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

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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
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.

## Your Health Matters To Us

### BERMUDA’S KEY HEALTH STRENGTHS AND CHALLENGES

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Challenges</th>
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<tbody>
<tr>
<td><strong>MATERNAL AND CHILD HEALTH</strong></td>
<td><strong>OVERWEIGHT AND OBESITY</strong></td>
</tr>
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<td>0 maternal deaths and low infant mortality</td>
<td>75% adults are overweight or obese</td>
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<td>Ageing population and limited care options</td>
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<td><strong>LIFE EXPECTANCY</strong></td>
<td><strong>CHRONIC NON-COMMUNICABLE DISEASES</strong></td>
</tr>
<tr>
<td>On par with high-income countries</td>
<td>35% of adults have chronic diseases like diabetes, heart disease and kidney disease</td>
</tr>
<tr>
<td><strong>HEALTHCARE ACCESS</strong></td>
<td><strong>HEALTH COSTS</strong></td>
</tr>
<tr>
<td>98% of adults get regular health checks</td>
<td>$11,102 spent per person each year</td>
</tr>
</tbody>
</table>

### 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

---

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**BERMUDA’S KEY HEALTH STRENGTHS AND CHALLENGES**

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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.

Team of 11

$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.

Team of 5

$1 million investment in seniors and persons with disabilities

Case manages more than 230 clients annually

Registers and inspects 22 residential care and nursing homes

Registered 166 home care providers and 10 Home Care Agencies

Completed 109 accessibility assessments, consultations and inspections

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 $1.9 million
Provides public health services to protect and promote physical, psychological and social health; and provides long term care services to seniors.

<table>
<thead>
<tr>
<th><strong>Department of Health</strong></th>
<th><strong>566</strong></th>
<th>clients got speech, language therapy services</th>
</tr>
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<tbody>
<tr>
<td>Team of 281 (175 in public health and 106 in long term care)</td>
<td><strong>3,000</strong></td>
<td>seniors, children and prisoners got dental care</td>
</tr>
<tr>
<td><strong>$10 million</strong></td>
<td>$10 million annual investment in health centres, school and home-based programmes, and vector control</td>
<td></td>
</tr>
<tr>
<td><strong>$10 million</strong></td>
<td>$10 million annual investment in long term care facilities</td>
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<tr>
<td><strong>95%</strong></td>
<td>of children aged up to 24 months immunized</td>
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<tr>
<td><strong>93%</strong></td>
<td>of new mothers contacted by a health visitor within 72 hours of leaving hospital</td>
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<tr>
<td><strong>2,200</strong></td>
<td>clients screened for sexually transmitted diseases</td>
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<tr>
<td><strong>9,000</strong></td>
<td>tests performed for communicable and non-communicable diseases</td>
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<tr>
<td><strong>38,000</strong></td>
<td>service calls answered for mosquito and rodent control</td>
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<tr>
<td><strong>600</strong></td>
<td>drug cases analysed for Police</td>
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<tr>
<td><strong>3,000</strong></td>
<td>urine screens completed for drug treatment agencies</td>
<td></td>
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<tr>
<td><strong>3,200</strong></td>
<td>water tank samples analysed</td>
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<tr>
<td><strong>97%</strong></td>
<td>of schools took part in healthy schools programme</td>
<td></td>
</tr>
<tr>
<td><strong>77</strong></td>
<td>Seniors cared for in two residential care facilities: Sylvia Richardson and Lefroy House Care Community</td>
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</table>
### Health Insurance Department

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

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- **$4 million** investment to subsidize HIP and FutureCare premiums

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<tr>
<th>Provides health insurance to:</th>
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<tbody>
<tr>
<td>HIP policy holders: 3,300</td>
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<tr>
<td>FutureCare seniors: 3,900</td>
</tr>
</tbody>
</table>

- 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.

