
The Commonwealth of the
Bahamas
80°
78°
76°
74°
26°
24°
22°
N
Little Bahama Bank
Grand Bahama Is.
Florida
Freeport
Marsh Harbour
Abaco Is.
Fort Lauderdale
Miami
Bimini Islands
Berry Islands
Atlantic
Ocean
Straits of Florida
Eleuthera Is.
Governor's Harbour
Nicholl's Town
Nassau
New Providence
Orange Cay
Rock Sound
Staniard Creek
Cat Is.
Exuma Cays Land and Sea Park
Tongue of the Ocean
Santaren Channel
Andros Is.
San Salvador
Cockburn Town
Cay Sal Bank
George Town
Rum Cay
Great Exuma
Long Is.
Nicholas Channel
Deadmans Cay
Samana Cay
Great Bahama Bank
Crooked Is.
Colonel Hill
Mayaguana Is.
Ragged Is.
Acklins Is.
Santa Clara
Cuba
Sancti Spiritus
Little Inagua Is.
Bahamas National Park
Camagüey
Great Inagua Is.
0
75 km
0
50 mi
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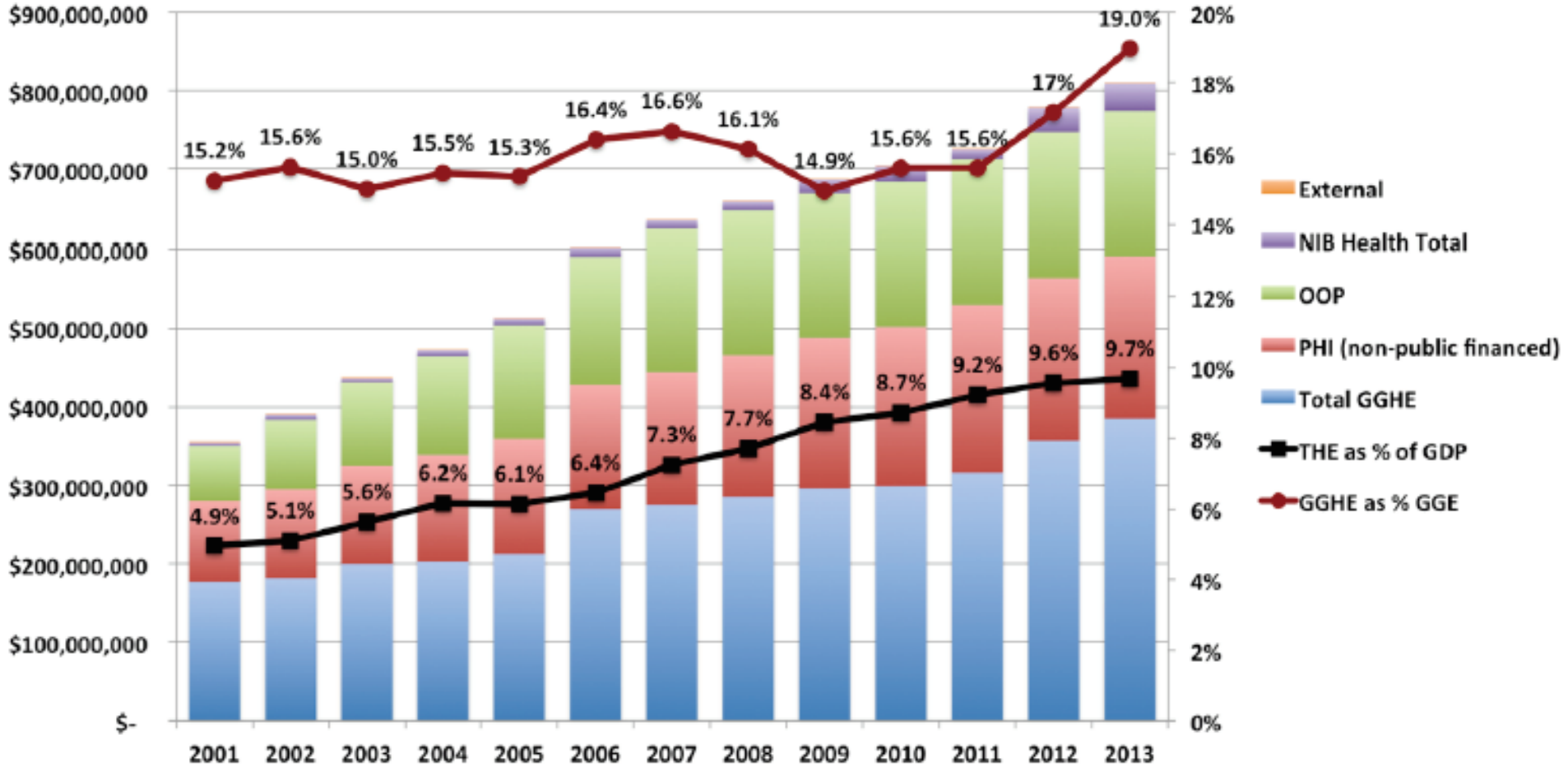
Total Health Spending in The Bahamas: Doubled in the last 12 years



