



# **SAMOA OVERSEAS MEDICAL TREATMENT SCHEME POLICY AND ACTION PLAN**



**MINISTRY OF HEALTH  
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GOVERNMENT OF SAMOA

## CABINET SECRETARIAT

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
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(Agafili Shem Leo)

PULE SILI/FAILAUTUSI O LE KAPENETA

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## FOREWORD



The Samoa Overseas Medical Treatment Scheme (SMTS) provides financial assistance for Samoans with a life-threatening or seriously debilitating medical condition but has a good prognosis of at least five (5) years of life after their treatment, to receive proven lifesaving medical treatment overseas where effective treatment is not available in Samoa.

Over the years, overseas medical treatment has been a major health financing issue due to its high costs and the limited financial resources available. This has put pressure on Government resources and finances.

The Samoa Overseas Treatment Policy covers the arrangements and processes to allow patients to be treated overseas. It takes into consideration the expansion from the previous scheme that patients were only transferred to New Zealand to include India. The expansion of overseas treatment to India is part of the Governments' plan to look at alternative services or options for overseas treatment.

The objective of the Overseas Treatment Scheme is to increase opportunities for men, women and children to access secondary and tertiary treatment not normally available in Samoa.

It is the hope of this policy that it will enlighten the process for overseas treatment and assist in the decision making process.

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DIRECTOR GENERAL/CHIEF EXECUTIVE OFFICER

## ABSTRACT / EXECUTIVE SUMMARY

*“For some years, the Samoan Government, through the Department of Health has financed overseas medical treatment for selected patients through the Samoa Medical Treatment Scheme (SMTS). It also contributed to the costs of patients treated under the New Zealand Medical Treatment Scheme (NZMTS)” [Overseas Treatment Policy for Samoa 2005, Overseas Treatment Taskforce and Medical Screening Committee].*

*“The need to develop a policy was to guide the work of the former Ministry of Health in operationalising the two overseas treatment schemes – the Samoa Overseas Treatment Scheme and the New Zealand Medical Scheme” [Reviewed National Overseas Treatment Policy 2009], and the availability of alternative treatment options through the Indian scheme now available.*

The need to review this policy like all other National Strategic Policies came about due to some of the legislative changes that have come about in the government reforms such as changes in administration that directly affect the operational functions of this document and new alternative options now available needs to be reflected in the policy.

The first Overseas Treatment (OVT) Policy was developed in 2003 and resulted in the establishment of the position of the Overseas Treatment Coordinator, based at the National Health Services. The position was established “solely to ensure that no more further delays were to be experienced in the administrative aspects of the Overseas Treatment Scheme”.

The first review of the OVT Policy in 2005 was a response to Government concerns about the increasing costs of financing overseas treatment.

The second review in 2009 came about due to legislative changes because of government reforms such as administration that will directly affect the operational functions of the OVT Policy.

The OVT Policy as it stands needs to be reviewed in light of the changes in legislative, institutional and administration arrangements and new developments to find alternative services. These also need to take into consideration the Cabinet endorsed/approved Committees, and the Indian OVT Plan.

# 1 INTRODUCTION

## 1.1 Background Information:

For some years the Samoan Government, through the former Department of Health, and now the National Health Services has financed overseas medical treatment for selected patients through the Samoa Medical Treatment Scheme (SMTS). It has also contributed to the costs of patients treated under the New Zealand Medical Treatment Scheme (NZMTS).

The need to review the Overseas Medical Treatment Policy arose in response to Government concerns about the increasing costs of financing overseas treatment. The cost to the Samoa Government has risen steadily, from about ST\$0.3m in 1991 to ST\$4.4m in 2000-01, the 2002-03 NHA shows that this cost increased to ST\$4.8million, the 2014-15 NHA shows the significant increase in OVT expenses which totalled up to SAT11,631,006.00. As the overseas treatment program is not under the direct control of the MOH, containing costs has proved difficult.

Accordingly, the review of overseas treatment policies, referral guidelines and funding options and the development of a service plan was included in the Samoa Health Sector Management Project (SHSMP) funded through a World Bank loan.

In April 2002, a detailed study was conducted within the MOH to analyse the nature, extent and costs of publicly funded overseas treatment provided to Samoan citizens; to review patient referral and selection policies and to consider alternative options for providing and financing services to patient groups currently accessing care overseas.

In 2009, a situational analysis was conducted and confirmed the results of the 2002 study. This is reflected in Annex 1. Overseas medical treatment is a major health financing issue for its high costs and limited resources of the Government.

In venturing to do so as a measure for cost control and containment, the First National Overseas Treatment Policy came into effect in 2005 for implementation after the Cabinet's endorsement in the same year. This policy is the second edition, and it addresses all issues identified in the 2009 Situational Analysis for improvement of the OVT Scheme.

The air ambulance services engagement for emergency medical evacuation and all transplants are not included in this policy. Transplants will need to be in a separate policy on its own. Air ambulance services will need to be carefully considered given the different situations/circumstances from time to time.

## 1.2 Vision:

The vision of this policy is to improve population health outcomes by accessing overseas specialised care that cannot be provided locally.

## 1.3 Aim:

To ensure efficient and cost effective use of resources available to Government to best serve the health and people of Samoa through OVT.

## 1.4 Goal:

The overarching goal of this policy is to improve OVT by strengthening approved policies and procedures.

