



Scenario Planning For Bahagia Primary Clinic To Navigate Future Uncertainties In The Healthcare Industry

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ABSTRACT

In the healthcare industry, first-level primary care clinics face challenges from the future uncertainties that affect the clinic's operational ability. Bahagia Primary Clinic, a long-standing family-owned business operating for over 40 years, wants to be passed down to the next generation, but at present, the clinic does not have a long-term plan, which creates contradictions and gaps in its vision of becoming a sustainable family business. This study uses the scenario planning framework to help the clinic prepare for the next 5 years by identifying the key focal issues, driving forces, external and internal environments, early warning signals, and business solutions. By using interviews, content analysis, PESTEL analysis, Porter's Five Forces analysis, and SWOT analysis, the 12 key driving forces were identified. Government Policy & Regulation and Internal HR & Management emerged as the most critical, impactful, and uncertain driving forces, thus forming the basis for the 2x2 scenario planning matrix. Four scenarios were created, they are the Steady Crew in Stormy Seas, Titanic, Calm Tailwinds, and Missed Tailwinds, each with implications, options, and business solutions. The results provide business solutions that emphasize on digitalization, human capability, and better service quality to strengthen the clinic's resilience.

INTRODUCTION

In recent years, Indonesia's healthcare industry has experienced a notable increase in demand for medical services across the nation. Although growth in the sector was previously hindered by factors such as underdeveloped infrastructure, limited government healthcare spending, and restricted access to quality medical care, the landscape has since undergone a significant transformation. Government-led initiatives focused on improving infrastructure,

widening insurance coverage, and attracting foreign investment have largely fueled an accelerated pace of development. Consequently, both the quality and accessibility of healthcare services have been notably elevated nationwide, paving the way for more robust expansion.

In the second quarter of 2023, the Health and Social Activities component of GDP grew by 8.3% year-on-year, outpacing inflation in the sector and underscoring rising demand for health services. Indonesia's healthcare spending is on a significant upward trend. In 2024, the health budget constituted approximately 5.6% of the state budget (APBN), amounting to IDR 186.4 trillion (Ciptadana, 2023). This has already increased in 2025 to IDR 217.3 trillion, representing about 6% of the APBN (Arlinta, 2024). Looking ahead, projections from the International Trade Administration (2025) indicate a substantial surge, reaching IDR 1,224 trillion (\$78.0 billion) by 2027, with an anticipated 10-year annual growth rate of 11.7% in local currency and 10.0% in U.S. dollar terms (2017–2027).

Indonesia's healthcare system includes diverse providers, such as hospitals, clinics, Community Health Centers (Puskesmas), and Integrated Health Service Posts (Posyandu). According to the Ministry of Health of the Republic of Indonesia (2024), 17,261 clinics are officially registered nationwide, spanning both public institutions (ministries, military, police, and local governments) and private organizations. In Indonesia, clinics are categorized into two tiers based on service level: Primary Clinics (Klinik Pratama) and Principal Clinics (Klinik Utama).

As of the latest data from Ministry of Health (2023), Indonesia has 14,564 primary clinics and 2,697 principal clinics, with 1,950 government-run and 15,311 privately managed. As shown in Table 1, there has been a significant increase in the number of both clinic types. In 2022, the number of primary clinics grew by 74.4%, while principal clinics saw an 87.1% increase. The trend continued in 2023, with primary clinics growing by 27.1% and principal clinics by 38.3%. This surge reflects an increasingly competitive and complex healthcare landscape in Indonesia.

Table 1. Proportion of Registered Clinics by Ownership in Indonesia

Year	Clinic Type			
	Primary Clinic	Growth	Principal Clinic	Growth
2021	6.572	-	1.042	-
2022	11.460	74.4%	1.950	87.1%
2023	14.564	27.1%	2.697	38.3%

Source: Author's Analysis from Ministry of Health Data, 2025

The rapid growth of clinics has been driven by both the demand for more accessible healthcare and government efforts to expand coverage. The increase in numbers has led to challenges not only in attracting new patients but also in retaining existing ones. For clinics to remain competitive, they need to stand out by providing better services, streamlining how they manage patients, and adopting the latest digital medical tools, all while keeping their increasing operational expenses under control. Consequently, Primary Clinics are under pressure to innovate and invest in technology and staff development, which can place a financial burden on smaller, independent providers.

