

# National Health Insurance (NHI) Primary Care Transformation Initiative (PCTI)

---

Establishing Universal Access to Quality,  
Affordable Primary Health Care in The Bahamas

## Public Consultation Feedback Report

January 2021

# Table of Contents

<b>A Message from the Chairman</b>	<b>3</b>
<b>1. Our Shared Goal</b>	<b>4</b>
<b>2. Consultation Overview</b>	<b>6</b>
<b>3. Understanding the Details of The PCTI</b>	<b>7</b>
3.1 Standard Health Benefit (SHB)	7
3.2 Private Insurance Reforms	9
3.3 Electronic Health Records (EHR)	10
3.4 Patient Centric Healthcare System	11
<b>4. Addressing Key Themes in Feedback</b>	<b>12</b>
4.1 Protect Data and Confidentiality	13
4.2 Improve Patient Experience	14
4.3 Address Health Inequities	15
4.4. Integrate Service Delivery Accountability	16
4.5 Integrate Prescription Medication Coverage	17
4.6 Support Providers using Innovative Care Models	18
4.7 Ensure Financial Sustainability	19
4.8 Expand Services under SHB Coverage	20
<b>5. The Next Step in Our Shared Journey</b>	<b>21</b>

## A MESSAGE FROM THE CHAIRMAN



### To The Bahamian People,

In October 2020, we unveiled a plan for public consultation that is designed to transform the way we deliver primary healthcare services to the patients in this country. This plan has a clear goal of establishing Universal Access to quality, affordable primary health care in the Bahamas. As we all know, our country and economy has faced numerous roadblocks over the past years which we are navigating through to make UHC a reality. This plan, which we call the **Primary Care Transformation Initiative (PCTI)** is our response to those challenges. The PCTI demonstrates we will make our way to reach the ultimate goal of achieving Universal Health Coverage (UHC).

The PCTI is comprised of input from insurance specialists, medical professionals, robust financial analysis and taking best practices from around the world. Most importantly, NHI is committed to engage all stakeholders which means all of you in the journey towards UHC. This plan has been created for you and we want to keep you informed. This process is only successful when it addresses your questions, concerns and captures your feedback along the way. In this effort, we held a 45 days consultation period to hear from you. To keep our communities safe, virtual meetings with stakeholders, and online discussions were the mediums of choice. We also conducted a comprehensive online survey to gather feedback from our population.

I am pleased to share that we received an overwhelming number of responses through these channels. What we heard was clear: Bahamians support the core changes under The PCTI and are committed to proceed towards Universal Health Coverage.

This document explains those findings and provides further clarification about the plan and our approach to your feedback. Thank you for your contributions, thoughts, ideas and recommendations. We appreciate your significant role in improving our healthcare system.

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Roberts', written over a light blue rectangular background.

**Dr. Robin Roberts**  
Chairman, National Health Insurance Authority

# 1 Our Shared Goal

Our shared goal remains the same : we are committed to achieving Universal Health Coverage (UHC) for the people of The Bahamas. Together, we've made important progress towards achieving this objective. However, barriers remain within our healthcare system that must be addressed to ensure we can continue our journey towards UHC. The PCTI will address these barriers, and represents the right step, at the right time, for our country.

## 1.1 The Primary Care Transformation Initiative

The Primary Care Transformation Initiative (PCTI) will bring together public and private healthcare delivery networks under a common framework of care that is intended to improve quality, deliver a better patient experience and provide access to care without any cost at the point of service. The PCTI will do so by:

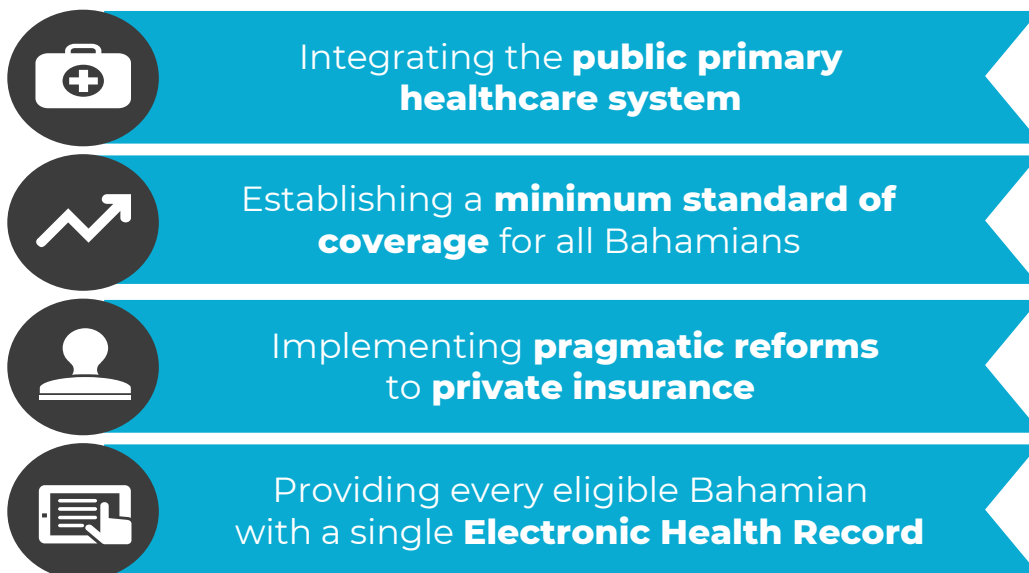


Figure 01: Elements of the PCTI

The PCTI will integrate the parallel public care systems and take an approach to transformation which moves beyond the existing silos. These changes will establish universal access to primary care and continue paving the way for universal healthcare, while working within the economic and fiscal constraints we face.

