



# 2012

## National Health Accounts Report

Bermuda health system finance and  
expenditure for fiscal year 2010 - 2011



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Bermuda health system finance and expenditure  
for fiscal year 2010 - 2011

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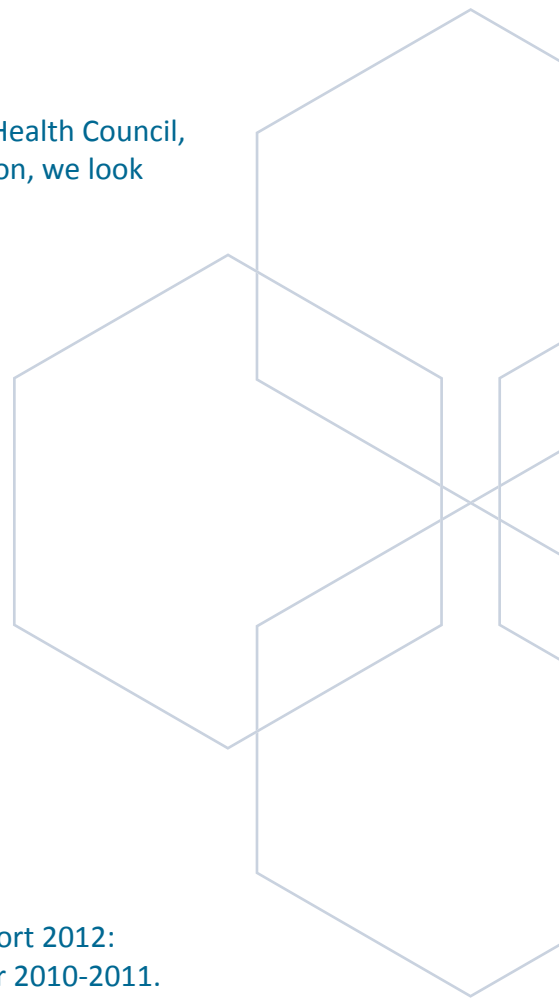
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# National Health Accounts Report 2012: Bermuda health system finance and expenditure for fiscal year ending March 2011

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## 1. Introduction

The Bermuda Health Council (BHeC) is pleased to present the third National Health Accounts report for Bermuda.

The National Health Accounts provides the data and the framework needed to measure the financing and expenditure of the health system and the performance of the system over time.

The purpose of this report is to present data and an analysis of the health system in Bermuda during the fiscal year 1<sup>st</sup> April 2010 to 31<sup>st</sup> March 2011 (Fiscal Year Ending in 2011, or FYE2011).

Section 2 of the report provides an analysis of some important and recent trends in health financing and expenditure in Bermuda. The financing of healthcare continues to be a challenge. In November 2011, the National Health Plan (NHP): Bermuda Health System Reform Strategy was released with sustainability as one of its core values. The National Health Accounts assists in providing a perspective.

The report concludes in Section 3 with some key observations.

## 2. Health System Finance and Expenditure in FYE 2011

Table 1 below provides a detailed breakdown of total health financing and expenditure during FYE 2011. The appendix also provides more details of the components of health financing and expenditure during the fiscal periods 2005 to 2011.

**Table 1 – FYE 2011 Bermuda Health System Finance and Expenditure**

<b>Health Finance</b>	<b>In BD \$'000</b>	<b>% of Total</b>	<b>Health Expenditure</b>	<b>In BD \$'000</b>	<b>% of Total</b>
Consolidated Fund – Ministry of Health	\$209,021	31%	Ministry of Health – Administration	\$15,292	2%
Consolidated Fund – Department of Social Insurance	\$5,949	1%	Department of Health	\$30,508	5%
Grants from Ministry of Youth, Families & Sports	\$916	0.1%	Bermuda Hospitals Board	\$294,010	43%
<b>Public Sector Sub-Total</b>	<b>\$215,886</b>	<b>32%</b>	<b>Public Sector Sub-Total</b>	<b>\$339,810</b>	<b>50%</b>
Health Insurance	\$374,686	55%	Local Practitioners – Physicians	\$58,217	9%
Individual Out-of-Pocket	\$82,748	12%	Local Practitioners – Dentists	\$29,781	4%
Donations to Non Profit Organizations	\$5,642	1%	Other Health Providers, Services & Appliances	\$61,449	9%
			Prescription Drugs	\$41,847	6%
			Overseas Care	\$96,556	14%
			Health Insurance Administration	\$51,302	8%
<b>Private Sector Sub-Total</b>	<b>\$463,076</b>	<b>68%</b>	<b>Private Sector Sub-Total</b>	<b>\$339,152</b>	<b>50%</b>
<b>Grand Total</b>	<b>\$678,962</b>	<b>100%</b>	<b>Grand Total</b>	<b>\$678,962</b>	<b>100%</b>

SOURCES: the Ministry of Finance, The Bermuda Hospital Board, BHeC FY 2011 health insurance claims returns, BMA 2011 statutory insurance financial returns, and the financial statements of approved schemes and leading non-profit entities

The total system financing and expenditure for FYE 2011 was \$679 million. This amounted to 11.8% of Bermuda's 2010 nominal gross domestic product (GDP),

compared to 10.8% in the previous year<sup>1</sup>. Over the fiscal periods 2005 – 2009, health expenditure as a percentage of nominal GDP has been in the range of 8.5% to 9.5%. The recent increase in healthcare's share of GDP is due to a real increase in healthcare expenditure and a decline in nominal GDP by 5% during 2009 and a further 0.7% in 2010. In contrast, healthcare expenditure increased by 9% and 8% in FYE 2010 and FYE 2011 respectively.