Another significant challenge for primary clinics is navigating the regulatory environment in Indonesia, particularly policies related to BPJS Kesehatan (Social Security Administrator for Health). While BPJS aims to provide universal health coverage, its reimbursement system and service tariff regulations create operational and financial difficulties for healthcare providers.

Clinics participating in BPJS Kesehatan must comply with stringent guidelines, which can lead to delays in reimbursements and complex administrative processes. These regulatory challenges can severely affect cash flow and profitability, particularly when reimbursement rates do not match the actual cost of providing care. Additionally, changes in BPJS policies, such as modifications to service tariffs or adjustments in claims processing requirements, add to the uncertainty, requiring clinics to stay vigilant and adapt to a constantly evolving regulatory environment.

Bahagia Primary Clinic is a family business that has been operating for more than 40 years and wants to be a sustainable business that can be passed to the next generation. Despite this vision, the clinic management has not created their future strategy to face the future uncertainties and challenges in the medical clinic healthcare business. The clinic owner and management think that their current business model and process would be enough to face the future challenges. The clinic is in a neighborhood with minimal medical clinic competition in the area, so there are loyal and repeating patients to do check-up and medical treatment. This environment makes the clinic management think that the clinic's business will be sufficient, the clinic does not need to expand to reach new target markets and create strategies for the future. This is an obvious problem for a business that wants to be sustainable for the next 5 years. This mindset presents a serious concern for the long-term sustainability of the clinic business as there are many challenges that the clinic must face.

As Indonesia's healthcare industry continues to expand, the number of medical clinics is anticipated to rise, leading to increased competition, especially from major corporate healthcare organizations with substantial resources. Furthermore, the regulatory environment for healthcare is becoming more complicated, requiring continuous adjustments from providers. This includes frequent changes tied to the national health insurance program administered by BPJS Kesehatan. In addition to regulatory pressures, rapid technological advancements, changing demographic patterns, and rising patient expectations are contributing to growing uncertainty in the future of the clinic business.

Therefore, facing this current situation and environment, this study researches on how a local primary clinic to be resilient in facing uncertainties and grow over the next 5 years. In helping Bahagia Primary Clinic achieve its goals, this study uses the scenario planning method to help the clinic prepare for future uncertainties by identifying the key focal issues, driving forces, creating scenarios, and preparing the business solutions based on the early warning signals.

LITERATURE REVIEW

Scenario Planning

Scenario planning is a strategic tool that can be used as a systematic assessment of strategies or plans and their performances across the scenarios that had been identified (Schmidt-Scheele, 2020). Since the past century, the scenario planning method has been a popular method for researcher to use as a foresight technique. Scenario planning was originally developed as for war planning but it has been adopted to business through implementations by the Royal Dutch Shell, British Petroleum, or British Airways (Ringland, 2008). At Shell, the scenario planning method has helped the company to fight with the developments and behaviours that shape what the future may hold and prepare themselves more effectively (Shell Global, 2008).

According to Chermack (2022), the scenario planning method is a powerful way of thinking about the future uncertainties and to break the assumption that the future can be predicted. In creating a scenario planning, there are eight components that are needed to carefully analyzed. These components or elements that are integrated together create a composite or multifaceted view of the future.

Garvin and Levesque (2006) had created an overview of the relationships and processes among the elements or components. The key elements are key focal issue, driving forces, critical

uncertainties, scenario framework, scenarios, narratives, implications & options, and early warning signals. Additionally, they had outlined a five-step approach to scenario planning. The five-steps are orientation, exploration, scenarios creation, options considerations, and integration.

PESTEL

PESTEL analysis is one of the strategic tools used to help analyze the macro-environment of an industry. External environments cannot be controlled by companies and only can be scanned, monitored, forecasted, and be assessed dynamically. The PESTEL analysis is an abbreviation from the combination of the word political, economic, social, technological, environmental, and legal factors. These concepts were first mentioned by Francis J. Aguilar in 1967 in his book "Scanning the business environment" (Çitilci and Akbalık, 2020).