## 1.5 Objectives:

The objective of the Overseas Treatment policy is to improve the management of the Samoa Medical Treatment Scheme (SMTS) and to ensure efficient and effective use of resources available to Government to best serve the health and people of Samoa.

### ◆ *To ensure appropriateness of patient eligibility criteria*

Patient(s) eligibility criteria are intended to ensure that available resources are used in the most appropriate and cost effective way. When demand outstrips available resources, setting criteria's for prioritizing or 'rationing' must then be applied. Given the concern about the growing burden incurred by overseas treatment costs, there is a case to review the guidelines to a better focused, efficient and well managed scheme.

### ◆ *To ensure that special referrals are appropriate and within OVT policies and guidelines*

Eligibility criteria can be only partially effective as a means of managing demand while alternative pathways to access overseas treatment exist.

Within the group of cases which were not screened or approved by the MSC (the special referrals) are basically two categories of patients:

- Official entitlements – Parliamentarians and others with official entitlements to overseas treatment. MSC approval is not required in these cases.
- Emergency/exceptional cases – cases approved directly by Cabinet and meet the medical screening criteria e.g. life threatening emergencies

### ◆ *To ensure more efficient recording – information system*

The current separations of health functions brought about by the realignment and government reforms in the health sector warrants the need to re-look at how information is captured for OVT. Although the National Health Accounts captures costing to a certain degree, it does not give a detail breakdown of specifics needed to do a detailed costing analysis hence the need to improve upon it.

### ◆ *To ensure more efficient management of the overseas component of the treatment scheme*

Communications with the New Zealand Medical Coordinator are by e-mail, mail, fax and phone. A web based database was agreed to be set up under the former policy however, was never implemented. This reviewed policy will also re-look at the feasibility of having this system in place. The underlying idea is to ensure fast and efficient communications are in place when processing the necessary patient requirements for a transfer. In addition, encryption software can ensure that patient confidentiality is maintained if current systems are not addressing it.

### ◆ *To continue to actively pursue alternative service delivery options for cost control and containment*



Alternative approaches to service provision are still encouraged especially as it impacts greatly in terms of quality and cost incurred to government. MoUs have been signed with Fortis Hospital and Apollo Hospitals in India.

### 1.6 Guiding Principles:

The guiding principles below are derived from the Health Sector Plan 2008-2018.



## 2 LEGISLATIVE FRAMEWORK

This policy is governed by the following legislations in terms of its operations, monitoring and regulating.

1. Ministry of Health Act 2006
2. National Health Service Act 2006 with amendments in 2014
3. Public Finance and Management Act 2001
4. Accident Compensation Act 1989 with amendments in 1995, 1997 and 2003 and
5. FK(01) 01 2001

## 3 KEY STRATEGIC AREAS

Overseas medical treatment is a major health financing issue. The high cost of overseas treatment and limited resources of the Government of Samoa through the Ministry of Health and National Health Services to control these costs has made overseas treatment a top priority for the Government of strategic areas that need to be implemented for the enhancement of the Samoa Overseas Medical Treatment Scheme.

Taking into account the challenges identified in the Overseas Medical Treatment Scheme Situational Analysis 2009 (Annex 1), the Legislative changes, and the health sector management and administrative changes, the following Key Strategic Areas have been identified to address these concerns in this reviewed policy 2018. Moreover, these KSAs also ensure the inclusion of new alternatives available for overseas medical treatments.



## **KSA 1: Overseas Medical Treatment Referral Eligibility and Selection Criteria**

*All patients that are referred for treatment outside of Samoa financed through the Samoa Government Scheme need to be assessed by the Medical Screening Committee (MSC) who makes the recommendation and present it to the OVT Coordination Team (OVT-CT) before submission to the Cabinet OVT Committee for endorsement. The Screening process reviews 2 sets of criteria under the heading, (1) Citizen Qualification and (2) Medical Criteria before a recommendation is formed.*

### **1.1 Eligibility and Selection**

In general, overseas treatment is intended for eligible patients who have medical problems that cannot be adequately diagnosed or managed in Samoa, and whose medical condition can be expected to improve significantly after treatment. Patient eligibility criteria are intended to ensure that available resources are used in the most appropriate and cost-effective way.

Access of patients to overseas treatment under SMTS depends on their eligibility to receive government assistance for medical treatment. This means that patients must be Samoan citizens and normally resident in the country and has lived in Samoa for a minimum of five consecutive years. . Details of the citizenship qualifications appear at Annex 2. All referrals that meet citizenship criteria must be submitted for medical screening by the Medical Screening Committee and the OVT Coordination Committee before submission to Cabinet.

To be equitable and fair, the referral and selection process must ensure the most cost-effective use of government funds. Consequently, selection is based on the patient's medical condition and prognosis. Details of the medical selection criteria for overseas treatment appear at Annex 3.

A Medical Screening Committee (MSC) chaired by the ACEO Clinical Services, and made up of the heads of clinical units at TTM hospital is responsible for applying the medical selection criteria to decide which patients qualify for overseas treatment under SMTS.

Special arrangements for overseas treatment granted to members of the Civil List are made independently of the formulation of this policy, but must nevertheless be considered within it. Notwithstanding these special arrangements, basic information about overseas treatment for members of the Civil List should be provided to the MSC, so that the information is available for management and audit purposes.

