

*“Achieving a quality, equitable and sustainable health system”*

**Coming Soon**

The annual Actuarial Review of the Standard Premium Rate will be published in the coming weeks. There is good news to look forward to: exciting initiatives to address chronic non-communicable conditions in vulnerable populations, and post-acute care for social cases are within our sights, and we hope to roll them out by the autumn.

**Complaints and Queries**

In the last fiscal year, the Health Council received 54 Complaints. These were about:

- 18 (34%) Employers’ Insurance
- 13 (24%) Costs/fees/billing
- 12 (24%) Quality of Care
- 8 (13%) Insurers’ Responsibilities
- 4 (7%) Other

**Priorities for the Year**

Every year is different but 2015/16 may take us to uncharted territories. As always, the Health Council published its annual Corporate Plan 2015/16 to ensure transparency on the areas of work we anticipate to focus, in addition to the routine licensing, enforcement, reporting and mediation. This year, there will be an increased focus on regulation across a number of areas, in particular: professional statutory bodies, self-referrals, and healthcare businesses. We will also work with stakeholders on converting to a transparent relative value-based fee methodology for regulated physician fees; and explore mechanisms to improve the affordability of prescription drugs. It will be a busy year and we hope to work closely with stakeholders to meet the demands of the health system.

**Getting the most out of mammography screening**

For many years, Bermuda has had generous mammography screening practices. However, evidence in the US and Europe has shown that the current screening strategies can lead to over-diagnosis, unnecessary treatment, and potential psychological stress.<sup>[1]</sup>

An expert panel within the US Preventive Services Task Force (USPSTF) has recommended biennial screening mammography for asymptomatic women aged 50-74 years, with no family history. Research evidence and physician associations internationally support that this leads to the greatest absolute reduction in breast cancer mortality.<sup>[2]</sup>

In Bermuda, during 2013/14, approximately 30% of screening mammograms



were completed for individuals under the age of 50, and 6% were aged 75-93.

Excluding the estimated 15% of women that are defined at elevated risk, there is a significant segment of Bermuda’s population that are receiving limited health benefit from the service. In addition, there

are individuals that are currently neglecting screening.

Health systems globally have concluded that strategies for maximizing the utility and long term benefits of services must be prioritized. Analysis of local claims data reveals that it would be more effective to treat the entire population that fall within the guidelines and those that are at high risk, than our current delivery of screening services. Adopting the recommended screening guidelines will enable better population health outcomes at reduced costs.

<sup>[1]</sup> Allen S V et al. Patient understanding of the revised USPSTF screening mammogram guidelines: need for development of patient decision aids. *BMC Women's Health* 2012; 12:36

<sup>[2]</sup> [uspreventiveservicestaskforce.org](http://uspreventiveservicestaskforce.org)

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**Clinical Guidelines—Bermuda’s venture into the well known**

Clinical guidelines have been a standard across advanced economies for decades and Bermuda has used them in many areas. Where we’ve faltered is in coordinating the choice of guidelines and finding mechanisms to apply them consistently. In 2014 the Health Council partnered with physician leaders, the BMDA, BHB and BMC to identify a set of internationally-recognized guidelines that may be used across the system. The US Preventive Ser-



vices Task Force (USPSTF) Guidelines became the front-runners and moves are afoot to introduce them for screening. A symposium will be held for select audiences featuring renowned

speakers Dr Gilbert Welch (author of “Overdiagnosed: Making People Sick in the Pursuit of Health”), and Dr Michael LeFevre of the American Academy of Family Physicians. The evidence base they will showcase should inspire Bermuda to join in the efforts of the US’s “Choosing Wisely” and UK’s “Too Much Medicine” campaigns.

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