As was the case in FYE 2010, despite the decline in nominal GDP, the increasing expenditure on healthcare indicates the resilience of healthcare expenditure to changes in economic conditions. In FYE 2011, the difference between the growth in healthcare expenditure and the growth in nominal GDP was 8.8%.

Health expenditure per capita increased by 8.6%, from \$9,734 in FYE 2010 to \$10,570 in FYE 2011.

A more detailed analysis of the data reveals some interesting trends in health financing and expenditure in Bermuda from which key elements of the structure of the health system can be observed.

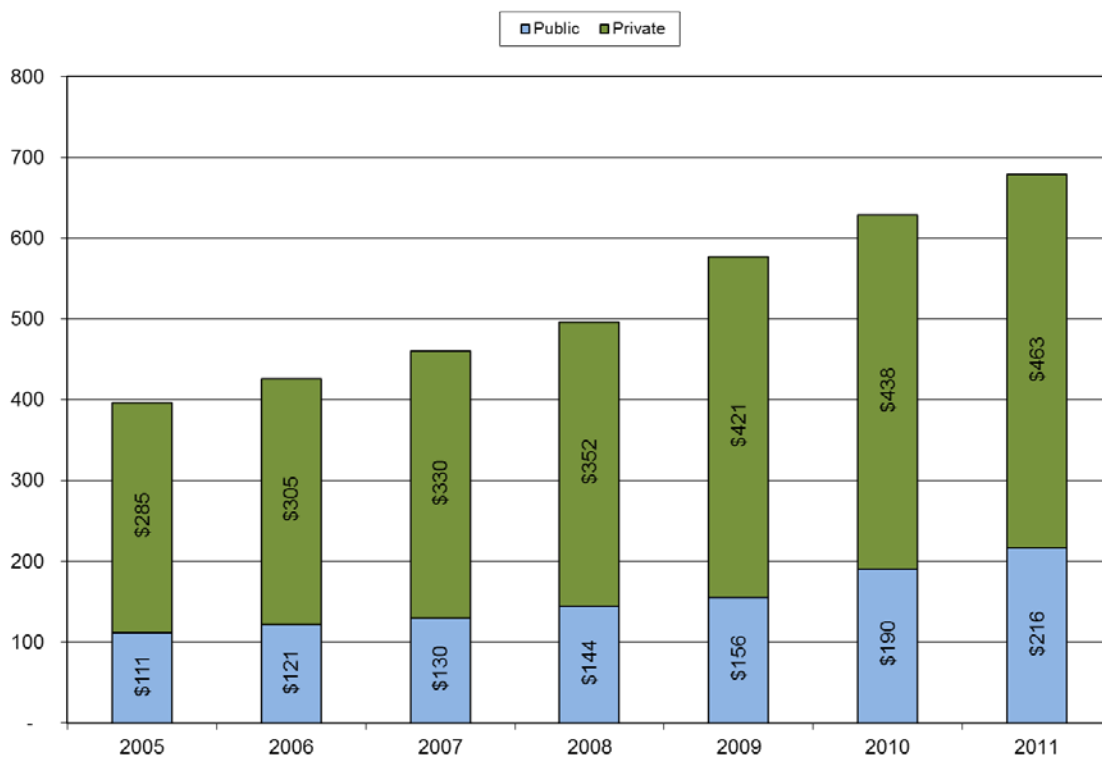
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<sup>1</sup> The Bermuda health system fiscal year is from 1st April to 31st March. Therefore health system fiscal data as at 31st March of each year is compared to the nominal GDP data for the prior year ended 31st Dec. The prior period GDP figures in this report have also been revised (ref: Department of Statistics November 2011 Gross Domestic Product by Industry).

### a. Health System Financing

Figure 1 shows the relative importance of the public and private sectors as sources of health system funding. During FYE 2011, the private sector contributed \$463.1 million compared to the \$215.9 million of funds financed through the public sector. Figure 2 show that in the periods prior to FYE 2011, the proportion of public to private sector financing had been mostly constant. FYE 2011 shows an uptick in the public sector proportion. Over FYE 2011, the growth in public sector financing had outpaced the growth in private sector financing by 7.5%. The increase in public sector financing is in part due to the increase in government subsidies (see Table 2) and also in part due to the inclusion of the government grants to non-profit organizations for healthcare purposes (which in previous year's report had been included in private sector financing).

**Figure 1 - Public and Private Health Financing (in \$m)**





Public sector financing represents: direct financing of health promotion and prevention; financing of public health services and primary care provided by the Department of Health; grants and subsidies for secondary care; health administration financing by the health authority (the Ministry of Health); funding for the administration of the Health Insurance Department; financing of the various grants and subsidies to non-profit organizations.