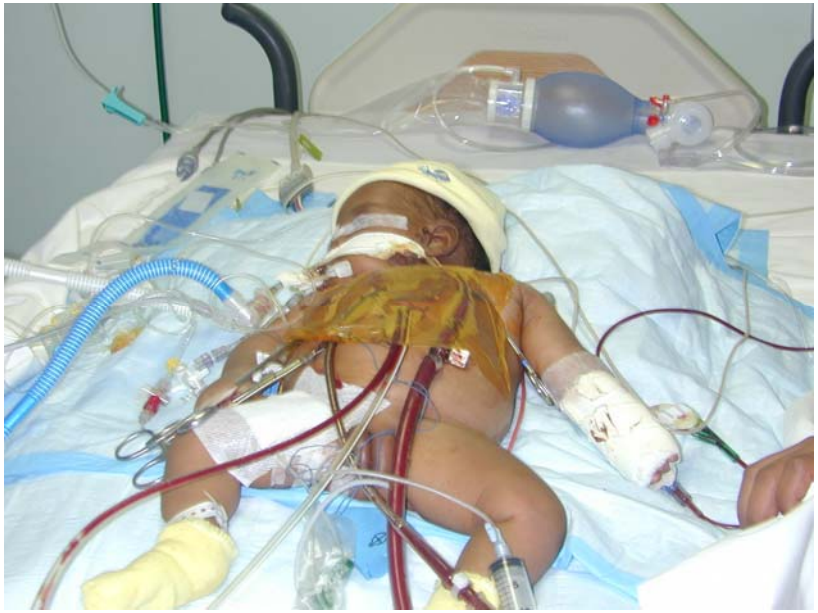
"Every system is perfectly designed to get the results it gets", *and we deserve to disrupt it*

W Edwards Deming

Post Colonial Sovereign States:

- **Pre-NHS system**
- **No quality,**
- **No Access**
- **No equity**
- **No UHC**

We are encumbered by a system, not our abilities



The Bahamas NHI Plan:

Progress, Challenges and Strategies to Enhance Performance

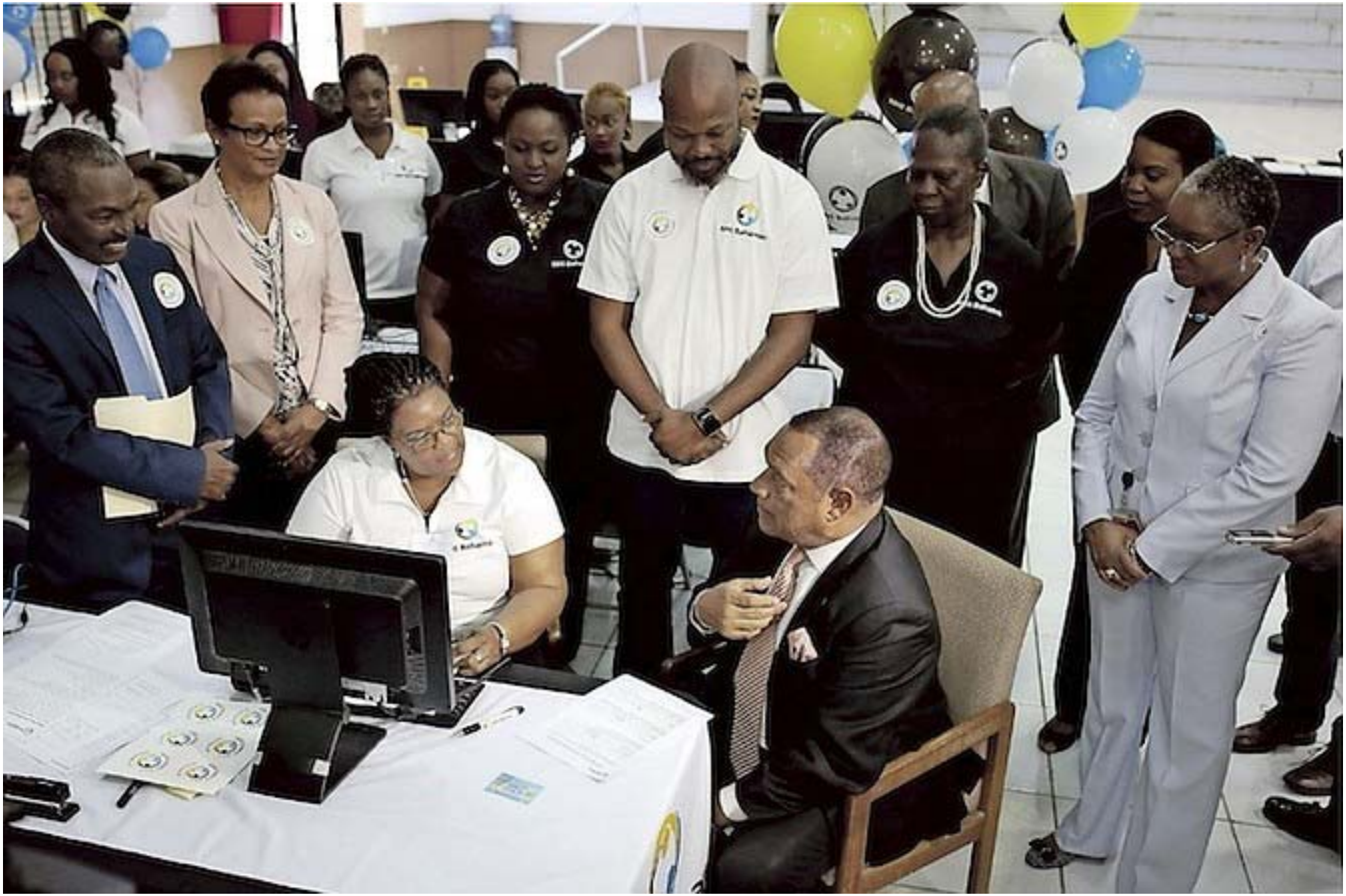
Dr. Robin Roberts
Chairman, Board NHI Authority
Nassau, Bahamas

Do the people want NHI?

