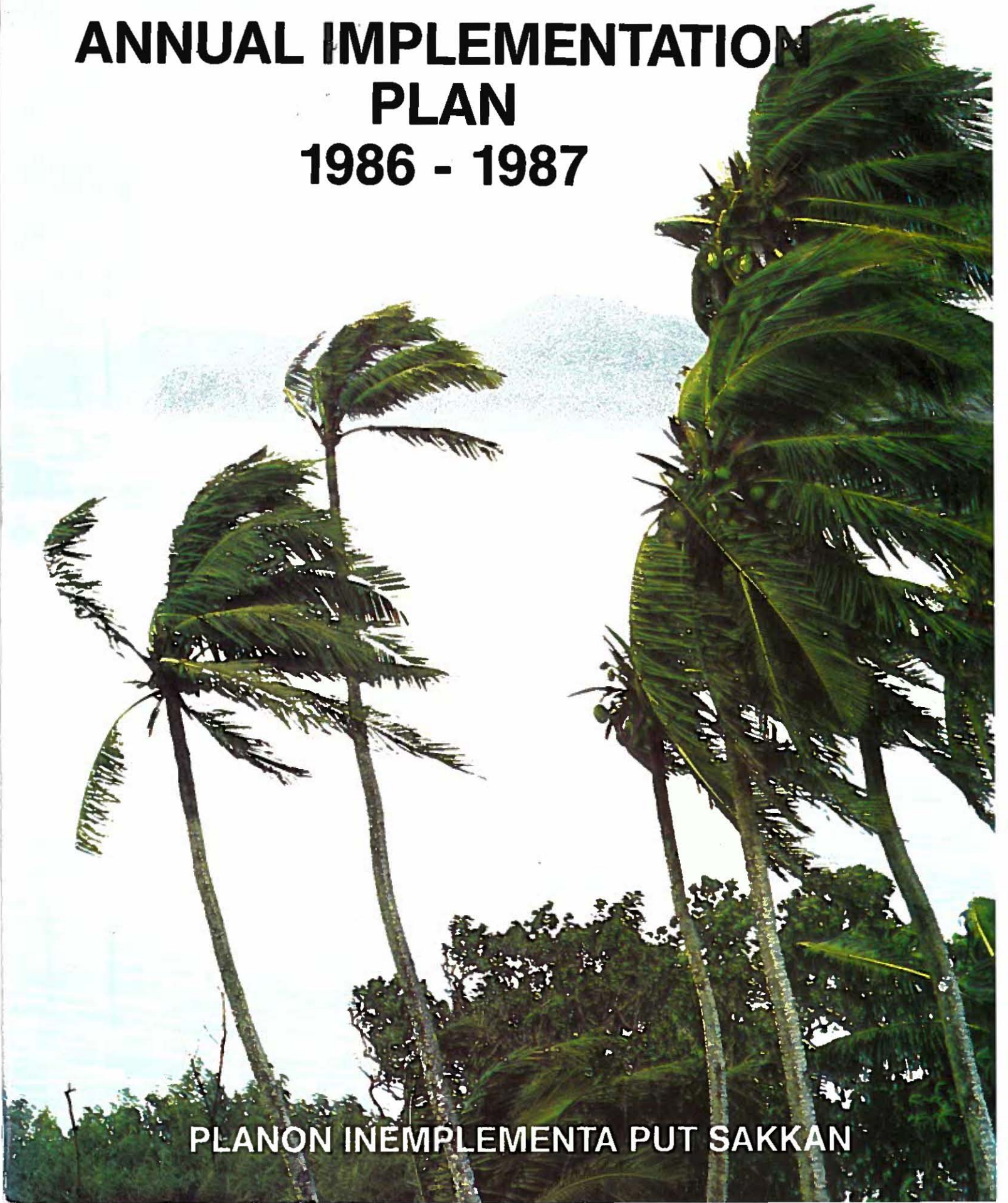
ANNUAL IMPLEMENTATION PLAN 1986 - 1987



PLANON INEMPLEMENTA PUT SAKKAN

ANNUAL IMPLEMENTATION PLAN
1985

GUAM HEALTH PLANNING AND DEVELOPMENT AGENCY
AND
GUAM HEALTH COORDINATING COUNCIL

ROOM 155 ADMINISTRATION BUILDING
212 WEST ASPINALL AVENUE
AGANA, GUAM 96910

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I. INTRODUCTION

Each year under the auspices of the National Health Planning and Resources Development Act of 1974 (P.L. 93-641) and Guam P.L. 14-150, the Guam Health Coordinating Council and the Guam Health Planning and Development Agency have the responsibility of establishing an Annual Implementation Plan (AIP) based on the priorities of the 5-Year State Health Plan. The purpose of the Guam Health Planning and Development Agency's Annual Implementation Plan is to provide direction to the community in developing a cost-effective health care system that will meet the needs of area residents. The actions undertaken in the AIP are designed to improve the health status of the population. The AIP also attempts to show how gaps in the health care delivery system can be removed and how waste and unnecessary duplication can be avoided.

The Annual Implementation Plan serves as a statement concerning the specific achievements the Guam Health Planning and Development Agency hopes to see implemented during the upcoming year. The 1985 Annual Implementation Plan is an outgrowth of the Guam Health Plan and presents a strategy for implementing activities which will begin to achieve long-range objectives.

A. Purpose and Use

The major difference between the Guam Health Plan (GHP) and the Annual Implementation Plan (AIP) is the time period which each covers. Goals in the GHP describe what the health system ought to be like when all factors, including cost, are considered. GHP goals are far reaching, long-range in nature, and form the basis for a long-range health strategy. The AIP objectives, on the other hand, are short-range objectives which theoretically are designed to be achieved during a single year. AIP objectives are a tactical plan with commitments toward a 1-year plan of action. The AIP addresses the following issues:

(1) How much progress toward the achievement of certain goals is considered possible during the next year? This is expressed in "Objectives."

(2) What specific steps are needed to achieve these objectives during the next year? These steps are listed in "Recommended Actions."

(3) Entities which have been designated as responsible for carrying out the actions in the AIP have been delineated.