The Ministry of Health subsidies constitute 47% of public sector financing and are summarized as follows:

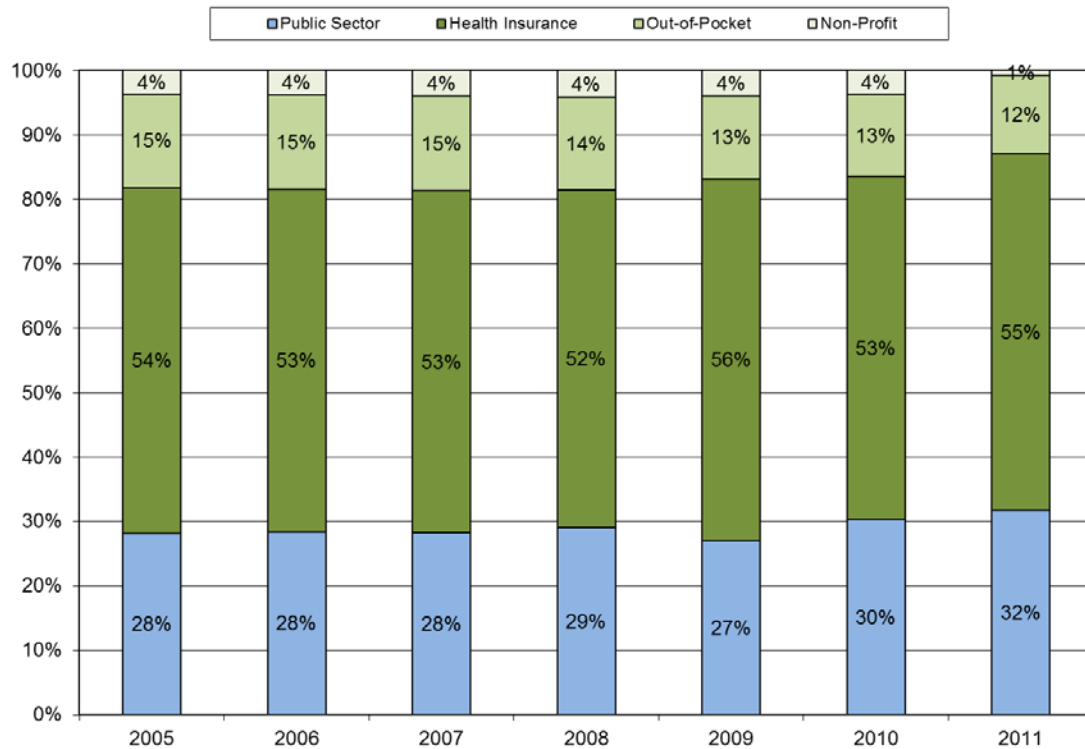
**Table 2 - Ministry of Health Subsidies**

In BD \$'000	FYE 2011	FYE 2010	% Change
Patient Subsidies			
• Aged Subsidy	\$55,802	\$46,165	20.9%
• Geriatric Subsidy	\$15,188	\$13,473	12.7%
• Youth Subsidy	\$16,433	\$14,719	11.6%
• Indigent Subsidy	\$5,894	\$5,026	17.3%
Total Patient Subsidies	\$93,317	\$79,384	17.6%
Other Subsidies			
• Clinical Drugs Subsidy	\$2,368	\$2,368	0.0%
• Other Subsidies	\$6,847	\$6,986	-2.0%
Total Other Subsidies	\$9,215	\$9,354	-1.5%
<b>Grand Total</b>	<b>\$102,532</b>	<b>\$88,738</b>	<b>15.5%</b>

The significant increase in the subsidies is in part due to the increase in services that were provided at the Bermuda Hospital's Board (in particular, through the employment of various specialists).

Figure 2 indicates that Health Insurance<sup>2</sup> was the major source of health financing during the period FYE 2005 to FYE 2011.

**Figure 2 - Sources of Health Financing**



The high level of financing from health insurance is due to the compulsory nature of health insurance for employed (and self-employed) persons.

Individual out-of-pocket financing includes co-payments, self-financing amounts for uninsured individuals, and full out-of-pocket payments to practitioners and providers for uninsured health related services.

<sup>2</sup> Health insurance includes health claims paid by Bermuda's insurers (four private health insurance companies, three approved employer-financed health schemes, the Health Insurance Plan and FutureCare) and the Mutual Re-insurance Fund.

A change in methodology for donations to non-profit organizations, together with a reclassification of financing received by non-profits from the public sector, has led to a decline in the FYE 2011 non-profit proportion.

## b. Health Expenditure

Total health expenditure for FYE 2011 was \$679 million. Total public and private sector health expenditure were approximately equal at \$339.8 million and \$339.2 million respectively; in contrast, the mix of public and private financing is approximately 32% and 68% respectively. While this indicates that a significant amount of insurance funding collected via the private subsector is spent on both public and private sector institutions, a significant proportion of these funds are compulsory contributions from employees and employers.

Over the period FYE 2005 – FYE 2010, private healthcare expenditure has mostly exceeded public expenditure. The exception is FYE 2008 and, as noted above, in FYE 2011 public sector expenditure exceeded private healthcare expenditure by a narrow margin.

