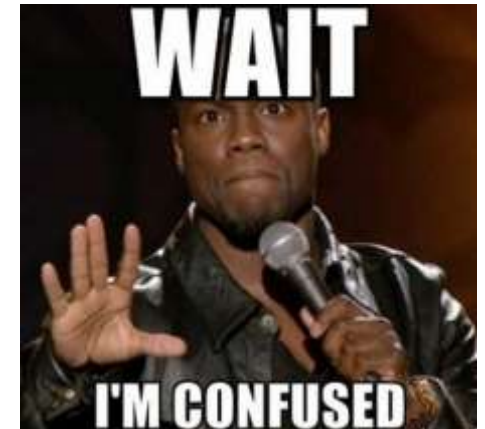
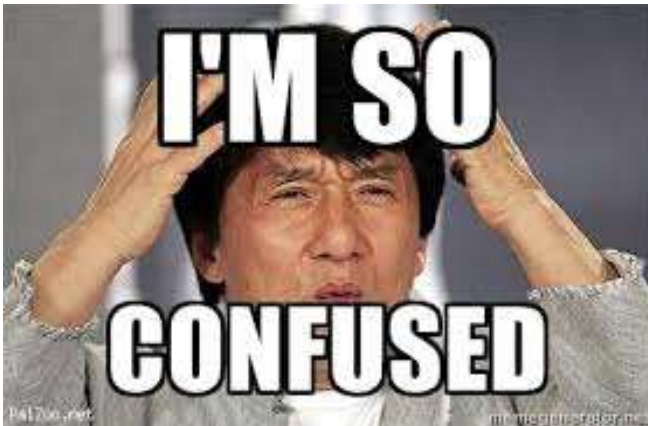




Its confusing

HEALTHPLAN2020 BHB UNIFIED UNIVERSAL MFR
MOCKPLAN PORTABILITY UN-INSURED NON-INSURED GEHI
FUTURE CARE HIP PRE-EXISTING HEALTHPLAN2020SHB BHB UNIFIED
UNIVERSAL MFR MOCKPLAN PORTABILITY UN-INSURED NON-INSURED GEHI FUTURE
CARE HIP PRE-EXISTINGHEALTHPLAN2020SHB BHB UNIFIED UNIVERSAL MFR MOCKPLAN
PORTABILITY UN-INSURED NON-INSURED GEHI FUTURE CARE HIP PRE-EXISTINGHEALTHPLAN2020SHB
BHB UNIFIED UNIVERSAL MFR MOCKPLAN PORTABILITY UN-INSURED NON-INSURED GEHI FUTURE CARE HIP
PRE-EXISTING





PUBLIC FORUM

**Helping Patients Understand the
Proposed Health Care 2020 Reform**

Your Health Care Professionals viewpoint

Who are Patients 1st?

We are health care providers...

We and our families are also Patients



Moderator: Dr. Lau

Panel:

Dr. Dowling, Dr. Kenny, Dr. Brown, Dr. Burgess



Our Goal Tonight:

1. To understand Why Government is proposing changes
2. To outline How you are impacted
3. To discuss possible alternatives
4. To discuss how YOU can provide input, ideas & solutions- Q&A

30min

45min

In one year, a patient with a chronic disease and his family will spend five to 10 hours with their health professionals, and 6000 hours taking care of themselves. The focus of our system today is on the five to 10 hours and not much on the other 6000 —

Vincent Dumez, Université de Montréal



Government's Role

Historically

Justice system

Immigration

Education

Poverty relief programs

The above interacts with the

Economy

Rights of the people

Balancing the above will determine a successful vs. failed nation



Government & Health



- **Enter into the health of population through the Public Health arena by making policies & then enforcing those policies**
 - Pollution control
 - Communicable diseases eradication
 - Safety in the workforce & public facilities
 - Consumer Health
 - Anti-Smoking, seatbelt laws.
- Government enters into population health because it is the only entity that can **effect the entire population**
- Governments can choose to enter into the personal Health of its population

Do Not Mix up Terms

- **Health** is a personal state of wellbeing determined by your internal and external environment
- **Healthcare** is the systems that helps you maintain your health
- **Health Financing** is the mechanisms used to pay for your healthcare



What is Government's Proposed Plan

- To move from the current DUAL system of health financing to a **UNIFIED** system of health financing
- **What is the current Healthcare financing system**
 - Private insurance (BFM, Argus, Colonial, FC, HIP, Overseas*)
 - Out of pocket
 - Subsidies (youth & age)
- **What was Considered**
 - Unified versus dual financing
- **What was selected by Government**
 - Unified