In addition to assisting the island of Guam in reaching long-range health goals, it is anticipated that the AIP will assist the Agency in the following:

(1) The development of specific plans and projects;

(2) The provision of technical assistance to individuals and entities for the development of projects and programs which the Guam Health Planning and Development Agency determines are necessary to achieve the desired health system;

(3) The review of proposed new institutional services, facilities, or equipment;

(4) A review of the appropriateness of certain health services and programs offered in the health service system;

(5) The recommendation of projects and priorities for the modernization, construction, and conversion of medical facilities in the Territory of Guam.

B. Process

For the development of the 1985 Annual Implementation Plan, GHPDA staff utilized a planning tactic that included the involvement of the pertinent agencies, providers, and consumers. An AIP outline was prepared, along with an introduction and purpose statement. The community providers already involved in the revision of the Guam Health Plan were invited to comment and provide input to the AIP draft. Agency staff and providers agreed on reasonable expectations for improving the health status and the health system within a 1-year period, as well as implementation strategies.

After discussing these strategies with the Guam Health Coordinating Council's Plan Development Committee, the AIP format was agreed upon and the final draft prepared. This draft was once again returned to the community providers for review and comment. Necessary changes were jointly agreed upon and made prior to finalization of the AIP. Again, only those expectations that could reasonably be fulfilled during a single year were selected for inclusion in the AIP. A prerequisite for subject inclusion included agency, fiscal, and program commitments.

The amended draft was once again presented to the GHCC. After review was completed, the AIP was adopted by the council members.

The subjects selected for the AIP pertain to the five Health Status Priorities of the Guam Health Plan (Cancer, Alcohol/Drug Abuse, Cardiovascular Disease, Lytico and Bodig, and Diabetes) and address the health system's need for hospital accreditation, long-term care regulation, and cost-containment. The federal priorities for Fiscal Year 1985-1986 of Promotion and Prevention, Alternate Health Care Delivery and Long-Term Care Alternatives have also been incorporated into the subject matters of the Annual Implementation Plan.

