

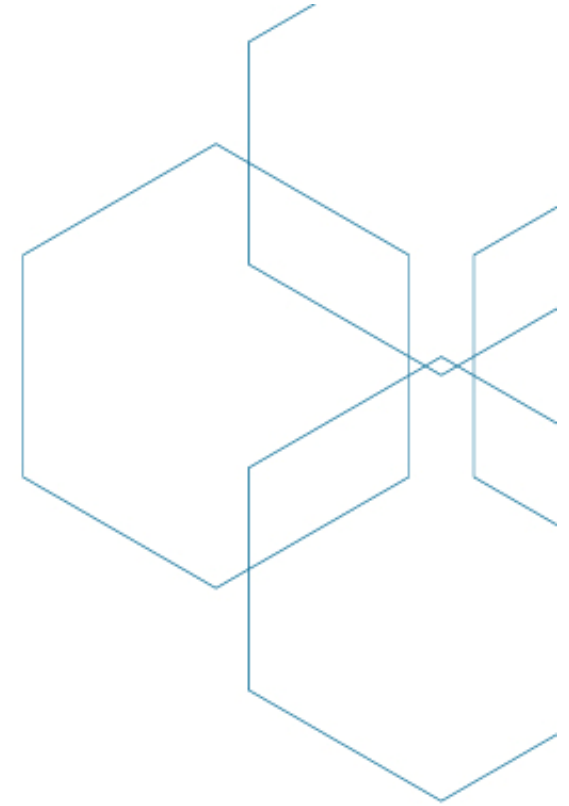
BHeC ROTARY PRESENTATION

Dr J Attride-Stirling
Chief Executive Officer
2nd February 2010



Overview

- ❖ Who we are
- ❖ What we do
- ❖ Why we do it



BHeC: Who we are

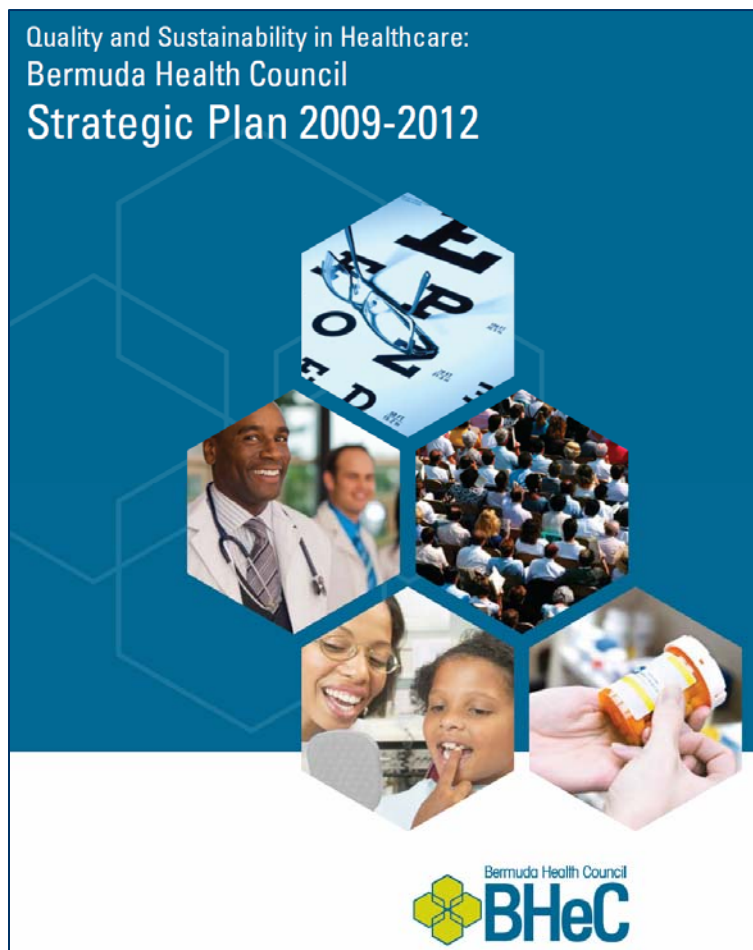
- ❖ Quasi-Autonomous Non-Governmental Organisation (QUANGO)
- ❖ Established by Bermuda Health Council Act 2004. Operational since 2006.
- ❖ Mission: to regulate, coordinate and enhance the delivery of health services

