



# National Health Accounts Report 2011

Bermuda health system finance and expenditure for fiscal  
year 2009 - 2010



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for fiscal year 2009 - 2010

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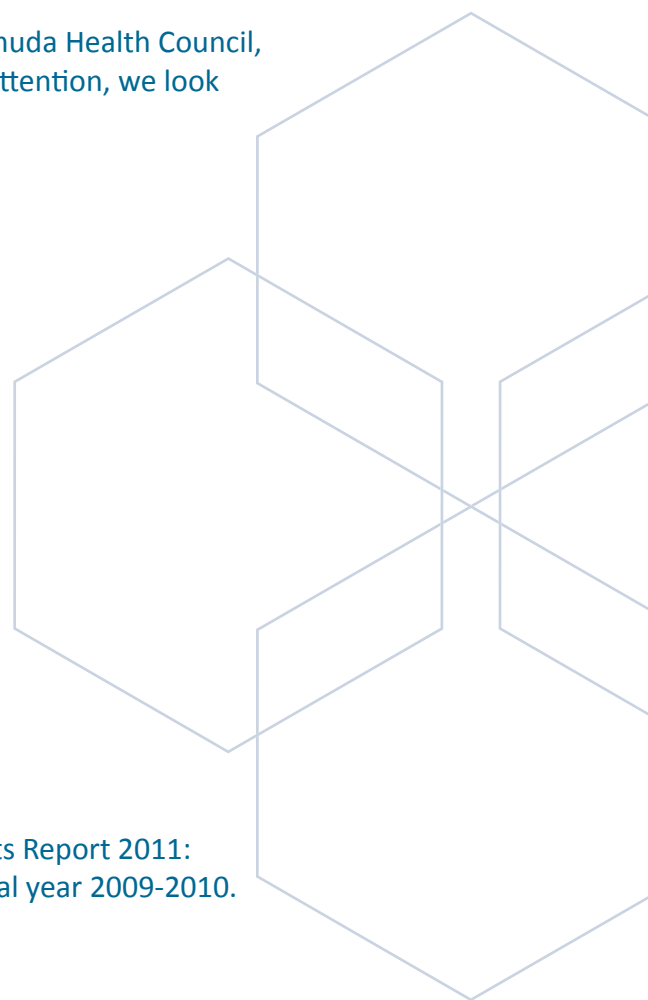
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## 1. Introduction

The Bermuda Health Council (BHeC) is pleased to present its second report on health system finance and expenditure for Bermuda. The report details the health system for the fiscal year 1<sup>st</sup> April 2009 to 31<sup>st</sup> March 2010 (Fiscal Year Ending (FYE) 2010) and explains the estimated growth in the system since FYE 2004.

The purpose of this report is to present data and an analysis of the health system in Bermuda during the period FYE 2009 to FYE 2010. Since this report is the second of its kind, it seeks to present comparable data and to build on the report which was prepared for FYE 2008 to FYE 2009.

Policymakers in many countries are concerned about the increasing cost of healthcare<sup>1</sup>. This is a direct result of, among other things, increases in the costs of medical supplies and medical services, pharmaceutical products, and the impact of ageing populations on the demand for healthcare services. Importantly, health expenditure remains a significant contributor both to future and present economic growth<sup>2</sup> and productivity and, a significant determinant of welfare.

In times of resource constraints, as experienced during the global economic meltdown, policymakers may be tempted to cut expenditure on health, given that the high and rising health budgets may be difficult to sustain. In these times what is necessary is an analysis of the efficiency and use of health expenditure to determine whether it is having any real positive impact on health outcomes. A comparable analysis of the sources and uses of healthcare resources is a crucial part of the evaluation of the

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<sup>1</sup> <http://www.cato.org/pubs/pas/pa211.html>

<sup>2</sup> [http://www-wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/2009/03/25/000158349\\_20090325162956/Rendered/PDF/WPS4877.pdf](http://www-wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/2009/03/25/000158349_20090325162956/Rendered/PDF/WPS4877.pdf)

effectiveness of health spending. National Health Accounts provides the data and the framework needed to measure the financing and outlays of the health system. These also facilitate the comparison of the performance of the system over time. As such National Health Accounts could help policymakers to allocate scarce resources for health in a more optimal manner.

In Section 2, this report provides an analysis of some important and recent trends in health financing and expenditure in Bermuda. The report concludes in Section 3 with some key observations.

## 2. Health System Finance and Expenditure in FYE 2010

Table 1 below provides a detailed breakdown of total health financing and expenditure during FYE 2010. The appendix also provides more details of the components of health financing and expenditure during the fiscal periods 2004 to 2010.

