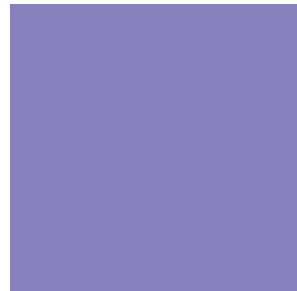
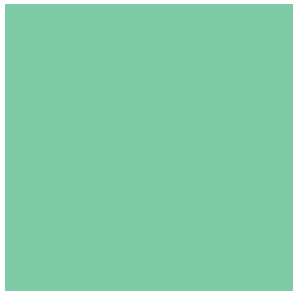


Ministry of Health and Seniors Roadmap 2017 - 2019



GOVERNMENT OF BERMUDA
Ministry of Health and Seniors

CONTACT US

We'd love to hear from you! If you have any query or concern, reach out for a helping hand.

ONLINE:

www.gov.bm/ministry/health-and-seniors

PHONE: 278-4900

IN PERSON: Ministry Headquarters, Continental Building, 25 Church Street, Hamilton HM 11 (corner of Cedar Avenue and Church Street)

For specific departments or programmes call first or visit www.gov.bm/ministry/health-and-seniors

SOCIAL MEDIA:

Facebook: @healthbermuda

Twitter: @HealthBermuda

Instagram: health_bermuda

March 2017

V1.0 170322

EMAIL:

Ministry Headquarters

mohs@gov.bm

Ageing and Disability Services

ads@gov.bm

Department of Health

- Child Health
childhealth@gov.bm
- Oral Health
dentalclinics2@gov.bm
- Environmental Health
envhealth@gov.bm
- Health Promotion
healthpromotion@gov.bm

Health Insurance Department

hip@gov.bm

Office of the Chief Medical Officer

officeofcmo@gov.bm

- Epidemiology & Surveillance
epidemiology@gov.bm

About Us

The Ministry of Health and Seniors is the leader of the island's health system. Our job is to protect and promote Bermuda's health, and to improve the quality, access and sustainability of healthcare services.

OUR VISION IS SIMPLE:

Healthy People in Healthy Communities

OUR MISSION: Bermuda's health system shall assure the conditions to enable the human capacity to adapt and cope in achieving optimal health and quality of life.

IN SHORT: we want everyone to have good health and quality of life.

OUR CORE VALUES ARE:

- Quality
- Sustainability
- Accountability
- Protection of the most vulnerable
- Collaboration

The Ministry is made up of **5 areas or departments and 2 Government**

Quangos (Quasi-Autonomous Non-Governmental Organizations).

The Ministry also appoints **26 Boards and Councils** that regulate health professionals and/or provide advice to the Minister. They can be found at <https://www.gov.bm/health-professional-boards-and-council> and on page 8.

Departments



MINISTRY HEADQUARTERS

Leads policy, health law reforms, and the Ministry operations



AGEING AND DISABILITY SERVICES

Regulates rest homes and provides services for seniors and persons with disabilities



DEPARTMENT OF HEALTH

Provides public health services to protect and promote health



HEALTH INSURANCE DEPARTMENT

Provides low-cost insurance products and patient subsidies



OFFICE OF THE CHIEF MEDICAL OFFICER

Regulates health professionals and controls illness outbreaks to protect residents

Quangos



BERMUDA HOSPITALS BOARD

Provides hospital and mental health services



BERMUDA HEALTH COUNCIL

Regulates health insurance and healthcare services



Your Health Matters To Us

A healthy population is essential for a community to thrive. Without health, children can't learn and grow, and adults can't work or be caregivers. To us, health comes first, and your health truly matters.

BERMUDA'S KEY HEALTH STRENGTHS AND CHALLENGES

Strengths

MATERNAL AND CHILD HEALTH

0 maternal deaths and low infant mortality



COMMUNICABLE DISEASE CONTROL

High immunization and good outbreak control

LIFE EXPECTANCY

On par with high-income countries



HEALTHCARE ACCESS

98% of adults get regular health checks

Challenges

OVERWEIGHT AND OBESITY



75% adults are overweight or obese

LONG TERM CARE

Ageing population and limited care options



CHRONIC NON-COMMUNICABLE DISEASES

35% of adults have chronic diseases like diabetes, heart disease and kidney disease



HEALTH COSTS

\$11,102 spent per person each year



OUR JOB

Promote good health

Prevent illness

Educate to empower

Monitor health and connect to services

Ensure safe services

Ensure everyone has health insurance

Reduce health costs



YOUR ROLE

Live a healthy lifestyle

Use health services appropriately

Have health insurance



Making a Difference

Our work is divided into services that are mandated in law, and initiatives to improve our service to you. We use data and your feedback to plan for the future and want to keep you informed every step of the way.

