

# NHI BAHAMAS

A SHARED RESPONSIBILITY

13th Caribbean Conference on  
National Health Financing  
Initiatives

ANGUILLA

November 6-8, 2019



National Health  
Insurance Authority

## INTRODUCTION

# Why NHI in The Bahamas?



## **Lack of Access:** *70% of Bahamians do not have adequate access to care*

- Coverage options are not affordable and have high OOP costs, resulting in late presentation and leading to untold suffering and death



## **Non-Communicable Disease Epidemic:** *Global leaders*

- 50% of population obese; 16% with diabetes
- Preventable, premature deaths make up 1/3 of all Bahamian deaths



## **Unsustainable Health Sector Funding:** *Lack of value-based reimbursement*

- Massive and growing demand for health services, but limited resources and innovation to funding mechanisms to accomplish shared objectives



## **Falling Behind Globally:** *Relative NCD indicators and life expectancy getting worse*

- As our regional economic peers improve, our relative health system performance continues to drop



***of Bahamians strongly agree with the statement:***

***“Bahamians should have access to Universal Health Care”***



# Guiding Principles

1



## AFFORDABILITY, ACCESS & PHASED APPROACH

Low premium standard health benefit with no co-pays or deductibles

2



## SHARED RESPONSIBILITY

All contribute and Government covers those most in need

3



## SUSTAINABILITY & RELIABILITY

Strengthening public sector facilities and building PPPs



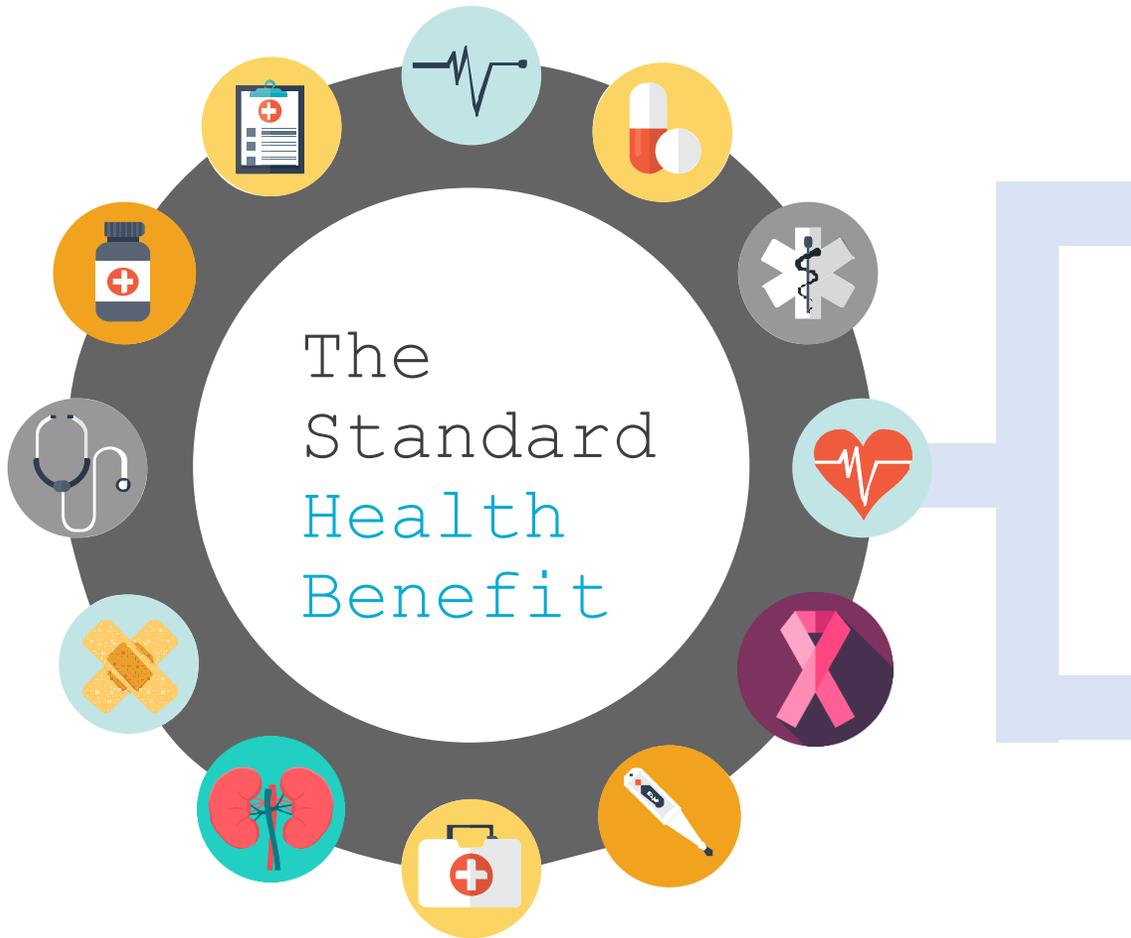
# Our Approach

- Our proposal is stronger, more well-developed and appropriately shares responsibility among stakeholders.
- The key theme coming out of the consultations was a re-affirmation of the principle framework for the original proposed strategy.



# The Standard Health Benefit

A ROADMAP TO NHI 2.0



## Primary Care Coverage



### Primary Care Physician

Covers general physician visits, and lab tests



### Screening Programs for Cancer

Includes mammography, PSA, colonoscopy, pap smears.



### Diagnostic Imaging

Includes x-rays and ultrasounds



### Health Education

Healthy living advice, wellness programming and wellness education

## High Cost Care Coverage



### Chronic Kidney Disease

Covers hemodialysis, peritoneal dialysis and kidney transplants