BHeC: Who we are (...cont'd)

- ❖ Annual MOH Grant \$1.3 million
- ❖ Structure:
 - Council (Board) has 15 members
 - Secretariat has 8 employed staff
- ❖ Vision:
Working together for a sustainable healthcare system



BHeC: What we do



Find out more at www.bhec.bm

BHeC's Strategic Plan



Strategic Goal 1 - Quality:

To enhance the regulation of health services, insurers, professionals and prescription drugs, in order to assure quality and patient safety



Strategic Goal 2 Equity:

To enhance coordination of health services to assure equitable access to essential healthcare for all residents



Strategic Goal 3 - Efficacy

To promote healthcare developments in service provision and insurance that will enhance the financial sustainability of the healthcare system



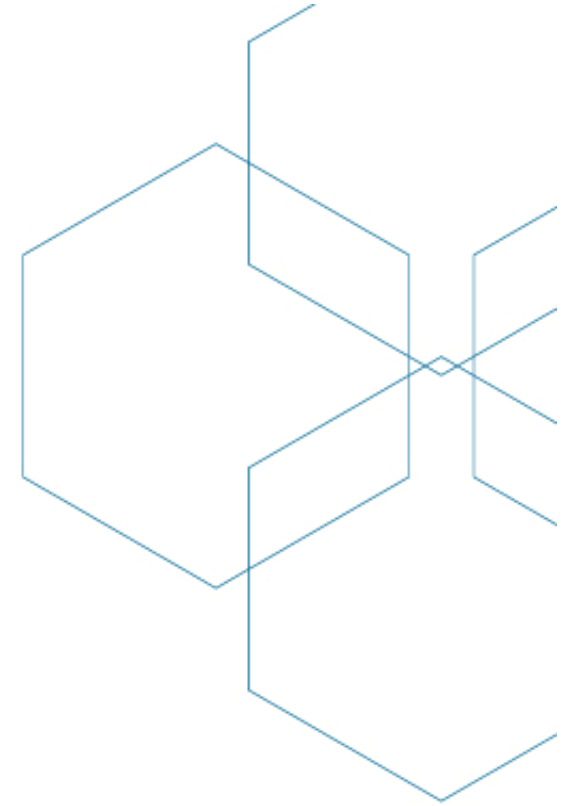
Strategic Goal 4 Accountability:

To ensure all of our functions are conducted in an impartial manner

Core operational activities

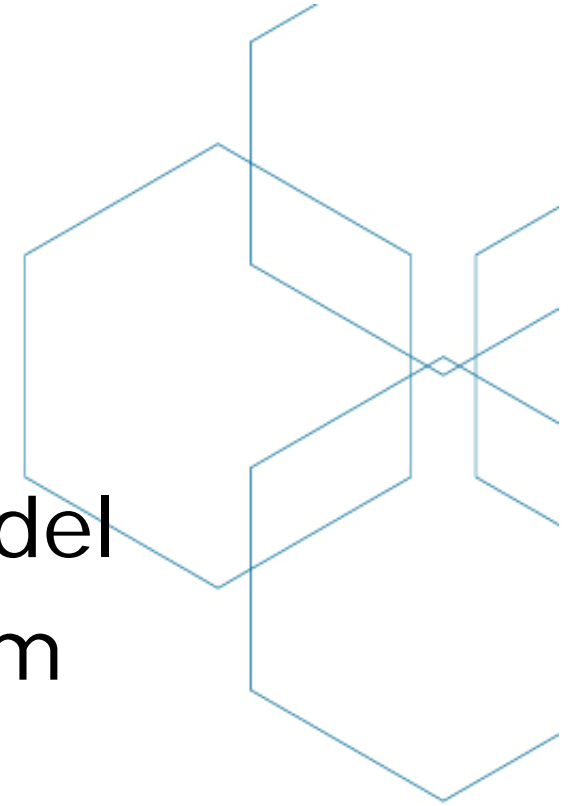
- ❖ License health insurers
- ❖ Review Standard Hospital Benefit (minimum insurance package) & Standard Premium (SHB price) annually
- ❖ Review regulated provider fees
- ❖ Enhance regulatory framework for healthcare
- ❖ Enhance coordination of healthcare stakeholders