Our Mandated Core Functions

Various laws set out our main responsibilities to protect the public. These include the **Public Health Act 1949, the Health Insurance Act 1970, the Residential Care Homes and Nursing Homes Act 1999**, as well as many other regulations and acts.

The Ministry, through its departments and quangos, delivers services to every resident in Bermuda.

The following pages highlight some core services in 2016.



Ministry Headquarters

Leads policy and health law reforms, issues grants and scholarships, and runs Ministry operations.



\$7.4 million
investment

Manages the Minister's office



Grants **\$5.3 million**
to **9** charities providing vital services



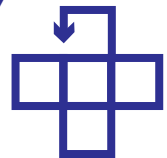
Provides
Dr. Barbara Ball Scholarship
\$100,000

for students in public health priority areas

Updates laws such as the Medical Practitioners Act, the Tobacco Act, and the Quarantine Act



Stewardship via **Bermuda Health Reform Strategy 2014-19** and **Long Term Care Strategy 2017**



Ageing and Disability Services

Regulates rest homes, provides case management for seniors, handles senior abuse complaints and provides programmes for persons with disabilities.



\$1million
investment in seniors and
persons with disabilities

Case
manages
more than
230
clients
annually

Registers and
inspects
22
residential care
and nursing
homes



Registered
home care providers and
166
10 Home Care Agencies



Completed
accessibility assessments,
consultations and inspections
109

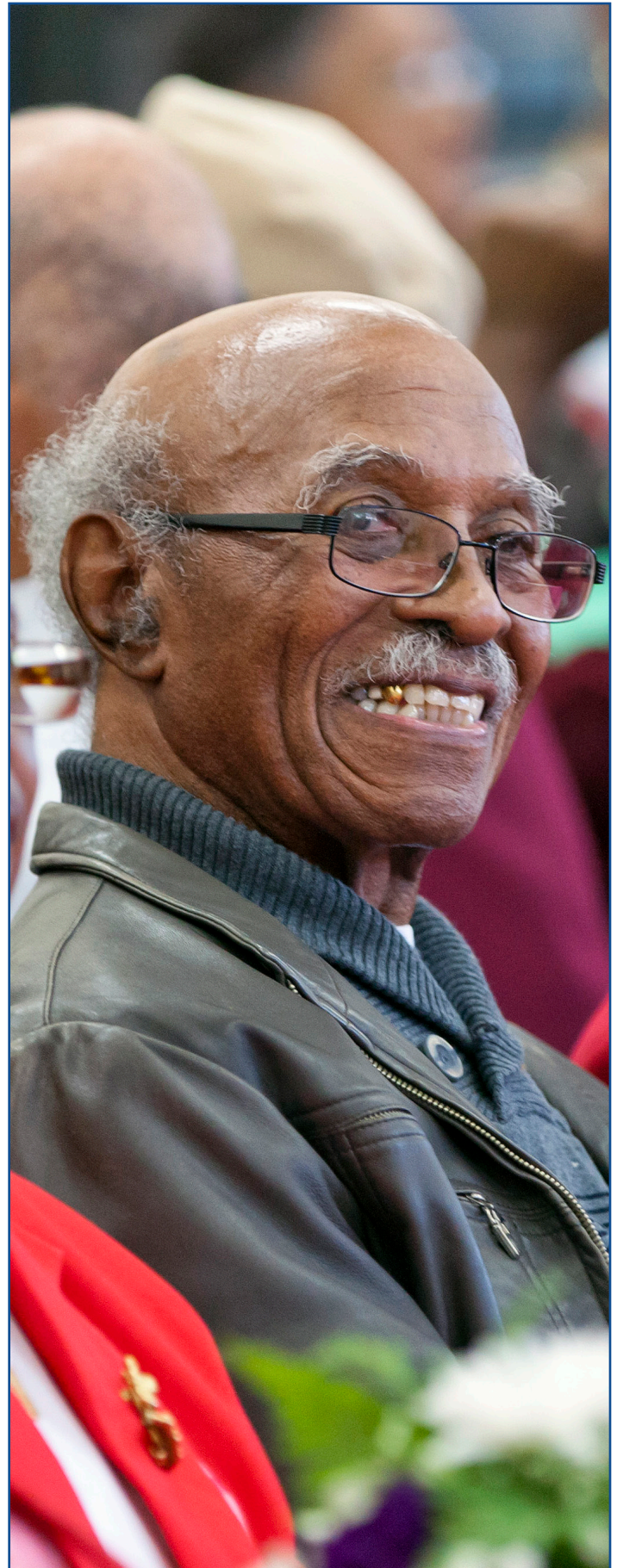


Investigated **33** senior
abuse cases and maintains the
Senior Abuse Register

K Margaret Carter Centre:

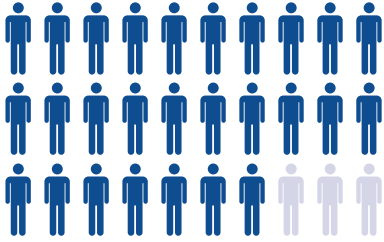
A team of **15** provides job training and enrichment programmes for **53** adults with disabilities.

Investment of **\$1.9million**



Department of Health

Provides public health services to protect and promote physical, psychological and social health; and provides long term care services to seniors.



Team of **281**
(175 in public health
and 106 in long term
care)

† = 10



\$10 million

annual investment in health centres,
school and home-based programmes,
and vector control

\$10 million

annual investment in long term
care facilities



95% of children aged
