



Opportunities and Challenges in Implementing CRM in Class C Private Hospitals: A Case Study

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Abstract. *This study examines the opportunities and challenges of implementing Customer Relationship Management (CRM) in Class C private hospitals in Bogor, Indonesia. Using a mixed-methods approach, the research combines qualitative and quantitative analyses, including SWOT and Quantitative Strategic Planning Matrix (QSPM) methods, to identify the most effective CRM model. Findings reveal the hospital's internal strengths, weaknesses, external opportunities, and threats, offering strategies to improve patient engagement and operational efficiency. The results emphasize the critical role of digital transformation, staff training, and strategic adaptation to meet the needs of non-BPJS patients in a rapidly evolving healthcare landscape. The research contributes significantly to the development of CRM models tailored to healthcare institutions in emerging market..*

Keywords *Customer Relationship Management, Healthcare, SWOT Analysis, QSPM, Digital Transformation*

1. INTRODUCTION

Hospitals are indispensable components of a nation's healthcare system, and their performance significantly impacts the well-being of communities. In Indonesia, healthcare services are governed by constitutional mandates to provide equitable access and quality care for all citizens. This dual commitment to accessibility and quality places immense pressure on healthcare institutions, particularly private hospitals operating in competitive and resource-constrained environments. Among these, Class C private hospitals, defined as facilities with a minimum of 100 beds and capable of providing basic specialist services, face unique challenges and opportunities in adapting to the rapidly evolving healthcare landscape.

The Role of Class C Private Hospitals in Indonesia

Class C private hospitals cater to a diverse patient population, including BPJS (national health insurance) and non-BPJS patients. These hospitals are crucial in filling service gaps left by public healthcare facilities, offering more personalized and efficient care to those willing to pay for premium services. However, the increasing dominance of BPJS-funded hospitals has disrupted market dynamics, compelling private hospitals to innovate and differentiate their services to retain competitiveness.

In Bogor, a rapidly urbanizing region in Indonesia, Class C private hospitals play a pivotal role in meeting the healthcare demands of a growing population. With urbanization comes a shift in patient demographics and expectations. Younger generations, such as Gen Z and millennials, now comprise a significant portion of the patient base, bringing with them expectations for convenience, digital accessibility, and personalized care. Simultaneously, an

aging population requires specialized services and chronic disease management, further diversifying the demands placed on healthcare providers.

Challenges in the Healthcare Landscape

The healthcare landscape in Indonesia is characterized by multiple challenges, including:

1. **Regulatory Pressures:** Private hospitals must comply with strict government regulations while maintaining profitability. Policies governing BPJS reimbursements, pricing structures, and service standards often impose financial and operational constraints.
2. **Increasing Competition:** The expansion of BPJS services has led to the proliferation of public hospitals and clinics, offering affordable care that attracts a large segment of the population. This shift has eroded the market share of private hospitals, particularly among middle-income patients.
3. **Technological Expectations:** The rise of digital technologies has transformed patient expectations, emphasizing the need for telemedicine, electronic health records (EHRs), and seamless communication. Hospitals lagging in digital adoption risk alienating tech-savvy patients.
4. **Resource Limitations:** Private hospitals, especially smaller ones, often operate with limited budgets, constraining their ability to invest in advanced infrastructure, technologies, and staff training.

The Strategic Role of CRM in Healthcare

Customer Relationship Management (CRM) has emerged as a strategic tool for addressing the multifaceted challenges faced by healthcare providers. Traditionally associated with business sectors, CRM is increasingly being recognized for its potential to enhance patient engagement, streamline operations, and improve financial sustainability in healthcare settings. CRM involves the use of technology and strategies to manage patient relationships effectively throughout the care continuum. This includes everything from initial interactions, such as appointment scheduling and registration, to post-care follow-ups and feedback collection. In healthcare, CRM extends beyond marketing and sales functions, focusing on building trust, loyalty, and satisfaction among patients.

