

## **MSO Contract Review (July 2016 – June 2018)**

The contract with MSO commenced in July 2016. A review of contract performance was conducted in June/July 2018 involving SHG procurement lead, health directorate team, chairman of public health committee and the MSO team. MSO receives funds from SHG to pay healthcare providers in South Africa providing care for patients referred overseas. MSO receives direct payment for this service from SHG which amounted to £27270.17 in 2016/17, £35176.12 in 2017/18 and as at end of August for the 2018/19 FY is £29306.27

The contract review process included 4 key components:

1. Teleconference meeting between MSO team, Health Directorate Team and SHG Procurement Lead – summary notes as in attached minutes (page 2)
2. Face-Face meeting with MSO team in South Africa by Director of Health and Chair of Public Health Committee – summary notes as in attached minutes (pages 3 & 4)
3. Assessment of MSO performance against agreed criteria - findings set out in detail in attached spreadsheet (appendix 1)
4. Annual report from MSO of expenditure pattern over the reporting period (appendix 2 at the end of this report).

### **Key Findings**

MSO has met all the minimum service requirements as pertained to patient care, logistics arrangement, and cost-efficiency. Overall, average treatment cost has decreased over the reporting period and could be attributed to negotiated pricing and improved case management. Largest proportion of expenditure ~80% is spent on hospital treatment. Main reasons for overseas referral are for cancers and heart problems.

Specific areas for improvement identified include to:

1. Improve data collection further to ensure that high cost cases are duly managed and that opportunities to gain further efficiencies are identified early. Data reporting should be available by patient as well as invoiced payment that is currently reported. Weekly, monthly and quarterly data for high cost cases need to be put in place as key obligation. Furthermore, annual MSO report should provide insights about cost per case type, gender and treatment locations.
2. Improve case management processes particularly for high risk and high cost patients. This should be in place by the end of the financial year and as part of the preparation for the transition to Pretoria. Case managers should focus on ensuring that recommended treatment by specialists are evidence-based standard treatments, should have been internally reviewed by MSO medical team as independent reviewers before presenting for pre-authorisation by SHG.
3. Improve extent and access to pastoral care and particularly as part of the proposed transfer to Pretoria. Internal mechanisms to obtain feedback directly from patients and their carers while in South Africa should be put in place so that concerns and issues are dealt with immediately without the need for patients to have to contact St Helena before their concerns are resolved.
4. Expand collaboration with SHG wherever possible to leverage the relationship with MSO to procure medical consumables from South Africa at reasonable price, improve patient care on the island via use of teleconsultations, and to reduce cost of treatment in South Africa.

# St Helena Government and MSO International Summary of meetings

## Contract review: Teleconference on Friday 15 June 2018

Participants:

MSO – Dr Glenn Staples, Vicki Swart, Brenda Durow

SHG – Ms Clarissa Osborne, Mrs Helen Lawrence, Dr Carlos Soto, Mark Lockley and Dr Akeem Ali

SHG are happy with how members are managed and taken care of and are satisfied with the way the relationship between MSO and SHG is developing.

MSO have rated high in terms of member feedback analysis they have done. Key areas of concern about pastoral care were addressed promptly.

The SA Medical and Logistical spend makes up 30% of SHG's total health budget, therefore value for money and good outcomes are essential. MSO agreed to enhance processes where necessary to ensure both are achieved.

## 5 Key issues and areas for improvement noted from SHG:

### 1. Data collection, analysis and reporting

- a. Very difficult for SHG to demonstrate the value for money from the data/reporting
- b. MSO need to do more to show cost savings in all aspects and compare performance against industry benchmarks (even against MSO's own universe of data)
- c. **Aim to have proposed New Reporting Template proposal to SHG mid-July**

### 2. Cost control efforts – need to be providing weekly high cost reporting which shows cost containment/savings

### 3. Clinical Case Management

- a. Concerns around over-treatment of patients. MSO need more proactive Case Management and Medical Advisor involvement.
- b. **MSO need to highlight the new improved Case Management Process (based on Unitas) by mid-July**