### Cardiovascular Disease

Covers myocardial infarctions and pacemakers



### Cancer Treatment

Covers the treatment of breast, prostate, colorectal, cervical and pediatric cancers



# The Employer Mandate

## The Employer Mandate

A **requirement** for employers to provide **Standard Health Benefit Insurance Contracts** from a private health insurer to their eligible employees.

### Exempt Employers

Small businesses can apply for exempt status given they satisfy criteria

### Exempt Employees

Certain employee types can be exempt (part-time, seasonal, secondary)



## National Health Insurance Authority

Exempt employees and employees of exempt employers **receive coverage through NHI**



# Risk Equalisation

## Data-Driven Process

It is intended that following the claims-based equalisation transition period, sufficient data will be collected to enable a mature risk equalization process using the following data points:

- 1 **Age**
- 2 **Sex**
- 3 **Island of Residence**
- 4 **Diagnosis/ Medications**
- 5 **Socioeconomic Status**

## Benefits of Prospective Risk Equalisation



### Greater Predictability

A prospective system has a greater degree of predictability and transparency in the long-run.



### Market Driven

A prospective programme is market-driven, will enable innovation and does not require regulated medical loss-ratios.



### Competing on Health

A prospective system will create an incentive structure that benefits insurers to ensure those who are at the highest risk maintain good health.

WHERE IS NHI TODAY?

# NHI Payment Mechanisms

Primary Care  
Providers

\$

Risk Adjusted  
Capitated Payments

Lab / Diagnostic  
**Services**

\$

Fee-For Service  
From PCP Referral

Maternity Care  
**Services**

\$

Risk Adjusted  
Bundled Payment



# A Catalyst for Change

We have taken a **holistic approach** to and addressing the structural challenges our system faces, utilizing best practices technology, wellness programmes and payment reform we can create a sustainable system.



ELECTRONIC  
HEALTH RECORDS



QUALITY MONITORING  
AND ACCOUNTABILITY THROUGH  
PAYMENT REFORM



A SUSTAINABLY FUNDED  
PUBLIC HEALTH  
SYSTEM

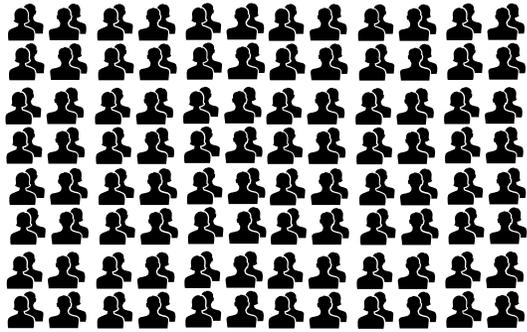


IMPLEMENT A NATIONAL  
WELLNESS  
PROGRAMME



WHERE IS NHI TODAY?