up to 24 months
immunized

93%

of new mothers
contacted by a health
visitor within 72 hours
of leaving hospital



2,200

clients screened for sexually
transmitted diseases

9,000

tests performed for
communicable and non-
communicable diseases

566

clients got speech, language
therapy services



3,000

seniors, children and prisoners
got dental care

38,000

service calls answered for
mosquito and rodent control



600

drug cases
analysed for
Police

3,000

urine screens
completed for
drug treatment
agencies



3,200

water tank
samples
analysed

97%

of schools
took part in
healthy schools
programme


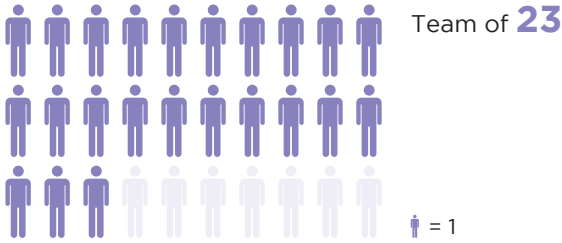


77

Seniors cared for in two
residential care facilities: **Sylvia
Richardson** and **Lefroy
House Care Community**

Health Insurance Department

Provides low-cost health insurance coverage and patient subsidies for our community.



Investment of
\$4 million
to subsidize HIP and FutureCare premiums

Provides health insurance to:
3,300 HIP policy holders
3,900 FutureCare seniors



Paid
70,000
HIP claims,
costing **\$29.2 million** or
\$8,837 per
policy holder

Paid
219,000
FutureCare
claims, costing
\$26 million
or **\$6,618** per
policy holder



Paid **\$107 million**
for **230,520** subsidy claims for
hospital care of **34,200** children,
seniors and indigent.



Paid accurate claims in 14 days,
on average with
99% accuracy

Office of the Chief Medical Officer

Regulates health professionals, controls illness outbreaks, monitors diseases and health trends, and grants permits for controlled drugs, burials and customs exemptions.



\$888,000
investment

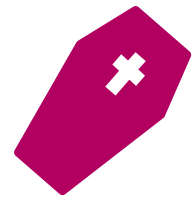
Registers **2,100**
health professionals and
handles complaints against
doctors and midwives



Analyzes data on more than
diseases from **41** health facilities weekly

50

Reports causes of death
(**450** a year approximately)



Investigated **750**
cases of communicable diseases

Investigated **6** major disease
outbreaks, contact-tracing **105** persons



Issued **840**
personal medication, burial
and customs letters

Government Quangos and Boards

In addition, the Ministry ensures essential services are delivered through two Government Quangos (Quasi-Autonomous Non-Governmental Organizations).

