community clinics, Timor-Leste prioritizes cost-effective interventions using the SISCa framework, Nepal has made substantial progress consistent with Primary Health Care principles, while Thailand has a longstanding commitment with a policy on universal health coverage. Despite the existing strategies, underscoring physical development, and an increase in the number of primary healthcare facilities known as tangible assets, there is a need to consider factors beyond physical infrastructure. Specifically, there is a significant need for innovation and collaboration to improve healthcare landscape.

Service ecosystem fosters innovation by promoting the integration of technology and new methods of delivery. Technology, as a critical aspect of value co-creation, provides the means to facilitate resource sharing, coordination, and collaboration. Meanwhile, institutions offer the governance mechanisms and structures that guide the use and management of technology in resource integration processes (Barile et al., 2017). Incorporating technology into healthcare has the potential to bridge geographical, logistical, and financial gaps, making healthcare more accessible and approachable for a broader range of patients. For example, the United States has initiated efforts to establish a Point-of-Care Technologies Research Network. This network aims to bridge the gap between technology and clinical practices, to improve healthcare accessibility (Price, 2007). Furthermore, telemedicine also provides remote medical consultations and care, enabling patients to consult with healthcare providers without the need for in-person visits. Mobile health applications further provide a convenient way for patients to manage the health, track the medical records, set medication reminders, and access health information. These applications promote health literacy and empower patients to take a more active role in healthcare, thereby contributing to more appropriateness of healthcare service. Moreover, service ecosystem places a strong emphasis on patient-centered care by considering the preferences and ensuring service meets the set expectations. In other words, service ecosystem contributes to a more patient-friendly and accessible healthcare environment.

Resources in service ecosystem comprise tangible and intangible assets including technology, information, human capital, physical infrastructure, and financial capital. Integrating these resources can help support access to healthcare service. In addition, value co-creation at the micro level prioritize the active engagement of patients alongside healthcare provider in the process of accessing healthcare service (Rodriguez et al., 2020). Addressing affordability also entails a combination of public policy, healthcare resources, infrastructure development, financial support mechanisms, as well as efforts to promote health literacy and preventive care. By working together, actors can create a more comprehensive and sustainable healthcare system that meets the evolving needs and expectations of patients and the broader population. This collaborative effort is expected to contribute significantly to improving healthcare service access. These activities can be coordinated through shared institutional arrangements nested in service ecosystem. By considering approachability, acceptability, availability, affordability, and appropriateness to measure access to healthcare service, healthcare systems are expected to provide more effective, equitable, and patient-centric care, ultimately leading to better health outcomes and satisfaction.

5. Conclusion

In conclusion, primary healthcare was confirmed as healthcare service provider closest to the community. Access to affordable and high-quality primary healthcare is a vital concern in the context of primary healthcare outcomes. Based on the results, adopting ecosystem approach is specifically suitable for illustrating the complex issue of healthcare service accessibility. This study contributed to the investigating phenomena of healthcare access and proposed the concept of value co-creation through collaborative efforts from all interconnected actors for addressing the complex challenges of healthcare access. This perspective promoted a shift from a siloed and provider-centric model to one that considered the entire ecosystem, promoting collaboration and innovation for better healthcare outcomes. Enhancing healthcare access and fostering value co-creation are intertwined objectives leading to more inclusive, patient-centric, and effective healthcare systems. Furthermore, the government must put a spotlight on crafting policies that not only enhance accessibility and quality in primary healthcare but also emphasize building collaboration and co-creation value with all concerned stakeholders.

This study had several limitations, firstly, it was a preliminary investigation primarily focused on the initial exploration of healthcare access phenomenon. Secondly, despite the inclusion of all primary care stakeholders, including doctors, nurses, pharmacists, and administrative personnel, this study remained limited to the perspectives of healthcare service providers. Future investigations should narrow the focus to a specific aspect of healthcare access, delving more profoundly and comprehensively into the subject and integrating the viewpoint of patients as users of healthcare service. Furthermore, examining access to public primary care in comparison to private primary care through cross-case analysis had significant potential, as these two types possess distinct characteristics.

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References

- Adams, W. C. (2015). Conducting semi-structured interviews. *Handbook of Practical Program Evaluation*, 492–505.
- Angraini, N. (2023). Healthcare Access and Utilization in Rural Communities of Indonesia. *Journal of Community Health Provision*, 3(1), 14–19.
- Barile, S., Ciasullo, M. V., Troisi, O., & Sarno, D. (2017). The role of technology and institutions in tourism service ecosystems: Findings from a case study. *The TQM Journal*, 29(6), 811–833.

- Brozović, D., & Tregua, M. (2022). The evolution of service systems to service ecosystems: A literature review. *International Journal of Management Reviews*, 24, 459-479.
- Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage publications.
- Fusco, F., Marsilio, M., & Guglielmetti, C. (2023). Co-creation in healthcare: framing the outcomes and their determinants. *Journal of Service Management*, 34(6), 1–26.
- Grönroos, C. (2011). Value co-creation in service logic: A critical analysis. *Marketing Theory*, 11(3), 279–301.
- Gulliford, M., Figueroa-Munoz, J., Morgan, M., Hughes, D., Gibson, B., Beech, R., & Hudson, M. (2002). What does 'access to health care' mean? *Journal of Health Services Research & Policy*, 7(3), 186–188.
- Kitchin, R., & Thrift, N. J. (Eds.). (2009). Healthcare Accessibility. In *International Encyclopedia of Human Geography*, (First edition). Elsevier.
- Levesque, J.-F., Harris, M. F., & Russell, G. (2013). Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *International Journal for Equity in Health*, 12, 1–9.
- Lusch, R. F., & Vargo, S. L. (2006). Service-dominant logic: reactions, reflections and refinements. *Marketing Theory*, 6(3), 281–288.
- Mehra, R., & Sharma, M. K. (2021). Measures of sustainability in healthcare. *Sustainability Analytics and Modeling*, 1, 100001.
- Organization, W. H. (2017). *Primary health care systems (PRIMASYS): comprehensive case study from Indonesia*. World Health Organization.
- Palumbo, R., Cosimato, S., & Tommasetti, A. (2017). Dream or reality? A recipe for sustainable and innovative health care ecosystems. *The TQM Journal*, 29(6), 847–862.
- Prahalad, C. K., & Ramaswamy, V. (2004). Co-creation experiences: The next practice in value creation. *Journal of Interactive Marketing*, 18(3), 5–14.
- Rodriguez, R. V., Sinha, S., & Tripathi, S. (2020). Impact of Artificial Intelligence on the health protection scheme in India. *Public Administration and Policy*, 23(3), 273–281.
- United Nation. (2022). *The Sustainable Development Goals: Report 2022*. UN.
- Vargo, S. L., & Akaka, M. A. (2012). Value cocreation and service systems (re) formation: A service ecosystems view. *Service Science*, 4(3), 207–217.
- Vargo, S. L., & Lusch, R. F. (2017). Service-dominant logic 2025. *International Journal of Research in Marketing*, 34(1), 46–67.
- Vargo, S. L., Maglio, P. P., & Akaka, M. A. (2008). On value and value co-creation: A service systems and service logic perspective. *European Management Journal*, 26(3), 145–152.
- Yin Robert, K. (2017). *Case study research and applications: Design and methods*. Sage publications Thousand Oaks, CA.