CREATION OF GUAM HEALTH PLANNING AND DEVELOPMENT AGENCY

Prepared by
Bureau of Planning

1982

BUREAU OF PLANNING

AUG 02 1982

Memorandum

To: Administrator, Guam Health Planning and Development Agency

From: Director, Bureau of Planning

Subject: Guam Health Plan

The Bureau of Planning's extensive review of the draft of the Guam Health Plan revealed no major concerns. The Bureau finds the Plan to delve comprehensively into the desired health needs of the island's residents.

The Bureau, however, feels that all hospital related services should be consolidated into the Guam Memorial Hospital as the old Guam Memorial Hospital still houses the Skilled Nursing Facility, the Dialysis Service, the Intermediate Care Facility and the Community Mental Health Center. The feasibility of relocating these services to the new hospital facility should be explored as the old Guam Memorial Hospital is underutilized and could be renovated to more fully benefit the island.

Thank you for the opportunity to comment on the Plan.

/s/

BETTY S. GUERRERO

PAROMIN:eb

cc: Chrono
Subject

BUREAU OF PLANNING

AUG 31 1982

Memorandum

To: Administrator, Guam Health Planning and Development Agency

From: Director, Bureau of Planning

Subject: Medical Facilities

The Bureau of Planning has reviewed the Medical Facilities component of the Guam Health Plan and commends the Guam Health Planning and Development Agency's staff for their efforts in its preparation. We offer the following comments which we feel will assist in improving the Plan:

- Projections made for acute care services should be revised.

  Although the 1980 data on age and sex breakdown for Guam's population (attached) which were recently released by the U.S. Census Bureau are preliminary, the Bureau recommends that the information be utilized to make projections. Using the total female population as denominator to project births in 1985 and 1990 tends to decrease the number of births and thus affects projections of facility needs. The Bureau recommends that the rates be developed by dividing the number of births by the total number of females in child bearing ages.

- Military, Private and other Medical Facilities be addressed in the Plan.

  Because a portion of Guam's civilian population also utilizes these facilities, the services provided, as well as projected civilian population patronizing these facilities, should be addressed in the Plan in order to realistically project facility requirements.

- Cost of construction of the planned facility be addressed in detail.

  Because of the current federal and local budget constraints, funding sources and the methods of obtaining construction funds should be addressed in the Plan.

AUG 31 1982

- Regional Medical Center Option should be addressed in detail.

  The Bureau recommends that this option be addressed in the plan. Should Guam become a regional center and if so, how can this concept be implemented?

- The Plan should also discuss in detail the public health centers that are slated to be closed or partially utilized in terms of their future use.

- The Bureau recommends that the Plan be forwarded to the Central Planning Council for its review and comment and then forwarded to the Legislature for its approval as required by P.L. 12-200, as amended.

Thank you for the opportunity to provide comment.

/s/

MICHAEL J. CRUZ
Acting

Attachment

BBENHART:epb

cc: Chron
Subject

ABLE 1. POPULATION OF THE UNITED STATES OUTLYING AREAS BY AGE AND SEX: 1980

Age Groups	TOTAL	Puerto Rico	Virgin Islands of the U.S.	Pacific Islands				
				Total	American Samoa	Guam	Northern Mariana Islands (NMI)	Trust Territory of the Pacific Islands (excluding NMI)
OTH SEXES								
All ages.....	3564294	3196520	96569	271205	32297	105979	16780	116149
nder 5 years.....	392594	340652	10713	41229	4786	13002	2464	20977
t 9 years.....	378044	330331	11508	37005	4218	12632	2148	18007
0 to 14 years.....	383952	338291	12557	33104	4203	11338	2193	15370
5 to 19 years.....	376175	337134	10243	28798	3849	10993	1703	12253
0 to 24 years.....	304794	272430	6562	25802	3057	11108	1512	10125
5 to 29 years.....	265406	236136	6589	22681	2388	10324	1463	8506
0 to 34 years.....	257233	229762	8180	19291	2066	9289	1303	6633
5 to 39 years.....	214471	194284	7191	12996	1610	6246	864	4276
0 to 44 years.....	182162	165652	5403	11107	1503	5049	824	3731
5 to 49 years.....	158862	145020	4197	9645	1184	4189	660	3612
0 to 54 years.....	141861	129786	3450	8625	1077	3983	496	3069
5 to 59 years.....	129590	119538	3081	6971	776	2914	388	2893
0 to 64 years.....	112681	104935	2420	5326	635	1927	267	2497
5 to 69 years.....	100304	94544	1907	3853	413	1418	228	1794
0 to 74 years.....	68916	65480	1207	2229	237	809	139	1044
5 to 79 years.....	47538	45381	725	1432	181	456	78	717
0 to 84 years.....	25213	24245	342	626	64	180	36	346
5 years and over..	23698	22919	294	485	50	122	14	299
Median.....	24.1	24.6	22.5	19.2	18.8	22.3	19.7	16.5

