



# **Bermuda Health Action Plan** | **2014-2019**



GOVERNMENT OF BERMUDA  
Ministry of Health, Seniors and Environment



# Bermuda Health Action Plan 2014-2019

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## INTRODUCTION:

The Government of Bermuda is excited about renewing its commitment to improving the health of its residents through enhanced primary care initiatives that reduce the preventable and avoidable burden of illness due to non-communicable diseases. The Bermuda Health Action Plan 2014-2019 is a result of intensive collaboration between all of those entities committed to empowering people to look after their own health. Together, we are coordinating initiatives that result in effective control of chronic non communicable diseases by building infrastructure, technology, and human capacity . The Bermuda Health Action Plan 2014-2019 complements the Bermuda Health Strategy 2014 - 2019 which provides the vision for health in Bermuda and outlines the strategic reform priorities for our health system.

As a country we do very well on some key performance indicators compared to other developed economies. We recognize there is much room for improvement and that there are some things that are broken that require fixing. Our success will be measured by the extent to which we can integrate strategic initiatives that have the greatest impact on health outcomes and quality, while assuring access to preventive services and affordable insurance coverage. Quality is about delivering evidenced-based health care. Quality is about maximizing resources and avoiding duplication. Quality is about minimizing risks and harm. Quality is about delivering a consistent standard of care while considering individual preferences and needs. Quality is also about delivering timely care in an appropriate setting based upon medical need.



Our success in achieving quality will be measured by the extent to which we can delicately balance the need for essential acute care and treatment while empowering people to look after their own health and understand what having a chronic non communicable disease means. Over the next 3-5 years, with the support of PAHO, the Ministry of Health, Seniors and Environment is committed to joining the rest of the Americas in tackling chronic diseases and enhancing quality as we work towards building our vision of “healthy people in healthy communities”.

## PURPOSE:

The purpose of this Health Action Plan 2014 - 2019 is to outline specific actions related to implementing *Bermuda Health Strategy 2014 - 2019: Priorities for Bermuda's Health System Reform*. The Action Plan prioritizes preventing chronic non-communicable diseases (asthma, diabetes, heart disease, chronic kidney disease and hypertension), health professional capacity building, and health system strengthening.

*The Action Plan prioritizes preventing chronic non communicable diseases, health professional capacity building, and health system strengthening.*

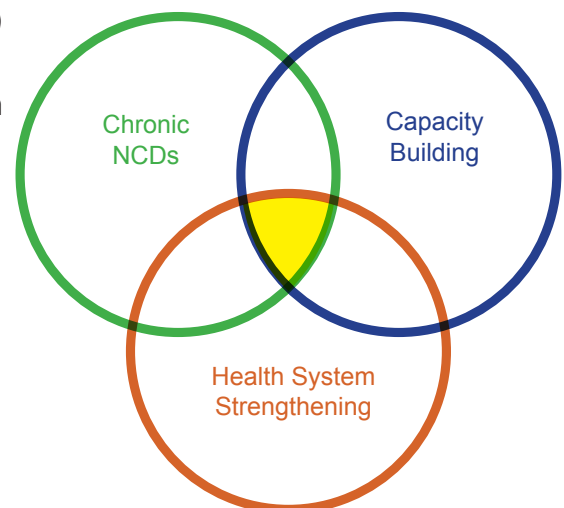


## CONTEXT:

Bermuda embraces the World Health Organization's view that health is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Achieving this continuum includes a) empowering people to look after their own health, b) provision of vital preventive health programmes, c) assuring safe, healthy environments, d) providing for essential acute care and treatment, e) offering access to affordable insurance coverage, and f) encouraging dignified and humane care at the end of life.

