

Study Of The Potential Use Of The Hospital Without Walls Concept In Internal Medicine Health Services In The Outpatient Installation Of Mala Regional General Hospital, Talaud Regency

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Abstract.

Introduction: The Hospital Without Walls (HWW) concept has become a strategic approach in the development of health services oriented towards efficiency and affordability, especially in challenging geographical areas such as Talaud Regency. HWW aims to expand the reach of hospital services beyond the physical boundaries of buildings by optimizing technology, cross-sector collaboration, and community participation. This study was motivated by the high number of visits of internal medicine patients to RSUD Mala without going through the referral mechanism from FKTP. This study aims to analyze the application of the HWW concept in internal medicine poly health services, analyze the application of the concept in reducing cold case rates, and identify obstacles and challenges that occur in its application at the RSUD Mala, Talaud Regency. Method: Huberman model. The research was conducted in March-July 2025 at RSUD Mala, Talaud Regency. Data collection techniques were carried out through in-depth interviews with five main informants, namely the hospital director, internal medicine specialist, family doctor, health center, doctor, and patient. Data was also strengthened by observation and documentation as an effort to triangulate sources and methods. Results: The implementation of HWW in RSUD Mala has started partially but has not been systematic. The hospital has started to apply HWW principles such as remote consultation and digital communication, but does not yet have operational SOPs and HR support and management systems in place. Informants see great opportunities in the development of this concept. In the context of cold cases, HWW plays an important role in initial screening through cooperation between primary care facilities and hospitals, education, back-referral, and utilization of telemedicine. Internal barriers include the absence of SOPs, limited facilities, and lack of HR training. External barriers include the absence of BPJS financing regulations and the lack of public understanding of HWW. Conclusion: RSUD Mala has great potential to develop HWW-based services, but requires systemic intervention in terms of policy, human resources, hospital information system development, and public education. The implementation of HWW can improve service efficiency, reduce hospital burden, accelerate case handling, and improve patient satisfaction.

Keywords: Hospital Without Walls; Cold Case and Technology Based Integrated Services.

I. INTRODUCTION

A healthcare facility is a place used to provide various types of healthcare, including promotive, preventive, curative, and rehabilitative efforts, organized by the central government, local governments, or the community. In hospitals, healthcare services aim to cure, restore, and prevent disease in an integrated manner, involving health promotion and prevention efforts. The target of services is not limited to individual patients but also includes the patient's family and the general public. Therefore, healthcare services in hospitals are considered comprehensive healthcare services (Regulation of the Indonesian Minister of Health, 2014). Based on Law Number 44 of 2009 concerning Hospitals, which stipulates that hospitals are required to provide comprehensive health services, encompassing promotion, prevention, treatment, and rehabilitation. Details regarding this are stipulated in several regulations, such as Ministerial Decree of the Republic of Indonesia Number 340/MENKES/PER/III/2010, Ministerial Regulation Number 4 of 2018 concerning the obligations of hospitals and patients, and Government Regulation of the Republic of Indonesia Number 47 of 2021 concerning the Implementation of Medical Care. The public needs breakthroughs from hospitals to improve healthcare services. Responding to this need, hospitals have made significant strides in providing healthcare services to the public, including telemedicine, the use of smartphone applications, home care, and health education through visits, outreach, seminars, talk shows, and other community-building activities.

These services, along with training and technical guidance for healthcare workers outside the hospital, are part of a concept known as a "hospital without walls." *Hospital without walls* The hospital without walls program is an innovative concept first implemented by a health center in Palmares, Alajuela Province, Costa Rica, in the 1950s.

In recent years, several hospitals in Indonesia have also begun to adopt this concept in providing health services, such as KRT Setjonegoro Regional Hospital in Wonosobo, Tugurejo Regional Hospital in Central Java Province, and Dr. Tjitrowardojo Regional Hospital in Purworejo, Central Java. The essence of the hospital without walls concept is to provide health services outside the hospital building, with the active participation of various parties, including the community, patient families, paramedics, and doctors working in primary health facilities. In accordance with the Minister of Health Regulation Number 5 of 2014 concerning Clinical Practice Guidelines for Doctors in Primary Health Facilities (FKTP), health services related to the diagnosis of internal diseases are included in the 144 diagnoses that should be handled in FKTP, with referral to the hospital if further treatment is needed or if there are complications with other diseases. *Hospital without walls* "Hospital without walls" means a hospital that provides community-based services, allowing the hospital the flexibility to plan and manage healthcare services, involving all parties in a comprehensive and effective manner. "Hospital without walls" also offers a concept of healthcare services to the community, eliminating the need for hospital visits, thereby reducing the risk of infection transmission and contact with others seeking treatment. This concept requires hospitals to collaborate with primary healthcare facilities such as community health centers (Puskesmas) and family physicians, as well as relevant health agencies, to become partners in reaching the community with sustainable promotional and preventive programs. In addition to outreach and education, hospitals also play a role in identifying disease cases in the community and finding solutions to address these issues.