BHeC: Why we do it?



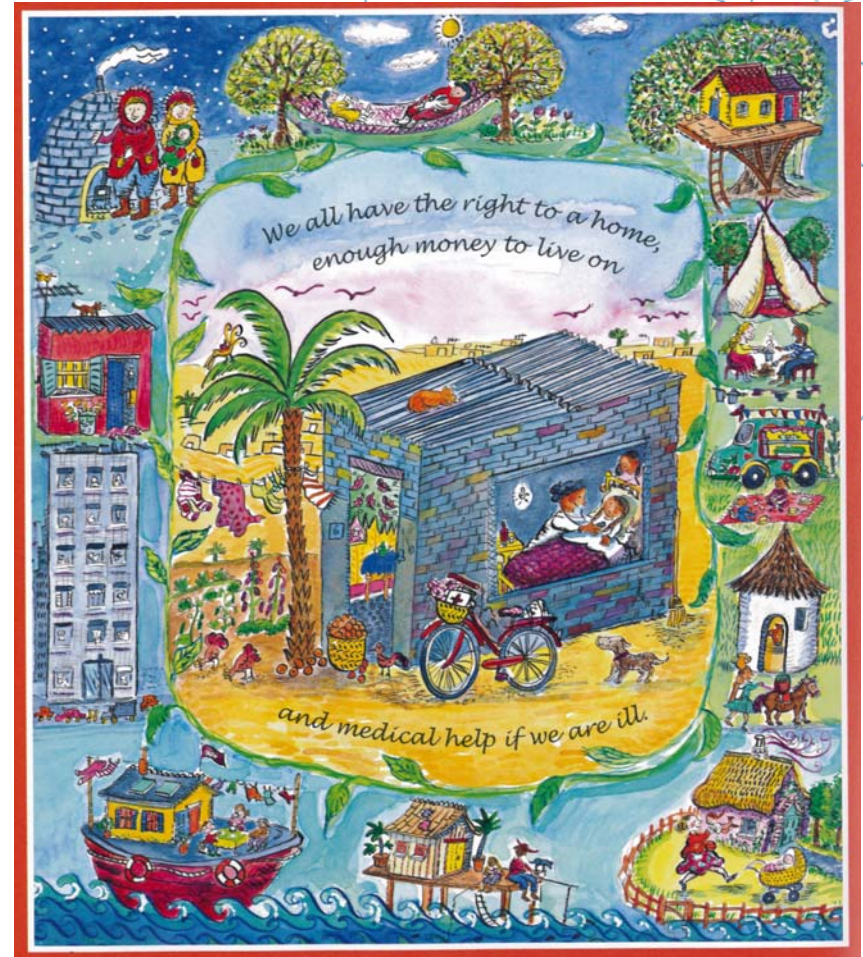
Why: Sustainability

- ❖ Key assumptions
- ❖ WHO health system model
- ❖ Bermuda's health system
- ❖ Value for money



Assumption 1: Health as a human right

"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services..." *Universal Declaration of Human Rights, Article 25(1)*