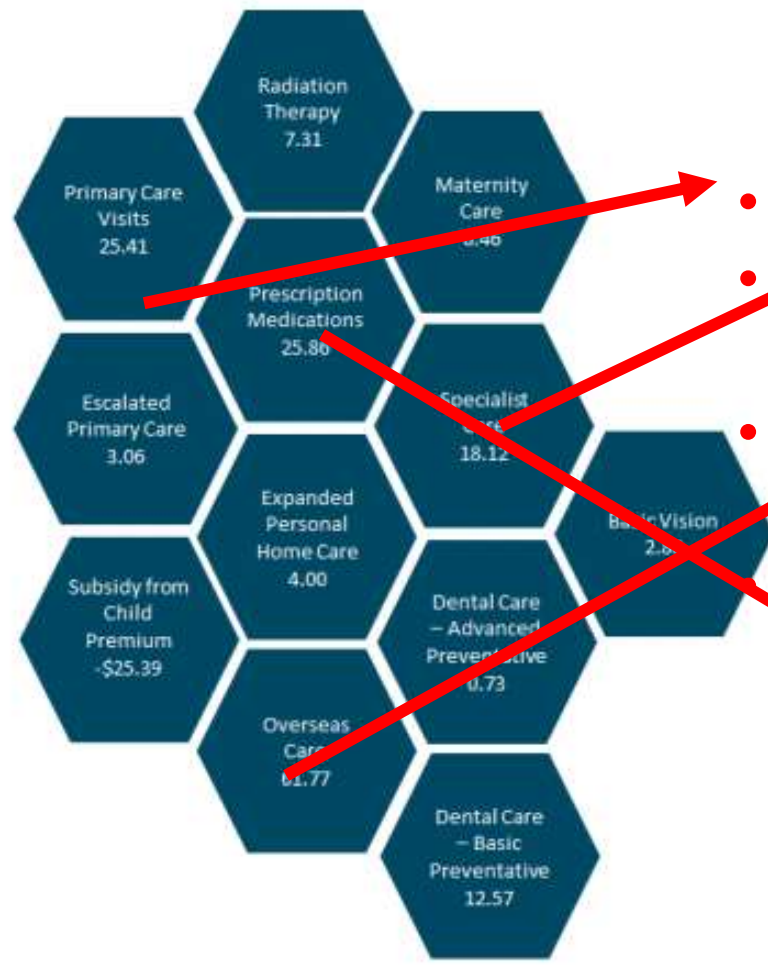


What is included at present in “SHB”



\$371.30

What is proposed to be added into MOCKPLAN



- Doctor visits
- Specialists visits
- Overseas care?
- Prescriptions (\$400)

\$142.70

Figure 4. Summary of “Mock” Benefit Plan components to achieve an estimate of \$514 per Adult (Existing \$371.30 + New \$142.70)

What is the stated problem with the current financing system ?

- Health Policies cost a lot of money
- 6% of population not insured
- No pooling of population risk
- I cant Afford my Insurance premiums
- Certain groups are not insured adequately (considered under insured)
 - Some Policies do not cover all my health care needs
 - My co pay is too much



What does the Plan state it will address



Figure 8. Health system improvements that will be possible with reformed system

Mock Plan for discussion and consultation purposes

	STANDARD HEALTH BENEFIT (SHB)	BERMUDA HEALTH PLAN (DRAFT)	HEALTH INSURANCE PLAN (HIP)	FUTURE CARE (HIP)
	\$355.00	ADULTS \$514.00 CHILDREN \$178.00	REAL COST \$610.00 PREMIUM \$429.24 (SUBSIDIZED BY MRP)	REAL COST \$580.00 PREMIUM \$500.14 (MULTIPLE SUBSIDIES)
Current SHB Hospitalization, Kidney care, Imaging, Home medical	\$355 No co-pays	\$514 No co-pays	\$429 No co-pays	\$500.14 No co-pays
Doctor Visits (Primary Care)	none	Unlimited, \$25 CO-PAY	4 Visits, CO-PAY VARIES	Unlimited, CO-PAY VARIES
Specialists Visits	none	2 Visits, \$50 CO-PAY	5 Visits, CO-PAY VARIES	5 Visits, CO-PAY VARIES
Overseas Care	none	Medically Necessary, CO-PAY TBD	Medically Necessary, HIGH CO-PAY	Medically Necessary, CO-PAY VARIES
Dental	none	Basic, \$20 - \$40 CO-PAY	Basic, CO-PAY VARIES	Basic
Vision	none	Basic	Basic	Basic
Personal Home Care	none	✓	✓	✓
Outpatient Mental Health Care	none	Basic	Basic	More cover
Other Supplemental Coverage	none	Local Radiation Treatments	More cover	More cover
Prescription Drugs	none	\$500	none	\$2000
Non Hospital Rehab (Allied Health)	none	none	none	Basic

