



GOVERNMENT OF BERMUDA

Ministry of Health

Consultation Feedback Report

on the National Health Plan 2011

October 2011

Background

1. On 8th February 2011 the Minister of Health unveiled the “National Health Plan 2011 Consultation Paper”. This initiated a period of public education, discussion and debate, with the deadline for written submissions set at 30th April 2011.
2. The purpose of the consultation paper was to propose a strategy to reform Bermuda’s health system, and invite public feedback on the conceptual direction. The consultation paper stated that technical implementation plans would be elaborated in forthcoming development phases of the National Health Plan (NHP), with the initial phase focusing on the reform direction and strategy.
3. The NHP Consultation Paper proposed, in particular, to reform Bermuda’s health system into a system based on the core values of equity and sustainability. The NHP defines **equity** as “*equal access to basic healthcare and proportional financial burden*”; and **sustainability** as “*spending growth in line with general inflation and a health system resourced to be affordable for the economy, payors, providers, employers and individuals*”. The plan proposed to structure the reforms around 11 goals to improve access, quality and efficiency; while building of existing strengths in the system: the delivery of healthcare by the existing mix of private and public providers, Government-run public health services, and a commitment to subsidize vulnerable populations (see Annex 1 for summary). A seven-year timeline was proposed, with the key reforms of universal access and contributions based on ability to pay having a three-year implementation timeline.
4. This report summarizes the consultation process, the feedback received, and outlines the next steps in Bermuda’s health reform process.

Consultation Process

5. The Consultation Paper was placed on the web sites of the Ministry of Health and the Bermuda Health Council. A one-page ‘In Brief’ summary was published alongside the full report (see Annex 1). The Ministry of Health charged the Bermuda Health Council (BHeC) with receiving and coordinating the consultation feedback. Responses were to be sent to BHeC for collating. The Consultation Paper can be accessed at www.bhec.bm.

Meetings and presentations

6. The Ministry of Health and BHeC held over 40 meetings and presentations with 583 stakeholders from across the community (see Annex 2). These included physicians and other health professionals, health insurers, local and international business advocacy groups, unions, charities and public advocacy agencies, and radio, television and print media. These meetings and presentations provided the opportunity for stakeholders to gain more understanding about the proposals and ask questions for clarification.

Traditional and social media

7. Multiple media avenues were utilized to promote discussion on the NHP by the Ministry and the public, including both traditional and social media. During the consultation period the following took place:
 - 24 news stories on the consultation process were run in the print and online media
 - 5 Letters to the Editor were published in the Royal Gazette
 - 7 talk show appearances by the Minister of Health on the major radio and television stations
 - A telephone hotline was set up by the Ministry of Health
 - A Facebook page was established by an anonymous group as a platform for discussion on the NHP with 324 members
 - Bermuda Sun online news website ran an informal poll on proportional contributions
 - An online petition was created by a member of the public, with 65 signatures that indicated support of efforts to improve the health system but opposition to ‘proportional contributions’

Other sources and communications

8. During the consultation period, the Ministry of Health and BHeC received submissions from the public on the circulation of inaccurate information about the NHP. This information was being disseminated by at least 3 different organizations and focused on fabricated allegations of cost implications of the proposed Plan. As a result, the Ministry developed a Frequently Asked Questions information sheet and distributed it widely to address any confusion or misinformation about the Plan (see Annex 2).

Feedback Summary

9. While there was considerable discussion in the public domain, and meaningful dialogue in the meetings and presentations, the public was asked to provide feedback in writing. The purpose of this report is to summarize the responses received.

Who responded

10. In total 100 written responses were received to the NHP Consultation Paper from the following stakeholder groups:
 - 2 opposition political parties
 - 2 unions
 - 3 private health insurers
 - 6 charities and public advocacy groups
 - 11 health professionals
 - 36 members of the public
 - 40 employers and business advocacy groups (local and international)
11. The identity of the respondents is treated in confidence to protect the anonymity of individuals and organizations who provided feedback.

12. Responses to the NHP Consultation Paper tended to provide feedback on the overall reforms, on the core values, and/or on some or all of the goals. The comments would generally state either a position of support or opposition in those areas.

What did they say about the core values

13. Table 1 summarizes the responses on the core values, broken down by stakeholder group. Some of the stakeholders have been pooled together to protect the anonymity of respondents from small stakeholder groups.