# A Snapshot



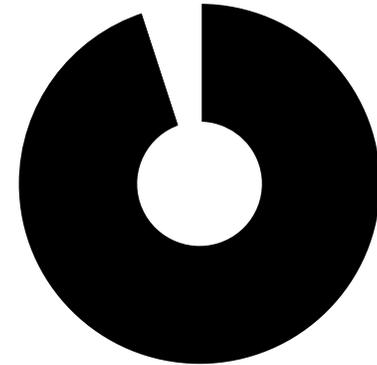
65,000+

**Bahamians have enrolled in NHI** since its launch last Spring, and are now receiving access to Primary Care Physicians and Lab Services.



>90

**Primary Care providers, including 4 private labs** are providing care across New Providence, Grand Bahama, Abaco and Exuma.



95%

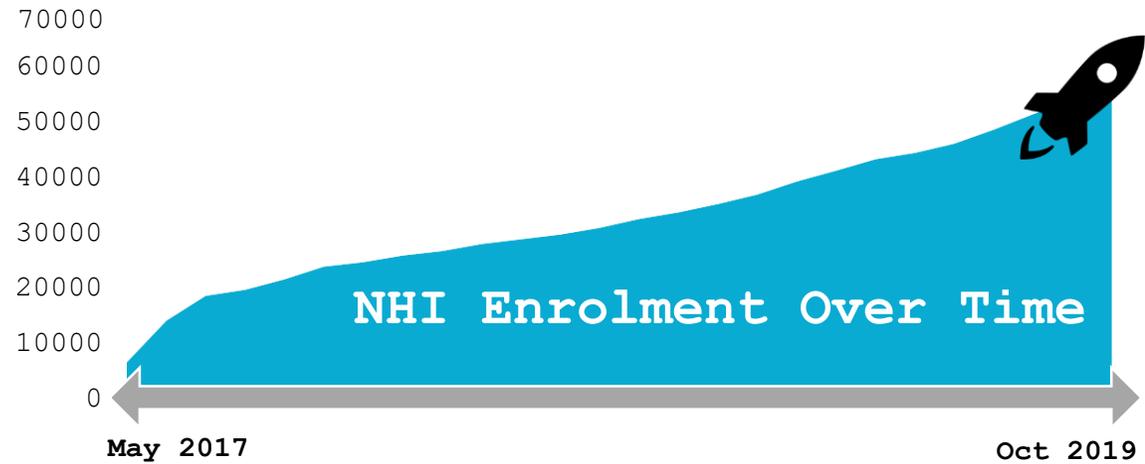
**Of NHI patients are satisfied with the quality of service** they received from their NHI primary care provider<sup>1</sup>

<sup>1</sup>Based on findings from approximately 2,000 applicable survey responses from July 2018 to September 2018

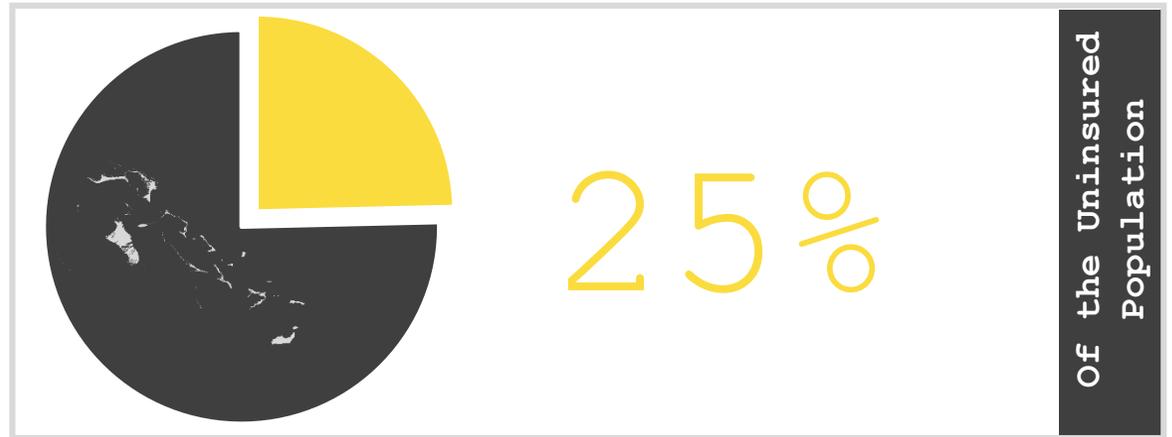
WHERE IS NHI TODAY?