*Illustration taken from "We Are All Born Free", Amnesty International (2008)
An illustrated children's Universal Declaration of Human Rights.*

Assumption 2: Healthcare is unlike consumer goods

- ❖ Market forces don't follow the same rules for healthcare
- ❖ Healthcare interventions are provider-driven
- ❖ Patients ability to shop-around is skewed



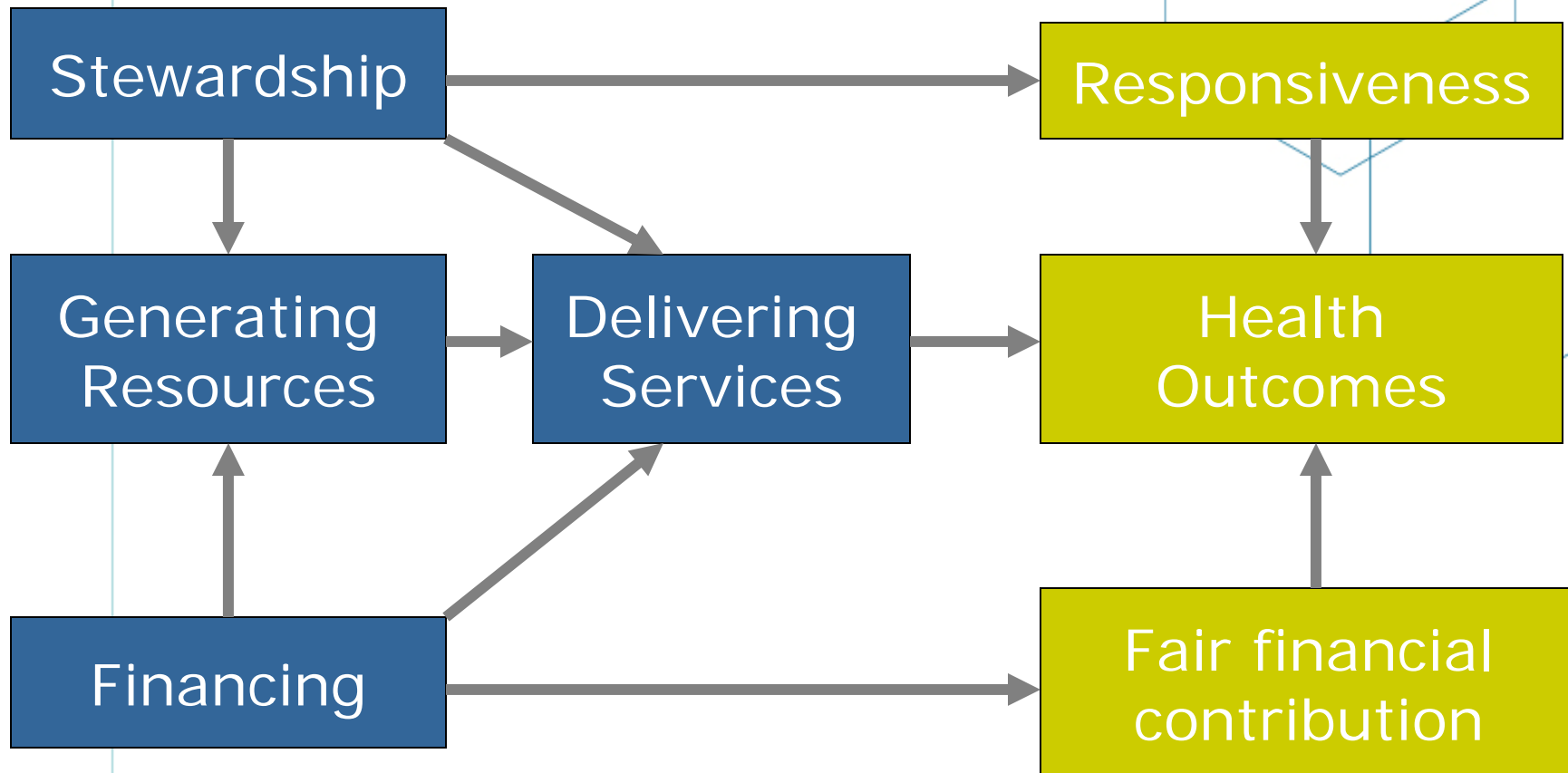
OECD Financing & Equity

- ❖ Systems based on individual premia
 - ➔ usually more responsive, but larger burden on high-risk, high-use groups, usually the sick and the poor, leading to financial barriers to access
- ❖ Systems based on ability to pay
 - ➔ more equitable financial impact and access to care, but less responsive to patient needs

WHO Health System:

■ Functions

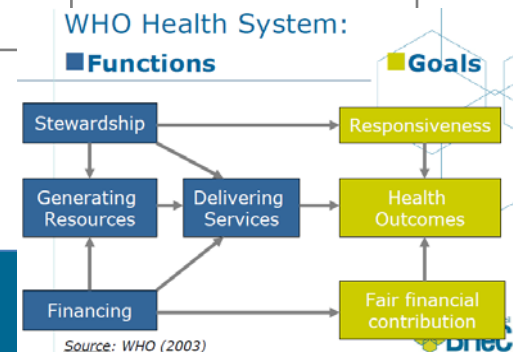
■ Goals



Source: WHO (2003)

Professionals per 10k: International comparisons (2007)