## 1.2 About this Document

Bahamians have time and time again demonstrated their desire to have thoughtful conversations about our healthcare system, and be fully engaged as we move towards our shared goals.

Naturally, a change of this magnitude is not something that can be designed and implemented in a vacuum. We knew that it would be critically important for us to hear from you to gather your feedback on this transformation. At the beginning of October, 2020 the NHIA embarked on a 45 day stakeholder consultation period to do just that.

This document outlines the feedback received from the general public and key healthcare stakeholders throughout this consultation period. It includes items which stakeholders told us required further clarification and attempts to address frequently asked questions. It also synthesizes key themes from the feedback received, identifying concerns that were raised and what we are doing to address them.

While this report cannot address every piece of feedback, from every stakeholder engaged, we believe it captures the critical perspectives, concerns and opinions which were shared with us.

---

After 45 days of consultation, it is abundantly clear that Bahamians **support the objective of establishing universal access to high quality, affordable primary healthcare**. What is also clear is that we must keep striving to reach our ultimate goal of achieving **truly universal health coverage**.

---

# 2 Consultation Overview



Consultation Period  
**45 days**



Impressions  
**8200+**



Survey Responses  
**2722**



Stakeholder Submissions  
**3**



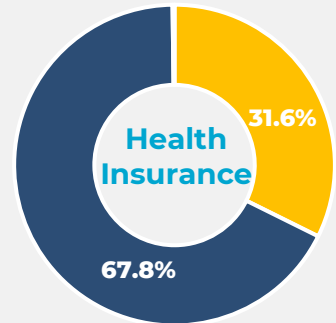
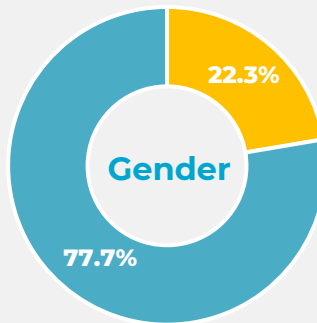
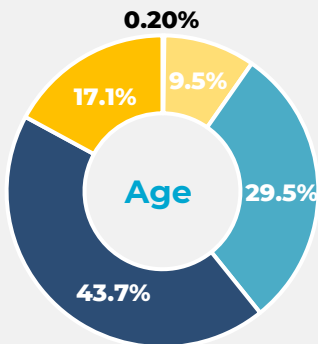
Targeted Stakeholder Sessions  
**20+**



Media Interviews  
**5**

For both our public surveys and targeted stakeholder sessions, we wanted to reach as broad and diverse a group as possible to ensure everyone had a chance to make their voice heard.

## Survey Response Demographics



■ Under 18 ■ 18-30 ■ 31-45 ■ 45-60 ■ 60+

■ Male ■ Female

■ Yes ■ No



**90%** of survey respondents indicated that they believe The PCTI will result in **better access and quality of healthcare.**



**95%** of survey respondents indicated they think it will support a **better patient experience.**

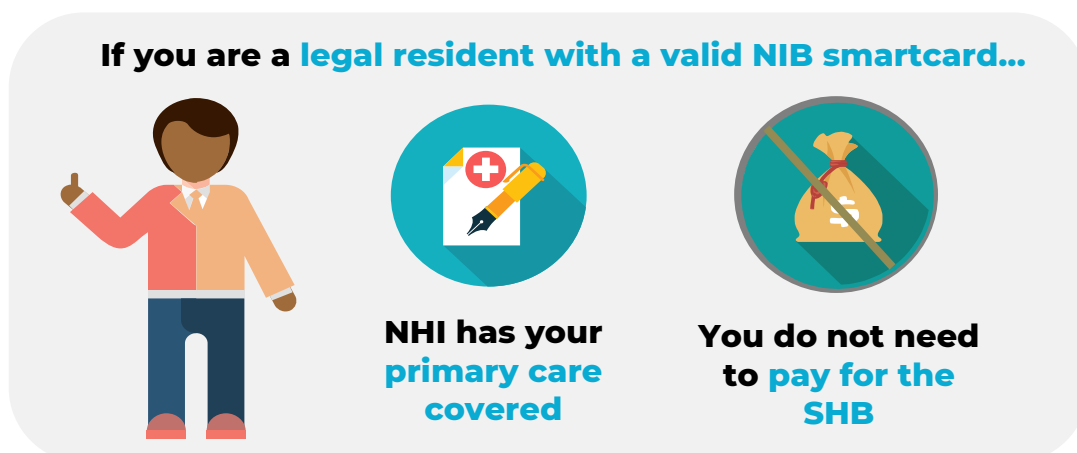
## 3 Understanding the Details of The PCTI

One of the primary objectives of the consultation period was to identify elements of The PCTI that required further clarification. Our aim is to ensure that all Bahamians are equipped with the information they need to understand this transformation and what it means for them. This section identifies features of The PCTI which stakeholders indicated require further explanation, and offers additional information to address the questions raised.

