

Model for Customer Relationship Management Based on User Experience in Servuction Systems: Case Study of Prepaid Medicine

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Abstract

For prepaid medicine Servuction systems, it is a challenge to establish strategies that timely integrate user requirements with the availability of specialized medical services offered. In a study conducted on prepaid medicine IPS, pain points were identified, such as: inappropriate attitude by service personnel, delays in medical care, insufficient coverage, issues in emergency care, and dissatisfaction due to denied orders. These moments of user pain are explored using tools such as the service blueprint and the Customer Journey Map. Based on the analysis of their results, improvement solutions were deployed focused on strengthening communication and interaction tools with users, leading to the development of a model for customer relationship management (CRM) based on the user experience, in a prepaid medical service delivery system.

Keywords

Servuction Systems, User Experience, Customer Relationship Management – CRM, Operations Management, Service Blueprint / Customer Journey Map, Prepaid Healthcare

1. Introduction

1.1. State of the Colombian Health System.

The Colombian health system in 2025 is in a phase of maximum tension, it has achieved almost universal coverage, but fails in technical timeliness. The user is forced to become a "legal actor" to navigate administrative barriers, while the health model struggles to move from curing to real prevention, facing territorial fragmentation that leaves the poorest populations behind. Within the framework of claims arising from the violation of health as a right and citizen participation, there is a sustained increase in the claim rate, rising from 104.92 in 2017 to 334.05 in 2024. 90.8% of these claims are due to barriers in access to health technologies and services. In 2023, 197,767 health lawsuits were filed, an increase of 26.4% compared to the previous year. The EPS are the most targeted actors, representing 80.61% of the cases. Regarding the quality of care and satisfaction in the context of appointment availability, at the national level, the average waiting time for general medicine is 3.74 days and for dentistry, 3.64 days. For specialties such as general surgery, the average rises to 10.4 days. In terms of overall satisfaction, despite access barriers, 96.03% of users rate the care at IPS as good or very good. However, 66.57% of affiliates report not having received information about their charter of rights and duties from their EPS. Within the framework of performance and ranking of actors, EPS are classified according to their level of violation of the right to health. Entities such as Famisanar and Capital Salud are placed in the high violation category, while Aliansalud, Mutual Ser, and Salud Mía show the lowest levels. Regarding IPS, 97.4% of the authorized institutions engaged in some practice of violation during 2023 (Ministerio de Salud y Protección Social, 2025).

In response to the various problems faced in the health sector, a mechanism emerged that seeks to balance the behavior of the system in terms of timeliness and accessibility, such as prepaid medical services, which appeared in Colombia in the early 1970s, with Coomeva as a pioneer in 1973, in response to the need for faster and more exclusive health services, differentiated from the public system. It was established as a voluntary alternative to social security, offering direct access to specialists and better hospital accommodations, later promoted by Law 100 of 1993. (Lozano Jiménez, Lozano Marmolejo, & Lozano Gubbay, 2003).

1.2. Prepaid Medicine in Colombia

Prepaid medicine in Colombia is a voluntary private health system that complements the EPS, offering direct access to specialists, a network of exclusive clinics, immediate care, and more technology. A monthly fee is paid, with variable costs (from approximately \$75,000 to more than \$500,000 COP) according to age, coverage, and company, presenting the following characteristics and special benefits, such as: direct access to specialized medical services, preferential network, efficiency, and additional coverage. (Uribe Vargas, 2024).

Prepaid medicine in Colombia has experienced significant growth, reaching 1.4 million members by mid-2025, an increase of 37% since 2022, driven by the crisis in the public health system. Health insurance policies and voluntary health plans are also growing, with an annual increase of 14%, consolidating prepaid medicine as the main segment with 51.8% of the market. Prepaid medicine in Colombia faces significant challenges, including an increase in lawsuits for noncompliance, access barriers, and higher costs for users. Despite an increase in members, there are issues with pre-existing conditions, rate increases for the elderly, and inefficiencies in the care network, which lead to dissatisfaction despite paying an extra fee (Rodríguez-Trujillo & Fernando Ceballos, 2020).

1.3. Problematic question.

How can the user's requirements be timely integrated with the availability of specialized medical services offered by a prepaid medical service provider?

1.4. Objectives

1.4.1. General Objective.

- Model customer relationship management based on experience to improve the timely integration of user requirements with the availability of specialized medical services offered by a prepaid medical provider.

1.4.2. Specific Objectives.

- Map the prepaid medical service offered by the IPS using the Service Blue Print and Customer Journey Map to describe client-server interactions and identify pain points.
- Establish the perception of the quality of prepaid medical services through a survey based on the Servqual model.
- Proposal for a management model for customer relations based on the experience of prepaid medical services

2. Literature Review

2.1. Servuction Systems.

When we talk about Servuction (manufacture of services), it is very important to establish mechanisms that allow standardizing processes in order to guarantee the necessary resources to manufacture quality and highly productive services. The service refers to those manufacturing systems of very high complexity framed in most cases in the classification of production systems by project since it is to satisfy particular needs, not standardized of customers from various sectors of the market as is the case of the health sector, where the standardization of processes is difficult because although the symptomatology of a disease is the same the cause that the generation is different therefore the way to face this symptomatology is different (Garzón Saenz, Solana Garzón, & Ortiz Piedrahita, 2017).

