Building Smart Health Business Licensing… Together
Session #2 Notes

28 November 2023

Prepared for the **Ministry of Health** and the **Bermuda Health Council** by:

NEW BEGINNINGS LIMITED

WORLDVIEW INTELLIGENCE

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Introduction

The Bermuda Health Council Act 2004 ("the Act") (Appendix A) received Assent on 20 July 2004, with an operative date of 1 January 2006, except for section 13, which required a Notice in the Official Gazette. The Act established the Bermuda Health Council ("the Health Council") as a body corporate with the general purpose "to regulate, coordinate and enhance the delivery of health services" in Bermuda. Part III of the Act anticipates and provides for the licensing of all people and organisations carrying on a business as a health service provider ("health businesses").

To inform the drafting of the regulations to govern the licensing application process, the Ministry of Health and Bermuda Health Council co-hosted an engagement session with Bermuda health businesses on 14 October 2023 at St. Paul's Church Hall in Paget. Of the approximate 520 health business that were invited, a diverse group of approximately 47 participated. A report on that engagement session and its outcomes was distributed to all invitees and can be found at www.healthstrategy.bm/latestupdates.

As a follow-on to the first session and to inform the development of the intended licensing process for health businesses, a second session was held on Thursday, 28 November 2023, at the Fairmont Hamilton Princess. Approximately 520 identified health businesses were again invited (See Appendix B for Invitation) to participate. 49 health businesses participated, including representation from allied health (e.g., chiropractors, massage therapists, etc.), community health organisations, dentistry, diagnostic services, government health services, nursing, primary care, and specialist care providers.

Event Format

The Session was formally facilitated by New Beginnings Limited and included a presentation by Dr. Ricky Brathwaite, CEO of the Bermuda Health Council, and Aideen Ratteray Pryse, Chief Strategy Officer ("CSO") of the Ministry of Health (See Appendix C). Dr. Brathwaite provided an overview of the rationale and proposed process for implementing health business licensing. CSO Ratteray Pryse shared information pertaining to the existing Bermuda Health Council Act 2004 and proposed Section 15 Regulations, reiterating the Government's intention to table the Regulations in the new year.

Participants were then provided the opportunity to ask questions pertaining to the presentation content. Any questions they may have had that were unrelated to the evening's focus were asked to be written and posted on a specific Questions board, with a commitment that they would be answered, and the answers provided out to all invited health businesses.

Following the Q&A session, participants were invited to share specific feedback that would assist the Health Council in developing a health business licensing process that was right-sized, would create as little administrative burden as possible, and was well-informed by the businesses that would be included under the regulations. Participants were asked to move through five pre-set

stations. Each station provided a handout (See Appendix D) containing an overview of the specific feedback being sought and materials with which to document their ideas, questions, and feedback.

The five areas of focus for requested feedback included:

A. The relationship between the cost of doing business and co-pays
   - Are there other expense categories or items that are part of operating a health business that should be taken into consideration?
   - Are there other aspects of setting co-pay levels that the Government needs to consider?
   - Are there other questions or concerns you would like to have noted?

B. National Standards for operating health businesses
   - What are the priority operating standards that will highlight what could be put in place for all health businesses, that would demonstrate high quality care and patient safety?
   - Where might there be variances in data collection depending on the type and size of a health business?

C. Data collection for information and decision making
   - **For the health system**, what data will ensure the right balance of services and equipment in Bermuda – to identify surpluses and gaps?
   - **For health businesses**, what data would be valuable to owners so they can improve their business operations and efficiency?
   - What, if anything, causes challenges in data collection?
   - What thoughts do you have to offer for streamlining or focusing data collection?

D. Data to support health system strengthening
   - What forms of data could be helpful in identifying current population health outcomes and in determining desired population health outcomes?
   - Who or where else could data be collected from?
   - As a health business, is there any additional data or information that would be helpful to you in making operating decisions about your business?

E. Administration considerations
   - How does your business currently address administrative requirements of existing regulations and/or licensing?
   - What administrative concerns do you have?
   - If it was possible, what support would you like to see provided?
   - What, if any, other considerations should the Ministry of Health and Bermuda Health Council be aware of?

The implementation of Health Business Licensing remains an ongoing process of collaboration. Decisions will be evidence-based, informed by stakeholder feedback, and based on overall need.

The following section provides the scribed feedback, as written by the participants during the November Session. Please note, text highlighted in yellow represents handwriting that was illegible. The red √ indicates where another participant agreed with the feedback that had already been provided.

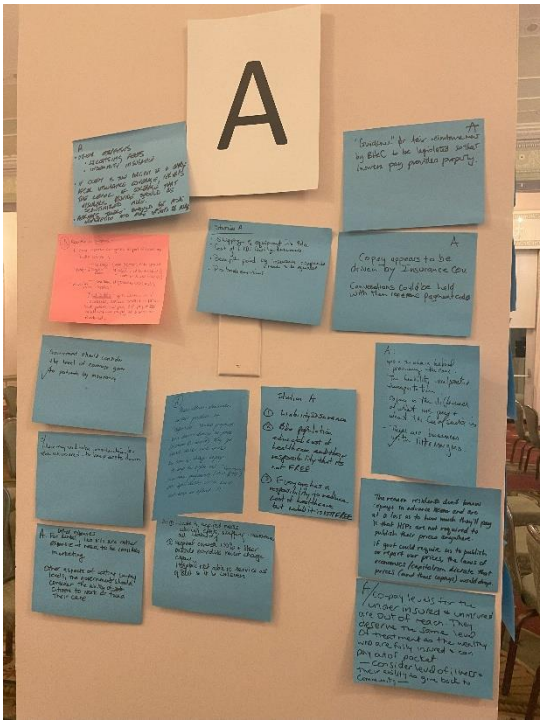
Stakeholder Feedback (By Station)

STATION A: THE RELATIONSHIP BETWEEN THE COST OF DOING BUSINESS AND CO-PAYS

Questions:

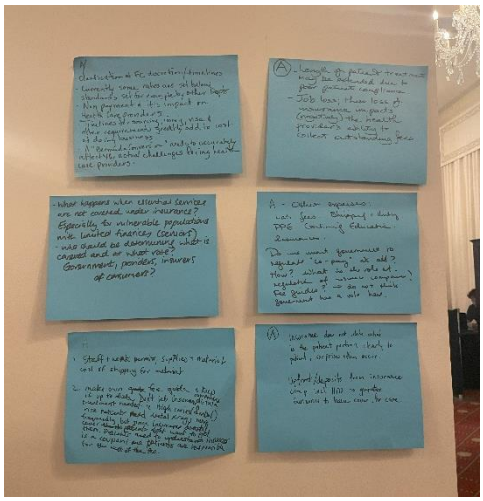
- Are there other expense categories or items that are part of operating a health business that should be taken into consideration?
- Are there other aspects of setting co-pay levels that the Government needs to consider?
- Are there other questions or concerns you would like to have noted?

Feedback:



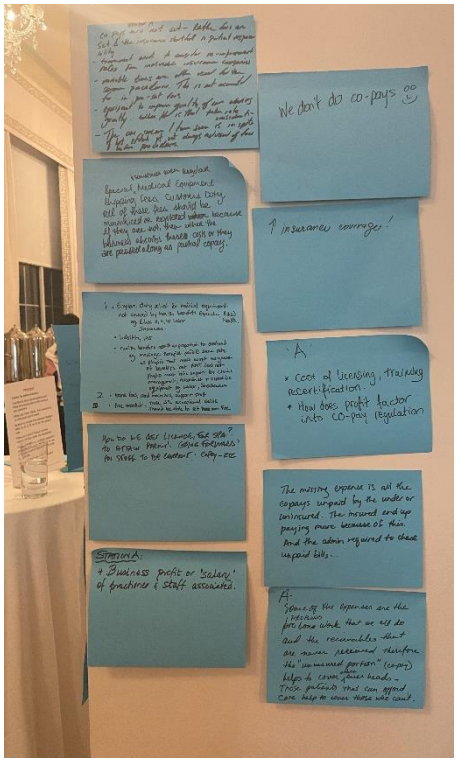
- Special and sometimes even regular medical equipment shipping fees, customs duty, all of these fees should be minimized or regulated because if they are not, then either the business absorbs these costs or they are passed along as partial copay
- Explore duty relief for medical equipment not covered by health benefits especially Allied Health e.g., Class II, III, IV laser shockwave
- Liability ins.
- Health benefits as proportion to overhead e.g., massage therapist paid at same rate as physio that must accept assignment of benefits, but RMT does not. Physio must hire support for claims management, receptionist + expensive equipment e.g., Laser, Shockwave
- Bank fees, card machines, support staff
- Free market – those with exceptional skills should be able to set own fee
- How do we get license for SPA? to attain permit, going forward?
- For staff to be current: copay – etc.
- We don't do co-pays ☺
- ↑Insurance coverage!
- Cost of licensing, training recertification
- How does profit factor into co-pay regulation
- The missing expense is all the copays unpaid by the under or uninsured. The insured end up paying more because of this. And the admin required to chase unpaid bills…

- Some of the expenses are the pro bono work that we all do and the receivables that are never received therefore the "uninsured portion" (co-pay) helps to cover other overheads – those patients that can afford care help to cover those who can't.
- Co pays are not set – rather fees are set and the insurance shortfall is patient responsibility
- Government needs to consider re-imbursement rates from individuals' insurance companies
- Variable times are often used for the same procedures. This is not accounted for in pre-set fees.
- Equipment to improve quality of care varies greatly. How is that taken into consideration?
- The one concern I have seen is in spite of best effort patient not always advised of fees before procedures.
- Business profit or "salary" of practitioner and staff associated
- Other Expenses
    - Licensing fees
    - Indemnity insurance



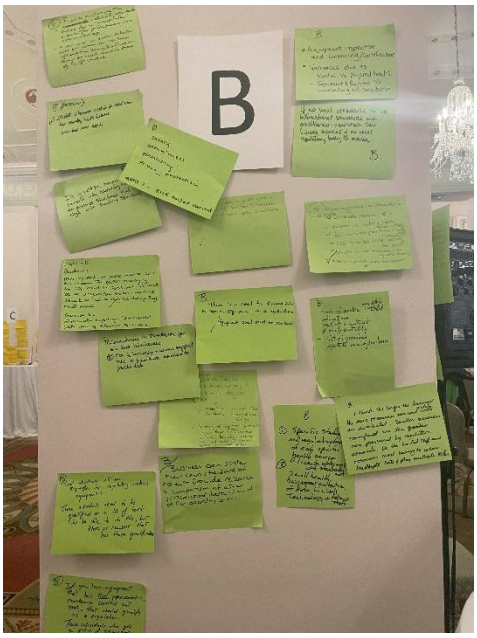
- If copay is the portion of a charge after insurance coverage, perhaps the level of coverage that insurers provide should be scrutinized more
- Perhaps there should be more competition and more options for xx
- Other expense categories as part of operating health business:
    - Wastage (some injections once exposed and used must be disposed of and can't be stored/reused) "hidden" in "supply" costs
    - One-time disposable consumables "hidden" as extra "supplies"
    - Bad Debts – up to 20 to 25% of uncollectible services provided to patients, but patients can't pay, don't pay, or left without paying, yet services are rendered.
- √Government should consider the level of coverage given to patients by insurance
- For other dental expenses lab bills are rather expensive and need to be considered
- Marketing
- Other aspects of setting co-pay levels, the government should consider the ability of citizens to work or fund their care
- Shipping of equipment into Bermuda
- Lots of LTD-liability insurance
- Benefit paid by insurance companies needs to be regulated
- Pro bono services
- "Guidance" for fair reimbursement by BHeC to be legislated so that insurers pay providers properly
- Copay appears to be driven by insurance cov. Conversations could be held with their reference payment codes
- Liability Insurance
- Bda population educated on cost of healthcare and their responsibility that it's not FREE
- Everyone has a responsibility to reduce cost of healthcare but noted it is NOT FREE