**Figure 3 - Public and Private Health Expenditure (in \$m)**

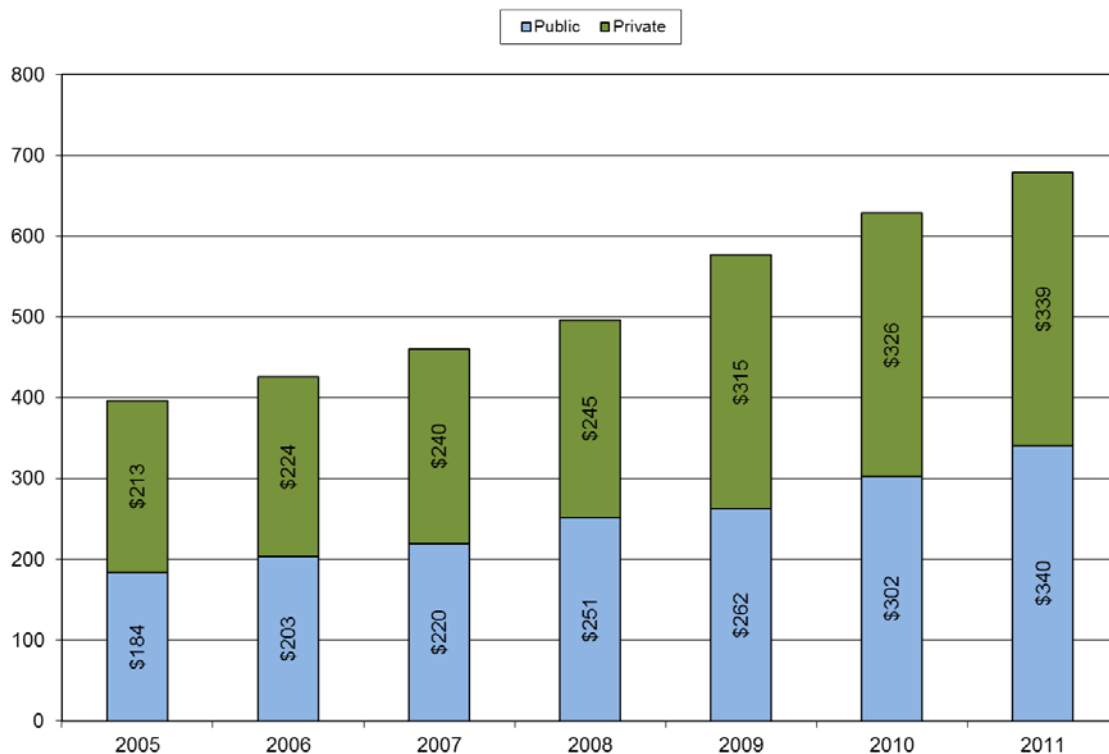
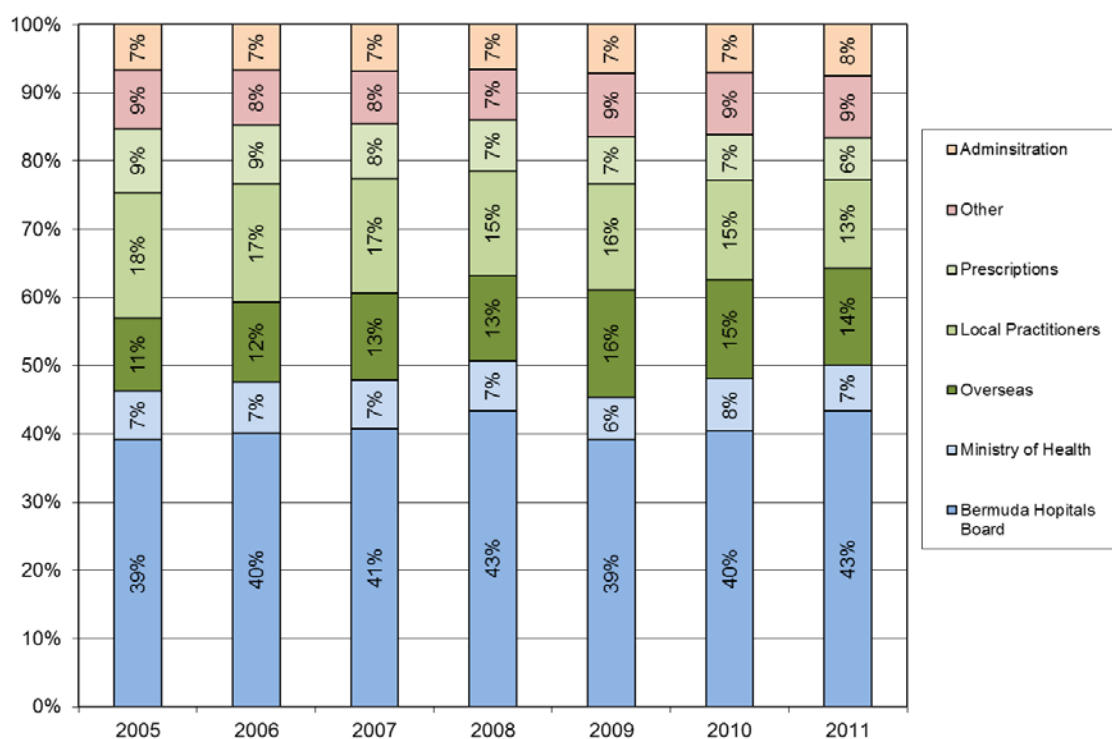


Figure 4 shows the relative importance of the components of health expenditure during the period FYE 2005 to FYE 2011.

**Figure 4 - Components of Health Expenditure**



In the public subsector the most significant component of expenditure was the Bermuda Hospitals Board (BHB) for the operation of the island's hospital system. On average during the period FYE 2005 to FYE 2011, the BHB absorbed 41% of the island's health expenditure<sup>3</sup>. The BHB was also the largest component of total health expenditure during the period. In FYE 2011, 51% of the BHB revenues came from the government<sup>4</sup>.

<sup>3</sup> In FYE 2011, the BHB expenditure item is based on total BHB revenue whereas the prior periods are based on total BHB operating costs (we note that in some years, there is not a significant difference between these items). See Appendix Table 5 in the Appendix for further detail.

<sup>4</sup> Mostly through the patient and other subsidies (in Table 2) and an operating grant for the Mid-Atlantic Wellness Institute.