2.2. User Experience

It is the perception of a person's or user's emotions and responses when interacting with a product, system, or service, whether digital (apps, websites) or physical. It aims for the interaction to be intuitive, useful, accessible, and pleasant, increasing customer satisfaction and loyalty. It is an iterative process of research and design to improve usability (Gutiérrez García, Caro Lazos, & González Moreno, 2024). Other authors define it as the set of factors and elements that allow users and/or clients to experience different sensations when interacting directly or at different moments of truth within the framework of service manufacturing (Ramírez-Acosta, 2017).

2.3. Customer Relationship Management – CRM

Customer Relationship Management (CRM) is a comprehensive strategy that uses technology, processes, and data analysis to manage interactions with current and potential customers. Its main objective is to strengthen loyalty, improve satisfaction, and increase profitability through the personalization of the customer experience and the automation of sales, marketing, and services. The operation of a CRM for managing complaints and claims from the customer relationship perspective has evolved in its analytical component. (Mark & Walton, 2005). Especially since the application of tools that determine from the customer's voice elements that can be categorized as a complaint or not a complaint. Artificial intelligence tools and machine learning processes have been integrated to be able to integrate continuous learning into automated processes to identify and quantify customer complaints from the customer's voice. (Ludwig, y otros, 2013). Profiling the customer's voice using these tools allows for the development and improvement of the value proposition and products generated by the organization. Clustering models of customer complaints and claims have been developed based on DOE, which is subjected to training and validation using machine learning processes. Procedures like this allow reducing the quality gaps that exist between the customer experience and the delivered value proposition. (Chen & Lin, 2021). For this, the integration of operational components within a CRM is important; this allows for a constant capture of customer data and information. This large amount of data enables the operation of a product-service system which is highly sensitive to the voice of the customer and, based on the service design, uses tools such as the service blueprint and agile design tools to ensure the improvement and customization of the service. (Kuo, y otros, 2021).

3. Methods

To determine a CRM model based on quality management and service experience with the user of a prepaid medical service system, the study starts from the determination and limitation of the system itself. Within a health service system, whether public or private in Colombia, it is considered that the service providers and suppliers have a number of services enabled in their facilities limited only by their financial and technical operational capacity. In this case, there is a health care center that has specialized medical services limited by the technical offerings of its facilities; to complement the value proposition, there are specialized health service providers in a specific area of health, which are included within the prepaid medical health service system that is taken into account to analyze the population's experience and as a reference for service quality.

Regarding this scope of the system, the estimation of the service quality measurement is carried out, which will serve as support for proposing a CRM model. The quality measurement in this case is based on user experience indicators: Satisfaction, NPS, CES, and User Verbatim, which are determined from a selected sample of users with 95% reliability. The compilation of the results of these indicators is represented in an agile methodology tool, the Customer Journey Map, in complement with a service blueprint.

The description of a service is carried out from factors that define its operation, such as its infrastructure, personnel, processes, and customer involvement. The analysis of the case study begins with the description of these operations using the service blueprint, identifying the physical evidence that guides the ideal behavior the customer and user should have within the service, the respective actions of the client-company duality, and the internal operations carried out to support the experience delivered in the line of interactions.

This descriptive information of the service, complemented with the behavior of user experience indicators, then allows the construction of the Customer Journey Map. This agile development tool focuses primarily on identifying the user's pain points within the prepaid medical service system, based on the behavior and measurement of the experience. The identification of these pain points projects the interactions where intervention and solution creation are necessary.

However, it is significant to understand the magnitude of those moments of pain; for this, the methodology of this study proposes measuring the gap generated between the elements of the service system that are causing these moments of pain using the Servqual tool. By understanding the size of these gaps and the factors that most influence them, the quality attributes in customer service and user experience that reduce the determined perception gaps of quality will be constructed. The proposed methodology then makes the following theoretical proposal. (See Figure 1):