- Yes – the admin behind providing the care, the liability – malpractice, transportation
- Copay is the difference of what ins. pay + what the fee of service is
- √ These are businesses with little margins
- The reason residents don't know copays in advance and are at a loss as to how much they'll pay is that HSPs are not required to publish their prices anywhere. If govt could require us to publish or report our prices, the laws of economics/capitalism dictate that prices (and thus copays) would drop.
- Please address - eliminate unfair practices of "outpatient" service payments
  - BHB doesn't charge co-pays (across the board) they get blank check each year
  - We have to charge copays to keep the lights on - (example) Insurance payments (HIP $75) per specialists visits will not keep us afloat!!!
- Waste of expired meds, admin costs, staffing, maintenance, all liability
- Hospital covered 100% + other outside providers must charge copay. Hospital not able to service all of BDA so it is uneven.
- Copay levels for the underinsured and uninsured are out of reach. They deserve the same level of treatment as the wealthy who are fully insured and can pay out of pocket.
- Consider level of illness and their ability to give back to community
- Clarification of FC discretion/timelines
- Currently some rates are set below standards set, for example by other Depts
- Nonpayment and its impact on healthcare providers
- Timelines for sourcing, immig, visa & other requirements greatly add to cost of doing business
- A "Bermuda Conversion" needs to accurately reflect the actual challenges facing healthcare providers
- Length of patient treatment may be extended due to poor patient compliance
- Job loss; thus loss of insurance impacts (negatively) the health provider's ability to collect outstanding fees
- Background presented is NOT accurate:
  - Insurers in Bermuda choose what they want to pay – 40% of codes are not honored.
  - There is NO co-pay. It is only a patient portion.
  - My expenses, fees, materials use, experience, skills & knowledge is different from my colleagues. Everyone purchases the house, car, boat, vacation of their choice. Many people w/o medical insurance go to get their nails done. I don't. I choose to spend my money on a practioner who has value & have a higher co-pay
- I don't know how to charge a patient portion as the insurance company refuses to tell us each year what they will pay or what codes they will honor. Insurance companies require regulation so they work better w/ practitioners by giving information.
- Insurance does not state what is the patient portion clearly to patient, surprises often occur.



- Upfront/deposits from insurance comp incl. HID to guarantee businesses to have cover for care
- Staff + work permits, supplies + material cost of shipping for material
- Make own fee guide & keep it up to date. Don't let insurance companies dictate treatment needed i.e., high caries (dental) risk patients need dental xrays more frequently but since insurance doesn't cover patients don't want to get them. Patients need to understand insurance is a coupon and patients are responsible for the rest of the fee.
- What happens when essential services are not covered under insurance? Especially for vulnerable populations with limited finances (seniors)
- Who should be determining what is covered and at what rate? Government, providers, insurers or consumers?
- Other expenses: Lab fees, shipping and duty, PPE, continuing education, Insurance
- Do we want government to regulate "co-pay" at all? How? What is the role of regulation of insurance companies? Fee guides? → Do not think government has a role here
- There may need to be consideration for the uninsured – to keep costs down

STATION B: NATIONAL STANDARDS FOR OPERATING HEALTH BUSINESSES



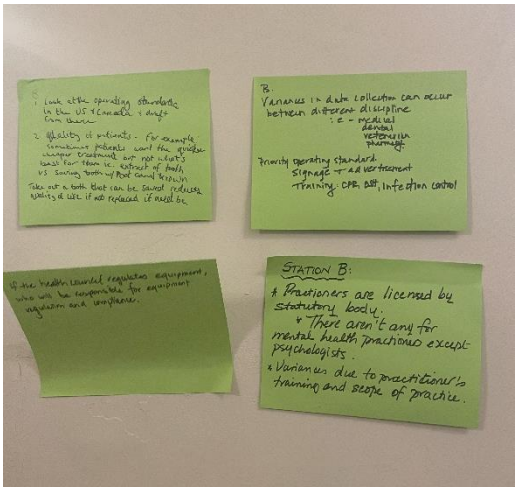
Questions:

- What are the priority operating standards that will highlight what could be put in place for all health businesses, that would demonstrate high quality care and patient safety?
- Where might there be variances in data collection depending on the type and size of a health business?

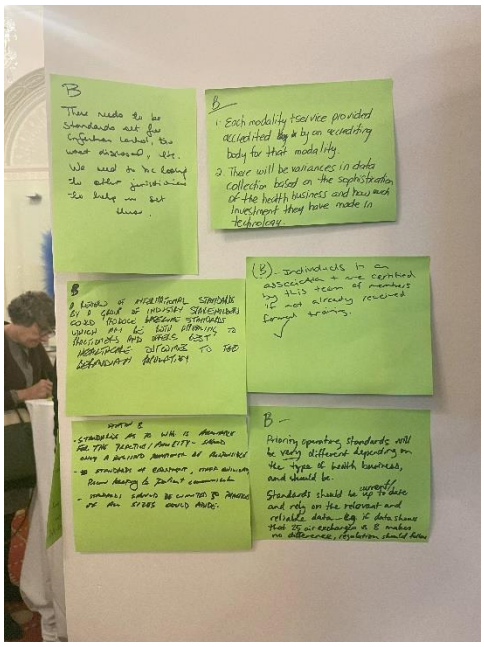
Feedback:

- National standards are necessary to guarantee patient safety and also to be able to collect data. There should not be variances in data collection depending on size of business, but it should be based on type. Standards should be prioritised by 1. Patient safety and 2. Cost effective
- Standards as to who is accountable for the practice/facility – should only a registered practitioner be responsible
- Standards of equipment, staff xxx, record keeping & patient communication
- Standards should be limited to practices of all sizes could abide
- Priority operating standards will be very different depending on the type of health business, and should be.
- Standards should be current/up to date and rely on the relevant and reliable data – e.g., if data shows that 25 air exchanges vs 8 makes no difference, regulation should follow.
- A review of international standards by a group of industry stakeholders could produce baseline standards which may be both appealing to practitioners and offers best healthcare outcomes to the Bermudian population.
- √Individuals in an association + are certified by this team of members if not already received formal training
- There needs to be standards set for infection control, bio waste disposal, etc. We need to be looking to other jurisdictions to help us set these.
- Each modality + service provided accredited by an accrediting body for that modality
- There will be variances in data collection based on the sophistication of the health business and how much investment they have made in technology.
- Prior to enforcing the national standards, allow for a 'grandfather' clause for practitioners near retirement age.
- A variance in data collection will be noted in certain specialties being practiced in terms of social economic status of the pt treated.
- Specific standards need to be established for operating health business new business types.
- Equipment inspection and licensing/certification
- Variances due to:
    - mental vs physical health
    - Equipment & facilities vs counselling and consultation

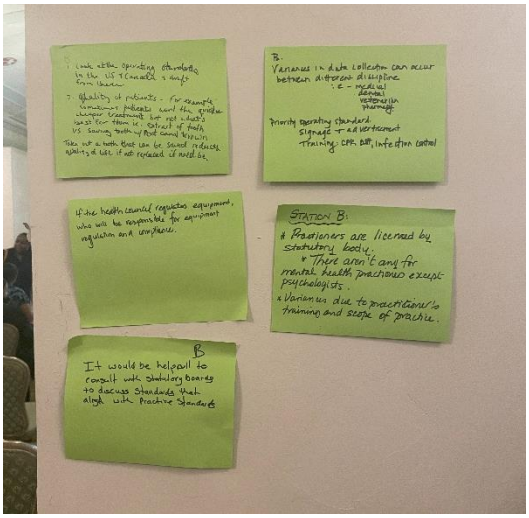
- If no local standards, to use international standards and practitioners to maintain their licenses overseas if no local regulatory body to oversee
- Safety, Cleanliness, Sterilizing, Privacy protection
- Quest 2 – risk factor variant
- Please publish or provide a link to a list of what type of entities are covered under "health businesses".
- Are there standards and regulations for massage therapy & holistic therapies? Also for medi spa therapies?
- Great suggestions on standardization
- √To establish "minimum standards" in:
    - occupational health and safety e.g., clean air/filter air, sinks for washing hands, spillage procedures
    - fire evacuation plans
    - AED / First Aid / CPR training for staff
    - Infection control – availability of items required & procedures
    - Emergency plants – disaster management
- Q1 Specific standards and regulatory bodies of each specific health service. A license obtained with standards met
- Q2 Small health business collection of data, limited technology + admin staff
- Scope of practice, stay within scope of interest
    - Education
    - Conflict of interest
    - Pt confidentiality



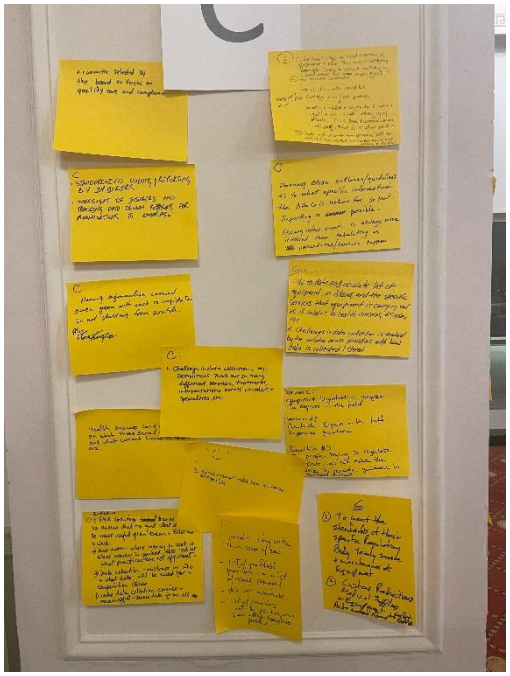
- List of providers updated on a regular basis
- I think the larger the business the more resources and widely costs are distributed. Smaller businesses are far more pressured by regulation demands. Due to the limited staff and resources most having to wear multiple hats & play multiple roles
- Business can state their own standard of care and provide research & comparison of either jurisdictions & standard for operating care
- √ There is a need for bio-med techs to service equipment on a regular basis - Equipment used must be maintained
- √ Question #1 - Most importantly the process must be clear and smooth. The person managing the SOP must be qualified. It cannot be an unqualified person who thinks they know what they are doing. They must know.
- Question #2 - Inaccurate reporting. Administering with lack of attention to details
- Consistency in standards for all like businesses
- Size of business + admin support. Also IT & available sources to provide data
- If you have equipment that has P.M. preventative maintenance carried out yearly, that should qualify as a regulation
- Those individuals who get a piece of equipment on Amazon, etc., and do not get maintenance certificate, should not be able to operate.