	Physicians (per 10,000)	Nurses (per 10,000)	Dentists (per 10,000)	Pharmacists (per 10,000)
Bermuda	24	72	7	13
USA	24	84	8	9
Canada	22	90	12	8
UK	25	65	5	6
Singapore	15	45	3	3

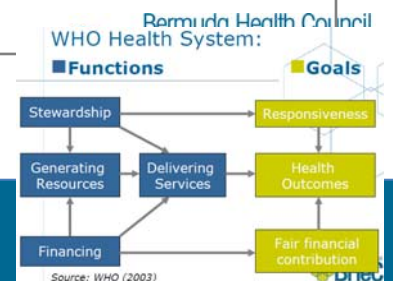


Technology: International comparisons 2007

	MRI units (per 1,000,000)	CAT Scans (per 1,000,000)
Bermuda	31	31
USA	26	34.3
Canada	6.7	12.7
Switzerland	14.4	18.7

Health Indicators: Some international comparisons

	Life Expectancy at birth (2007)	Child Mortality (2007)	Maternal Mortality (2007)
Bermuda	78.3 (36 th)	1.3 (1 st)	0
USA	78.1 (35 th)	6.2 (46 th)	11
Canada	80.7 (8 th)	5 (36 th)	7
UK	79.1 (30 th)	4.8(32 nd)	8
Singapore	80.6 (th)	2.1 (2 nd)	14



Financing: Sources (2007)

	BDA\$ (000)	%
Public sector		
Consolidated fund	124,742	27.9
Other	4,993	1.1
Total	129,735	29.0
Private sector (<i>est.</i>)		
Insurance	231,803	51.8
Non-profit	15,651	3.5
Household financing	69,721	15.6
Total	317,215	70.9
Total	446,910	100