GRAPHIC AT-A-GLANCE COMPARISON OF
BENEFIT PLANS
V.2.0 updated 1/10/2018


 GOVERNMENT OF BERMUDA
Ministry of Health


 Bermuda
Health Council


 BHP
Bermuda Health Plan

Figure 5. Mock BHP Compared to current SHB, HIP and FutureCare

Pitfalls **NOT** being talked about with Unified

- **Enforcement of Payment to **ALL** private citizens**
 - Would have to tie your healthcare to something like license renewal
- **Funding of system**
 - **Premiums, Pensions, Payroll, Land Tax** (ref. p37)
- **Loss of Current Subsidy System**
 - Remove age and youth subsidy and replace with means testing
- Risk of **abuse by a single agency** (economic and political)
- Volatility in the system if not made independent from politics
 - **Mandates can change from Government to Government**

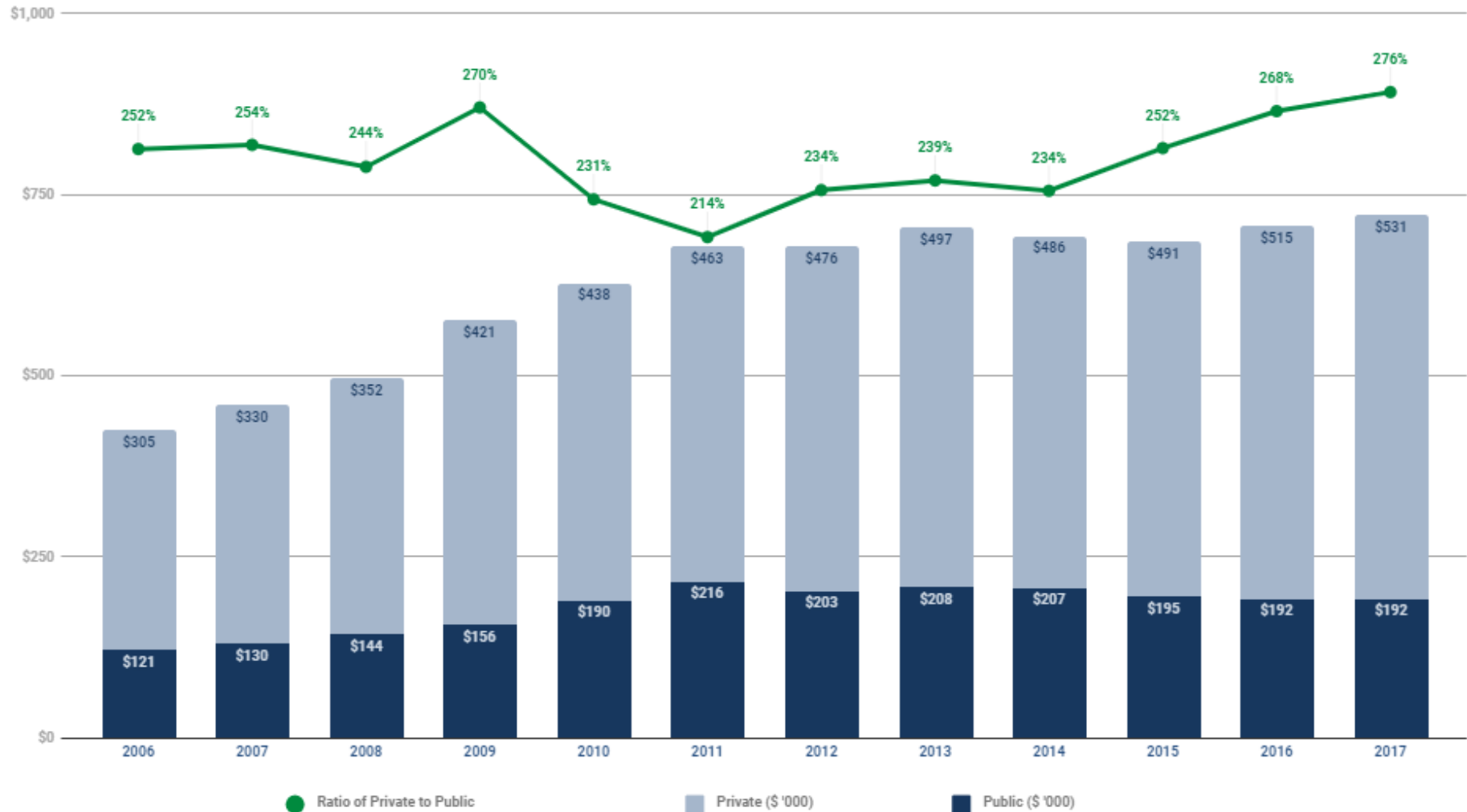


Cost of Health Care in Bermuda is too Expensive



Health Finance				Health Expenditure			
	Amount ('000)	% of Total	% Inc		Amount ('000)	% of Total	% Inc
Public Sub-Sector				Public Sub-Sector			
Consolidated Fund – Ministry of Health	\$186,681	25.8%	0.2%	Ministry of Health HQ	\$10,045	1.4%	-26.8%
Consolidated Fund – Department of Social Insurance	\$4,372	0.6%	-10.0%	Department of Health	\$24,787	3.4%	1.7%
Grants for provision of health services	\$1,006	0.1%	21.2%	Bermuda Hospitals Board	\$329,873	45.6%	4.8%
Public Sector Sub-Total	\$192,059	26.6%	0.05%	Public Sector Sub-Total	\$364,705	50.4%	1.2%
Health Insurance	\$433,241	59.9%	4.6%	Local Practitioners – Physicians	\$57,589	8.0%	96.4%
Out-of-Pocket Expenditure	\$90,742	12.6%	30.6%	Local Practitioners – Dentists	\$30,055	4.2%	2.8%
Donations	\$6,957	1.0%	30.4%	Other Health Providers, Services & Appliances	\$78,657	10.9%	17.6%
7.3 MILLION				Prescription drugs	\$41,432	5.7%	2.0%
				Overseas care	\$86,842	12.0%	2.6%
				Health Insurance Administration	\$63,719	8.8%	17.5%
Private Sector Sub-Total	\$530,940	73.4%	4.2%	Private Sector Sub-Total	\$358,294	49.6%	5.1%
Total Public & Private	\$722,999,000	100.0%	2.3%	Total Public & Private	\$722,999	100.0%	2.3%