- May want to consider "specific" standards for the wide range of "health businesses" falling under BHC (e.g., nursing homes may have different stds than "nursing/childcare facility" or Pharmacy with "temp control" medications may have different standards/requirements than a clinical laboratory – which may need "temp control" for specimen storage + reagent storage
- What individuals will be responsible for regulating medical equipment? These individuals need to be qualified on a lot of levels to be able to do this, but there is no one that has those qualifications.
- Practitioners are licensed by statutory body. There aren't any for mental health practitioners except psychologists.
- Variances due to practitioner's training and scope of practice
- If the Health Council regulates equipment, who will be responsible for equipment regulation and compliance?
- Look at the operating standards in the US & Canada & draft from there
- Quality of patients – for example sometimes patients want the quicker cheaper treatment but not what's best for them (i.e., extract of tooth vs saving tooth with root canal & crown). Taking out a tooth that can be saved reduces quality of life if not replaced if need be.
- Variances in data collection can occur between different discipline i.e. – Medical, Dental, Veterinarian, Pharmacy
- Priority operating standard
    - Signage and advertisement
    - Training: CPR, OSH, infection control
- It would be helpful to consult with statutory boards to discuss standards that align with practice standards.



STATION C: DATA COLLECTION FOR INFORMATION AND DECISION-MAKING



Questions:

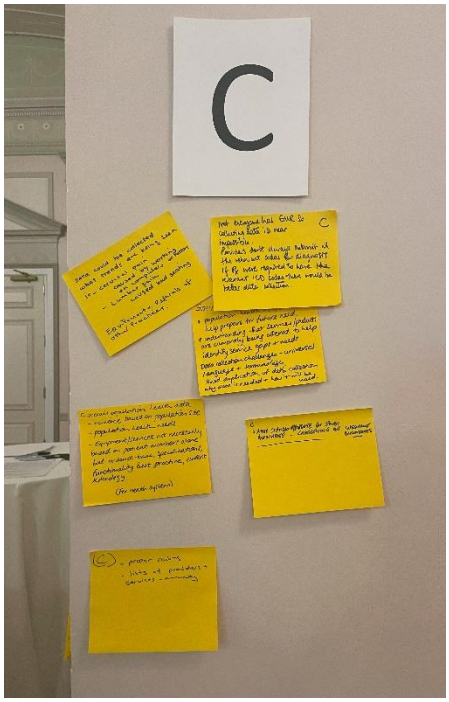
- **For the health system**, what data will ensure the right balance of services and equipment in Bermuda – to identify surpluses and gaps?
- **For health businesses**, what data would be valuable to owners so they can improve their business operations and efficiency?
- What, if anything, causes challenges in data collection?
- What thoughts do you have to offer for streamlining or focusing data collection.

Feedback:

- Q1: Each statutory board needs to assess this to find what data will be most useful from them + Bda as a whole
- Q2: Businesses – where money is lost vs what money is gained. Also look at what practices are not efficient.
- Q3: Data collection – mistrust in who & what data will be used for & competition issues
- Q4: Make data collection concise + meaningful – same data from all
- Providers stay within the scope of care
- List of qualified providers & a list of those removed
- Data not available
- List of providers activity providing care and active license to practice
- Reimbursement rates from insurance companies
- Q1: For health sys – need inventory of equipment + estm. life/usage + contingency back-ups (since in clinical lab → they rely each other for supply gaps)
- Q2: For health businesses - valuable data would be transparent & clear – plan coverage → for each patients.
  - → Currently a minefield to navigate what is covered & what is not →paid make collecting copay difficult. For e.g., Argus discontinued annual PAP benefits – but did not inform providers.
- Q3: Data collection → from providers won't be needed if they are paid by insurers → since data's already available.
- Having clear outlines/guidelines as to what specific information the BHeC is looking for so that reporting is possible. Asking after events is always more involved than tabulating as procedures/services happen.
- Q1: Equipment registration program the experts in the field
- Q2: Available experts in the field to provide guidance
- Q3: The people trying to regulate healthcare do not have the expertise to provide guidance to business owners.
- Standardized coding & reporting by insurers

- Oversight of insurers and tracking data driven reasons for modifications to coverage
- Health business could use data on what those served require and what current trends in research are.
- Having information carried over with each re-registration so not starting from scratch
- Challenge in data collection - #1: DEFINITIONS. There are so many different services, treatments, interpretations across providers + specialties, etc.
- A committee selected by the board to focus on quality care and compliance
- Q1: Up to date and accurate list of equipment on island, and the specific services that equipment is carrying out as it relates to health concerns, diseases, etc.
- Q2: Challenges in data collection is caused by the variation across providers with how data is collected & stored.
- Q3: Streamlining data collection will be a bit more difficult than focusing data collection due to reason #2 on flip. (reason #2 – challenges in data collection is caused by the variation across providers with how data is collected & stored).
- Data could be collected on what trends are being seen i.e., cervical pain caused by working on computers or posture, lumbar pain caused by bad seating
- Equipment & referrals of other practitioners
- For health businesses:
  - Data from KEMH about ratio of patients, type of patients (med, cardio, surg, neuro), avg days in hosp., bed sores, xxx in hosp.
- Challenges:
  - admin time
  - business not being honest about data
  - standard EMR for within the scope of the business
- Overall population health data
  - Incidence based on population size
  - Population health needs
  - Equipment/services not necessarily based on patient numbers alone but evidence-base, specifications, functionality, best practice, current technology

    (for health system)
- Proper coding
- Lists of providers & services – annually
- Not everyone has EMR so collecting data is near impossible. Providers don't always submit all the relevant codes for diagnosis. If Rx were required to have the relevant ICD codes there would be better data collection.
- For health businesses:
  - ✶ Population health info/stats to help prepare for future need.
  - ✶ Understanding what services/products are currently being offered to help identify service gaps + needs
  - ✶ Data collection challenges – universal language + terminology
  - ✶ Avoid duplication of data collection



    - ✶ Why data is needed + how it will be used
- Q1: To meet the standards of their specific regulatory body yearly service + maintenance of equipment
- Q2: Customs reductions, medical supplies + equipment, automated forms to collect data
- A more standard mandate for small businesses – concerning all insurance businesses

STATION D: DATA TO SUPPORT HEALTH SYSTEM STRENGTHENING

Questions:

- What forms of data could be helpful in identifying current population health outcomes and in determining desired population health outcomes?
- Who or where else could data be collected from?
- As a health business, is there any additional data or information that would be helpful to you in making operating decisions about your business?

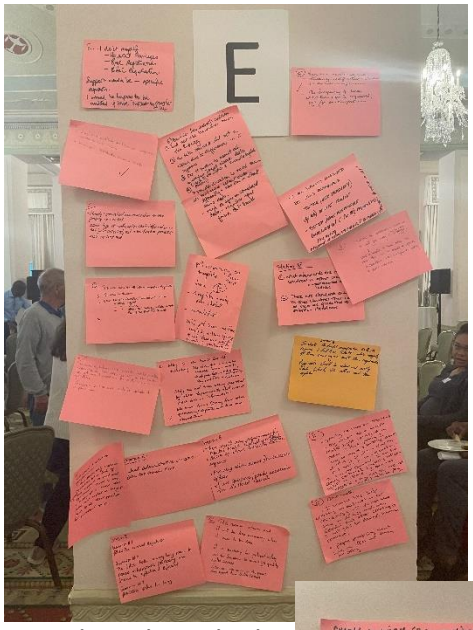
Feedback:

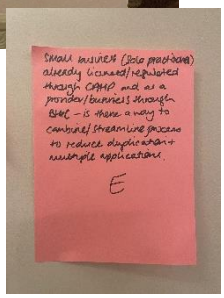
- Q1: Updated census info completed more regularly
- Q2:
    1. International global - WHO/ADI
    2. Optimise current reporting by providers + organisations
- Q3:
    1. Cause of death does not always indicate 1° - issue i.e. – dementia
    2. ICD Codes – attached to labs, DI, Rx , as well as appt invoices
    3. Helpful data for providers would be what insurers pay for each service – sig. lack of transparency by insurers reporting to tell providers what they will pay
- The licencing exercise feels biased or primarily focused on medical practitioners (e.g., doctors, dentists)
- Q1: Data on disease prevalence in BDA. Data on outcomes; compliance in medication use; other aspects of life-financial situation; education level, family – is there one parent? Multiple siblings (= financial)
- Q2: Collect from schools? Not sure
- Q3: Can we standardize pricing a bit? Can we have all businesses rated? (Hmmm)
- Forms of Data that could be collected
    1. Recurrent visits
        - How often do patients receive the services provided? Ex - is a diabetic following treatment required 2 yr f/u 5 yr 5/u? *** Is the patient better, same, or worse with the healthcare provider? Does the physician have a different perspective from pt etc.?
        - We need statistics and F/U data. I think professional providers will be happy to assist with this
    2. For ex. Dental Profession - it might be easier to have mass or statistical data retrieved from proactive patients - those who attend regular, those who are active but only when a procedure is needed, inactive, emergencies – and to see a correlational on who is having the most cost use of healthcare

- It is difficult to understand the distinction between business and service provider for an "individual" service provider/business w/no facility (e.g. mental health counsellor)
- How long do pts wait for treatment/surgery for various conditions? If the wait is too long, what are the reasons for that, in the opinions of the providers? What are the prices charged by each health business for the various codes/procedures/products they provide? This information should be provided to the public at regular intervals so that they can compare prices. Costs would inevitably get lower if patient could easily choose the cheapest option.
- Medical card or digital stick which information that needs to be SHARED would be helpful for individuals so MRI/scans details can be shared with providers & overseas faster & carried & cared for by patients
- We should have a universal patient ID system in place to keep patients' medical information confidential first before you start collecting data about their health.
- Q1: Periodontal disease vs. diabetes, cavities risk vs. giving children fluoride supplements
- Q2: registered health care practices. Ask the population.
- Q3: Who has what equipment & treatment provided
- Q1: Mental Health Data
- Q2: Population Demographics – benchmarking against other jurisdictions
- Q3: HOW
- Attached to pt appointment portal a generic questionnaire for pt input. General website (specific to provider) accessed only by specified providers listing equipment available on-island for pt referral for services (i.e., CBCT/PANO)
- Shared uploading of private care to general Dr.
    - Length of wait for procedures
    - Overseas records
    - KEMH records avail to external providers
- Data could be collected from consumers directly
    - Are some of the charities or health partners in community collecting these data? e.g., Asthma – Open Airways? Diabetes Association? Heart Foundation?
- The trends of chronic diseases if collected could be helpful in identifying needs? - Pharmaceutical data already collected? Criteria for classifying some covid deaths may mask true cause or miss highlighting underlying health issues
- Q1: Population data related to health + disease entities
- Q2: Insurance
- Q3:
    - sm companies – a burden to share info. It is collected along the way.
    - Current changes
- Forms of data:
    - Surveys – qualitative + quantitative. data is important to obtain the information needed
- Collection of data:
    - Analyze data from other countries
    - Data can be collected from individual health care facilities, health department and from patients or the general population
    - Data can be collected from facilities that patient frequently visits overseas

- KEMH has a big responsibility to share data
- All healthcare businesses (homecare, nursing homes) should share data on infections, falls, bedsores
- Cost of care in KEMH and based on condition
- KEMH EMR integration with individual Doctors' offices' EMR for swift delivery of patient bloodwork etc.
- The incidence and prevalence of chronic dzs. Refer to the Framingham study to identify nursery health indicators to conduct an island-wide study
- Reviewing/upgrading preventive health programmes to reduce the incidence of preventable diseases
- Demographics of disease population
- Trends re diseases that are prevalent
- Q1:
    - Pre morbid objective data, treatment, post morbid objective data
    - Rating (by patient) of service - Education of condition, effectiveness
- Q2: Health practitioner + patient
- Q3:
    - current + projected incidence + distribution of Dz
    - Health insurance (current) benefits/coverage

STATION E: ADMINISTRATION CONSIDERATIONS





Questions:

- How does your business currently address administrative requirements of existing regulations and/or licensing?
- What administrative concerns do you have?
- If it was possible, what support would you like to see provided?
- What, if any, other considerations should the Ministry of Health and Bermuda Health Council be aware of?