### 4. Added value – areas for further discussion

- a. PBM Courier of drugs to the Island
- b. Commercial medical escort flights on Airlink
- c. Procurement of consumables/ equipment
- d. MSO's population disease management

### 5. Pastoral Care e.g. access to Joanne/support after-hours

- a. Both parties need to discuss what is realistic and come to an agreement. Once agreed then SHG will manage member expectations

## **Meeting SHG and MSO**

**Venue – MSO International, Johannesburg**

**Date - Tuesday 19 June**

Participants:

MSO – Dr Glenn Staples – Medical Director, Brenda Durow – General Manager, Vicki Swart – Operations Manager, Contract Team, Case Management Team

SHG – Cllr Derek Thomas and Dr Akeem Ali

### **MSO Operations –**

1. Contract review - MSO is meeting contractual expectations – detailed feedback provided on the Excel spreadsheet, with supporting documents to be shared, via email or on flash drive.
2. Time line / action plan for transition from Cape Town to Pretoria – Councillor Thomas to meet with the Committee on his return and to present the outcomes of the meetings/site visits. Thereafter to present recommendations to the Government.
3. Agreed in principle that the decision for service transition will most likely be made by Aug 2018.
4. It will be imperative to anticipate any challenges/concerns and to put measures in place to reassure Saints, and to ensure all runs smoothly
5. MSO to appoint a Pastoral/Logistical Support in Pretoria. Still to agree on exact scope and hours.
6. MSO to provide a photo bio introduction of the new faces to SHG. Conference calls to be set up nearer the time to introduce the new Pastoral Support to SHG. Joanne and Lance to work with the Johannesburg team to ensure a smooth transition – but not to re-locate.
7. Feedback Questionnaire/suggestion box – MSO will work with Natanja to set up a feedback process. MSO will also work with Unitas to ensure that member feedback is obtained early and if necessary shared.
8. Visa Extension Applications – Concern was raised about the time taken to get visa extensions, with specific reference to a named patient. MSO to discuss the possibility of Natanja getting a scan of the members' visa page on check in – to be forwarded to MSO. MSO to ensure that as soon as the need to extend the visa is established that the application process be started.  
MSO to provide detailed feedback on the complaint raised by named patient.

### **MSO Case Management**

1. Jessikha described the standard In-hospital Case Management process which will be in place at Netcare Unitas. The difference between the Netcare and Mediclinic Case Manager relationship/model was discussed.
  - a. Netcare are more open to the involvement of the MSO In hospital Case Manager – at all stages of the patient care, including while in ICU.
  - b. Mediclinic do not allow MSO Case Managers to participate at any level – and they are restricted to the status of visitor – so are excluded from ICU
2. It was discussed and agreed that SHG will create a benefit/product structure to be loaded onto the MSO system. The standard product template was discussed and shared with Dr Akeem. Broad benefit/auth categories to be:
  - a. Diagnostic
  - b. Treatment
  - c. Ancillary/logistic
3. The need for proactive discharge planning and ensuring appropriate level of care at all stages of treatment was discussed. To obtain best outcomes for best price would be the priority
4. Authorisation terms – MSO shared the current authorisation form – specifically the notes with regards to the need to preauthorise unexpected or new treatment. The terms of the authorisation do allow

MSO to withhold payment from specialists in the event that they did not provide adequate medical reports on discharge that MSO. This would be a last resort option.

#### MSO Claims

1. There are no concerns around the current billing and payment processes however there is a need to provide per member reporting. MSO to provide a Case Summary on conclusion of all cases going forwards. This will include all third party costs and the MSO case fee.
2. Subsistence payments – the weekly payment cycle is working for the majority of members. The daily rate is adequate for member's needs. The reconciliation and float top up process is working well.
3. Savings - There is a potential to achieve prompt settlement discounts with specialists. MSO to include this item in the discussions with Specialists and to keep SHG updated. If there is a need for a float to be held by MSO in order to achieve 7 day settlement then this will be discussed at a later date.
4. MSO to provide a reconciliation of the Bords 44 and 46 over/double payment issues by end July 2018
5. Cost savings simulation exercise to be done by MSO to explore the potential savings following expected change from Cape Town to Pretoria.