**Table 1 – FYE 2010 Bermuda Health System Finance and Expenditure**

Health Finance	In BD \$'000	% of Total	% Inc. over F2009 <sup>3</sup>	Health Expenditure	In BD \$'000	% of Total	% Inc. over F2009 <sup>3</sup>
Consolidated Fund – Ministry of Health	\$190,111	30%	22%	Ministry of Health – Administration	\$18,737	3%	120%
				Department of Health	\$29,135	5%	4%
				Bermuda Hospitals Board	\$254,118	40%	13%
<b>Public Sector Sub-Total</b>	<b>\$190,111</b>	<b>30%</b>	<b>22%</b>	<b>Public Sector Sub-Total</b>	<b>\$301,990</b>	<b>48%</b>	<b>15%</b>
Health Insurance	\$334,893	53%	3%	Local Practitioners – Physicians	\$60,826	10%	-2%
Individual Out-of-Pocket	\$80,103	13%	8%	Local Practitioners – Dentists	\$30,690	5%	9%
Non Profit Organizations	\$23,347	4%	3%	Other Health Providers, Services & Appliances	\$57,422	9%	6%
				Prescription Drugs	\$41,969	7%	7%
				Overseas Care	\$91,384	15%	1%
				Health Insurance Administration	\$44,173	7%	8%
<b>Private Sector Sub-Total</b>	<b>\$438,343</b>	<b>70%</b>	<b>4%</b>	<b>Private Sector Sub-Total</b>	<b>\$326,464</b>	<b>52%</b>	<b>4%</b>
<b>Grand Total</b>	<b>\$628,454</b>	<b>100%</b>	<b>9%</b>	<b>Grand Total</b>	<b>\$628,454</b>	<b>100%</b>	<b>9%</b>

SOURCES: the Ministry of Finance, The Bermuda Hospital Board, BHeC FY 2010 health insurance claims returns, BMA 2010 statutory insurance financial returns, and the financial statements of approved schemes and leading non-profit entities

The total system financing and expenditure for FYE2010 was \$628.5 million. This amounted to 11.0% of Bermuda's 2009 nominal gross domestic product (GDP),

<sup>3</sup> Based on revised FYE 2009 data (see Tables 3 and 5 in the Appendix).

compared to 9.5% in the previous year<sup>4</sup>. Over the fiscal periods 2004 – 2009, health expenditure as a percentage of nominal GDP has been in the range of 8.5% to 9.5%. The significant increase in healthcare's share of GDP is predominantly due to a 5.8% decline in nominal GDP during 2009.

The increasing expenditure on healthcare, despite the decline in nominal GDP, indicates the resilience of healthcare expenditure to changes in economic conditions. In FYE 2010, the difference between the growth in healthcare expenditure and the growth in nominal GDP was 15.8%. Looking ahead, healthcare's share of GDP can be expected to remain higher than the historic average (for example, in order for healthcare's share of GDP to return to the FYE 2009 level of 9.5%, economic growth would have to outpace healthcare expenditure growth by 15.8%).

Health expenditure per-capita increased by 8.8%, from \$8,950 in FYE 2009 to \$9,734 in FYE 2010.

A more detailed analysis of the data reveals some interesting trends in health financing and expenditure in Bermuda from which key elements of the structure of the health system can be observed.

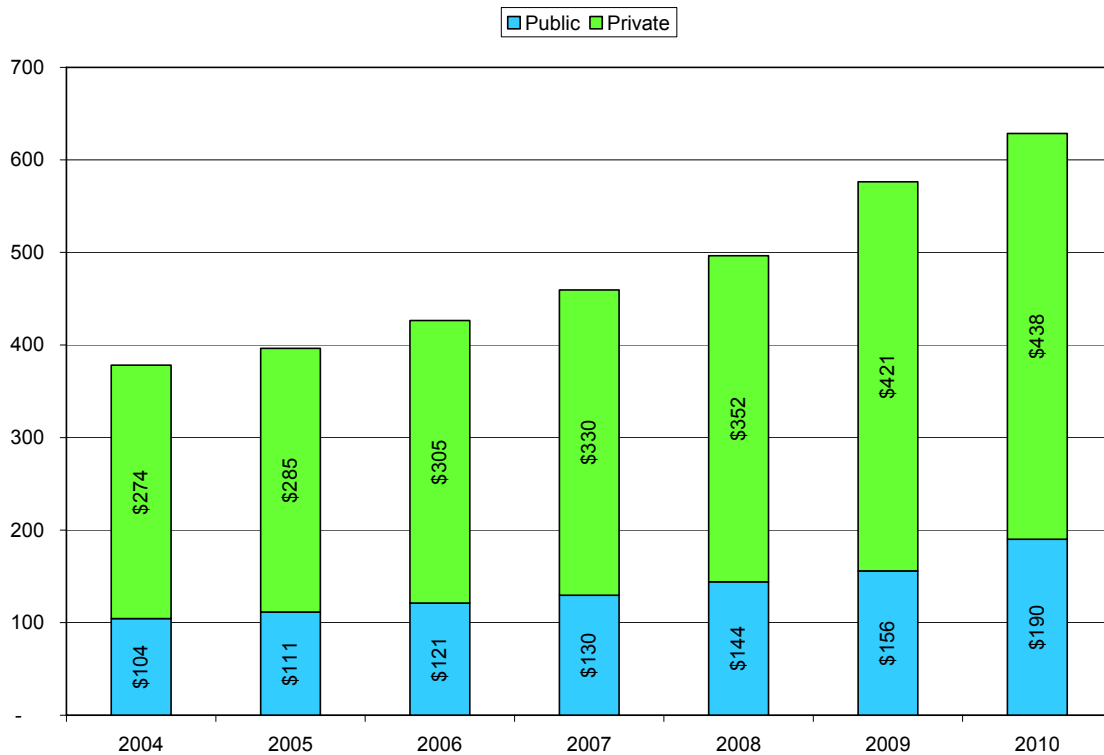
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<sup>4</sup> The Bermuda health system fiscal year is from 1<sup>st</sup> April to 31<sup>st</sup> March. Therefore health system fiscal data as at 31<sup>st</sup> March of each year is compared to the nominal GDP data for the prior year ended 31<sup>st</sup> Dec.