CRM in Class C Private Hospitals

For Class C private hospitals, implementing CRM can provide a competitive edge by addressing key challenges and aligning services with patient expectations. The benefits of CRM in this context include:

1. **Enhanced Patient Engagement:** Personalized communication, reminders, and self-service tools enable hospitals to connect with patients on a deeper level, improving satisfaction and loyalty.
2. **Operational Efficiency:** By automating administrative tasks, CRM systems reduce manual errors, free up staff time, and optimize resource utilization.
3. **Data-Driven Decision-Making:** CRM tools provide valuable insights into patient behavior, preferences, and feedback, enabling hospitals to tailor their services and marketing strategies effectively.

Despite these advantages, CRM adoption in healthcare is not without its challenges. Class C private hospitals often struggle with limited digital infrastructure, fragmented communication systems, and resistance to change among staff. Additionally, concerns regarding patient data privacy and security further complicate the implementation process.

Research Objectives

This study focuses on identifying the opportunities and challenges associated with CRM implementation in Class C private hospitals in Bogor. The objectives of the research are as follows:

1. To evaluate the internal strengths and weaknesses of a selected Class C private hospital that impact CRM adoption.
2. To analyze external opportunities and threats in the healthcare environment that influence CRM strategies.
3. To develop a tailored CRM framework that aligns with the hospital's goals, patient expectations, and resource constraints.

Research Questions

The study is guided by the following research questions:

1. What are the internal factors (strengths and weaknesses) that influence CRM implementation in the selected hospital?
2. What external factors (opportunities and threats) impact CRM adoption in the context of the healthcare market in Bogor?
3. How can CRM strategies be tailored to meet the needs of non-BPJS patients while addressing operational challenges?

Research Rationale

The increasing complexity of patient demands, coupled with competitive and regulatory pressures, underscores the need for innovative solutions in healthcare delivery. While CRM has been extensively studied in business contexts, its application in healthcare, particularly in

resource-constrained environments like Class C private hospitals, remains underexplored. This research aims to fill this gap by providing actionable insights and practical strategies for CRM implementation tailored to the Indonesian healthcare landscape.

Moreover, the findings of this study are expected to contribute to the growing body of literature on CRM in healthcare by highlighting context-specific challenges and opportunities. By focusing on a Class C private hospital in Bogor, the research offers a case study that illustrates how CRM can be adapted to diverse patient demographics, resource limitations, and competitive market dynamics.

Significance of the Study

The significance of this study lies in its potential to transform the way Class C private hospitals approach patient relationship management. By integrating digital tools, enhancing staff capabilities, and leveraging data analytics, CRM can enable these hospitals to:

1. **Improve Service Quality:** Delivering personalized and patient-centric care can enhance satisfaction and trust.
2. **Increase Financial Sustainability:** Retaining non-BPJS patients and attracting new ones through effective CRM strategies can improve revenue streams.
3. **Build Operational Resilience:** Streamlined workflows and automated processes reduce inefficiencies, enabling hospitals to adapt to changing market conditions.

2. LITERATURE REVIEW

Customer Relationship Management (CRM) is a widely recognized strategy for enhancing customer interactions and fostering loyalty, and its application in healthcare is gaining attention. This section critically examines relevant literature to provide a comprehensive understanding of CRM, emphasizing its foundations, applications in healthcare, digital transformation, and challenges. The analysis also identifies gaps, inconsistencies, and controversies in the current research, forming the basis for this study.

Foundations of Customer Relationship Management (CRM)

CRM integrates people, processes, and technology to enhance customer satisfaction, loyalty, and lifetime value. Buttle and Maklan (2019) describe CRM as having three dimensions:

1. **Strategic CRM:** Aligning customer-centric goals with organizational objectives.
2. **Operational CRM:** Streamlining processes like marketing, sales, and service.
3. **Analytical CRM:** Leveraging data analytics to gain insights into customer behavior.

In healthcare, CRM extends beyond traditional business applications to encompass patient engagement, service delivery, and operational efficiency. Payne and Frow (2005) emphasize that CRM frameworks must be adapted to the specific needs of industries, particularly in sensitive sectors like healthcare, where trust and relationships play a critical role. CRM in healthcare focuses on building trust and long-term relationships with patients. This includes managing patient interactions across the care continuum, from appointment scheduling to post-treatment follow-ups. Effective CRM systems not only enhance patient satisfaction but also optimize operational workflows by automating repetitive tasks and enabling data-driven decision-making.

