



PROTECTHEALTH

**BRIEFING ON
HOSPITAL SERVICES OUTSOURCING
PROGRAMME &
REQUEST FOR PROPOSAL**

25 JULY 2024



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HOSPITAL SERVICES OUTSOURCING PROGRAMME (HSOP) INTRODUCTION

**Private Hospitals, Hospital Tentera &
Hospital Pengajaran University (HPU)**

BACKGROUND

- **RM144,000,000** has been allocated to **outsource hospital services to private hospitals.**
- **The objectives of outsourcing are:**
 1. **Reduced Waiting Time** (of elective cases) - **90%**
 2. **Decongestion** (of wards/emergency departments) - **5%**
 3. **Others** (ad hoc outsourcing) - **5%**
- **To start with high volume, high value (optimise value-for-money)**
 - **Cardiothoracic** (Coronary Arteries Bypass Graph)
 - **Cardiology** (Investigations, Diagnosis, Interventions)
 - **Imaging/Radiology** (Ultrasound, CT Scan, MRI Scan)
 - **Nephrology** (Arteriovenous Fistula Surgery)
 - **Nuclear Medicine** (PET Scan)

NOTE: May shift to other services if not receiving satisfactory support/offers from private/university hospitals.



TIMELINE FOR IMPLEMENTATION

Planning phase

- Gathering and analysing important data
- Getting mandate to implement
- Working out together with KKM strategies for outsourcing
- Identifying resources need for implementation
- Preparing proposals of roll out plans
- Identifying potential providers

Q1 2024

Roll out

- Start outsourcing cases to private providers
- Monitoring of the outsourcing program
- Managing incoming risks
- Start claims data collection
- Managing provider and patient feedbacks
- More negotiations & contracting if needed
- Onboarding more providers if needed
- Improvements of IT systems

Q3-Q4

2024

Expansion

- Expansion of hospital services outsourcing
- Application of innovative payment mechanism

Development & Preparation

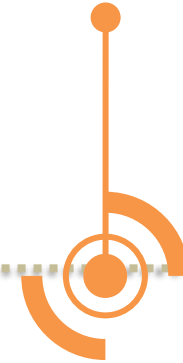
- Setting up implementation team
- Stakeholder engagements
- Expanding DT System to incorporate Casemix parameters and hospital services module
- Developing fee schedule and payment mechanisms
- Developing quality and risks monitoring for the whole program
- Finalising Outsourcing pathway including patient pathway
- Request of Proposals & Market Analysis
- Developing contracts and agreements
- Onboarding providers
- Final User Acceptance Testing (UAT)
- Distribute system to hospitals and training
- Finalising case lists to be outsourced
- Securing implementation budget

Maintenance & Future Planning

- Continue monitoring and management of risks
- Improvement of implementation based on feedbacks
- Analysing financial data for future planning
- Planning for expansion of hospital services outsourcing
- Developing innovative payment mechanism for hospital service outsourcing

Q2 2024

2025



DEC 23



SERVICES AND PROCEDURE/TREATMENT INVOLVED

Cardiothoracic

- Adult Open-Heart Surgery
- Coronary artery bypass graft (CABG)
- Valve Replacement (AVR/ MVR)

- Paediatrics Open-Heart Surgery (Congenital)

Cardiology

- Cardiology Investigation
- Holter
- Echocardiogram
- Exercise Stress Test
- Dobutamine Stress Test
- Cardiology Intervention
- Coronary Angiogram
- Percutaneous Coronary Intervention (PCI)
- Paediatrics Cardiology (congenital)

Radiology

- CT Scan
- MRI
- MRI Cardiac
- Ultrasound

Nephrology

- Atrio Venous Fistula Surgery (AVF)

Nuclear Medicine

- PET Scan



OUTSOURCING PROCESS OVERVIEW



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MAIN OUTSOURCING PROCESS

PRICE SETTING via RFP & COSTING

Request for Proposals (RFP) from Private Hospitals

Analysis Proposed Prices & Specifications & Compare with MOH (& Private) Costing

Pre-determine Prices & Spec.