II. HEALTH PROMOTION AND PREVENTION

A. CANCER

PROBLEM STATEMENT:

Guam has a higher than average age-adjusted mortality rate for cancer. Many of these cancer deaths are considered unnecessary, i.e., they could have been prevented. Prevention comes through knowledge of risk factors and how to minimize these factors; knowledge of the seven warning signs of cancer; and knowledge of the available screening and detection techniques. Early diagnosis and timely and appropriate treatment will often lead to a cure of cancer. Therefore, maximum emphasis must be placed on coordinated public awareness programs and detection techniques.

GOAL: Reduce the mortality, morbidity, and disability due to cancer among island residents.

Target Population:

All Guam residents, particularly heavy smokers and drinkers, and those with a family history of cancer.

OBJECTIVE: Increase public knowledge about cancer through education and information efforts which stress the risk factors of cancer and detail the seven warning signs of cancer.

Stress the importance of self-examination and self-observation in the early detection of cancer. Provide information about the necessity for and frequency of cancer-related check-ups for the various age groups at risk. Place particular emphasis on pap smears and breast examination for women, rectal and prostate examinations for men.

Recommended Action:

(1) Have all pertinent health entities join efforts with the American Cancer Society for having a public awareness program brought to the school, the place of work, and the home via the public media.

(2) Encourage physicians to discuss the risks of cancer based on age, sex, and family history with their patients. For those persons without a primary or family physician, the Department of Public Health and Social Services (DPHSS) should provide such services. Both public and private providers should use the informational pamphlets developed by the American Cancer Society as supplements to the patient education.

Responsible for Action:

GHPDA health education specialist, Health Education Section of the Department of Public Health and Social Services, American Cancer Society, and private providers, in particular FHP, GMHP, and Staywell.

Resource Requirements:

Electronic and printed media announcements provided as a public service; pamphlets and printed materials from Guam's Chapter of the American Cancer Society; GHPDA and DPHSS staff time; volunteer time from health providers; and financial support from private sector enterprises.

EXPECTED OUTCOME:

Over the long run, greater knowledge of the seven signs of cancer by Guam's population and greater awareness of body changes leading to earlier diagnosis and possible cure of cancer will reduce the high incidence, prevalence, and mortality rate of cancer on Guam.

B. ALCOHOL AND DRUG ABUSE

PROBLEM STATEMENT:

Guam's morbidity and mortality data as well as crime and accident statistics related to alcohol and drug abuse reveal that such abuse with its economic, health, and social consequences is a serious problem.

Previous efforts to reduce the incidence and prevalence of alcohol and drug abuse have not proven effective, as prevention and education efforts were sporadic and directed only at special groups rather than all of the population. It is postulated however, that the greatest gain in health status will be achieved through prevention and education measures directed at school children and young people and their parents. Programs should provide information about the nature and abuses of various harmful substances (drugs, alcohol) within the context of decision making and value clarification skills. They should particularly be concerned with each student's development of positive attitudes and with teaching resistance to peer group pressure.

GOAL: Decrease the incidence of alcohol and drug abuse on the island of Guam.

Target Population:

All island residents, particularly those between the ages 12 to 30.

OBJECTIVE: Make all of the Junior and Senior High School students aware of the dangers of alcohol and drug use and abuse.

Recommended Action:

(1) Convene an Alcohol and Drug Abuse Task Force which will investigate the most effective methods of prevention.

(2) Strengthen the existing alcohol and drug prevention program currently being offered by the Department of Education health curriculum.

(3) Train school counselors and school nurses in presenting the prevention program and in counseling methods appropriate to alcohol and drug abuse.

Responsible for Action:

Department of Mental Health and Substance Abuse (DMHSA); Department of Education (DOE) counselors, nurses, and health educators; Guam Police Department (GPD); Department of Public Health and Social Services (DPHSS) - Health Educator; village Commissioners; and Alcoholics Anonymous (AA) - group leaders.