CRM Applications in Healthcare

Healthcare providers face unique challenges in adopting CRM due to the sector's complexity. Unlike other industries, healthcare requires a balance between personalization and standardization, with an emphasis on patient privacy and regulatory compliance. Research highlights several key applications of CRM in healthcare:

1. **Patient Engagement:** CRM tools enable personalized communication, appointment reminders, and feedback collection, fostering a patient-centric approach. For example, mobile health applications allow patients to manage their appointments, access medical records, and receive health tips, improving satisfaction and trust (Rahman et al., 2021).
2. **Operational Efficiency:** By automating administrative tasks, CRM systems reduce manual errors, improve resource allocation, and streamline workflows. This is particularly valuable in resource-constrained settings like Class C private hospitals, where operational inefficiencies can hinder service delivery.
3. **Data Analytics and Decision-Making:** Analytical CRM tools provide insights into patient behavior, preferences, and satisfaction levels, enabling providers to tailor their services and marketing strategies effectively (Kumar, 2018).

Despite these benefits, CRM adoption in healthcare is often hindered by challenges such as resistance to change, limited digital infrastructure, and concerns about data security.

Digital Transformation in Healthcare

Digital transformation is reshaping the healthcare landscape, and CRM is at the forefront of this evolution. Technologies like Electronic Medical Records (EMRs), telemedicine platforms, and patient portals align with CRM objectives to improve communication, accessibility, and efficiency. Sharma and Srivastav (2023) argue that digital CRM tools are critical for engaging tech-savvy patients, such as Gen Z and millennials, who expect seamless and personalized healthcare experiences.

Emerging technologies like artificial intelligence (AI) and machine learning are further enhancing CRM capabilities. AI-driven chatbots, for instance, provide real-time assistance to patients, answering queries and scheduling appointments. Similarly, predictive analytics tools help healthcare providers identify high-risk patients and deliver proactive care. However, the integration of these technologies requires significant investment in infrastructure, staff training, and change management.

Challenges in CRM Adoption

Despite its potential, CRM adoption in healthcare is not without challenges. Key barriers include:

1. **Data Privacy and Security:** Patients are increasingly concerned about the confidentiality of their medical information. Regulatory frameworks, such as Indonesia's Personal Data Protection Law, require healthcare providers to implement robust security measures, which can be costly and complex.
2. **Resistance to Change:** Staff members often resist new technologies due to a lack of digital literacy or fear of job displacement. Effective training programs and change management strategies are essential to overcome this resistance (Kumar, 2018).
3. **Fragmented Systems:** Many healthcare providers operate with siloed data systems, making it difficult to implement integrated CRM solutions. This fragmentation leads to inefficiencies and gaps in patient care.

SWOT and QSPM as Strategic Tools

SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis is a widely used tool for assessing organizational capabilities and environmental factors. In healthcare, SWOT provides a structured framework for identifying internal and external factors that influence CRM adoption. For example:

1. **Strengths:** High-quality care, skilled staff, and strong brand equity.
2. **Weaknesses:** Limited digital infrastructure and fragmented communication channels.
3. **Opportunities:** Increasing demand for digital healthcare services and technological advancements.
4. **Threats:** Competitive pressures from BPJS hospitals and regulatory uncertainties.

Quantitative Strategic Planning Matrix (QSPM) complements SWOT by prioritizing strategic options based on their relative attractiveness. QSPM uses a weighted scoring system to evaluate potential strategies, enabling healthcare providers to make data-driven decisions about CRM implementation.

3. METHODS

This study employs a qualitative research approach to explore the opportunities and challenges of implementing Customer Relationship Management (CRM) in a Class C private hospital in Bogor, Indonesia. A case study design was adopted to gain an in-depth understanding of CRM adoption within the hospital's unique operational and market context.

Research Design

The qualitative approach emphasizes capturing subjective experiences and contextual nuances. The case study design focuses on a single hospital to provide rich, detailed insights into institutional practices, stakeholder interactions, and operational challenges.

Data Collection

Three primary methods were used to collect data: semi-structured interviews, non-participant observations, and document analysis.

Semi-Structured Interviews

- **Participants:** Interviews were conducted including hospital administrators, IT staff, and healthcare providers. Purposive sampling ensured a diverse representation of perspectives.
- **Focus Areas:** Topics included current CRM practices, challenges in patient engagement, and digital readiness.