DIGITALISED OUTSOURCING PROCESS

Qualified providers inform maximum capacity (Digitalised Market-Place)

Pre qualify & contract with interested private hospitals

Engage with Private Hospitals

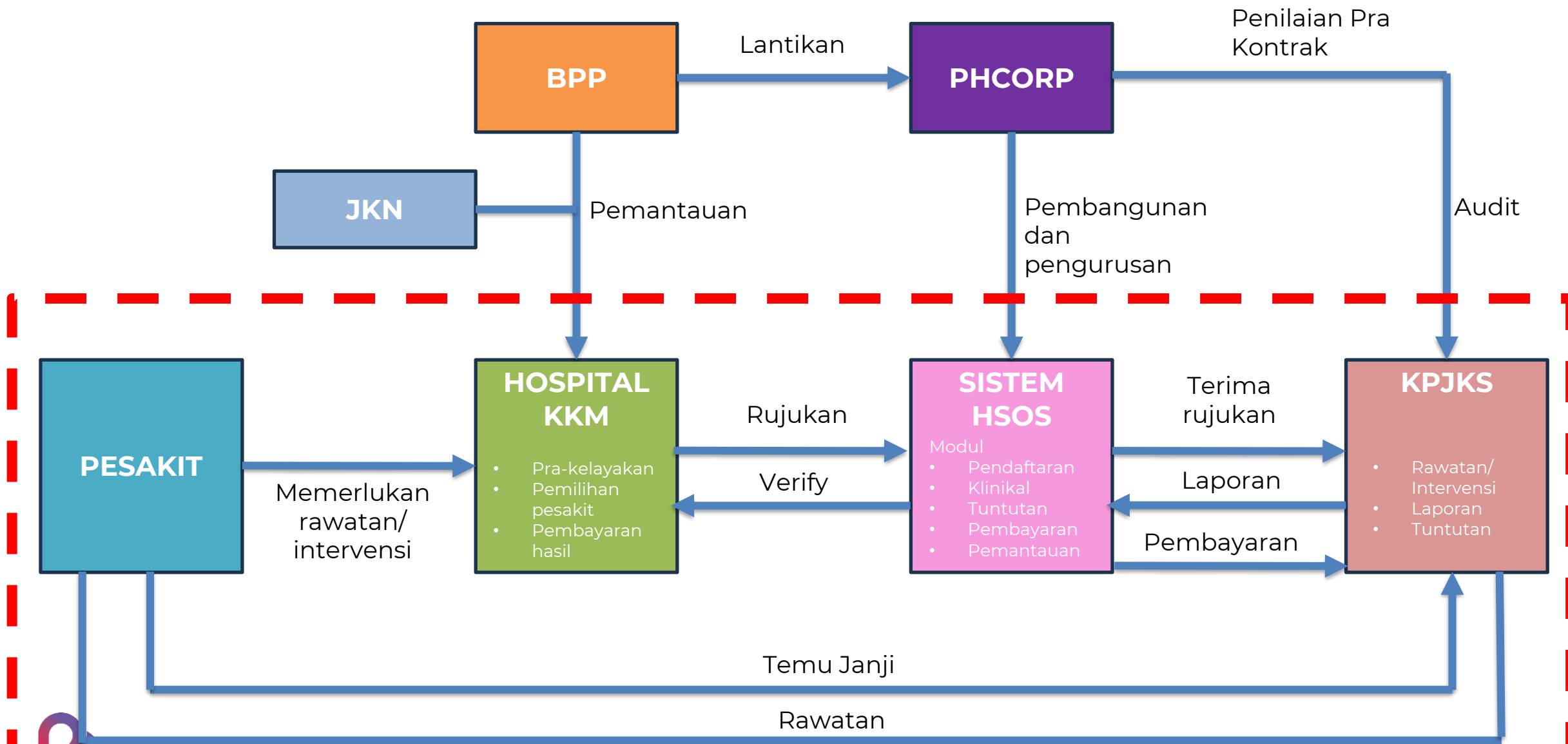
Zoning:
Optimise competition (multiple private hospitals) & patient accessibility (not too far)

Allocation:
Allocate equally to qualified & within zone private hospitals (not exceeding max cap)

Start Service
- MOH Specialist identify patients and refer
- Private Hosp arrange appointment, provide services & claim