ge Groups	TOTAL	Puerto Rico	Virgin Islands of the U.S.	Pacific Islands				
				Total	American Samoa	Guam	Northern Mariana Islands (NMI)	Trust Territory of the Pacific Islands (excluding NMI)
MALE								
All ages.....	1821314	1639793	50365	131156	15913	50658	7963	56622
der 5 years.....	192641	167424	5296	19921	2300	6382	1190	10049
to 9 years.....	185890	162169	5777	17944	2062	6174	1108	8600
to 14 years.....	187950	165797	6277	15876	1947	5503	1074	7352
to 19 years.....	187932	168735	5205	13992	1971	5144	861	6016
to 24 years.....	159545	143187	3665	12693	1667	5089	803	5134
to 29 years.....	140369	125316	3745	11308	1236	5130	710	4232
to 34 years.....	135939	122343	4420	9176	1033	4435	560	3148
to 39 years.....	112626	102028	3755	6043	730	2860	344	2109
to 44 years.....	95675	87589	2812	5274	697	2399	304	1874
to 49 years.....	83524	76692	2237	4595	546	2018	256	1775
to 54 years.....	74435	68611	1816	4008	556	1745	181	1526
to 59 years.....	67323	62380	1647	3296	388	1280	163	1465
to 64 years.....	58055	54294	1219	2542	302	919	142	1179
to 69 years.....	51442	48555	995	1892	198	689	109	896
to 74 years.....	35530	33685	674	1171	115	417	74	565
to 79 years.....	24908	23712	422	774	98	271	51	354
to 84 years.....	13688	13107	217	364	33	112	24	195
years and over..	13842	13369	186	287	34	91	9	153
edian.....	24.9	25.5	23.6	19.2	19.2	22.1	18.5	16.9

ABLE 1. POPULATION OF THE UNITED STATES OUTLYING AREAS BY AGE AND SEX: 1980-Con. Social Section's Copy

Age Groups	TOTAL	Puerto Rico	Virgin Islands of the U.S.	Pacific Islands				
				Total	American Samoa	Guam	Northern Mariana Islands (NMI)	Trust Territory of the Pacific Islands (excluding NMI)
MALE								
All ages.....	1742980	1556727	46204	140049	16384	55321	8817	59527
Under 5 years.....	199953	173228	5417	21308	2486	6620	1274	10928
5 to 9 years.....	192954	168162	5731	19061	2156	6458	1040	9407
10 to 14 years.....	196002	172494	6280	17228	2256	5835	1119	8018
15 to 19 years.....	188243	168399	5038	14806	1878	5849	842	6237
20 to 24 years.....	145249	129243	2097	13109	1390	6019	709	4991
25 to 29 years.....	125037	110820	2844	11373	1152	5194	753	4274
30 to 34 years.....	121294	107419	3760	10115	1033	4054	743	3485
35 to 39 years.....	101845	91456	3436	6953	880	3386	520	2167
40 to 44 years.....	86487	78063	2591	5833	806	2650	520	1857
45 to 49 years.....	75338	68328	1960	5050	638	2171	404	1837
50 to 54 years.....	67426	61175	1634	4617	521	2238	315	1543
55 to 59 years.....	62267	57158	1434	3675	388	1634	225	1428
60 to 64 years.....	54626	50641	1201	2784	333	1008	125	1318
65 to 69 years.....	48862	45989	912	1961	215	729	119	898
70 to 74 years.....	33386	31795	533	1058	122	392	65	479
75 to 79 years.....	22630	21669	303	658	83	185	27	363
80 to 84 years.....	11525	11138	125	262	31	68	12	151
85 years and over..	9856	9550	108	198	16	31	5	146
Median.....	23.2	23.7	21.1	19.2	18.4	22.4	20.9	16.1