Non-Participant Observations

- Observations focused on patient registration, scheduling, and feedback mechanisms to identify inefficiencies and gaps in workflows.
- Detailed field notes captured staff-patient interactions and contextual factors influencing CRM practices.

Document Analysis

- Hospital records, policy documents, and operational reports were reviewed to complement primary data.
- This provided insights into patient demographics, satisfaction levels, and the hospital's strategic priorities.

Data Analysis

Thematic analysis was used to identify patterns and themes across the data.

- **Coding:** Initial codes were developed from transcripts, observations, and documents, and grouped into broader categories such as "digital infrastructure gaps" and "staff training needs."

- **Themes:** Key themes included strengths and weaknesses in CRM practices, opportunities for digital tools, and barriers to adoption.
- **Triangulation:** Data from interviews, observations, and documents were cross-referenced to ensure reliability and validity.

4. RESULTS

This study investigates the opportunities and challenges of implementing a Customer Relationship Management (CRM) system in a Class C private hospital in Bogor, Indonesia. The findings from observations and interviews provide a comprehensive view of the hospital's current operational dynamics and the potential impact of CRM integration on enhancing patient care, operational efficiency, and competitive positioning.

Descriptive Data

The hospital, established with a vision to deliver high-quality, comprehensive healthcare in a patient-friendly environment, has become a significant referral center in Bogor. It operates 118 inpatient beds and provides a range of specialist services, including obstetrics, internal medicine, pediatrics, surgery, cardiology, and oncology. The hospital serves a diverse patient base, including a significant proportion (70%) of middle- to upper-class non-BPJS patients, and collaborates with private insurance companies for corporate healthcare packages.

In recent years, the hospital has invested in modern medical equipment and electronic health records (EHR). However, challenges remain in fully utilizing these technologies due to limited staff familiarity and fragmented systems. Observations reveal operational bottlenecks in patient registration, information services, medical consultations, and complaint handling. The hospital aims to address these inefficiencies through CRM implementation, emphasizing automation, data integration, and enhanced communication.

Observational Findings

1. Patient Registration

The current registration process often involves manual data entry, particularly for insured patients, resulting in long waiting times and inconsistencies in data accuracy. While an automated kiosk system is available, its usage is limited to basic registrations. CRM integration offers several potential improvements:

- **Automation:** Pre-registration options linked to insurance systems can reduce manual data entry and streamline the process.
- **Data Management:** A centralized CRM system can store and update patient information consistently across departments, ensuring data accuracy.

- **Notifications:** Automated reminders for appointments and required documents can improve patient preparedness and reduce inefficiencies.

2. Information Services

The hospital's information desk handles queries about schedules, locations, and procedures. Observations indicate delays in responses due to the lack of a unified data repository. CRM can enhance information services by:

- **Integrated Portals:** Providing real-time access to schedules and procedures for staff.
- **Chatbots:** Offering automated responses to common queries, reducing the workload on human operators.

3. Patient Care Services

Patients often experience delays during medical consultations due to fragmented workflows. CRM can address these issues by:

- **Medical Record Integration:** Allowing seamless access to patient histories for doctors during consultations.
- **Payment System Integration:** Simplifying transactions at the pharmacy and cashier through a unified payment portal.
- **Automated Scheduling:** Streamlining appointment bookings and enabling rescheduling with minimal manual intervention.

4. Complaint Handling

The current complaint management system is largely manual, leading to delays and inconsistent follow-ups. CRM can improve this process through:

- **Ticketing Systems:** Tracking complaints from submission to resolution.
- **Feedback Analysis:** Identifying recurring issues and implementing corrective measures.
- **Status Notifications:** Keeping patients informed about the progress of their complaints.

Interview Findings

Key Stakeholder Insights

Interviews with IT managers, marketing personnel, and registration staff reveal critical challenges and expectations for CRM implementation:

- **IT Readiness:** While the hospital's IT infrastructure supports basic functionalities, significant upgrades are required to integrate advanced CRM features.
- **Marketing Use:** CRM adoption in marketing is minimal, with limited use of patient data for personalized campaigns or service recommendations.

- **Staff Training Needs:** Employees often lack the technical skills to maximize CRM systems, necessitating comprehensive training programs.