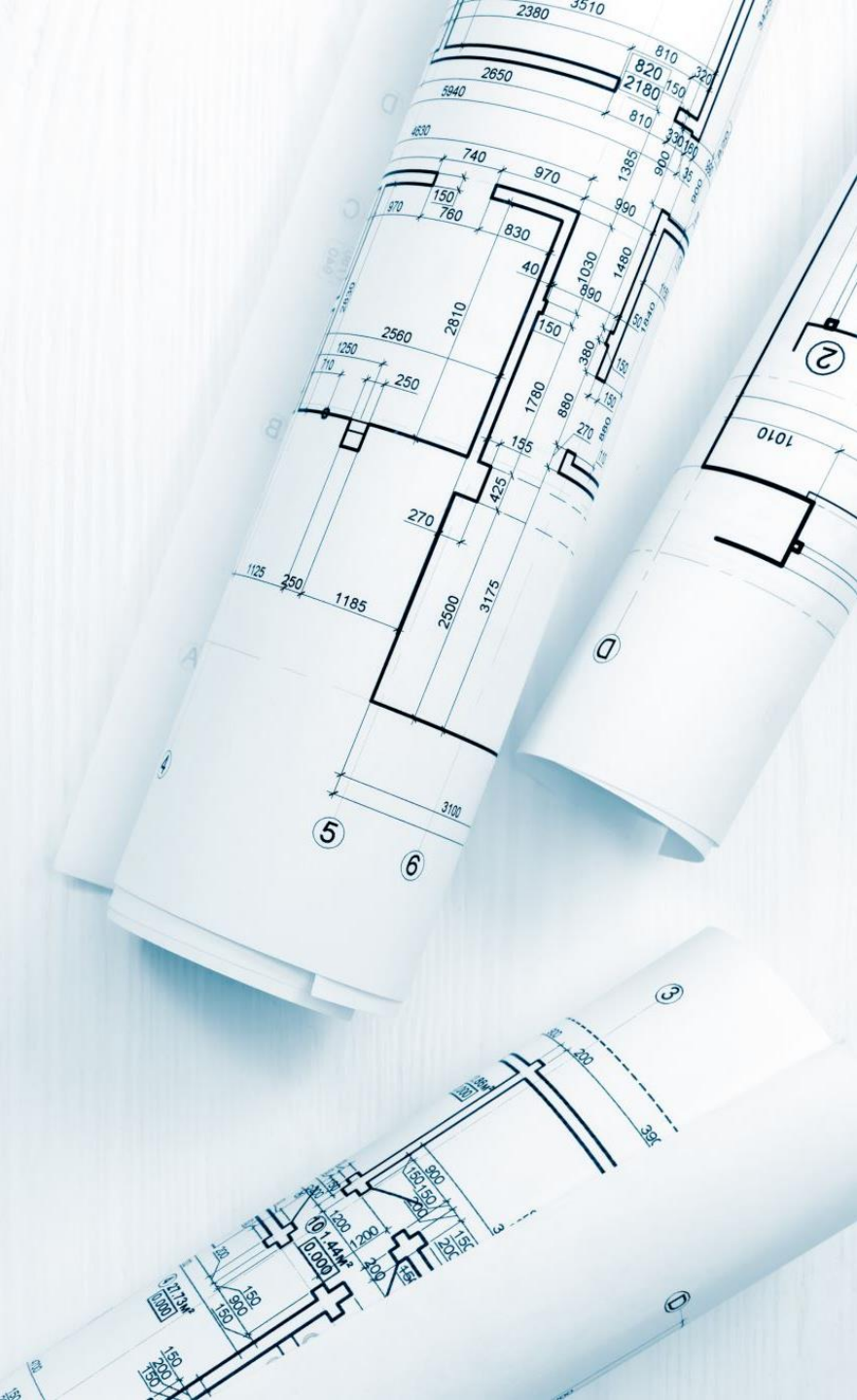
RAJAH PERHUBUNGAN UNTUK HSOP



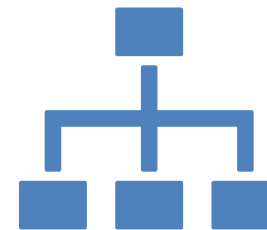
REQUEST FOR PROPOSAL

- Introduction
- RFP Components





INTRODUCTION



Objective: A Request for Proposal (RFP) is a document that outlines the requirements and specifications for a project.

Purpose: Facilitates a structured procurement process by inviting vendors to submit proposals for fulfilling a specific need.

IMPORTANCE OF RFP IN PROCUREMENT



Ensures a fair and competitive bidding process.



Enables objective evaluation and market analysis of vendor proposals.