OECD average:
70% Public and 30% Private

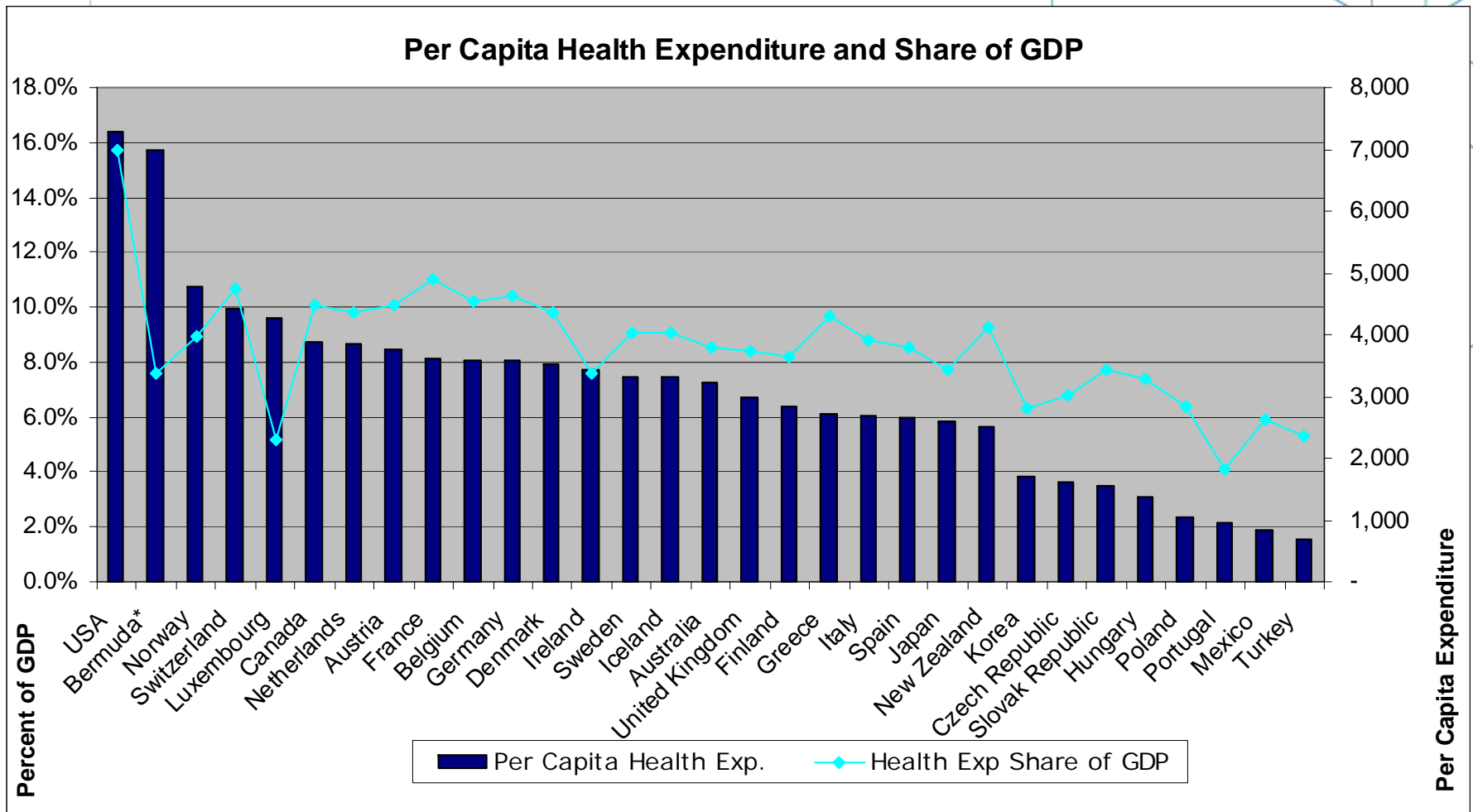
Financing: Expenditure (2007)

	BDA\$ (000)	%
Public sector		
Ministry of Health	29,533	7
Bermuda Hospitals Board	187,134	41
Total	216,667	48
Private sector (<i>est.</i>)		
Local providers	119,682	27
Overseas	43,946	10
Drugs and others supplies	40,065	9
Insurance administration	26,550	6
Total	230,283	52
Total	446,910	100

Financing: Share of GDP (2007)

	2007
Health expenditure (BDA\$ 000)	446,910 (est.)
GDP (BDA\$000)	5,855,379
Per capita health expenditure (BDA\$)	6,982
Health share of GDP (%)	7.6