Bermuda Hospitals Board

Provides hospital and community-based services.




Performs **7,333**
surgeries per year

Approximately **\$300 million**
revenue with surplus invested in 24/7 care and
national disaster responses

Cares for **112**
hospice patients
per year and

Sees over **700**
mental health
service clients in
outpatient clinic, and
10,000
walk-in
appointments a year



Handles **36,000**
emergency and urgent care visits per
year

65
Continuing Care
residents

Performs **61,500**
diagnostic imaging tests per year
(most ordered by private doctors)


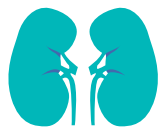


Cares for **211**
mental health acute care
inpatients a year



Provides **2,940**
chemotherapy
treatments per
year

Cares for **170**
dialysis
patients



Cares for **90**
substance abuse inpatients
a year

Secures **1,700**
blood donations per year



Bermuda Health Council

Oversees health services and health insurance to provide residents with quality, effective and safe care.



Restored health insurance coverage for **1,763** employees

Prosecuted **3** employers for non-compliance with insurance obligations



Monitors health expenditure. Recorded flattening of total spending since 2011



Registered **256** health facilities
= 50



Saved **\$1.1 million** in health system costs by implementing the Home Medical Services benefit

Addresses over **200** complaints, queries and consultations annually

BOARDS AND COMMITTEES

There are 26 professional boards, councils and advisory bodies

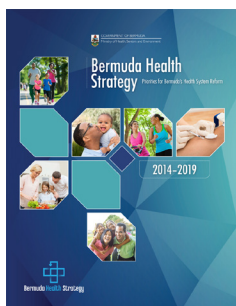
1. Advisory Council for Safety and Health
2. Bermuda Dental Board
5. Bermuda Medical Council
6. Bermuda Nursing Council
7. Bermuda Psychologists Registration Council
8. Board of Addiction Counsellors
9. Board of Chiropodists
10. Board of Diagnostic Imaging Technologists
11. Board of Dietitians
12. Board of Emergency Medical Technicians
13. Board of Medical Laboratory Technologists
14. Board of Occupational Therapists
15. Board of Physiotherapists
16. Board of Speech and Language Pathologists
17. Council for Allied Health Professions
18. Dental Professions Complaints Committee
19. Disability Advisory Council (Formerly National Accessibility Advisory Council)
20. Health Insurance Committee
21. Medical Practitioners Professional Conduct Committee
22. Mental Health Review Tribunal
23. Nursing Professions Complaints Committee
24. Optometrists and Opticians Council
25. Pharmacy Council
26. Seniors Advisory Council

Value Added Initiatives

We always strive to improve our services. Strategic and action plans set out a raft of initiatives that are underway to improve Bermuda's health. These show the improvements we are focusing on in our leadership of Bermuda's health system. See Annex 1 for full mapping.

Bermuda Health Strategy 2014 - 2019

Sets out 11 goals to improve the quality, access and sustainability of the health system. The goals include achieving universal health coverage and reforming health system financing. Action plans detail initiatives underway to achieve goals. (see annex)



- Bermuda Health Action Plan 2014 - 2019: Tackles chronic non-communicable diseases and health coverage reforms
- Long Term Care Action Plan 2017: One-year plan to improve quality, workforce capacity, policy, financing data and education

Queries, Complaints, Feedback

"Where do I go if I have a question or complaint about the service I received?"

Visit our website for a one-stop-shop directing you to exactly the person who can help address your concern.



www.gov.bm/how-raise-concern-about-ministry-health-and-seniors

PAHO Biennial Work Plan 2016 - 2018

Bermuda's agreement with the Pan American Health Organization (PAHO) on 16 strategic health system initiatives to improve population health. Key initiatives include (see Annex 1 for full listing):



- Health workforce planning
- Reducing nutritional risk factors
- Chronic non-communicable disease prevention and management
- International Health Regulation competencies

Throne Speech Commitments

Government's promises and new initiatives to improve healthcare. Open projects from 2014, 2015 and 2016 include (see Annex 1 for full listing):

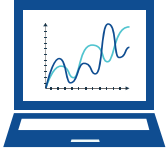
- Implement Premier's Council on Fitness, Sports and Nutrition
- Modernize the Residential Care Homes and Nursing Homes Regulations
- Review the Mental Health Act
- Develop a forensic psychiatric solution
- Promote investment in long term care
- Improve regulation of health service providers



Coming Soon

There's lots up our sleeve! Here's a preview of projects in the pipeline, coming to you soon.