### 3.1 The Standard Health Benefit (SHB)

A number of survey respondents were eager to better understand all aspects of the Standard Health Benefit (SHB), and what is included in the minimum standard of coverage.

The SHB will be available with no co-pays or deductibles, ensuring high quality primary care is accessible to all. The SHB will deliver continuity of care by ensuring Bahamians receive care from a dedicated family physician. All legal residents with a valid NIB smartcard can enroll in the NHI program to access the SHB.

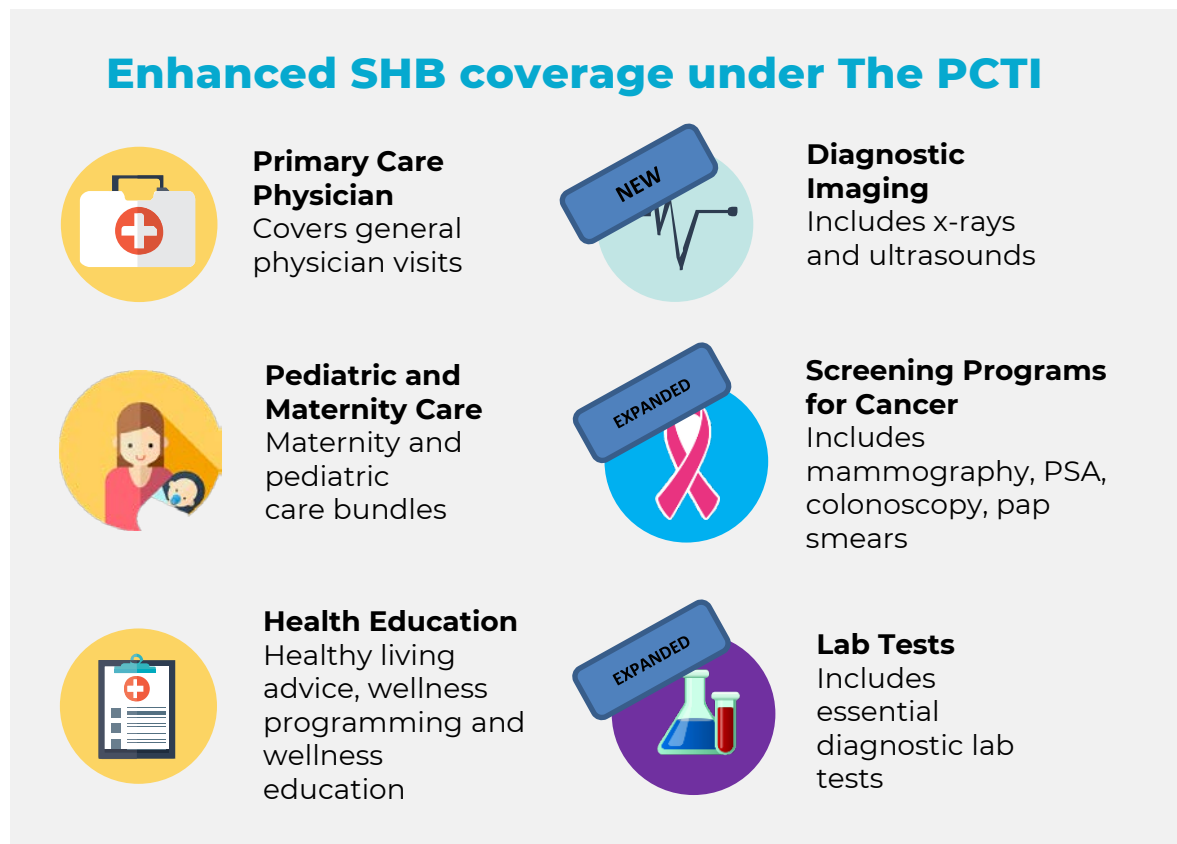


**Figure 02: SHB Eligibility**

The SHB encompasses primary care coverage and includes **all primary care physician visits**. It also includes specific laboratory tests, diagnostic imaging, and cancer screenings. Integrated into this bundle of services is specific pediatric and maternity coverage, which covers all evidence-based best practices for antenatal and newborn care including all lab tests, imaging, and immunizations associated with best outcomes.

The SHB will also include essential diagnostic blood tests. These test will help detect and monitor a multitude of both communicable and non-communicable diseases. The SHB also covers an array of X-ray and ultrasound diagnostic tests. Importantly, the Standard Health Benefit has screening programs for the most prevalent cancers in the Bahamas. It covers screenings for cervical, breast, prostate, and colon cancer.

The SHB is an important tool in the pursuit of UHC as it will serve to meaningfully expand access to high quality, primary care. The visual below summarizes the key ways in which patients will benefit from the SHB.