- **National Survey NHI Bahamas Secretariat**
- **79% of Bahamians believe The Bahamas needs a National Health Insurance Programme**
- **No more Cookouts!**

- NHI 1987
- BRC 2006
- UHC 2015

"Politically Hijacked"



One of the "most significant interventions in the history of this country." ***24th April 2017***

NHI for the Bahamas

- *2014: Office of PM Launched NHI Secretariat*
- *31St Jan 2015: NHI Secretariat established*
- *25th Jan 2016: Launch NHI Website*
- *26th August 2016: NHI Act*
- *31st Jan 2017: MDs Registered*
- *10th April 2017: Diagnostics Registered*
- *24th April 2017: Pt. Registration **
- *4th May 2017: 1st Pt. MD visist*
- *10th May 2017 General Elections*
- *29th July 2017: NHIA Appointed: New Mg & Policies*
  - *Sole Power*
  - *Stop, Review & Make it Right*
  - *Consultation OAG*

The Immediate Challenge: NHI

- **The NHI Secretariat was ultra vires to the NHI Act**
- **No funding allocated in the budget**
  - **$100 Million for Primary care**
  - **$30 million for initial Catastrophic phase**
- **Human Resource Nightmare:**
  - **Disengage seconded staff**
  - **Terminations**
  - **Hire new management team**

The Perennial Challenges: Designing the Reform

- **The need for a new model of health care**
- **"A Bahamian plan"**
  - **Archipelago: An Access & Availability nightmare**
  - **Equity**
  - **Affordability & sustainability**
- **Not Politically "hijacked"**

Foundation Challenge:

- What do we value?

Health Care: Human Right

A PUBLIC GOOD!

- ALL
  - Affordable
    - Available
      - Accessible
        - Appropriate
          - Accountable

Challenge: What Funding?

Public	Private	Public/Private	Out of Pocket
Govt. Owns, Pays Government Ran Taxes	Private own Payroll Deductions Govt: Regulates	Govt. One payer, Govt. Regulates Defined Benefits pck. Private Providers	Every man for him/her self!
Cuba, Spain, Hong Kong, Scandinavia, New Zealand	France, Belgium, the Netherlands, Japan, Switzerland, Latin America	Taiwan and South Korea	No health insurance (~75%)

The Perennial NHI Challenges:

- What Benefits?: Essential vs. Comprehensive
- The payers: Who & How?
- The Providers: Public vs. Private Sector?
- The Payors: Role of Private Insurance?
- The Role of Government?
- The Role of the NHIA? Regulator vs. Insurer

NHI 2.0: The Framework

- Standard Health Benefit package
- **Mandatory for all: Population Share the risk**
- **Affordable: WHAT WE CAN AFFORD**
- **Sold by PI; No exclusions, Community BR**
- **Public Facility with PPP**
- **Phased In: First Phase**
  - **Primary Care**
  - **Limited High Cost Care**

NHI 2.0: The Framework

Standard Health Benefit package

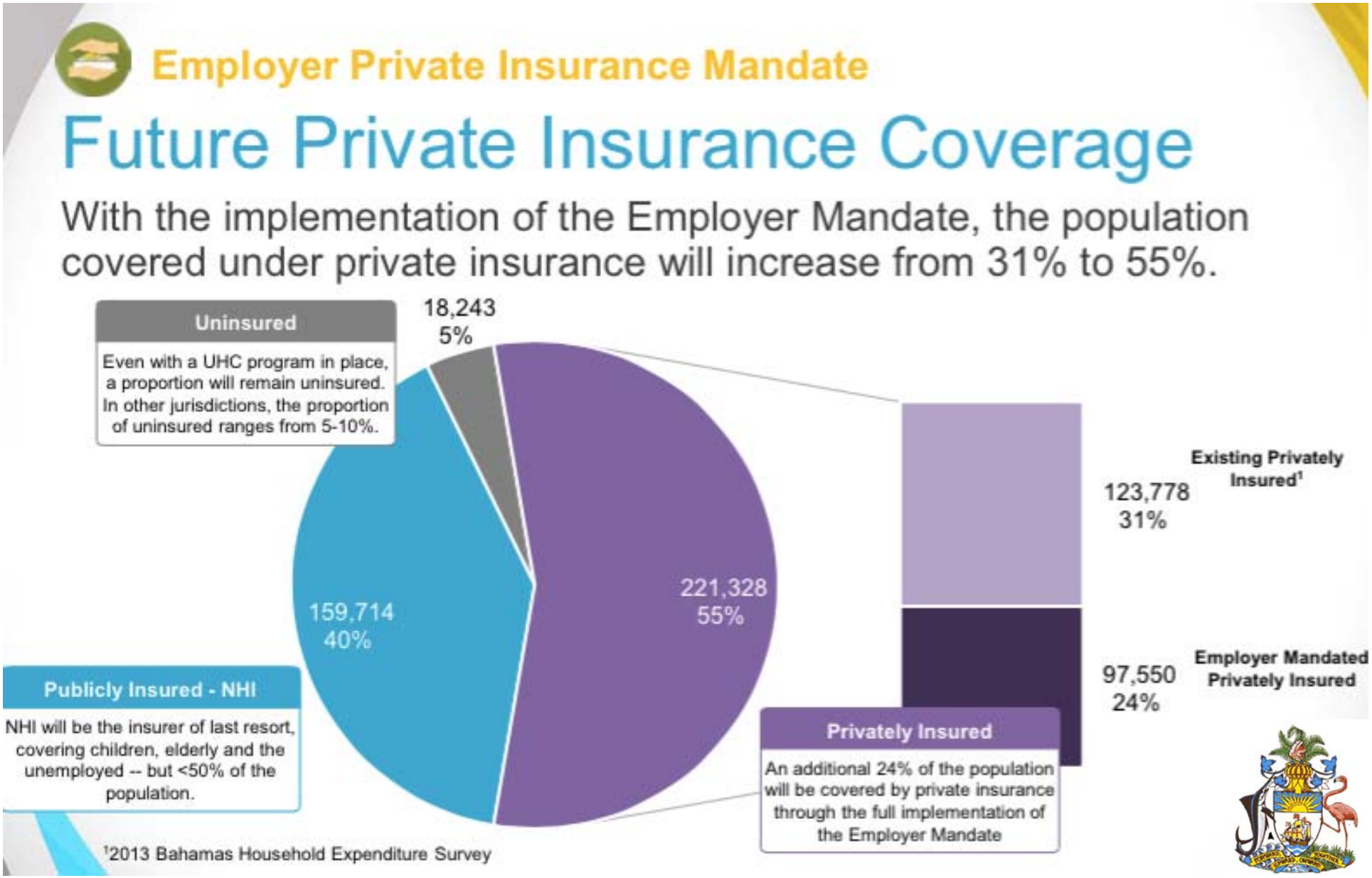
- **Primary care Coverage**
  - Primary care Coverage: MD Visits & Labs
  - Screening Programs for cancer
  - Essential diagnostic Imaging: Includes X-rays and Ultrasound
  - Health Education, Promotion & Wellness
- **High Cost Care**
  - Cancer Care: B, C, P, Colorectal,
  - End Stage Rena Disease; Hemo, Peritoneal, TX
  - Coronary Artery Disease – MI; Pacemakers