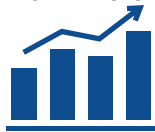
Education, Education, Education



We spend a lot of our time on public education to promote health and provide information. But we're going to get better at ensuring the information reaches you where you need it.

Health Trends and Data

We can't plan for the future if we don't know where we stand. We are committed to publishing more data to drive change. This year we will publish the Health in Review report comparing Bermuda to countries of the Organization for Economic Co-Operation and Development, and the Caribbean.



Modernize public health services

Public health is everything a community does to make sure its people are healthy. But our services were designed in the 1940s and haven't changed much since. We're re-examining what's needed based on data trends, service provision and future projections.



Online Information

Our web pages are being updated to bring you more of what you want to know about the health of Bermuda. We want to be your number one source of information about the country's health. Have a suggestion? Drop us a line at mohs@gov.bm



WALKING THE WALK

We talk the talk and we walk the walk. To achieve the Ministry's purpose, we need a strong, caring and healthy team. We are committed to supporting our team through these challenging economic times through appropriate and safe staffing levels, good performance management (appraisals and forward job plans), accountability, employee recognition and work-life balance.



ANNEX: Mapping of Ministry Initiatives 2014 to 2019

In addition to its mandated, legislated functions, the Ministry of Health and Seniors has many initiatives and projects to reform and improve the quality and sustainability of our health system. These are detailed in separate strategies and action plans. This Annex summarizes and maps out the primary objectives in the following:

- Bermuda Health Reform Strategy 2014 to 2019 (BHRS): Strategy to reform the health system
- Bermuda Health Action Plan 2014 – 2019 (BHAP): Action plan of key initiatives under the Health Strategy
- Long Term Care (LTC) Action Plan 2017: One-year action plan on long term care under the Health Strategy
- Throne speech items 2014, 2015 & 2016: Government commitments to improvements in healthcare
- Pan American Health Organization Biennial Work Plan (PAHO BWP): Bermuda's commitment to regional priorities

KEY:

ADS: Ageing and Disability Services

BHB: Bermuda Hospitals Board

BHeC: Bermuda Health Council

DAC: Disability Advisory Council

HID: Health Insurance Department

MOHS: Ministry of Health and Seniors

Note: Shaded items are related objectives

BHRS 2014-2019	BHAP 2014-2019	LTC 2017	Throne Speeches 2014-2016	PAHO BWP 2016-2018
1. Access to basic health insurance coverage shall be assured for all residents of Bermuda to ensure access to essential healthcare and protection from financial risk	16. Develop health financing reform model toward increasing national capacity for achieving coverage for all residents and increased access to mental health and primary care (BHeC)			4.1: Increased national capacity for achieving universal health coverage
2. Encourage and expand the use of outpatient facilities and preventive care to allow the hospital to focus on acute care	15. Introduce HIP and FutureCare benefits to promote wellness, encourage self-management of health, enable ageing in place, better manage chronic disease and direct care to cost-effective settings (HID)	D9. Review insurance benefits to improve value of home care services such as personal home care and palliative care (BHeC/HID)		3.1: Increased access to interventions to improve the health of women, new-borns, children, adolescents, and adults
3. Health coverage contributions shall be affordable , to ensure access to healthcare				
4. Streamline use of overseas care to efficiently meet the medical needs of the population and contain healthcare costs	14. Increase access to cost effective, high quality, specialty medical care via clinical affiliation agreements with local and overseas providers (BHB)			

