



GOVERNMENT OF BERMUDA


Ministry of Health

**Health Insurance Department**

# Health Insurance Committee Meeting Minutes

<b>Meeting Date:</b>	11 <sup>th</sup> October 2019	<b>Time:</b>	12:33pm – 1:35pm
<b>Location:</b>	Health Insurance Department Board Room	<b>Note Taker:</b>	Shivon Washington
<b>Attendees:</b>	PS Jennifer Attride-Stirling (Chair), Shivon Washington, Dr. Louise White, Ricky Brathwaite, Eleanor Furtado, Jaime Cook, Dr. Cheryl Peek-Ball, Pandora Glasford, Stephen Gift, Dr. Michael Ashton, Holly Diatelevj <i>ms</i>		
<b>Apologies:</b>	None		
<b>Topics</b>	<b>Highlights</b>		
<b>1. Opening</b>	<b>1.1</b> The Chair called the meeting to order at 12:33pm.		
<b>2. Minutes</b>	<b>2.1</b> None reviewed at the meeting.		
<b>3. Financial / Governance</b>	<b>3.1 Update to the HIC on the proposed HID Vision and Mission</b> – HIC was advised that the Government has created a new vision under its Public Service Reform, <i>A future-forward Government for the people of Bermuda</i> ; and a new purpose: To enhance the lives of the people of Bermuda. All departments must ensure their vision and missions are in line with the Government’s vision and purpose. The HID leadership team reviewed the current HID vision and mission statements and proposed revisions. HIC’s feedback was invited to inform the Department’s decision. Following discussion it was agreed that HID’s vision will be <i>Participate in building an equitable and sustainable health system for all of Bermuda</i> ; and the mission <i>To provide accessible health benefits</i> .		
<b>4. Plan Design</b>	<p><b>4.1 Enhanced Care Pilot (ECP) Programme clinical update</b> – The HIC received a presentation on the clinical results of the ECP programme. The programme objectives and the target patients were reiterated. The program saw a total of 215 participants, with 196 active at the end of the pilot program. Futurecare had the majority of the participants. Hypertension was the most common condition. Target performance measures were explained and how the practices serving the participants fared by averaged. Emergency visits decreased by 20% but hospital admissions slightly increased by 0.7%. Participant bodyweight averaged a 1% reduction, systolic blood pressure on average increased 2%, cholesterol LDL levels dropped by 7% on average, haemoglobin A1C trended down by 4% on average, participant satisfaction with the program averaged 93%. The pilot program achieved the following: increased the access to care for the needs of under and uninsured individuals in the program, reduced service redundancy, reduced unnecessary hospitalizations and emergency room visits, and improved the patient experience of care. The program showed success with participating patients which could inform efforts to systemically change the way care is provided to individuals with chronic diseases, the way providers are reimbursed, shifting to patient centered care, and improving the uptake of evidence based practice.</p> <p><b>4.2 Personal Home Care Benefit Update</b> – The HIC received a presentation on the PHC benefit. The benefit’s original objectives and structure were reiterated. The PHC started in 2015 and currently has 424 approved participants, of which 303 are active. 22% are Financial Assistance clients and 10% are war vets. The estimated cost for the benefit is projected to be circa \$7 million in 2019/20. There have been a total of 904 policy holders that have applied for the benefit. 202 of the active 303 participants are on Futurecare.</p>		

	The PHC has had the following positive impacts: it provides policyholders with personal care support for the dignity of living/ageing at home with loved ones; promotes healthy ageing in place, delays premature placement in care facility, stimulates growth in home care workforce sector and facilitates hospital discharge. Some of the challenges the PHC faces are: participants are at times challenged to find a suitable provider or afford the co-pays, it is administratively burdensome though work is being done to streamline process, some providers view the benefit as a salary with other employment benefits.	
<b>5. Appeals / Policy Decisions</b>	<b>5.1 Provider / Policyholder appeals – None</b> <b>5.2 Policy Decisions – None</b>	
<b>6. Any Other Business</b>	<b>6.1 Any Other Business - None</b> <b>Meeting adjourned at 1:35pm. Next HIC meeting scheduled for 24<sup>th</sup> October 2019 at 2:00pm.</b>	
Action Items	Person Responsible	Target Date
1. Determine hospitalization cost changes on PHC and ECP participants	HID Acting Director	Next HIC meeting

Signed:   
 Jennifer Attride-Stirling, Chairman

24 Oct 2019  
 Date

Signed:   
 Shivon Washington, Acting HID Director

24 Oct 2019.  
 Date