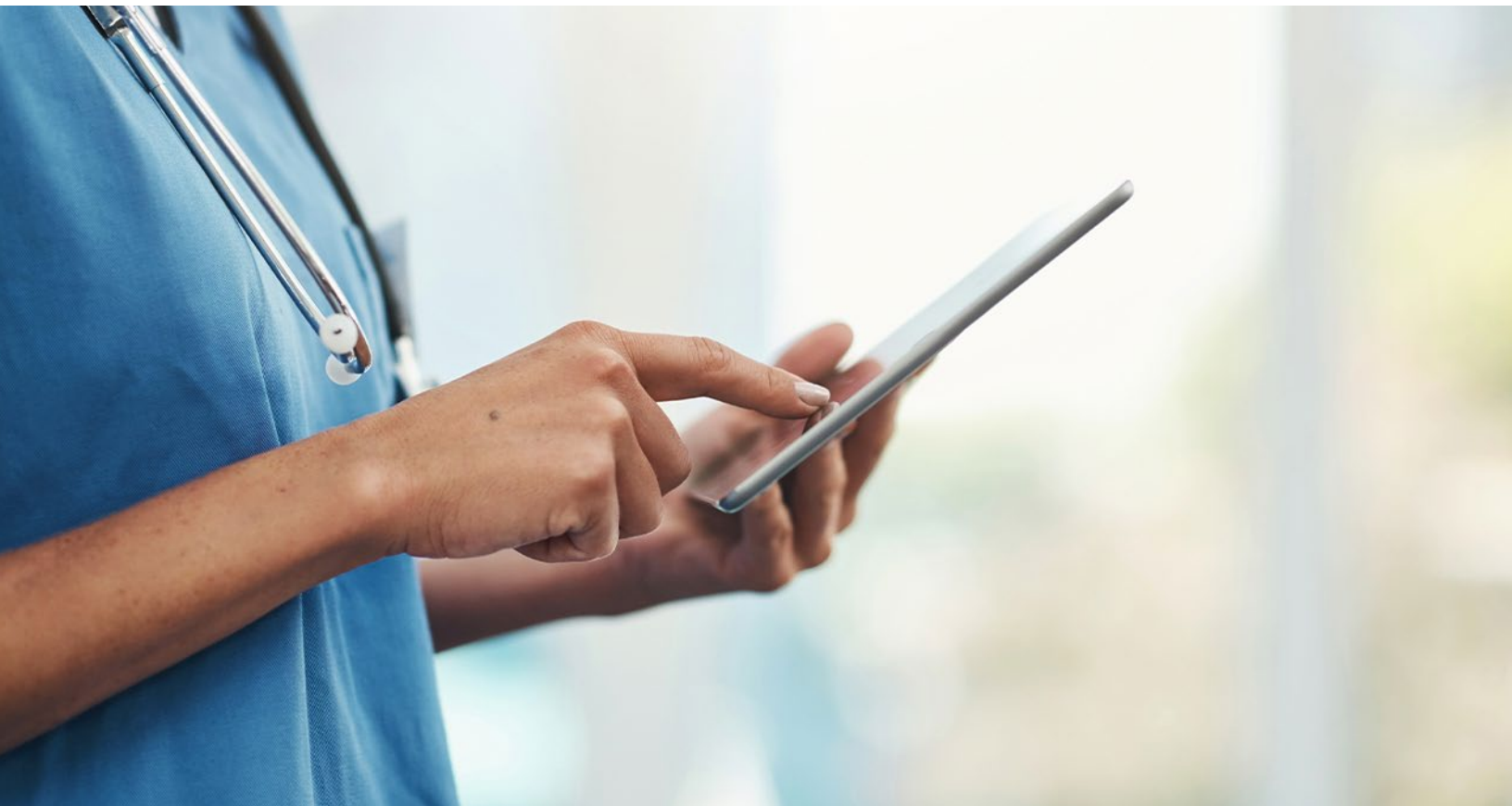# Connecting patients to healthcare: A conversation with Halodoc's Jonathan Sudharta

The co-founder and CEO of an Indonesian healthtech is simplifying and enabling healthcare access in the world's fourth most populous country.