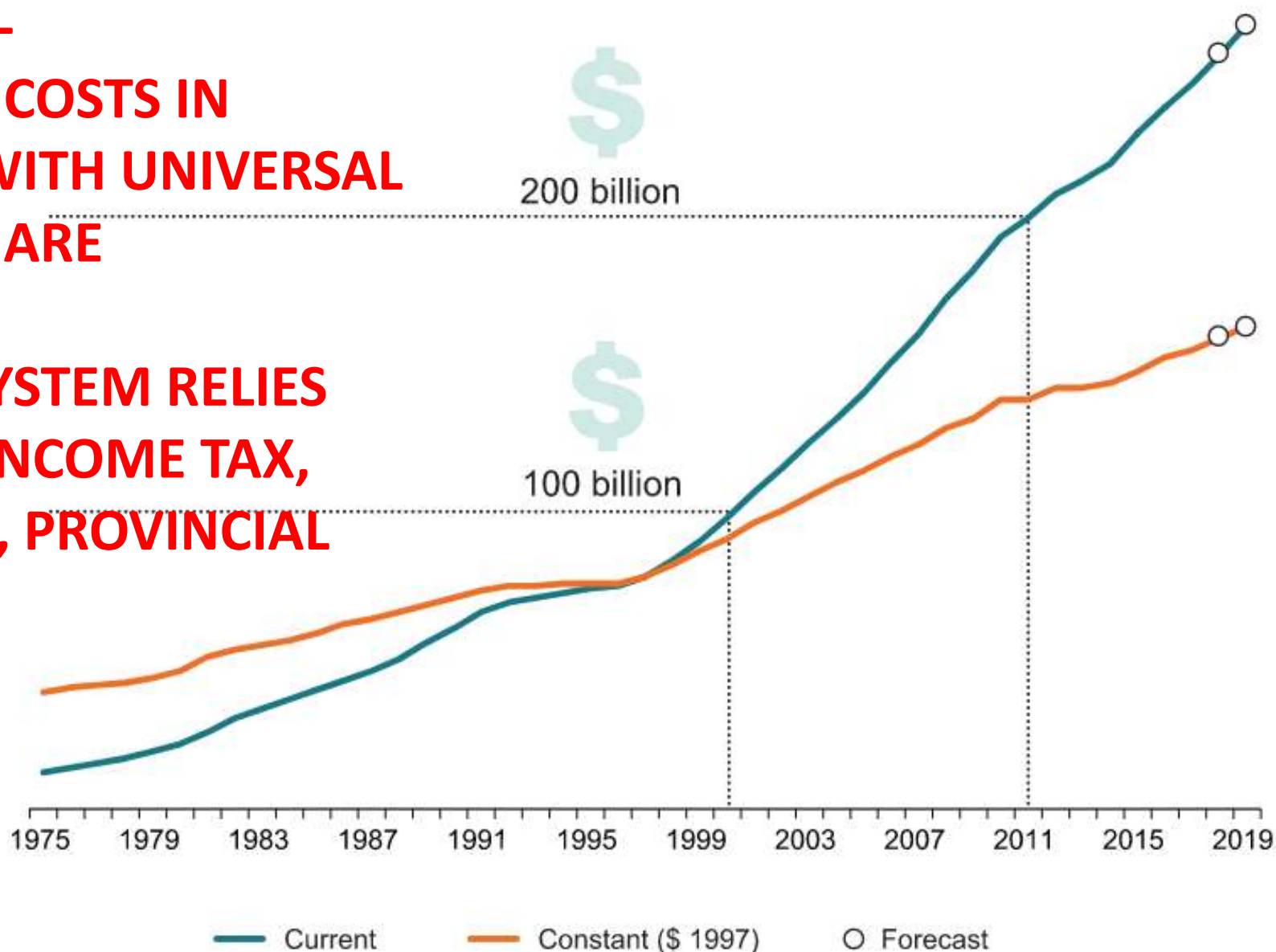
Bermuda Health Spending



Is it JUST Bermuda's rising costs? Or is this worldwide

Canadian Health Spending

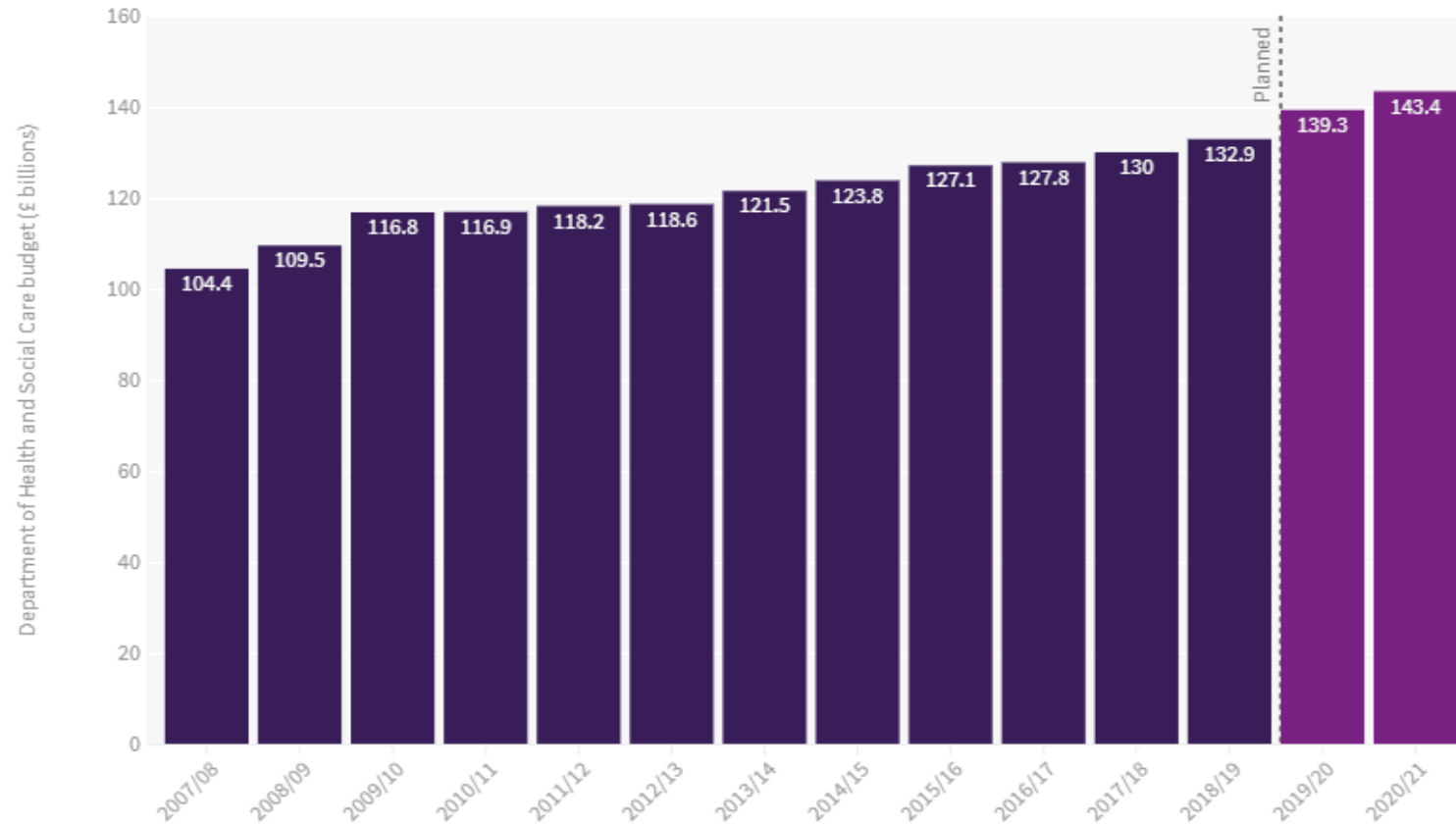
**WORLDWIDE-
HEALTHCARE COSTS IN
COUNTRIES WITH UNIVERSAL
HEALTHCARE ARE
INCREASING.
CANADIAN SYSTEM RELIES
HEAVILY ON INCOME TAX,
FEDERAL TAX, PROVINCIAL
TAX**