Resource Requirements:

Media announcements and presentations; pamphlets and handouts (DMHSA, DOE); staff time of the involved entities; and volunteer time from AA leaders or members.

EXPECTED OUTCOME:

Increased awareness about the dangers and consequences of alcohol and drug abuse, and, over time, decreased fatalities due to alcohol or drug intake. Lower arrest rates for drunken driving are also considered a measure of successful public education against alcohol and drug abuse.

C. CARDIOVASCULAR DISEASE/HYPERTENSION

PROBLEM STATEMENT:

Heart disease and its main precursors atherosclerosis and hypertension could to a large degree be avoided if it was more widely known that certain living habits and medical conditions increase the risk of incurring these diseases. Many of these risks can be reduced with practical steps. Education and information measures which heighten public and professional awareness of the risk factors for heart disease are considered the first and most important step in the control of this disease. Preventive measures should include mass screening and follow-up services for high blood pressure and diabetes.

GOAL 1: Reduce the incidence and prevalence of hypertension and related cardiovascular disease among island residents.

Target Population:

All island residents, particularly those at risk over the age of 30, especially if they are overweight and/or heavy smokers.

OBJECTIVE 1.1: Increase the proportion of individuals screened for hypertension by 1986.

Recommended Action:

(1) Encourage private and public health physicians to screen for high blood pressure at initial encounter and periodic intervals as recommended by the National Institute of Health.

(2) Encourage blood pressure screening activities at the place of employment in the Government of Guam departments and the private sector through joint efforts of the Department of Public Health and Social Services, private providers, the Guam Heart Association, and the Guam High Blood Pressure Council.

GOAL 2: Through the education process and public information, make all Guam residents aware of:

(a) The effects of hypertension;

(b) Available treatments;

(c) Lifestyles which contribute to the stabilization or reduction of hypertension (control over smoking, weight, salt intake, and exercise); and

(d) The necessity of professional follow-up when hypertension is diagnosed.

OBJECTIVE 2.1: Information should be readily available to all Guam residents pertaining to high blood pressure (hypertension) as it relates to scheduled screening activities, medical intervention, and lifestyle modification.

Recommended Action:

Urge the Guam High Blood Pressure Council and its members to design a culturally acceptable education and public information program as well as to share joint responsibility for the implementation of this program.

Responsible for Action:

GHPDA, DPHSS-Chronic Disease Prevention and Control Program, Guam High Blood Pressure Council, Guam Heart Association, private providers, and American Red Cross.

Resource Requirements:

Staff time of the involved entities; volunteer time for the taking of blood pressure and follow-up of those identified with high blood pressure; printed and electronic media announcements and presentations; and pamphlets and handouts from Guam Heart Association.

EXPECTED OUTCOME:

A greater awareness of Guam's population about the risks of undiagnosed high blood pressure and the consequences if the disease remains untreated. An increased number of persons with the disease who have been identifed and are now being treated. Long-range outcome will be a lower death rate from heart disease and a decrease of patients suffering from end stage renal disease.

D. DIABETES

PROBLEM STATEMENT:

Guam has alarmingly high incidence and prevalence rates of diabetes. This disease was also a leading cause of death in several of the last 10 years. Survey and screening results demonstrated that being Chamorro, overweight, middle-aged and female makes one most vulnerable to this disease; but Filipino and male incidence rates are also on the increase. Those with a family history of diabetes are especially at risk.

There is at present no known way to prevent diabetes. However, if diagnosed, diabetes can be treated and controlled, allowing an afflicted person to lead a normal life. Weight control and early detection are considered the two most important factors in lowering the prevalence and mortality rate of diabetes. Information and education programs geared towards the public as well as the medical profession, and mass blood sugar screening are advocated for Guam's population, particularly for persons at special risk.

GOAL: Reduce the mortality, morbidity, and disability rate due to diabetes for the population of Guam through early diagnosis.

Target Population:

Persons over the age of 40, particularly Chamorros and Filipinos, females, obese persons, and those with a family history of diabetes. Also pregnant females.