Porter's Five Forces

Porter's Five Forces is a strategic tool or framework used to identify and analyze the micro-environment that drive the competition and affect an organization's ability in creating profits. The framework was created by Michael Porter, Harvard Business School Professor, in 1979 to determine the certain powers in line with a particular business situation by using the outside-in perspective. The origin of the framework is based on the industrial economics or industrial organizational (IO) approach (Bruijl, 2018). The Five Forces has been used widely for strategy development across various industries. The forces contain in the framework are the rivalry among existing competitors, threat of new entrants, threat of substitute products or services, bargaining power of buyers, and bargaining power of suppliers (Porter, 2008).

SWOT

SWOT analysis is one the oldest and widely known framework that is used as a strategic tool worldwide. The use of the SWOT method can be traced back to the 1960s in the Silicon Valley (Puyt et al., 2023). SWOT analysis is an acronym of the combination word strengths, weaknesses, opportunities, and threats. The SWOT analysis is used to analyze and assess the external and internal of an organization compares to its competition (Teoli et al., 2023).

METHODS

In this study, the research methodology used are the qualitative method by conducting in-depth interviews with the internal and external stakeholders of Bahagia Primary Clinic. From the internal stakeholders, there are 10 participants that include the clinic's director, head, managers, and employees. From the external stakeholders, there are 3 participants selected randomly from patients that had received treatment and services from the clinic. The questions asked during the interview are revolved around the role responsibility, major challenges faced, internal and external factors, also how they view the clinic in the next five years. The results of the interviews are analyzed using the content analysis method to strengthen the credibility, validity, and getting the key themes. From the content analysis, the key themes are used for further external and internal business environment analysis, they are the PESTEL analysis, Porter's Five Forces analysis, and SWOT analysis.

These analyses will be used in the creation of scenario planning. The scenario planning is divided in to five steps. The first step is orientation to determine the key focal issues. The second step is the exploration step to explore the most impactful and uncertain driving forces. The third step is scenarios creation to create 4 plausible scenarios based on 2x2 matrix. The fourth step is the option consideration to consider the implications and options of each scenario created. The last and fifth step is integration to identify and determine the early warning signals for each

scenario created. The business solutions for Bahagia Primary Clinic are created based on these early warning signals,

RESULTS

PESTEL Analysis

In this study, the PESTEL analysis is used to identify the external business environment that Bahagia Primary Clinic faced. PESTEL analysis will help to analyze comprehensively the 6 marco aspects, that are the Political, Economic, Social, Technology, Environment, and Legal aspect.

Figure 1. PESTEL Analysis



Porter's Five Forces Analysis

In this study, the Porter's Five Forces analysis is used to identify and determine the external forces and competitiveness of an industry, that is the healthcare industry. Additionally, the method is used to help determine the industrial/transactional environment of the industry which is the company's interaction with other stakeholders in the scenario planning framework.

Figure 2. Porter's Five Forces Analysis



WOT Analysis

In this study, the SWOT analysis is used to determine the internal strengths and weaknesses of the company and the external opportunities and threat of the company. Additionally, the method in the scenario planning framework is used to determine the organizational environment of the company.

Figure 3. SWOT Analysis



Scenario Planning

In the first step of scenario planning, orientation step, there is a need to assess and determine the key focal issues of Bahagia Primary Clinic. The key focal issue for this analysis is “How will the Bahagia Primary Clinic’s business look like in the next five years?”

In the second step of scenario planning, exploration step, there will be an exploration to identify and determine the driving forces and critical uncertainties of the Bahagia Primary Clinic. The driving forces were identified and determined by the previous analysis that have been done before, from the PESTEL analysis, Porter’s Five Forces analysis, and SWOT analysis. The analyses were done to gain valuable insights from the clinic’s point of view.