NHI 2.0: The Framework

- ***THE EMPLOYER MANDATE:***

- **Employers pay premiums to a private Insurer**
- **SHI: Salary Deduction**
- **A shared responsibility: Employer & Employee**
- **All full time workers**
- **All part-time worker: >15 hours per week**
- **Employers with over 100 workers – first year NHI**
- **Exempted employers: Pay 25% of Premium to NHI**

NHI 2.0: The Framework



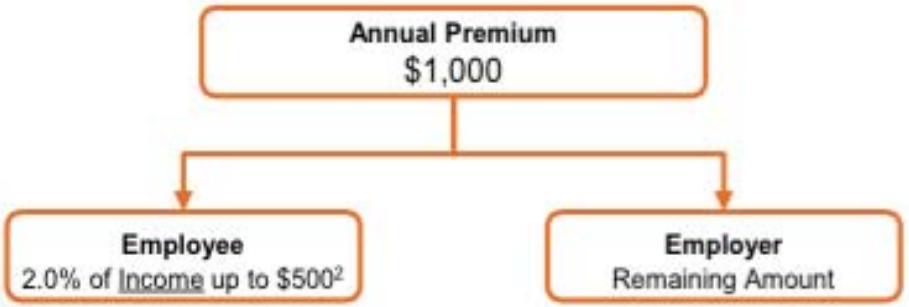
NHI 2.0: The Framework

Premium Sharing

The annual premium for the SHB will be **affordable** and will cost $1,000 at the outset and the rates will be regulated by NHIA.

Breakdown of Annual Premium[1]

Premium Sharing between Employer & Employee



[1] $1,000 premium excludes the VAT
[2] At 2.0%, employees making over $25,000 will reach the $500 premium cap; this corresponds to the median Bahamas salary of $27,840.

Monthly Employer & Employee Premium

Employee Annual Income	Employee's Premium	Employer's Premium	Exempt Employer Premium
$5,000	$8	$75	$21
$10,000	$17	$67	$21
$15,000	$25	$58	$21
$20,000	$33	$50	$21
Median Income $25,000	$42	$42	$21
$30,000+	$42	$42	$21

NHI 2.0: The Framework

• Risk equalization

- Pooling of % of Premiums for High costs care
- Affordable Premiums, No one denied Coverage
- Single pricing: Everyone pays the same premium
- Redistribute the premiums based on health risk of the beneficiaries
- Fairly compensate insurers and encourage competition on value
- Be governed by a robust governance structure
- Gather stakeholder input to inform analysis by an independent actuary

NHI 2.0: The Framework

- **NHIA Funding**

- Government Contributions (includes Re-allocation of PHA Global Budget)
- VAT – earmarked from Private Insurance
- Exempt Employers Contributions –(25% of regulated SHB)
- Risk equalization payments
- Sugar Drink tax: Earmarked for NHI Wellness Program

NHI 2.0: The Framework

Establishing Standard Health Benefit

What does this Mean?

No Bahamian shall suffer financial hardship for the following high cost care ("HCC") events:

- Breast Cancer
- Prostate Cancer
- Colon Cancer
- Rectal Cancer
- Cervical Cancer
- End Stage Kidney Disease
- Heart Attack
- Need for Pace Maker