Furthermore, hospitals need to strengthen their role in an effective and efficient referral system. Improving the capacity of human health resources, utilizing information technology, and strengthening service management are also crucial aspects in optimally realizing a hospital without walls. Thus, a hospital without walls is not merely a concept, but a strategic step in addressing the challenges of a more holistic modern healthcare system that is oriented towards the needs of the community as a whole. Based on preliminary studies or research observations, including initial interviews with hospital management, it was revealed that the internal medicine clinic had the highest number of visits despite all the limitations. Therefore, this hospital has the potential to implement the "hospital without walls" concept, specifically for healthcare services in the internal medicine clinic, thereby achieving comprehensive care and reducing the number of cold cases in the hospital.

II. METHODS

The research was conducted using a qualitative approach with the grounded theory method, as well as data analysis using the Miles and Huberman model. This research was carried out on March-July 2025 in Mala Regional General Hospital, Talaud Regency. Data collection techniques were conducted through in-depth interviews with five key informants: the hospital director, an internist, a family doctor, a community health center doctor, and a patient. Data were also strengthened through observation and documentation as a means of triangulating sources and methods.

III. RESULTS AND DISCUSSION

Results

Table 1. Characteristics of Informants

Informant	Age	Gender	Position	Profession	Education
Informant 1	45 Years	Man	Director	General practitioners	Bachelor of Medicine & Master of Health
Informant 2	48 Years	Man	Internal Medicine Specialist	Medical specialist	S1 Doctors & Specialist Medical Education
Informant 3	39 Years	Woman	Family doctor	General practitioners	Bachelor of Medicine

Informant 4	34 Years	Woman	Community Health Center Doctor	Health Service Recipients	General practitioners	Bachelor of Medicine
Informant 5	41 Years	Man	Health Recipients	Service Patient		Bachelor

Based on the table 1 Five informants were selected who were considered to be experts in answering questions regarding the concept of a hospital without walls, its constraints, its implementation, and other matters. The following is a list of questions prepared for the in-depth interview collection method with service providers, including Directors, Internal Medicine Specialists, Family Physicians, and Community Health Center Doctors.

1. What do you think about the concept of a hospital without walls in internal medicine health services?
2. Can this utilization reduce cold cases or make visiting cases rational?
3. How is the handling of efforts to reduce cold cases when implementing the hospital without walls concept in hospitals?
4. In your opinion, what are the obstacles to implementing the hospital without walls concept? Considering that this will impact patients with nosocomial infections if not implemented.
5. How prepared are hospitals as healthcare providers for information technology-based services? Such as telemedicine? Telehealth? If so, have they been implemented or are there any collaborations or Memorandums of Understanding (MoUs) with relevant parties, such as primary health care facilities (FKTP) or other stakeholders?

Table 2. Thematic Summary of Informant 1's Answers (Director of Mala Regional Hospital)

Question	Theme/Sub-theme	Summary of Informant 1's Answers
Views on HWW	Access, Education, System	Fully supports the HWW concept, but implementation is still limited because FKTP is not yet 24 hours; requires public education and formal cooperation (PKS) between facilities
HWW lowers cold case	Referral, Rational Visit	HWW could reduce cold cases if telemedicine and primary health care facilities were strengthened; patients still come without referrals due to better hospital perceptions.
Strategy to overcome cold cases	Coordination & Digitalization	Strengthen the RS-FKTP PKS, use telemedicine, segment services, educate on referral flows, expand FKTP hours
HWW constraints	Infrastructure, Socialization	FKTP has limited working hours, the public does not understand the process, digital infrastructure is not evenly distributed, BPJS regulations are not yet adaptive
Technology & Telemedicine	Digital Transformation	Limited telehealth has started, PKS with FKTP, online system plans and integration into the national system.