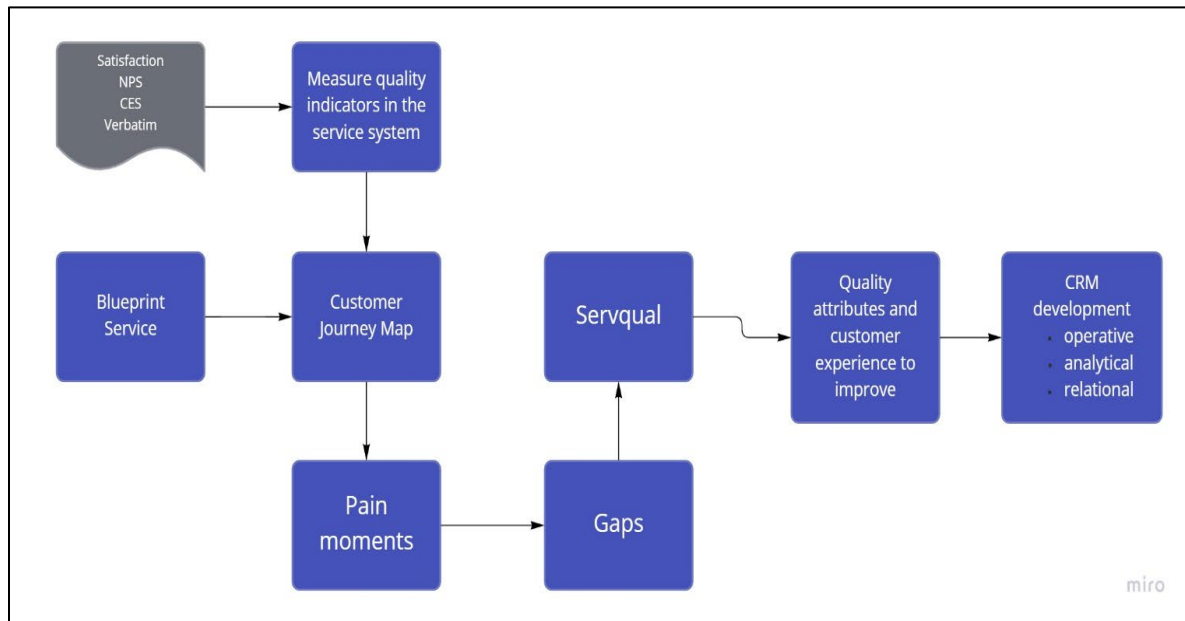


Figure 1. Flowchart of the methodological process for the design of the relationship model
Source: Own Elaboration (2025)

Figure 1 describes the methodological process developed to structure this work, which starts from the validation of indicators associated with the health service provided, such as NPS, CES, and Verbatim. The current customer journey is described through the Customer Journey Map and the Service Blueprint, with the aim of identifying pain points, which will become the main objectives for improvement. Subsequently, a perception survey based on Servqual is developed with the aim of establishing quality attributes and improving experience, and thus finally structuring the customer relationship model based on CRM.

4. Results and Discussion

4.1 Mapping of the prepaid medical service offered by the IPS

The study focused on a prepaid medical center in the city of Cartagena, Colombia, which has a user population of 9,686 people, from which a sample of 371 of these users has been taken, with a 95% confidence level for the development of this study. The service system has a wide network of providers including clinics, hospitals, and doctors of different specialties and subspecialties. In the last year (2024) it has been affected due to the number of withdrawals recorded to date, which exceed the amount budgeted by the customer service experience area.

In the service, the inappropriate attitude of the health personnel, the delay in medical appointment attention, the dissatisfaction with program coverages, the problems in emergency care, and the dissatisfaction with denied orders are some of the “pains” experienced by users. These have had a significant increase so far in the year 2024 compared to the year 2023. This has generated dissatisfaction among users, and some have even decided to leave the service, and at this moment the accumulated satisfaction index is at 54%, the company's goal is to reach 80% by December. All these complaints presented by the company's users have been reasons for an increase in withdrawals above what was budgeted for the experience area, defining as main causes the change in the user's economic situation, portfolio cleaning, and transfer to another prepaid medical service system. That is, the first reason or personal motivation of the user who has purchasing power to leave the service is that they do so for a better offer from the competition.

Reviewing the above, it becomes essential to work on the satisfaction indicator. Failing to intervene in this problem could lead to a greater increase in withdrawals, which would significantly affect the company's profit and reputation; this, in turn, will impact the difficulty of acquiring new clients and could even, over time, lead to a forced closure of the company, in the worst-case scenario.

To detail the problem, the non-conformities in coverage by the purchased service are reviewed, which can be evidenced not only in the list of main complaints but also in the Verbatim presented by the company where users express the complaints they currently have regarding the service.

On the other hand, in the detractors' Verbatim, the complaints of several users about not being able to access a service or channel due to lack of knowledge about them were highlighted; this generated displeasure, confusion, and made the user not want to continue with the service. For this reason, it became pertinent to search for the root cause of the problem within the company in the sales and support areas, describing each of them and their relationship with each moment of truth, verifying which of these add value or not to the user experience.