Feedback:

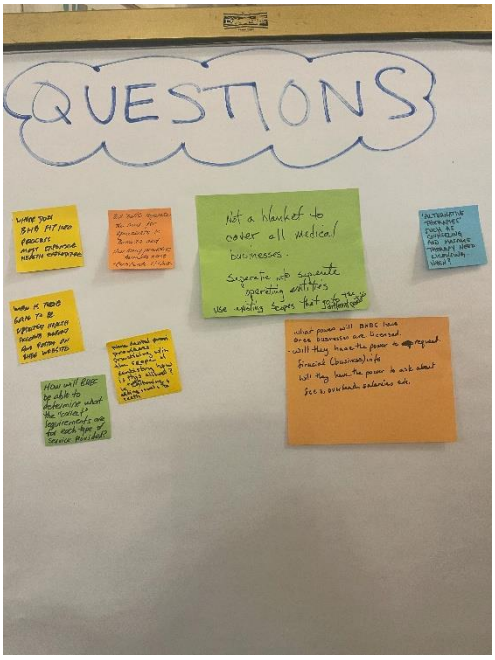
- Question #1 - Follow the current regulation
- Question # 2 - The BHeC take a very long time to process information. Processing time should be effective + efficient
- Question # 3 - Process takes too long
- This requires admin and it will be time consuming when it needs to be done. It is necessary for patient safety and for Bermuda to have high quality health services. Educate businesses on the process. Have support from Health Council.
- Q1: Biz owner compiles all data + completes reg. docs
- Q2: Preference for electronic
- Q3: Clear + concise instructions both video + written - Ideally digital, ideally online, ideally when re-licensing, update current form & not start from scratch
- Who owns these health businesses? None providers/businessmen/insurance companies should not be able to own health businesses. Only healthcare providers should be able to dictate what is best for the patients.
- We currently follow UK standards but have also researched best practice US - as Bermuda has had limited resources for 20 plus yrs of our operation. Concerns will be over regulation and duplication
- Why is the Health Council including Pension Act – maybe, Health ins. – maybe, professional relicensing, Payroll tax - Acct Gen? Why are not these being monitored by those departments that collect these fees or information? We have forms coming from other government departments that are repetitive.
- That administrative concerns take too much time
- There aren't any requirements for mental health counsellors or social workers
- Aware of admin burden for data requests
- Ensuring value added from collection of data
- Clear guidance/easily accessible from the Health Council
- Q1: Yearly review of requirements
- Q2: My concern as a mobile reflexologist certified in 2004 is that yearly I try to have insurance providers cover my services – due to not being in an association - I am not covered. I am the ONLY certified practicing reflexologist on island. I am not massage + my clients are not always able to pay.

- Q3: I would like help creating an association for reflexology – I do not have time to do this and am fearful that after creating it I will still be denied insurance coverage
- Q4: People practicing that have no idea what they are doing
- In short, the dental registration 2018/19 required 1 full time staff who's majority of time ensuring we met the requirements. Requirements should be clear and easily check-listed by the office and the regulator.
- Q1: Pull resources from care to complete
- Q2: Time
- Q3: Simplify + only info needed
- Q4:
    - Be consistent
    - Don't just have one time licensing & then change & not review what already is qualified for
    - With regards to radiation equipment – there are presently rigorous regulations but a lack of current local support to test equipment. There is also a history of a sense that those that tested in the pst tried to use their position for personal gain.
- What standards are more universal in other countries: i.e., periodontal disease indices
- There are standards and regulations in other countries that can be used as guidelines.
- Timely + consistent communication re the process is needed. Some type of confirmation that information is not just collected but a verification process is also carried out.
- √Who is regulating the insurance companies reimbursement rates?
- √Financial assistance reimbursement
- Q1: I do it myself
    - Hospital privileges
    - BMC registration
    - BHeC registration
- Q3: Support would be – specific requests
- Q4: I would be happy to be audited if some support to pay for time
- Currently it's administratively burdensome to report just weekly to "health surveillance unit". Would be helpful to have online link where data can be entered + populate to spreadsheet in the background - aiding in data collection
- We already licensed but would recommend better (user friendly) (quick) online format
- Better (more responsive communication with BeHC) regarding licensing. + prevent us from operating with expired license – happens a lot!
- Q1: Regular monitoring and review of malpractice literature to ensure compliance
- Q2: The frequency of data collection reports requested, esp for small practices
- Q1: Business has enough admin but not all businesses have this luxury
- Q2: The data received will not be clean due to differences in IT systems
- Q3: One IT system to assist all businesses – get clean data (need to decipher knowledgeable person)
- Q4: Standardization is hard because all businesses collect data differently + also don't collect same data. Need to agree on standard data – require input from stat board

- Small business (solo practitioner) already licensed/regulated through CAHP and as a provider/business through BHeC – is there a way to combine/streamline process to reduce duplication + multiple applications

QUESTIONS:

Attendees were invited to post any questions that were outside of the areas of focused consultation at a specific questions station. Questions included:



1. Where does BHB fit into process? Most expensive health expenditure.
2. Will BeHC legislate the need for specialists in Bermuda and how many providers Bermuda needs - “Certificate of Needs”?
3. When is there going to be updated health accounts report and posted on BHEC website?
4. How will BHEC be able to determine what the “collect” requirements are for each type of service provided?
5. Nine dental providers practicing w/in the scope of dentistry. How is this allowed? i.e., tooth whitening and adding jewels to teeth. Who is going to regulate this?
6. ‘Alternative Therapies’ such as counseling and massage therapy need licensing. When?
7. What powers will BHEC have once businesses are licensed? Will they have the power to request financial (business) info? Will they have the power to ask about fees, overhead, salaries, etc.?
8. Not a blanket to cover all medical businesses. Separate into separate operating entites. Use existing scopes that go to the different practices.

Recommended Next Steps

1. *Report out Feedback* – As confirmed by the Ministry and the Health Council to participating health businesses during the November session, we support the distribution of this feedback to all 520+ invitees, as well as to the general public.

2. *Questions* – It is recommended that the existing Health Business Licensing FAQ document that is available on www.healthstrategy.bm/latestupdates be updated and reposted/ redistributed including the new questions that were posted on the Session 2 question board.

3. *Ongoing Engagement* – To ensure continued transparency and effective collaboration, both the Ministry and the Health Council reiterated their commitment to ongoing engagement during the implementation phase of health business licensing. This commitment was welcomed by participants with a reiteration of the importance of consistent and transparent communication and transparency.

APPENDICES

APPENDIX A – Bermuda Health Council Act 2004

BERMUDA

BERMUDA HEALTH COUNCIL ACT 2004

2004 : 22

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WHEREAS it is expedient to provide for the establishment of a Bermuda Health Council to regulate, coordinate and enhance the provision of health services in Bermuda:

Be it enacted by The Queen's Most Excellent Majesty, by and with the advice and consent of the Senate and the House of Assembly of Bermuda, and by the authority of the same, as follows:

Short title

1 This Act may be cited as the Bermuda Health Council Act 2004.

Interpretation

2 In this Act—

"Council" means the Bermuda Health Council established under section 3;

"health professional" means a person who is registered to practise his or her health profession by the relevant regulatory authority;

"health service provider" means a person, group of persons or organization that operates a business offering health services to the public, but does not include a person who is an employee under a contract of service;

"health services" includes hospital, medical, dental and professional services related to health, including residential care;

"licence" means a licence issued under Regulations made under section 15;

"Minister" means the Minister responsible for Health.

[Section 2 definition "health services" amended by 2020 : 53 s. 5 effective 4 January 2021]

PART II

BERMUDA HEALTH COUNCIL

Establishment of the Council

3 (1) There is hereby established a body to be called "the Bermuda Health Council" which shall perform the functions assigned to it by this Act and by any other statutory provision.

(2) The Council shall be a body corporate with perpetual succession and a common seal and may sue and be sued in its corporate name.

(3) The Council may enter into contracts and do all things necessary for the performance of its functions.

General purpose of the Council

4 (1) The general purpose of the Council is to regulate, coordinate and enhance the delivery of health services.

(2) In pursuance of subsection (1) where there is any inconsistency between this Act and any Act dealing with health professionals or health service providers, this Act shall to the extent of the inconsistency prevail over that Act.

Functions of the Council

5 The functions of the Council are—

(a) to ensure the provision of essential health services and to promote and maintain the good health of the residents of Bermuda;

(b) to exercise regulatory responsibilities with respect to health services and to ensure that health services are provided to the highest standards;

(c) to regulate health service providers by monitoring licensing and certification, establishing fees in respect of the standard health benefit, and establishing standards and codes of practice;

(d) to regulate health professionals by monitoring licensing, certification, standards and codes of practice;

(da) to perform the administrative functions relating to the registers for, and registration and re-registration of, health professionals that are conferred on the Council by this Act and by any other provision relating to health professionals including the collection of fees, and matters connected thereto;

(e) to licence health insurers;

(f) to identify and publish goals for the health care system, to coordinate and integrate the provision of health services, and make recommendations to the Minister on the prioritisation of initiatives with respect to health services;

(g) to licence health service providers;

(ga) perform the functions assigned to it under the Residential Care Homes and Nursing Homes Act 1999;

(h) to regulate the price at which drugs are sold to the public;

(i) to establish and promote wellness programmes;

(j) to conduct research, collect, evaluate and disseminate to the public information on the incidence of illness and other relevant information

necessary to support objective decision making with respect to public health and the optimal use of resources; and

(k) to advise the Minister on any matter related to health services that may be referred to the Council by the Minister.

[Section 5(e) amended by 2009:10 s.17 effective 1 April 2009; section 5(e) amended by 2009:49 s. 13 effective 15 December 2009; section 5(c) amended by 2017 : 25 s. 2 effective 1 June 2017; Section 5 paragraph (da) inserted by 2020 : 47 s. 132 effective 11 December 2020; Section 5 paragraph (ga) inserted by 2020 : 53 s. 5 effective 4 January 2021]

Composition etc. of the Council

6 (1) The Council shall consist of the following ex officio members—

(a) the Chief Medical Officer;

(b) the Chief Executive Officer;

(c) the Permanent Secretary of the Ministry responsible for Health;

(d) the Financial Secretary,

and not less than nine nor more than eleven other "ordinary members" appointed by the Minister.

(2) Ordinary members of the Council shall hold office for such term as may be specified in their instrument of appointment and on the initial appointment the term of office shall be varied to ensure continuity in the management of the Council.

(3) Ordinary members are eligible for reappointment.

(4) The Minister shall appoint a Chairperson and a Deputy Chairperson from among the ordinary members of the Council who shall hold such office at the Minister's pleasure.

(5) Subject to this section, the Council may regulate its own procedure.

(6) The Minister may at any time declare the office of an ordinary member of the Council vacant if he is satisfied that the member—

(a) has failed without sufficient cause to attend three consecutive meetings of the Council;

(b) is incapacitated by physical or mental illness; or

(c) has otherwise become unable or unfit to perform his duties as a member.