Table 2. Driving Forces

No	Factors	Driving Forces
1	BPJS Health regulations and frequent updates. (PESTEL analysis and interviews)	Government Policy & Regulation
2	BPJS Regulations on capitation & claims. (PESTEL Analysis)	
3	Omnibus Health Law (Law No. 17/2023) mandating telemedicine recognition, stricter licensing, and digital integration. (PESTEL Analysis)	

No	Factors	Driving Forces
4	Increasing requirements for medical waste disposal compliance and sustainable operations. (PESTEL Analysis)	
5	BPJS capitation payment system as main revenue stream with thin margins and cash flow risks. (PESTEL Analysis and Interview)	Economic Condition
6	Patient preference shifting to BPJS-covered services over out-of-pocket general patients. (PESTEL Analysis)	
7	Rising operational costs (salaries, supplies, equipment maintenance) vs limited BPJS payments. (PESTEL Analysis)	
8	Generational patient loyalty, from mother to child to grandchild, reinforcing long-term demand. (Interview)	Demographic & Social
9	Increasing public awareness of preventive healthcare post-pandemic. (PESTEL Analysis and Interview)	
10	Community engagement through baby & toddler fair, health seminars, and local events. (Interview)	
11	Adoption of e-Clinic, pCare BPJS, and integration with SatuSehat platform. (Interview)	Technology & Digitalization
12	Partial digitalization: some manual systems (lab and medical records) remain. (Interview)	
13	Growing telemedicine platforms (Halodoc, Alodokter, & KlikDokter) as indirect competition. (PESTEL and Porter's Five Forces Analysis)	Competition
14	Increasing number of primary clinics in Indonesia. (Porter's Five Forces Analysis)	
15	Nearby clinics (within 2 km) and puskesmas with similar services, creating moderate rivalry. (Porter's Five Forces Analysis and Interview)	
16	Patient preference for maternity care in hospitals that reduces clinic's revenue. (SWOT Analysis and Interview)	
17	Dependency on PBF distributors for drug procurement, risks in pricing and stock availability. (Porter's Five Forces Analysis and Interview)	Suppliers
18	Equipment limitations (aging tools, dental unit water flow issues) affecting service quality. (Interview)	
19	Low employee turnover and strong family-like culture supporting stability. (SWOT Analysis and Interview)	Internal HR & Management

No	Factors	Driving Forces
20	Limited staff and multitasking (pharmacist doubling as cashier, midwives covering absences). (Interview)	
21	Inconsistent employee discipline (attendance and scheduling issues). (SWOT Analysis and Interview)	
22	Unused second floor space could be developed into baby daycare and elderly care. (SWOT Analysis and Interview)	Market Opportunities
23	Expansion through opening branch and potential future services. (Interview)	
24	High loyalty due to family-style service and generational trust. (SWOT Analysis and Interview)	Patient Management & Loyalty
25	Queue management, drug stock system, and manual record-keeping create service bottlenecks. (Interview)	Operational Efficiency
26	Director and managers emphasize service excellence and community trust but face challenges in HR coordination and financial sustainability under BPJS capitation. (Interview)	Clinic Management
27	Strong midwife-led maternal health expertise and solid teamwork culture. (Interview)	Skills of Practitioners

After the finding the driving forces, the next step is to determine the level of the driving forces by the impact and uncertainties. To determine the level, there will be a form given to each interviewee. The interviewee will give ratings to each driving forces on which driving forces is the most impactful and the most uncertain. The weight rating of each interviewee will be different according to the management level in the clinic.

