

GUAM HEALTH CARE TASK FORCE

Health Services Subcommittee Meeting

May 06, 2021 | 2:00pm

In attendance

	<i>GMHA Board Room</i>
Lillian Perez-Posadas	<i>GMHA Administrator</i>
Belle Rada	<i>GMHA</i>
Don Rabanal	<i>GMHA</i>
Melanie Mendiola	<i>GEDA CEO/Administrator</i>
Diego Mendiola	<i>GEDA RPD Manager</i>
Tina Garcia	<i>GEDA PF Manager</i>
Mary Camacho	<i>GEDA RPD Supervisor</i>
Therese Arriola	<i>GBHWC Director</i>

George Bamba	<i>CDLO</i>
Carol Perez	<i>CDLO</i>
Senator Telo Taitague	<i>36th GU Legislature</i>
Dr. Annie Bordallo	<i>Health Professional Rep</i>
Dr. Joleen Aguon	<i>Health Professional Rep</i>
Laurent Duenas	
David Jr Cruz	<i>Guam Recovery Office</i>
Dirk Bouma	<i>FEMA</i>

Meeting Discussion:

Housekeeping

- Representatives/Spokespersons to report discussions at the steering committee meetings
 - Dr. Annie Bordallo and Lillian Posadas
- Next meeting
 - 2 weeks from now, following week to have GHTF meeting to discuss deliverables
- Include DPHSS in this subcommittee

Services provided by

- Top Priority Services
 - L.Posadas: Acute Care services, Emergency services, Maternal Child Health (MCH) services, Operating Room/Surgery services, Inpatient Acute Care Services for Correctional Inmate Population, Inpatient Hemodialysis, and Intervention Radiology
 - Dr.Aguon: Include DOC services in the public facilities
 - L.Posadas: GMH currently offers services to correctional inmates on the acute side and outpatient. The medical campus should incorporate this as its own service.
 - Dr. Bordallo: See what DPHSS provides and incorporate them into the campus (acute v. administrative duties)
 - Services that are mainly administrative don't need to be in the medical campus.
 - Look at what services everyone provides and where are the big gaps. Are they going to be goals or are they serviced off-island (referral based if we don't have a big enough population to support the service)?
 - How many DOC inmates do we have in the hospital at any given time?
 - M.Mendiola: Volume of customers that visit GMH? Commonly recurring conditions that affect the people of Guam? Diabetes? Cancer?
 - Dr.Aguon: Difference between Top 3 most common diseases and those with the top three complications. Decrease number of patients by increasing nutritional coaching.
 - Dr.Bordallo: We'll never afford end-stage care without investing in the population health setting. Uninsured patients, low access; no resources to travel or social issues that can improve their disease.
 - Planning acute care facilities – try to figure out how we can use them less by informing them. Make more investments in prevention. Don't build more ICU beds; build more clinics that are free. Money or ability to afford care is not the cause for their state.

- Our role in planning the campus should include identifying where the gaps are, where do people seek care, and what opportunities they have to seek care. Ensure that there is access to the campus to provide services.

Compare key findings from Reports to Current Status

- Task 3: 2012 Update Guam Medical Services Delivery Plan
 - 24Hr Emergency room and services; renovation to ER and ICU expansion completed
 - Cardiac catheterization lab; shared suites between cardiologist and interventional radiology
 - No dedicated lab for each service. Sharing delays
 - Operating Rooms: currently 4, but not all operational due to HVAC system.
 - GMH runs 2-3, GRMC has 6-7
 - Dr.Bordallo: Research should include population standards for care (projections)
 - Labor, delivery, obstetrics, and nursery
 - 20-30 deliveries monthly at Birthing center
 - 200 deliveries monthly at GMH
 - Critical and intensive care
 - ICU expanded to 14 beds
 - Skilled nursing care
 - Hasn't changed. 54-60 beds; max 20 patients per wing (3 wings)
 - Can accommodate needing long-term care
 - Inpatient Renal Dialysis
 - Most are outpatient
 - Inpatient hemodialysis units at GRMC and GMH
 - Radiology, EKG, EEG, CT Scan, AMG Lab
 - All have been updated since 2012. GMH no MRI, but GRMC and Guam Radiology have

Where are the shortages?

- Lack of facilities/equipment/qualified staff?
 - Long term acute care facility
 - Dr. Aguon: For patients that are chronically vented that don't need to be in the hospital, also those who TRIG and PEG that need to undergo aggressive neuro-rehabilitation. They don't need to stay in an acute care setting, but between acute care services of GMH and SNF, there's no in-between.
 - M.Mendiola: Is it public or private? Can it be a PPP? Long-term acute care relates to skilled nursing? Are they combined settings?
 - Dr.Aguon: They can all be under the same umbrella because of rehab potential, but type of staff differs.
 - M.Mendiola: Off-island treatment
 - L.Posadas: Commercial airlines will not transport the patients; things have changed since the pandemic.

Location of services

- G.Bamba: lab services (CDC level 2-3)
 - Not meant just for Guam, but a regional health lab and including DoD
 - Ideally to be located on campus for efficiency
 - M.Mendiola: Services tied to the need for a lab within proximity
 - Dr.Bordallo: are they gonna function now as a commercial lab? Is there gonna be an issues
 - L.Posadas: Recommends to include DPHSS to list services

Subcommittee Recommendation

- Matrix
 - Update the questionnaire

- Repeat the survey process again, since 2012 may have a lot of changes
- Update the survey questions
- M.Mendiola: Many developments in last 10 years, will request for Matrix to look at these services carefully; birthing center, GRMC, Dr. Shieh, etc.
- Outline what services are being provided as outpatient services.
- What services do they often need that they can't get?
 - Services that are mainly administrative don't need to be in the medical campus.
 - Look at what services everyone provides and where are the big gaps. Are they going to be goals or are they serviced off-island (referral based if we don't have a big enough population to support the service)?
- Use of services (ex. expansion of services that were wasted; big investment in cardiothoracic services (by both hospitals) and unable to accomplish the project)
 - Dr.Bordallo: We don't want to make investments in services we don't use because they are not economically feasible.
- Include Veterans services, as they were not in the 2012 report
- Many have chronic medical issues and chronic psychiatric issues

Homework

- Please provide feedback on 2012 and 2016 reports regarding services
 - Still relevant
 - Where are the gaps
 - Determine current applicability
 - Outdated information
 - Areas requiring further study
- G.Bamba: What does the CDC level mean to the community? What does it mean for workforce? Specialized lab tech?
- C.Perez: Include lessons learned from the pandemic