(7) A person appointed to fill a vacancy left by an ordinary member who did not complete his term of office may be appointed for the unexpired portion of that member's term and no longer, but an appointment to such a vacancy need not be made where the unexpired portion of the term is less than three months.

(8) Seven members constitute a quorum at any meeting of the Council.

(9) Any question for decision by the Council shall be decided by a majority of the members present and voting and each member shall have one vote, except that the person presiding shall have a second vote if there is a tie.

(10) An act of the Council is not invalid by reason only of a vacancy in the Council's membership or a defect in a member's appointment.

(11) The Council may establish committees for such purposes as it sees fit.

(12) Fees shall be paid to members of the Council in accordance with the Government Authorities (Fees) Act 1971.

[Section 6 subsection (1)(c) amended by 2020 : 47 s. 132 effective 11 December 2020]

Policy directions

7 The Minister, after consultation with the Council, may give general directions as to the policy to be followed by the Council in the performance of its functions as appear to the Minister to be necessary in the public interest, and the Council shall give effect to any such directions.

Employment of staff

8 (1) Subject to sections 9 and 10, the Council, after consultation with the Minister, may appoint such officers and engage such employees as it considers necessary for the purposes of this Act.

(2) Subject to subsection (1), the terms and conditions of employment of persons appointed or engaged shall be as determined by the Council.

Chief Executive Officer

9 (1) There shall be a Chief Executive Officer of the Council who shall be appointed by the Council with the approval of the Minister and whose services shall not be terminated by the Council except with the like approval.

(2) The remuneration, emoluments, terms and conditions and period of service of the Chief Executive Officer shall be fixed by the Council with the approval of the Minister and shall not be altered except with the like approval.

Secondment of public officers

10 (1) A public officer may be appointed to employment with the Council by way of secondment, subject to such conditions as the Public Service Commission may determine.

(2) A public officer seconded in accordance with subsection (1) to employment with the Council shall, in relation to pension, gratuity or other allowance and rights and obligations of a public officer, be treated as continuing in a public office notwithstanding the secondment.

Accounts of Council

11 (1) The Council shall cause proper statements of its financial affairs to be maintained and shall prepare in respect of each financial year a statement of its accounts in such form as the Accountant-General may direct.

(2) The statement of accounts referred to in subsection (1) must—

(a) present fairly the financial transactions of the Council during the financial year to which they relate; and

(b) present fairly the financial position of the Council at the end of the financial year.

(3) The Council shall within three months after the end of the Council's financial year cause to be submitted to the Auditor General the statement of its accounts.

(4) The Council's financial year is to end on 31st March in each year or on such other day as the Council may, with the approval of the Minister, determine.

Annual report

12 (1) The Council shall, as soon as practicable after the end of each financial year, forward to the Minister—

(a) a report on the operations of the Council during that year; and

(b) a copy of the accounts of the Council for that year certified by the Auditor-General.

(2) The report prepared for the purpose of subsection (1)(a) shall set out any directions given by the Minister to the Council during that year.

(3) The Minister shall cause copies of the report of the Council and the accounts of the Council forwarded to him under subsection (1) to be laid before both Houses of the Legislature.

PART III

REGULATION AND LICENSING OF HEALTH SERVICE PROVIDERS

Licensing of health service providers

13 (1) No person, group of persons or organization shall carry on a business as a health service provider unless licensed to do so under regulations made under section 15.

(2) Any person who contravenes subsection (1) commits an offence and is liable on summary conviction to a fine of $20,000.00 or to imprisonment for twelve months or to both such fine and imprisonment.

[Section 13 effective by notice in Gazette]

Inspection

14 (1) The Minister may designate public officers as inspectors.

(2) An inspector may at all reasonable times enter and inspect any premises operated by a health service provider and may require the production of records relating to fees and services provided by that health service provider.

(3) Any person who obstructs an inspector in carrying out his functions or fails to produce any records reasonably required by an inspector commits an offence and is liable on summary conviction to a fine of $5,000.00.

Regulations

15 (1) The Minister, after consultation with the Council, may make regulations—

(a) governing applications for the issue of licenses to health service providers;

(b) prescribing, in respect of the standard health benefit, fees for services provided by health service providers;

(c) establishing an appeals procedure where a licence is refused, suspended or cancelled by the Council;

(d) prescribing professional and other qualifications required by health service providers;

(e) requiring licensed health service providers to supply such returns, statistics or other information as the Council may, by notice in writing, require;

(f) governing inspections, their management and conduct;

(g) creating offences for any contravention of the regulations;

(h) necessary or convenient to be prescribed for carrying out or giving effect to this Act.

(2) Regulations made under subsection (1) are subject to the affirmative resolution procedure.

(3) Regulations made under this section may provide—

(a) that any part or extract of the regulations shall be displayed in any prescribed manner or place; and

(b) for offences subject to a fine not exceeding $50,000 for breach of the regulations.

(4) The Bermuda Drug Formulary provided for under the Bermuda Health Council (Drug Formulary) Regulations 2021, may be amended in regulations subject to the negative resolution procedure.

[Section 15 subsection (1)(b) amended by 2017 : 25 s. 2 effective 1 June 2017; Section 15 subsections (3) and (4) inserted by 2021 : 15 s. 2 effective 10 September 2021]

Council notices

15A (1) The Council may, by notice, publish information relating to its functions and required to be publicised as may be provided in the regulations made under section 15.

(2) The Council may publish a notice as provided for in subsection (1)—

(a) in the Gazette;

(b) on its website, at an address as may be specified in the regulations; or

(c) in such other manner as the Council may determine.

(3) Sections 6, 7 and 8 of the Statutory Instruments Act 1977 shall not apply to a notice published by the Council under this section.

[Section 15A inserted by 2021 : 15 s. 2 effective 10 September 2021]

Fees

16 The fees for the issue or renewal of licences under this Part shall be prescribed under the Government Fees Act 1965.

PART IV

MISCELLANEOUS

Immunity

17 No proceedings shall lie against the Council, any member of the Council or any person acting on the direction of the Council for anything done in good faith in the exercise of their functions under this Act.

Confidentiality

18 (1) Except in so far as may be necessary for the due performance of a person's functions under this Act or any other statute and subject to subsections (3), (4) and (5), any person who is a member of the Council or who is acting as an officer, a servant, an agent or an adviser of the Council shall preserve and aid in preserving confidentiality with regard to all matters relating to the affairs of the Council or of any person, that may come to his knowledge in the course of his duties.

(2) Any member, officer or servant of the Council who—

(a) communicates any matter relating to the affairs of the Council or of any person, that may come to his knowledge in the course of his duties to any person other than—

(i) the Minister;

(ii) a member of the Council; or

(iii) an officer of the Council authorized in that behalf by the Chief Executive Officer; or

(b) permits any unauthorized person to have access to any books, papers or other records relating to the Council,

commits an offence and is liable on summary conviction, to a fine of $10,000.00 or to imprisonment for a term of six months or to both such fine and imprisonment and on

SCHEDULE

(section 19)

CONSEQUENTIAL AMENDMENTS

1. (1) The Hospital Insurance Act 1970 ("the Act") is retitled as "the Health Insurance Act 1970".

(2) Section 1 of the Act is amended—

(a) in subsection (1)—

(i) by deleting the definition of "the Commission" and substituting the following—

""the Council" means the Bermuda Health Council established under section 3 of the Bermuda Health Council Act 2004",

(ii) by deleting the definition of "the Fund" and substituting the following—

""the Fund" means the Health Insurance Fund established under section 12",

(iii) in the definition of "hospital insurance" by deleting "hospital insurance" and substituting "health insurance" in both the definition and the text of the definition,

(iv) in the definition of "indigent person" by deleting "of Health and Social Services" and substituting "responsible for Health",

(v) by deleting the definition of "Minister" and substituting the following—

""the Minister" means the Minister responsible for Health",

(vi) in the definition of "school leaving age" by deleting "26 of the Education Act 1954" and substituting "40 of the Education Act 1996";

(b) in subsection (3), by deleting paragraph (d).

(3) Sections 6 to 11 of the Act are repealed and the heading to Part II is deleted and "BERMUDA HEALTH COUNCIL" substituted.

(4) Section 40(1) of the Act is amended—

(a) by inserting after "may" where it first occurs ", acting on the recommendations of the Council,";

(b) in paragraph (l) by deleting "$250" and substituting "$2,000.00".

(5) The Act is amended generally by deleting "Commission", "Hospital Insurance Fund" and "hospital insurance" wherever they appear and substituting "Council", "Health Insurance Fund" and "health insurance" respectively.

Amendment of statutory instruments

2. The following statutory instruments—

Hospital Insurance (Licensing of Insurers) Regulations 1971

Hospital Insurance (Approval Scheme) Regulations 1971

Hospital Insurance (Certificate of Entitlement) Regulations 1971

Hospital Insurance (Audit of Accounts) Regulations 1971

Hospital Insurance (Portability) Regulations 1971

Hospital Insurance (Standard Premium) Regulations 2003

Hospital Insurance (Health Insurance Plan) Regulations 1987

Hospital Insurance (Health Insurance Plan) (Premium) Order 1987

Hospital Insurance (Health Insurance Plan) (Additional Benefits) Order 1988

Hospital Insurance (Standard Hospital Benefit) Regulations 1971

Hospital Insurance (Deductions) Regulations 1971

Hospital Insurance (Cover) Regulations 1971

Hospital Insurance (Procedure for Subsidy Payments) Regulations 1971

Hospital Insurance (Health Insurance Plan) (Enrolment) Rules 1981

Hospital Insurance (Inspection of Records) Regulations 1971

Hospital Insurance (Maternity Benefit) Regulations 1971

Hospital Insurance (Artificial Limbs and Appliances) Regulations 1971

Hospital Insurance (Exemption) Regulations 1971

Hospital Insurance (Statistical Reports) Regulations 1986

Hospital Insurance (Double Cover) Regulations 1971

Hospital Insurance (Portability of Subsidy) Regulations 1973

Hospital Insurance (Mental Illness, Alcohol and Drug Abuse) Regulations 1973

Hospital Insurance (Mutual Reinsurance Fund) (Prescribed Sum) Order 1999

are amended—

(a) in the title and generally throughout the text by deleting "hospital insurance" and substituting "health insurance";

(b) generally by deleting "Commission", "Hospital Insurance Fund" and "hospital insurance" wherever they appear and substituting "Council", "Health Insurance Fund" and "health insurance" respectively.

[Assent Date: 20 July 2004]

[Operative Date: 1 January 2006]

[*Amended by:*

2009 : 10
2009 : 49
2015 : 23
2017 : 25
2020 : 47
2020 : 53
2021 : 15]

APPENDIX B – 28 November 2023 Session Invitation

Sales Ended

Tuesday, 28 November

Building Smart Health Business Licensing... Together - Session #2

Join us on 28 November to continue the journey of building smart health business licensing together for the benefit of all Bermudians.

By **Ministry of Health and Bermuda Health Council**

Follow

Sales Ended

Explore similar events

Date and time

Tue, 28 Nov 2023 17:30 - 19:30 GMT-4

Location

Hamilton Princess & Beach Club - A Fairmont Managed Hotel

76 Pitts Bay Road Pembroke, HAMILTON HM 08

Show map

Agenda

5:30 PM
Event Check-in

6:00 PM
Welcome and Presentation from Ministry of Health and Bermuda Health Council

6:20 PM
Conversations & Shared Reflections Session

7:20 PM
Closing Remarks & Next Steps

About this event

Let your voice be heard! This session is a follow-up to the 14 October 2023 event at St. Paul's Church Hall. The Ministry of Health and Bermuda Health Council will present on:

- the purpose and need for health business licensing,
- how it fits within overall health system strengthening,
- the benefits to both health businesses and Bermuda residents, and the proposed content of the regulation drafting instructions for the Attorney General's Chambers.