OBJECTIVE 1: Identify those suffering with the disease, and refer them for treatment to prevent complications such as blindness, amputations, heart disease, and end stage renal disease.

Recomended Action:

(1) Provide blood sugar screening activities at public places and at the place of employment in the Government of Guam departments and the private sector at periodic intervals.

(2) Provide information and referrals to private or public health physicians for persons with higher than normal levels of blood sugar as identified during screening activities. Provide follow-up for such referrals.

(3) Provide comprehensive patient education to each newly diagnosed diabetic to assure treatment compliance, minimize effects of the disease, and to avoid complications.

OBJECTIVE 2: Raise public awareness of the risk factors of diabetes in order to decrease incidence of the disease.

Recommended Action:

(1) Together with the Guam Diabetes Association, the Department of Public Health and Social Services (DPHSS) Chronic Disease Prevention and Control Program, and private providers, develop a culturally acceptable community awareness program about diabetes and its consequences and complications if untreated.

(2) Provide education in lifestyle modification, particularly as it pertains to nutrition and weight control, to reduce or prevent obesity. Bring such education lectures to village centers and the place of employment, and include such information in the school health curriculum.

Responsible for Action:

GHPDA health education specialist, DPHSS health educator, DPHSS registered nutritionist, Guam Diabetes Association, and private providers, particularly FHP, GMHP, and Staywell.

Resource Requirements:

Electronic and printed media announcement donated as a public service; staff time of all involved entities; volunteer time for screening activities and follow-up of those diagnosed with diabetes; pamphlets and handouts prepared by DPHSS and Guam Diabetic Association; and financial donations from the private sector for screening activities.

EXPECTED OUTCOME:

An increased number of persons with diabetes who have been diagnosed and referred for medical management. Decreased hospitalization for complication of the disease, such as diabetic coma. Greater awareness of the correlation between nutrition and diabetes. Long-range benefits will be a reduction in the incidence and prevalence of diabetes, and a lessening of diabetes-related complications, in particular blindness, amputations, and ESRD.

III. ACUTE/PRIMARY CARE

A. HOSPITAL ACCREDITATION

PROBLEM STATEMENT:

Accreditation of a hospital by the Joint Commission on Accreditation of Hospitals (JCAH) is a widely recognized indicator of the quality of health care provided by a hospital. The voluntary decision by a hospital to undergo the periodic review of its services, manpower, and facilities by JCAH is one means of ensuring that the public's concerns regarding safety and quality of health care are being met by the hospital. On Guam, the importance of accreditation is underscored by the absence of a health facility licensing program. Thus, it is essential that the Guam Memorial Hospital be in substantial compliance with JCAH's standards of care.

JCAH surveyors reviewed GMH's services, manpower, and facilities in November, 1982. Based on the review, the Commission determined that GMH was not in compliance with JCAH standards and denied accreditation in June, 1983. Since then, GMH has labored to correct the procedural deficiencies identified by the Commission.

Still remaining are the corrective actions necessary to address the structural deficiencies identified by JCAH surveyors. While most of the structural deficiencies identified apply only to the old hospital facility, there are problems with the new campus which was completed in 1977. Hospital officials are proposing to relocate the patient care and ancillary services currently housed in the old facility to the new campus and to correct the structural deficiencies identified in the new campus.

GOAL: Provide hospital care that is within acceptable levels of safety and quality.

Target Population:

All residents of Guam and Micronesia.

OBJECTIVE: Ensure that the Guam Memorial Hospital is at least provisionally accredited by Joint Commission on Accreditation of Hospitals by 1986 based on the proposed structural improvements and the current improvements made in quality control programs.

Recommended Action:

Prepare plans for the renovation and expansion of the new hospital campus showing the relocation of services currently housed in the old facility. The blueprints should be finished and available for JCAH review by the end of 1985.

Responsible for Action:

Guam Memorial Hospital Authority management and Board of Trustees.