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<th>Team of 7</th>
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- **$888,000** investment

- Registers 2,100 health professionals and handles complaints against doctors and midwives
- Analyzes data on more than 50 diseases from 41 health facilities weekly
- 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.
- Team of 1,800 (70% Bermudian)
- Performs 7,333 surgeries per year
- Approximately $300 million revenue with surplus invested in 24/7 care and national disaster responses
- Handles 36,000 emergency and urgent care visits per year
- Performs 61,500 diagnostic imaging tests per year (most ordered by private doctors)
- Provides 2,940 chemotherapy treatments per year
- Cares for 170 dialysis patients
- Cares for 112 hospice patients per year and 65 Continuing Care residents
- Sees over 700 mental health service clients in outpatient clinic, and 10,000 walk-in appointments a year
- Cares for 211 mental health acute care inpatients a year
- 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

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

Addresses over 200 complaints, queries and consultations annually

$1.3 million investment

There are 26 professional boards, councils and advisory bodies

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

BOARDS AND COMMITTEES

There are 26 professional boards, councils and advisory bodies

1. Advisory Council for Safety and Health
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17. Medical Practitioners Professional Conduct Committee
18. Mental Health Review Tribunal
19. Nursing Professions Complaints Committee
20. Optometrists and Opticians Council
21. Pharmacy Council
22. Seniors Advisory Council
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.

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.
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