#### **1.1.1 Citizenship Qualification**

Approval for OVT is intended for patients who are citizens of, and normally reside in Samoa for a minimum of five consecutive years. Any patient who is a citizen of another country whose embassy, employer, or insurance company requests overseas transfer will not qualify for financial assistance under the Samoan OVT scheme.

#### **1.1.2 Medical Criteria:**

Patients whose medical condition cannot be adequately investigated or treated in Samoa may be eligible for OVT. Limitations to the extent of OVT will apply in the following circumstances:

- (i) When the patient has more than one medical condition (co-morbidity) or multiple risk factors such as high blood pressure, smoking related illness, cancer, heart liver or kidney failure, or diabetes.
- (ii) When there is a poor prognosis, meaning that the patient's quality of life is not expected to significantly improve over the 5 years following OVT.
- (iii) Patients with kidney failure who require Peritoneal Dialysis (CAPD).
- (iv) Patients who travel on their own accord and fall sick when overseas.

In the above situations, if approval for OVT is given at all, it would only be given once. With the availability of the Samoa National Kidney Foundation, kidney failure patients no longer qualify for overseas treatment.

## **1.2 Procedure of Referral**

### **1.2.1 Standard of Regular Referrals**

Either a consultant, head of a clinic unit in the government service, or a private practitioner, may recommend a patient for overseas transfer for investigation and/or treatment. The referring doctor must provide a detailed report of the patient's medical condition. All referral reports should always include the hospital number of the patients. All referrals are to be submitted to the OVT Coordinator for submission to the Medical Screening Committee. The process for submission and approval appear at Annex 4.

When possible, the opinion of an overseas specialist should be obtained before the referral is made, to include an outline of the treatment proposed and its expected cost. The following reports on the medical condition of the patient, the overseas specialists reply and estimates of cost and duration of treatment should be submitted to the Medical Screening Committee for its deliberation and decision. If not already obtained, approval of the proposed transfer is also needed from the Overseas Treatment Facilitator.

### **1.2.2 Special Referrals**

Whereas it is considered desirable that all patients treated under the OVT scheme should comply with the above procedures, it has to be recognized that Cabinet has decided to approve special arrangements for members of the Civil list. These special arrangements, if certain precautions are not taken, could make the operation of the OVT scheme less effective.

Special referrals have tended to be problematic in cases where lab tests have been sent to New Zealand at a high considerable cost and returned to us with no clear health diagnosis or prognosis. At least seven such cases were identified in 2000 – 2001, with an estimated total cost of ST \$495,932. In terms of equity of access, this practice is difficult to justify while patients with a good prognosis are denied overseas treatment because of resource constraints. Mechanisms are needed to manage these referrals, which fall outside the regular referral and screening process.

For audit purposes, it is most important that special referrals are properly documented in the same way as regular referrals. Patients on the Civil List should therefore have a medical assessment including, at the very least, a diagnosis and prognosis, and that this

information should be documented as for all other patients approved under the OVT scheme.

### 1.3 Civil List

The Civil List, as approved by Cabinet at its meeting F.K. (01) 01 on January 2001 and FK (18) 25 on 25 July 2018 consist of:

1. Head of State and Spouse
2. Prime Minister and Spouse
3. Cabinet Ministers and their Spouses
4. Members of the Council of Deputies and their Spouses
5. Chief Justice and Spouse
6. Speaker of the House and Spouse

It is recommended if possible, the process of medical checks arrangements for the civil list to be processed by the Overseas Medical Treatment Scheme, but the funding should be reflected under their respective Ministry's budget as part of their privileges. It is also recommended that a maximum of two medical checks per financial year be applied. One medical check –up will be overseas, and the second will be conducted in Samoa.

### KSA 2: Financing

***There are two types of OVT Funding Schemes: the New Zealand Medical Treatment Scheme [NZMTS] and the Samoa Medical Treatment Scheme [SMTS]. However, the above-mentioned referral criteria apply only to the SMTS as the NZMTS take on separate criteria's. The MoH will ensure that the budget item under OVT is formulated to cover regular and special referrals.***

### 2.1 Alternative funding of OVT

The OVT Committee will actively look at alternative cost-effective funding sources for OVT. Examples of these include: employer based insurance, social insurance; greater family responsibility (perhaps aided through overseas remittances) medical savings accounts (as used in Singapore) are among options that deserve consideration. The OVT Committee will also be responsible for seeking cheaper venues for OVT and therefore require quarterly in-depth analysis of costing of the three schemes for informed decision making.

### 2.2 Government Responsibility

*The responsibilities of the Government through the MoH include:*

- ◆ The cost of all the overseas recommended investigations and treatments.
- ◆ The cost of any recommended overseas follow up (and approved by the Medical Screening Committee). Otherwise the follow up should be the responsibility of the local specialist.
- ◆ Full fare and three (3) days DSA for a medical or nursing escort to New Zealand
- ◆ Full fare and nine (9) days DSA for a medical or nursing escort to India due to flight schedules.

Patients who are taken for OVT will have to return to Samoa to conduct follow ups. Any follow up recommended by the overseas medical team will need to be assessed by the Medical Screening Committee, and referred to the OVT Coordination Committee for

approval. Patients are encouraged to utilise local medical staff for follow up, treatment and after care.