Resource Requirements:

Architectural and engineering costs are estimated to be 10 percent of total project cost of $5.6 million.

EXPECTED OUTCOME:

Safety and quality of care provided to skilled nursing, and hemodialysis patients will improve. Implementation of a hospital-wide quality assurance program will improve the level of care provided to all patients.

B. MATERNAL AND CHILD HEALTH SERVICES

PROBLEM STATEMENT:

On Guam, the proportion of mothers who have received prenatal care has steadily increased from 97.5 percent in 1979 to 98.7 percent in 1983. Between 1979 and 1983, only 1.6 percent of mothers failed to receive prenatal care as compared to 1 percent of mothers in the U.S. who, during 1980, had no prenatal care. However, the proportion of Guam's pregnant women that seek prenatal care during the first trimester of pregnancy is much lower than that of the United States. The U.S. figures for 1980 indicate that 77.9 percent of U.S. mothers had their initial prenatal visit within the first 3 months of pregnancy. Guam's statistics, on the other hand, show that between 1979 and 1983 only 61.5 percent of the island's pregnant women had prenatal care in the first trimester, and that Chamorro and Micronesian women have consistently shown the poorest utilization patterns of all.

GOAL: Reduce the risk of infant mortality and morbidity.

OBJECTIVE 1: Increase the proportion of pregnant women who seek prenatal care during the first trimester of pregnancy.

Recommended Action:

(1) Develop a well-structured promotional campaign to raise public awareness of Maternal and Child Health care. Stress the significance of initiating prenatal care in the first trimester of pregnancy, as well as the importance of periodic check-ups throughout pregnancy. (This campaign may include the broadcast of public service announcements and the dissemination of pertinent literature throughout the community.)

(2) In conjunction with the health promotion campaign, emphasize that comprehensive maternal health services are available and accessible to the self-paying, to the insured, and to those who are unable to either purchase the services or the insurance to cover such services.

OBJECTIVE 2: Reduce the disparities between ethnic groups in the utilization of prenatal services.

Recommended Action:

As part of the overall health promotion efforts to increase public awareness of the significance and availability of comprehensive maternal health care,

(1) Develop public service announcements in the respective languages of the island's major ethnic populations on Guam; and

(2) Arrange for periodic informational meetings between MCH program personnel and the various ethnic communities.

Responsible for Action:

Primary: DPHSS, MCH Resource Center, GHPDA

Support: Various MCH Service providers

Resource Requirements:

Staff time for GHPDA's health education specialist, as well as public health and school health educators; media time for broadcasting public service announcements; and National Planning Priority grant for development of media presentations.

EXPECTED OUTCOME:

The development and documentation of a sound health promotion campaign; the preparation and broadcast of appropriate public service announcements; and the initiation of informational sessions within the various ethnic communities. In the long-range, these actions can be expected to reduce the incidence of infant mortality and morbidity associated with inadequate prenatal care.

IV. CHRONIC CARE

A. END STAGE RENAL DISEASE

PROBLEM STATEMENT:

End stage renal disease (ESRD) refers to the state of advanced renal impairment which is fatal unless continuous dialysis treatment is received or a kidney transplant is performed. Hemodialysis is available through Guam Memorial Hospital, but the eight operational stations are inadequate for the number of treatments required by the 32 ESRD patients. At least one additional station is needed to provide three treatments per week to each patient. Kidney transplants are available, but only through the regional transplant center in Hawaii. This treatment alternative is generally underutilized by Guam ESRD patients due to the unavailability of suitable living kidney donors on island and the great distance from the nearest transplant center.

GOAL: Promote the availability and accessibility of prevention, early detection, and acute care services to help prevent or lessen the severity of diseases and conditions which contribute to ESRD, thereby reducing the need for renal dialysis services and kidney transplants.

Target Population:

All island inhabitants, particularly those suffering from hypertension and diabetes.

OBJECTIVE 1: Increase provider and consumer awareness of services related to preventing and minimizing ESRD.

Recommended Action:

Design and implement a health promotion and public education program using print and electronic media aimed at the incidence of hypertension and diabetes which are known to cause to ESRD.