Table 3. The Most Impactful and Uncertain Driving Forces

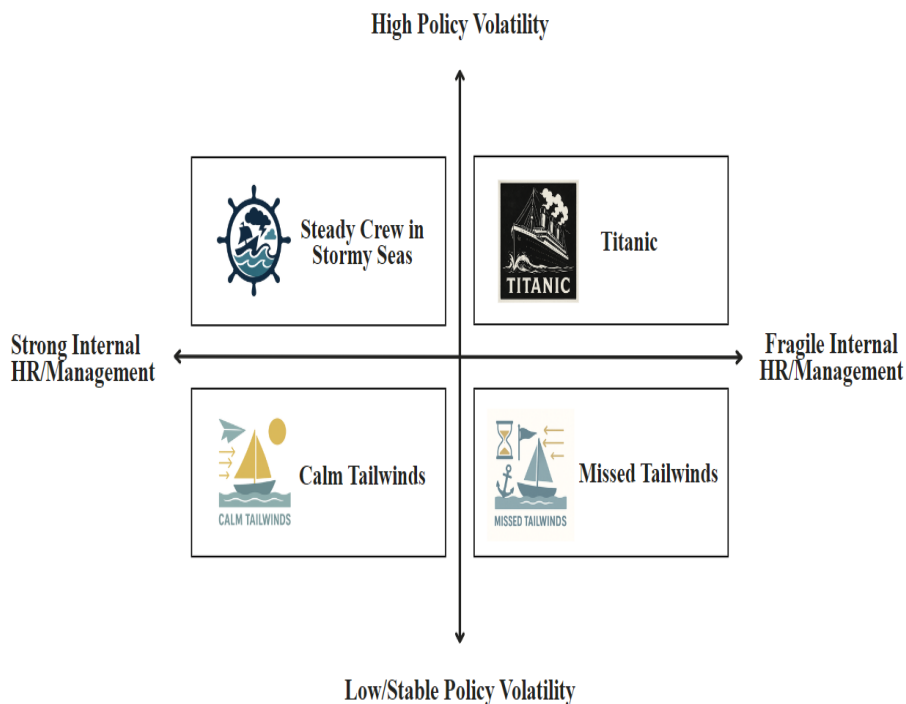
No	Driving Forces	Impact Score	Uncertainties Score	Average Score
1	Government Policy & Regulation	4.5	4.3	4.4
2	Economic Condition	3.4	3.4	3.4
3	Demographic & Social	3.4	2.9	3.1
4	Technology & Digitalization	3.8	3.8	3.8
5	Competition	3.4	3.6	3.5
6	Suppliers	2.9	3.2	3.1
7	Internal HR & Management	4.4	4.4	4.4
8	Market Opportunities	3.6	3.6	3.6
9	Patient Management & Loyalty	3.9	3.1	3.5

10	Operational Efficiency	3.6	2.9	3.3
11	Clinic Management	3.3	2.6	3
12	Skills of Practitioners	4	3.2	3.6

The Table 3 above shows the combined driving forces scores for impact and uncertainties. The two scores from the impact and uncertainties will be averaged together to get the highest score from the twelve driving forces identified. The two highest driving forces will be used to create the scenario planning for the clinic’s future. Based on the results, the Government Policy & Regulation and Internal HR & Management driving forces have the highest combined average, both have 4.4 score, and are therefore the most critical, impactful, and the least predictable factors influencing the clinic's future.

In the third step, scenarios creation, the two driving forces above will serve as the horizontal and vertical axes of a 2x2 matrix. From the 2x2 matrix, it will show various combinations of these driving forces, that is the stable or volatile policy environment and strong or fragile internal HR/management capacity. The four quadrants provide a unique strategic environment, indicating compliance requirements, operational issues, capability requirements, and prospects that exist in each of the environments.

Figure 4. 2x2 Matrix for Bahagia Primary Clinic



In the fourth step, options consideration, the four scenarios created will be analyzed of its implications and its options.

Table 4. Implications and Options for Each Scenario

Scenario	Implications	Options
Steady Crew in Stormy Seas	<ul style="list-style-type: none"> External rules keep changing (capitation, e-claims, KRIS, audits). Clinics that are disciplined can keep service stable and cash flow predictable. Strong execution (SOPs, skilled staff, tech to monitor waits/stock/claims) becomes a competitive edge that grows loyalty and 	<ul style="list-style-type: none"> Track policy changes, update the checklist, then huddle the team. Maintain strict SOPs and dashboards for wait time, stock, claim status. Keep training active to adapt to new tech/reporting. Use reliability to win word-of-mouth and