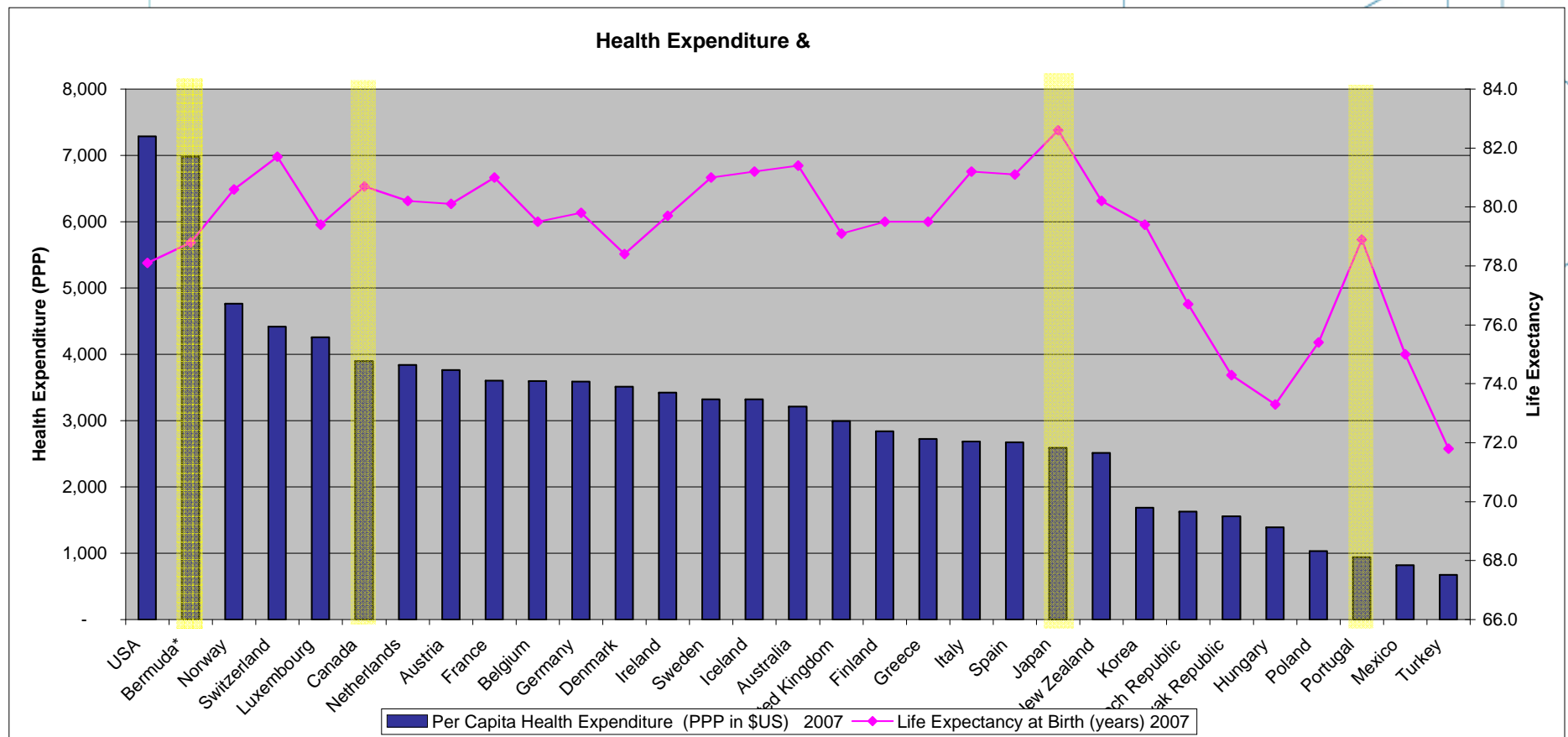
Per Capita Healthcare Expenditure and Health Share of GDP (2007)