The most significant component of private health expenditure was Overseas Care. In FYE 2011, Overseas Care expenditure totaled \$96.6 million or 14% of total health expenditure. Overseas hospitalization charges represented 35% of total overseas health expenditure in FYE 2011 (compared to 55% in FYE 2009 and 44% in FYE 2010). The balance comprises fees paid for services such as overseas physicians, dentists and other categories of healthcare providers, overseas prescription drugs costs, overseas diagnostic imaging and laboratory costs, hotel costs, and transportation.

The Ministry of Health (MOH) administration expenditure<sup>5</sup> accounted for 2.3% of total health expenditure and has declined by 18% from \$18.7 million in FYE 2010 to \$15.3 million in FYE 2011. In FYE 2011, the Department of Health (DOH) accounted for 4.5% of total health expenditure (which is similar to the percentage in FYE 2010).

The expenditure on physicians and dental practitioners has declined by 4% and 3% respectively. Expenditure in the “Other Health Providers, Services, and Appliances” category increased by 7%; and while this category would predominantly comprise of expenditure on local diagnostic imaging and laboratory services, it also includes the professional services of a wide range of local healthcare providers such as chiroprodists, chiropractors, dietitians, specialized disease management counselors, physiotherapists, optometrists, podiatrists, psychologists, psychiatrists; immunizations, and home care.

Spending on prescription drugs during FYE 2011 totaled \$41.9 million, which is similar to FYE 2010 (\$42.0 million).

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<sup>5</sup> The MOH administration expenditure is mainly managerial and administrative in nature and involves services such as health strategy and planning, budget management, human resource management, the management of the health system legislative processes, and grants to charitable, non-governmental organizations. By contrast the DOH expenditure includes environmental health, epidemiology, health promotion, preventative care, and curative care. The HID administers the subsidy programs, the Mutual Reinsurance Fund, as well as FutureCare and the Health Insurance Plan (HIP).

The amount spent on health insurance administration<sup>6</sup> was \$51.3 million, which represents 8% of total FYE 2011 expenditure. As a result of additional data and a change in methodology, the health insurance administration item in FYE 2011 is not comparable with the figure in the prior period.

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<sup>6</sup> Health insurance administration expenditure includes the selling, general, and administrative expenses of all eight licensed health insurers (which include claims processing, payroll and advertising costs, sales expenses, information technology costs).

### c. Rising Healthcare Costs

Health costs have been increasing in many countries and once again, Bermuda is no exception. Figure 5 shows per capita health expenditure for the period FYE 2005 – FYE 2011.

**Figure 5 – Per Capita Health Expenditure**

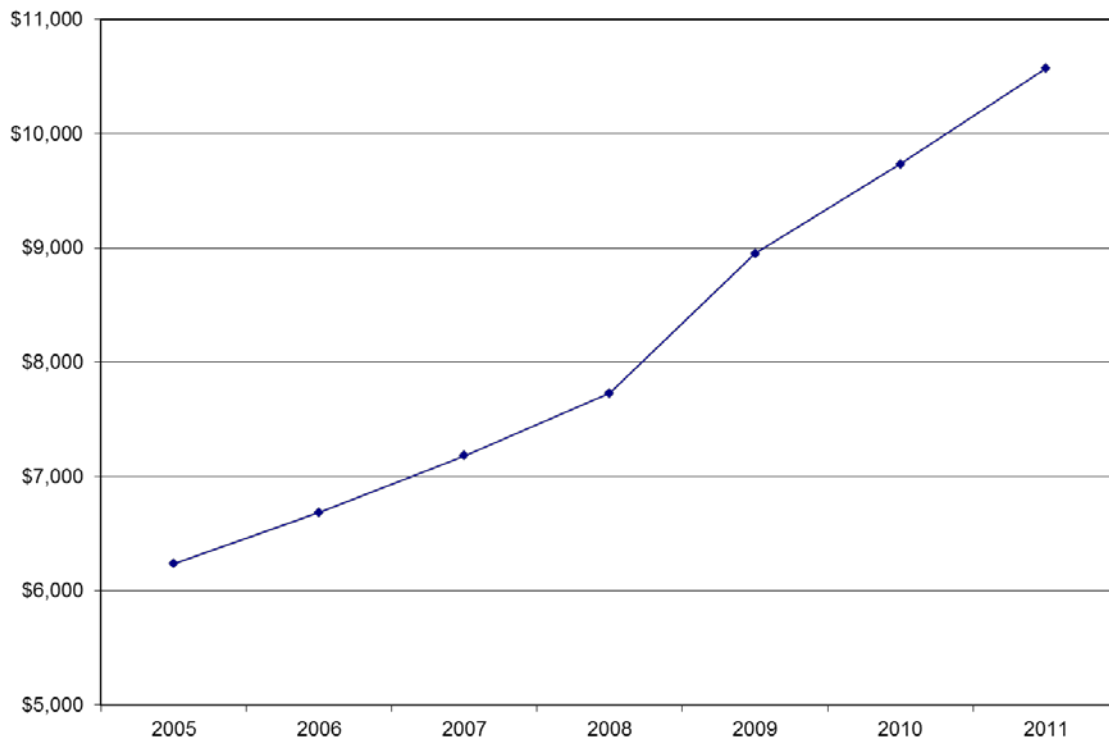
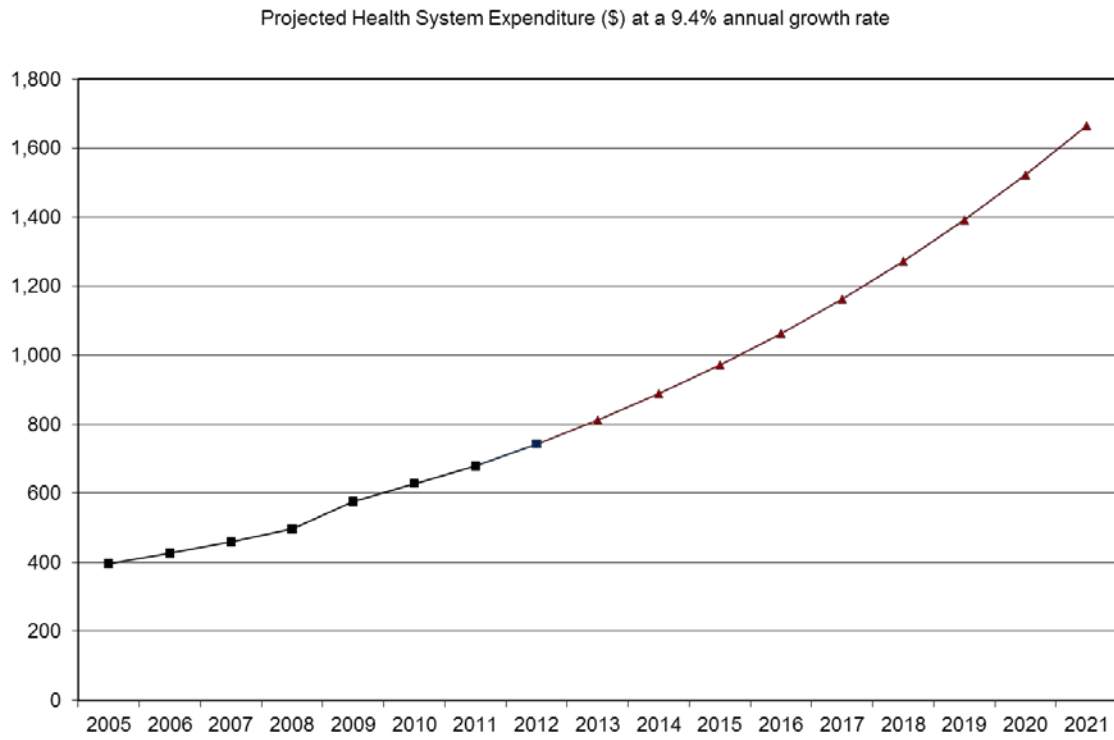