Table 1: Responses to overall reforms & core values by stakeholder group

Position	Overall	Business advocacy ⁺	Members of the public	Health Professionals	Public advocacy [*]
Sustainability	👍	👍	👍	👍	👍
Equity	👉	👎	👉	👍	👍

⁺ Business advocacy includes local and international businesses, employers groups and health insurers

^{*} Public advocacy includes charities, unions, public protection agencies, and political parties

Key: 👍 Supportive 👎 Opposed 👉 Mixed response

14. **Sustainability:** Generally there was broad support for cost-containment measures of some sort across stakeholder groups. Very few responses indicated that the Government should do nothing to contain the growth in health costs. In most cases support for cost-containment included general support for the core value of sustainability.

15. **Equity:** Responses were mixed regarding the equity core value. The feedback ranged from those who supported equity expressly or some way to achieve affordable, universal coverage; to those who opposed the pursuit of equity specifically or generally.

16. Table 1 shows that the majority of opposition to equity was from employers and business advocacy groups, most of which came in the form of a standardized letter provided to employers by one business advocacy group (see sample in Annex 4). Health professionals and public advocacy groups were largely supportive of equity, while the general public’s feedback was mixed (see Annex 5 for a standardized letter of support received from numerous members of the public).

What did they say about the NHP goals

17. Focusing on the 11 specific goals proposed in the consultation paper, feedback focused primarily on the goals on universal coverage (goal 1), proportional contributions (goal 3), and financing mechanisms (goal 9). Comments were also provided on the other goals but were less abundant. Generally a majority of these comments were supportive, with the exception of the overseas care goal (#4), where the feedback was mixed. Table 2 provides a summary of the feedback for all the goals:

18. **Table 2:** Responses on the 11 NHP goals

Goal	Response	Goal	Response
1. Universal coverage	👍👍	7. Long term care	👍👍
2. Benefit design	👍	8. Monitor quality	👍
3. Proportional contributions	👎	9. Financing mechanisms	👉
4. Overseas care	👉	10. Health technology	👍👍
5. Reimbursement	👍	11. Health promotion	👍👍
6. Integrated health IT system	👍		

19. **Universal coverage** (#1): A significant majority of respondents who took a position on this goal supported pursuing basic coverage for all; very few stated opposition to this goal. Supportive responses included: defining health care as a right not a privilege, the necessity of protecting the system from abuse, and the need to understand how to achieve it and the cost implications. Responses in opposition highlighted potential costs to the system, and the belief that universal coverage already exists or that the current level of coverage is sufficient.
20. **Benefit design** (#2): Most responses that commented on this goal supported expanding the basic mandated cover, some noting specific things to consider for inclusion, such as home healthcare, mental health, and weight loss programmes. The minority who were opposed or had concerns believed it would reduce their cover, increase taxes, and restrict choice.
21. **Proportional contributions** (#3): Feedback on proportional contributions was mixed, but more respondents, in particular employers and business advocacy groups, were not supportive of this goal. Those who were opposed to proportional contributions generally provided comments such as the belief that it will drive away international business, damage the economy or unfairly impact middle and high income earners. Those who supported this goal commented that fair and equal access are important, that the healthy and employed should pay more so everyone can afford healthcare, but that middle-income earners should not be punished.
22. **Overseas care** (#4): Feedback on the goal to streamline the use of overseas care to medically necessary treatment under the basic plan was mixed. Supportive comments focused on its necessity to contain health costs and proposed a medical review board to determine eligibility. Those who opposed it generally objected to any restriction on choice, or maintained that care is cheaper overseas.
23. **Reimbursement of providers** (#5): A majority of responses supported the goal to reform the way providers are reimbursed. Comments focused on abolishing full upfront charges; ensuring co-pays are affordable; controlling local hospital fees; and on the need to regulate

fees to contain costs, while stressing that providers must be fairly reimbursed. Comments in opposition generally opposed any regulation of providers, proposing that it would lead to rationed care, denial of choice and reduced quality.