Memorandum

To: Director of Public Health and Social Services
Director, Bureau of Budget and Management Research
Director, Bureau of Planning

From: Administrator, Guam Health Planning
and Development Agency

Subject: Medical Facilities

Attached for your review is the medical facilities component of the Guam Health Plan. Your comments concerning the conclusion and recommendations regarding future medical facility requirements are welcome. Please submit your comments by August 24, 1982.

JOAQUIN Q. PEREZ
Acting

Attachment

MEDICAL FACILITIES

A. INTRODUCTION

This component of the Guam Health Plan describes the territorial government's health facility requirements. The scope of the discussion is limited to the Guam Memorial Hospital and the Department of Public Health and Social Services.

B. BACKGROUND AND TRENDS

Future medical facilities needs are influenced by factors such as the characteristics of the population, health status of the community, utilization of existing facilities and services, and government health policies. The implications and influences of these factors are discussed below.

Demography

Guam's population is younger than that of the U.S. although it is not as young as other Micronesian Island peoples. Thirty-nine percent of Guam's civilian population is 16 years of age and younger; only 3% is over age 55.

In the foreseeable future the proportion of those age 16 and under will decrease somewhat as our now-decreasing birth rate continues. Still, having such a young population suggests continuing demand for obstetrics and pediatric services although hospitalization rates will be generally low.

Health Status

Although decreasing, Guam's birth rate is still higher than the U.S. It is expected that demand for prenatal services will rise as more people realize the importance of proper birth preparations. Also, utilization rates for inpatient obstetric services should be high.

Our leading causes of death are mostly chronic diseases. The high incidence of ALS/PD suggests continued high use of long-term care services. The high incidence of diabetes mellitus means high utilization of outpatient services including laboratory services to monitor glucose levels. Other death-causing chronic diseases like heart disease, cancer, cerebrovascular disease, and cirrhosis of the liver imply continued high use of acute inpatient care and rehabilitation services.

Government Policy

The incumbent Executive Administration has proposed to sell the old Guam Memorial Hospital campus. This would mean relocating the ICF, SNF, the hemodialysis unit, and the Community Mental Health Center (already considerations being addressed in GMHA's Institutional Plan) as well as the Department of Vocational Rehabilitation's Life Skill Center and the offices of the National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) Research Center.

The government is now exploring alternative ways to provide health coverage for the medically indigent population of Guam estimated to be some 24,000 or 28% of the civilian population. The indigent consist of those who qualify for Medicaid enrollment and those who, while not eligible for medical care and thus are considered medically indigent.

Medicaid enrollees receive care through Public Health's clinics, private contracting physicians, and GMH's Outpatient Department (OPD) and inpatient services. The medically indigent receive care through Public Health clinics and GMH's outpatient and inpatient services and rarely on a cash basis through private clinics.

The Department of Public Health and Social Services, has identified two health service delivery options:

a) To contract for services with private providers (HMOs or individual providers)

b) To deliver primary care services through DPH&SS's 3 area health centers and possibly GMH's Outpatient Department.

If option a) is implemented, then a reduction in the utilization of services of GMH and PH&SS by indigents can be expected. Opting for b) means that DPH&SS must expand its service capabilities. It is believed that the existing area health centers will be sufficient to service this population group.

Regional Services

Another consideration is the prospect of Guam being a regional medical center serving the Micronesian Islands. At present, GMH provides to other islanders services not available in their facilities, such as neonatal intensive care. No formal referral arrangements exist at this time.

In all likelihood, tertiary health services will be offered when the demand or need for them is expressed by Guam residents. Establishing these services on a regional basis before the local population can support such services requires a level of regional cooperation from other island governments which has not been previously demonstrated.