### a. Health System Financing

Figure 1 shows the relative importance of the public and private sectors as sources of health system funding. During FYE 2010, the private sector contributed \$438.3 million compared to the \$190.1 million of funds financed through the public sector (Consolidated Fund - Ministry of Health). The proportion of public to private sector financing has been maintained throughout the period under review (Figure 1 and Figure 2).

Figure 1 - Public and Private Health Financing (in \$m)



Public sector financing represents direct financing of health promotion and prevention; financing of public health services and primary care provided by the Department of Health; grants and subsidies for secondary care provided by the island's hospitals; health administration financing by the health authority (the Ministry of Health); funding for the administration of the Health Insurance Department; and Ministry of Health financing of the various grants and subsidies.

The government subsidies constitute 47% of public sector financing and are summarized as follows:

**Table 2 - Government Subsidies**

	<b>FYE 2009</b>	<b>FYE 2010</b>	<b>% Change</b>
Aged Subsidy	\$46,877,000	\$46,165,000	-1.5%
Geriatric Subsidy	\$13,728,000	\$13,473,000	-1.9%
Youth Subsidy	\$10,176,000	\$14,719,000	44.6%
Indigent Subsidy	\$2,917,000	\$5,026,000	72.3%
Clinical Drugs Subsidy	\$2,215,000	\$2,368,000	6.9%
Other Subsidies	\$6,830,000	\$6,986,000	2.3%
<b>Total</b>	<b>\$82,742,000</b>	<b>\$88,738,000</b>	<b>7.2%</b>

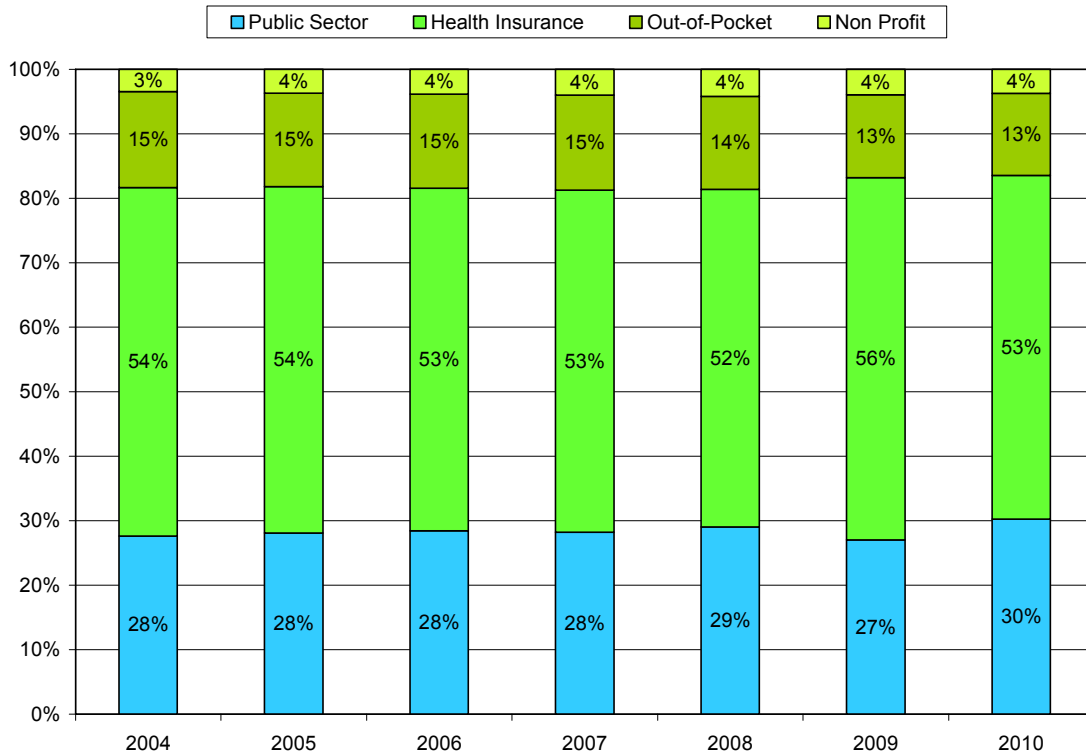
The significant increase in the indigent subsidy may possibly be due to the decline in the economy and the high cost of healthcare for low income individuals and families. For further information on government subsidies please see Table 4 in the Appendix.

Figure 2 indicates that Health Insurance<sup>5</sup> was the major source of health financing during the period FYE 2004 to FYE 2010.

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<sup>5</sup> Health insurance includes health claims paid by Bermuda's insurers (four private health insurance companies, three approved employer-financed health schemes, the Health Insurance Plan and FutureCare) and the Mutual Re-insurance Fund.

Figure 2 - Sources of Health Financing



The high level of financing from health insurance is reflective of the compulsory nature of health insurance for all employed (and self-employed) persons.

Individual out-of-pocket financing includes co-payments, self-financing amounts for uninsured individuals, and full out-of-pocket payments to practitioners and providers for uninsured health related services.