You will have the opportunity following the presentations to share your feedback. We welcome your reflections on specific areas of focus relating to both the development of the regulations and aspects of the implementation process for health business licensing.

Be a part of this collective work!


EXIT


DEFINE
UNIFIED

Frequently asked questions

Where in the Hamilton Princess will the Engagement Session be held?

Will refreshments be served?

Organised by

Ministry of Health and Bermuda Health Council

Contact

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Report this event

APPENDIX C – 28 November 2023 Session Presentation

Welcome!

GOVERNMENT OF BERMUDA
Ministry of Health

HEALTH COUNCIL
BERMUDA

Bermuda Health Strategy 2022 - 2027

Our strategic principles guide all our work:

Care

- Promoting healthy living and preventative care
- Understanding our population's health needs
- Providing access to healthcare coverage
- Strengthening our healthcare workforce
- Harnessing healthcare technology

Delivery

- Focusing on person-centred care
- Partnership and collaborative working
- Preventing wasteful care and promoting efficiency

Flow

- **Welcome**
- **Presentations**
  - Context – Why Health Business Licensing?
  - Legislation and Regulations
- **Station Conversations and Sharing of Insights**
- **What's Next**
- **Close Out**

Invitation to Engage

- **Focus** on what matters
- **Contribute** your thinking and experience
- **Encourage** others to share their ideas
- **Listen** to understand
- **Connect and build on** ideas
- **Listen with others** for insights and themes
- **Whoever comes** to the discussion is the right person

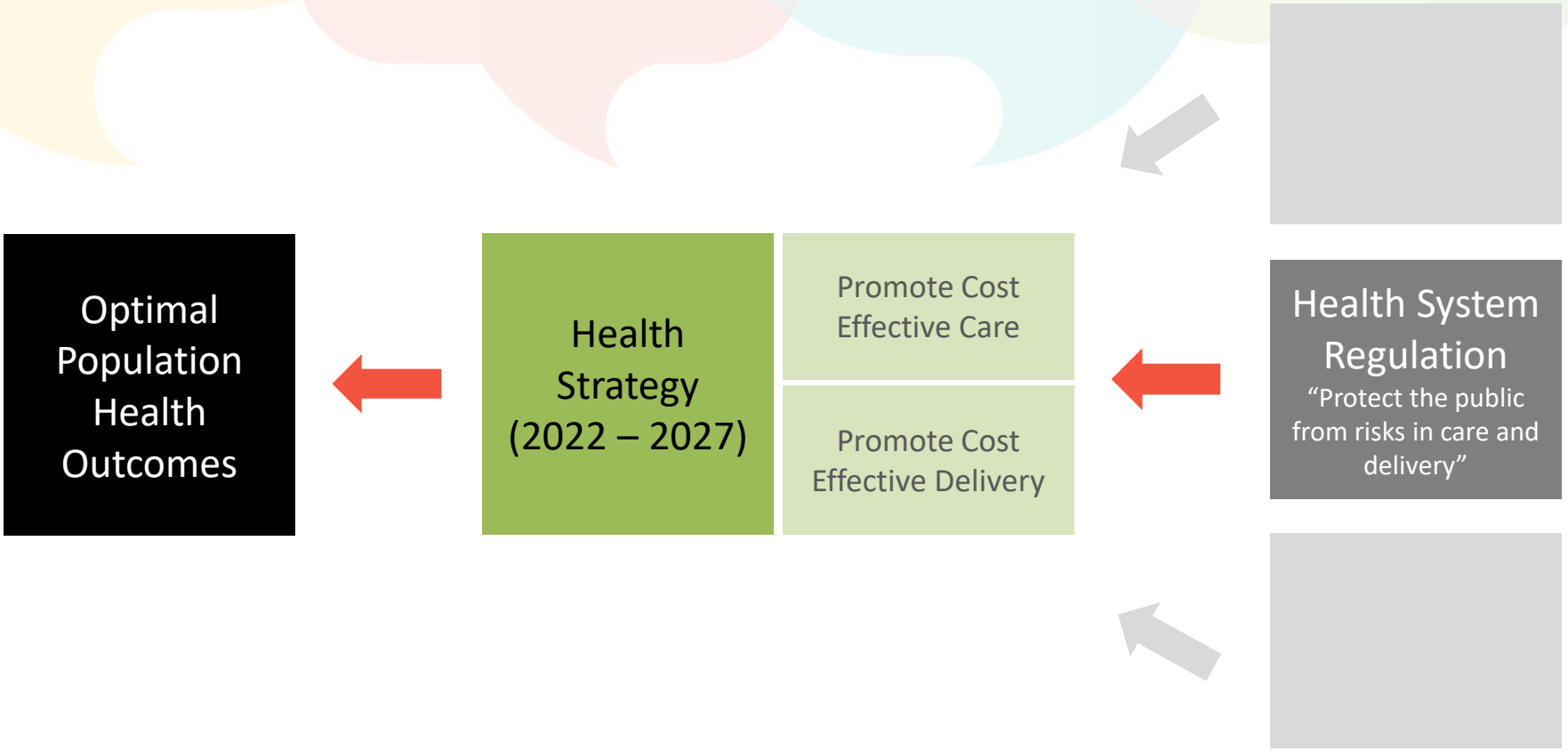
WHY HEALTH BUSINESS LICENSING?

Dr. Ricky Brathwaite – CEO

HEALTH COUNCIL
BERMUDA

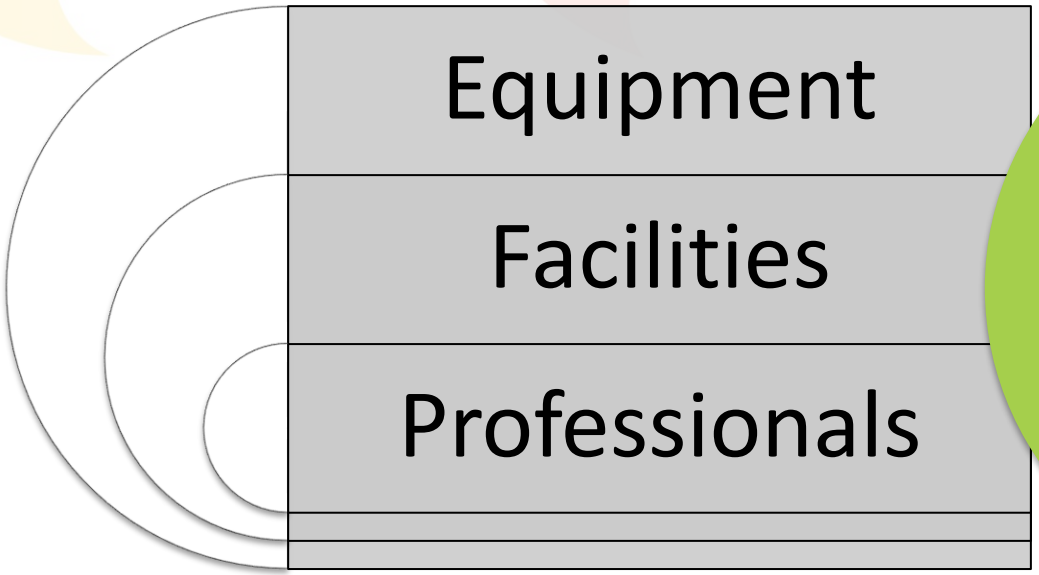
Optimal Public Health Outcomes:

How can health system regulation support better health outcomes?



Delivery and Care:

What are the components that can impact the strategic goals?



- Standardisation
- Inventory
- Compliance
- Education
- Data Collection
- Data Reporting
- Consistent Criteria

Managing Risk

What are our high-level questions about health businesses (using the UK's Care Quality Commission framework as the reference)?

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to peoples' needs?
- Are they well-led?

Delivery and Care:

What standards would be used to assess health businesses?
How do we ensure these standards are objective and not just our own opinions?

- Jurisdictional Reviews and Industry Best Practices (3- to 5-year cycles)
- Relevant Statutory Boards Collaboration and Sign-off
- On-the-ground realities

Proposed Process:

What is the proposed process to ensure compliance with standards?
How do we ensure the system is running at its highest potential?

1. **Health Business Licensing –** what does the research and practice say is valuable information to collect that will impact care and delivery?
2. **Regular System Analyses** – What is the population demand? What is the supply? Where are the gaps? Is there imbalance? Where are the opportunities?
3. **Statutory Board Roles –** Registration criteria, review of recommendations, complaints handling, agree standards

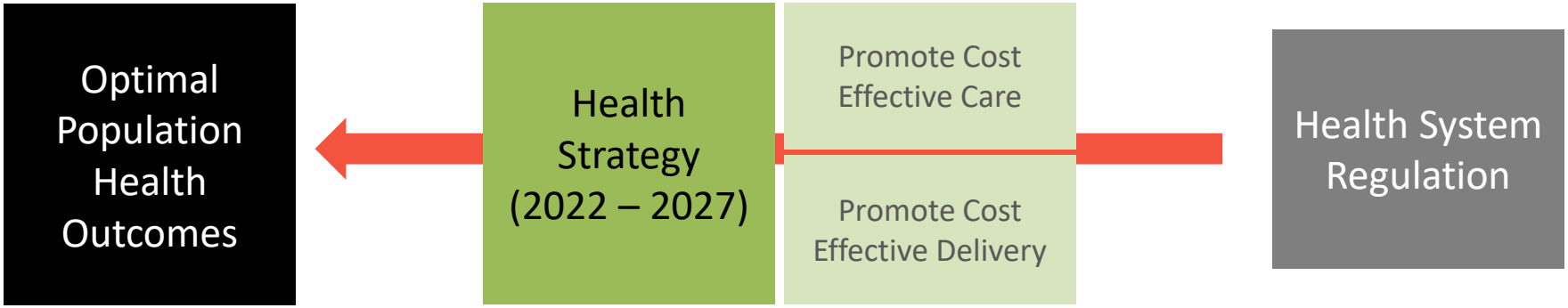
Proposed Process:

What is the proposed process to ensure compliance with standards?
How do we ensure the system is running at its highest potential?

4. **Agile Inspectorate –** Monitor and evaluate compliance to manage overall system risks without adding undue burden to managers of equipment, facilities, or care professionals
5. **Data and Desk Reviews –** as necessary, work with PAHO on reviews
6. **Public Reporting** - of aggregate standards compliance and up-to-date documents

Optimal Public Health Outcomes:

Remember the Objective



Regulation is an important entity in healthcare and healthcare insurance. The role of regulatory bodies is to protect healthcare consumers from health risks, provide a safe working environment for healthcare professionals, and ensure that public health and welfare are served by health programmes.