When **Jonathan Sudharta** began his career as a pharmaceutical sales rep, he spent a lot of time in waiting rooms, observing patients who waited for hours, often in vain, to see a physician. He recognized an opportunity to address a lack of healthcare access in Indonesia and launched Halodoc in 2016, a telehealth application that connected millions of Indonesians to a network of more than 20,000 healthcare professionals, clinics, labs, and pharmacies. Since then, Halodoc has attracted several rounds of funding, including $80 million in 2021 and another $100 million in 2023. In this episode of *The Venture,* Jonathan sat down with McKinsey's Timothy Yap to discuss Halodoc's mission-driven culture, how the company drastically reduced patient wait times from hours to minutes, and its baptism of fire during the COVID-19 pandemic.

An edited transcript of the podcast follows.

Podcast transcript:

Andrew Roth: From McKinsey's business-building practice, Leap, I'm Andrew Roth, and welcome to *The Venture,* a series featuring conversations with legendary venture builders about how to design, launch, and scale new businesses. In each episode, we cut through the noise to bring practical advice on how leaders can build successful businesses from scratch.

Timothy Yap: Jon, welcome to the podcast. Thanks very much for making the time. By way of introduction to our listeners, Jon runs one of the most exciting companies in Indonesia, which is among the largest markets in the world, the largest in Southeast Asia, and home to many exciting start-ups. So we're very happy to have an entrepreneur from Indonesia who's built out one of its most successful companies, and one that's extremely mission-driven. Jon, I'd like to start this conversation by asking you to tell us a bit of your story. Why did you start Halodoc?

Jonathan Sudharta: Thank you, Tim. I started my career as a sales rep for a pharmaceutical company in 2003, meeting with doctors. Indonesia is a huge country, but we only have three doctors for every

10,000 people. Just to give you a bit of context, Singapore has some 30 doctors for every 10,000 people. And in a country with more than 280 million people, there are not enough doctors.

That percentage is skewed even further by the 80/20 principle, where 20 percent of the doctors cater to the maximum number of patients. So when I was a sales rep, I usually needed to wait until 2 a.m. to meet with doctors, because they sometimes see 100 patients a day.

And while waiting to meet with a doctor, a lot of patients actually churned out. They were tired and wanted to go home. I became friendly with many patients while we were all waiting, and before they left, many would ask me to ask the doctor if they should continue a particular medication, and other mostly follow-up questions.

So I became the messenger for the patients, which served my purpose well, because then the doctors really wanted to speak to me. And the next morning, I would call the patients and relay the doctor's messages to them.

I built this mutually beneficial relationship between myself, the patients, and the doctors, and essentially became a one-man telemedicine provider. And as a pharmaceutical sales rep, I also helped patients find the right medicine, since I was the one who connected patients to doctors and pharmacies.

I was in a position of privilege to enjoy the ability to speak with doctors and patients in bigger cities, where patients have access to doctors. But in a country like Indonesia, with hundreds of millions of people, and thousands of islands, it's difficult for those who live in very rural areas and may lack access to doctors, and especially specialists. So in 2015, I started thinking about how I could use technology to improve healthcare accessibility throughout the whole country, and that's where telemedicine came into play.

The mission was to create access to healthcare for those who did not have the access or the opportunity to speak to a doctor or specialist. We launched Halodoc in 2016, and the rest is history,

because we also started to build products, not just connecting doctors to patients, such as the delivery of medicine.

Now you can speak to a doctor within 15 seconds in over 140 cities, and have medicine delivered to you within 36 minutes. Everything is paid for directly either by you or your insurance, so it's seamless. We also offer blood tests at patients' homes, and everything is connected through one application.

Timothy Yap: That's a great story on how to identify a problem and start a business. Indonesia's traffic is tough, to say the least. And being able to promise that over 90 percent of your customers can get their medicine within 36 minutes sounds almost impossible to anybody who knows Indonesia, as well as cutting down the wait time to see a doctor to less than two minutes. How did you set that mission for your team?

Jonathan Sudharta: That was not the goal on day one, and was only achieved after many mistakes and problems. Our philosophy as a company is, "Don't fall in love with the solution, fall in love with the right problem." But when we started, we actually fell in love with two solutions; to be honest. I first fell in love with a solution that allowed you to speak with 3,000 doctors in the Halodoc network.

Back then, people hated us because doctors and patients couldn't speak to each other. Patients looked for the doctors, and every time they pressed a button to connect, nobody was responding. Doctors also complained, saying, "Hey, Jon, I thought if I connected to you, I'd get patients." My solution was to add 3,000 doctors to the application, but I wasn't looking at the problem.

The other solution I fell in love with was connecting patients to five local pharmacies and making them bid for your order. But the reality is that pharmacies are really busy when you place an order. And in the early days, the pharmacies often did not hear our app alert them to a new order, with patients waiting more than two hours for a response. So we suffered 90 percent drops because of some very big mistakes.