# NHI Enrolment

We are on a mission to be the healthiest country in our region



65,263 Bahamians or



 **Young People**  
300 + Under the Age of 5

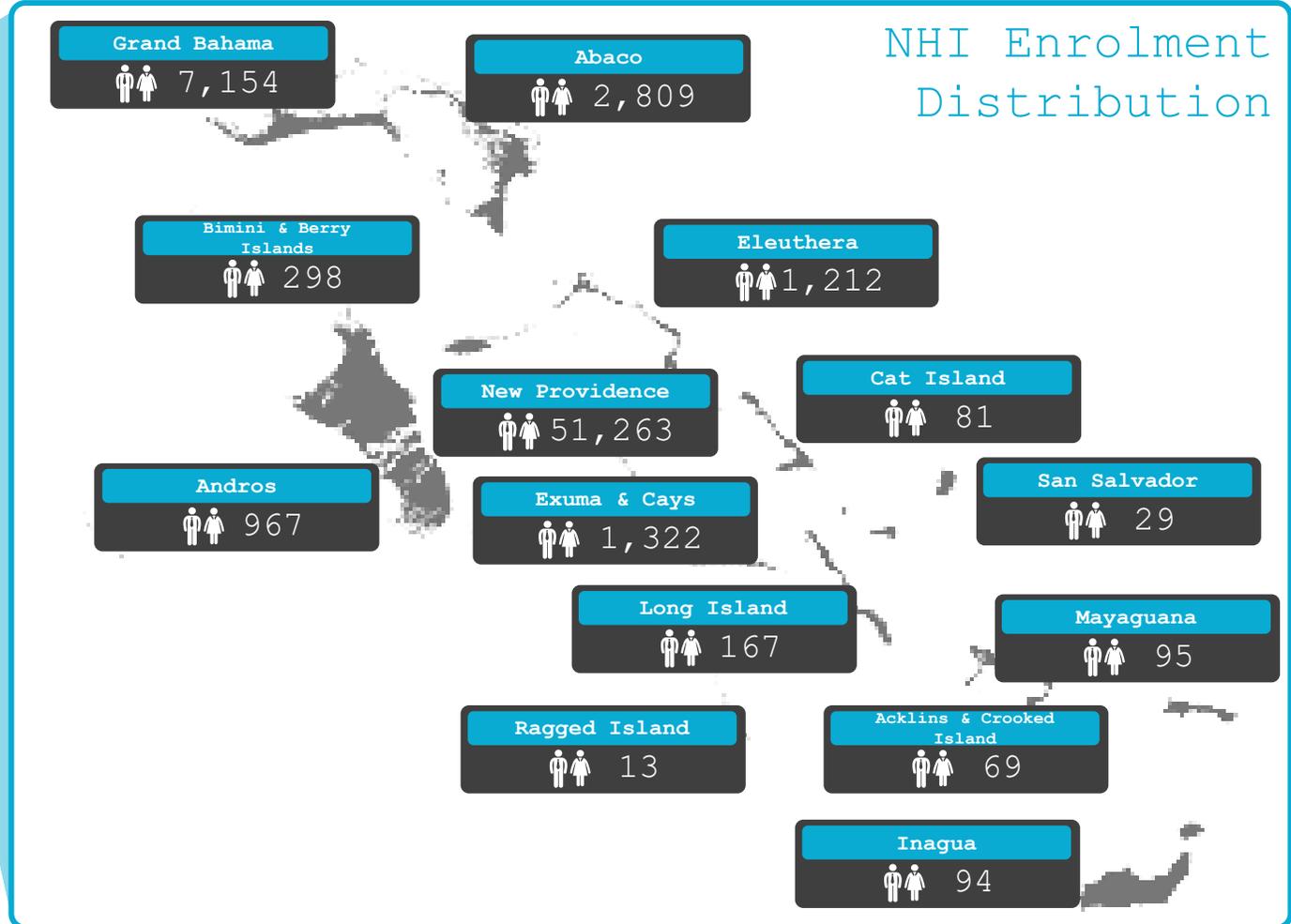
 **Senior Citizens**  
7500+ Over the age of 65