Responsible for Action:

Primary: Department of Public Health and Social Services - Chronic Disease Prevention and Control Unit, Salud Y Manamko, and Health Education; GHPDA health educator.

Supportive: Health Education Network, Department of Education, and Guam Diabetes Association.

Resource Requirements:

Staff time for DPHSS and GHPDA health educators; media costs for broadcasting public service announcements and programs; and costs for printing and other supplies.

EXPECTED OUTCOME:

The development and documentation of a sound health promotion program which will include the preparation and distribution of appropriate literature and broadcast of public service announcements.

OBJECTIVE 2: Increase the number of dialysis stations so patients can be assured of receiving three treatments per week, with the Hemodialysis Unit operations at 85 percent capacity.

Recommended Action:

Secure funding for the purchase, maintenance, and staffing of at least one additional dialysis station.

Responsible for Action:

Guam Memorial Hospital Authority.

Resource Requirements:

Cost of equipment, maintenance, and necessary supplies.

EXPECTED OUTCOME:

A hemodialysis unit with an adequate number of dialysis stations to assure three treatments per week for each ESRD patient in the program.

B. LYTICO (AMYOTROPHIC LATERAL SCLEROSIS) AND BODIG (PARKINSONISM DEMENTIA) - SUPPORT GROUP

PROBLEM STATEMENT:

Lytico and bodig are found in such high concentration among the Chamorro population that they have attracted national and international attention. Extensive studies conducted by the National Institute of Neurological and Communicative Diseases and Stroke (NINCDS) over the past 30 years have yet to find the reason for the high incidence or the cause of these devastating diseases of the central nervous system.

About 100 persons are currently recorded as suffering from either lytico or bodig, and in some instances from both these diseases. Afflicted patients required continuous care of many years duration. Considerable hardships are encountered by the patients and families and much emotional stress is generated over time by the need for continuous care for a lytico or bodig patient.

GOAL: Assure the continuity of quality care for persons afflicted with lytico or bodig.

Target Population:

Those affected with the disease, those at risk of having the disease, particularly middle-aged residents of Chamorro background living in the southern area.

OBJECTIVE: Establish a lytico and bodig support group for patients afflicted with these diseases and their families to share their experiences, increase their coping skills, and strengthen the emotional bonds within the families.

Recommended Action:

(1) Organize a workshop or seminar for lytico and bodig patients, their families and care givers, community health providers, and interested persons to inform and educate participants about the issues pertaining to the diseases and required care.

(2) Solicit input from patients and family members as to the kind of support they wish to receive.

(3) Establish by-laws for the support group, and place and time for monthly meetings.

(4) Establish proposed agenda for the first year of existence of support group, invite guest speakers, and prepare materials and handouts.

Responsible for Action:

Guam Lytico and Bodig Association with technical assistance from GHPDA's health education specialist; community health care providers as needed.

Resource Requirements:

Media announcements for workshop/seminar, refreshments and handouts, either donated or paid for by Guam Lytico and Bodig Association; volunteer time by Guam Lytico and Bodig Association members; and GHPDA staff time.

EXPECTED OUTCOME:

Improved coping skills of lytico and bodig patients as well as their families, fostering a greater well-being of the patient and a lessening of emotional stress of family members and care givers.

V. LONG-TERM CARE

ALTERNATIVES TO INSTITUTIONAL LONG-TERM CARE: RULES, REGULATIONS, AND STANDARDS

PROBLEM STATEMENT:

There is no nursing home on Guam. At present the two upper floors (5th and 6th) of the old Guam Memorial Hospital serve as the only facilities where the island's displaced frail, handicapped, and mentally incompetent persons are cared for. Some of the approximately 52 persons at this facility are inappropriately placed, e.g., they could be maintained at a lower than Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF) level. For this reason, the Government of Guam is investigating alternatives to institutional long-term care, particularly Senior Day Care. Furthermore, the St. Dominic's Senior Care Home, presently under construction, proposes to provide Intermediate, Supervised Residential, and Respite Care to persons in need. As a first step, rules, regulations, and standards for long-term care need to be developed to assure the highest quality of care and protect the safety of patients no longer fully able to provide for themselves.