Table 1. Service Mapping of the Prepaid Medicine Service System

True moment	Sales executive contact	Consultative sale	Service affiliation	Specialist request	Asistence to consultation	Specialist assessment
Physical evidence	Advertising Mailing	Mailing Link videocall	Paper registration form	List of specialists in the website	Waiting room Reception Doctor's office	Assessment and clinical history
Customer action	Receive information and make an appointment	State needs and choose program service	Provide personal information, accept terms of service and sign	Search and choose a specialist	Deliver documents and make copayment	Provide personal information and health status
Server action	Call the user and schedule an appointment	Identify customer needs and ideal program	Request personal information and fill out application	Provide list of available specialists. Receive appointment request.	Receive documents and fill out an authorization request. Receive consultation payment	Opening medical history User health care Patient Assessment
Internal process	Plan customer call Plan consultative sale Register consultancy		Enroll the user Verify customer information	Record appointment	Generate billing account	Notify use of the service
Support process	CRM		Operation management	Technological management	Information management	Healthcare support

Source: Own Elaboration (2025)

In Table 1, the service map provided by the entity under study is graphically described. Through service mapping, all interactions between the client and the server were observed, starting from the moment the first contact is made with the client by the sales executive, up to the moment when the user receives the assessment in the service directed by the specialist of their choice. Here, not only is the interrelation between the user and the server evidenced, but also their relationship with the company's internal processes and, in turn, with the support processes, such as the CRM from which data of a potential user for the company is taken. These are provided by the service system as potential qualified prospects to contact and establish a connection with prepaid medicine. In addition to this, there is the process carried out by the operations area, which consists of validating that all documents are properly in order and thus supporting the prepaid medicine affiliation process. On the other hand, there is the technological management process that is responsible for receiving all the information about scheduled appointments from the platform and in turn directing it to the company's server where the availability of providers is recorded so that the user can successfully schedule their appointment. In the service mapping, those 'Moments of truth' are also found, which are defined as that moment in which an interaction is generated between the server and the user and how these influence the final perception that the user may have when using the prepaid medical service.

All these operations are key so that at the moment service gaps are identified, it can be understood which operations are adding or removing value from the quality of customer service in the service system.

Table 2. Customer Journey Map of the Prepaid Medicine service system

Phases	Discovery	Application and contract	Product use	Maintenance of the relationship	Invoice and payment	Portfolio maintenance	Termination of the relationship
Customer process	Identification of the need information search	Receive information and make an appointment State needs and choose program service Provide personal information, accept terms of service and sign	Search and choose a specialist Provide personal information and health status	Advertising Mailing	Deliver documents and make copayment	Advertising Mailing	Assessment and clinical history
True moment	●					●	●
Pain moment		●	●	●	●		
INS - NPS - CES	INS: 5,1 NPS: 70 CES: 22	INS: 3,4 NPS: 58 CES: 22	INS: 4,7 NPS: 61 CES: 22	INS: 3,4 NPS: 53 CES: 22	INS: 4,7 NPS: 71 CES: 22	INS: 5,1 NPS: 61 CES: 22	INS: 4,6 NPS: 70 CES: 22
Customer voice		Telephone communication difficulty Inadequate administrative staff attitude	Delay in medical appointment Inconveniences with emergency service cancellation of appointments	Telephone communication difficulty	Bad attitude of the server incorrect charge		

Source: Own Elaboration (2025)

In Table 2, the customer journey is described through the Customer Journey Map, in which the NPS should be above 85%, and currently it is found with a cumulative NPS of 64%. The satisfaction index is used to evaluate the brand, it ranges from 1 to 5, where the indicator is the % of satisfied users plus very satisfied users, it is measured monthly, at a national level, and it is worked with parameters where the maximum margin of error is 5%, therefore the confidence level is 95%. Currently, there is a cumulative total (data obtained up to August 2024) of 54%, over a goal of 85%. The CES or Effort Level is an indicator used by the company to measure how much effort the user had to make when using the prepaid medical service. Currently, the CES of the prepaid medical service system has a cumulative total of 22%.

Within the application of the Customer Journey Map, it was found that more than 80% of the company's clients do not have much knowledge about the coverages of the program of their choice. This is, in fact, one of the reasons for complaints reflected in the Top 5 causes of dissatisfaction presented by users to the company (see Table 2), and in the service mapping, it is evident that there is no follow-up reminder about what coverage the user actually has.

In addition, through the development of the 5W + 2H questionnaire, it is evident that the operations that generate the quality gap are related to consultative selling, where it is noticeable that there is NOT complete clarity on the part of the executive when carrying out the enrollment regarding the coverages of the acquired program, as previously mentioned. And although it is known that not all programs handle the same benefits and many of them have hospital limits and different coverages, these exceptions are not communicated with complete clarity, and by not having full knowledge of their program, dissatisfaction arises after using it.

On the other hand, when users go to search for a specialist, it is evident that there is no way for the user through the application to schedule their appointment in a faster and more agile way than the channel currently offered, which is the phone call. This to a certain extent generates discomfort on the part of the user because in order to schedule an appointment within the specialty of their interest, they sometimes have to make several calls until they reach the specialist who has the appointment slot that suits them best. However, the operation that generates the largest quality gap occurs at the moment of truth of Consultative Selling, since from that point users form a first impression of the company and the entire process begins to make use of the service. From consultative selling, a sufficient flow of information is not being generated that allows users a full understanding of their coverage, thereby preventing future problems when a service is denied to them (due to lack of coverage in that program).