Our vision is "healthy people in healthy communities". As such, we recognize that health system demands are great and varied. They require the collaboration of many institutions and multi-level strategies which are coordinated towards achieving the following three action plan goals reflecting the priorities noted:

1. Effective disease control and prevention (chronic NCDs)
2. Human resource development (capacity building)
3. Infrastructure and technology development (health system strengthening)





## PLANNING PROCESS:

The Health Action Plan 2014 - 2019 arose from long-term concerns about poor health outcomes, high risk behaviours, lack of access to mental health support, affordability, and the inability to meet the needs of contemporary Bermuda. It is needed to coordinate short-term actions that will result in long-term reform. The Ministry of Health, Seniors and Environment (MOH), Bermuda Health Council (BHeC), Bermuda Hospitals Board (BHB), Department of Health (DOH), Health Insurance Department (HID), and the Office of the Chief Medical Officer (OCMO) collaborated to develop The Health Action Plan 2014 - 2019. Each entity is focused on developing and implementing key goals over the next 3-5 years. Each action focuses on the core values detailed in *Bermuda Health Strategy 2014 - 2019: Priorities for Bermuda's Health System Reform* namely:

### *System Priorities:*

*Quality*

*Equity*

*Sustainability*

1. Quality - the right care, at the right time, in the right setting, delivered in a respectful and dignified manner
2. Equity - equal access to basic healthcare
3. Sustainability - spending levels to be affordable for the economy, employers, payors, providers, individuals and families

KEY	ADS	Ageing and Disability Services
	BHB	Bermuda Hospitals Board
	BHeC	Bermuda Health Council
	DOH	Department of Health
	HID	Health Insurance Department
	OCMO	Office of the Chief Medical Officer

## HEALTH PRIORITY AREAS:

### A. Cost-effective disease control (Non-communicable diseases (NCDs))

DIABETES		
Priority actions	Responsible	Date
1. Develop a chronic disease register (priority- diabetes, HTN, CKD, heart disease)	OCMO	December 2016
2. Decrease the acuity of illnesses related to diabetes via education and appropriate clinical services	BHB	March 2018
3. Halt the rise in obesity and diabetes in Bermuda with rates in adults no higher than 34.4% and 12.2% respectively	DOH	April 2016

LONG-TERM CARE		
Priority actions	Responsible	Date
4. Increase the number of available beds (in the community) and identify ways to decrease the cost of care without compromising quality	BHB	March 2018
5. Enable the capacity in the community to deliver interventions for older adults to maintain an independent life	ADS	December 2017

NON-COMMUNICABLE DISEASES CARE		
Priority actions	Responsible	Date
6. Develop post-acute care programme to provide (re)habilitative and long-term care in a more appropriate and cost-effective setting.	HID	October 2016
7. Develop enhanced care pilot to better manage chronic NCDs with a focus on reducing risk factors and realignment of reimbursement structure to provide incentives to providers for managed care delivery. Demonstrate reduction in hospitalizations and emergency department visits and improved clinical statistics by pilot participants	HID	October 2016
8. Focus on reducing NCD risk factors	DOH/OCMO	December 2017

KIDNEY DISEASE		
Priority actions	Responsible	Date
9. Facilitate monitoring of early identification and management of chronic kidney disease to prevent progression to end-stage disease requiring dialysis	BHeC/OCMO	August 2017

INJURIES		
Priority actions	Responsible	Date
10. Reduce risk factors associated with violence and injuries with a focus on road safety, preventing child injuries, and violence against children, women, and youth	DOH	December 2017



## B. Human resource development (capacity building)

<b>PROFESSIONALS</b>		
Priority actions	Responsible	Date
11. Develop guidance document for medical workforce planning that would meet the future health needs of the population	OCMO	December 2017

## C. Infrastructure and technology development (health system strengthening)

<b>REGULATION</b>		
Priority actions	Responsible	Date
12. Develop policies and procedures for complaints handling and registration requirements for statutory professional bodies (Medical Council and Dental Board)	OCMO	December 2016
13. Enhance regulation of health service providers through licensing and registration	BHeC	March 2016

<b>CARE ACCESS</b>		
Priority actions	Responsible	Date
14. Increase access to cost effective, high quality, specialty medical care via clinical affiliation agreements with local and overseas providers	BHB	March 2018
15. Introduce HIP and FutureCare benefits to promote wellness, encourage self-management of health, enable aging in place, better manage chronic disease and direct care to cost-effective settings	HID	August 2017
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	March 2016
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	December 2015

<b>HEALTH TECHNOLOGY</b>		
Priority actions	Responsible	Date
18. Identify and regulate “outliers”, health service providers whose diagnostic ordering patterns are significantly beyond the norm.	BHeC	March 2016
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	December 2017
20. Identify essential data elements in population health information system and implement unique patient identifier	OCMO/BHeC	December 2017