Figure 6 shows that if the past repeats itself and health expenditure continues to grow at the same compound annual rate as experienced during the period FYE 2005 – FYE 2011, then it is estimated that by FYE 2021 health expenditure will be in the vicinity of \$1.7 billion dollars. This is estimated to be approximately \$25,900 per capita if the population remains similar in count to current levels. Per capita health expenditure of this magnitude would be high by international standards and may not be sustainable.



**Figure 6 - Projected Health Expenditure**



### 3. Conclusion

Over the FYE 2010 – FYE 2011 period, healthcare financing and expenditure has increased by 8%. Financing from the public sector has increased by 14% and financing from the private sector by 5.6%; within the private sector, financing from health insurance has increased by 12%.

The rate of increase for healthcare expenditure exceeded the rate of increase in the nominal GDP. The increasing expenditure on healthcare, despite the decline in nominal GDP, indicates the resilience of healthcare expenditure to changes in economic conditions.

In FYE 2011, healthcare expenditure as a percentage of nominal GDP increased to 11.8% and there are no trends observed to indicate a change in the foreseeable future.

Health expenditure per capita increased by 8.6%, from \$9,734 in FYE 2010 to \$10,570 in FYE 2011. These levels of average expenditure imply significant challenge to Bermuda's low-income individuals and families.

Against the backdrop of a decline in nominal GDP, a decline in government revenues, and an average change in the Consumer Price Index during 2011 of 2.7%; the pace of growth in healthcare financing and expenditure may present challenges with respect to sustainability and affordability.

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## Appendix

**Table 3 - Health System Financing FYE 2005 – FYE 2011 (BD\$, '000)**

Health Finance Sector	2005	2006	2007	2008	2009	2010	2011	10 vs 11	2005 - 2011	AAGR
Total - National Govt. Expenditure	755,276	867,399	952,606	1,022,899	1,112,193	1,176,834	1,272,651	8.1%	68.5%	11.4%
Total - Public Sector Financing	111,317	121,239	129,735	144,056	155,772	190,111	215,886*	13.6%	93.9%	15.7%
> Ministry of Health	5,340	6,464	4,993	3,396	8,505	28,737**	35,194**	22.5%	559.1%	93.2%
> Department of Health	20,241	22,406	24,540	29,463	28,023	29,135	30,508	4.7%	50.7%	8.5%
> Patient subsidies and Hospital Grants	85,736	92,369	100,202	111,197	119,244	132,239	150,184	13.6%	75.2%	12.5%
Total Private Sector Financing	284,999	305,185	329,909	352,263	420,532	438,343	463,076	5.6%	62.5%	10.4%
> Health Insurance	212,926	226,625	243,755	259,877	323,778	334,893	374,686	11.9%	76.0%	12.7%
> Individual Out-of-Pocket Financing	57,497	62,163	67,707	71,633	74,101	80,103	82,748	3.3%	43.9%	7.3%
> Charitable Non-Govt. Organizations***	14,576	16,397	18,447	20,753	22,653	23,347	5,642	N/A	N/A	N/A
Total Health System Financing	396,316	426,424	459,644	496,319	576,304	628,454	678,962	8.0%	71.3%	11.9%

\* In 2011, this item includes the Ministry of Health, Department of Social Insurance (expenditure on behalf of the War Veterans Association), and grants from Ministry of Youth, Families & Sports to a few healthcare-related charities. The prior periods contain the Ministry of Health only.