BHRS 2014-2019	BHAP 2014-2019	LTC 2017	Throne Speeches 2014-2016	PAHO BWP 2016-2018
5. Mechanisms to pay healthcare providers shall assure optimal quality to patients and maximum efficiency to the health system to contain costs and improve health outcomes	6. Develop post-acute care programme to provide rehabilitative and long-term care in a more appropriate and cost-effective setting (HID)	D10. Redesign reimbursement rates for hospital long term stays, for utilization and cost control to ensure system sustainability and to enact post-acute care initiative (MOHS/BHB)	2015, 4. (BHB) Long Term Care Pilot Programme	
6. An integrated electronic health system shall be established throughout the health sector to improve quality of care and efficiency of the health system	20. Identify essential data elements in population health information system and implement unique patient identifier (BHeC)			4.4: All countries have functioning health information and health research systems
7. Implement strategies to meet the long-term healthcare needs of seniors and persons with chronic illnesses, and physical, cognitive or mental disabilities to better provide for the needs of vulnerable populations and manage costs	4. Increase number of available beds in the community and identify ways to decrease the cost of care without compromising quality (BHB)	A1. Identify the gaps, challenges and priorities to providing quality LTC services, in accordance with the Residential Care Home and Nursing Home Act and proposed standards (ADS)	2015, 6. Modernize the Residential Care Homes and Nursing Homes Regulations (ADS)	2.4: Increased access to social and health services for people with disabilities, including prevention
	5. Enable the capacity in the community to deliver interventions for older adults to maintain an independent life (ADS)	C5. Amend the Residential Care Home and Nursing Home Act, regulations and create standards (ADS)	2015, 5. Amend Legislation for seniors and persons with disabilities (i.e. The Senior Abuse Register Act) (ADS)	3.2: Increased access to interventions for older adults to maintain an independent life
		C8. Create a three-to-five year Long Term Care Strategy and Action Plan (ADS)	2016, 6.2 Long Term Care Action Plan / Strengthening the regulation of care homes (ADS)	
		C6. Address community treatment orders and consider mental capacity and receivership requirements, as part of the Mental Health Act Review (BHB)	2015, 3B. Review the Mental Health Act (BHB)	2.2: Increased service coverage for mental health and psychoactive substance use disorders

BHRS 2014-2019	BHAP 2014-2019	LTC 2017	Throne Speeches 2014-2016	PAHO BWP 2016-2018
			<p>2015, 3A. Develop a forensic psychiatric solution (BHB)</p> <p>2016, 6.3 Promote investment in institutional care beds by working with stakeholders to reduce the cost of operating long-term care facilities, including the development of private sector incentives to invest in the development of long-term care facilities (MOHS)</p> <p>2016, 9.5 Develop incentives and mechanisms to help seniors afford appropriate home renovations, helping seniors who own their own homes remain in those homes for as long as possible (MOHS)</p>	
<p>8. Regulate standards of clinical care for all healthcare facilities and providers that are equivalent to best practice models</p>	<p>13. Enhance regulation of health service providers through licensing and registration (BHeC)</p> <p>17. Improve consistency in appropriate evidence-based screening, testing and treatment across the system to increase focus on neglected areas and reduce medically unnecessary interventions (BHeC)</p>	<p>A2. Create long-term care accreditation standards (Age Concern)</p> <p>C7. Strengthen Senior Abuse Register operational procedures to improve enforcement (ADS)</p>		
<p>9. Bermuda's health system shall be financed through the most cost-effective means available to reduce complexity and duplication and improve efficiency</p>	<p>16. Develop health financing reform model toward increasing national capacity for achieving coverage for all residents and increased access to mental health and primary care (BHeC)</p>	<p>D11. Compile available data on existing LTC financing and expenditure across ministries for improved financial planning (MOHS)</p>		