#### *Travel Insurance*

Patient travel costs change from time to time due to treatment. It is recommended that Government consider insurance cover for patients under the scheme to avoid extra costs borne by reissuing of tickets and repatriation cases.

Accompanying relatives are also encouraged to take travel insurance.

### **2.3 Accident Compensation Corporation related overseas referred patients**

For patients referred overseas for medical treatment as a result of accidents, these cases will be referred to the Accident Compensation Corporation (ACC) for assistance, and identification of support for concerned patients. Eligibility criteria will also be a factor in determining successful cases.

### **2.4 Patient and their family responsibility**

Under the Samoa Medical Treatment Scheme (SMTS) / New Zealand Treatment Scheme (NZMTS) patients and relatives are responsible for the following:

- ◆ Sponsorship for both patient and accompanying relative
- ◆ Costs of visa and visa extensions
- ◆ Patients and Companion / Guardians airfares
- ◆ Passport fee
- ◆ Support for the companion or guardian/patient as an outpatient while in New Zealand
- ◆ Sponsorship for escort by relatives overseas
- ◆ Sign a memorandum of understanding of all parties' obligations

For SMTS to Fortis, the family is responsible for the following costs:

- ◆ Accompanying relative airfares (est. SAT\$8,000.00)
- ◆ Passport fee
- ◆ Cost of overseas visas and extensions
- ◆ Funds to support the patient on the way to and from India. Government will only be responsible for accommodation in India.
- ◆ Funds to Support for accommodation of the accompanying relative on the way to and from India
- ◆ Funds to Support the accompanying relative when patient is admitted to ICU
- ◆ Sign a memorandum of understanding of all parties' obligations

For SMTS for Apollo Hospitals in India, the family is responsible for the following costs for the *Accompanying relative*:

- ◆ Accompanying relative airfares (est. SAT\$8,000.00)
- ◆ Passport fee
- ◆ Cost of overseas visas and extensions
- ◆ Funds to Support for accommodation of the patient and the accompanying relative on the way to and from India
- ◆ Funds to Support the accompanying relative when patient is admitted to ICU
- ◆ Accompanying relative is responsible for their own meals

- ◆ Sign a memorandum of understanding of all parties' obligations

All patients will need to have an accompanying relative. Babies and infants accompanying relatives are included in the patient package for India. Meals and personal amenities will be covered by the accompanying relative themselves. There is no age restriction for OVT as Doctors assessment and medical prognosis will determine approval for OVT.

For babies, infants and young children under the legal age, the mother is strongly recommended and is required to accompany the patient for treatment unless medical conditions prevent this.

## **2.5 Assistance for Patients Family**

A separate committee from the Medical Screening Committee (MSC) and the Coordination Team will need to be established to discuss and consider financial assistance for families that are not covered under this policy.

The Terms of Reference (ToR) for this Committee to include assistance for public servants who have retired but have travelled overseas and diagnosed with diseases that require overseas referral.

## **2.6 Payment of Bills**

Invoices and Payments are to be made monthly. All invoices received from Apollo Hospital and Fortis will have to be checked, reconciled and verified within a week. All Payment of invoices is to be made within 14 days of completion of verification and reconciliation.

## **KSA 3: Alternative Options**

Alternative treatment options have the potential to reduce the demand for and/or costs of overseas treatment. The most effective way to limit the cost of overseas treatment is to ensure that medical services provided locally are as good as possible. Without certain changes to health service provision in Samoa, demand for overseas treatment will continue to increase.

Implementing the *National Non-Communicable Disease Strategy* in Samoa is an important step towards reducing health risk factors and preventing the development of serious health problems such as diabetes, cardiac disease and renal failure that have major impact on overseas treatment costs.

Cardiac surgery and interventional cardiology cannot be provided in Samoa at this stage. However, a cardiac service could be established at TTM to improve diagnosis, early management, and monitoring of cardiac rehabilitation.

Similarly, special services can be established to provide better diagnosis and referral, early intervention, monitoring and local management of patients with diabetes or renal disease. Improved supervision by trained staff can minimise the risk of infections and complications.

Every effort should be made to utilise to the full the services of specialists that make periodic visits to Samoa. It is recognised that patients not selected for overseas

treatment because they do not meet the necessary criteria, will need continuing care in Samoa.

Alternative sources of overseas treatment are available in India based on considerations of service availability, suitability and cost.

#### **KSA 4: Coordination, Management and Information**

Information is very crucial in decision making. A proper analysis of how the scheme is progressing requires a variety of information so that any analysis is properly conducted aiming towards the different levels of decision making and therefore needs proper coordination and management.

##### **4.1 Recording and information systems**

An integrated data base is required to link all aspects of cases sent overseas for treatment in a single patient record. This provides a sound basis for monitoring and reporting of activity and supports planning, management and costing of overseas treatment programs.

Every patient approved for overseas treatment will be identified by their National Health Number (NHN) which is their patient medical record number assigned to them at TTM Hospital or other health facilities. The NHN will be the identifier to link all aspects of the data collection process.