## b. Health Expenditure

Total health expenditure for FYE 2010 was \$628.5 million. Total public sector health expenditure amounted to \$302.0 million or 48% of total health expenditure. The total private sector health expenditure was \$326.5 million or 52% of total health expenditure. The mix of public and private financing is approximately 30% and 70% respectively which indicates that a significant amount of insurance funding generated in the private subsector is spent on both public and private sector institutions.

Over the period FYE 2004 – FYE 2010, private healthcare expenditure has exceeded public expenditure although the gap between them has more recently narrowed.

**Figure 3 - Public and Private Health Expenditure (in \$m)**

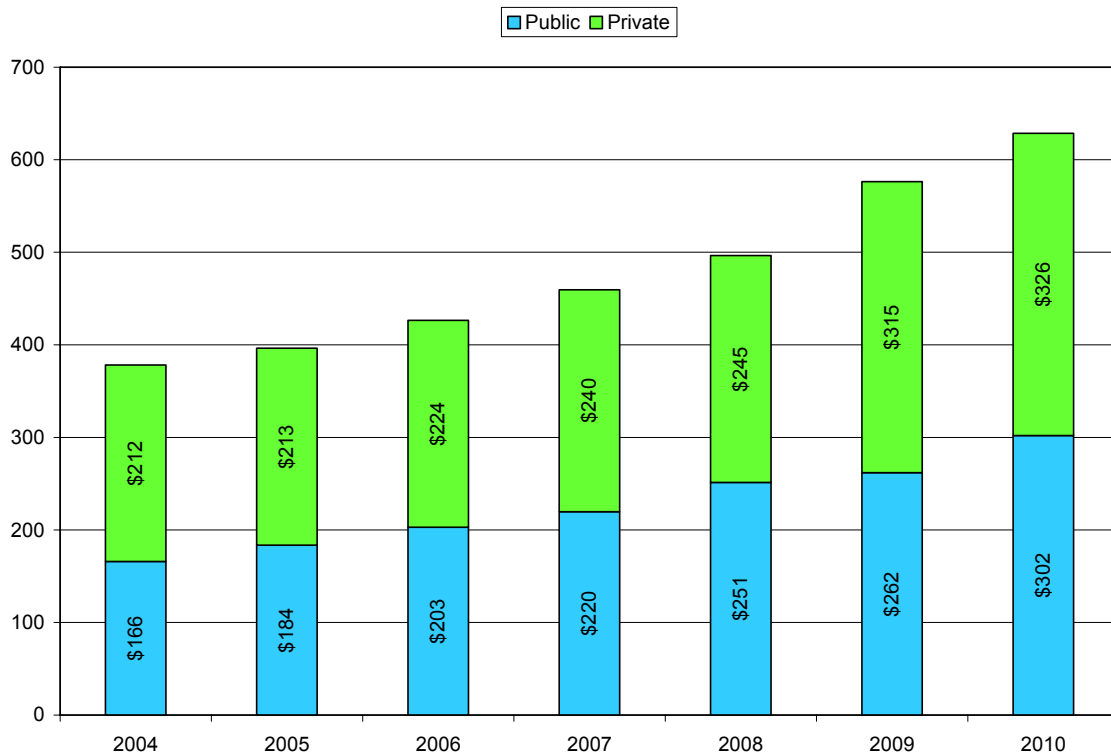
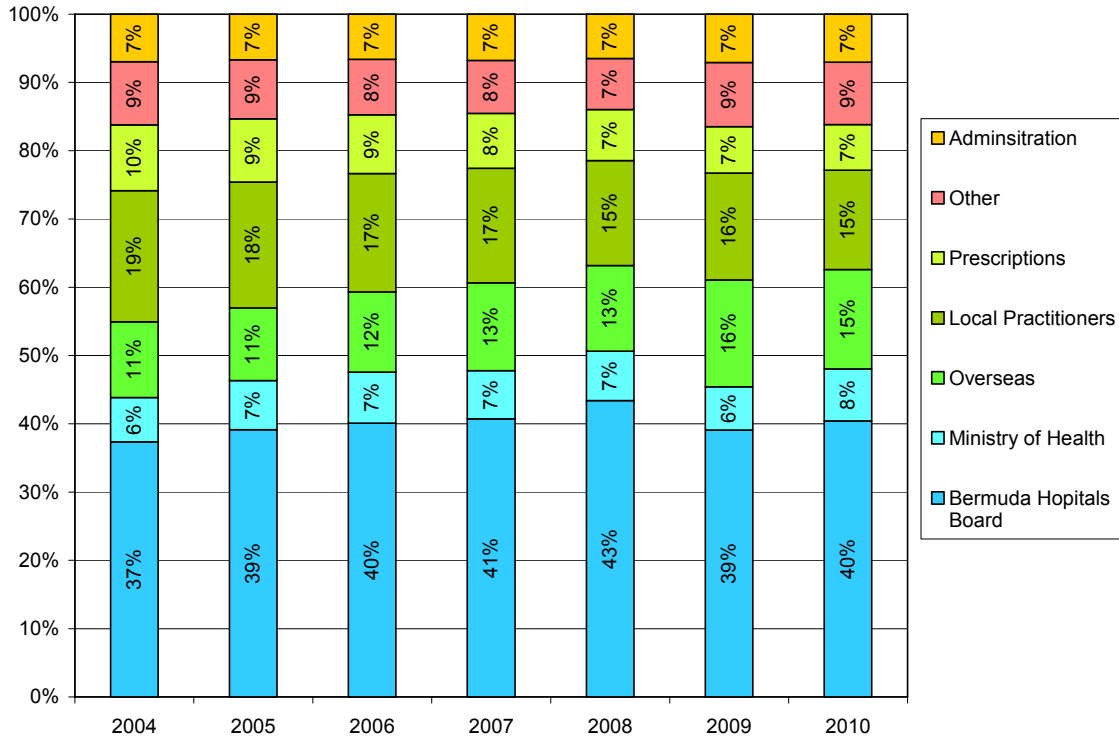


Figure 4 shows the relative importance of the components of health expenditure during the period FYE 2004 to FYE 2010.