Table 3. Thematic Summary of Informant 2's Answers (Specialist Doctor)

Question	Theme/Sub-theme	Summary of Informant 2's Answers
Views on HWW	Innovation, Supervision	Innovative and relevant concept; Hospitals must actively develop FKTP primary health care facilities (FKTP) to prevent services from being overloaded at hospitals; limited human resources are a challenge
HWW lowers cold case	Triage, Teleconsultation	Cold case can be reduced through coaching and a triage system; digitalization helps primary health care facilities (FKTP) screen cases more accurately
Strategy to overcome cold cases	Supervision, Technology	A two-way referral system is needed, guidance from hospitals to primary health care facilities, telemedicine, patient education and updating of human resource knowledge.
HWW constraints	Human Infrastructure, Coordination	Resources, Lack of specialist doctors in FKTP, no standard supervision system, digital infrastructure is not ready, not all stakeholders understand this concept
Technology Telemedicine	& Gradual Digitalization	Management support is in place, but implementation is not yet optimal; formal MoU not yet available; training and strategic partners needed

Table 4. Thematic Summary of Informant 3's Answers (Family General Practitioner)

Question	Theme/Sub-theme	Summary of Informant 3's Answers
Views on HWW	Efficiency, Patient Education	Relevant concept for island regions; helps filter non-complex cases; needs public education and strengthening of FKTP networks
HWW lowers cold case	Supervision, Education, Coordination	HWW suppresses cold cases through primary care monitoring; patients must understand that services at primary care remain under the supervision of the hospital.
Strategy to overcome cold cases	Referral, Psychosocial	Implement active referrals, repeated education, early digital coordination; address patient anxiety challenges
HWW constraints	HR, SOP, Community Literacy	Challenges in patient education, SOP for referrals is not standardized, telemedicine is not yet optimal
Technology & Telemedicine	Basic Infrastructure	IT personnel and facilities are sufficient, but there is no official telemedicine system; training and an MoU with the Primary Health Care Facility are needed.

Table 5. Thematic Summary of Informant 4's Answers (General Practitioner at the Community Health Center)

Question	Theme/Sub-theme	Summary of Informant 4's Answers
Views on HWW	Collaboration, SOP, Back-referral	Relevant in island regions; requires two-way communication and integration of hospital-primary health services; SOPs not yet available
HWW lowers cold case	Supervision, Education, Efficiency	HWW helps reduce cold cases and hospital burden; education is crucial to changing patient perceptions
Strategy to overcome cold cases	Coordination, Technology, Competence	Implement referrals, improve the competence of general practitioners, educate chronic patients, and strive for digital communication.
HWW constraints	Facilities, Communication, Regulation	Limited equipment and medicines in primary health care facilities; miscommunication between hospitals and primary health care facilities; substandard SOPs; suboptimal use of IT
Technology & Telemedicine	Infrastructure, Human Resources, Policy	Hospitals have IT staff, but no official telemedicine system; primary health care facilities need training and a formal MoU to support service integration.

Table 6. Thematic Summary of Informant 5's Answers (Patient Receiving Services)

Question	Theme/Sub-theme	Summary of Informant 5's Answers
Specialist doctor services at FKTP	Access, Efficiency, Equity	Never been served directly by a specialist at a community health center; I strongly agree if there were one, as it would ease the burden on village communities.
Reasons for choosing a hospital over a primary health care facility	Facilities, Trust	Hospitals are considered more complete, reliable and responsive than community health centers which have limited equipment and sometimes long queues.
HWW Understanding	Outreach, Access Justice	Learned from the counseling; the concept is very helpful especially for monitoring chronic patients who are far from the hospital.
Impact of HWW on society	Efficiency, Satisfaction, Equity	HWW reduces queues, saves time/costs, and provides a sense of care through continuity of service.
HWW implementation expectations	System Integration, Technology, Collaboration	Expect an online system & stable network; all stakeholders including BPJS and local governments need to be involved so that HWW can be evenly distributed to all members of society.