\*\* These items include funding for FutureCare, as well as the funding for the HID, and other Health Administration Funding.

\*\*\* Estimated from 2005-2011 financial data supplied by non-profit organizations. Due to a change in methodology for donations to non-profit organizations, together with a reclassification of financing received by non-profits from the public sector, FYE 2011 is not comparable with prior periods figures.

Source: Department of Statistics, The Accountant General, Ministry of Finance, Government of Bermuda, and BHeC annual health insurance claims returns.

**Table 3 (Continued) - Health System Financing FYE 2005 – FYE 2011 (BD\$, '000)**

	2005	2006	2007	2008	2009*	2010	2011	Average '05 - '11
Public Health Finance % of Total Govt. Exp.	14.7%	14.0%	13.6%	14.1%	14.0%	16.2%	17.0%	14.8%
Health Insurance % of Total Health Financing	53.7%	53.1%	53.0%	52.4%	56.2%	53.3%	55.2%	53.8%
Individual Out-of-Pocket Finance % of Total Health Financing	14.5%	14.6%	14.7%	14.4%	12.9%	12.7%	12.2%	13.7%
Annual Growth in Govt. Subsidies and Grants	7.3%	7.7%	8.5%	11.0%	7.2%	10.9%	13.6%	9.5%

**Table 4 - Bermuda Government Subsidies (FYE 2005 – FYE 2011 in BD\$, '000)**

<b>Subsidy Category</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>10 vs 11</b>	<b>2005 - 2011</b>	<b>AAGR</b>
<b>Patient Subsidies</b>										
• Aged Subsidy	30,576	34,702	35,462	41,358	46,877	46,165	55,802	20.9%	82.5%	13.8%
• Geriatric Subsidy	10,416	11,112	11,602	12,673	13,728	13,473	15,188	12.7%	45.8%	7.6%
• Youth Subsidy	7,858	8,072	8,708	9,631	10,176	14,719	16,433	11.6%	109.1%	18.2%
• Indigent Subsidy	6,132	6,191	7,476	5,176	2,917	5,026	5,894	17.3%	-3.9%	-0.6%
<b>Total Patient Subsidies</b>	<b>54,982</b>	<b>60,077</b>	<b>63,249</b>	<b>68,838</b>	<b>73,698</b>	<b>79,384</b>	<b>93,317</b>	<b>17.6%</b>	<b>69.7%</b>	<b>11.6%</b>
<b>Other Subsidies</b>										
• Clinical Drugs Subsidy	2,193	2,193	2,522	2,549	2,215	2,368	2,368	0.0%	8.0%	1.3%
• Other Subsidies	3,456	3,630	4,537	5,447	6,830	6,986	6,847	(2.0%)	98.1%	16.4%
<b>Total Other Subsidies</b>	<b>5,649</b>	<b>5,823</b>	<b>7,058</b>	<b>7,995</b>	<b>9,044</b>	<b>9,354</b>	<b>9,215</b>	<b>(1.5%)</b>	<b>63.1%</b>	<b>10.5%</b>
<b>Grand Total</b>	<b>60,630</b>	<b>65,899</b>	<b>70,307</b>	<b>76,833</b>	<b>82,742</b>	<b>88,738</b>	<b>102,532</b>	<b>15.5%</b>	<b>69.1%</b>	<b>11.5%</b>

**Table 5 - Health System Expenditure FYE 2005 – FYE 2011 (BD\$, '000)**

	2005	2006	2007	2008	2009	2010	2011	10 vs 11	2005 - 2011	AAGR
<b>Total - National Govt. Expenditure</b>	<b>755,276</b>	<b>867,399</b>	<b>952,606</b>	<b>1,022,899</b>	<b>1,112,193</b>	<b>1,176,834</b>	<b>1,272,651</b>	<b>8.1%</b>	<b>68.5%</b>	<b>11.4%</b>
<b>Total Public Sector Health Sys. Exp.</b>	<b>183,608</b>	<b>202,882</b>	<b>219,667</b>	<b>251,317</b>	<b>261,770</b>	<b>301,990</b>	<b>339,810</b>	<b>12.5%*</b>	<b>85.1%</b>	<b>14.2%</b>
Ministry of Health	25,581	28,870	29,533	32,859	36,528	47,872	45,800	(4.3%)	79.0%	13.2%
• Promotion/Prevention/Curative Care	20,241	22,406	24,540	29,463	28,023	29,135	30,508	4.7%	50.7%	8.5%
• Administration	5,340	6,464	4,993	3,396	8,505	18,737	15,292	(18.4%)	186.4%	31.1%
DoSI Health Ins Plan Admin	3,000	3,000	3,000	3,000	0	0	0	N/A	N/A	N/A
Bermuda Hospitals Board	155,027	171,012	187,134	215,458	225,242	254,118	294,010	N/A*	N/A	N/A
<b>Total Private Sector Health Sys. Exp</b>	<b>212,708</b>	<b>223,543</b>	<b>239,977</b>	<b>245,003</b>	<b>314,534</b>	<b>326,464</b>	<b>339,152</b>	<b>3.9%</b>	<b>59.4%</b>	<b>9.9%</b>
Local Practitioners	73,149	74,016	77,122	76,206	90,123	91,516	87,998	(3.8%)	20.3%	3.4%
•Physicians	50,030	51,126	53,110	53,526	61,870	60,826	58,217	(4.3%)	16.4%	2.7%
•Dentists	23,119	22,890	24,012	22,680	28,253	30,690	29,781	(3.0%)	28.8%	4.8%
Other Providers, Services, Appliances	34,320	34,650	35,795	37,113	54,239	57,422	61,449	7.0%	79.0%	13.2%
Prescription Drugs	36,570	36,551	36,935	37,121	39,046	41,969	41,847	(0.3%)	14.4%	2.4%
Overseas Care	42,172	50,037	59,074	62,267	90,264	91,384	96,556	5.7%	129.0%	21.5%
Health Insurance Administration	26,497	28,289	31,051	32,296	40,863	44,173	51,302	16.1%	93.6%	15.6%
<b>Total Health System Expenditure</b>	<b>396,316</b>	<b>426,425</b>	<b>459,644</b>	<b>496,320</b>	<b>576,304</b>	<b>628,454</b>	<b>678,962</b>	<b>8.0%*</b>	<b>71.3%</b>	<b>11.9%</b>