**Figure 4 - Components of Health Expenditure**



In the public subsector the most significant component of expenditure was the Bermuda Hospital Board (BHB) for the operation of the island’s hospital system. On average during the period FYE 2004 to FYE 2010, the BHB absorbed 40% of the island’s health expenditure. The BHB is also the largest component of total health expenditure during the period. In FYE 2010, 52% of the BHB expenditure is financed by the government.

The most significant component of private health expenditure was monies spent on Overseas Care. In FYE 2010, Overseas Care expenditure totaled \$91.4 million or 15% of total health expenditure. Overseas hospitalization charges represented 43.8% of total overseas health expenditure in FYE 2010 (compared to 54.6% in FYE 2009)<sup>6</sup>.

<sup>6</sup> The balance comprises fees paid for services such as overseas physicians, dentists and other categories of healthcare providers, overseas prescription drugs costs, overseas diagnostic imaging and laboratory costs, hotel costs, and transportation.

Although the Ministry of Health (MOH) administration expenditure<sup>7</sup> was maintained at an annual average rate of approximately 1.2% of total health expenditure during the FYE periods 2004 to 2009, this increased to 3.0% during FYE 2010; an increase of 120% over the FYE 2009. This increase is largely due to the inclusion in FYE 2010 of the funding of the Health Insurance Department (HID) which beforehand had been funded through the Ministry of Finance. In FYE 2010, the Department of Health (DOH) accounted for 4.6% of total health expenditure.

The “Other Health Providers, Services, and Appliances” category of private expenditure featured in the Table 1 includes the professional services of a wide range of local healthcare service providers such as chiropodists, chiropractors, dietitians, specialized disease management counselors, physiotherapists, optometrists, podiatrists, psychologists, and psychiatrists. Also included in this category of expenditure would be expenditure on local diagnostic imaging services, laboratory services, immunizations, and home care. At \$57.4 million, this category of expenditure represented 9% of total FYE 2010 health system expenditure.

Spending on prescription drugs during FYE 2010 totaled \$41.9 million and the amount spent on health insurance administration<sup>8</sup> was \$44.1 million. These figures each represent 7% of total FYE 2010 expenditure.

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<sup>7</sup> The MOH administration expenditure is mainly managerial and administrative in nature and involves services such as health strategy and planning, budget management, human resource management, the management of the health system legislative processes, and grants to charitable, non-governmental organizations. By contrast the DOH expenditure includes environmental health, epidemiology, health promotion, preventative care, and curative care. The HID administers the subsidy programs, the Mutual Reinsurance Fund, as well as FutureCare and the Health Insurance Plan (HIP).

<sup>8</sup> Health insurance administration expenditure includes the selling, general, and administrative (SG&A) expenses of all eight licensed health insurers (which include executive salaries, advertising costs, sales expenses, information technology costs, and payroll expenses).

### c. Rising Healthcare Costs

Health costs have been increasing in many countries and Bermuda is no exception. Figure 5 shows per-capita health expenditure for the period FYE 2004 – FYE 2010.