Patient Perspectives

Patients highlighted both positive and negative aspects of their experiences at the hospital:

- **Satisfaction:** Many appreciated the professionalism of staff but noted inefficiencies in communication and long waiting times during registration.
- **Recommendations:** Patients suggested improving online registration, enhancing communication through automated reminders, and integrating complaint resolution systems.

Input Stage

SWOT Analysis

The input stage utilizes the Strengths–Weaknesses–Opportunities–Threats (SWOT) Matrix. SWOT analysis is a strategic planning technique used to evaluate strengths, weaknesses, opportunities, and threats related to the implementation of CRM in the hospital.

To analyze CRM implementation in the hospital, the SWOT framework is applied using primary data obtained from observations and interviews. This is followed by EFAS (External Factor Analysis Summary) and IFAS (Internal Factor Analysis Summary) calculations and the development of a SWOT matrix.

A SWOT analysis was conducted to evaluate the hospital’s internal strengths and weaknesses and external opportunities and threats, providing a foundation for strategic planning.

Table 1. SWOT Analysis

Category	Factors
Strengths	- Comprehensive and abundant patient data
	- Adequate infrastructure for basic systems
	- Existing EMR system
	- Premium captive market (private insurance)
	- Strong management support
Weaknesses	- Inadequate data infrastructure
	- Lack of familiarity among staff
	- Suboptimal CRM implementation
	- Suboptimal data utilization

	- Lack of data integrity and accuracy
Opportunities	- Market retention and expansion
	- Improved work efficiency
	- Integration with insurance systems (B2B)
	- Product and service development
	- Structured and responsive services
Threats	- Intense competition among hospitals
	- Risks of data breaches and loss
	- Sudden changes in doctors' schedules
	- Pharmacy stock shortages
	- System errors

EFAS and IFAS Analysis

To quantify the SWOT elements, External Factor Analysis Summary (EFAS) and Internal Factor Analysis Summary (IFAS) matrices were developed:

Table 2. EFAS

External Factor	Weight	Rating	Score
Threats			
Intense competition among hospitals	0.15	2	0.30
Data breaches and loss risks	0.10	2	0.20
Sudden changes in doctors' schedules	0.10	2	0.20
Stock shortages at the pharmacy	0.10	2	0.20
System errors	0.10	3	0.30
Total Threats			1.20
Opportunities			
Market retention and expansion	0.10	4	0.40
Job efficiency	0.05	1	0.05
Integration with insurance systems (B2B)	0.15	3	0.45
Product and service development	0.15	4	0.60
Structured and responsive services	0.10	2	0.20
Total Opportunities			1.70
Total EFAS	1.00		2.90