24. *Integrated health IT system* (#6): Most of the feedback on this goal was supportive of an integrated health IT system. Comments noted the challenges of confidentiality in a small community and the high cost anticipated.
25. *Long-term care for chronic illness* (#7): There was broad support for the development of a long-term care strategy. Comments focused on the urgency of this issue, the challenges discharging some long-term care patients from hospital and the associated costs, and on the need to regulate nursing homes.
26. *Quality* (#8): Feedback on the goal to monitor the quality of care was mixed. The comments varied greatly with those in favour stressing the need for objective assessments, and those against stating that regulation will reduce quality.
27. *Financing mechanisms* (#9): The goal to review the financing mechanism to ensure financing is cost-effective also elicited extensive comment. Many provided feedback without stating a position for or against, but among those that took a position, the response was mixed. Comments backing this goal conveyed support for conducting the financial modelling and ongoing consultation, and focused on the need to identify cost-saving measures. Opposition primarily focused on a dislike of government involvement in the health system and preference for free market mechanisms.
28. *Health technology* (#10): A strong majority of responses that commented on the goal to control health technologies were supportive. Those who supported it saw the benefits to patient safety and cost-containment, while those who opposed objected to any restriction on individual choice or free market.
29. *Health promotion* (#11): There was broad support for enhancing health promotion among responses that commented on this goal. Comments proposed that there should be more public education; more health promotion in schools; increased public health measures to promote population health such as greater maternity leave; and introducing financial incentives to healthy lifestyles.

New ideas proposed

30. In addition to expressing support, opposition or general feedback on the core values and specific goals of the NHP, many responses included a variety of suggestions and proposals for consideration as part of the reforms. Oftentimes the suggestions were things that were already included in the NHP, and those are not reported here. However, the suggestions and ideas that were not part of the original NHP Consultation Paper are listed below, by subject matter. Space permitting, the majority of suggestions have been included, without judgment on their feasibility or merit.

31. Implementation issues

- Ensure steering group and task groups include representation from across the community, including international business, non-Bermudians, providers, and trade unions.
- Timelines should be reviewed to ensure they are realistic and achievable.
- Provide more information on who will coordinate task groups and their composition.
- Develop a formal communications plan to ensure public understand and allay fears, including more use of traditional and social media.
- Provide assurance to employers and the public that the cost of doing business in Bermuda will not increase on account of NHP.
- Emphasize that the current system is unsustainable and needs reform.
- Ensure clarity that the NHP will not create a culture of dependency by creating incentives for people not to work.
- Current economy and shrinking job market make this an unfavourable time for reform.

32. Consultation process

- Believe process was not transparent.
- Do a survey to assess public views.
- Have a referendum on the plan after the financial modelling is done.

33. Cost containment

- Use wider range of providers to improve access and reduce cost, e.g. nurse practitioners, midwives, physician assistants.
- Ensure inclusion of charities in financing whose contribution serves to reduce health costs (e.g. caring in the community rather than in hospital).
- Duplication of services between BHB & non-profits should be curtailed, favouring the most cost-effective way of delivering services.
- Encourage more reliance on non-hospital services to cut costs and free hospital to focus on acute care.
- Encourage a more collaborative, non-competitive partnerships between BHB & community providers.
- Create a medical review board to discourage over-use of high-cost medical technology and overseas care, and to prevent defensive medicine.
- Require overseas hospitals to use local tests, and don't pay for non-referred treatments.
- Link laboratory licenses to sharing results with BHB to reduce duplication of tests.
- Pay families of long-term-care patients to take relatives home, with right nursing care, to discourage over-use of acute beds.
- Create long-term care facilities so patients can be discharged to reduce hospital costs.
- Abolish Standard Hospital Benefit cover if patient is medically fit for discharge.

- Move psychiatric patients to KEMH building that will be vacated with new hospital wing, to improve service quality and access, and reduce health costs by closing expensive, outmoded MWI facility.
- Address appropriateness of physician interests in diagnostic businesses.
- Concern that BHB sets own fees and has inflated health system costs.
- Consider implications of pay for performance before rolling out. Negatives may outweigh advantages.

34. *Financial modelling*

- Ensure financial modelling forecasts 10 years ahead given demographic changes anticipated.
- Means test tax exceptions (e.g. death tax on PH, land, TCD)
- Raise pensionable age to 70.
- Fix employer contributions per employee
- Mandate co-pays for abuse-prone services.
- Do utilization audits.
- Have a dedicated health coverage tax.
- Finance long-term care via percentage of pension funds.
- Link medical insurance to drivers license, (e.g. because those in bike accidents often have no health insurance).
- Increase sin taxes to finance subsidies.
- Require sexual abstinence in under-18s for premium rebate.
- Mandate drug testing to exclude private & public health insurance coverage.
- Standardize child subsidy for under 18s, whether in school or not.
- Ensure government retirees can keep GEHI level of cover.
- Provide financial incentives towards healthy lifestyle behaviours.