- \* In FYE 2011 the methodology to present BHB expenditure was changed to report total BHB revenue. Prior periods were based on total BHB operating costs. Table 5a (below) details total BHB revenues for prior periods. The impact of the methodology change is as follows:
- BHB operating costs in 2011 were \$275.7 million; an increase of 8.5%. BHB revenue increased by 7.9% (Table 5a).
  - Based on BHB revenue of \$272.4 million in 2010, the Total Public Sector Health System Expenditure in 2010 totals \$320.3 million (as compared with the \$302 million tabled above). On this basis, the Total Public Sector Health System Expenditure has increased by 6.1% in 2011.
  - Based on BHB operating costs of \$275.7 million in 2011, the Total Public Sector Health System Expenditure in 2011 totals \$321.5 million (as compared with the \$339.8 million tabled above). On this basis, the Total Public Sector Health System Expenditure increased by 6.5% in 2011.
  - The change in methodology also impacts the Total Health Expenditure (THE). Using BHB operating costs for 2010 & 2011, THE increased by 5.1%. Using BHB revenue for 2010 & 2011, THE increased by 5.0%.

<b>Table 5a</b>	2005	2006	2007	2008	2009	2010	2011	10 vs 11	2005 - 2011	AAGR
Bermuda Hospitals Board	158,243	172,378	187,386	212,260	233,743	272,445	294,010	7.9%	85.8%	14.3%

Source: The Accountant General, The Ministry of Finance, The Bermuda Hospitals Board, BHeC annual health insurance claims returns. N/A – Not Applicable

**Table 6 - Analysis of Health System Expenditure FYE 2005 – FYE 2011**

	2005	2006	2007	2008	2009	2010	2011	10 vs 11	'05 to'10 Average
Total Health System Expenditure (BD\$, '000)	396,316	426,425	459,644	496,320	576,304	628,454	678,962	8.0%	-
Estimated Population	63,571	63,797	64,009	64,209	64,395	64,566	64,237	(0.5%)	-
Per Capita Health Sys. Expenditure (BD\$)	6,234	6,684	7,181	7,730	8,950	9,734	10,570	8.6%	-
Total Public Health Sys. Expenditure (BD\$, '000)	183,608	202,882	219,667	251,317	261,770	301,990	339,810	12.5%	-
Total Public Health Sys. Exp % of GDP	4.1%	4.2%	4.1%	4.3%	4.3%	5.2%	5.9%		4.6%
Total Public Health Sys. Expend. Per-Cap.(BD\$)	2,888	3,180	3,432	3,914	4,065	4,677	5,290	13.1%	-
Public Health Sys. Expenditure as % of Total Health Sys. Expenditure	46.3%	47.6%	47.8%	50.6%	45.4%	48.1%	50.0%	-	48.0%
BHB Expenditure as % of Total Health Expenditure	39.1%	40.1%	40.7%	43.4%	39.1%	40.4%	43.3%	-	40.9%
Prescription Drug Expenditure % of Total Health System Expenditure	9.2%	8.6%	8.0%	7.5%	6.8%	6.7%	6.2%	-	7.6%
Nominal GDP 2004 – 2010 (BD\$, '000)*	4,484,703	4,868,136	5,414,299	5,895,048	6,109,928	5,806,378	5,764,584	(0.7%)	-
Health Sys. Expenditure share of GDP (%) *	8.8%	8.8%	8.5%	8.4%	9.4%	10.8%	11.8%	-	9.5%
Nominal GDP Year over Year Growth Rate (%) *	7.1%	8.5%	11.2%	8.9%	3.6%	-5.0%	-0.7%	-	4.8%
Health Sys. Expenditure Year over Year Growth Rate (%)	4.8%	7.6%	7.8%	8.0%	16.1%	9.0%	8.0%	-	8.8%
Increase in Health and Personal Care Price Index (%)	2.4%	5.7%	6.8%	6.6%	6.7%	8.1%	7.5%	-	6.3%
Overseas Care % of Total Health System Expenditure	10.6%	11.7%	12.9%	12.5%	15.7%	14.5%	14.2%	-	13.2%

Source: Department of Statistics.

\*The GDP figures shown are for 2004 – 2010 (and are revised from those in the previous report). GDP is reported on a calendar year basis. The Bermuda health system fiscal year is from 1st April to 31st March. Therefore health system fiscal data as at 31st March of each year is compared to the nominal GDP data for the prior year ended 31st Dec.