**Figure 5 - Per-Capita Health Expenditure**

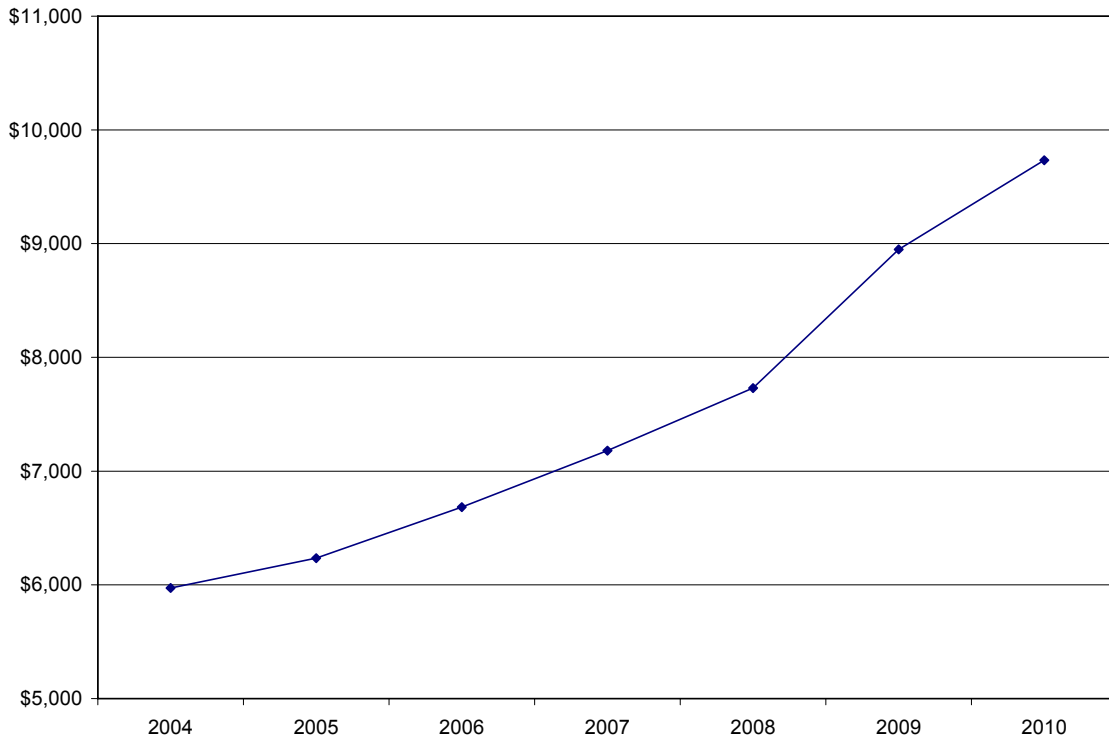
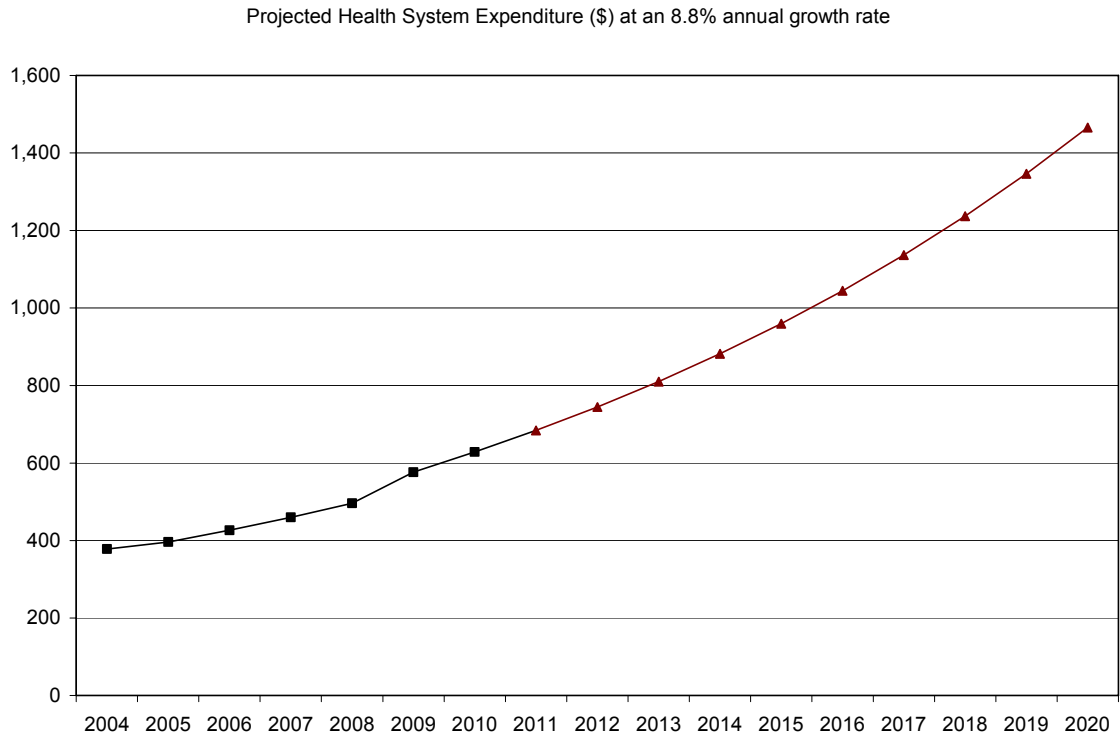


Figure 6 shows that if the past repeats itself and health expenditure continues to grow at the same compound annual rate as experienced during the period FYE 2004 – FYE 2010, then by FYE 2020 health expenditure is estimated to be in the vicinity of \$1.5 billion dollars. This is estimated to be approximately \$22,600 per-capita if population remains similar in count to current levels. Per-capita health expenditure of this magnitude could be high by international standards and may not be sustainable.

**Figure 6 - Projected Health Expenditure**



### 3. Conclusion

Healthcare financing and expenditure has increased by 9.0% over the FYE 2009 – FYE 2010 period. The rate of increase for healthcare expenditure exceeded the rate of increase in the nominal GDP by 15.8%. The increasing expenditure on healthcare, despite the decline in nominal GDP, indicates the resilience of healthcare expenditure to changes in economic conditions.

In FYE 2010, healthcare expenditure as a percentage of nominal GDP increased to 11.0% and there are no trends observed to indicate a change in the foreseeable future.

Health expenditure per-capita increased by 8.8%, from \$8,950 in FYE 2009 to \$9,734 in FYE 2010. These levels of average expenditure imply significant challenge to Bermuda's low income individuals and families.

Despite the increase in public sector expenditures, the overseas expenditure has increased more rapidly over the period FYE 2004 – FYE 2010. The reasons behind the increases in overseas expenditure may be manifold and it is an item worthy of further review either at the macro policy level or at the micro healthcare provider and insurance claimant level.