**Figure 03: SHB Coverage under The PCTI**



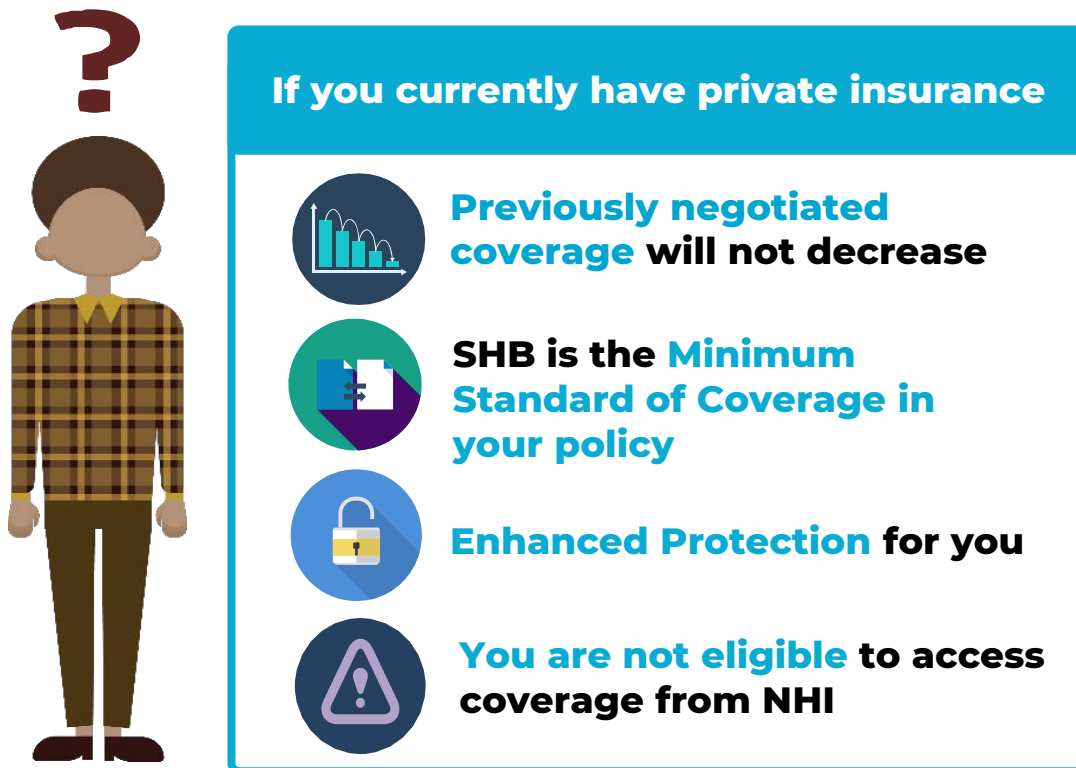
## 3.2 Private Insurance Reforms

Stakeholders were eager to learn more about the private insurance reforms under The PCTI and what they will mean for Bahamians. The PCTI introduces changes that will affect private policy holders and insurance companies, so we want to make sure we clearly communicate potential impacts.

Individuals who have coverage through private insurance will no longer be eligible to access primary care coverage from NHI. Instead, they will be able to access SHB coverage through their private policy.

Private insurers will be required to mirror SHB as the minimum standard of coverage for primary care. This means that existing private insurance plans will be strengthened, while requiring no co-pays or deductibles for SHB services and offering an improved patient experience through the electronic health record. Individuals who are privately insured will not need to enroll in the NHI program.

In addition to the SHB, policyholders will continue to enjoy any existing coverage that they have previously negotiated with their private insurers and/or employers. The reforms under the PCTI will also provide greater cost certainty for insurers and should provide for more predictable and affordable policies.



**If you currently have private insurance**





-  **Previously negotiated coverage will not decrease**
-  **SHB is the Minimum Standard of Coverage in your policy**
-  **Enhanced Protection for you**
-  **You are not eligible to access coverage from NHI**

Figure 04: Private Insurance Reforms

### 3.3 Electronic Health Records (EHRs)

The PCTI will see the deployment of a single Electronic Health Record (EHR) for all individuals accessing primary healthcare in The Bahamas. While stakeholders appreciated the move towards this digital system, they sought to better understand what features they will have access to, how the EHR will be used and what provisions are in place to support information privacy and confidentiality.

EHRs make it possible for healthcare Providers to better manage patient care through the secure use and sharing of health information. Through EHRs, patient records will be stored on a cloud-based system which will ensure critical health information is not lost as a result of natural disasters or human error. In The Bahamas, most healthcare Providers still use paper charts to keep track of their patients' medical records. In other jurisdictions, EHRs are widely used as they help to keep information accessible, secure and portable.