UK Health Spending-ALWAYS INCREASING

The Department of Health and Social Care budget



Sources: [Department of Health and Care annual report and accounts 2017/18 and 2018/19](#), [Public Expenditure Statistical Analyses, July 2019](#), [Spending Round, September 2019](#) • Data are the Department of Health and Social Care total departmental expenditure limit (TDEL). Figures are in real terms at 2019/20 prices, based on HM Treasury deflators from June 2019.

Will the “New Fee” Fix our Health system?

Bernews November 19th 2019



During last year, insurers paid \$21.5mill for primary care. New System is offering to increase to \$25.5mill (with copay). That represents 3.4% of the total health expenditure. Why would anyone have a problem with that ?

Where is most of the money being spent in 2019?

Hospitals



26.6% of health spending



2.0%  growth

Drugs



15.3% of health spending



1.8%  growth

Physicians



15.1% of health spending



3.5%  growth

Growth per person
has outpaced that for
Hospitals and for Drugs

**CANADIAN INVESTMENT IN PRIMARY CARE IS 5x
THE AMOUNT OR GOVERNMENT IS PROPOSING**

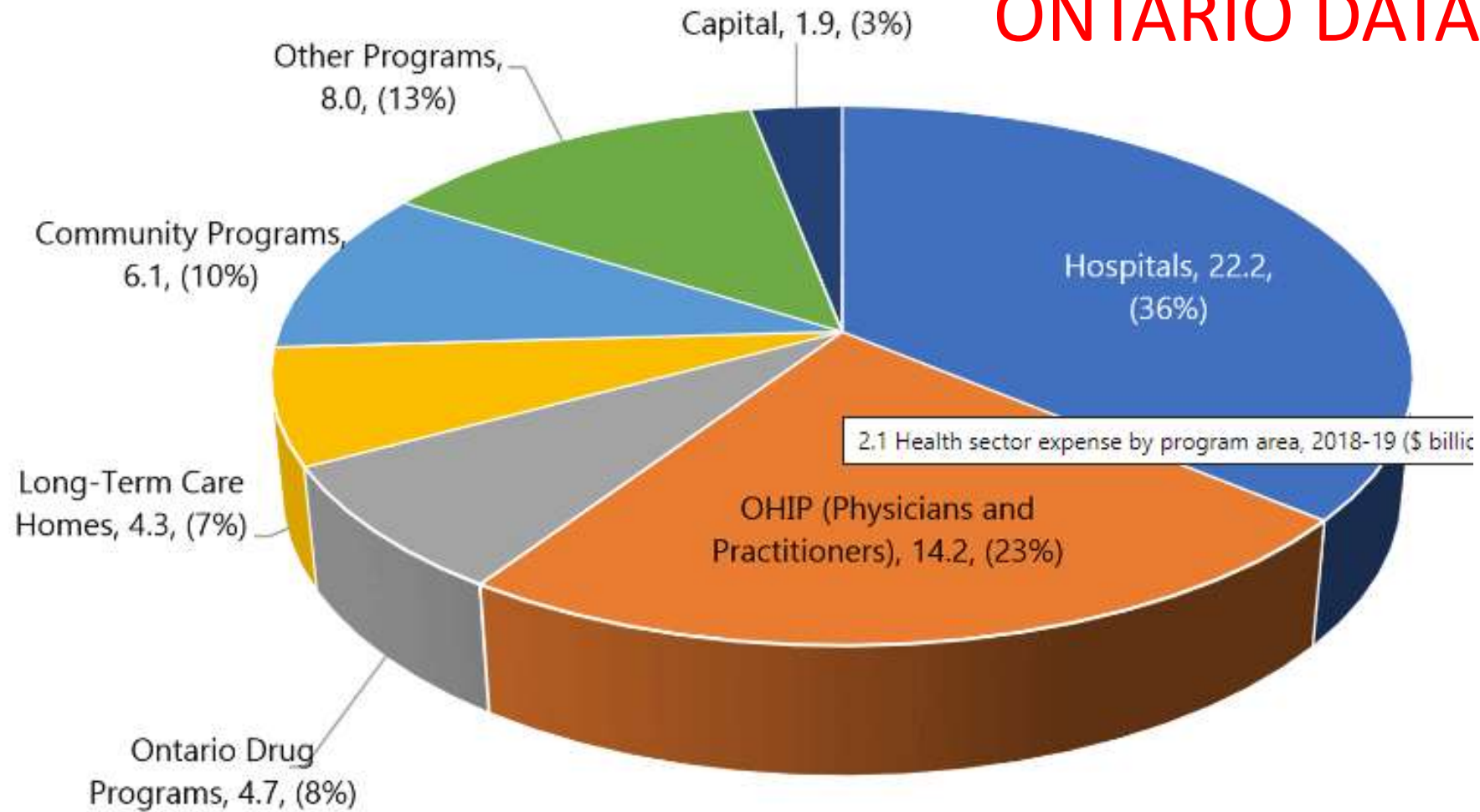
Source

National Health Expenditure Database, Canadian Institute for Health Information.



2.1 Health sector expense by program area, 2018-19 (\$ billions)

ONTARIO DATA



Source: FAO analysis of data from MOHLTC, TBS, the 2018 Fall Economic Statement and the February 19, 2019 Kaplan Board of Arbitration

Health Expenditure	Amount ('000)	% of Total	% Inc
Public Sub-Sector			
Ministry of Health HQ	\$10,045	1.4%	-26.8%
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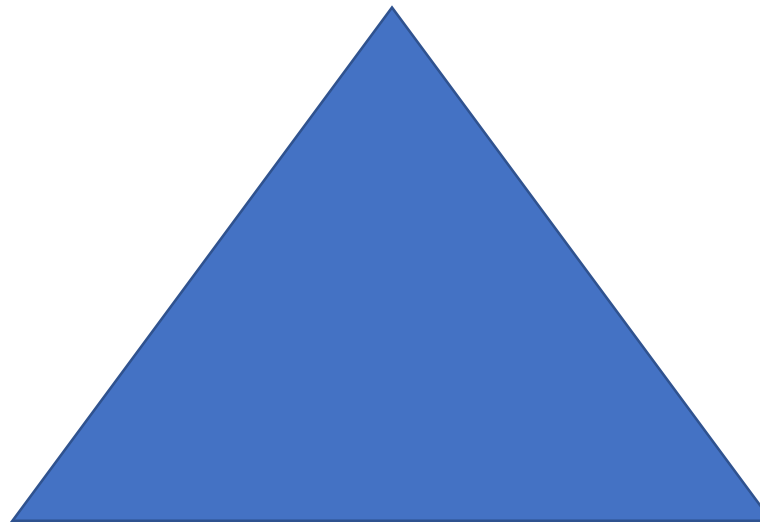
DOCTOR VISITS
ONLY
ACCOUNT FOR
8% OF HEALTH
EXPENDITURES

So What is Making Health Care Cost Rise ?