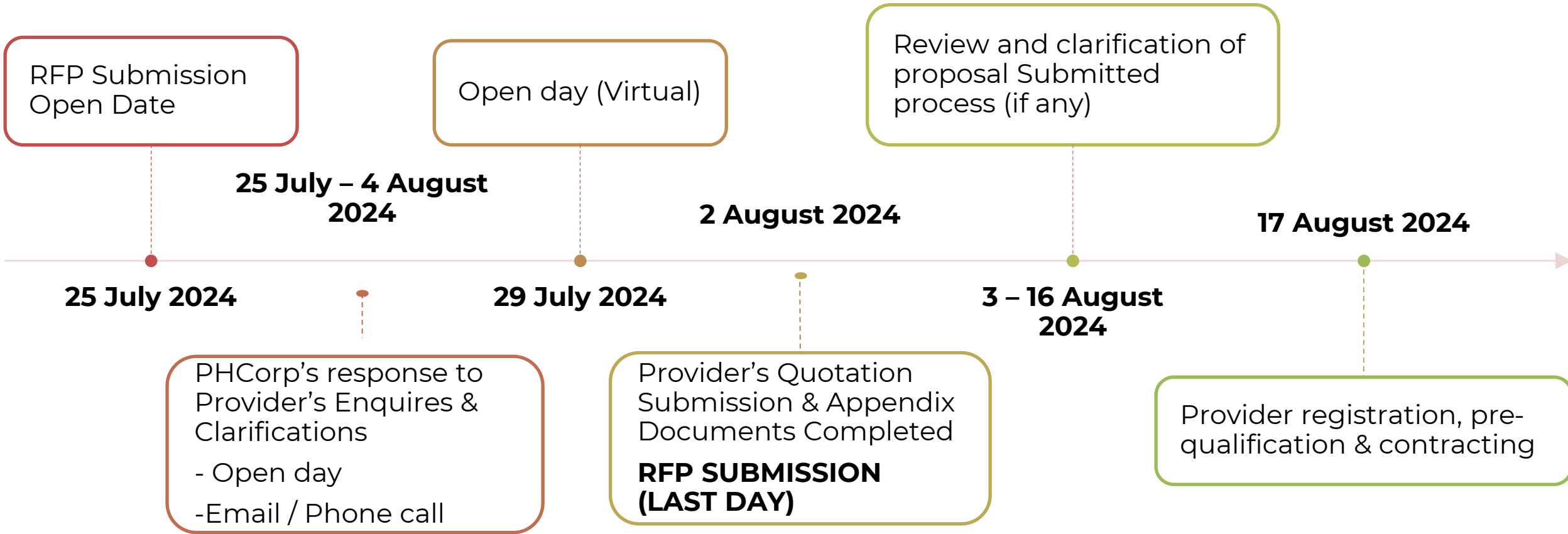
Mitigates risks by defining project expectations clearly.



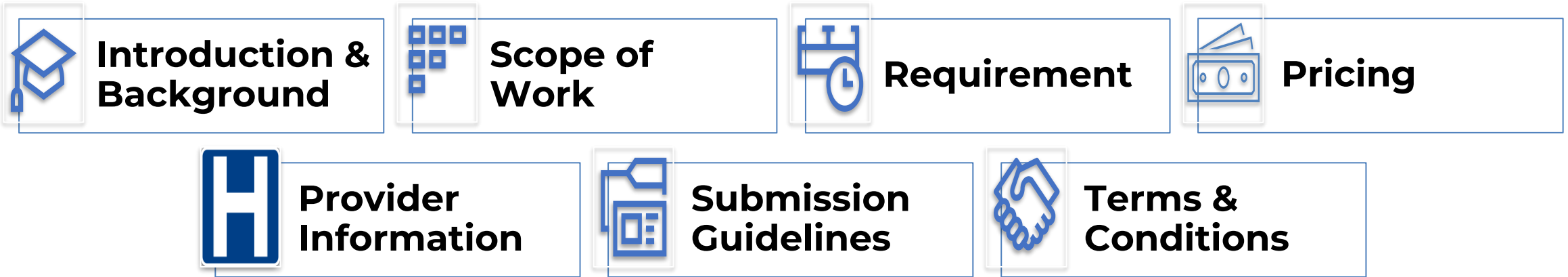
Enhances transparency and accountability in procurement.



RFP PROCESS & PLANNING



RFP COMPONENTS



1. INTRODUCTION AND BACKGROUND



Overview

Clearly state the purpose of the RFP, outlining the specific goals and objectives that the organization aims to achieve through the procurement process.