- Outsource government insurance functions to private sector.
- Consider removing youth and age-based subsidy.
- Maintain current community rating of standard hospital benefit.
- Consider health costs in context of other long-term government responsibilities, e.g. care for seniors, pensions, etc.

35. *Impact on the economy*

- Consider potential loss of jobs in private health insurance due to NHP reforms.
- Anticipate job market changes as a result of NHP. Ensure training available to transfer employees.
- Some specialties will have to be imported. Assess impact of guest workers overall.
- Consider how proportional contributions will affect social climate for domiciled employers.
- Reduce cost to employers to encourage employment.

36. *Alternatives to NHP*

- Contain costs at KEMH before attempting to do anything else.
- Government should focus on cost-containment and leave the system as it is.
- Focus on government providing access to the poor instead of changing system that works for 85%.
- Pay for the poor from taxation, regulate private provider fees and implement mechanisms to prevent abuse.
- Uninsured should be covered by government by cleaning up its spending.
- Pilot plan on current uninsured before taking reforms to the full population.
- Make common plan optional.
- Increase government services to poor

- Eliminate lifetime maximums in private insurance major medical.
- Mandate guaranteed-issue and related private health insurance reforms.
- Allow insurers to require pre-certification for KEMH and diagnostic services.
- Do a lottery to finance care for vulnerable populations.

37. *Access to healthcare*

- Introduce a health clinic for indigent to reduce preventable use of emergency room and hospital.
- Establish after-care facility for indigent.
- Expand mental health services.
- Cover weight loss programmes.
- Cover addictions treatment.
- Review public health programmes to address gaps and target the right services.
- BHB should employ more specialists to improve access and compete with private sector.

38. *Health of the population*

- NHP needs more focus on how population health will improve.
- Promote wellness culture.
- Include ongoing population health monitoring.
- Add 12th goal on health in schools to promote wellness.
- Publicise more the impact of poor health habits on costs.
- Stop government use of harmful herbicides to protect the public's health; instead use unskilled labour to clear foliage to promote wellness.
- Singapore's policy to execute drug users motivates individuals to make good life choices and contains health costs.

- Increase maternity leave to improve health of babies and population, and to promote social betterment.
- NHP goals should be mirrored in insurance cover with focus on prevention and preventive care.
- Include public health strategies to promote health, e.g. school PE & extend statutory maternity leave

39. *Overseas care*

- Set up a review board committee to determine overseas care eligibility.
- Require overseas hospitals to use local tests, and don't pay for non-referred treatments.
- Cover overseas care only for treatment not done locally.
- Limit portability to cancer and heart disease treatments.

40. *Health IT*

- Confidentiality of IT in small community is a challenge.
- Link provider licensing to a requirement to use IT system.

41. *Other comments*

- Link provider re-registration to continuing education and use of clinical guidelines.
- Consider impact to self-insured organizations and approved schemes.
- Concern about whether government can run a universal system given concerns with existing government insurance plans.
- Approach reform from principle of "do no harm".
- Reforms could lead to only the wealthy having additional cover if employers don't subsidize it.
- Take into consideration that international business has made significant contribution to new hospital funding.

Conclusions from feedback

42. Overall, there was broad support for the core value of sustainability and for reform efforts to contain the increase in healthcare costs. Feedback on equity was mixed, with strong arguments in support and against this core value. Notably, opposition came largely from the business community.
43. Similarly, the goal on proportional contribution levels received mixed feedback. Opposition was based on either a fear of increased burden for middle-income earners, or a belief that cost-sharing mechanisms are unfair to the well-off. Support focused on the importance of making health coverage affordable for everyone.
44. The goal of universal cover was largely supported, though there was considerable variation of opinion on how this should be achieved.
45. There was a great deal of interest in the financial analysis and modelling necessary to ascertain the impact of the reforms on the economy, employers and individuals.
46. The remaining NHP goals were largely supported, and where there was opposition this was generally from respondents who opposed regulation, interference with free market mechanisms, or limitations on individual choice.
47. A number of ideas and suggestions were made, the most commonly mentioned of which were the need for indigent individuals with chronic health conditions to have accessible services, the need for mechanisms to safely discharge long-term care patients from hospital, and concerns about government's capacity to adequately manage the reform process or a reformed system.