Financing

It is estimated that about 51% of the population are covered by some form of employer-subsidized pre-paid health insurance. Most of these are enrolled in HMOs. Because of disincentives to hospitalize their enrollees, HMOs can contribute significantly to lowering hospitalization rates.

On the other hand, Medicare's policy of reimbursing at a higher rate for services rendered in hospitals as opposed to doctors' clinics encourages physicians to admit patients to inpatient facilities. Because the elderly are this program's clientele, their health care problems usually require the use of long-term care services.

Coverage by insurers of mental health services is limited to crisis intervention activities; inpatient care is excluded. Historically, most mental health patients receiving outpatient or inpatient services have been considered medically indigent for reimbursement purposes.

GHP Health Status and Health Service Goals and Objectives

Specific health service goals and objectives which are expected to impact upon the availability and utilization of health facilities are:

1. The recommendation to increase the number of chronic dialysis stations will require more floor space for the Hemodialysis Unit.

2. The recommendation to expand SNF and ICF will require more floor space than what is currently available.

3. The recommendation to develop an inpatient mental health facility which adequately separates acute mentally ill patients from the chronic mentally ill and the criminally insane will require either new construction or renovation.

4. Establishing alternative long-term care services for the elderly and the mentally retarded may lessen the demand for ICF and inpatient mental health beds.

C. INVENTORY OF GOVERNMENT SERVICES AND FACILITIES

Department of Public Health and Social Services

Public Health provides services in seven locations throughout the island (See Figure 1). These include:

Central Facility in Mangilao
Southern Area Health Center in Inarajan
Tamuning Health Clinic
Santa Rita Health Clinic
Yona Health Clinic
Sinajana Health Clinic
Mangilao Health Clinic

Aside from these health centers, there are four village health clinics not being utilized in the delivery of health care. These clinics are in Piti, Agat, Merizo, and Talofofo. Some of them are being used as Senior Citizens Centers. Hot lunches are served and some social services are provided to the elderly by the Department's Division of Senior Citizens.

Central Facility

This facility offers specialized clinic services. They are: Communicable Disease Clinic, Nutrition and Health Education, Crippled Children's Services, Home Health Care, Environmental Health Services, Speech and Hearing, Pharmacy, Laboratory, X-Ray, and Epidemiology. This facility also serves the people whenever services are not available in the village health clinics.

Dental Services are also available in the Central Facility for the residents of Yigo, Dededo, Tamuning, Mangilao, Barrigada, Agana, Sinajana, Mongmong-Toto-Maite, Piti, Chalan Pago and Ordot.