Company Information

Provide a brief overview of our company, including its mission, vision, and key functions. This helps bidders understand the context in which the project is taking place.



2. SCOPE OF WORK

Outlines the specific tasks, services, and responsibilities that the selected vendor or service provider will be required to perform under the proposed agreement.

It provides a detailed and comprehensive description of the work to be undertaken to achieve the objectives outlined in the Request for Proposal (RFP).

This section serves as a roadmap for the successful execution of the project or services.



3. REQUIREMENT



**Staffing
Requirements**



**Equipment
Requirements**



**Software
Requirements**



Medicine



Procedure



4. PRICING

The Private Provider is expected to offer the procedural cost as a **bundled package**. In this context, a **bundle fee** entails that the price incorporates all associated services.

It is not based on individual fees for each service; instead, **a fixed fee is paid upon completion of the procedure, irrespective of any variations that may occur during the course of treatment.**

A bundled package provides a comprehensive and transparent pricing model, simplifying the billing process by encompassing all necessary services under a single, predetermined cost and **allow the private provider to optimise the necessary services providing to patients in order to deliver quality health care services with good efficiency.**



5. PROVIDER INFORMATION

HQ

Provider Name

Provider Experience

Provider Address

References

Person-In-Charge

CKAPS License

Type of services

BRANCH

Branch Name

Experience

Address

References

Person-In-Charge



6. SUBMISSION GUIDELINES

- The proposal should be organized in a clear and logical manner, with each section clearly labeled. The Provider should also ensure that the proposal is complete and addresses all the requirements in the RFP.
- It should include all the necessary information as outlined in the RFP, including details below.
- **Submission Check-list**
 - Please make sure your submission is complete, and all documents listed below are submitted as **electronic copy** to hsop_rfp@protecthealth.com.my.
 - Submission consists of the following:
 - 1. Request for Proposal (RFP)**
 - 2. Company Profile**
 - 3. Other supporting documents**
 - Any response received after this date may be considered non-responsive, and ProtectHealth would not be obligated to engage your organization any further in our RFP process.
 - All responses and supporting documentation shall become the property of ProtectHealth Corporation and will not be returned.



7. TERM & CONDITIONS

Section	Description
Payment Terms	After the procedure is done and whole service is completed (including post-procedure follow-ups and referral as stipulated), the payment will be made within 3 month of complete submission of claims
Contract Length	July to December 2024