	<ul style="list-style-type: none"> reputation. Management must treat policy shifts as routine, not crises, and translate them into internal actions. 	expand patient base.
Titanic	<ul style="list-style-type: none"> Policy volatility is high and internal capacity is weak (thin staffing, slippage, uneven digital skills, discipline gaps). Queues lengthen, stock-outs occur, claims get rejected, and cash becomes tight. Patients switch FKTPs or use puskesmas/hospitals/telemedicine; reputation and panel size fall. 	<ul style="list-style-type: none"> Launch a stabilize-first program: enforce schedules, add critical staff, tighten SOPs, and fix documentation/claims. Prioritize essential digital steps (clean data, correct e-claims, basic reporting) before growth projects. Improve patient flow (clear appointment windows, referrals) to reduce dissatisfaction.
Calm Tailwinds	<ul style="list-style-type: none"> External rules are clear and change slowly, payments are timely, planning for future is possible. Well-managed clinics can invest and grow: better facilities/equipment, service additions (e.g., baby day-care, elderly/Prolanis), and community programs. Partnerships with puskesmas/hospitals and local outreach strengthen brand and expand the panel. 	<ul style="list-style-type: none"> Phase the space conversion and equipment upgrades; sequence projects with cash flow. Add/services: day-care, elderly care/Prolanis, improved lab. Run community events (parenting classes, health seminars) and formal partnerships to widen reach and loyalty.
Missed Tailwinds	<ul style="list-style-type: none"> External environment is supportive, but internal weaknesses (training gaps, high turnover, poor SOP adherence) prevent progress. Service quality slips (longer queues, messy environment, inconsistent follow-ups); hiring gets harder. Patients file complaints and move FKTP; non-BPJS patients choose other providers, thus market share declines. 	<ul style="list-style-type: none"> Focus on internal fixes first: training, staffing/retention, strict SOP enforcement, step-by-step completion of core projects (e-prescribing, stock system). Strengthen complaint handling and service basics to restore trust and reduce churn. Rebuild employer appeal (clear roles, predictable shifts) to attract capable practitioners.

In the last and fifth step, integration, the early warning signals for each scenario is identified and determined. The early warning signals are a critical step in the scenario planning method, in which the signals will help in determining and detecting which of four scenarios will happened before it really happened.

Table 5. Early Warning Signals for Each Scenario

Indicators	Measurement	Steady Crew in Stormy Seas	Titanic	Calm Tailwinds	Missed Tailwinds
Policy changes	#official BPJS/MOH policy or regulation changes per monthly	High & well-absorbed (checklist updated ≤1 months)	High & disruptive (updates lag >2 months)	Low-volatility, announced early	Low-volatility, but teams still confused and slow
Claims performanc	First-Pass Acceptance	≥ 95%	≤ 90%	≥ 98%	90–95%

Indicators	Measurement	Steady Crew in Stormy Seas	Titanic	Calm Tailwinds	Missed Tailwinds
e	(FPA) rate - BPJS				
EMR/SatuSehat uptime & data quality	Submission success rate; #resubmissions	> 99% success; rare resubmits	Frequent rejections; data fixes backlog	> 99% success; smooth audits	Success fluctuates; manual fixes
Queue & throughput	Avg wait time; % on-time	Wait ≤ 30 min; on-time ≥ 95%	Wait >45–60 min; on-time < 85%	Wait 20–30 min; on-time ≥ 95%	Wait 35–45 min; on-time 85–90%
Drug stock reliability	Stock-out incidents/month	Rare stock-outs	Frequent stock-outs	No stock-outs	Intermittent stock-outs
Patient dissatisfaction / FKTP transfers	Net panel change; #transfer-out requests	Stable/positive net panel	Negative net panel; transfer-outs rising	Positive net panel; steady gains	Flat to negative despite calm policy
Online ratings & complaints	Avg rating; complaint rate per 1,000 visits	Ratings are stable/improving	Declining trend; repeat issues (waits, stock)	Improving; compliments on convenience and services	Flat/declining with “small hassles” theme
Staffing stability & skills	Turnover %; training completion	Low turnover; training regularly	Higher turnover; training lags	Low turnover; training is regularly and the completion is high	Turnover moderate-high; trainings are irregular
Community & partnerships	Event attendance; #active MoUs	Programs are full; part-time collaboration	Programs canceled/postponed; no partnerships	Programs grow; new MoUs signed	Programs thin; partnerships dormant
Project delivery (new services, operations, & digital)	% milestones on time/complete	Most on time (e-prescribing, auto stock, small upgrades)	Missed milestones; rework is common	On time; phased expansion proceeds	Projects stall; “started but unfinished”
Financial buffer	Opex coverage; capex executed vs plan	1–2 mo policy buffer; small capex on track	Buffer thin; capex deferred	Healthy buffer; capex phased & closed	Buffer okay but idle; capex slips
Competitive signals	Nearby clinics' condition	Peers struggle with the	Peers poach the clinic's patients	The clinic set the	Well-run peers