NHI 2.0: The Framework

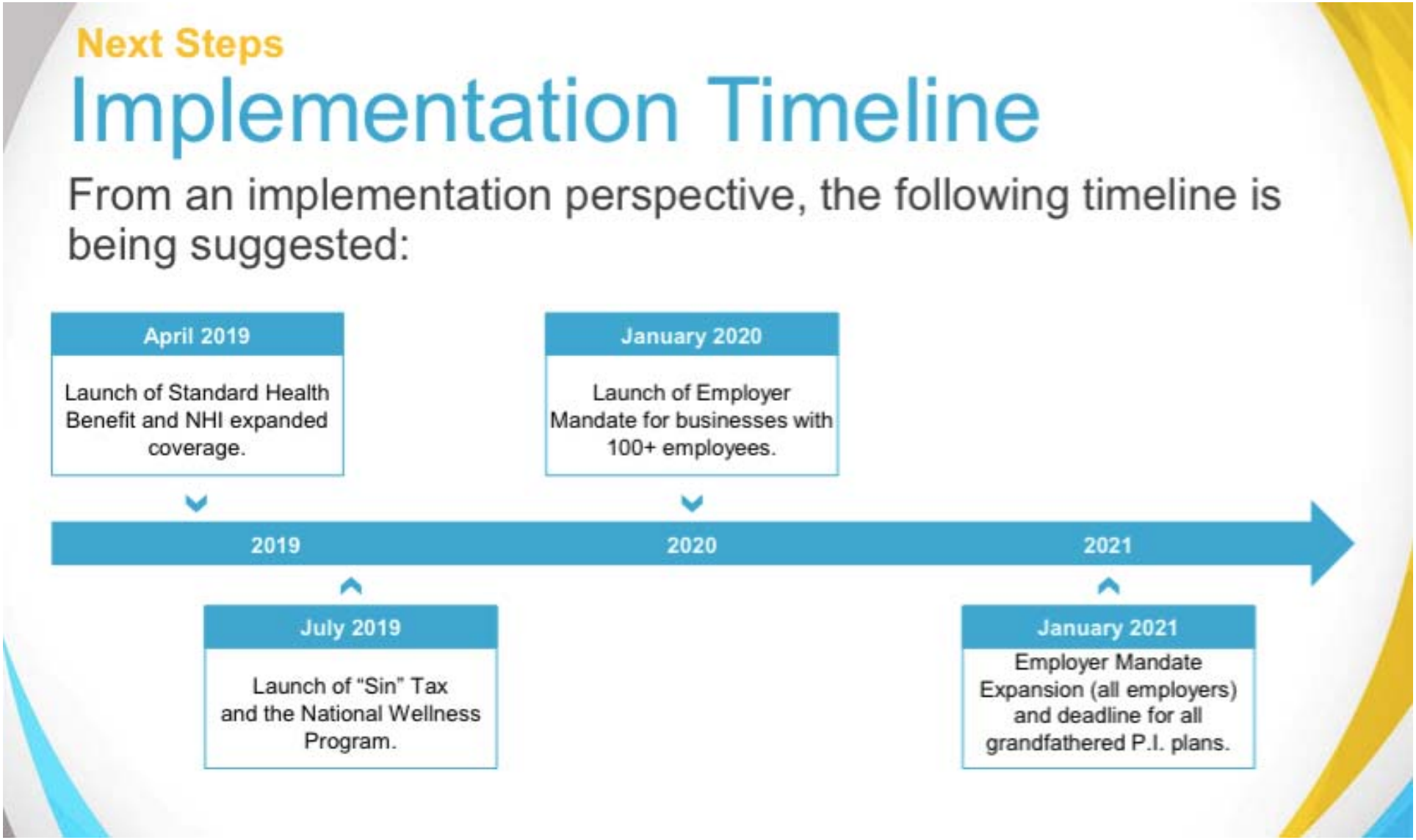
Next Steps

Next Steps

The following are a set of tangible next steps that the NHIA will be taking:

1. Distribute the Stakeholder Whitepaper
2. Commence Broad Stakeholder Engagement
3. Amend Applicable Pieces of Legislation
4. Commence Overall Implementation
   - Conduct clinical workshops
   - Finalize cost estimates and reimbursement amounts
   - Define regulations and operational policies
   - Design and implement operational processes and IT systems
   - Engage stakeholders
   - Contract providers

NHI 2.0: The Framework



NHI 2.0: Financial Sustainability

- Primary care: MD capitation
- Public Sector Investment- 1^0 Provider
- PPP: Fiscal space – need new capital
- SHB: Affordability, Equity, Phased
- Pooling of Risk - reinsure
- Regulated
- No OOP

Safety Net:
Medicare for All

The Bahamas NHI Plan:

HEALTH FINANCING:

Strategic Management, Spending Wisely- 2

Dr. Robin Roberts
Chairman, Board NHI Authority
Nassau, Bahamas

NHI 2.0: Underscoring Sustainability

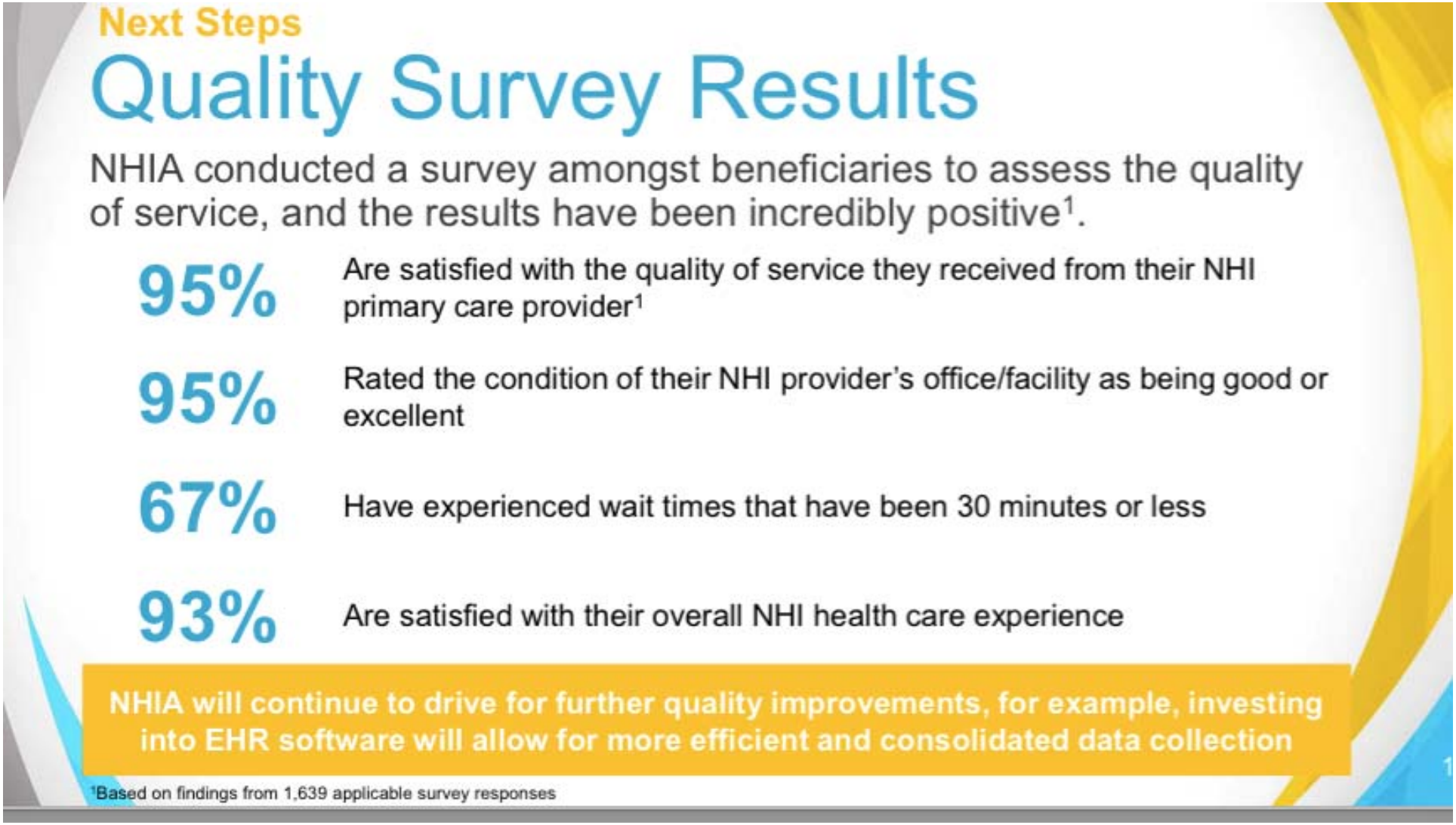
- **NHI Bahamas: Not starting from Scratch**
  - Primary Care Services
  - Tertiary& Secondary Care Services
  - Private Sector Services
  - Private Insurance Industry
  - Public Private Partnerships
  - The Health Consumerism