Standardised forms are to be used for:

- Registration for OVT (appear in Annex 5)
- Referrals
- Discharge summaries
- Invoicing

##### ***Patient Medical Record***

*In cases whereby the patient is required / requests to take their medical records with them, copies of the patients' medical record will be made for the patient to take with them. Originals of patients' medical records must remain with the health facility.*

*Likewise to ensure continuation of care upon their return a Medical Report or such from the overseas hospital the patient was treated in must be submitted to the OVT Coordinator for onward forwarding to the Medical Records Unit for filing in the patient medical record.*

##### **4.2 Management and Coordination**

A centralised point of responsibility for coordination of the overseas treatment program is required within the Health Sector. The Overseas Treatment Scheme Coordinator (OVTC) is located within the NHS, accountable to the ACEO Clinical Services at the TTM hospital, Apia. The role of the Coordinator is described at Annex 6. The OVTC is the Secretariat for the Medical Screening Committee, and is a member of the OVT Coordination Committee. Membership of the OVT Coordination Committee is described in Annex 7.

An OVT Facilitator (OVTF) role is required overseas to simplify communications and to arrange clinical referrals and services with treating agencies overseas. The OVTF is

required in New Zealand. A contractual arrangement for three years for this service is to be tendered, and negotiated between the Government and an appropriate agent.

The focal point for all OVT referrals is the Director General of Health. All referrals are to be submitted to the OVT Medical Screening Committee for assessment and recommendation. The OVT Coordination Team will endorse and approve referral for submission to the Cabinet OVT Committee who will have the final approval for patient transfer overseas.

#### **4.3 Performance Review**

In accordance with the principles of transparency and accountability, it is essential that the overseas treatment scheme be properly monitored. To make an audit meaningful, information about all overseas treatment funded by the Samoa Government, whether for the general population or the Civil List, should be made available to the Co-ordinator and Chairperson of the MSC.

The implementation of the Overseas Treatment policy should be subject to periodic review by the MOH, with a focus on compliance with eligibility criteria, efficiency of the approval process and treatment costs and outcomes for patients approved.

The performance of the OVTF should be reviewed every year by the MSC, assisted by the Co-ordinator and the OVT Coordination Team as appropriate, and report to Cabinet.

## **4 MONITORING AND EVALUATION**

Monitoring and evaluation (M&E) is about tracking, collecting, storing, analyzing and finally transforming data into strategic information so it can be used to make informed decisions for program management and improvement, policy formulation and advocacy.

Monitoring and evaluation will measure progress towards achieving the goals, objectives and strategies of the OVT Policy. This will be done by measuring progress against the indicators as identified under the KSAs of the policy. There are activities in at any given time to realize the outputs as identified to address the given priorities emphasized in the policy.

The Ministry of Health through the Strategic Planning Policy and Research Division in collaboration with the Health Sector Coordination, Regulatory and Monitoring Division shall conduct the M&E and review of the OVT Policy at the end of its term. The M&E report shall present the activities implemented during the 5-year period, the challenges faced during implementation of programs and rolled-over activities.



# SAMOA OVERSEAS MEDICAL TREATMENT SCHEME

## IMPLEMENTATION PLAN

The Samoa Overseas Medical Treatment Scheme provides financial assistance for Samoan citizens or permanent residents with a life-threatening medical condition to receive proven lifesaving medical treatment overseas where effective treatment is not available in Samoa.

The Samoa government may assist persons suffering from a life threatening condition who require overseas medical treatment, following advice from the Overseas Medical Treatment Screening Committee that the medical evidence submitted by or in relation to the applicant meets the mandatory medical eligibility criteria set out below.

### OVT Scheme Eligibility

To qualify for assessment under the Scheme, the patient must be a Samoa citizen or permanent resident residing in Samoa for at least 5 consecutive years, and must be suffering from a life-threatening condition.

To be eligible to receive financial assistance under the Scheme, the patient will need to provide evidence addressing each of the four (4) mandatory eligibility criteria set out below. That evidence will be assessed by the Medical Screening Committee as to whether these medical criteria are met.

#### Four Main Mandatory Medical Criteria

- (i) The proposed overseas treatment or an effective alternative must not be available in Samoa in time to benefit the patient.
  - a) Treatment will be regarded as being “available in Samoa in time” if the capacity, knowledge, skills and/or specialist facilities required to deliver the treatment are available in Samoa, or are likely to be available in Samoa within a period of time that is likely to be of benefit to the applicant.*
  - b) The scheme is not available for overseas travel for the purposes of obtaining medical advice or a medical assessment prior to a definitive treatment plan. The application must be for a specific treatment of a specified life-threatening condition.*
- (ii) The treatment must be significantly life extending and potentially curative.
  - a) A patient must contain evidence, including the results of medical examination or assessments indicating that the condition is life-threatening; and the applicant has a realistic prospect of a cure and significant extension of life expectancy at least 5 years from the proposed treatment.*
- (iii) There must be a real prospect of success for the patient.
  - a) Clinical evidence must be provided to demonstrate that the proposed treatment has a strong probability of success for the individual applicant.*

- (iv) The treatment must be accepted by the local medical profession as a standard form of treatment for the applicant's condition.
- a) *The applicant must provide evidence that this treatment is accepted by the local medical profession as a standard form treatment.*
- b) *The Scheme has been established to assist patients to gain access to treatments accepted as effective by the medical profession but is not available to support individuals wishing to receive experimental treatments or to participate in a clinical trial.*

### Administrative Eligibility

The patient will not qualify for an assessment against the above-mentioned medical eligibility criteria under the Scheme where:

- a) the patient has dual, or multiple citizenship; or
- b) the application has not been supported by the patient's responsible medical officer; or
- c) there is no treatment plan presented; or
- d) the proposed treatment is not for a life-threatening condition; or
- e) there is insufficient medical and clinical information presented to undertake an assessment; or
- f) the application is for participation in a clinical trial or to receive experimental treatment;

**Note:** *These eligibility criteria (both medical and administrative) should be well respected by everyone at all levels.*

### Methods of Application

- Applications must be submitted on the **Overseas Treatment Medical Treatment Application Form**.
- The application should be received by the Secretariat of the Overseas Medical Treatment Screening Committee and s/he informs members of the Screening Committee within 48 hours.
- The application should not be accepted by the Screening committee unless the medical officer who is charge of the patient has completed and signed on the application form.
- The Medical Screening Committee assesses the application and recommend for referral to the Overseas Treatment Coordination Team.
- The Overseas Treatment Coordination Team receives, and approves patients for referral. Please allow three weeks for the OVT Coordinator and the Overseas Medical Treatment Coordination Team to process the application.

### Confidentiality

The Medical Screening Committee and the Overseas Medical Treatment Coordination Team will not discuss the details of a specific application with anyone, on behalf of a

patient, unless they have received written authorisation from the applicant, specifically naming those persons to whom information can be provided. This includes parents or guardians of applicants over 18 years of age.

During the assessment process, the Medical Screening Committee may need to discuss the application with the patient's supporting medical officer. Authorisation for these discussions is assumed, unless the patient specifically advises the Overseas Medical Treatment Coordination Team.

Confidentiality of all patient information is maintained at all times. ALL relevant information should be disclosed when completing the application form and during the on-going treatment process. Failure to disclose all information may affect the final assessment of your application or on-going financial support.

It is requested that patients keep the OVT Coordinator fully informed if there is any media involvement in their circumstance.

If a patient's case is the subject of a media report or inquiry, the Ministry of Health or the Minister of Health may respond, including publicly, to correct or to confirm the content of such a report or inquiry.

#### **Overseas Medical Checks for the Civil List:**

The Civil List, as approved by Cabinet at its meeting F.K. (01) 01 on January 2001 and FK (18) 25 on 25 July 2018 consist of:

1. Head of State and spouse
2. Members of the Council of Deputies and their spouses
3. Prime Minister and spouse
4. Cabinet Ministers and their spouses
5. Chief Justice and spouse
6. Speaker of the House and spouse

The Civil List is eligible for two (2) medical checks per financial year. One (1) medical check-up will be conducted overseas. The second medical check is to be conducted in Samoa. These should be paid from their respective output budget of the related Ministry.

#### **Unsuccessful (Deceased) Cases**

Costs associated with the repatriation of the remains or unsuccessful/deceased OVT cases are considered as follows: a lump sum of NZD\$1,000.00 is given to the family to assist for New Zealand patients, and USD\$5,000.00 will be spent by Government to repatriate the deceased from Fortis and Apollo. In all cases and with the family's approval Government will assist with negotiations to ensure the remains of patients are repatriated to Samoa.

#### **Response to Emergency Case/s:**

In case of patients that require immediate referral to overseas for medical treatment, the provision of an air ambulance should be considered, if they meet the medical criteria above.

## **ANNEX 1: SAMOA OVERSEAS MEDICAL TREATMENT SITUATIONAL ANALYSIS (2009)**

The current Overseas Treatment Policy came into being in 2005. The need to have a policy in place to guide the work of the former Ministry of Health in operationalising the two overseas treatment schemes SOVTS and the NZMS, the need to improve the administration after much deliberations

### **Progress of Implementation**

Much has been implemented under the former policy (Samoa Overseas Medical Treatment Scheme 2005) and has become success stories to a certain extent. It must also be noted that some of the actions taken still require impact evaluation on various levels.

- ◆ Overseas Treatment Facilitator (OVTF) in New Zealand has been formalized. The OVTF assists in organizing the transfer of patients administratively, there was no formal agreement in place between the Government of Samoa and the Government of New Zealand to formalize an OVT Coordinator and this has been implemented under the policy.
- ◆ The position of Overseas Treatment Coordinator in Samoa under the National Health Service has been established and formalized. The present coordinator is the second person to fill the position.
- ◆ Alternative Services has been considered to assist government in finding other options for OVT.
  1. There have been more organized and frequent visits by medical teams of specialists in the past months (Cardiologists, Ophthalmologists and others).
  2. Aggressive health promotion programmes such as the Physical Activity Promotion and Nutrition Gardening, which has received popular remarks although impact needs to be evaluated.
  3. Opened and established the National Kidney Foundation of Samoa for Renal Dialysis which meant all nationals requiring renal dialysis are locally treated.
  4. FK in place whereby patients must contribute to the cost of the treatment by paying their airfares.
  5. Memorandum of Understanding has been signed with Apollo Hospital and Fortis Hospital in India for alternative treatment.