All the experiences that the user has from the moment they search for information until they are evaluated by the specialist affect their perception and therefore their retention or possible recommendation to future users.

All the shortcomings of the service end up being reflected in the experience that the client has in consultative sales and specialist search. For this, the company must begin to work on the actions of the commercial executive and specialists (system servers), internal processes, and processes that support this experience and that are indicated in the service mapping, in addition to taking actions aimed at reducing the gap that exists between the service that the user receives and the one they expect to receive, since the lack of clarity on the part of the commercial executive or the lack of awareness and recall on the part of the company has created a gap where users feel that the program they are using does not have sufficient coverage for what they require.

4.2 Establishment of the perception of the quality of prepaid medical services under study

In the development of this topic, a series of questions were designed, based on a Servqual-type questionnaire, which were applied to users and to the company's customer service area, which is ultimately the one in charge of receiving all observations about the service provided to users, in order to have solid criteria when later making a proposal that leads to improving the service that has already been provided by the company.

These questions were designed with the aim of knowing what expectations users of the prepaid medical service system have when accessing the service and, in turn, to know how the experience was perceived by them and what the company considered about how it had designed its service.

In the questions asked, the different elements to be evaluated were covered: tangible elements, reliability, responsiveness, assurance, and empathy, and although there are gaps in all the evaluated factors, it was found that the factors most affected were the tangible elements and reliability. The application of these questionnaires yielded a Cronbach's Alpha of 0.82, which provides moderate reliability in the relationship of the data processed. (Matsumoto Nishizawa, 2014).

Table 3. Comparison of factors by elements

	Tangibility	Reality	Security	Answer capacity	Empathy
Average expectations of the experience	4,46	4,46	4,5	4,37	4,44
Average perceptions of the experience	3,87	3,96	4,24	4,2	4,21
Average Experience design	5	5	5	5	5

Source: Own Elaboration (2025)

Based on Table 3, the results of the perception of the cited service quality are described. Thus, taking into account the most affected perceptions, in which users considered their experience was not the best, it could be summarized that, in general, what affects users the most is the lack of support from the company, and this highlights the common thread among the other perceptions, where everything is connected in that the user feels very adrift when receiving service from the Prepaid Medicine service system, even though the company offers various channels for the user to access the different services, both medical and administrative, in a self-taught manner. This leads to the conclusion that the initial support provided by the advisor is the source of moments of pain, because they are the ones who know exactly the other channels to which the user can have access for each of their procedures and are the ones who should timely provide the attention that the user themselves needs.

Looking more closely at the problem to get to the root cause, where it has already been mentioned that there are issues in the consultative sales process, for example, it could be stated that something is happening in the design of the service generated by the company, either because the executives are not being properly trained or because there is nothing within the post-sale process designed to allow thorough follow-up of all already affiliated users, who expect a differentiating factor not only in access to specialists but also in service for various procedures, and all of this connects with what is evidenced in the previous chapter and in the problem description.

4.3 Customer relationship management model based on the experience of prepaid medical services

Taking into account all the tools analyzed, such as the Customer Journey Map, service mapping, surveys applied to the company's users, and the data provided by the company, which show the main reasons for complaints, were crucial to determining the root cause of the issues in the prepaid medicine service system. Thanks to this, it was concluded that the main problem lies in the consultative sales processes and the selection of specialists.

In the specialist selection process, issues were found such as the lack of integration of information that would allow the user to make a decision regarding choosing the closest specialist in order to receive faster care without the user having to make multiple attempts to reach the specialist whose schedule best fits their needs, and that is why at this point of difficulty it is noted that the operations of "Appointment Reception" and "showing specialist availability" are carried out manually. That is, the user enters their mobile application or the medical directory provided by the company on its website. Once there, they select the specialty of their interest and then start calling specialist by specialist until they can finally schedule their appointment. In addition, the person who receives the appointment is the assistant of the healthcare professional, which puts the user at a disadvantage, since, as mentioned earlier, if that specialist has no available appointments, they will be forced to make subsequent calls. In addition, as can be seen in the Verbatim provided by the prepaid medical service system, one of the reasons for complaints expressed by users is that 'there are no available appointments,' which, if evaluated thoroughly, has more to do with the effort the user is making when trying to access the service and not finding the specialist of their choice quickly and efficiently. In the prepaid medical service system, the accumulated CES or level of effort up to August is 22%, and although the goal is to be below 40%, this level of effort for the user can be improved, thereby generating a higher level of satisfaction and, consequently, a significant reduction in the number of withdrawals that have been occurring.