Discussion

Implementation of the Hospital Without Walls Concept in Internal Medicine Polyclinic Health Services at Mala Regional Hospital, Talaud Regency

The implementation of the Hospital Without Walls (HWW) concept at Mala Regional General Hospital (RSUD) in Talaud Regency has begun to receive management attention. Informant 1 (Director of Mala Hospital) emphasized that this concept is a step forward that aligns with government policy to improve access and equity of health services. At Mala Hospital itself, some forms of implementation have taken place through reverse referrals, out-of-network consultations, and long-distance communication between facilities.

However, system integration, particularly with primary health care facilities (FKTP), remains limited. Informant 2 (an internal medicine specialist) stated that HWW services have been implemented clinically partially, such as providing patient education and communicating through digital media, but do not yet have a clear policy umbrella or SOP at the hospital level. HWW has also not been adopted as a permanent service system, but is still based on personal initiatives from medical personnel.

This indicates that HWW at Mala Hospital is still in its embryonic stage, although it has shown promising implementation. The success of HWW relies heavily on cross-sector partnerships. Interviews with Informants 3 and 4 revealed that the partnership between Mala Regional Hospital and community health centers, the health office, the Social Security Agency (BPJS), and village officials needs to be strengthened. This collaboration could include mass screening, education on non-communicable diseases (NCDs), referrals, and post-treatment care in the community. Informant 1 emphasized that there has been no official memorandum of understanding (MoU) governing cross-agency synergy in the implementation of HWW, even though cross-sector collaboration is a key pillar of the program's success. Regarding human resource preparation and service SOPs, the implementation of HWW requires human resources with evenly distributed competencies, as well as technical guidance in the form of SOPs. Based on interviews, most general practitioners at FKTP admitted to not having received specific training on the use of technology for internal medicine services. SOPs related to the implementation of HWW services, whether for specialists, nurses, or administration, have not been developed at Mala Regional Hospital. Without standard SOPs, the implementation of this program risks creating service inconsistencies, ethical issues, and conflicts of responsibility. This was acknowledged by Informant 2, who stated that the involvement of specialist doctors must be accompanied by a formal framework.

Implementation The Hospital Without Walls Concept in Reducing the Number of Cold Cases in Internal Medicine Polyclinic Health Services at Mala Regional Hospital, Talaud Regency

The implementation of the HWW concept has been shown to have the potential to reduce the number of cold cases, which are cases that are delayed or not optimally handled due to obstacles in the referral system or delayed diagnosis. Based on an interview with Informant 3 (a family doctor), this concept is highly effective when implemented collaboratively between the regional general hospital (RSUD) and the primary health care facility (FKTP). He emphasized that many internal medicine cases could actually be handled at the primary level if medical personnel had access to specialist consultations and adequate equipment support. Informant 4 (a community health center doctor) stated that HWW significantly helped streamline referrals and bring services closer to patients.

When community health center doctors have access to consult with specialists online or through community hospital visits, patient care becomes faster and more accurate, thus preventing an increase in chronic or acute cases at the regional hospital. Information technology is a key pillar of the HWW concept. Informant 4 stated that the use of WhatsApp, SMS, and online applications for communication between patients and doctors is already underway, although it is not yet systematic. Informant 1 stated the need to strengthen the hospital management information system (SIMRS) to connect with primary health care facilities (FKTP) and include telemedicine-based service features. However, Mala Regional Hospital currently does not have an official platform for telehealth. This is a crucial agenda because in the long term, easily accessible healthcare services via telecommunications will become the new standard for internal medicine services, especially in island regions like Talaud.

Obstacles and Challenges that Occur in the Implementation of the Hospital Without Walls Concept in Internal Medicine Polyclinic Health Services at Mala Regional Hospital, Talaud Regency

Several internal barriers emerged in the implementation of this concept. Informant 1 mentioned the lack of an integrated information technology-based service system. Not all healthcare workers understand or are ready to implement an out-of-hospital service model. Informant 2 cited limited time and incentives as challenges. Informant 5 (a patient) was confused about the BPJS referral and payment system. Many people do not yet understand that healthcare services begin at the primary health care (FKTP). Informant 1 also mentioned that the BPJS claims system does not yet accommodate out-of-hospital services. Despite this, Informant 5 expressed enthusiasm for HWW but emphasized the importance of a doctor's in-person

presence. The HWW concept is an innovative approach that extends services beyond the hospital. A study by Waworuntu et al. (2024) showed that HWW improves accessibility, efficiency, and public awareness, despite challenges with human resources and coordination. Mokolensang, Manampiring, & Posangi (2023) emphasized the importance of policy support and human resource training. Ayuningtiyas et al. (2023) showed that service quality is influenced by facilities and human resources. Pratiwi et al. (2021) emphasized the importance of technology and collaboration. Tambajong et al. (2023) mentioned increasing service coverage but facing challenges with information system integration. Waworuntu et al. (2024) emphasized the need for widespread outreach, cross-sector coordination, and an integrated SIMRS (Sysm). Masruroh et al. (2020) demonstrated the beginnings of managerial readiness.