Southern Area Health Center

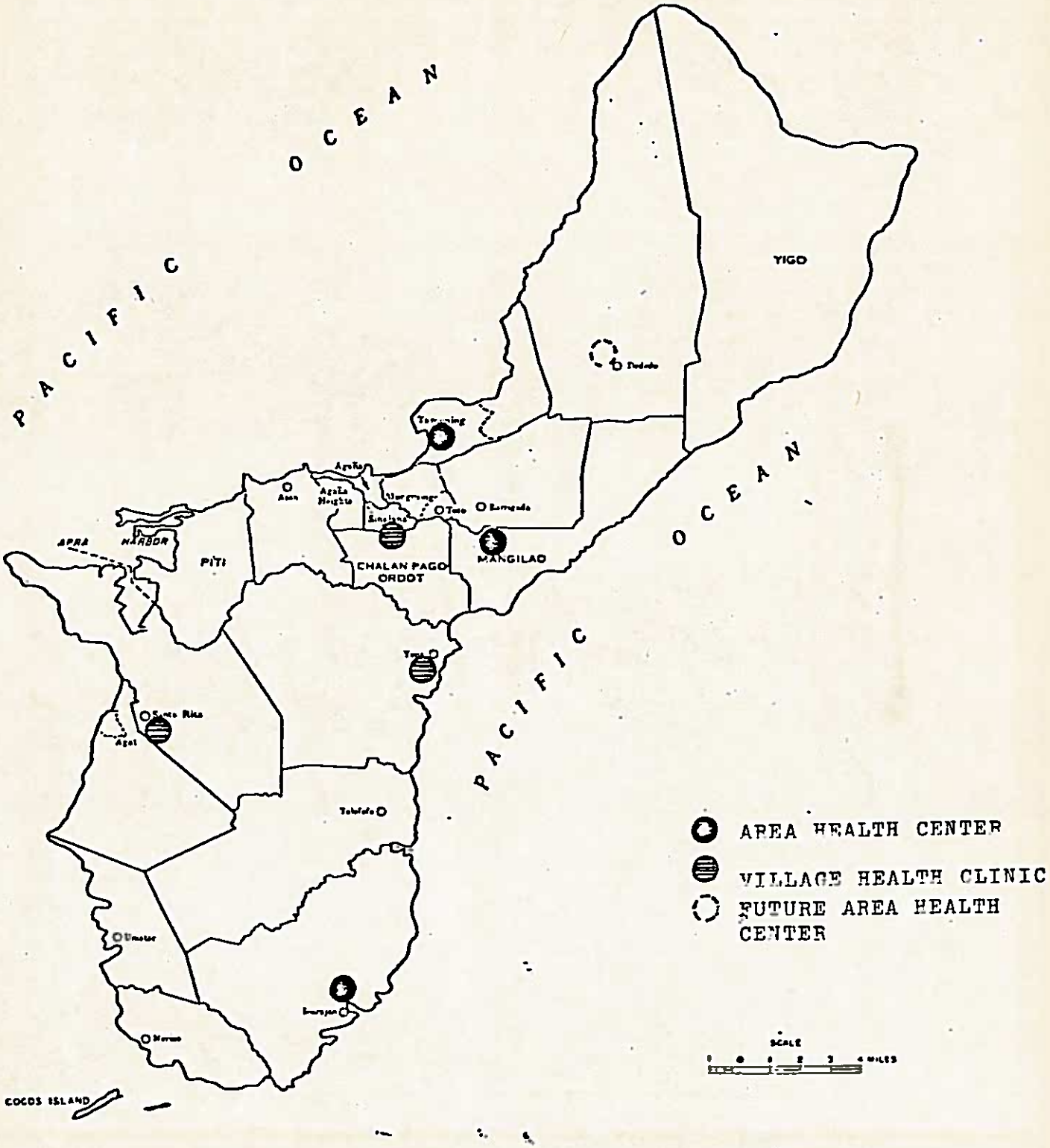
This health center was built in 1974. It is located in Inarajan and serves Inarajan, Talofofo, Merizo and Umatac. It offers Well-Child Clinics, Women's Health Services, some Chronic Disease Services, Social Services, Pharmacy (part-time), X-Ray (part-time), Laboratory (part-time), and Nutrition (part-time). Dental Services are provided to residents of Inarajan, Talofofo, Merizo, Umatac, Yona, Santa Rita and Agat.

Tamuning Health Clinic

This Clinic serves the residents of Tamuning, Tumon, Harmon, Dededo, Yigo and Agana. It is located at the old GMH complex and provides the following services: Well-Child Clinics, Women's Health Services, some Chronic Disease Clinics, Nutrition (part-time), Social Services, and Newborn Visitation.

FIGURE I

PUBLIC HEALTH FACILITIES



Upon the completion of the Northern Area Health Center the programs offered in this facility will be relocated to the new facility in Dededo.

Public Health anticipates closing this clinic once the Northern Area Health Center in Dededo is built. That Center will be serving the residents of northern Guam and it will provide services similar to those being offered now at the Southern Area Health Center.

Santa Rita Health Clinic

Well-Child Clinics, Women's Health Services, and Nutrition are services offered at this clinic. It serves the residents of Santa Rita, Agat and Piti.

Yona Health Clinic

This clinic serves residents of Chalan Pago, Ordot and Yona. It offers Well-Child Clinics, Women's Health Services, and Nutrition Services (part-time).

Sinajana Health Clinic

This clinic offers only Well-Child Clinics and serves Agana Heights, Sinajana, Mongmong-Toto-Maite, Asan and Maina. It is located at the Sinajana Community Center.