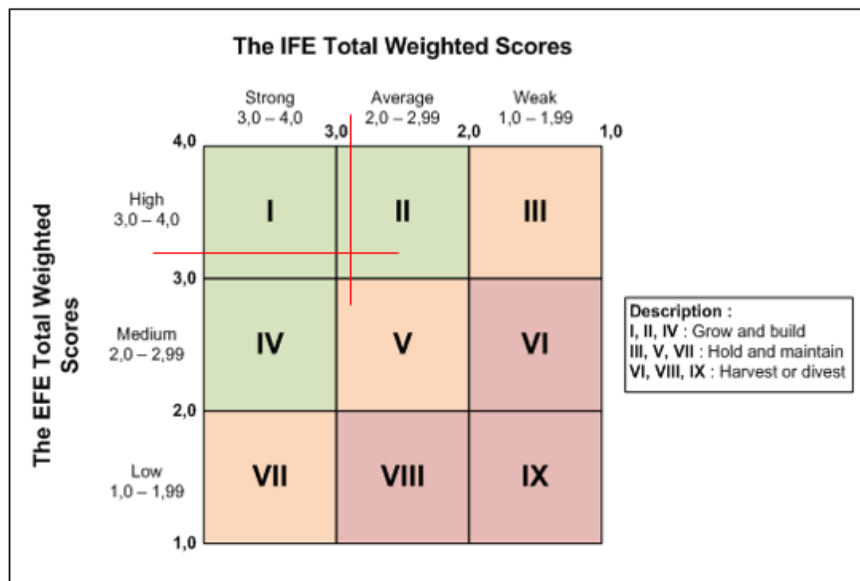
Table 3. IFAS

Internal Factor	Weight	Rating	Score
Strengths			
Comprehensive and abundant patient data	0.15	4	0.60
Adequate infrastructure for basic systems	0.10	3	0.30
Existing EMR system	0.15	4	0.60
Premium captive market (private insurance)	0.10	4	0.40
Management support	0.10	4	0.40
Total Strengths			2.30
Weaknesses			
Insufficient data infrastructure	0.15	2	0.30
Lack of familiarity among staff	0.10	2	0.20
Suboptimal CRM implementation	0.10	2	0.20
Suboptimal data utilization	0.05	2	0.10
Inadequate data integrity and accuracy	0.10	1	0.10
Total Weaknesses			0.90
Total IFAS	1.00		3.30

Matching Stage

The EFAS and IFAS results indicate that weaknesses (0.90) are less significant than strengths (2.30), and opportunities (1.70) outweigh threats (1.20). This positions the hospital in Quadrant II of the SWOT matrix (Figure 1), reflecting a "grow and build" status.

FIGURE 1. SWOT Matrix



For organizations in this quadrant, recommended strategies include "Expansion Strategies" and "Strengthening Strategies." Below are actionable strategies based on this analysis:

1. **Market Expansion**

- a) Expand market reach by utilizing comprehensive patient data to improve services and attract more patients.
- b) Enhance the promotion of premium services offered to the private insurance market.

2. **Product and Service Development**

- a) Develop new products and services using CRM data analysis to understand patient needs and preferences.
- b) Integrate CRM with insurance systems to improve administrative efficiency.

3. **Operational Process Improvement**

- a) Upgrade data infrastructure and provide staff training to maximize CRM use and address internal weaknesses.
- b) Adopt technologies that enhance data security to mitigate risks of data breaches.

4. **Service Responsiveness Improvement**

Utilize CRM to enhance service structure and responsiveness, addressing challenges such as pharmacy stock shortages more effectively.

With these strategies, the hospital can leverage its strong internal strengths to address external challenges and optimize available opportunities. Combining SWOT and IE matrix

results leads to three recommended strategic alternatives: market development, product development, and concentric diversification.

1. **Market Development and Service Expansion:** Leverage internal strengths to capitalize on market and product opportunities.
2. **Operational and Data Security Enhancement:** Address internal weaknesses and external threats by improving infrastructure and security systems.
3. **Service Responsiveness Development:** Use CRM to enhance operational efficiency and patient service.

Decision Stage

The selected strategies from the matching stage were prioritized based on two matrices: market development, product development, and concentric diversification. Detailed strategies include:

1. Market Development
2. Product Development
3. Concentric Diversification

At this decision stage, a focus group discussion (FGD) was conducted involving hospital management up to the Vice Director level. The discussion yielded the following consensus for CRM implementation models:

1. Utilize CRM to analyze patient data and identify new market segments (Leads Module).
2. Leverage CRM data to understand patient needs and preferences, developing new services or features (Product and Service Development Module).
3. Build relationships with new insurance providers or healthcare services using CRM (B2B Integration Module).
4. Use CRM to integrate new services with existing systems (Internal CRM Integration Module).

Prioritization via QSPM

The next step involved ranking strategy alternatives by importance using the Quantitative Strategic Planning Matrix (QSPM). This method prioritizes strategies based on their relevance and attractiveness, providing clear direction for CRM implementation.

Key priorities derived from the QSPM include:

1. **Priority 1:** Leads Module.
2. **Priority 2:** B2B Integration Module.
3. **Priority 3:** Internal Integration Module.

4. **Priority 4:** Product and Service Development Module.

5. **DISCUSSION**

The implementation of a Customer Relationship Management (CRM) system at Class C hospitals in Bogor has been designed to enhance operational efficiency and improve patient experiences. This model prioritizes four critical modules: lead management, B2B integration, internal integration, and product/service development. These modules have been identified as essential for addressing the hospital's operational and strategic goals. The lead management module plays a key role in capturing and managing potential patients from initial contact to conversion into loyal customers. By tracking interactions and analyzing data, the module ensures that no opportunities are overlooked, thereby optimizing patient acquisition processes.

