Bermuda Health Council
BHeC Newsletter

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"Achieving a quality, equitable and sustainable health system"

Preview on Inequality

BHeC's first Health Inequalities Report reveals local differences in health status, behaviours and access, confirming that residents of a lower socio-economic position have poorer outcomes and use less healthcare, despite spending a larger percentage of their income on health, than better-off residents. The full report, which looks at health inequalities among different demographics e.g. age, race, gender, income, etc., will be published shortly.

Complaints & Queries 2012

In 2012, BHeC received 173 queries and 25 Complaints.

- 46% of complaints & 18% of queries were about cost, fees and billing
- 45% of our queries and 79% of our complaints were from the public.

Visit our web site at www.bhec.bm for all our publications and updates

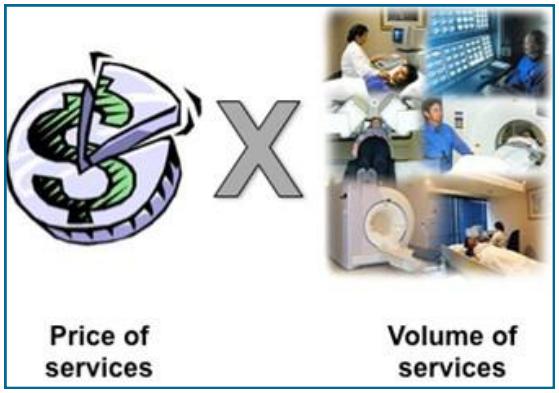
Building Bridges

One of the main reasons BHeC was created is to improve coordination of the health system. There have been long-standing concerns that the various components were working at odds and sometimes in conflict. This is not good for patients, can be frustrating for professionals, and is costly for all payers. No one benefits from a poorly coordinated system. At BHeC we invest significant resources into our coordination functions. For example, in the past nine months we have held 27 large discussion forums to inform, educate, consult, etc. on a range of issues. Over 750 participants attended and the results have been tangible in terms of dialogue and understanding. This is proving to be a valuable activity and we hope to continue capitalizing on its benefits.

Curtailing Testing and Long Stays for Cost Containment

Everyone has been long-worried about health costs, and various measures have been taken to try to contain them.

Unfortunately, so far these have not yielded the results needed and, as a country, we now find ourselves in a health system quickly running out of money.



In the current environment a growing number of employers are unable to afford premiums and patient subsidy costs are increasingly unaffordable to government.

Urgent measures are needed, and they are being taken. BHeC, together with the Ministry of Health and Seniors (MOHS), is looking at ways to cut costs from April.

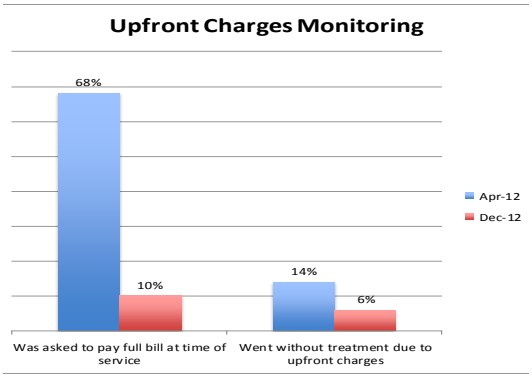
In identifying urgent, short-term measures, we have been guided by the fact that there are only two ways to reduce health costs: (1) to use less health services; and/or (2) pay less for them. So the focus has been on the areas where we have concrete evidence of over-use: diagnostic testing, in particular diagnostic imaging; and long hospital stays. Existing regulated fees are also likely to see negligible revisions.

Paramount among the priorities is the need to protect quality. But there is ample evidence that quality care is more cost-effective. Medically unnecessary tests don't improve outcomes, and inappropriate use of acute care is unreasonably costly.

The good news is that there is excellent buy-in among many physicians and payers on the need to act swiftly on these target areas. Watch this space for more developments over the coming months.

Check-up on Upfront Charges

In April 2012, before the Health Insurance (Health Service & Providers) (Claims) Regulations came into effect, an independent survey* found that 68% of insured residents said they'd been asked to pay their full healthcare bill at the time of service (upfront payments), and 14% were foregoing treatment because of these charges. To monitor the impact of the new Regulations, we checked again in December and found significant improvement in these figures: only 10% of insured residents have had to pay upfront and 6% went without treatment because of the charges.



The results are encouraging and certainly highlight stakeholders' commitment to working together to ensure that healthcare is accessible, which is great news for patients.

**The Total Marketing quarterly Bermuda Omnibus Survey*

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