Mangilao Health Clinic

Mangilao Health Clinic is located in the Central Facility. It serves the residents of Mangilao, Barrigada and Barrigada Heights. Well-Child Clinics, Women's Health Services and Communicable Disease Clinic are the services offered.

Table 1 below shows the number of visits in each clinic.

TABLE 1
Number of Patient Visits In
The Various Health Centers, 1980

HEALTH CENTER	# OF PATIENT VISITS*
Central Facility	17,762
Southern Area Health Center	7,190
Tamuning Health Clinic	11,343
Santa Rita Health Clinic	6,604
Yona Health Clinic	3,969
Sinajana Health Clinic	3,754
Mangilao Health Clinic	5,951

*Patient Visits does not include dental cases

SOURCES: Public Health Nursing Statistics
DPH&SS Annual Report, 1980

The Central Facility, the Southern Area Health Center, and the Tamuning Health Clinic (eventually to be replaced by the Northern Area Health Center in Dededo) are the three major Public Health facilities and represent the department's decision to consolidate their clinic services in three district health centers. The remaining village clinics represent the prior policy of establishing a dispensary in every village. In the long run, the department is expected to phase out the village public health clinics. One possible exception to this might be the Santa Rita Public Health Clinic which is being utilized heavily by the residents of Agat and Santa Rita.

Guam Memorial Hospital Authority

Table 2 displays GMH's services and associted beds at its two facilities as of 1980.

TABLE 2
GMH Services and Beds, 1980

	SERVICES	# OF BEDS
New GMH	Pediatrics	25
	Medical-Surgical	74
	Obstetrics	24
	Gynecology	15
	Constant Care Unit/ Intensive Care Unit	10
	Neonatal Intensive Care	4
Old GMH	Mental Health	17
	Skilled Nursing	36
	Intermediate Care	36
	Hemodialysis Stations	10

SOURCE: Director, GMH Hospital Planning and Development

D. PROJECTIONS

Public Health's three area health centers are expected to be able to accomodate any expansion in services for the medically indigent. Thus the projections of facility needs is limited to the hospital's acute, long-term care and mental health services. Acute care on Guam consists of Obstetrical Care, Gynocology, NICU, Pediatric Care, Medical/Surgical Care, and Intensive Care Services. Long-term care consists of the Skilled Nursing Facility and the Intermediate Care Facility.

Needs are projected on the bases of admissions per 1000 population and average length of stay. The needs for Obstetric Care and NICU are projected based on projected births, the ratio of admissions to births and average length of stay.

A 10% plus or minus factor should be applied to bed findings being that various assumptions are part of each projection. Population projections, which are a major element of any bed projection have proven to be less than accurate in the past and there is concern as to the accuracy of present population projections.

Obstetric Needs

Obstetric needs are based on the projected number of births, average length of stay and the relationship between births and admissions. The 1980 civilian birth rate is used to project the number of births in 1985 and 1990. These rates are developed by dividing the number of births generated by the total female population.

The total female population is used due to the unavailability of data on the sex and age breakdown of the population. It is assumed that 51% of the total population is female. Assuming the 1980 birth rate through 1980 is a key assumption and these rates should be monitored in the future. The projection of births is shown below:

PROJECTED CIVILIAN BIRTHS

	1980	1985	1990
Number of Births	2108	2434	2779
Female Population (000's)	42.47	49.08	56.04

The Obstetric admission rate is higher than the birth rate because some women are admitted two or more times before they deliver. The following table presents historical comparison of admissions per birth:

OBSTETRIC ADMISSIONS

	1978	1979	1980
Obstetric Admission	2281	2348	2314
Births	2071	2118	2095
Admission/Birth	1.10	1.11	1.11

The admission/birth stabilized in the past 3 years, the projected admission/birth is based on 1.1. The following table presents the historical utilization statistics:

HISTORICAL OBSTETRIC UTILIZATION

	1978	1979	1980
Average Daily Census	15.8	15.9	15.2
Patient Days	5768	5790	5533
Admissions	2281	2348	2314
Average Length of Stay	2.5	2.5	2.4
Admission/1000 (Female)	56.8	56.8	54.4

A continuation of the trend for average length of stay is projected at a reduced rate. An estimate of a minimum of 2.2 days average length of stay on Guam will be achieved. This estimate is based on the extrapolation of the historic trends and on comparisons with lengths of stay in other areas.