Scientific advances

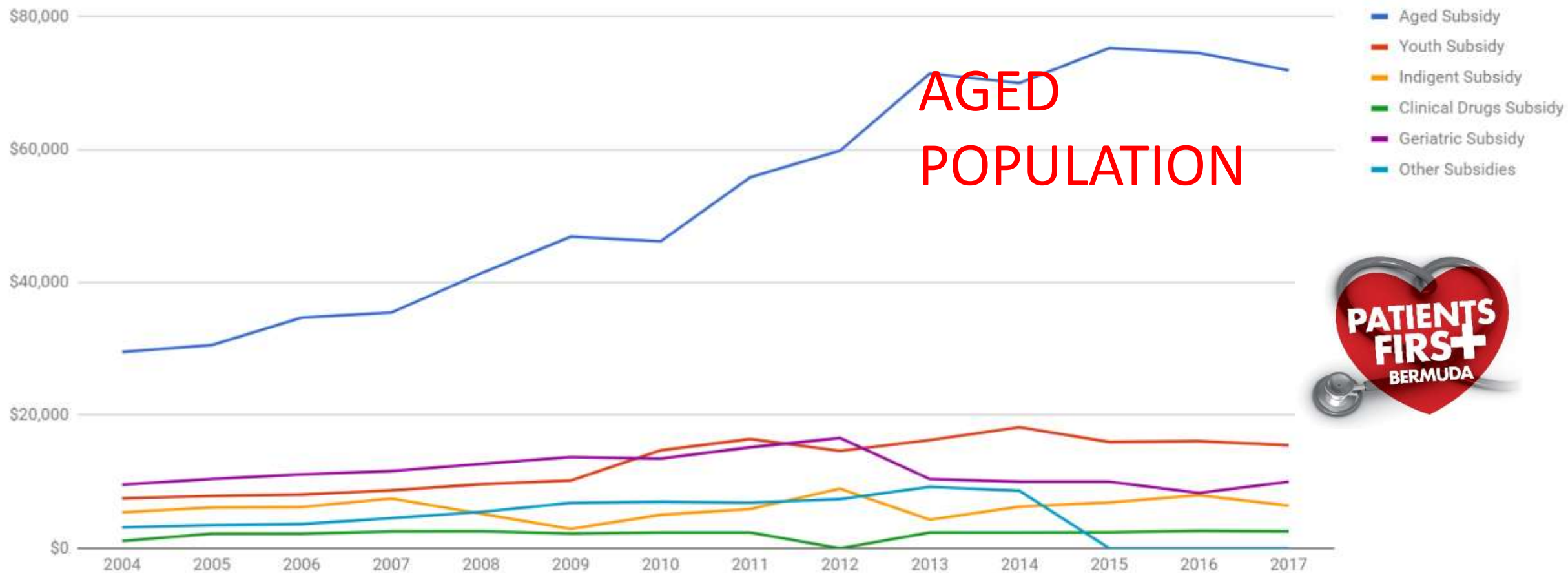


Consumer culture

Inherently stagnant productivity

healthcare is heavily “people” dependent=
a hospital needs more people for more
services





Aging Bermuda population is living longer & will use more healthcare investment

A different take on doctors' bedside manner

Anthony Richardson

Published Oct 28, 2019 at 8:00 am (Updated Oct 28, 2019 at 7:26 am)

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Anthony Richardson

UK NHS –GOVERNMENT MANAGED UNIVERSAL HEALTH SYSTEM IMPACTING ABILITY TO SEE A DOCTOR



Why can't you find a doctor?

Doctors, researchers and patients offer their perspectives on the situation and the reasons behind it

Lindsay Kines , Cindy E. Harnett / Times Colonist
JUNE 23, 2019 07:15 AM



Medical office assistant Andrea Pecho, left, opens the door for Susan McConnell, right, who had been waiting more than an hour before the 8:30 a.m. opening time at Sidney's Shoreline Medical on Bevan Avenue.
Photograph By ADRIAN LAM, TIMES COLONIST

Doctors Strike Day Two - 'It'S Not Just About Pay'

**CLOSER TO
HOME.
CHALLENGES
WITH
HEALTH
CARE IN
BAHAMAS**



The Government contributes significantly to the health of the population as it pursues mandates that, by their very nature, are exclusive to the state. Governments are compelled to give priority to those tasks which are key to their *raison d'être*, largely because they are the only agencies through which these core tasks can be performed. **Personal health care does not belong to this core, though governments can choose to become involved. When this involvement conflicts, at least financially, with government's core functions, partial disengagement will take place.** It may be gradual and covert, but it is inescapable. - *Claude E. Forget*

LETS TALK SOLUTIONS

PANEL DISCUSSION

- DR KENNY- PAEDIATRICIAN/ECONOMIST
- DR JANIE BROWN- DENTIST
- DR JAMIE BURGESS- OPTOMETRY
- DR SCHYLER DOWLING- PHYSICIAN

- MODERATOR DR BEN LAU





What can YOU do

- Ask Questions/Attend meetings
- **Voice your Concerns-contact your MP**
- Do you want to IMPROVE the existing system or completely overhaul it?
- healthplan@gov.bm & cc: patients1stbda@gmail.com

