



**STATEMENT TO THE SENATE
BY THE HONOURABLE SENATOR ARIANNA HODGSON
JUNIOR MINISTER OF HEALTH**

AN UPDATE ON UNIVERSAL HEALTH COVERAGE

1 December 2021

Madam President and Honourable Senators, in this year's Throne Speech, the Government of Bermuda has reaffirmed its intention to implement universal health coverage for all residents.

Our vision for healthcare seeks to ensure that -

“all people have equitable access to needed informative, preventive, curative, rehabilitative and palliative essential health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services and critical medicines.”

Bermuda is fortunate in that we have a health system that is well-developed and well-supported by dedicated professionals. However, the overall affordability and sustainability of our health system is deeply concerning for this Government. Bermuda has one of the highest per capita health expenditures globally, but our population health outcomes do not reflect this.

Continuing with the status quo in the hope this situation resolves itself is not a responsible option.

Madam President,

Change is required, and the journey is indeed complex and one which we will travel together for several years as we seek to ensure –

- better health outcomes, particularly of chronic disease management,
- essential health services residents can be confident they can afford when they need them, and,
- the elimination of waste and duplication where it occurs.

Having committed to universal health coverage (UHC), the Ministry of Health was tasked with developing the way forward. To do so, the Ministry brought together a core group of stakeholders from across our health system to serve as the UHC Steering Committee to develop the roadmap for strengthening Bermuda's healthcare.

The UHC Steering Committee is led by the Ministry of Health and comprises representatives of Bermuda First, the Bermuda Medical Doctors Association, Bermuda Health Council, Department of Health, Bermuda Hospitals Board, the Health Insurance Department, Ministry of Finance and a Patient Representative, and its work is supported by KPMG.

In this process, the Steering Committee took note of healthcare systems in other jurisdictions, large and small, who have already taken their first steps on this journey. It is clear there are many paths to reach universal health coverage – and UHC is very much advocated by the United Nations and World Health Organisation – but the approach taken here, on our island, must be Bermuda-centric.

Madam President,

We do know the goal of achieving universal health coverage will be accomplished in stages, and these stages will take place over a number of years. It is our commitment to the people of Bermuda that we will keep them fully informed of progress.

As part of developing the roadmap, the UHC Steering Committee examined the current health system and identified a number of actions to prioritise for its strengthening. These can be grouped into the following three areas:

1. stewardship and governance,
2. healthcare service delivery, and,
3. health system value and financing.

Taking each in turn...

Stewardship and governance is the foundational framework for the health system. This is where vision and strategy are set, population health needs are understood, transparent responsibility and accountability are established, and organisational and legal structures are implemented.

For example, with respect to responsibility and accountability, identified actions include setting standard metrics for measuring and monitoring system and population health performance and for public reporting of the results. How does Bermuda measure up against other jurisdictions in terms of our population's health? How does Bermuda measure up in terms of best practices?

Secondly, strengthening **healthcare service delivery** involves ensuring all residents have equitable access to essential healthcare that is integrated in an efficient manner and which produces good patient experiences and health outcomes.

Identified actions in this area include determining: What are the essential healthcare services? What approach do we take to the delivery of care services? How do we take advantage of advancements in information systems to better manage patient care?

Concerning the third work area, **health system value and financing**, this is a very challenging aspect for Bermuda. As stated previously, our health expenditure is high and does not match our health outcomes. However, before making abrupt changes to achieve a sustainable health system, it is crucial to fully understand current and future costs both at a system and at an individual patient level.

Therefore, identified actions include, but are not limited to: confirming the current costs of care and how these costs are distributed; modelling future costs, including the 'do nothing' option; identifying where savings exist across the health system; and, evaluating modern purchasing and procurement mechanisms so that we know how the essential benefits can be most efficiently purchased. These steps, and more, constitute very necessary and responsible due diligence.

Madam President,

While the pandemic delayed work on plans for universal health coverage as the Ministry, hospital, Health Council, physicians and allied professionals across Bermuda joined in the fight against COVID-19, this delay created space and time for the Ministry, working closely with the UHC Steering Committee, to develop a refreshed approach to health system change.

