

Guam Healthcare Task Force Meeting

April 27, 2021 | 2:00pm

In attendance

<i>GMHA Board of Trustee</i>	Bryon Evaristo	<i>CDLO Executive Director</i>	Vera Topasna
<i>GMH Administrator</i>	Lillian Perez-Posadas	<i>CDLO</i>	George Bamba
<i>GMH Assoc.</i>	William Kando	<i>36th GU Legislature</i>	Senator Telo Taitague
<i>GMH</i>	Don Rabanal	<i>Matrix</i>	Celeste Werner
<i>GEDA CEO/Administrator</i>	Melanie Mendiola	<i>Matrix</i>	Mike Hrapla
<i>GEDA Deputy Director</i>	Joann Camacho	<i>Community Defense Liaison Office</i>	Carol Perez
<i>GEDA Public Finance Manager</i>	Christina Garcia	<i>Health Professional Rep</i>	Dr. Peter Lombard
<i>GEDA RPD Project Manager</i>	Mike Cruz	<i>Health Professional Rep</i>	Dr. Joleen Aguon
<i>GEDA RPD Supervisor</i>	Mary Camacho	<i>Health Professional Rep</i>	Ruth Gurusamy
<i>GBHWC Director</i>	Therese Arriola	<i>Taniguchi Ruth Makio Architects</i>	Mike Makio
<i>GBHWC Deputy Director</i>	Carissa Pangelinan	<i>Provido Tan Jones Architects Inc.</i>	Liza Provido
<i>BSP Deputy Director</i>	Matt Santos		David Cruz
<i>DLM Director</i>	Joe Borja		

Meeting Discussion:

Committee Scheduling

- Invitations to come from Jenn Guzman, GEDA
- Committees to have a spokesperson to report discussions at the GHTF meetings
- Welcome to attend any/all meetings

Meeting Date	Committee	Time
Tuesday	Finance	2:00pm
Wednesday	Land, Facilities, and Infrastructure	2:00pm
Thursday	Medical Services	2:00pm

Feedback

- Send any feedback to Lillian Perez-Posadas (lillian.perez-posadas@gmha.org) or Melanie Mendiola (mel.mendiola@investguam.com)
- All feedback to be organized in one document (possibly Excel spreadsheet)
 - What needs to be updated and how we can move forward

Task 3: Update 2012 Guam Medical Services Delivery Plan

GMH update (Lillian P.)

- Many updates since 2012 to include Urgent Care, electronic healthcare records (currently transitioning to a new system with DHPSS), recruitment of positions, improved IT and communications both hardware and software, data infrastructure support
 - MRI services are no longer available in the hospital
- Existing issues include lack of storage space (highlighted during pandemic), improving cash flow, procurement procedures, medical equipment, staffing particularly with nursing, billing, coders, and maintenance

GBHC update (Therese A.)

- Many updates since 2012 to include billings, new positions, a pharmacist, accreditation obtained in 2017 and preparing for reaccreditation in June 2021; trainings, Detox Unit opening, expansion of recovery beds. Receivership lifted in 2019, included change of name from Department of Mental Health to Guam Behavioral Health and Wealth.

Stakeholder Updates for New Task Order

- Utilization of services
 - Post-pandemic environment look like
 - What kind of services are we providing across all agencies
 - Utilization data is not current
- Accessibility
 - Residents of the south; have characteristic of the population changed, the roads?
- Behavioral health needs in the future
 - 2012 study focused on GMH and DHPSS
- Shared services
 - Determine shared services for GMH, DPHSS, GBHWC (training rooms, meeting rooms, storage spaces, common areas, break areas, etc.)
 - Save on blueprint and money
- Medical Provider Assessment
 - Organize one focus group with 6+ of major clinics that provide services similar to what the hospital provides
 - What assets they have, etc.
- Centralizing of efficiencies of work processes
 - DPHSS and GBHWC both line agencies, GMH a autonomous agency
 - Electronic Health Record (EHR) system
 - (Therese A.) EHR for shared usage between agencies, with one point of entry.
 - (Ruth G.) EHR system to transfer from GMH to DPHSS for follow up appointments.
- Outdated facilities
 - Due to fire in 2019, DPHSS main office building is no longer in existence
- Utilization data update, post pandemic
- Service limitations
 - (George B.) Are we tracking patients who have been medivacked or seek treatment off island, and what types of treatments are not provided in Guam?
 - (Lillian P.) In the past, GMH brought in specialists for a particular procedure; volume of need is too low to have specialized team on island year-round.
 - (Sen. Telo T.) Are we looking to bring in specialized equipment?
 - (Melanie M.) Consider what it means to replace equipment. 5-10 year vision of equipment; replacement, upkeep, etc. Update/expand equipment list from 2012 survey.
 - (Lillian P.) Matrix will identify critical needs as part of the assessment. Currently, GMH shares and collaborates with GRMC and Naval Hospital for services.
- IT and Communications / Electronic Health Record (EHR) system
 - (Mike M.) Potential for telemedicine, medical conferencing, transporting of patient vitals to off-island specialists? How much data infrastructure is needed? What do we need to include in the spaces to accommodate these needs.