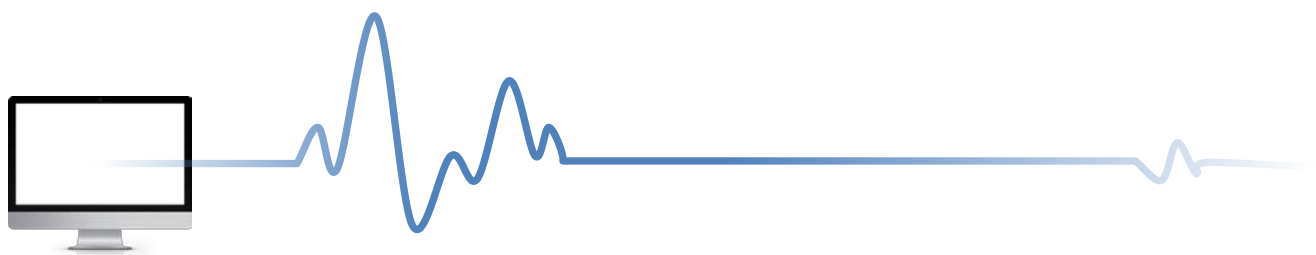
**The records stored in EHRs are owned by the respective Provider or facility. They are not open to the broader healthcare sector until patients choose to give permission to exchange information.**

The EHR enables patients to access their own health information through a digital patient portal. The portal is a secure online database that gives patients convenient, 24-hour access to personal health information from anywhere with an Internet connection. Using a secure username and password, patients can view health information such as recent and upcoming doctor visits, medications, immunizations and lab results.

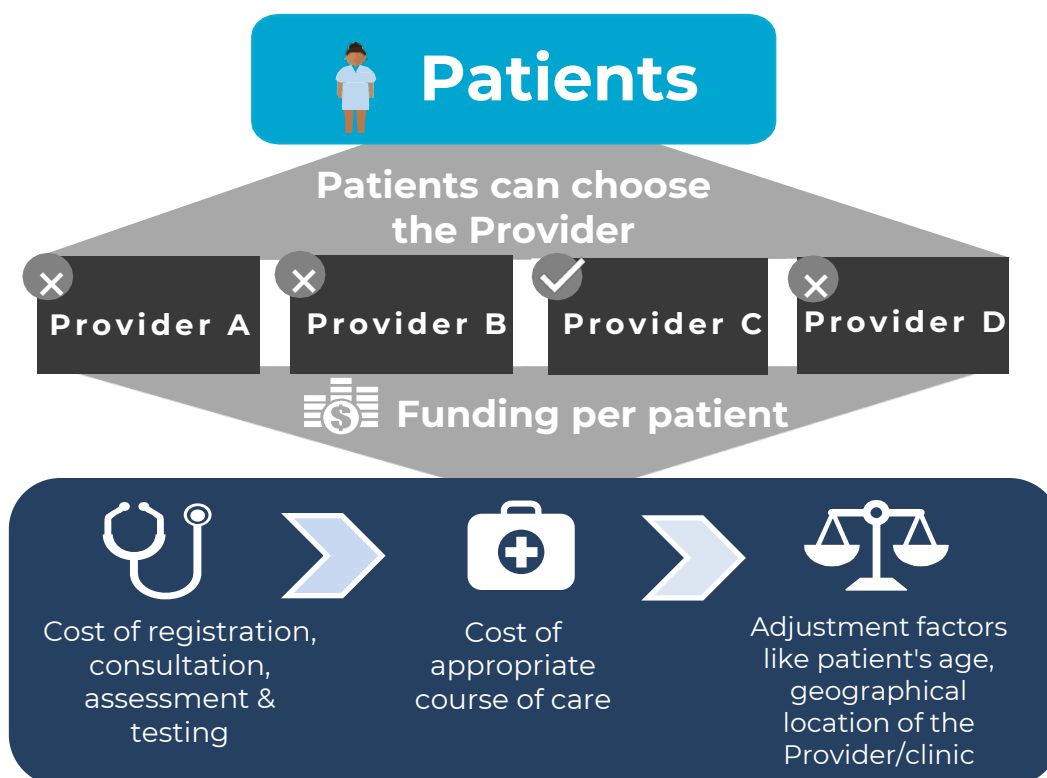


**There are several standards in place to ensure that information stored in EHRs is kept safe and secure.**

EHRs are considered more secure than traditional paper records as they protect against tampering. Access to data is limited to patient-permitted users, data is audited regularly to monitor any breaches, and a highly secure system is used to transfer data. Our technology partner, eClinicalWorks is a global leader in digital health solutions and offers extensive mechanisms for protecting the privacy and security of health information.



### 3.4 Patient Centric Healthcare Funding



**Figure 05: Simplified example of patient centric funding model**

Stakeholders were keen to know more about how The PCTI will introduce a patient centric healthcare funding model. Many physician-led stakeholder groups also wanted to know the details of the capitation rate.

The PCTI leverages the capitation based funding model to ensure physicians are compensated for each patient that comes to them to access healthcare services. Capitation is a value based funding mechanism and creates an incentive to keep patients healthy. The patient has the ability to choose their primary care physician. Findings from feedback surveys show there is room for improvement when it comes to patient experience at public sector facilities. The capitation model, in which funding is tied to the patient, creates a strong incentive for Providers to improve patient service.

When it comes to the capitation rate, the base rate is \$150 per Beneficiary and this amount increases depending on various factors (gender, age, island of residence) and additional compensation for the care of infants, and pregnant women receiving service from primary care Providers. The estimated current cost to deliver primary care to NHI Beneficiaries is \$217 which includes capitation, a limited number of laboratory fee-for-service events, infant care and antenatal care. The existing fee schedule has been developed based on utilization data and disease prevalence within the country. NHIA commits to reviewing these rates on an ongoing basis to maintain competitiveness and efficacy.