On the other hand, and no less important, the consultative sales process is also greatly affecting the experience that the user is having, this process being quite decisive, since it is the process where the server-client relationship is formally initiated and becomes the first impression the user has, generating for them the expectations of what they might encounter in the service. At this moment of pain, it was found that no effort is made to ensure that the user is completely clear regarding the coverages they have with their service, especially during waiting periods (time that the user must wait to access a certain procedure or coverage) and the program limits.

The operations that are affecting this process are identifying the customer's needs, choosing the ideal program, and explaining the selected program. The latter, above all, is the one that has generated the most dissatisfaction from the user, since they largely do not know what services, they have access to. Therefore, when requesting something that is not covered, they will state what can be seen in the complaints Verbatim: "The program does not have sufficient coverage," which is not entirely true since each program is adjusted to the user's needs according to what is identified through the consultative process. However, due to the lack of a deep explanation about the coverages and the sharing of the relevant annex, these types of dissatisfactions occur, where the user is ultimately the one who feels that their needs are not fully being met.

On the other hand, in surveys conducted with users of the prepaid medical service system, it was found that the most affected elements are the tangible elements, which can include not only the equipment, facilities, and other physical evidence of the company, but also the way in which the prepaid medical service system manages its information, such as the CRM or the mobile application, which are not integrated into the information management process and decentralize it, making the management of relationships with the user less manageable.

Currently, the prepaid medical service system manages the CRM exclusively as a platform where users can register everything related to their requests, complaints, and/or claims. Initially, the user enters the website to make their PQR request; this is received by the user loyalty department, analyzed according to the events narrated by the user, and a response is provided to them, which may or may not be satisfactory. It should be clarified that after giving the response to the user, if it is not entirely satisfactory for them, the company does not carry out any follow-up to further explain the situation and create a better environment. In fact, the company currently has no way of knowing if the response provided is completely to the user's liking. (see Figure 2).

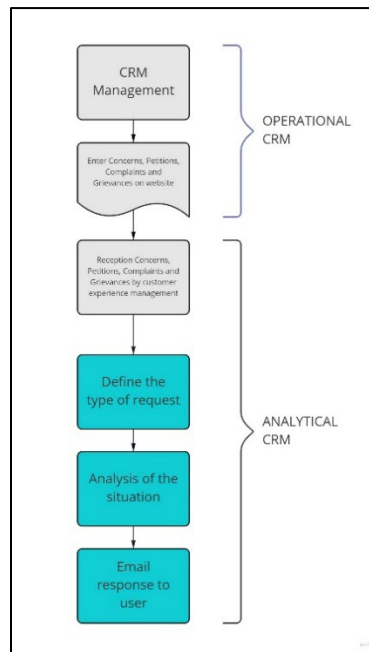


Figure 2. Current CRM of the prepaid medical service system
Source: Own elaboration (2025)

In Figure 2, the current CRM that the company has is a basic CRM, which is only dedicated to receiving and processing PQR requests and providing a response to the user according to what is analyzed by the customer service experience area, which is ultimately responsible for maintaining and strengthening that company-user relationship. That is why it is proposed to strengthen the user relationship function through better CRM management, taking into account its three phases, in the operational part, where the website is located as the information entry element for processing the request, adding the mobile application as an alternative option to it, which will allow the user to carry out the same process more easily, and also include the information and data collected in commercial relationships, which will be further elaborated later.

In the analytical phase of CRM, it is proposed to define and structure the current indicators in a better way. The prepaid medical service system works with the indicator "top 5 Causes," where the main factors of complaints are evidenced. At this point, it would be important that within the CRM it is possible to visualize usage trends in the company's service by the users, that is, to keep a record of the most visited specialists by the same user, in order to not only have more thorough control but also an improvement in user profiling. In addition, after each use of the service by the user in the prepaid medical service system, follow-up should be carried out and recorded in the CRM about their experience

in the service in more detail than is done with the NPS, an indicator that shows how much they would recommend the company, This can be done through a phone call, the main objective is to create an approach with the user and make them feel that the company really cares about them and is willing to listen not only through the traditional channels currently available but also by managing how the user felt during their experience accessing the service. On the other hand, linking the satisfaction indicators (NPS) with the results obtained through a PQR, managing a relationship between the customer promotion index and the PQR inquiries, this will allow knowing how satisfied the user is with the “solution” proposed by the company and reviewing, in case the response provided was not satisfactory, in what other way the relationship can be satisfied and improved.

Ideally, it is best to have a CRM that integrates the company's most important processes. In addition to this, the consultative sales process, being one of the user's pain points, should also be integrated into CRM management as support, where the sales executive can manage the data provided by the client, data that will ultimately serve to strengthen the company's database and, in addition, will facilitate the user-executive relationship, because through the CRM the executive will be able not only to enter the user's important information for better profiling, but it is suggested, From this, the user will be able to make quotes that will be saved and which, in the event that the user does not decide to sign up immediately, will be an important element for the company to manage that information. With this, the goal is for the relationship between the executive and the user to be much closer and for the data not to be left hanging, because, as stated, not all prospects become clients, and there is turnover within the company, which means that by giving all executives access to a CRM that integrates all the information, the data that at some point were someone else's prospects can be managed.