 **Bahamian Elders**  
10+ People Over the age of 1

**And Everyone In Between...**

WHERE IS NHI TODAY?

# Where We Are Today



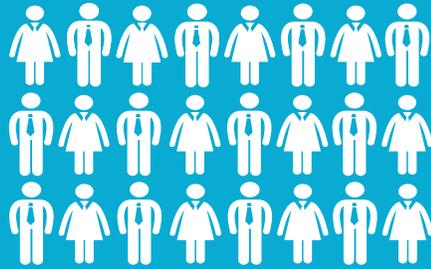
A ROADMAP TO NHI 2.0

# Stakeholder Engagement



100

Day Consultation Period



550

Unique Participants



14

Town Halls

## Islands Visited:

New Providence  
Grand Bahama  
Exuma  
Abaco  
Eleuthera  
Andros  
Bimini



80+ Stakeholders  
Individually Met  
With

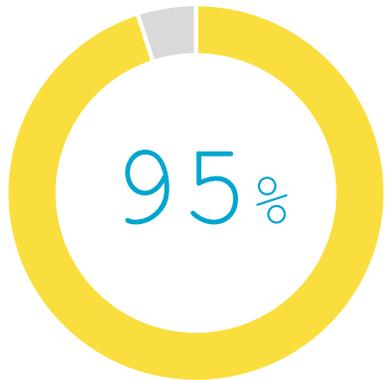
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Formal Feedback Form Submissions

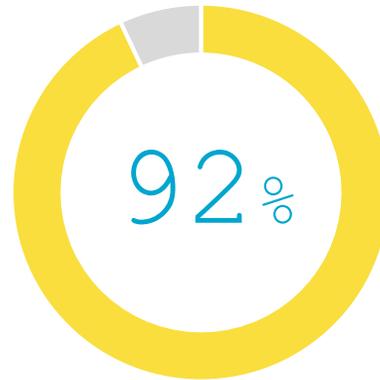


# Public Support is Strong



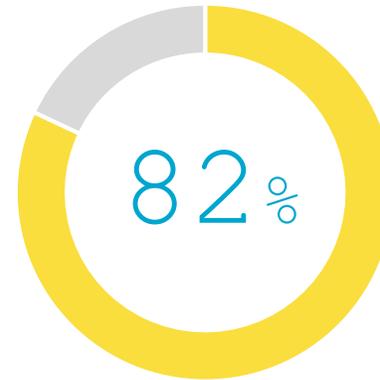
Of Bahamians **strongly agree** with the statement

*"Bahamians should have access to Universal Health Coverage"*



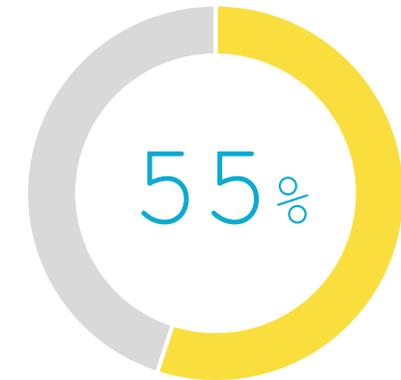
Of Bahamians **agree or strongly agree** with the statement

*"Private health insurance offerings are too expensive"*



Of Bahamians **agree or strongly agree** with the statement

*"I am willing to contribute more to the cost of healthcare if it would guarantee quality of care would improve"*