Bahamas: Primary Care Services

- **~100 Public Health Clinics:**
  - **Clinical & Preventive**
  - **Level 1 to 4 Comprehensive**
    - ✓ **Pharmacy, Laboratory, Imaging**
- **Challenges**
  - **Maintenance & Staffing**
  - **Customer Satisfaction**
  - **Overcrowding**
  - **Sparse Population: Value for money**

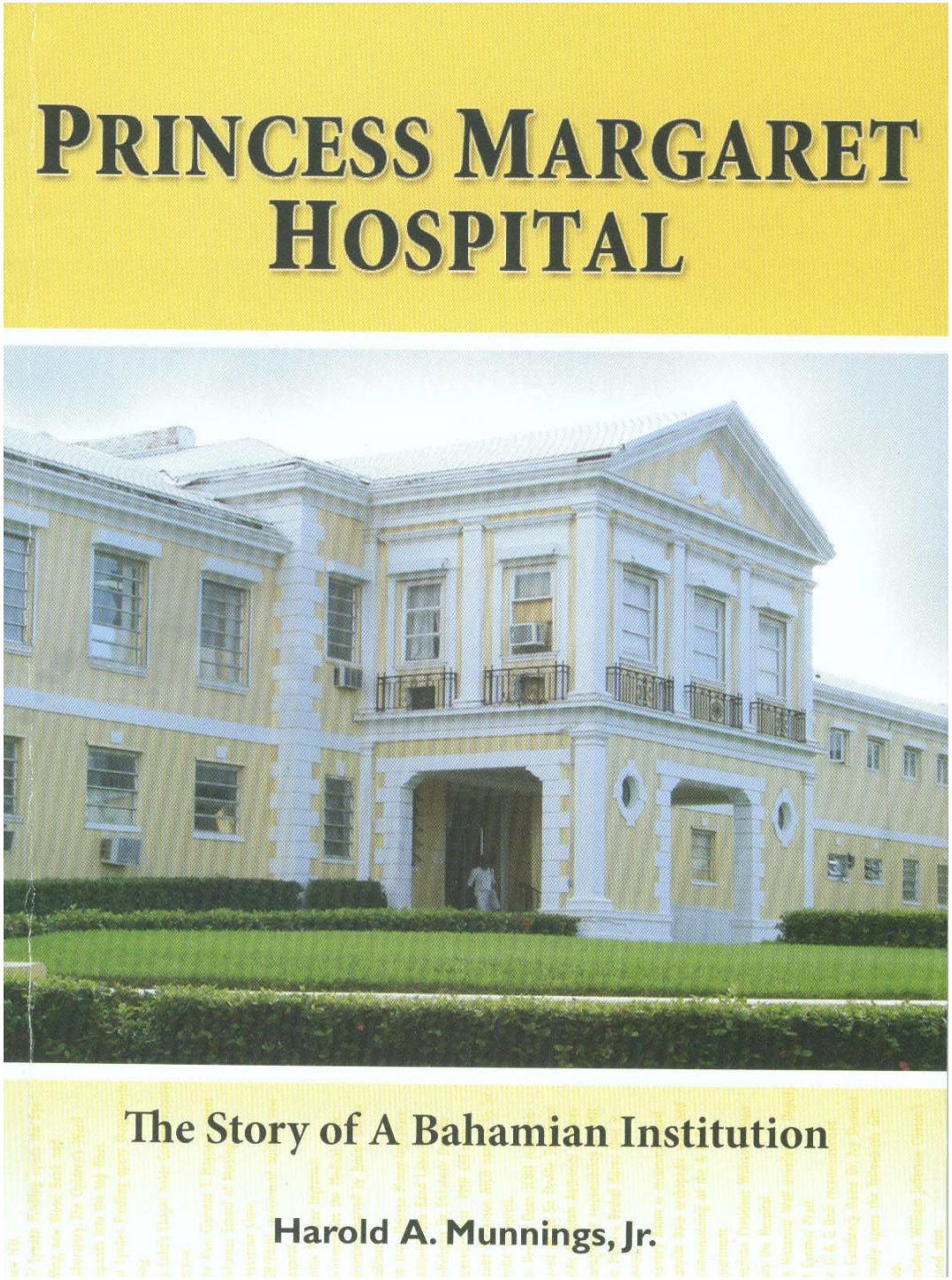
NHI 1.0: The Framework

NHI 1.0: The Framework



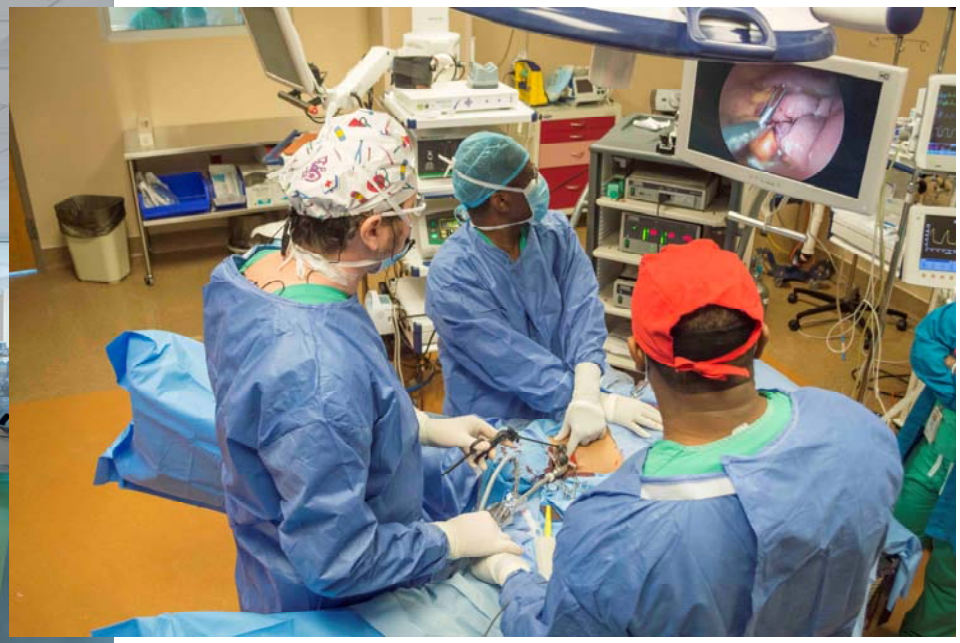
NHI 2.0: Primary Care: Major investment

- Capitated at $150/pt. per year
- Enrollment – Max 1500 pts. /year
- Quality indicators
- EMR – focus on NCDs
- Value based – Performance measurements: “Hold back - incentive”
- Incentivized Wellness programs
    - Sugar Tax



A Complete Health Care System

- Primary Health Care Services
- Secondary Heath Care Services
- Tertiary Health Care Services
- Premier Referral Center
- Trauma Center
- Critical Care – ICU
- Neonatal Health Care
- Burns Center
- Kidney Replacement Therapy
- Academic/Teaching Hospital



General Surgery	**Internal Medicine**	**General Paediatrics**
Urology	**Cardiology**	**Neonatology**
Neurosurgery	**Gastroenterology**	**Paediatric Cardiology**