EXISTING LEGISLATION & PROPOSED REGULATIONS

Aideen Ratteray Pryse – Chief Strategy Officer

GOVERNMENT OF BERMUDA
Ministry of Health

Bermuda Health Council Act 2004

- The Bermuda Health Council Act 2004 ("the Act") established Bermuda Health Council as a body corporate with the general purpose *"to regulate, coordinate and enhance the provision of health services in Bermuda."*
- Section 13 of the Act addresses the licensing of health businesses and states *"No person, group of persons or organization shall carry on a business as a health service provider unless licensed to do so under regulations made under section 15."*

Bermuda Health Council Act 2004

Section 15 of the Act speaks to making regulations that:

- govern applications for health service providers' licences (including inspections)
- establish an appeals procedure if a licence is refused, suspended or cancelled,
- prescribe professional and other qualifications required by health service providers [registration to remain with statutory boards]
- obligate licensed providers to supply returns, stats or other information as may be required
- set out offences for any contravention of the regulations
- are necessary or convenient to be prescribed for carrying out or giving effect to the Act.

Proposed Section 15 Regulations

Any person, group of persons or organization carrying on a business as a health service provider will be required to:

a. have a licence to operate,
b. seek permission to enter the health system, if a new provider,
c. relicense on a regular basis,
d. submit an application form and pay a fee for licensing and relicensing, allow for monitoring and site inspections of facilities to ensure compliance,
e. provide such information and data as is necessary for the Council to determine compliance with operational standards for health businesses, and,
f. be subject to penalties of $XXX for non-compliance with the requirement to be licensed.

Proposed Section 15 Regulations

The Health Council will have the authority to:

a. determine the application process and the renewal process
b. require the applicant to pay a fee for the initial application and subsequent renewals
c. approve, refuse, or approve subject to conditions, the application
d. conduct discretionary site inspections
e. require any new health service provider to apply for permission from the Health Council to enter the health system
f. issue standards for health service providers' business licensing [after consultation]

For applications that are to be refused or approved with conditions, the Council must provide reasons in writing and give a period for the applicant to make representations on the matter.

Appeals would be to the courts.

Proposed Section 15 Regulations

The Health Council will have the authority to:

- require the submission of data that can help to identify the drivers of medical co-payments [2023 Throne Speech initiative]
- assess financially-vested referrals and, if the data supports it, set guidelines and/or requirements for such referrals
- assess the entry into the market of new high-risk health technologies and, if the data supports it, set guidelines and/or requirements for new entrants to the healthcare market

STATION CONVERSATIONS

Share Your Insights

Guidelines

- Each station will have a specific area of focus.
- Once invited, you may start at any station and move through them in any order until you have visited all five of them.
- There is no set time limit at each station but your feedback at all of them is welcome.
- At each station you will find:
  - A handout with an overview of the station and the feedback sought
  - Post-it notes and markers to write your ideas and questions
  - Completed post-it notes should be placed on column (Please do NOT write on post-it notes while they are on the columns).
- If you agree/align with what someone else has already written, you may use a marker to put a check-mark on the post-it note.

Station A: The Relationship between the Cost of Doing Business and Co-pays

KEY POINTS:

- Currently, 35% of Bermuda's population is un- or under-insured.
- How co-pays are set is not understood.
- For vulnerable populations, the Ministry wants to reduce confusion and eliminate surprises.
- The right data collection, in aggregate, about health business costs is needed to achieve this.
- There is no intention to ask about profitability of a business or the specific revenue of its owners.

Station A: The Relationship between the Cost of Doing Business and Co-pays

QUESTIONS:

1. Are there other expense categories or items that are part of operating a health business that should be taken into consideration?
2. Are there other aspects of setting co-pay levels that the Government needs to consider?
3. Are there other questions or concerns you would like to have noted?

Station B: National Standards for Operating Health Businesses

KEY POINTS:

- Currently, there are no consistent national standards for operating a health business or health equipment in Bermuda.
- There is a need for consistent standards and protocols (e.g., health and safety, infection control, emergency plans, etc.)
- When consistent national standards have been identified, they will be implemented and published by the Health Council.
- This is your opportunity to contribute to establishing national standards.
- This conversation is referring to business operating standards NOT clinical standards.

Station B: National Standards for Operating Health Businesses

QUESTIONS:

- What are the priority operating standards that will highlight what could be put in place for all health businesses, that would demonstrate high quality care and patient safety?
- Where might there be variances depending on the type and size of a health business?

Station C: Data Collection for Information and Decision-Making

KEY POINTS:

- The Ministry is concerned about collecting appropriate data for decision-making.
- The Ministry wants to avoid over-regulation – which is why your input is needed.
- Data collected will inform a publicly available directory that will be produced and list all licensed Bermuda health businesses.
- Access to appropriate data is needed for:
  - Policy and regulatory decision-making within the health system
  - Health businesses to contribute to improving business operations and efficiency
  - Identification of surpluses and gaps in the health care system
- This conversation is about health business operations NOT about patient data or EMRs.

Station C: Data Collection for Information and Decision Making

QUESTIONS:

- **For the health system**, what data will ensure the right balance of services and equipment in Bermuda – to identify surpluses and gaps?
- **For health businesses**, what data would be valuable to owners so they can improve their business operations and efficiency?
- What, if anything, causes challenges in data collection?
- What thoughts do you have to offer for streamlining or focusing data collection?

Station D: Data to Support Health System Strengthening

KEY POINTS:

- Currently there is insufficient aggregate data to know population health outcomes or to understand pathways to improve health system strengthening.
- This data is needed to contribute to a sustainable health system.
- Currently, insurance claim data is used as a proxy and this is incomplete.
- The accuracy of using insurance claim data in identifying health trends is unclear.
- There is a need to address coding for clarity and consistency across the Island.
- This is about identifying the prevalence and incidence of health conditions and issues in Bermuda, NOT about individual patient information.

Station D: Data to Support Health System Strengthening

QUESTIONS:

- What forms of data could be helpful in identifying current population health outcomes and in determining desired population health outcomes?
- Who or where else could data be collected from?
- Is there additional data or information that would be helpful to us in making our health system stronger?
- Where might there be variances in data collection depending on the type and size of a health business?

Station E: Administration Considerations

KEY POINTS:

- We want to ensure there is no undue administrative burden placed on health businesses in complying with data collection and adhering to established standards.
- Some health businesses are already registered and have had experiences with the registration process – we want to learn from your experiences.

Station E: Administration Considerations

QUESTIONS:

- How does your business currently address administrative requirements of existing regulations and/or licensing?
- What administrative concerns do you have?
- If it was possible, what support would you like to see provided?
- What, if any, other considerations should the Ministry of Health and Bermuda Health Council be aware of?

Guidelines

- Each station will have a specific area of focus.
- Once invited, you may start at any station and move through them in any order until you have visited all five of them.
- There is no set time limit at each station but your feedback at all of them is welcome.
- At each station you will find:
  - A handout with an overview of the station and the feedback sought
  - Post-it notes and markers to write your ideas and questions
  - Completed post-it notes should be placed on column (Please do NOT write on post-it notes while they are on the columns).
- If you agree/align with what someone else has already written, you may use a marker to put a check-mark on the post-it note.


WHAT'S
NEXT?

Next Steps

- House of Assembly approval of regulations
- Ongoing engagement of health businesses on implementation of the regulations

www.healthstrategy.bm


ThankYou!

APPENDIX D – Station Handouts (A – E)

STATION A: THE RELATIONSHIP BETWEEN THE COST OF DOING BUSINESS AND CO-PAYS

A

Need / Purpose / Background

The 2023 Throne Speech indicated that the Ministry of Health ("The Ministry") will address controlling medical co-pays. This cannot be done accurately without understanding health business operating costs. Currently, reimbursement decisions are made by insurers and there is a lack of consistency and transparency about the data that informs those decisions.

Currently, 35%of Bermuda's population is un- or under-insured. Co-pays have an effect on the ability for some residents to access to health services. Residents do not understand how co-pay levels are set and why there is such a difference in co-pay levels between providers. Additionally, co-pay levels are rarely known in advance of service provision.

For the vulnerable populations, the Ministry wants to reduce the confusion around co-pays and eliminate surprises for consumers through the knowledge provided by the collection of data. The right data collection will help understand how health business costs impact co-pays and understanding the cost of business operations becomes important to establishing co-pays. It is important to note that as access to care becomes more affordable, it is anticipated that the initial impact would be a higher utilisation of services in the near-term, with this leveling out over time.

While it is possible to implement measures to manage co-pays without access to relevant data (i.e., intelligent estimations can be made by analysing other jurisdiction's data and adding a Bermuda conversion factor) this may not reflect the true costs of doing business in Bermuda and is not the approach that would best serve health businesses or our residents.

Please note, there is no intention to ask about the profitability of a business or the specific revenue of any of its owners. This conversation is around understanding real costs - not price or revenue.

Conversation Considerations

Health business costs include aggregate (i.e., total) costs by expense categories such as staffing and related benefits, regular overhead like electricity, rent or mortgage, supplies or equipment, software, accounting, and/or depreciation.

Questions

- Are there other expense categories or items that are part of operating a health business that should be taken into consideration?
- Are there other aspects of setting co-pay levels that the Government needs to consider?
- Are there other questions or concerns you would like to have noted?

Process

- Review this Station A handout.
- Feel free to be in conversation with those around you about the content and questions.
- Write your input, ideas, and questions on individual post-it notes.
- Be sure to include **Station A** on any post-it notes you write for this station.
- Place your post-it note(s) on the column (all four sides are available)
- If someone else has already captured your idea or thoughts, feel free to use a marker to add a check-mark to that post-it note.
- Please do NOT write on the post-in note while it is on the column.

STATION B: NATIONAL STANDARDS FOR OPERATING HEALTH BUSINESSES

B

Need / Purpose / Background

There are currently no consistent national standards for operating a health business or health equipment in Bermuda. There is a need for consistent standards and protocols related to Health and Safety, Infection Control, and Emergency Plans to ensure consistency of care and access for patients. When consistent national standards have been identified, they will need be implemented and published by the Bermuda Health Council.

Conversation Considerations

This is an opportunity for you to contribute to establishing the national standards for operating health businesses across Bermuda, based on your experience and knowledge.

It is important to note that this conversation is referring to business operating standards NOT clinical standards.

Questions

- What are the priority operating standards that will highlight what could be put in place for all health businesses, that would demonstrate high quality care and patient safety?

- Where might there be variances in data collection depending on the type and size of a health business?

Process

- Review this Station B handout.
- Feel free to be in conversation with those around you about the content and questions.
- Write your input, ideas, and questions on individual post-it notes.
- Be sure to include **Station B** on any post-it notes you write for this station.
- Place your post-it note(s) on the column (all four sides are available)
- If someone else has already captured your idea or thoughts, feel free to use a marker to add a checkmark to that post-it note.
- Please do NOT write on the post-in note while it is on the column.

Need / Purpose / Background

The Ministry is concerned about the need to collect appropriate data for decision-making and wishes to avoid over-regulation. The goal is to strike a balance, which is one of the reasons why health business owners are being engaged for input.

Data provided during the licensing application process will be used to inform a publicly available directory that will be produced and list all licensed Bermuda health businesses.

Additionally, there are a variety of decisions and decision-makers for whom access to reliable data is needed. This includes data for policy or regulatory decision-making within the health care system and for health businesses, and to identify surpluses and gaps in services across the overall health system.

While there is an intent to collect data, there is also a strong desire to ensure the process is as streamlined as possible. There are health businesses already registered and/or licensed (e.g., clinical laboratories, insurers, and pharmacies). Their experiences can help inform these questions.

Please note: this conversation is not about patient data or EMRs, it is about health business operations data.

Conversation Considerations

- The Ministry needs to collect appropriate data for decision-making and wants to avoid over-regulation – which is why your input is needed.
- This conversation is about health business operations NOT about patient data or EMRs.