The step-by-step process proposed for the consultative sales process begins at the moment the advisor logs in with their user account to fill out everything related to the personal information of the prospect who could become a user. The advisor will ask some validation questions already consolidated in the CRM, which will allow a greater possibility of profiling them. Then, according to what was discussed, the quotation is prepared taking into account the future client's needs; in case the prospect decides to go through the affiliation process with the company, at the end the advisor will send an email from their CRM with a survey to measure the user's level of satisfaction with the advice provided. This can inform the experience area about what the user's first impression was.

It is proposed that a post-sale follow-up be carried out every three months, where a “service visit” is conducted, with a form that is given to the executive, where they can record all the points that the user provided for improvement, especially their experience and any suggestions they have regarding the service received. In case the user has not used the service for some reason, the aim is for the user to feel that the company cares about them, and the objective is to generate greater loyalty and retention, thus seeking to reduce the number of monthly cancellations that have been occurring.

On the other hand, the “Specialist Selection” process must also be integrated as a fundamental element of this CRM, working together with the mobile application that users currently have access to, that is, there should be a two-way flow of information between them. This is achieved by ensuring that each time the user needs to access the service, they have the opportunity to do so through the mobile application, where, as part of the proposed improvement, the availabilities of the different specialists can be found, arranged in a specific order, from the one with the closest appointment to the one with the farthest appointment, allowing the user to access their scheduling more quickly and thereby avoiding multiple calls to schedule an appointment. At the moment the user schedules the appointment and attends, it should not only be recorded in the system but also in the CRM, where it can be evidenced, as mentioned previously, the appointment trends and will allow the company to make subsequent follow-ups on the patient's health status. This is aimed not only at improving the company-user relationship by making it even closer, but also at adding value to the service currently provided by the company.

Finally, a better way to manage the consultative sales process and specialist selection is proposed, which can be seen in Figure 3.

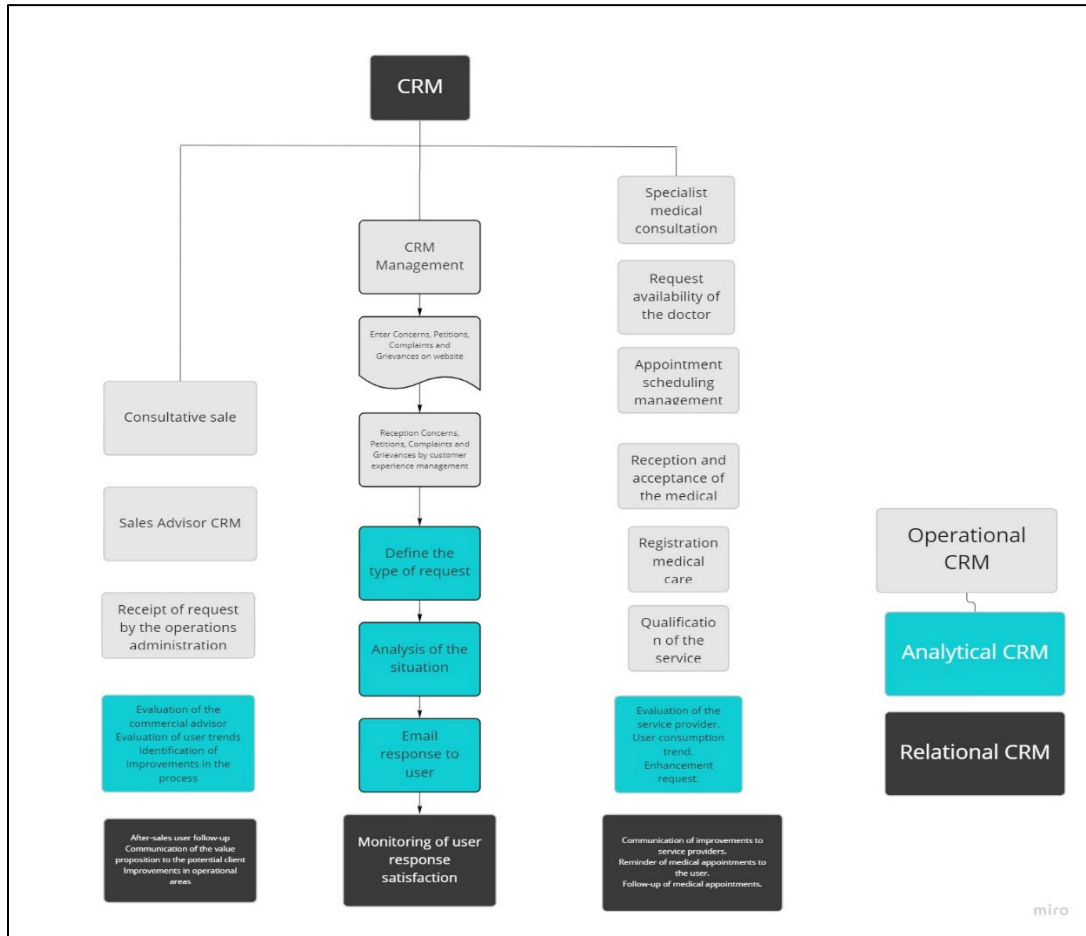


Figure 3. Model for Customer Relationship Management of the Prepaid Medicine Service
Source: Own Elaboration (2025)