## 4 Addressing Key Themes in Feedback

In addition to our objective of informing Bahamians about the key elements of The PCTI, we also sought to solicit substantive feedback and identify action items to address their concerns. Throughout our consultation period, we listened to you when you told us how we could strengthen this transformation of primary care and ensure it achieves our shared goals.

Overall, **the feedback we heard indicated strong support for The PCTI** and the key changes it will introduce. In fact, the constructive feedback we did hear was typically in relation to areas in which The PCTI may not go far enough to address key issues in the primary healthcare system. We recognize this concern and join with you in calling for more comprehensive coverage, but also recognize that the realities of the current fiscal framework make additional investment difficult at this time. This section will outline eight common themes we heard across stakeholder feedback, and discuss how we will address them.



**Figure 06: Key Feedback Themes**

## 4.1 Protect Data and Confidentiality

Concerns around patient data protection and confidentiality was a common theme in feedback received from both the public survey and targeted stakeholder sessions. We understand your questions and concerns around data protection, accessibility and existing paper records.

“How will my personal health information be protected on the EHR?”

“Who has access to my health records? Will my previous Provider have access to my data?”

### How We're Addressing This Feedback



#### Clarifying privacy requirements

Data privacy and confidentiality is at the core of The PCTI. Patient information is accessible to Providers only through a secure health information system in the form of the Electronic Health Record (EHR). The EHR solution utilizes best-in-class mechanisms for safeguarding the privacy and security of health information. Events where data is accessed are logged, and this will be audited. Data will be stored in a cloud-based server, ensuring that health information is protected even in the event of natural disaster.

#### Access permissions

Patient's data will be stored on their Provider's EHR. Patients can choose whether their data will be available on the Electronic Health eXchange, a secured and shared platform between NHI Providers. This exchange of data would be important to ensure continuity of care if a patient is seeing multiple Providers for a variety of services. In the rare event where NHIA needs to view data for quality assurance purpose, physicians will be informed. NHIA and the government will have regular access to only a pool of anonymous population-level data for research and health promotion purposes. Private insurers access to data for the purpose of claims processing will remain unchanged due to The PCTI.

#### Protecting your data

There will be no loss of existing paper records as Providers can either choose to scan and upload them to the system, or use the EHR for the new patients. With time, digital records through EHRs will replace all paper based data.

## 4.2 Improve the Patient Experience

Many stakeholders, particularly those accessing healthcare services from the public sector indicated a desire to see improvements in the patient experience. They asked about our plan to increase the number of Providers within the SHB network and provide enhanced training to staff.

“What if I am not satisfied with the service provided by my primary care Provider?”

“Is NHI doing anything to ensure there is sufficient number of Providers who provide care for people covered under NHI?”

### How We’re Addressing This Feedback



#### Empowering patients to choose their Provider

The PCTI will help to improve patient satisfaction as it enables them to choose their primary care Provider. The capitation model is tied to each patient, enabling an environment of continuous improvement in patient service. Physicians are compensated more if they are providing primary care to hard to reach communities in distant family islands. This element of The PCTI will support competition and better delivery of care across the family islands.

#### Increasing the number of Providers in the SHB network

As we implement this transformation, the number of Providers within the SHB network will continue to increase. This will give patients more choice in selecting their primary care physician. We are currently in the process of transitioning public clinics to expand the network starting with pilot groups of clinics later this year.

#### Training for healthcare staff

In keeping with the technological changes captured in The PCTI, and to ensure efficient service to patients, we have arranged multiple pathways for training on the EHR. In-house support and advisory council guidance will help Providers and clinic staff become well versed in technological solutions for delivering better patient service.

## 4.3 Address Health Inequities

While stakeholders agreed that changes under The PCTI will improve healthcare service for Bahamians, they wanted to know about our plan to address the health needs of vulnerable groups in the community. In particular, there were questions around adequate coverage for residents of the family islands and for those who may not be enrolled.

“How will the PCTI help marginalized communities in our country?”

“What is The PCTI doing to make sure our community needs are addressed?”

### How We’re Addressing This Feedback



#### Bringing coverage to the majority of Bahamians

The PCTI is on track to increase primary care coverage in The Bahamas. By 2025, 61% of Bahamians are projected to be enrolled in NHI with more than 90% having access to SHB coverage. While a large proportion of the Bahamian population will be enrolled in and covered by NHI, for those who are not covered due to geography or other factors, NHIA has committed to working with the Ministry of Health in identifying models of care that better suit these communities.

#### Responding to community needs

Through The PCTI process, a key part of successful clinic integration will be responding to community needs. While we will carefully consider the needs of marginalized populations, the positive impact it can have in our population centers requires us to move forward with The PCTI implementation. Additionally, to incentivize Providers to serve in areas with hard to reach population groups, NHIA adjusts capitation rates based on geographical location and risk factors for the population. Keeping the unique Bahamian landscape in mind, telehealth is enabling patients to connect with their Provider if they face geographic or mobility barriers.