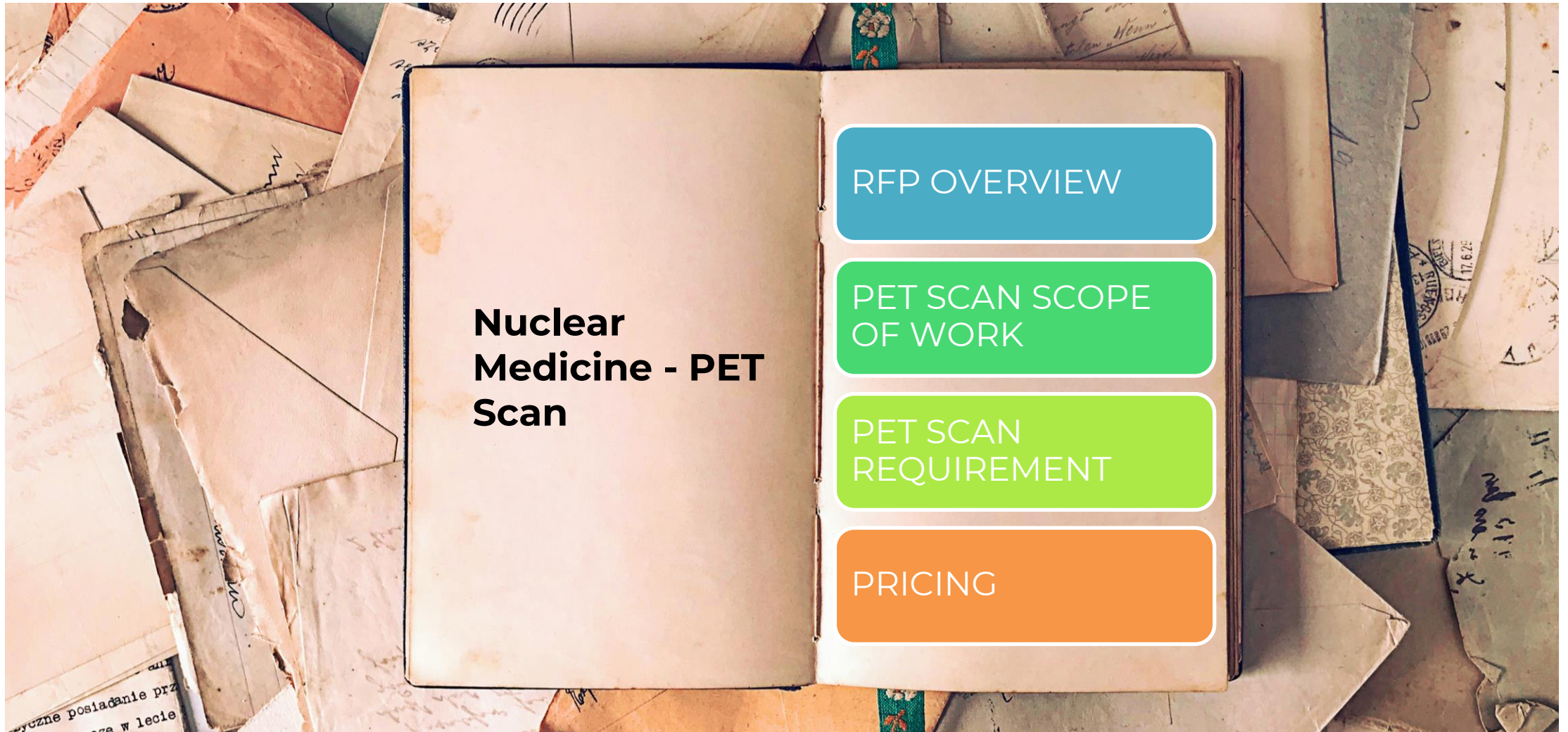


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HOSPITAL SERVICES OUTSOURCING PROGRAMME: NUCLEAR MEDICINE

25 July 2024

Request For Proposal (RFP) Components



OVERVIEW

Project Title

- Hospital Services Outsourcing for Nuclear Medicine Procedures

Project Description

- General information on the imaging focus and brief information on the provider.

Project Timeline

- The project aims to have the first patient visit on August 2024.



SCOPE OF WORK – POSITRON EMISSION TOMOGRAPHY (PET) SCAN

Detailed Description

- Whole body PET-CT & Total Body PET-CT

Patient Selection/Eligibility for the Service

- Malaysian, focusing on elective/semi-urgent cases.

Potential Volume

- 300

Pre-procedural Care

- Consent form and pre-imaging medication

Post-procedural Care

- Emergency crisis



REQUIREMENT – PET SCAN

Equipment
Needed

List of Equipment (Spec of the equipment)

Equipment license (MDA and ATOM)

System for maintenance, calibration and quality assurance (QA)

Staffing
Requirements

Physician

Nuclear Medicine Technologists

Nuclear Medicine Pharmacist

Medical Physicist

Staff Nurse

Facility
Requirements

Emergency response

Nuclear Medicine Department



REQUIREMENT – PET SCAN

Medication

IV Piriton

IV Hydrocortisone

Actrapid insulin (Rapid acting)

IV Frusemide

IV Midazolam

Miscellaneous

Drinking water during the up-take procedure and prior to imaging

The panel provider is responsible for handling radioactive and non-radioactive waste management comprehensively

Reporting Requirements

CD/DVD

Report within maximum of five (5) working days after the procedure

Image Archiving and Storage



PRICING

Bundled Package

A **bundle fee** entails that the price incorporates all associated services

A **fixed fee** is paid upon completion of the procedure, irrespective of any variations that may occur during the course of treatment



RFP Submission Guidelines

- The Provider should also ensure that the proposal is complete and addresses all the requirements in the RFP.
- It should include all the required information outlined in the RFP, including details below.
- Submission Check-list
 - Please make sure your submission is complete and all documents listed below are submitted electronic copy via email: **hsop_rfp@protecthealth.com.my**
 - Submission consists of the following:
 1. **Filled RFP - PDF format for each service**
 2. **Filled RFP - Excel format for each service**
 3. **Hospital CKAPs Borang 4 / Borang 7**
 4. **Company / Hospital SSM**
 5. **Cover Letter by CEO confirming the validity of all information provided and nomination of a HSOP Person-in-charge**
 - All responses and supporting documentation shall become the property of ProtectHealth Corporation and will not be returned.