Next Steps

48. Given the volume and nature of the feedback on the National Health Plan Consultation Paper, it is proposed that the next steps in Bermuda's health reform process be as follows (though not necessarily in this order).
49. The broad interest in the financial analysis to assess the impact of the reforms is recognized, and should be among the starting points. This should be conducted as a matter of priority in a transparent manner, taking into account the concerns raised in the feedback.
50. The NHP document should be updated to reflect the feedback where possible, ensuring alignment with the Government's policy objectives. It is recommended that the document retain its basic aims, structure and content, but the following changes should be considered:
 - a. Change the document name to "NHP: Bermuda Health Reform Strategy"
 - b. Add a mission: "to assure a healthy population"

- c. Strengthen relevant sections regarding coordination of care across the system to include community providers and ensuring there are accessible services for indigent with chronic health conditions
 - d. Ensure continued improvement of mechanisms to safely discharge long-term care patients from BHB, where appropriate
 - e. Revisit goal on proportional contributions after the financial modelling is completed
 - f. Review timelines in line of political priorities
51. The Minister of Health should establish the task groups to develop and roll out implementation plans for each of the goals. It is not deemed necessary to have one task group per goal, because some goals are dependent on others (e.g. universal access), and some goals may be handled by the same task group (e.g. financing and reimbursement). Nevertheless, the Minister of Health should appoint the task groups ensuring they:
- a. Are prioritized by urgency, starting with a central steering group, and the financing and benefit design task groups
 - b. Are of a manageable size
 - c. Are made up of volunteers with a shared interest in the common good of Bermuda's population
 - d. Include representatives from across the health sector and the community, including employers, civil society, patient or public advocates, and government
 - e. Have clear terms of reference, including scope, timelines, governance, confidentiality, consultation and communication
 - f. Are obliged to take as a starting point the consultation feedback summarized in this report
 - g. Are made public
52. Ensure there is a strong communications strategy alongside the establishment of the task groups and future reform developments, to ensure public access to accurate, up-to-date information. This should include a dedicated National Health Plan web site, an official Facebook page, consideration of other social media options, and use of traditional media sources.
53. The National Health Plan Consultation Paper 2011 was designed as the first phase of a long reform process for Bermuda's health system. The paper achieved the goal of consulting with stakeholders and the public on the Government's intended strategic direction, and enabled the community to provide feedback and comment on the proposals. This feedback should be taken forward in the upcoming phases of the reform process.

Annex 1: NHP Summary



GOVERNMENT OF BERMUDA
Ministry of Health

National Health Plan “In Brief”

Purpose: The National Health Plan Consultation Paper aims to reset the direction of Bermuda’s health system. It lays the foundation to make healthcare more affordable and improve access and quality.

Context: Bermuda’s health system has served the island well for forty years. We have a healthy population and good quality services in many areas. However, healthcare reviews over the past fifteen years have identified areas for improvement. In particular, increasing healthcare costs and lack of affordability for some have become major concerns. The Plan builds on the recommendations of past reviews, on current priorities, and existing strengths to establish a platform for reform.

Core values: The Plan proposes new core values for our health system: equity and sustainability.

- **Equity** is defined as equal access to basic healthcare and proportional financial burden.
- **Sustainability** is defined as spending growth in line with inflation and a health system resourced to be affordable for the economy, payors, providers, employers and individuals.

These values will be the founding principles for all health system decisions in Bermuda.

Building on strengths: Three areas will retain their basic structure: the delivery of healthcare by private and public providers, Government run public health services, and the commitment to subsidize vulnerable populations. Enhancements in these areas will take place through the reform goals.

Implementation & Evaluation:

Implementation of the National Health Plan will take place in phases over seven years. Leadership for each goal will be given to specific agencies which will develop and implement action plans. Short-term, interim solutions will be developed to address urgent priorities around cost-containment. The Ministry of Health will coordinate overall implementation. The Bermuda Health Council will monitor implementation and the outcome of reforms.