#### Future scope of targeted programs

There may be an opportunity for more targeted programs on a smaller scale to meet the unique needs of certain population groups who are not enrolled with NHI. While these programs are not in scope at this point in time, we will continue to identify vulnerable groups and will revisit developing targeted interventions once the core clinic integrations have been implemented.

## 4.4 Integrate Service Delivery Accountability

While stakeholders were highly supportive of the PCTI, several stakeholder groups expressed concerns about whether existing health system governance structures would be able to effectively support the transformation. Specifically, they identified challenges related to the fragmentation of current roles and responsibilities between different actors, the existing duplication within the system and the capacity of the public care system to effectively manage this transition.

“Is the current governance system ready for this big a change in our healthcare system? What will be the role of our healthcare entities? ”

“Who should play a role in providing healthcare going forward?”

“There isn’t enough accountability in our healthcare system. Who will work on it?”

### How We’re Addressing This Feedback



#### Ongoing review of governance structure

We understand that for our healthcare system to achieve its full potential, its governance structure needs to be effective and efficient. To address this, we are working together with our public health system leadership to explore different options for creating a more efficient, effective and accountable primary care service delivery governance system.

#### Setting the priority

However, transforming the governance model is a long term endeavor and it should not impede our ability to deliver on The PCTI in the short-term. Our first step to address governance challenges will be to transition all public clinics to the NHI model, in order to remove duplication from the public system. In the medium and long term, we will aim to address broader governance challenges.



## 4.5 Integrate Prescription Medication Coverage

Multiple stakeholders indicated that The PCTI can make further changes when it comes to funding and coverage for prescription medication. They raised the point that adding medication funding and coverage under NHI will make the overall healthcare governance more efficient.

“There are additional proven efficiencies that are not mentioned and should be considered, such as pooled procurement of health supplies and medicines, medical equipment, etc.”

“It is quite effective compared to other countries, however, it is not effective due to the cost of medication being high if you have to go outside and purchase from your local pharmacy.”

### How We're Addressing This Feedback



#### Shared long-term goals

We understand that our stakeholders would like to see NHI fund the prescription medication coverage and expand SHB to cover prescription medication. This change in the funding system will help lay out the governance system for the prescription medication coverage when SHB is expanded to cover it. We recognize the National Prescription Drug Plan (NPDP) to be an important element in fulfilling our goal of protecting Bahamian people. We will work with our partners at NPDP and across the health system on opportunities to improve access and affordability of prescription drugs.

#### Prescription medication coverage will be considered in future as part of the SHB expansion

Including prescription medicine to SHB is part of our broader vision as we continue our journey towards UHC. Further integration should be considered long-term and NHI will review SHB annually to consider prescription medication coverage in future iterations as SHB expands over the years.

## 4.6 Support Providers using Innovative Care Models

Stakeholders raised questions related to how The PCTI will foster innovation and competitiveness within our healthcare system. The capitation model under The PCTI ensures a steady stream of income for physicians tied to the delivery of quality service to patients. This is one example of how the spirit of innovation and competitiveness is integrated into The PCTI.

“Given the paucity of Providers in our healthcare system, how will The PCTI encourage competitiveness ?”

“How will The PCTI make sure the Providers who has a more efficient system in place is rewarded accordingly, and not discouraged to further improve their service?”

### How We're Addressing This Feedback



#### Rewarding effort and quality care

Under The PCTI, there is higher compensation for physicians that are able to provide primary care services to rural communities in the family islands. This will ensure that access and quality is ingrained in the delivery of care to the family islands. The capitation model also ties compensation to each patient a physician serves. This feature, combined with the Beneficiary's ability to choose their physician, will promote a spirit of service excellence which will lead to better patient services.

#### Committed to innovative changes

We recognize The PCTI is just the start of the journey to improve our healthcare system. We are committed to making further improvements based on leading practice and evidence. We recognize the importance of allied healthcare professionals in the Bahamian healthcare system. We are currently identifying different options to support innovative service delivery and models of care including considerations for academic training and supporting the employment of allied health professionals.

## 4.7 Ensure Financial Sustainability

A common concern voiced in the feedback survey and stakeholder sessions was the sustainability of financing in The PCTI. Stakeholders see it as an ambitious plan to improve access to quality care without any co-pays, deductibles, taxes, premiums or an employer mandate. They indicated a desire to know more about how the savings in our system will take shape, and how infrastructure updates will be financed.

“Can you clarify how The PCTI will result in savings in the system?”

“Too good to be true. Will I be on the hook for co-pays or deductibles in the future?”

### How We’re Addressing This Feedback



#### Efficiencies through integrated service delivery

If we assume that the current state will remain unchanged, our projections indicate significant cost pressures within our healthcare system. This trend is driven predominantly by the increased enrolment in NHI without the integration of public healthcare service pathways. Since service delivery pathways will be integrated under The PCTI, cost-savings will be generated due to the reduction of waste in the healthcare system from parallel and duplicative service delivery. Additionally, it is demonstrated that the incentives created by the NHI model, drive more efficient care delivery.