TERM & CONDITIONS

Section	Description
Payment Terms	After the procedure is done and whole service is completed (including post-procedure follow-ups and referral as stipulated), the payment will be made within 3 month of complete submission of claims
Contract Length	July to December 2024



ADDITIONAL INFORMATION



Reporting Template



F-18 FDG Reporting Template: Oncology Cases

F-18 FDG PET-CT Reporting Template: ONCOLOGY

Demographics Data	Name: IC: Gender: Address: Height/weight: Past Medical History: Medications:
Clinical history	Tumour Type: Primary Site: Biopsy result Last treatment should be stated (e.g.: chemotherapy, radiotherapy, immunotherapy, GCSF).
Indications	<ul style="list-style-type: none"> Abnormality to be evaluated Specific clinical question (i.e. staging of lung carcinoma, history of colorectal carcinoma with rising CEA)
Protocol/technique and procedure	<p>FBS: Dose: Site: Time/uptake time: Type of imaging:</p> <ul style="list-style-type: none"> Whole body/Total body imaging Brain protocol Bladder protocol <p>Repeat imaging: Y/N Site and time: Additional drugs: Contrast: Y/N Image reconstruction: e.g. PET/CT images viewed with AC/Q450 MFQS.</p> <p><i>* Note an explanation of any deviation from standard protocol or special measures patient may have required.</i></p>
Findings	<p>Comparison was made with previous PET-CT dated (if follow up scan)</p> <p>1. Following anatomic site – from top to bottom. In each region to begin with significant PET and Ct findings, followed by relevant CT findings and incidental observations.</p> <p>Head and neck : Chest/Thorax : Abdomen and pelvis : Musculoskeletal :</p>

	<p>2. Based on priority or order of importance e.g. TNM format Follows TNM staging classification for the tumour:</p> <ul style="list-style-type: none"> Dominant findings: findings and pertinent negatives relevant to clinical question i.e. description of primary lesion (T) or dominant sites of recurrent disease Metastases: additional sites of abnormal radiotracer localization to represent nodal and/or extranodal sites of metastatic disease Other abnormal PET findings: inflammatory or infectious process, benign FDG avid disease etc. Incidental CT findings: lung nodules without FDG uptake, AAA, renal masses, etc. Normal physiologic FDG uptake: brown fat, prominent muscle or intestinal uptake <p>3. Combination of Priority and Anatomic Site * Optional to use one of the formats from 1 – 3 (anatomic, priority or combination)</p>
Conclusions	<ul style="list-style-type: none"> Brief and concise Answer the clinical question Give a precise diagnosis When a precise diagnosis is not possible; a clear and organized differential diagnosis should be given Discussion of additional imaging studies or follow up, if this would aid in the arrival at the correct diagnosis Consultation remarks (i.e., bilateral adrenal uptake on immunotherapy – to put footnote; blood glucose of 11mmol/L - TRO diabetes; metformin use)





Consent & Checklist



PET-CT Imaging Request Form Example



HOSPITAL UMUM SARAWAK
JABATAN PERUBATAN NUKLEAR
JALAN HOSPITAL 93586 KUCHING, SARAWAK
(Pej) Tel : 082-276666 No. faks : 082-276917
Ext:counter: 6111 DirectLine: 082-276917
Email : nuclear.medicine.sgh@gmail.com



PET/CT Imaging Request Form

All the information requested in this form is vital to assessment of the impact of PET/CT scan. All columns must be filled up. Put a tick (✓) in the relevant checkbox. Put a dash (-) in the column if the information is not available. The PET/CT scan will not be booked unless the form is properly filled up and all the required information is supplied.