BHRS 2014-2019	BHAP 2014-2019	LTC 2017	Throne Speeches 2014-2016	PAHO BWP 2016-2018
<p>10. Update health and insurance regulation to reflect current technologies and pricing and utilization of services</p>	<p>18. Identify and regulate “outliers”, health service providers whose diagnostic ordering patterns are significantly beyond the norm (BHeC)</p> <p>19. Improve access to and rational use of safe, effective, and quality medicines, medical products and health technologies via implementation of Health Technology Reviews (BHeC)</p>		<p>2014, 3. Amend the Bermuda Health Council Act (BHeC)</p>	<p>4.3: Improved access to and rational use of safe, effective, and quality medicines, medical products, and health technologies</p>
<p>11. Implement a comprehensive approach to health promotion which encourages healthy lifestyles and involves health professionals and organizations to ensure the Well Bermuda population goals can be achieved</p>	<p>3. Halt the rise in obesity and diabetes in Bermuda with rates in adults no higher than 34.4% and 12.2% respectively (DOH)</p> <p>8. Focus on reducing NCD risk factors (obesity, overweight, blood pressure, alcohol, tobacco, cardiovascular disease, asthma, COPD) (DOH/OCMO)</p>	<p>E13. Implement a public awareness campaign to increase community knowledge of the available resources to assist persons with LTC needs (ADS)</p>	<p>2016, 9.3 Premier’s Council on Fitness, Sports and Nutrition to provide leadership, with particular focus on children (DOH)</p>	<p>2.5: Nutritional risk factors reduced</p>
<p>12. Partner with physicians and the broader healthcare community to achieve health reform goals and improve the coordination of healthcare delivery to ensure the best outcomes possible for patients and efficient use of healthcare resources</p>	<p>11. Develop guidance document for medical workforce planning that would meet the future health needs of the population (OCMO)</p> <p>12. Develop policies and procedures for complaints handling and registration requirements for statutory professional bodies (Medical Council and Dental Board) (OCMO)</p>	<p>B3. Identify an agency that will provide formal LTC workers with a variety of opportunities to extend and build on their knowledge and skills (ADS)</p> <p>B4. Identify agencies/partners that will support caregivers by providing families and volunteers with access to LTC workshops and other forms of informal training (DAC)</p>		<p>2.3: Reduced risk factors associated with violence and injuries with a focus on road safety, child injuries, and violence against children, women and youth</p> <p>4.5: Adequate availability of a competent, culturally appropriate, well regulated, well distributed, and fairly treated health workforce</p>

BHRS 2014-2019	BHAP 2014-2019	LTC 2017	Throne Speeches 2014-2016	PAHO BWP 2016-2018
		E12. Develop an on-going professional outreach campaign to improve professionals' knowledge of available resources (ADS)		
13. Increase the access to interventions to prevent and manage non-communicable diseases and their risk factors, in order to reduce the burden of chronic non-communicable diseases to Bermuda	1. Develop chronic disease register (priority – diabetes, hypertension, chronic kidney disease, heart disease, and cancer (OCMO)		2016, 9.2 Create Chronic Disease Register (OCMO)	
	2. Decrease acuity of illnesses related to diabetes via education and appropriate clinical services (BHB)			
	7. Develop Enhanced Care Pilot to better manage chronic non-communicable diseases with a focus on reducing risk factors and realignment of reimbursement structure to provide incentives to providers for managed care delivery (HID)		2016, 6.1 Establish a hospital-based “Medical Home” Programme to manage the needs of individuals with chronic, non-communicable diseases (BHB)	2.1 Increased access to interventions to prevent and manage non-communicable diseases and their risks factors
	9. Facilitate monitoring of early identification and management of chronic kidney disease to prevent progression to end-stage disease requiring dialysis (BHeC/OCMO)			
14. Protect Government healthcare subsidies and redirect funding to vulnerable populations to ensure available Government funds are dedicated to the populations with genuine financial need and/or in need of special societal protections				

BHRS 2014-2019	BHAP 2014-2019	LTC 2017	Throne Speeches 2014-2016	PAHO BWP 2016-2018
Not in Bermuda Health Strategy. Initiatives on International health regulation and emergency preparedness			2014, 2. Amend the Quarantine Act 1946 and associated Regulations (DOH)	<p>5.1: All countries have the minimum core capacities required by the International Health Regulations (2005) for all-hazard alert and response</p> <p>5.2: All countries are able to build resilience and adequate preparedness to mount a rapid, predictable, and effective response to major epidemics and pandemics</p>
Not in Bermuda Health Strategy. Initiatives on communicable diseases and other projects			2016, 6.4 Allow the importation of herbal supplements containing Cannabinol (OCMO)	<p>1.1: Increased access to key interventions for HIV and STI prevention and treatment</p> <p>1.5: Increased vaccination coverage for hard-to-reach populations and communities and maintenance of control, eradication, and elimination of vaccine-preventable diseases</p> <p>5.4: All countries have the capacity to mitigate risks to food safety and respond to outbreaks</p>