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## Appendix

**Table 3 - Health System Financing FYE 2004 – FYE 2010 (BD\$, '000)**

Health Finance Sector	2004	2005	2006	2007	2008	2009*	2010	09 vs 10	2004 - 2010	AAGR
Total - National Govt. Expenditure	675,699	755,276	867,399	952,606	1,022,899	1,112,193	1,176,834	5.8%	74.2%	12.4%
Total - Public Sector Financing	104,474	111,317	121,239	129,735	144,056	155,772	190,111	22.0%	82.0%	13.7%
> Ministry of Health	5,093	5,340	6,464	4,993	3,396	8,505	28,737**	237.9%	464.2%	77.4%
> Department of Health	19,445	20,241	22,406	24,540	29,463	28,023	29,135	4.0%	49.8%	8.3%
> Hosp. subsidies and Operating Grants	79,936	85,736	92,369	100,202	111,197	119,244	132,239	10.9%	65.4%	10.9%
Total Private Sector Financing	273,662	284,999	305,185	329,909	352,263	420,532	438,343	4.2%	60.2%	10.0%
> Health Insurance	204,348	212,926	226,625	243,755	259,877	323,778	334,893	3.4%	63.9%	10.6%
> Individual Out-of-Pocket Financing	56,358	57,497	62,163	67,707	71,633	74,101	80,103	8.1%	42.1%	7.0%
> Charitable Non-Govt. Organizations***	12,956	14,576	16,397	18,447	20,753	22,653	23,347	3.1%	80.2%	13.4%
Total Health System Financing	378,136	396,316	426,424	459,644	496,319	576,304	628,454	9.0%	66.2%	11.0%
Public Health Finance % of Total Govt. Exp.	15.5%	14.7%	14.0%	13.6%	14.1%	14.0%	16.2%	-	-	14.6%
Health Insurance % of Total Health Financing	54.0%	53.7%	53.1%	53.0%	52.4%	56.2%	53.3%	-	-	53.7%
Individual Out-of-Pocket Finance % of Total Health Financing	14.9%	14.5%	14.6%	14.7%	14.4%	12.9%	12.7%			14.1%
Annual Growth in Govt. Hosp. Subsidies and Grants	-	7.3%	7.7%	8.5%	11.0%	7.2%	10.9%	-	-	8.8%

\* Due to various data adjustments, these figures have been revised from those published in last year's report.

\*\* This item includes \$10 million funding for FutureCare, as well as the funding for the HID, and other Health Administration Funding.

\*\*\* Estimated from 2004-2010 financial data supplied by non-profit organizations.

Source: Department of Statistics, The Accountant General, Ministry of Finance, Government of Bermuda, and BHeC annual health insurance claims returns.

**Table 4 - Bermuda Government Hospitalization Subsidies (FYE 2004 – FYE 2010)**

<b>Health Finance Sector</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>09 vs 10</b>	<b>2004 - 2010</b>	<b>AAGR</b>
Aged Subsidy	29,520	30,576	34,702	35,462	41,358	46,877	46,165	-1.5%	56.4%	9.4%
Geriatric Subsidy	9,546	10,416	11,112	11,602	12,673	13,728	13,473	-1.9%	41.1%	6.9%
Youth Subsidy	7,499	7,858	8,072	8,708	9,631	10,176	14,719	44.6%	96.3%	16.0%
Indigent Subsidy	5,399	6,132	6,191	7,476	5,176	2,917	5,026	72.3%	-6.9%	-1.2%
Clinical Drugs Subsidy	1,093	2,193	2,193	2,522	2,549	2,215	2,368	6.9%	116.8%	19.5%
Other Subsidies	3,146	3,456	3,630	4,537	5,447	6,830	6,986	2.3%	122.0%	20.3%
<b>Totals</b>	<b>58,207</b>	<b>60,630</b>	<b>65,899</b>	<b>70,307</b>	<b>76,833</b>	<b>82,742</b>	<b>88,738</b>	<b>7.2%</b>	<b>52.5%</b>	<b>8.7%</b>