Consultation process:

Feedback and comments on the National Health Plan Consultation Paper should be sent in writing to the CEO of the Bermuda Health Council by 30th April 2011.

Health sector reform goals:

The Plan has eleven health sector goals that provide the roadmap for reform.

1. Universal access to basic health coverage shall be assured for all residents of Bermuda.
2. Basic health coverage shall include urgent physical and mental health care, hospitalization, primary care, preventive care, and health maintenance.
3. Health coverage contributions shall be based on ability to pay to ensure equitable access to healthcare.
4. Streamline use of overseas care to efficiently meet the needs of the population.
5. Mechanisms to pay healthcare providers shall ensure optimal quality to patients and maximum efficiency to the healthcare system.
6. An integrated health IT system shall be established throughout the health sector to improve efficiency and quality.
7. Implement strategies to meet the healthcare needs of people with chronic illnesses, and physical, cognitive and mental disabilities.
8. The quality of healthcare provision shall be monitored and regulated.
9. Bermuda’s health system shall be financed through the most cost-effective means available.
10. Introduction of health technology shall be regulated to ensure adequate level and mix of resources to efficiently meet the healthcare needs of the population.
11. Health professionals and organizations shall assure the promotion of healthy lifestyles and maintenance of health conditions

How to get a copy:

The National Health Plan Consultation Paper can be obtained from the Bermuda Health Council or from the Ministry of Health.

Bermuda Health Council
Sterling House 3rd Floor
16 Wesley Street
Hamilton HM11
www.bhec.bm

Ministry of Health
Continental Building
25 Church Street
Hamilton HM12
www.gov.bm

Email: healthcouncil@bhec.bm
Phone: (441) 292-6420
Fax: (441) 292-8067

Annex 2: Frequently Asked Questions

National Health Plan: Frequently Asked Questions

In February the Ministry of Health launched the National Health Plan Consultation Paper, announcing a period for public discussion and feedback until 30 April. By mid-April over 35 meetings and presentations have been held with over 370 stakeholders, and consultation is still going strong. Here are some frequently asked questions from the consultation to date.

1. What is the National Health Plan (NHP)?

The NHP is a proposed strategy to reform Bermuda's health system. It is a consultation paper produced by the Ministry of Health.

2. Why do we need a NHP?

A reform strategy is needed because the system has a few things that are not working well. If we keep making changes in a piecemeal way, the system can't be made to function at its best. We need an umbrella strategy as a roadmap to reforms, and to lay the foundation for a 21st century health system for our Island.

3. What is 'wrong' with the system we have now?

The system does some things well and others not so well. On the upside, it helps to keep most people fairly healthy, and has reasonable manpower, technology, etc. On the down side, the health system is the second most expensive in the developed world – in 2009 it cost \$558 million. Despite this high spending it doesn't provide coverage for the whole population – about 10% of people have no insurance, whereas most high-income countries spend less than we do on healthcare and cover everyone. The present system has not been able to slow down the rise in costs; and it is unaffordable for people with low earnings.

4. The system works for me, why should it change?

The system works for healthy, employed persons with sound financial means. This leaves many gaps: most people will be older and retired one day, and may find themselves without enough coverage. If you lose employment, you lose your coverage and employer's subsidy. No one knows if they will suffer a health catastrophe tomorrow – an injury, cancer diagnosis, or another condition that could cripple you financially. And even if none of that happens, health costs will continue to rise until they become unaffordable even for those who are ok right now.

5. Is the Health Plan an 'insurance package'?

No. The NHP is a reform strategy. Part of it includes improving the minimum insurance package, because at present it only covers hospital costs.

6. If you add benefits to the basic plan, won't health costs be more expensive?

The NHP would improve the minimum package by moving some benefits from 'major medical' into the 'basic plan'. Pooling Bermuda on a core plan will create economies of scale and reduce the price. So the NHP will not increase the cost of health cover; on the contrary, it would make it more affordable and equitable.

7. Will the NHP mean free healthcare for every one?

No. Healthcare can never be free – someone always pays for it. The NHP aims to provide affordable coverage for everyone. Private health insurance beyond a sound basic package would still be available for sale, as it is now.

8. Will I still have to pay upfront in the new system?

When we go for healthcare we usually pay a co-payment – the portion of the charge that insurance doesn't cover. This is different from a full upfront payment, where the patient has to recoup part of the money back from their insurer. Under the NHP reforms, patients may continue to have co-payments, but upfront charges could be abolished for covered services.