Questions

- **For the health system**, what data will ensure the right balance of services and equipment in Bermuda – to identify surpluses and gaps?
- **For health businesses**, what data would be valuable to owners so they can improve their business operations and efficiency?
- What, if anything, causes challenges in data collection?
- What thoughts do you have to offer for streamlining or focusing data collection.

Process

- Review this Station C handout.
- Feel free to be in conversation with those around you about the content and questions.
- Write your input, ideas, and questions on individual post-it notes.
- Be sure to include **Station C** on any post-it notes you write for this station.
- Place your post-it note(s) on the column (all four sides are available)
- If someone else has already captured your idea or thoughts, feel free to use a marker to add a checkmark to that post-it note.
- Please do NOT write on the post-in note while it is on the column.

From the Health Council Website: Facility Registration Application Form

The following information is collected as part of the Facility Registration application process on www.healthcouncil.bm.

Facility Name*(required)
Registration Type*(required) – New or Renewal
Address*(required), Phone*(required), Email*(required)
Website
Business Category*(required): Business (Individual), Business (Partnership), Registered Charity, Government or Quasi Government

Facility Owner*(required)

Facility Registration Level *(required) Advanced - requires completion of this application form and all supporting documents in full

Facility Type*(required), Check all that apply: Ambulatory Surgical, Chiropody, Clinical Laboratory, Complementary & Alternative, Dental, Dental Imaging, Diagnostic Imaging, Dialysis, Dietetics, Homecare Agency, Hospital & Emergency Care, Medical Office, Medical Supplies, Mental Health & Counseling, Pharmacy, Psychology, Rehabilitation, Residential Care Home, Vision Care

Provide a brief description of the facilities services*(required)

Medical Director Information

Primary person legally responsible for clinical care
Name*(required)
Gender
Phone*(required)
Email*(required)
Job Title*(required)
Employment Type*(required)
Full-time, Part-time
Highest Level of Qualification*(required)

Health Professional Registration: (Check the box) Addiction Counselor, Advance Practice Nurse, Chiropodist/ Podiatrist, Dental Assistant, Dental Hygienist, Dental Technician, Dentist, Diagnostic Imaging Technologist, Dietitian, Emergency Medical Services, Medical Laboratory Technologist, Midwife, Nurse, Nurses Associate, Nurse Specialist, Occupational Therapists, Optometrist/Optician, Pharmacist, Physician, Physiotherapists, Psychologist, Speech-Language Pathologist, Unregulated Professional

Health Professional Number

Criminal Convictions: Yes, No
Suspended or Cancelled License (Business or Professional): Yes No

Government Compliance

The facility is compliance with the Companies Act 1981, and is registered with the Registrar of Companies.*(required): Yes, No
http://www.bermudalaws.bm/laws/Consolidated%20Laws/Companies%20Act%201981.pdf

The facility is compliant with the Payroll Tax Act 1995, and is up-to-date with their remittances.* (required): Yes, No
http://www.bermudalaws.bm/laws/Consolidated%20Laws/Payroll%20Tax%20Act%201995.pdf

All eligible staff members have an active health insurance policy (effective and continued in force contract with a licensed health insurer) as required by the Health Insurance Act 1970.* (required): Yes, No
http://www.bermudalaws.bm/laws/Consolidated%20Laws/Health%20Insurance%20Act%201970.pdf

The facility is compliant with the Contributory Pensions Act 1970, and is up-to-date with payments for all eligible staff.* (required): Yes, No
http://www.bermudalaws.bm/laws/Consolidated%20Laws/Contributory%20Pensions%20Act%201970.pdf

The facility submits the Annual Employer Accident Report Form OSHR 30 and Accident Investigation Report Form OSH 1 to the Occupational Safety and Health Unit of the Environmental Health Section: Yes, No
https://www.gov.bm/occupational-safety-and-health.

The facility and its employees are covered under a current and in force contract for malpractice, or professional indemnity insurance. Coverage is legally mandated for all Psychologists, Dental Practitioners and Physicians. Yes, No
http://www.bermudalaws.bm/laws/Consolidated%20Laws/Medical%20Practitioners%20Act%201950.pdf
http://www.bermudalaws.bm/laws/Consolidated%20Laws/Psychological%20Practitioners%20Act%202018.pdf
http://www.bermudalaws.bm/laws/Consolidated%20Laws/Bermuda%20Hospitals%20Board%20(Medical%20Staff)%20Regulations%201996.pdf

Electronic Medical Records System

The facility uses an electronic medical records system. Yes, No

Services List*(required) Upload or drag files here.
Equipment List*(required) Upload or drag files here.
Staff List *(required) Upload or drag files here.
Provide a photo of your facility, or alternatively, your business' logo: Upload or drag files here.

You may submit up to **6 images**, and we prefer images submitted in **JPEG** format. The image ratio, size, and logo guidelines are listed below:

1. **Image Ratio** - We recommend either 3:2 or 16:9. (16:9 is "HD")
2. **Image size** - Web standard for 'full screen' is 1366px+, but "Full HD" is 1920×1080.

Company Logo *- We recommend an image that is 6:1 ratio minimum, 600px wide.*

Evidence of Health Insurance for Employees*(required): Upload or drag files here.
Please attach a copy of the letter from the insurance company or latest receipt.

Need / Purpose / Background

Currently, there is insufficient aggregate health data to know population health outcomes in Bermuda or to understand the pathways to improve health system strengthening.

Conversation Considerations

Although this conversation category will likely go beyond health business licencing, it is important to building a sustainable health system. We know you will have thoughts and observations to share.

This is not about individual patient information. It is about identifying the prevalence and incidences of health conditions and issues in Bermuda through various sources of data collection.

Currently, insurance claim data is used as a proxy and this is incomplete. Therefore, the accuracy of it in identifying health trends is unclear. As well, coding needs to be addressed to bring clarity and consistency across the Island.

Questions

- What forms of data could be helpful in identifying current population health outcomes and in determining desired population health outcomes?
- Who or where else could data be collected from?
- As a health business, is there additional data or information that would be helpful to you in making operating decisions about your business?

Process

- Review this Station D handout.
- Feel free to be in conversation with those around you about the content and questions.
- Write your input, ideas, and questions on individual post-it notes.
- Be sure to include **Station D** on any post-it notes you write for this station.
- Place your post-it note(s) on the column (all four sides are available)
- If someone else has already captured your idea or thoughts, feel free to use a marker to add a checkmark to that post-it note.
- Please do NOT write on the post-in note while it is on the column.

STATION E: ADMINISTRATION CONSIDERATIONS

E

Need / Purpose / Background

There is desire to ensure that no undue administrative burden is placed on health businesses as they work to comply with data collection and adhere to established standards.

Conversation Considerations

Some health businesses are already registered and have had experiences with the registration process that could be helpful in understanding the impact of administration requirements associated with the existing process.

Questions

- How does your business currently address administrative requirements of existing regulations and/or licensing?
- What administrative concerns do you have?
- If it was possible, what support would you like to see provided?
- What, if any, other considerations should the Ministry of Health and Bermuda Health Council be aware of?

Process

- Review this Station E handout.
- Feel free to be in conversation with those around you about the content and questions.
- Write your input, ideas, and questions on individual post-it notes.
- Be sure to include **Station E** on any post-it notes you write for this station.
- Place your post-it note(s) on the column (all four sides are available)
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Registration Type*(required) – New or Renewal
Address*(required), Phone*(required), Email*(required)
Website
Business Category*(required): Business (Individual), Business (Partnership), Registered Charity, Government or Quasi Government

Facility Owner*(required)

Facility Registration Level *(required) Advanced - requires completion of this application form and all supporting documents in full

Facility Type*(required), Check all that apply: Ambulatory Surgical, Chiropody, Clinical Laboratory, Complementary & Alternative, Dental, Dental Imaging, Diagnostic Imaging, Dialysis, Dietetics, Homecare Agency, Hospital & Emergency Care, Medical Office, Medical Supplies, Mental Health & Counseling, Pharmacy, Psychology, Rehabilitation, Residential Care Home, Vision Care

Provide a brief description of the facilities services*(required)

Medical Director Information

Primary person legally responsible for clinical care
Name*(required)
Gender
Phone*(required)
Email*(required)
Job Title*(required)
Employment Type*(required)
Full-time, Part-time
Highest Level of Qualification*(required)

Health Professional Registration: (Check the box) Addiction Counselor, Advance Practice Nurse, Chiropodist/ Podiatrist, Dental Assistant, Dental Hygienist, Dental Technician, Dentist, Diagnostic Imaging Technologist, Dietitian, Emergency Medical Services, Medical Laboratory Technologist, Midwife, Nurse, Nurses Associate, Nurse Specialist, Occupational Therapists, Optometrist/Optician, Pharmacist, Physician, Physiotherapists, Psychologist, Speech-Language Pathologist, Unregulated Professional

Health Professional Number

Criminal Convictions: Yes, No
Suspended or Cancelled License (Business or Professional): Yes No

Government Compliance

The facility is compliance with the Companies Act 1981, and is registered with the Registrar of Companies.*(required): Yes, No
http://www.bermudalaws.bm/laws/Consolidated%20Laws/Companies%20Act%201981.pdf

The facility is compliant with the Payroll Tax Act 1995, and is up-to-date with their remittances.* (required): Yes, No
http://www.bermudalaws.bm/laws/Consolidated%20Laws/Payroll%20Tax%20Act%201995.pdf

STATION E: ADMINISTRATION CONSIDERATIONS

E

All eligible staff members have an active health insurance policy (effective and continued in force contract with a licensed health insurer) as required by the Health Insurance Act 1970.* (required): Yes, No
http://www.bermudalaws.bm/laws/Consolidated%20Laws/Health%20Insurance%20Act%201970.pdf

The facility is compliant with the Contributory Pensions Act 1970, and is up-to-date with payments for all eligible staff.* (required): Yes, No
http://www.bermudalaws.bm/laws/Consolidated%20Laws/Contributory%20Pensions%20Act%201970.pdf

The facility submits the Annual Employer Accident Report Form OSHR 30 and Accident Investigation Report Form OSH 1 to the Occupational Safety and Health Unit of the Environmental Health Section: Yes, No
https://www.gov.bm/occupational-safety-and-health.

The facility and its employees are covered under a current and in force contract for malpractice, or professional indemnity insurance. Coverage is legally mandated for all Psychologists, Dental Practitioners and Physicians. Yes, No
http://www.bermudalaws.bm/laws/Consolidated%20Laws/Medical%20Practitioners%20Act%201950.pdf
http://www.bermudalaws.bm/laws/Consolidated%20Laws/Psychological%20Practitioners%20Act%202018.pdf
http://www.bermudalaws.bm/laws/Consolidated%20Laws/Bermuda%20Hospitals%20Board%20(Medical%20Staff)%20Regulations%201996.pdf

Electronic Medical Records System

The facility uses an electronic medical records system. Yes, No

Services List*(required) Upload or drag files here.
Equipment List*(required) Upload or drag files here.
Staff List *(required) Upload or drag files here.
Provide a photo of your facility, or alternatively, your business' logo: Upload or drag files here.

You may submit up to **6 images**, and we prefer images submitted in **JPEG** format. The image ratio, size, and logo guidelines are listed below:

1. **Image Ratio** - We recommend either 3:2 or 16:9. (16:9 is "HD")
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Company Logo *- We recommend an image that is 6:1 ratio minimum, 600px wide.*

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