The second priority is the B2B integration module, which focuses on building stronger partnerships with external stakeholders, such as insurance providers, medical suppliers, and corporate clients. This module simplifies processes like insurance claims, procurement, and external communication. It not only improves operational efficiency but also strengthens collaboration with partners, enabling the hospital to offer integrated and seamless services to its patients. Such partnerships can also open avenues for co-developed healthcare programs and innovative solutions, enhancing the hospital's competitiveness.

Internal integration, the third priority, seeks to streamline communication and coordination across various departments within the hospital. By providing real-time access to patient data, task assignments, and operational updates, this module eliminates communication gaps and reduces the likelihood of errors. Improved coordination ensures that all staff members work cohesively, delivering consistent and efficient services to patients. This approach also facilitates faster decision-making and enhances overall patient satisfaction by addressing issues promptly and effectively.

The fourth focus area, product and service development, leverages insights from patient data and feedback to drive innovation. This module ensures that the hospital continuously updates its service offerings to meet patient needs and stay ahead in the competitive healthcare market. By identifying gaps and opportunities, the hospital can introduce new services, enhance existing ones, and deliver tailored solutions to patients. This commitment to innovation helps the hospital maintain its reputation for high-quality care and adapt to evolving patient expectations.

Despite these promising strategies, the hospital faces significant challenges in implementing the CRM system. One major hurdle is the complexity of integrating the new

system with the existing IT infrastructure. This requires substantial investment in technology upgrades and system compatibility testing. Additionally, staff resistance to change poses a challenge, as employees may feel overwhelmed by new workflows or unsure about their roles in the updated system. Addressing this requires comprehensive training programs and ongoing support to build staff confidence and competence in using the CRM.

Another critical concern is data security. As CRM systems handle a vast amount of sensitive patient information, ensuring robust security measures is paramount. The hospital must implement advanced encryption technologies, restrict access based on user roles, and conduct regular security audits to mitigate risks. Compliance with healthcare data regulations is also essential to avoid legal penalties and maintain patient trust. By addressing these challenges proactively, the hospital can fully realize the potential of its CRM system, improving patient care, fostering stronger partnerships, and achieving long-term growth and sustainability.

6. CONCLUSION

The research on the opportunities and challenges of implementing CRM in Class C hospitals in Bogor concludes with several key findings. First, the recommended CRM model prioritizes lead management, B2B integration, internal integration, and product/service development. This approach is designed to optimize patient acquisition, strengthen business relationships, improve departmental coordination, and foster healthcare service innovation. The hospital has significant opportunities to enhance efficiency in patient acquisition and retention, strengthen collaboration with external partners, and improve internal communication. However, challenges such as technological integration complexity, staff resistance to change, and patient data protection remain critical hurdles to address.

To fully leverage these opportunities and overcome challenges, the hospital must adopt a structured approach, including phased CRM implementation, active staff engagement in the change process, and robust data security protocols. These strategies will enable the hospital to maximize the benefits of CRM, enhance service quality, and solidify its position in the healthcare industry. Furthermore, this study provides a comprehensive insight into the implementation of CRM, employing methods such as observation, interviews, SWOT analysis, and QSPM. It highlights that effective CRM implementation can offer substantial operational and strategic advantages, enabling hospitals to design strategies that address both opportunities and challenges effectively.

LIMITATION

This study has several limitations that should be acknowledged. One significant limitation is the narrow scope of the sample, focusing solely on a single Class C hospital in Bogor. This restricts the generalizability of the findings, as the challenges and opportunities identified may differ across hospitals with varying sizes, resources, and patient demographics. Additionally, the study primarily relies on primary data collected through observations and interviews, which, while valuable, may benefit from being complemented with secondary data such as industry reports, case studies, or broader surveys on CRM adoption in healthcare.

Another limitation lies in the analysis of variables. The study focuses on specific factors such as technological integration and staff readiness but does not explore other potentially influential variables like organizational culture, technological infrastructure, or digital literacy among staff. A longitudinal approach was not adopted, which limits the understanding of how CRM systems evolve over time and their long-term impact. Future research could address these limitations by broadening the sample size, incorporating additional data sources, and expanding the variables examined to provide a more comprehensive view of CRM implementation in healthcare.

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