Indicators	Measurement	Steady Crew in Stormy Seas	Titanic	Calm Tailwinds	Missed Tailwinds
		policies and regulations, but the clinic is fine		service bar and peers follow the bar	gaining share locally

DISCUSSION

Based on the 2x2 matrix scenarios that are based on the previous step, where Government Policy & Regulation and Internal HR & Management are the two key uncertainties. The matrix compares policy volatility and stable policy environment with strong and fragile internal capabilities/management. There are four scenarios created based on the two driving forces, they are the Steady Crew in Stormy Seas, Titanic, Calm Tailwinds, and Missed Tailwinds. The following are the description and narratives of each of the scenarios:

First scenario, Steady Crew in Stormy Seas, reflects an environment with high external volatility, that is the high frequency changes of policy and regulations by the government. However, the clinics have a steady crew to face these turbulences and uncertainties in a composed and reliable manner. The narratives: In the next five years, Indonesia's healthcare industry is still appealing and growing, yet the regulations are constantly changing, including BPJS capitation system and KRIS schedules that give way to new data and reporting demands. Well-managed primary clinics will have to react with strict management discipline, skilled practitioners, well-defined SOPs, and adapt to new technology to monitor wait times, stock levels, and claim status. The clinic's strong and high execution makes the cash flow predictable even in the case of claims being challenged and documentation standards being increased. Overall, even though there are significant policy changes and uncertainties, clinics with strong internal HR & management will have reputation of reliability, which will reinforce word-of-mouth of the clinic to increase reputation and patient base.

Second scenario, Titanic, means that the environment is under a high external volatility and high internal risk. The titanic name means a situation that sinking and failing. There are successive and frequent changes in policy and regulation that create operational constraints. Additionally, there are internal HR and management problems that limits the clinic's ability and operations. The narratives: In the next five years, the Indonesia's healthcare policies and regulations keep changing and improving. Faced with the uncertainties in the outside environment, there are also problems internally in the clinic management. The government has tightened the reporting and claims regulations to save their budget. The rapid changes in the capitation model, audit criteria, and new reporting requirements have made the clinics to reconfigure their operations frequently. This is an issue as the clinic cannot plan with uncertain future. Therefore, in this scenario, the clinic is in a stress loop where the turbulence in the external policy has magnified with the internal vulnerability that undermines the reliability of the services the clinic provides. This will lead to lower reputation and lower patient base, unless the management of the clinic can turnaround the internal management of the clinic.

Third scenario, Calm Tailwinds, means that the external environments are stable and supportive. There is no frequent policy and regulation changes by the government that makes the situation predictable and the clinic managements have time to focus internally. With low uncertainty and volatility, the clinic management can focus on services, planning, and growth with their strong internal HR & management. The narratives: In the next five years, Indonesia' healthcare policy and regulations remain clear and stable with less changes. There are clear guidance of format claims, reporting, audit, and referral rules that changes slowly. Well-managed

clinics with good internal management in this situation will have an opportunity to ride the wind to expand and grow. The clinics must have disciplined staffs, skilled working practitioners, clear SOPs, and good workflow. The clinic management can start to plan as the cash flow stable and BPJS capitation payments arrive on schedule without delays. Overall, in this environment, the clinic invests their free cash flow prudently and to compound their advantages in the neighborhood. In this way, the clinic can do better services and at the same time expand into new patient base through new services and events.

Fourth scenario, Missed Tailwinds, shows that the external environment in the healthcare industry is stable, minimal changes, and low volatility. However, even with the supporting external environment, the clinic fails to make the most of this situation. This happened due to the internal management problem of the clinic that become a weakness that prevent the clinic from capitalizing the favorable conditions. The narratives: In the next five years, the healthcare market is still attractive, stable, and growing with the steady demand from BPJS and minimum changes in policies and regulations. In this stable, the clinic with good and strong management should have thrive and grow.