### **Identified Challenges**

As the result of this review, these are some of the main challenges identified in the implementation of the Overseas Medical Treatment Scheme in Samoa:

#### **(i) Increase in numbers of referrals**

The number of referrals for overseas treatment has increased tremendously to an average of 28 to 30 patients per month. If 28 patients are referred multiply by 12 months a year, there will be an average of 336 patients per year. This increase is also directly linked to increase in costs incurred to government every financial

year which can also be debated to be used otherwise, from an economic perspective of return in productive years versus costs incurred for some treatments. However, it is also important to note that the issue of overseas treatment is that of a sensitive one and the decision to have someone referral is sometimes beyond economic reasoning.

**(ii) Screening:**

In the existing policy (OVT Policy 2005), the screening team which consists of a medical team should be screening all patients and making recommendations on the need for patients to be referred. Unfortunately, there were inconsistencies in the decision for patients to be referred due to the lack of guidelines in place to guide various decisions.

**(iii) Monitoring and Evaluation of the Scheme:**

There is a pressing need to do on-going and monitoring evaluations of the Overseas Medical Treatment Scheme to discuss the different issues pertaining overseas referrals of patients and address them immediately. On-going analysis have also been noticed to be totally absent in particular costing analysis so that other options and/or aspects can be looked at or improved upon that can assist in cost control and cost containment especially for government.

## **ANNEX 2: CITIZENSHIP QUALIFICATIONS**

### **Citizenship Qualifications:**

- 1) Overseas Treatment is intended for Samoan citizens and permanent residents who are normally residing in Samoa for at least 5 consecutive years.
- 2) If a Samoan patient has dual, or multiple citizenship, and qualifies for medical assistance from another country, they should take advantage of the assistance from that other country so as not to make an unnecessary claim on the Samoan overseas treatment scheme.
- 3) Any patient who is a citizen of another country, and is not a Samoan Citizen, will not be entitled to assistance through the Samoan Medical Treatment Scheme even though they may be employed in Samoa. In this circumstance, if overseas treatment becomes necessary, it must be financed through a privately arranged Health Insurance Scheme. Health insurance cover should therefore be arranged before the employee starts their employment.