Orthopaedics	**Rheumatology**	**Paediatric Neurology**
Cardiovascular/Thoracic	**Nephrology**	**Paediatric Oncology**
Oral Maxillary Facial	**Oncology**	**Anaesthesiology**
Plastic Surgery	**Neurology**	**A & E Specialists**
Dentistry	**Pathology**	**Family Practitioners**
Ophthalmology	**Dermatology**	**Radiology**
Paediatric ICU	**Infectious Disease**	**Obstetrics & Gynaecology**
#40 Specialty Services	**O&G Oncology**	**Perineonatolgy**

NHI 2.0: PUBLIC SECTOR SERVICES

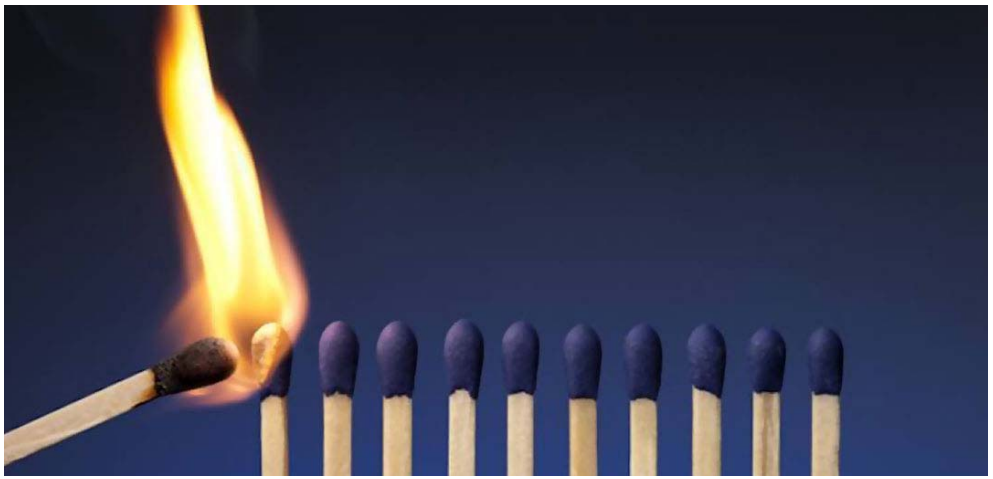
- **SHB: Government Safety net = Medicare for all**
  - **Single Pricing, Pooled Premiums, No OOP**
  - **Mandatory enrollment to access the SN:**
    - ✓**Employer based**
    - ✓**Personal opt out - Privately insured**
    - ✓**Government sponsored**
  - **Every Pt. a private Pt. To be billed**
  - **Public Facilities: A new Business Model**
  - **Public Facilities revenue = Expenditures**

NHI 2.0: PUBLIC SECTOR SERVICES

New Revenue Streams

- Public Facility Must step up the Plate
- Decrease Wastage, Efficiency
- Inculcate a culture of Maintenance
- Customer Satisfaction
- Leverage Points
    - Appointments
    - OR Bookings
    - Discharge Summaries