Task 4: Review/analyze 2016 GMH Task Force Report

- Summary of Health (page 11) – Healthcare trends on a national level
- Financing
 - (Tina G.) GEDA advertised the request to look at different areas of privatization, and found many interested. A public-private partnership (PPP) could allow for individual service to management of the hospital.
 - (Ruth G.) Experience: Success stories of PPP hospitals

Stakeholder Updates for New Task Order

- Medicare Rebasing Rate/ Reimbursement for the hospital
 - Rebasing done in 2019
- Affordable Care Act
- COVID-19 Pandemic
- Human Resource Capacity
 - Bringing in skilled workers
 - (Lillian P.) Challenges include disparity of wages based on national average salaries with local nurses, and other disciplines (allied health professionals and biomedical engineers)
 - (Melanie M.) Wage study may be needed
 - (Ruth G.) Experience: Brought in physical therapists on prevailing wage, US Immigration discouraging bringing in skilled workers from other countries. Started paying local hires those wages, which led to longer retention.
 - (Liza P.) Be mindful of Guam medical licensing board and laws; different standard of practice with US and other countries.
 - Programs: Residency Training / Licensure Program
 - (Sen. Telo T.) As a US hospital, could we allow for residency training seeking practice in the US?
 - (Lillian P.) In order to offer a residency or licensure programs, GMH would need accreditation.
 - (William K.) Post-pandemic environment lessons learned to bring into the design phase: Single v. semi-private rooms, negative pressure stages, ventilation systems, etc.
- Local work force development
 - (Melanie M.) Compete with other industries to have local workforce develop in the medical fields
- Payer Mix
 - (George B.) Impact of local law which indicates GMH has to provide medical care regardless of the patients ability to pay

Task 6: Evaluate ACOE Report

- HVAC, ventilation, and geography

Stakeholder Updates for New Task Order

- Equipment
 - (Melanie M.) What's available privately, collectively from other hospital, and other government provided healthcare
- HVAC/Mold remediation
- Location/Environment
 - Seismic requirements
 - (Melanie M.) How it differs between prospective properties
 - Salt Spray
 - (Joe B.) Will include measurements to ocean and wind road
 - (Therese A.) Salt spray plays a major part on maintenance issues of outdoor equipment (vents, central air units on rooftops, etc.)
 - (Melanie M.) Report included \$763M budget, but did not include land acquisition costs, land preparation costs, power within 2-miles. Items to include on Land, Facilities, and Infrastructure committee.
- Continuation of GMH financing during new hospital build

- (Ruth G.) Infrastructure citations in the existing hospital, to be included in our financing.
- (William H.) ACOE identified \$21M needed to keep GHM open for the next 5-7 years, but it was not detailed. GMH report exceeds the \$21M reported.
- Payer Mix
 - (Ruth G.) Funding from the federal side for the services to be provided at the medical complex
 - Capturing acute care vs. the transition into the public health system
 - Potential dollars can be captured?
- Electronic Health Record (EHR) System
 - (Ruth G.) EHR system to transfer from GMH to DPHSS for follow up appointments.
- Duplication of Services
 - (Ruth G.) Especially specialty services
 - Capture services provided by GMH and GRMC to identify what expensive services we don't want to duplicate on the island
 - Many patients don't have the ability to seek off island treatment

Task 7: What medical services should be provided at GMH and DPHSS

- To be discussed at a later date

Next Meeting

- Subcommittee meetings will be next week, GEDA to send link
- Continue to peruse reports and send any comments or edits to Melanie Mendiola or Lillian Perez-Posadas

Other

- Bill 121
 - Public Hearing on financing, on May 12, 2021.
 - (Lillian P.) Bill looking appropriation using the lease-back approach to help with the financing for the hospital with a continue funding for maintenance to augment what we're doing with this task force
 - (Melanie M.) GEDA perspective; first step is an RFI, GMHTF finance committee to populate the RFI properly. Language regarding land will have to be vetted.