**Table 5 - Health System Expenditure FYE 2004 – FYE 2010 (BD\$, '000)**

	2004	2005	2006	2007	2008	2009**	2010	09 vs 10	2004 - 2010	AAGR
<b>Total - National Govt. Expenditure</b>	<b>675,699</b>	<b>755,276</b>	<b>867,399</b>	<b>952,606</b>	<b>1,022,899</b>	<b>1,112,193</b>	<b>1,176,834</b>	<b>5.8%</b>	<b>74.2%</b>	<b>12.4%</b>
<b>Total Public Sector Health Sys. Exp.</b>	<b>165,805</b>	<b>183,608</b>	<b>202,882</b>	<b>219,667</b>	<b>251,317</b>	<b>261,770</b>	<b>301,990</b>	<b>15.4%</b>	<b>82.1%</b>	<b>13.7%</b>
Ministry of Health	24,538	25,581	28,870	29,533	32,859	36,528	47,872	31.1%	95.1%	15.8%
• Promotion/Prevention/Curative Care	19,445	20,241	22,406	24,540	29,463	28,023	29,135	4.0%	49.8%	8.3%
• Administration	5,093	5,340	6,464	4,993	3,396	8,505	18,737	120.3%	267.9%	44.6%
DoSI Health Ins Plan Admin	0	3,000	3,000	3,000	3,000	0	0			
<b>Bermuda Hospitals Board</b>	<b>141,267</b>	<b>155,027</b>	<b>171,012</b>	<b>187,134</b>	<b>215,458</b>	<b>225,242</b>	<b>254,118</b>	<b>12.8%</b>	<b>79.9%</b>	<b>13.3%</b>
• Curative Care	81,662	87,429	91,887	102,711	119,927	115,788	129,820	-	-	-
• Medical and General Supplies	27,057	30,776	36,164	39,722	44,368	51,375	56,009	-	-	-
• Administration	18,067	19,821	23,474	24,895	27,736	26,515	34,770	-	-	-
• Physical Plant & Equipment	14,327	11,586	13,673	13,825	16,581	25,920	27,481	-	-	-
• Other	154	5,415	5,814	5,981	6,846	5,643	6,037	-	-	-
<b>Total Private Sector Health Sys. Exp</b>	<b>212,332</b>	<b>212,708</b>	<b>223,543</b>	<b>239,977</b>	<b>245,003</b>	<b>314,534</b>	<b>326,464</b>	<b>3.8%</b>	<b>53.8%</b>	<b>9.0%</b>
Local Practitioners	72,605	73,149	74,016	77,122	76,206	90,123	91,516	1.5%	26.0%	4.3%
•Physicians	49,792	50,030	51,126	53,110	53,526	61,870	60,826	-1.7%	22.2%	3.7%
•Dentists	22,813	23,119	22,890	24,012	22,680	28,253	30,690	8.6%	34.5%	5.8%
Other Providers, Services, Appliances	34,983	34,320	34,650	35,795	37,113	54,239	57,422	5.9%	64.1%	10.7%
Prescription Drugs	36,389	36,570	36,551	36,935	37,121	39,046	41,969	7.5%	15.3%	2.6%
Overseas Care	41,967	42,172	50,037	59,074	62,267	90,264	91,384	1.2%	117.8%	19.6%
Health Insurance Administration	26,388	26,497	28,289	31,051	32,296	40,863	44,173	8.1%	67.4%	11.2%
<b>Total Health System Expenditure</b>	<b>378,137</b>	<b>396,316</b>	<b>426,425</b>	<b>459,644</b>	<b>496,320</b>	<b>576,304</b>	<b>628,454</b>	<b>9.0%</b>	<b>66.2%</b>	<b>11.0%</b>

\*\* Due to various data adjustments, these figures have been revised from those published in last year's report.

Source: The Accountant General, The Ministry of Finance, The Bermuda Hospitals Board, BHeC annual health insurance claims returns, Bermuda Health Systems and Services Profile 2005. N/A - Data Not Available

**Table 6 - Analysis of Health System Expenditure FYE 2004 – FYE 2010**

	2004	2005	2006	2007	2008	2009	2010	09 vs 10	'04 to'10 Average
Total Health System Expenditure (BD\$)	378,137	396,316	426,425	459,644	496,320	576,304	628,454	9.0%	-
Estimated Population	63,320	63,571	63,797	64,009	64,209	64,395	64,566	0.3%	-
Per-Capita Health Sys. Expenditure (BD\$)	5,972	6,234	6,684	7,181	7,730	8,950	9,734	8.8%	-
Total Public Health Sys. Expenditure (BD\$)	165,805	183,608	202,882	219,667	251,317	261,770	301,990	15.4%	-
Total Public Health Sys. Exp % of GDP	4.0%	4.1%	4.2%	4.1%	4.3%	4.3%	5.3%		4.3%
Total Public Health Sys. Expend. Per-Cap.(BD\$)	2,619	2,888	3,180	3,432	3,914	4,065	4,677	15.1%	-
Public Health Sys. Expenditure as % of Total Health Sys. Expenditure	43.8%	46.3%	47.6%	47.8%	50.6%	45.4%	48.1%	-	47.1%
BHB Expenditure as % of Total Health Expenditure	37.4%	39.1%	40.1%	40.7%	43.4%	39.1%	40.4%	-	40.0%
Prescription Drug Expenditure % of Total Health System Expenditure	9.6%	9.2%	8.6%	8.0%	7.5%	6.8%	6.7%		8.1%
Nominal GDP (BD\$ 2003 - 2009)*	4,168,843	4,464,576	4,846,147	5,356,447	5,827,681	6,067,898	5,715,300	-5.8%	
Health Sys. Expenditure share of GDP (%) *	9.1%	8.9%	8.8%	8.6%	8.5%	9.5%	11.0%	-	9.2%
Nominal GDP Year over Year Growth Rate (%) *	-	7.1%	8.5%	10.5%	8.8%	4.1%	-5.8%	-	5.5%
Health Sys. Expenditure Year over Year Growth Rate (%)	-	4.8%	7.6%	7.8%	8.0%	16.1%	9.0%	-	8.9%
Health and Personal Care Price Index (%)	-	2.4%	5.7%	6.8%	6.6%	6.7%	8.1%		6.1%
Overseas Care % of Total Health System Expenditure	11.1%	10.6%	11.7%	12.9%	12.5%	15.7%	14.5%		12.7%

Source: Department of Statistics.

\*The GDP figures shown are for 2003 - 2009. GDP is reported on a calendar year basis. The Bermuda health system fiscal year is from 1<sup>st</sup> April to 31<sup>st</sup> March. Therefore health system fiscal data as at 31<sup>st</sup> March of each year is compared to the nominal GDP data for the prior year ended 31<sup>st</sup> Dec.