However, in this scenario where the internal management is fragile and weak, the clinic faces challenges even in the stable and supportive situation. The clinic faces internal problems from the lacked of training, lacked of capable staffs, and high turnover of staffs. With the treatment and services declining, the patients start to notice this situation. They have filed complaints, however the complains were ignored due to struggling management. In this situation, the patients of the clinic have run out of patience with clinic management. They filed to BPJS to move their FKTP to other primary clinic for treatments. Other non-BPJS patients opt to go to other health facilities like puskesmas, hospitals, and telemedicine. Thus, the clinic’s patient base and market share decrease heavily that make the internal situation of the clinic more terrible.

Proposed Business Solutions

The unified business solutions for Bahagia Primary Clinic are created based on the several common approaches in the four scenarios. These unified business solutions will help Bahagia Primary Clinic in reducing the need to make constant or regular changes to every possible potential outcome. By following this unified business solutions, Bahagia Primary Clinic’s management can have clear visions and steps to be able to strengthen its position, current advantages, and to guide for the future growth of the clinic.

Table 6. Business Solutions for Bahagia Primary Clinic

No	Solution	Activities to be Taken
1	Reliability & Convenience Promise	<ul style="list-style-type: none"> Strengthen the one-stop maternal & child care positioning Extend lab hours and ensure predictable turnaround times Standardize clean referral workflows and follow-up calls
2	Management Discipline & Communication	<ul style="list-style-type: none"> Run regular training, briefings, and team huddles to tighten day-to-day execution Keep studying policy changes, competitors, and adapt quickly so operations stay compliant and smooth Track daily execution with a simple visual board (wait time, claims, stock)

		<ul style="list-style-type: none"> • Ensure that the capex and projects are on track
3	Digitalization & Claims Excellence	<ul style="list-style-type: none"> • Complete e-prescribing with automatic stock deduction • Implement claims pre-checks and ensure accurate e-Claims/e-Clinic/EMR/SatuSehat reporting • Reduce queues via appointment windows and simple triage scripting • Invest fully in digitalization to lift workflow efficiency
4	People Operations & Retention	<ul style="list-style-type: none"> • Stabilize staff and enforce SOPs with clear rewards/punishments • Improve staff treatment: predictable shifts, clear roles/no multitasking, and tidy 5S work areas • Increase internal communication and run weekly micro-lessons and trainings (15 minutes)
5	Service Expansion & Community Partnerships	<ul style="list-style-type: none"> • Open new services using second-floor space (e.g., baby day-care, elderly care/Prolanis) • Upgrade lab equipment and extend hours as demand grows • Promote to new communities via partnerships with puskesmas/government/hospitals • Hold public events/health seminars (parks, malls, RT/RW venues, schools) to expand the patient base

CONCLUSION

Based on the results of the analysis and findings of Bahagia Primary Clinic, the conclusions of this study are as follows:

1. The key focal issue of this study "How will the Bahagia Primary Clinic's business look like in the next five years?" results in the four scenarios that are the Steady Crew in Stormy Seas, Titanic, Calm Tailwinds, and Missed Tailwinds.
2. The scenario's description and narratives help Bahagia Primary Clinic understand the plausible future that may happened over the next 5 years.
3. Bahagia Primary Clinic needs to consider deeply each of the implications and strategic options of each scenario to prepare for the future uncertainties.
4. Bahagia Primary Clinic should monitor the early warning signals regularly as they anticipate the direction of which scenario the clinic is heading towards.
5. Bahagia Primary Clinic should start implement the unified business solutions and adjust the plans based on the early warning signals of which scenario is the future heading to.

LIMITATION

In this study, the business solutions created are limited for to the situation of Bahagia Primary Clinic. The results and findings of this study may not apply to other primary clinics as the internal and external situation between clinics are different. Out of the 12 driving forces, the study only focuses on the top 2 most impactful and uncertain driving forces that the clinic's management and employees rated. In gathering the data, the interview participants are limited

to the clinic's management, employees, and patients. There are no external inputs from industry experts due to limited time and scarcity of the experts.

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