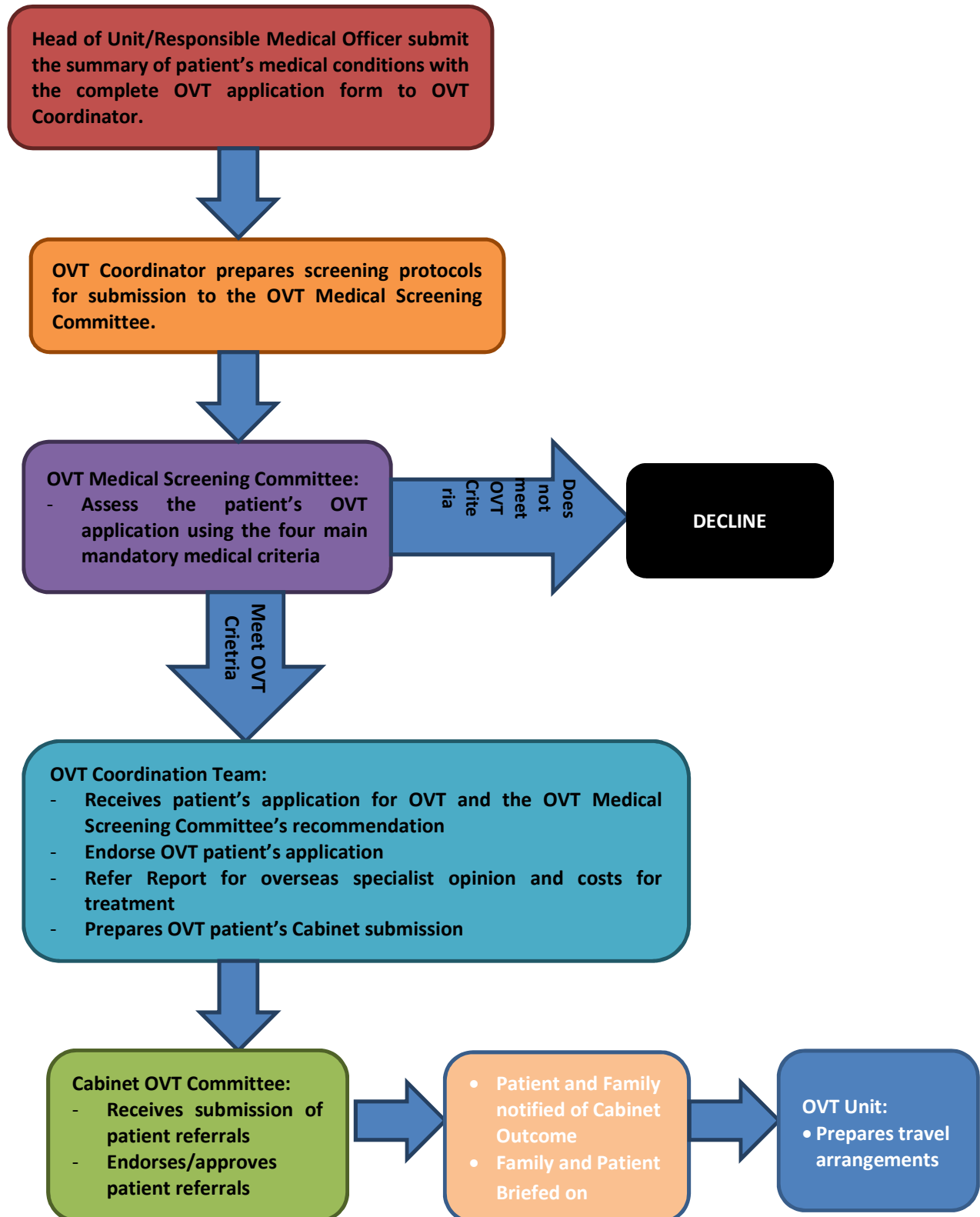
## **ANNEX 3: SAMOA OVERSEAS MEDICAL TREATMENT SCHEME – MEDICAL CRITERIA**

### **Medical Criteria for Selection for Overseas Treatment**

- 1) Only patients whose medical conditions cannot be adequately investigated or treated in Samoa will be eligible for overseas treatment.
- 2) To be selected, patients should have a good prognosis. This means that their quality of life is expected to be good for at least 5 years after treatment.
- 3) Patients with more than one medical condition (co-morbidity), or who have multiple risk factors such as a smoking related illness, cancer, heart, liver or kidney failure, diabetes or non-compliance with prescribed regimes - all of which may adversely affect the prognosis - are unlikely to be approved for overseas treatment.
- 4) Patients under the age of 65 may be considered for continuous ambulatory peritoneal dialysis (CAPD), or haemodialysis, depending on the availability of treatment places in an overseas renal unit, and subject to the provisions of (3) above. Priority will be given to those awaiting renal transplant from an identified donor.
- 5) As a general rule, continuing care and follow-up examinations of patients who have already received overseas treatment should be carried out by the relevant clinical unit in Samoa, and any subsequent request for overseas follow-up examinations or treatment should be referred back to the Medical Screening Committee for its consideration.



## ANNEX 4: OVERSEAS MEDICAL TREATMENT SUBMISSION AND APPROVAL PROCESS



## ANNEX 5: OVT REGISTRATION FORM

Please address  
all correspondence



Government of Samoa

*Ministry of Health*

Office of the Chief Executive Officer  
Private Mail Bag, Motootua

Tel: (685) 23330

### OFFICE OF THE

### DIRECTOR GENERAL OF HEALTH / CHIEF EXECUTIVE OFFICER

### SAMOA MEDICAL OVERSEAS TREATMENT SCHEME

#### PATIENT REGISTRATION FORM

NAME: (in passport) \_\_\_\_\_

GENDER: M ☐ F ☐ AGE: ☐

BATE OF BIRTH: \_\_\_\_\_

[DAY/MONTH/YEAR]

NHN ID: \_\_\_\_\_

VILLAGE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

OTHER ILLNESSES: YES: ☐ NO: ☐

SUMMARY REPORT: YES: ☐ NO: ☐

URGENT : YES: ☐ NO: ☐

Date Received

REFERRING DOCTOR: NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

CHIEF OF SERVICE: NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OVT: Approved ☐ Not Approved ☐

NAME IN PASSPORT: \_\_\_\_\_

PASSPORT NO: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_

OVT SCHEME: \_\_\_\_\_

**RECOMMENDATIONS:**

- ☐ Medical Escort  
☐ Oxygen  
☐ Accompanying Relative

**Preference:**

- ☐ India:  
☐ New Zealand

**Further Comments:**

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Chair Screening Committee: Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## **ANNEX 6: ROLE OF THE OVERSEAS TREATMENT COORDINATOR**

### **Role of Overseas Treatment Coordinator**

The role of the Coordinator is to:

- Ensure that each applicant has a National Health Number (NHN) and that it is recorded on all documents.
- Provide information to doctors and patients about overseas treatment programs, including policy guidelines, eligibility and selection criteria.
- Serve as a key point of liaison with treatment services overseas.
- Act as secretary to the Medical Screening Committee.
- Reconcile OVT Accounts
- Ensure that all information is recorded in the overseas treatment data base at all points in the process including referral, MSC approval, advice from the overseas facilitator, Cabinet approval, details of travel and treatment, discharge summary and costs.
- Keep copies of relevant documentation e.g. invoices, discharge summaries.
- Monitor processing and follow-up of payments.
- Arrange travel logistics and administration
- Follow up patients one year after their referral to determine their health status, return to Samoa, out of pocket costs, and reactions to the overseas treatment system.
- Maintain the overseas treatment database to ensure that it is complete, accurate, and timely.

## **ANNEX 7: MEMBERSHIP OF THE OVERSEAS MEDICAL TREATMENT SCHEME SCREENING COMMITTEE & OVT COORDINATION TEAM**

### ***Members of Medical Screening Committee (MSC)***

- **Chair:** Clinical Manager
- **Vice Chair:** Chief Surgeon
- **Secretary:** OVT Coordinator
- **Members:** Heads of Units
  - Chief Surgeon
  - Chief Paediatrician
  - Head of Medical Unit
  - Head of ICU
  - Head of ENT
  - Head of Eye Unit
  - Head of Obs & Gynae Unit
  - Head of ICU
  - Head of ED
  - Radiologist
  - Pathologist

- ***Members Vote by consensus the Vice Chair***

### ***OVT Coordination Team***

- **Chair:** Director General of Health
- **Secretary:** Principal Officer, HSCRMD
- **Members:**
  - (i) Chair of MSC / Clinical Manager
  - (ii) OVT Coordinator
  - (iii) ACEO SPPRD
  - (iv) Legal Consultant