After many different iterations, we realized the real problem was anxiety. Because when patients have a problem, they just want to speak to a doctor as soon as possible. So even though you may have 3,000 doctors, the real problem is that anxiety. And if they need medicine, they want that medicine now. That's basically the real problem.

So how did we solve it? Our philosophy is, start with a hypothesis, come up with a solution, and iterate. Culturally, we allow people to make mistakes, own the mistakes, and challenge the status quo. Back then, my chief product officer (CPO) Alphonse was just another member of my staff. He said, "Jon, can I turn off your 3,000 doctors?" I was so angry at him and said, "What? Why do you want to turn off these 3,000 doctors?"

He said, "It's not an asset if it doesn't solve the customer's problem. It's a liability. I want to turn off every single doctor, except for five, and make sure these five doctors pick up every single chat or call from our patients." A very simple solution, and one that dramatically changed Halodoc. Our rating went from 1.1 to 4.0 within three or four weeks, thanks to that one small change.

So how did we scale? That's where technology comes in, which also applies to solving the pharmacy problem. Instead of having five pharmacies bid for an order, we automatically assigned pharmacies to supply patients based on price, location, and medicine availability. So patients no longer needed to wait, and got their medicine automatically.

For me to explain how we did it involves a lot of technology that we built. But in short, we needed to bend reality. And to be a reality bender, you need to be comfortable making mistakes and be humble enough to accept the fact there are others within your organization who will own the problem and solve it better than you can.

So once Alphonse solved that problem, I resigned as CPO. Because up until that time, I thought being CEO meant I knew everything about the product. But I realized I'm not smart enough to be CPO and have never taken any product decisions since then.

Timothy Yap: That's really humility, to accept that you're not the best person for a job. You've also said one of your key metrics at Halodoc is the number of lives that you touch. I'd like you to talk a little more about how you continue to ensure a mission-driven culture, and share a bit about your experience during the pandemic and how that affected your contribution to Indonesia's COVID-19 fight.

Jonathan Sudharta: When we started Halodoc, one of my first mentors told me to have a North Star metric, which is the number of patients that we touch. Economics are important, but that's a result of what you actually do for your patients. That mission was really tested during COVID-19, because then it became not how many patients we touched, but how many patients we saved.

That one simple metric of how many patients you touch actually became a credo or a mantra used by a lot of our product thinking. At Halodoc, we want to simplify access to healthcare, and healthcare is symptom-driven. For example, when a patient starts vomiting, you activate 14 or 15 different pain points.

The first pain point is, why am I vomiting? Who should I ask? Should I ask a doctor? Should I ask a specialist? The second pain point is, should I ask a doctor or specialist physically, or is online enough? If you speak to a doctor, whether it's physically or online, you may be asked for a blood test. That's another pain point.

I could continue, but in short, we realized there are multiple pain points that need addressing because of one problem. We could not just build one product to solve 15 different pain points. We needed multiple products.

That's both a blessing and a curse for us. Can you imagine the size of investment required to solve multiple pain point verticals in healthcare? That's why we have this key metric of how many patients we touch.

We were very fortunate that we finished building the whole product range—connecting patients

to doctors, connecting patients to pharmacies, connecting patients to clinics, hospitals, or laboratories—back in 2019. Little did we know, COVID-19 would arrive in early 2020, when our mission was really tested.

The kinds of needs required during the early days of the pandemic were very confusing. A lot of people didn't know how to test. And the first test available in Asia was a blood test using your finger, and there were a lot of problems related to that.

There were also not enough tests, so how can you solve that? Halodoc came up with a solution where we became the only one providing drive-through testing, working together with the government and hospitals to administer finger-prick tests. There was a solution to the problem of a scarcity of supply and resources, and it was another touchpoint we created to solve patients' problems.

And because of the swift evolution of COVID-19 testing, from blood samples to PCR to antigen tests, we needed the agility of a product that changed every two weeks. I don't know about Singapore, but in Indonesia, the Ministry of Health was issuing different directions and guidance every two weeks. But the government was also very progressive and got to the point where it began distributing free medicine to COVID-19 patients, once they had been diagnosed via telemedicine.

We were working together with the government to provide free telemedicine, free medicine, and free medicine delivery. This situation was definitely a test of our purpose, but the biggest test was of our talents. Because during that period, almost nobody could actually leave their home, and I was in charge of more than 700 people. Everyone was working in the field, in the office, in the drive-through locations, or the hospitals. That was a true test of the talent at Halodoc.