Patient's Name:		Gender:	Urgent Non-urgent Next clinic date:	
IC No.:	Date of Birth:	Age:	Ethnic Group:	
Address:				
City/Town:		Postcode:	State:	
Eligibility for subsidize PET/CT: Yes / No				
Social worker referral: Yes / No				

Relevant medical history:		
Diabetic	Yes	Insulin Regime: Oral Hypoglycaemic Agent:
	No	
Claustrophobic	No	Yes
Drug allergy	No	Yes Medication:
Pregnant	Yes	No LMP:

Primary site of disease:			
Head & neck tumour	Lung cancer	Oesophageal cancer	Gastric cancer
Colorectal cancer	Ovarian cancer	Cervical cancer	Lymphoma
Sarcoma	Unknown 1 st with metastatic cervical nodes (confirmed by histopathology exam.)		
Other:			

Assessment based on (please fill up all applied):	
Clinical history and current relevant symptoms: Please use additional sheet(s), attached as appendix if required:	
Clinical examination:	
Surgery/ Histopathology:	(Date)
Imaging (e.g. CT/MRI/PET-CT):	(Date)
Other (e.g. CEA, CA-125, CgA):	(Date)

Treatment	Surgery:	Date:	Site:
	Radiotherapy:	Date:	Site:
	Chemotherapy:	Date:	Regime:
	Others:	Date:	

Clinical Indication:

- Baseline scan for:
 - Staging in newly diagnosed malignancy or
 - Restaging in proven recurrence or
 - Pre-treatment scan for response assessment
- Interim scan for early response prediction after starting a short course therapy or restaging after neoadjuvant therapy, keeping in view to maintain or change the treatment plan
- End of treatment scan within 6 months, please specify: (e.g. surgery/chemotherapy/chemoradiotherapy/ SIRT/cryo- or radiofrequency ablation etc.)
- Second look scan under watchful-wait strategy for earlier equivocal finding (e.g. thymic uptake), please state the previous PET-CT study date:
- Evaluation for recurrence based on clinical, tumour biomarker and/or other equivocal imaging and to proceed for restaging if recurrence is detected
- Surveillance scan for screening patient in remission and not on any anti-cancer treatment
- Assessing treatment efficacy following prolonged systemic treatment, with intention to change the therapy upon disease progression
- Localization of carcinoma of unknown primary
- Tissue characterization or assessment of tumour heterogeneity for high aggressive phenotype. Please specify further:
 - To differentiate benign and malignant lesion in patient not known to have cancer (e.g. SPN)
 - Identification of biopsy site for cancer
 - For targeted radionuclide therapy/theranostic planning e.g. non iodine-avid thyroid cancer, FDG-avid NET or FDG-avid prostate cancer etc.)

Other:

Referring consultant/specialist:

Name	:	Signature	:
Title	:	Tel. No.	:
Hospital	:	Fax No.	:
Email	:	Date	:



PET-CT Imaging Consent Form

I _____
 (Name of Patient / Parent / Guardian / Name of Person with Legal Responsibility) (IC / Passport No)
 have been given sufficient information by Dr. _____ to make an informed decision and
 consent to the PET / CT procedures. I have also been informed about the potential risks and side effects of procedures.

Radiopharmaceutical Risks

- Expose your fetus to radiation if you are pregnant.
- Expose your child to radiation if you are breastfeeding within 24 hours post F-18 FDG injection.
- May trigger a major allergic reaction, in rare instances.

Patient Requiring Contrast Agent

I also authorize the designated Hospital Staff Nurse and Nuclear Medicine Radiographer to inject me with the contrast agent. Specifically, I have been informed about potential risks and side effects of the contrast agent (nausea, vomiting, shortness of breath, allergic reaction and contrast induced renal impairment).

Patient's Initial _____

For Female Only

I am currently **NOT** pregnant and have no reason to suspect that I am pregnant.

LMP: _____ Patient's Initial _____

CONFIRMATION

I, the undersigned consent to:

- The Nuclear Medicine PET / CT scan as described above
- The administration of contrast agents, if necessary

Patient's Name :	Guardian's Name :
IC No :	IC No :
Date :	Date :

_____ Signature / Thumbprint	_____ Signature
---------------------------------	--------------------

Witness's Name :	Doctor's Name :
IC No :	Date :
Date :	

_____ Signature	_____ Signature
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DOCUMENTATION & VIDEO

The RFP documents are accessible for download starting today through the website <https://protecthealth.com.my/hsop/>

Additionally, recording videos will be made available for your reference.



SUBMISSION DAY

Thursday, 2 August 2024, please make sure to deliver by digital copy to **hsop_rfp@protecthealth.com.my** before 4.00pm.



OPEN DAY 29 July 2024

Virtual

- Platform: Zoom
- 2.30pm – 3.30pm
- Link for registration will be available online in ProtectHealth website (<https://zoom.us/j/97001000203?pwd=wBaGrJ5XuzQ5yaxC4AKRokKgQ3D3yP.1>)





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THANK YOU



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