#### Achieving and investing cost savings

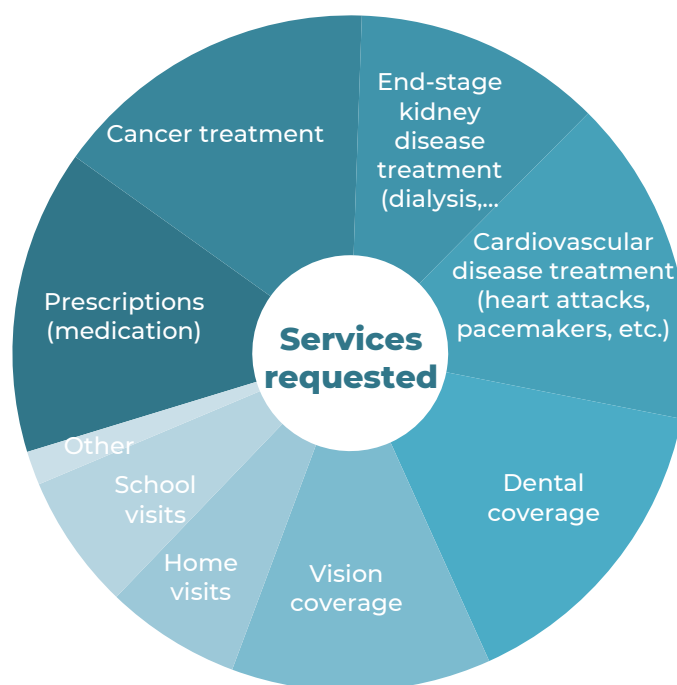
The total savings for the healthcare system are projected to be \$55M. This figure is the accumulation of anticipated yearly savings over the next 5 years and is driven by the factors outlined above – namely, the integration of NHI and the public healthcare system. We envision part of these savings to be re-invested into the system to update and upgrade some public healthcare facilities. Engaging the private sector through Public Private Partnership (PPP) models will also bring in much needed investment to enable us to deliver improvements without the burden of financing capital on the public sector.

#### No plans to introduce any co-pays or deductibles

Recognizing we are in the midst of difficult financial times for Bahamians, NHIA is committed to the journey towards affordable healthcare and UHC. We are seeking to remove financial barriers like co-pays and deductibles in accessing healthcare.

## 4.8 Expand Services under SHB Coverage

Stakeholders recognize that it is a positive step that the SHB covers key primary care services such as physician visits, specific laboratory tests, diagnostic imaging and cancer screenings. However, many stakeholders also pointed to a need to expand coverage to account for other key healthcare needs, including treatment for cardiovascular and kidney diseases, cancer treatment, medications and more. Figure 7 provides an overview of the additional benefits which stakeholders commonly requested.



**Figure 07: Additional Services Requested for SHB Coverage**

### How We're Addressing This Feedback



#### Continuing the journey towards UHC

We know that Bahamians are passionate about achieving UHC, and so are we. While we hope to expand the coverage provided under the SHB in the future, the benefits that are currently covered were selected in an evidence-based manner. According to the WHO, non-communicable diseases (NCDs) are the leading causes of morbidity and mortality in The Bahamas. Research shows that core primary healthcare services are an efficient solution for managing NCDs. This is part of the rationale for the benefits currently covered under the SHB.

#### A regular review process

While at this time NHIA will not be recommending additional benefits be covered, the SHB will be reviewed on an annual basis, in collaboration with the Minister of Health and the Minister of Finance. Through this process, the scope of coverage can be expanded as needed. When this review takes place, stakeholder feedback on additional benefits will be a key input into decision-making.

## 5 The Next Step in Our Shared Journey

The results of the consultation period have demonstrated that stakeholders support the core changes that The PCTI will bring to our primary healthcare system. The results *also* show that stakeholders are eager to keep our ultimate goal of achieving true UHC top of mind.

### Our Progress Towards UHC

The PCTI was designed and introduced to address critical challenges and gaps in our primary care system, and to enable us to further our progress towards UHC while recognizing the economic and fiscal constraints we are currently facing. Catastrophic care coverage under NHI 2.0 presents the next step in this journey. The NHI 2.0 proposal included expanded benefits to deliver more comprehensive coverage for high-cost care, a mandate for employers to provide insurance, and a national risk pool to enable affordability and access. In a post-COVID-19 landscape where our economy has recovered and when the time is right, we will strive to expand coverage and implement other reforms initially envisioned as part of NHI 2.0. For now, we recognize the need to balance our healthcare priorities while considering the challenges our businesses and economy face.

---

**Your engagement** over the consultation period has been crucial to ensuring we get this critical transformation right. To all those who **read the Consultation Paper**, attended a **stakeholder consultation**, completed the **survey** or **shared their thoughts** on social media: **Thank you.**

---



## **Contact**

**Phone: (242) 396-8500**

**E-mail: [PCTFeedback@nhibahamas.gov.bs](mailto:PCTFeedback@nhibahamas.gov.bs)**

**Website: [www.nhibahamas.gov.bs](http://www.nhibahamas.gov.bs)**



**National Health  
Insurance Authority**