That's when I realized they joined Halodoc because of our mission. Money is not enough when you are risking your life to help others. Today people are not as afraid of COVID-19 as

they were during the early days of the pandemic. We were also the first government partner that helped the government vaccinate people in 400 locations throughout Indonesia, and you need people who are mission-driven to be part of that kind of effort.

We never view other players in the industry who share our mission as competition. We always see tech companies, hospitals, or clinics as collaborators, because we all need to work together. And we need to be happy if more patients are being helped, whether it's by our platform connecting to hospitals or clinics or by other players with similar methods of touching patients.

That philosophy gives us peace of mind and meaning to focus on building the best product we can. If there is competition in the technology space, we should feel energized and use that other player as a reference point for us to see where we can improve. It's about improving our service to be better than them, because then more patients will enjoy better service.

Timothy Yap: That philosophy has also informed your perspective on attracting investors and partners, right? Because that's also driven by how you've chosen people who can best enable your mission over time.

Jonathan Sudharta: Definitely. We are also always very selective because investors, by design, are out to get the highest return on investment. But investors come in many different colors, and there are some who look for a return, but also with a

particular impact or mission. So choosing investors was extremely important, especially during difficult times.

During the pandemic, we were getting ready to sell vaccines, but within days, it was announced vaccines would be free. So instead of making money, we were actually going to lose money. But none of my investors protested. They gave me their trust, and because of that, I attracted more investors. You really require the right kind of investor who looks at impact and believes in the future of returns on doing good.

Timothy Yap: And that builds trust over time, builds trust in the entire ecosystem, builds trust in the mission, and ultimately benefits the people.

Jonathan Sudharta: Definitely. I would say trust is the most important currency in healthcare.

Timothy Yap: I wanted to spend a little time asking for your reflections on lessons learned and mistakes you would try not to repeat. And secondly, what's next for Halodoc?

Jonathan Sudharta: Ideally, I think the number one lesson would be not to repeat those mistakes, but I don't think I can say that because companies have their stages, and you have to grow through those stages in order to step up to a different stage.

In hindsight, if I had done the instrumentation of the Halodoc app earlier, I would have known all the problems we were trying to solve in the funnel much

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earlier. And when I say instrumentation, I mean knowing which buttons patients actually touch, and which steps they take in the funnel when they use the application. Why do they stop after landing on the home page? Why do they stop on the second page?

But when we started, we didn't know any of this. So if I say I should have built the instrumentation before I built the first Halodoc app, how could I have done that? It was the early days of people building their own apps, so instrumentation was not easily available or a lot more expensive. So I had to work through that problem.

I also made mistakes when choosing talent. I hired someone from an international e-commerce company who I thought must be a good fit. How would I know that a local talent—who is now my CPO—who came from the banking industry and knew nothing about tech, would be the one who actually solved that big problem for us early on.

If I could do it over again, I would tell myself, "Hey, you should not hire that guy from that international e-commerce company. That guy will not solve that problem. You should focus on this young guy coming from the banking industry." There were many strokes of luck and a lot of serendipity. But I guess when you try to hire people with the right purpose, there is a higher power out there that is going to help you and support you.

I think the biggest lesson for me is to accept the unknown, and accept that you have to go through this journey. You need perseverance to endure extreme pain, to be very stubborn about your mission and agile in trying to execute things, while remaining humble enough to listen to people

that may be better than you at solving different problems for the company. Maybe that's the lesson.

Your second question was about the future of Halodoc. If you take a look at the situation today, we are happy that we're now the number one healthcare brand in Indonesia, both online and offline. As for the future of Halodoc, I would like to hope that we will be part of sickness prevention rather than only being part of sickness treatment, because that would be very fulfilling.

If we're hoping to touch as many patients as possible, we couldn't be bigger if we can make sure that people never become patients, even though that's impossible. But I would like to be part of a solution that prevents as many people as possible from becoming patients by helping them with preventive healthcare and wellness.

Timothy Yap: You've set yourself another huge problem to solve, but I think these kinds of goals are worth fighting for.

Jonathan Sudharta: It is difficult. But to your point, it's worth the fight. You wake up to solve humanity's problems, hopefully in a profitable way. But you actually do it to help other people. Not many people have that privilege—whether through engineering ability, marketing ability, or creativity—to actually help others stay healthy. We have that privilege. So I guess that's where we are and where we want to be.

Timothy Yap: All the best on that mission, Jon. It's been a privilege. Thank you very much.

Jonathan Sudharta: Thank you very much.