In Figure 3, the model for the proposed relationship management is described, in which improvements are established in the operations related to the server's actions, so that the flow of information and actions is aimed at improving the user experience when accessing the prepaid medicine service.

It is proposed that from phase I, where the first contact with the user is made via the phone call, a record be created in the CRM, since currently such records are only made when the prospects are related from the cooperative to be managed. Ideally, the advisor should be able to register any type of prospect available to them from the beginning, which is a great opportunity for the company, because in case the advisor is no longer part of the organization, it can be managed by the new advisor and in this way grow the company's database.

At the moment of truth called “Consultative Selling,” the aim is to add value not only through the recording of the entire sales process in the CRM, but also through sending the survey that will allow understanding how the user's first impression of the company was and whether all the information was completely clear. This will serve to provide feedback for the entire continuous improvement process that the company must be part of, not only to increase its profits through sales, but also to significantly reduce the number of withdrawals that have been occurring.

In addition, at the actual moment of “Consult a specialist,” it is proposed that there be two additional channels for the “appointment scheduling” process. It is suggested that the user be able to view, through their mobile application and their account over the network, not only the providers of the different specialties along with their contact numbers, but also view their schedules and allow the option of online scheduling, taking into account that the user will be able

to see which provider of the specialty of their choice has the nearest available appointment. This will allow them to avoid unnecessary calls and instead have direct access to the provider that fits their schedule needs.

On the other hand, for this actual moment, it is proposed that 24 hours before attending the appointment, the user be notified by text message or via email with a reminder of their appointment, which will be managed directly from the CRM automatically (Table 4).

Table 4. Enhanced service Mapping

True moment	Sales executive contact	Consultative sale	Service affiliation	Specialist request	Asistence to consultation	Specialist assessment
Physical evidence	Advertising Mailing	Mailing Link videocall CRM Consultant	CRM registration form	List of specialists in the app List of specialists in the website	Waiting room Reception Doctor's office	Assessment and clinical history
Customer action	Receive information and make an appointment	State needs and choose program service	Provide personal information, accept terms of service and sign	Search, choose ans schedule a specialist from the app or the website	Deliver documents and make copayment	Provide personal information and health status
Server action	Call the user and schedule an appointment	Enter customer information into CRM	Request personal information and fill out application	Provide a list of closest specialists through the app and website	Receive documents and fill out an authorization request. Receive consultation payment	Opening medical history User health care Patient Assessment
Internal process						
Support process	CRM	CRM Advisor	Operation management	App and website management	Information management	CRM Advisor

Source: Own Elaboration (2025)

6. Conclusions

- The company aimed to have an optimal design for the service provided to users; however, their perceptions varied across the different factors evaluated. The most affected element was the tangible aspect, with an average of 3.87%, which is why it was proposed to work through a CRM that integrates the company's different processes and operations to reduce the quality gap that is occurring.
- The implementation of this research project is recommended in order to better help integrate the management of user information and increase the number of users for the company, and consequently its profits, as well as to generate better word-of-mouth, where the user feels satisfied with the service provided and the follow-up carried out, feeling that the company sees them as the most important factor of the organization.
- Generate actions aimed at a continuous improvement cycle that allows evaluating the company's current situation and the results obtained from applying each of the improvements proposed in this research work. It is also recommended to prepare the staff to implement CRM improvements, in addition to the technological support (software and hardware) that must be considered for this.
- Alignment of the proposed model with an intelligent and automated learning system that allows the organization to design new service offerings aligned with customer requirements, as well as improve the current ones to increase customer retention and market share growth.
- The prepaid medical service system reached a 64% NPS score, an indicator that measures how willing users are to recommend the company, and the company's goal is to be above 85%. This indicates that more work is needed to improve the experience that users have after joining the company in order to increase the current level of recommendation. On the other hand, the same occurs with the relational satisfaction index, which as of August is at 54%, and the goal is also a minimum of 85%, which explains that the level of user satisfaction is still not as expected, and this may explain the number of withdrawals in recent months, and regarding the CES, an indicator that measures the level of effort users exert, until August 2021 the level of effort was 22%, the goal is to be

below 40%, and although it is currently at an expected level, the level of effort made by the user can still be reduced through the improvements proposed in this research work.

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