#### ANNEX: Mapping of Ministry Initiatives 2014 to 2019

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<tr>
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<tbody>
<tr>
<td>1. Access to basic health <strong>insurance coverage shall be assured for all residents</strong> of Bermuda to ensure access to essential healthcare and protection from financial risk</td>
<td>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)</td>
<td></td>
<td></td>
<td>4.1: Increased national capacity for achieving universal health coverage</td>
</tr>
<tr>
<td>2. <strong>Encourage and expand the use of outpatient facilities and preventive care</strong> to allow the hospital to focus on acute care</td>
<td>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)</td>
<td></td>
<td>D9. Review insurance benefits to improve value of home care services such as personal home care and palliative care (BHeC/HID)</td>
<td>3.1: Increased access to interventions to improve the health of women, new-borns, children, adolescents, and adults</td>
</tr>
<tr>
<td>3. <strong>Health coverage contributions shall be affordable</strong>, to ensure access to healthcare</td>
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<tr>
<td>4. <strong>Streamline use of overseas care</strong> to efficiently meet the medical needs of the population and contain healthcare costs</td>
<td>14. Increase access to cost effective, high quality, specialty medical care via clinical affiliation agreements with local and overseas providers (BHB)</td>
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<tr>
<td><strong>5. Mechanisms to pay healthcare providers</strong> shall assure optimal quality to patients and maximum efficiency to the health system to contain costs and improve health outcomes</td>
<td>6. Develop post-acute care programme to provide rehabilitative and long-term care in a more appropriate and cost-effective setting (HID)</td>
<td>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)</td>
<td>2015, 4. (BHB) Long Term Care Pilot Programme</td>
<td></td>
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<tr>
<td><strong>6. An integrated electronic health system</strong> shall be established throughout the health sector to improve quality of care and efficiency of the health system</td>
<td>20. Identify essential data elements in population health information system and implement unique patient identifier (BHeC)</td>
<td></td>
<td></td>
<td>4.4: All countries have functioning health information and health research systems</td>
</tr>
<tr>
<td><strong>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</strong></td>
<td>4. Increase number of available beds in the community and identify ways to decrease the cost of care without compromising quality (BHB)</td>
<td>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)</td>
<td>2015, 6. Modernize the Residential Care Homes and Nursing Homes Regulations (ADS)</td>
<td>2.4: Increased access to social and health services for people with disabilities, including prevention</td>
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<tr>
<td></td>
<td>5. Enable the capacity in the community to deliver interventions for older adults to maintain an independent life (ADS)</td>
<td>C5. Amend the Residential Care Home and Nursing Home Act, regulations and create standards (ADS)</td>
<td>2015, 5. Amend Legislation for seniors and persons with disabilities (i.e. The Senior Abuse Register Act) (ADS)</td>
<td>3.2: Increased access to interventions for older adults to maintain an independent life</td>
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<tr>
<td></td>
<td></td>
<td>C8. Create a three-to-five year Long Term Care Strategy and Action Plan (ADS)</td>
<td>2016, 6.2 Long Term Care Action Plan / Strengthening the regulation of care homes (ADS)</td>
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<td></td>
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<td>C6. Address community treatment orders and consider mental capacity and receivership requirements, as part of the Mental Health Act Review (BHB)</td>
<td>2015, 3B. Review the Mental Health Act (BHB)</td>
<td>2.2: Increased service coverage for mental health and psychoactive substance use disorders</td>
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<td>2015, 3A. Develop a forensic psychiatric solution (BHB)</td>
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<tr>
<td>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) 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)</td>
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<tr>
<td>8. Regulate standards of clinical care for all healthcare facilities and providers that are equivalent to best practice models 13. Enhance regulation of health service providers through licensing and registration (BHeC) 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)</td>
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<tr>
<td>A2. Create long-term care accreditation standards (Age Concern) C7. Strengthen Senior Abuse Register operational procedures to improve enforcement (ADS)</td>
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<tr>
<td>9. Bermuda’s health system shall be financed through the most cost-effective means available to reduce complexity and duplication and improve efficiency 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)</td>
<td></td>
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<tr>
<td>D11. Compile available data on existing LTC financing and expenditure across ministries for improved financial planning (MOHS)</td>
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<tr>
<td>10. Update <strong>health and insurance regulation</strong> to reflect current technologies and pricing and utilization of services</td>
<td>18. Identify and regulate “outliers”, health service providers whose diagnostic ordering patterns are significantly beyond the norm (BHeC)</td>
<td>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)</td>
<td>2014, 3. Amend the Bermuda Health Council Act (BHeC)</td>
<td>4.3: Improved access to and rational use of safe, effective, and quality medicines, medical products, and health technologies</td>
</tr>
<tr>
<td>11. Implement a comprehensive approach to <strong>health promotion</strong> which encourages healthy lifestyles and involves health professionals and organizations to ensure the Well Bermuda population goals can be achieved</td>
<td>3. Halt the rise in obesity and diabetes in Bermuda with rates in adults no higher than 34.4% and 12.2% respectively (DOH)</td>
<td>E13. Implement a public awareness campaign to increase community knowledge of the available resources to assist persons with LTC needs (ADS)</td>
<td>2016, 9.3 Premier’s Council on Fitness, Sports and Nutrition to provide leadership, with particular focus on children (DOH)</td>
<td>2.5: Nutritional risk factors reduced</td>
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<td></td>
<td>8. Focus on reducing NCD risk factors (obesity, overweight, blood pressure, alcohol, tobacco, cardiovascular disease, asthma, COPD) (DOH/OCMO)</td>
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<td></td>
<td>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</td>
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<tr>
<td></td>
<td>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)</td>
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<td></td>
<td>12. <strong>Partner with physicians and the broader healthcare community</strong> 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</td>
<td>11. Develop guidance document for medical workforce planning that would meet the future health needs of the population (OCMO)</td>
<td>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)</td>
<td>4.5: Adequate availability of a competent, culturally appropriate, well regulated, well distributed, and fairly treated health workforce</td>
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<td>12. Develop policies and procedures for complaints handling and registration requirements for statutory professional bodies (Medical Council and Dental Board) (OCMO)</td>
<td>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)</td>
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<td>E12. Develop an on-going professional outreach campaign to improve professionals’ knowledge of available resources (ADS)</td>
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<td>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</td>
<td>1. Develop chronic disease register (priority – diabetes, hypertension, chronic kidney disease, heart disease, and cancer (OCMO)</td>
<td>2016, 9.2 Create Chronic Disease Register (OCMO)</td>
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<td></td>
<td>2. Decrease acuity of illnesses related to diabetes via education and appropriate clinical services (BHB)</td>
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<td>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)</td>
<td>2016, 6.1 Establish a hospital-based “Medical Home” Programme to manage the needs of individuals with chronic, non-communicable diseases (BHB)</td>
<td>2.1 Increased access to interventions to prevent and manage non-communicable diseases and their risks factors</td>
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<td>9. Facilitate monitoring of early identification and management of chronic kidney disease to prevent progression to end-stage disease requiring dialysis (BHeC/OCMO)</td>
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<td>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</td>
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<td>Not in Bermuda Health Strategy. Initiatives on International health regulation and emergency preparedness</td>
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<td>2014, 2. Amend the Quarantine Act 1946 and associated Regulations (DOH)</td>
<td>5.1: All countries have the minimum core capacities required by the International Health Regulations (2005) for all-hazard alert and response</td>
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<td>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</td>
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<td>Not in Bermuda Health Strategy. Initiatives on communicable diseases and other projects</td>
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<td>2016, 6.4 Allow the importation of herbal supplements containing Cannabinol (OCMO)</td>
<td>1.1: Increased access to key interventions for HIV and STI prevention and treatment</td>
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<td>1.5: Increased vaccination coverage for hard-to-reach populations and communities and maintenance of control, eradication, and elimination of vaccine-preventable diseases</td>
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<td>5.4: All countries have the capacity to mitigate risks to food safety and respond to outbreaks</td>
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