Of Bahamians **completely agree or somewhat agree** with the statement

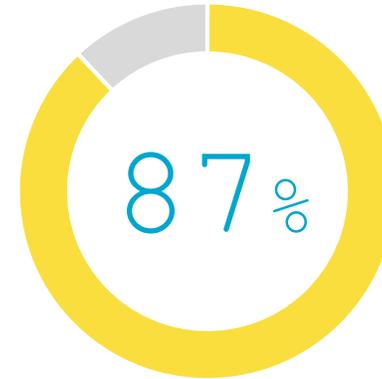
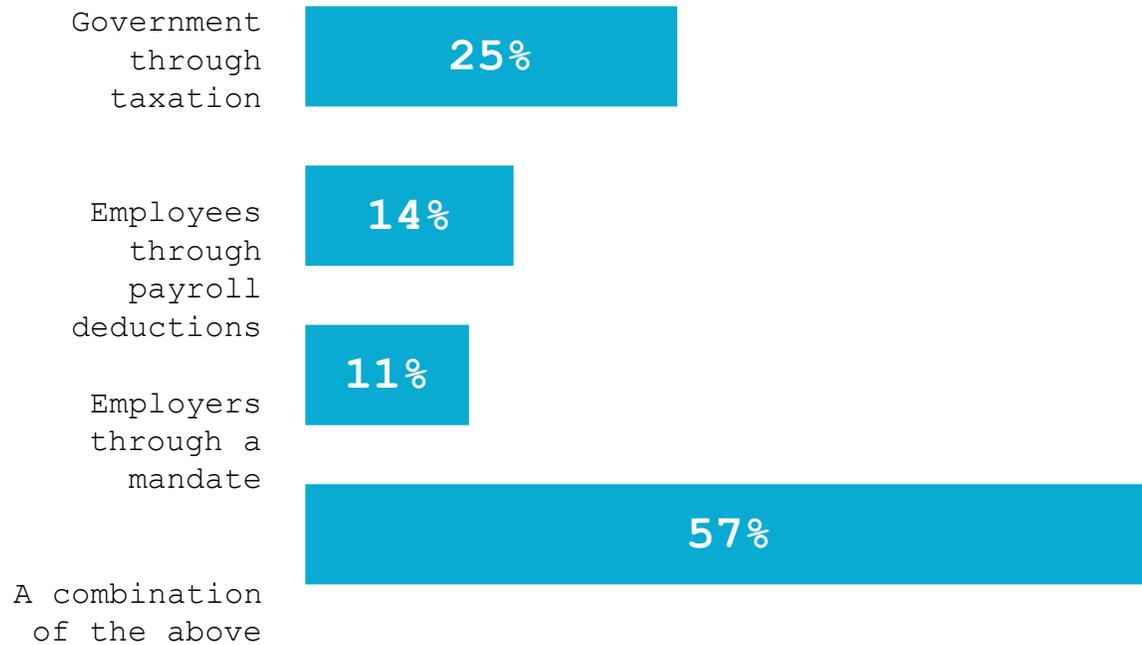
*"I have personally chosen to not seek health coverage when I should have due to the cost of accessing care"*

Between February 6<sup>th</sup> – 16<sup>th</sup> 2019, NHIA commissioned **Public Domain** to conduct an independent telephonic poll using polling methodology, providing appropriate sampling of age, gender, income level and island. With a sample size of n=986, the results represent a 99% confidence level with a 3% margin of error. .



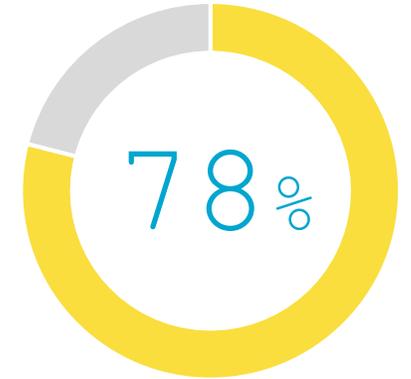
# Public Support is Strong

How do Bahamians think universal healthcare should be paid for?



Of Bahamians **support** the statement

*"NHI should be expanded to provide affordable coverage for high cost medical care"*



Of Bahamians **answered "Yes"** to the question

*"I support the revised NHI programme"*

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