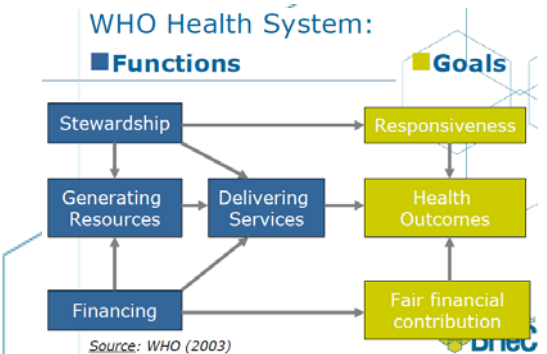
Bermuda: Per capita health exp. = PPP US\$6,982 (est.)

Health share of GDP = 7.6%

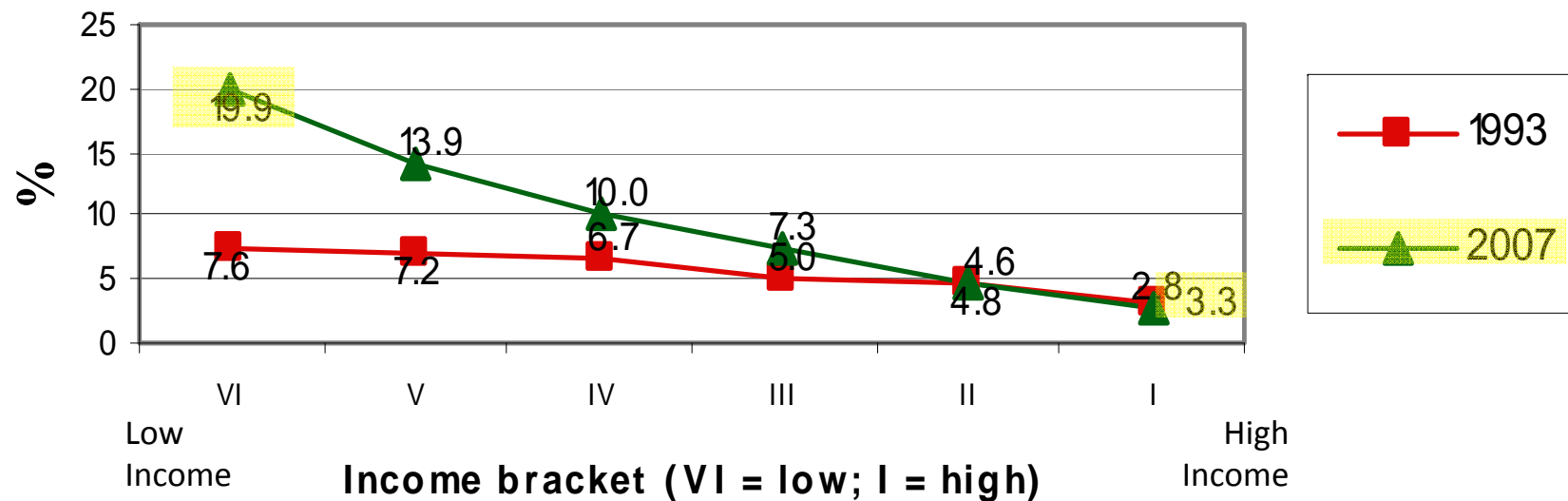
Life Expectancy and Per Capita Health Expenditure – OECD (2007)



Healthcare expenditure and income



Per Capita Health Expenditure in Bermuda Relative to Income (1993 - 2007)



Take-home messages

- ❖ Healthcare is a right, not a commodity
- ❖ The way in which a health system is structured impacts on its cost
- ❖ Bermuda can get more bang for every healthcare buck
- ❖ Vision and collaboration are needed to get us there

Thank you!

Any questions?

Visit www.bhec.bm for more information