As a result, the many actions identified as necessary to strengthen Bermuda's health system are based on, and framed by, a patient-focused approach that puts patient experiences and outcomes at the centre of the work on universal health coverage.

Madam President,

Year 1 of the initial three-year roadmap for universal health coverage is foundational in nature. Three of the Year 1 areas of work are mentioned in the Throne Speech.

1. *Digital health strategy* – Establishing a national strategy for digital healthcare and data that leverages health information systems to capture improvements and efficiencies for patients, healthcare providers and health system payors.
2. *Integrated patient pathway for essential care* – Implementing a ‘patient-pathway’ approach, which focuses on a patient’s journey or pathway through the healthcare system, allows us to examine the fragmented components of healthcare and the costs involved at each point that care is delivered. A pathway can be a particular patient group (such as maternal-child care) or disease (such as kidney disease or heart disease). By following a pathway from start to finish, we can better see opportunities to improve patient experiences and outcomes, and address any duplicative, wasteful use of resources.
3. *Commence merging the administration of Government healthcare plans* – Review and implement a merger of the administrative functions of the government plans. A portion of this work was undertaken when the Health Insurance Plan and FutureCare were consolidated under the Health Insurance Department. This administrative merger would represent the completion of this process and involves GEHI and funds controlled by Financial Assistance and other patient care subsidies.

The other areas of work in Year 1 involve:

- setting up the organisational structure for stewardship and governance (including new working groups for collaboration with stakeholders),
- determining the baselines required, for example, for our health needs and for the metrics to measure our performance, and,
- establishing the economic case for strengthening our health system.

Madam President,

Vitally important for the work on universal health coverage is the engagement of, and collaboration with, the broad group of stakeholders who form part of Bermuda's health system. We have a direction of travel but there are many questions to answer and decisions to make that will need broader input than is represented solely by the UHC Steering Committee or the Ministry itself.

In the coming weeks, the Ministry will be meeting with the executive and membership of those represented on the Steering Committee, as well as the private insurers, Bermuda Medical Council and Nursing and Midwifery Council, the Bermuda Chamber of Commerce, Bermuda Employers Council, ABIR, ABIC, our union leaders and others. The purpose is to share the roadmap for achieving universal health coverage and the work done so far, and, most importantly, the work still to be done. We know their insight and feedback will be invaluable as we improve healthcare access, experience and outcomes for all who live here.

Madam President,

Let us not lose sight of our personal responsibility for our own health. With or without universal health coverage, the Ministry of Health seeks to empower the community to lead healthy lifestyles. To do so, the Department of Health provides information and tools for individuals to take charge of their health.

Lifestyle is the cause of many common chronic diseases—and that means it can also be part of the solution in treating and even reversing them.

Through the Department of Health's H.E.A.L. – Healthy Eating and Active Living – programme, we strongly encourage the people of Bermuda to participate in one or more of the following initiatives.

- *Complete Health Improvement Programme (CHIP)* is one of the world's most scientifically proven, intensive lifestyle intervention solutions, designed to help support and facilitate the prevention, treatment, and reversal of chronic disease. Facilitated over 12-18 sessions in a group setting, CHIP puts you on the fast-track to better health by guiding you toward habits that help you thrive.
- *Grow Eat Save* is a free 8-week gardening initiative where attendees learn the basics of starting their own garden from gardening experts, and have the opportunity to work in teams on a plot provided by the Parks Department to implement the skills they have learned in class. Attendees learn to be sustainable in providing some food to their families during these difficult times.
- *HEARTS Initiative* is a pilot programme to be launched in January 2022, to implement evidenced-based hypertension and diabetes protocols to improve the management of cardiovascular health in primary care.

Madam President,

These are only a few examples of the wellness initiatives available through the Department of Health. We fully recognize the fundamental role of prevention in contributing to healthy outcomes and a sustainable health system.

Madam President,

Finally, I would like to take this opportunity to reiterate Minister Wilson's thanks to the UHC Steering Committee for their hard work to date. We are all very much at the beginning of a multi-year journey with challenges and complexities in front of us. I echo Minister Wilson's appreciation for your contributions in getting us to this point. You have helped to put Bermuda on a realistic path to achieve universal health coverage.

Thank you, **Madam President.**