9. Will the NHP limit my choices for care overseas?

No. The reforms will protect patient choice. Under the NHP a basic package would guarantee coverage for essential care without lifetime limits, or exclusions for pre-existing conditions. You would be able to use this coverage wherever you choose. Major medical insurance would be optional to cover any additional costs.

10. How will the NHP affect Bermuda's international business community?

The Ministry of Health is in open and constructive dialogue with leaders in the international business sector about the NHP. International business, employers, doctors, insurers and other stakeholders will be part of the task forces to create the best system for Bermuda's people and economy. A key aim of the NHP is to slow down the rate of increase in the country's health bill. This will be good for Bermuda and for international business.

11. What will be the financial impact of the NHP?

The financial modelling will be done to ensure the country's half-a-billion dollar health bill does not increase, to eliminate waste, and make smarter use of resources so coverage is affordable for everyone. At present health

costs are crippling for the poor, but the reforms will not create a system that is crippling for the well-off. What is certain is that the country's health bill will not be bigger as a result of reforms.

12. Where will the money come from to cover more people with health insurance?

From making smarter use of existing resources and eliminating waste. In 2009 the health system cost \$558 million. We know some of that was waste, such as medically unnecessary tests, excessive use of expensive technologies and resources, etc. We are confident that the 6,500 people with no insurance can be covered by making smarter use of resources.

13. Will the reforms make health costs more expensive for employers?

No. One of the main aims of the NHP is to ease the burden on employers and businesses. By making health coverage affordable and slowing down the rise in health costs, employers' will get a much-needed break.

14. Will healthcare be nationalized by the NHP?

No. The plan states clearly that most healthcare will still be provided by private doctors and other professionals.

15. I heard the NHP would force me onto a government-run plan.

This is not true. No decisions have been made on who would provide the basic package. Many options are on the table, including the private sector. The task forces after the consultation will identify the best model for Bermuda.

16. Isn't charging premiums based on 'ability to pay' unfair because it's charging people different prices for the same product?

By international standards, it is considered the fairest way of paying for basic coverage. Leaving people unable to afford coverage is seen as unfair in most of the developed world. Because every single person will need healthcare at some point, in economic terms health coverage is an essential good, not a consumer good. For example, no one has an essential need for a boat or cell phone – we can live without those consumer products. Whereas health coverage is a basic need, and contributions based on ability to pay ensure it is affordable to everyone.

17. I heard the NHP would make 8% to 12% of my salary go to the health plan.

This is not true. The financial analysis will determine the right level of contribution in due course. At present an ordinary major medical policy costs about \$10,000 a year, which is 8% of an annual salary of \$125,000. So even if the alleged proportion were applied in the new system, a person with this above-average salary would still pay the same. But a person earning \$40,000 a year would pay \$6,800 less. However, financial modelling will be done to determine the right contribution level, and set an upper cap for contributions.

18. I keep hearing the terms 'equity' and 'sustainability' associated with the NHP. What does this mean in practice?

Those are the two main goals of the health reforms. 'Equity' means that everyone should have access to basic healthcare, and no one should be impoverished by the cost of coverage. 'Sustainability' means that health costs should not rise more quickly than our national wealth, and that coverage should be affordable to everyone in Bermuda. That is what the NHP seeks to do.

How to give feedback:

The NHP can be obtained from the Ministry of Health or the Bermuda Health Council. Written feedback should be sent by 30 April 2011. To comment by phone call the NHP Hotline on 278-4960.

Bermuda Health Council
Sterling House 3rd Floor
16 Wesley Street
Hamilton HM11
www.bhec.bm
Email: healthcouncil@bhec.bm
Fax: (441) 292-8067

Ministry of Health
Continental Building
25 Church Street
Hamilton HM12
www.gov.bm
Phone: (441) 278-4900