GOAL: Provide long-term care at appropriate levels for disabled and frail persons in a setting which protects the individual and prevents the deterioration of physical, mental, and social conditions, while enabling the individuals to maintain the highest degree of independent living and community participation.

Target Population:

Guam's disabled persons and all of the at-risk senior population.

OBJECTIVE: Promulgate Rules, Regulations, and Standards for the provision of:

(1) Intermediate Care
(2) Supervised Residential (Nursing Home) Care
(3) Senior Day Care

Recommended Action:

(1) Investigate Rules, Regulations, and Standards of other states, particularly those of Hawaii and California.

(2) Correlate Rules, Regulations, and Standards to Health Care Financing Administration (HCFA) and Joint Commission on Hospital Accreditation (JCAH) requirements where indicated.

(3) Incorporate the intent of the Guam Nursing Home Law of Guam Code Annotated, Chapter 7, Sections 7101 through 7123.

(4) Submit draft of Rules, Regulations, and Standards to the Attorney General's Office for review and comment.

(5) Submit Rules, Regulations, and Standards to the Eighteenth Guam Legislature for adoption.

Responsible for Action:

Guam Health Planning and Development Agency, Department of Public Health and Social Services - Division of Senior Citizens, Attorney General's Office, Guam Legislative Committee on Health, Welfare, and Ecology, and the Eighteenth Guam Legislature.

Resource Requirements:

Regularly salaried staff time of all involved entities.

EXPECTED OUTCOME:

Defined responsibility for all matters pertaining to long-term care as well as rules, regulations, and standards which will assure safe quality care at appropriate levels for patients in need.

VI. COST-CONTAINMENT

CATASTROPHIC ILLNESS COVERAGE

PROBLEM STATEMENT:

Catastrophic illness coverage pertains to insurance which will pay for medical expenses incurred for a medical condition requiring treatment and care which cause expenditures in excess of a specified amount. The treatment for most catastrophic illnesses currently surpasses the highest threshold of health insurance coverage available on Guam for off-island medical referrals. To be eligible for the Medically Indigent Program or Medicaid, a family must possess little or no resources and assets and be declared indigent. The government, in the form of the MIP and Medicaid programs, then becomes the catastrophic illness insurers. To raise revenues for such coverage, the government will have to increase taxes, thus putting a burden on all taxpayers. The other option is for every person on Guam to buy catastrophic illness insurance to forestall the raising of taxes or the loss of all assets in the event that a catastrophic illness occurs in their family.

GOAL: Provide catastrophic illness coverage for each and every person on Guam.

Targeted Population:

The civilian population on the island of Guam.

OBJECTIVE: Support health care cost containment for the island by investigating and recommending policy options pertaining to catastrophic illness coverage.

Recommended Action:

(1) Research and report on catastrophic illness costs and coverage.

  (a) Investigate cost and frequency of medical referrals to off-island locations.

  (b) Identify insurance companies who offer catastrophic illness coverage.

  (c) Investigate the feasibility of providing catastrophic illness coverage for the insured as well as the indigent population.

  (d) Identify financial sources and payment mechanism for a catastrophic illness insurance program for Guam.

  (e) Prepare and disseminate information packets to legislators, health providers and consumers.

(2) Make recommendations and develop policy options for mandatory catastrophic illness coverage for all Guam's residents.

(a) Hold discussion groups and a forum with legislators, health providers, and consumers.

(b) Submit written recommendations to legislators and health providers, and encourage further discussion to culminate in written policies for mandatory coverage.

Responsible for Action:

Primary: GHPDA

Supportive: FHP, GMHP, Staywell, Guam Legislature, and consumers.

Resource Requirements:

Primary Entity: Included in GHPDA budget for salaries.

EXPECTED OUTCOME:

Comprehensive policy options for mandatory catastrophic illness insurance for all Guam residents.