Advance MIS



NHI 2.0: PUBLIC SECTOR SERVICES

- For the least among us: Our Brothers Keeper
- Providers must embrace Medicare rates
- For Physician Providers:
    - Well established Billings: CPT, ICD, Fee Schedules
    - Change our reimbursement model
    - Change the archaic Consultancy system
    - Attendant model: Independent Contractor
    - Fee-for-Service/Capitated model/Bundled Payments
    - Activity based
    - Value Based Driven
    - Retainer: On Call/ Education, Mal-Practice Coverage

THE HC SAFETY NET: *VALUE*

Essential Services

Public Sector Based

✔ Access, Afford, MC

Private Sector Bridge

✔ ↑Capacity, Equity

No Exclusions:

Single Pricing

✔ Affordability

NHI 2.0: PRIVATE INSURERS

- **NO GOVT. HOSTILE TAKEOVER**
  - **↑Bureaucracy, Response↓**
  - **↓Creativity, ↑ Administrative Cost**
- **New Market: Entire population**
  - **Reduced rates: population pooled for HCC**
  - **Supplemental Health Insurance: Oversees**
  - **Experienced Based ratings**
  - **Other insurance products to sell**

NHI 2.0: PRIVATE INSURERS

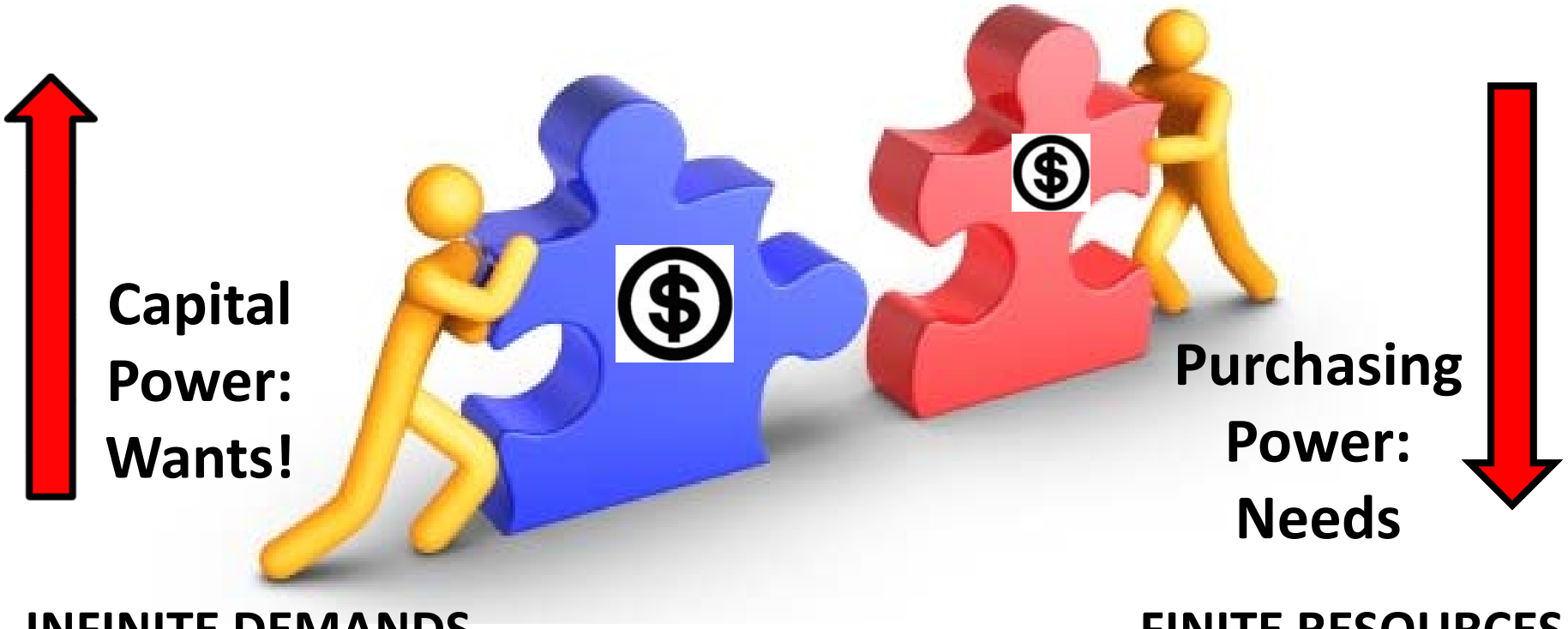
- **Potential New Players in the Market**
  - **New products**
  - **New Networks**
- **Senior Citizens Plans**
- **Bare-Bones Plan**
  - **Contracted Networks**
  - **Capitated, Value-based, Shared Risks**
  - **Copays for Private services: Outpt: Consultations**

NHI 2.0: Private Sector services

- Increase capacity for the Health Services
- Pts. opt for Private Care
- Public Sector must compete for pts.
- Private sector bill for HCC
  - Preferred Provider Network
  - Partner with an Insurance company
  - Establish a Pt. centered Home

Compete for public pt.

Public Private Partnership is about sustainability of health care system



PUBLIC PRIVATE PARTNERSHIPS

- **Major Capital Investment**
- **High Maintenance**
- **Personnel**
  - **Highly Skilled, Educated and Trained**

- ***Don't Own The Service***
- ***Purchase services***

New Medical Paradigm:

CONSUMERISM – The Balancing Act

YES

- Market forces prevail
- People have Options
- Transparent pricing
- Value Driven
- Can't contain costs
- Individual Responsibility
- The uninsured or uninsurable?

NO

- Never Informed: Too technical
- Sickness is not planned
- No State to Shop around
- Not Evidence based Rx
- More sustainable
- Collective responsibility
- Safety Net

NHI: What we can Afford, Collectively

Healthcare: A Public Good

Needs vs. Wants

Safety Net

- Safe
- Affordable
- Quality Care

Road to Universal Health Coverage

- *Improve pt. Experience*
- *Better population health*
- *Best value for money*