GOVERNMENT OF BERMUDA
Ministry of Health

Annex 3: Consultation meetings and presentations

Advocacy & Charities Group (1)	Ministry of Finance
Advocacy & Charities Groups (2)	Ministry of Health
Association of Bda. Insurers & Reinsurers	MWI Post-Graduate Seminars
Association of Bda. International Companies	Opposition
Bermuda Hotel Association	Pembroke Rotary Club
Bermuda Monetary Authority	Physicians' meeting
BHB Grand Rounds	President of Active Staff
BHB Senior Management team	Press Conference Launch of NHP
BHeC Board	Public health nurses
Centre on Philanthropy	Public Meeting at Francis Patton School
Chamber of Commerce & Employers Council	Public meeting at Heron Bay School
Chief & Key Physicians	School nurses
CiTV Today	Seniors Learning Centre
Colonial Medical Insurance Company	Statutory Bodies
Community Rehabilitation	Unions
Employer Groups	VSB News Brian Darby
Government Dept. Heads & PSs	ZBM Everest DaCosta talk show (1)
Hamilton Rotary Club	ZBM Everest DaCosta talk show (2)
Health Insurers	ZBM Gary Moreno Let's Talk Bermuda
Health Professionals	ZBM Sherry J talk show
HOTT1075 Tao Dill	
HOTT1075 Walton Brown Bermuda Speaks	

Annex 4: Sample standardized letter from employers

Dr. Jennifer Attride-Stirling
Chief Executive Officer
Bermuda Health Council
PO Box HM 3381
Hamilton HM PX.

RE: National Health Plan 2011

Dear Dr. Attride-Stirling,

As a (manager) of a business in * I have a vested interest in providing quality and affordable health care to my employees and their families, both because healthy employees ensure the ongoing success of my organization and because it's the "right" thing to do. Rising health insurance premiums are a major concern and represent a significant cost of operating my business in Bermuda and I believe that changes to the system are required to control these costs. What, when and how reform will take place is what the National Health Plan 2011 attempts to address. Unfortunately while the document lays out the big picture goals it provides little detail as to specifics. Detail on how these proposed reforms would be financed is crucial to any substantive and transparent public discussion on what would be the largest change in Bermuda social policy in 50 years.

"The core values for our health system will be equity and sustainability. Equity is defined as equal access to basic healthcare and proportional financial burden". - National Health Plan 2011.

A key element to financing these reforms is "proportional financial burden", which is not defined and can only be interpreted as an additional tax on income or revenue. The unfortunate reality is that for the first time in generations there is now unemployment in Bermuda. If as a society we are to address this most pressing social issue, the cost burden for employers must be reduced not increased (or shifted). As a business I would have to seriously weigh the viability of hiring an additional person if the associated costs of employment (Social insurance, pension, payroll tax, health insurance) were further increased. The plan addresses health reform as a singular issue separate from employment and the larger economy, when in reality it has be viewed as how are reforms going to directly affect the overall cost structure of operating a business in Bermuda and therefore the level of employment. As Franklin Roosevelt said during the Great Depression, "the best social policy is a job".

The price of the current health system is high and as an employer I am eager to see costs reduced which is different then shifting the costs onto businesses and individuals deemed to be able to pay more. Within the scope of the current health care system there is undoubtedly a significant amount of reform and cost cutting that can be undertaken. Before any product is launched into a market, a serious and rigorous cost /benefit analysis is undertaken, it forms the basis of the discussion about the products merits and if it will be successful. Unfortunately that same analysis has not been undertaken in this case and it makes it impossible to have a transparent discussion on the merits of this plan.

Sincerely,

Annex 5: Sample standardized letter of support

Dr Jennifer Attride-Stirling
Bermuda Health Council
16 Wesley Street
Hamilton HM 11

Dear Dr Attride-Stirling,

Re: National Health Plan Consultation Paper

I write to voice my support of the government's efforts to make affordable healthcare available to everyone in Bermuda. Healthcare is a basic human right, and I believe the National Health Plan will help to put Bermuda on the right track to achieve this for our people.

I believe the people of Bermuda need to see the financial impact of the reforms in due course, and agree the government should do this analysis in order to find a way to make universal coverage a reality, without increasing health costs for our country.

"Proportional financial burden" has been very controversial in the public debate, but I believe most ordinary Bermudians have the decency to accept that in order for people less fortunate to have basic health coverage, those of us who can afford to pay a little more, should do so. I will have peace of mind knowing no one's grandmother or child will have to go without healthcare, thanks to my contribution.

I am glad to see the government is looking at partnering with the private sector to ensure a new plan is well administered, while regulating properly so it is fair to everyone.

I look forward to the continued consultation and give you my full support in creating universal, affordable coverage for Bermuda.

Yours sincerely