At Mala Regional Hospital, the Director stated that HWW is crucial for the island region, but the referral system remains a challenge. Limited medical equipment and competency at the primary health care facility (FKTP) lead to patients being referred to hospitals. This aligns with the findings of Annisa et al. (2021) regarding the importance of standard operating procedures (SOPs). Online services such as WhatsApp are beginning to be used by medical personnel at Mala Regional Hospital as a personal initiative (Ministry of Health, 2021). Family physicians and community health center doctors stated that HWW practices involve home care. The BPJS (Social Security Agency) plays a role in reducing referrals, but the claims system remains a barrier. Lower-middle-class patients feel burdened by the need to pay. Patients still consider face-to-face interaction important. Internal barriers include undisclosed standard operating procedures (SOPs), limited equipment, and limited doctor training. External barriers include the absence of BPJS regulations and a lack of public awareness. Waworuntu (2020) and Mewengkang (2021) concluded that HWW increases hospital service volume and revenue. The SIMRS at Mala Regional Hospital is not yet fully integrated. IT human resource competencies need to be strengthened. Cross-sector collaboration is also crucial (Waworuntu, 2022). Hospitals can play a role in education and disease screening. Primary care physicians are expected to be able to handle a large number of cases before referral (Minister of Health Decree No. HK.02.02/MENKES/514/2015; Permenkes, 2014). Informants understand the relationship between HWW and accreditation (Minister of Health Decree No. 1128 of 2022). This research contributes to the development of HWW-based internal medicine services, although it does not yet cover subspecialty services. HWW plays a strategic role as an initial screening system, providing service efficiency, and strengthening regional health systems.

Research Limitations

The limited number of informants for the patient or service recipient group, limited to just one, is recognized as a methodological constraint, but remains scientifically sound in the context of qualitative research that focuses on depth of understanding, context, and meaning. Informants were purposively selected based on relevant characteristics, namely outpatients at Mala Regional Hospital who had interacted with the primary health care facility (FKTP) and the hospital. Triangulation was conducted with four healthcare worker informants. Convergence of perspectives strengthens the validity of the results. Although only one patient's data is significant for a holistic understanding of HWW. This limitation serves as a reflection for further research with more service recipients to broaden the context and diversity of experiences.

IV. CONCLUSION

Based on the research results and discussions obtained and compiled, the following conclusions can be drawn:

1. The implementation of the Hospital Without Walls (HWW) concept at Mala Regional Hospital has begun, but it has not yet been systematically implemented. The main obstacles are the lack of policies, standard operating procedures (SOPs), and training. There are significant opportunities if supported by human resources and technology.
2. HWW reduces cold cases through early screening at primary care facilities and accelerated referrals. Doctor communication and the use of technology proactively accelerate service delivery.

3. Internal barriers: information systems are not yet ready, standard operating procedures (SOPs) are missing, and human resources are limited. External barriers: BPJS regulations and infrastructure are not yet in place. Success requires synergy, technology, and public education.

V. SUGGESTION

Based on the research results, discussion, and conclusions, the author suggests several things. For Mala Regional Hospital, Talaud Regency, it is hoped that it can develop policies, SOPs, and strengthen human resources and technological infrastructure to support a more structured implementation of Hospital Without Walls in the Internal Medicine Clinic. For Sam Ratulangi University Manado, these results can serve as an academic reference for the development of health service management science and encourage further research related to community service innovations such as HWW. For researchers, this study provides a foundation for expanding knowledge and opening opportunities for further studies, especially regarding the integration of technology and the effectiveness of HWW in internal medicine services. For the government, it is expected to provide input in formulating digital and collaborative policies, as well as supporting HWW regulation and financing nationally. For the community, this research can increase understanding and acceptance of HWW services to contribute to their success.

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