



**STATEMENT TO THE HOUSE OF ASSEMBLY
BY THE HONOURABLE KIM WILSON, JP, MP
MINISTER OF HEALTH**

NEXT STEPS FOR UNIVERSAL HEALTH COVERAGE

7 October 2022

Mr Speaker and Honourable Members, last year the Government of Bermuda took the first steps towards delivering on its promise 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.”

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

Mr Speaker, this journey of change is complex but our goals are clear.

We must achieve better health outcomes, particularly of chronic disease management. We must ensure the availability of essential health services residents can be confident they can afford when they need them. We must strive to be efficient and effective in the delivery of these services, and eliminate waste and duplication where it occurs in the health system.

Just how important is this journey of change?

Mr Speaker, Dr Dean Okereke of the Bermuda Hospitals Board is the project lead on an eye-opening study of “superusers” of the hospital’s Emergency Department. Superusers are individuals, often with complex care needs, who make disproportionate use of health resources. Of the 778 Emergency Department visits in a year made by the top 50 most frequently attending “superusers”, there were 101 admissions resulting in 1002 inpatient bed days. While 10% of attendances at Emergency are for scheduled visits such as IV medications and blood transfusions, 60% of patients present with the same issue nearly every time, and chronic conditions are a recurring theme.

I know I need not remind this House that Emergency Department treatment is one of the most expensive ways to receive regular medical care but if you are uninsured or underinsured, it can be viewed as the viable option. A revamp of our healthcare system is necessary to help these individuals access care more appropriately, to ensure we, as a community, make best use of our vital hospital resources, and to deliver better value care for all of us.

Mr Speaker, Honourable Members will recall last year the Ministry of Health brought together a core group of stakeholders from across our health system to serve as the UHC Steering Committee. Supported by KPMG, the Steering Committee developed a high-level roadmap for strengthening Bermuda's healthcare and delivering on UHC.

The Committee took note of healthcare systems in other jurisdictions, and it is clear there are many different systems used worldwide to achieve universal health coverage. However, it bears repeating that the approach taken here, on our island, must be Bermuda-centric.

Mr Speaker, we know the goal of achieving universal health coverage will be accomplished in stages over several years. During this time, this Government will work with our many stakeholders to ensure our decisions and actions 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.

Mr Speaker, since delivery of the roadmap, the UHC Steering Committee has restarted its work and is expanded now to include the Chief Medical Officer, representation from the Department of Information & Digital Technologies and new patient representatives.

In this foundational year, the Ministry is working with the Steering Committee on a number of priority projects.

1. *National Digital Health Strategy* – A project working group is set up to deliver on a Throne Speech initiative to develop a national strategy for digital health that leverages health information systems and connectivity to capture improvements and efficiencies for patients, healthcare providers and health system payors. Digital health innovation is more than electronic medical records. It has the potential to be a key enabler in the transformation of Bermuda’s healthcare system.
2. *Merging Government Insurance Funds* – Another project working group is driving forward the merging of government insurance funds, which is also a Throne Speech initiative. The group is starting with the administrative merger of the Government Employee Health Insurance with the Health Insurance Department. Management Consulting Services is working with the different departments to develop a new organizational chart, and identify and assess service efficiencies and gaps.

3. *Agree Our Starting Points* – The work of determining the baselines of our population’s health needs is just starting now. It is important to know and agree our baselines to ensure our efforts are aligned with what the community really needs. With that established, the baselines provide a meaningful starting point for the metrics that will monitor and measure our performance in the future. It is not enough to simply make changes, we must know the improvements those changes bring, and know, also, when we need to correct course. We are fortunate to have project management assistance for this from Public Registrars in training with the UK Health & Safety Agency.

Mr Speaker, I will pause here to bring to the attention of Honourable Members, a survey being conducted by the Bermuda Health Council right now. The purpose of the survey is to understand the different views of people about health and illness. The survey is intended to support and enable improvements to the healthcare system. This is another step on our journey, and I would urge the public to go to bhec.bm to express your interest in participating so that we can continue to build our information base.

4. *Integrated Care Pathways* – Work on this Throne Speech initiative is due to begin shortly. Supported by KPMG, the intention is to map selected patient care journeys to provide a comprehensive view of the current state of care for the specified conditions. The objective is to address the highest priority and highest care needs first, deliver value and be patient-centred with an integrated approach to the care delivered. The mapping exercise will bring out opportunities to improve care and address ‘pain points’ – both clinical and organisational – along the whole pathway, and we welcome this.

5. *Develop Pan-system for Governance* – There are many stakeholders involved in Bermuda’s healthcare system, and the transitional governance framework is organised to provide a structure for contributions and information sharing across the whole of the system. With the UHC Steering Committee overseeing overall progress towards universal health coverage, a number of additional stakeholder working groups and forums will provide a crucial opportunity for joined-up and timely collaboration on projects, policies and plans.

Mr Speaker, these stakeholder working groups and forums are being formed now.

They are...

- The **Clinical Senate**, comprising a wide range of the system's practitioners and professionals, plus the statutory board chairs, will focus on medical and health matters.
- **Health Financing** is a group for those involved in revenue raising, pooling of funds, purchase and provision of health services, where the chief focus is on strengthening health system financing. We expect employers groups to be well represented here.
- **Health Insurers** have been invited to form a group to provide crucial technical input on risk pooling, benefit design, service costs, medicine costs, usage, value, waste reduction, etc., as these matters arise.
- The **Health Advocacy** forum will advocate for patients' health and well-being, with a focus on health equity. We anticipate active participation and engagement on the part of patient groups, unions and third sector organisations.

And...

- The **Service Providers** forum will engage the range of provider organizations and practices working within the health system, such as diagnostic labs, health and hospital centres, and medical practices. The chief focus will be on business operations and access to care. It is distinct from the Clinical Senate in that it is business-centric, rather than treatment- or care-centric.

Mr Speaker, we recognise there is overlap between these stakeholder working groups and forums – and, indeed, overlap of representatives between the groups – and that is fine. The main aim is to provide a structure that supports opportunities for participation, information sharing and feedback, and discourages silos.

Invitations to participate in the stakeholder working groups and forums are being issued now. I would appeal to the chairs of the numerous boards, councils and associations who have received or will receive an invitation, to select designates from among your group to be a part of this transformational programme.

As I have stated before, it is vitally important for the work on universal health coverage to include engagement of, and collaboration with, the wide range 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.

We know the insight and feedback of our health system partners will be invaluable as we improve healthcare access, experiences and outcomes for all who live here. We look forward to all the many contributions.

Thank you, **Mr Speaker.**