A desired occupancy factor of 75% is projected because admissions and births fluctuate significantly from day to day. It is important to keep obstetrical patients together because of nursing and other baby care requirements. The projections of bed needs are shown below:

PROJECTED OBSTETRIC BED NEEDS

	1985	1990
Number of Births	2434	2779
Admission/Birth	1.1	1.1
Admission	2567	3057
Average Length of Stay	2.2	2.2
Number of Patient Days	5647	6725
Average Daily Census	15.5	18.4
Occupancy Rate (%)	75%	75%
Number of Beds	21	25

If no change is made in the existing number of obstetrical beds (24) the occupancy rates for the unit are expected to be 64.5% in 1985 and 76.8 in 1990. In 1980 the occupancy rate was 63.2%.

Gynocology Needs

For Gynecology, historical admissions/1000 population and average length of stay are used as the utilization statistic. The total female population is used since data on age breakdown are not available. The following summarizes the Historical data.

HISTORICAL GYNECOLOGY UTILIZATION

	1978	1979	1980
Average Daily Census	5.1	5.2	5.7
Patient Days	1855	1890	2072
Admissions	812	853	984
Average Length of Stay	2.3	2.2	2.1
Female Population (000's)	40.17	41.30	42.47
Admissions/1000 Population	20.21	20.65	23.17

The average length of stay is somewhat stable. It is projected that the average length of stay would be 2.1 days. Projected admission/1000 population of 21.3 is based on the arithmetic average of admission/1000 population of the past 3 years. An occupancy rate of 60% is projected for this service though past utilization rate shows a lower rate; the female population is increasing and it is believed that utilization would be increased. Projection of bed needs is as follows.

PROJECTED GYNECOLOGY BED NEEDS

	1985	1990
Admission/1000 Population	21.34	21.34
Projected Population (000's) Female Population	49.09	56.04
Admissions	1047	1196
Average Length of Stay	2.1	2.1
Number of Patient Days	2199	2512
Average Daily Census	6.024	6.9
Occupancy Rate	60%	60%
Number of Beds	10	12

If there is no change in the number of beds for (there are 15 beds) this unit the occupancy rates are expected to be 40.2% in 1985 and 45.9% in 1990. The occupancy rates for 1979 and 1980 were 34.5% and 37.8%.

Pediatric Needs

For Pediatrics a historical admissions/1000 population and an average length of stay were used as utilization statistics. The population of people under 16 years of age is the target group.

The following table summarizes the historical data:

HISTORICAL PEDIATRICS UTILIZATION

	1978	1979	1980	1981
Average Daily Census	15.9	13.5	14.8	11.7
Patient Days	5816	4920	5418	4270
Admissions	1091	1185	1293	1113
Average Length of Stay	5.3	3.6	4.2	3.8
Admission/1000 Population	30.3	32.3	35.3	30.6

Pediatrics admissions per 1000 have fluctuated in the past four year period. We are assuming that in the area of 32 admission/ 1000 and should not change significantly in 1985. As with medical-surgery utilization as the health care system in Guam develops a slight increase in utilization should occur. A rate of 33 admissions/1000 can reasonably be expected by 1990.

The desired occupancy for Pediatrics is lower from Medical/ Surgical (70% versus 85%) because this service is much smaller and because it is more difficult to move Pediatrics overflow into Medical/Surgical or Obstetrics. The stand by capacity for Pediatrics must be high because children are not usually admitted to the hospital except for elective surgery unless they are very ill. The following table presents the projected Pediatric bed need:

PROJECTED PEDIATRIC BED NEED

	1985	1990
Admissions/1000 Population	32.0	33.0
Projected Population (000's) (Under 16)	44.7	53.7
Admissions	1430	1772
Average Length of Stay	4.0	4.0
Number of Patient Days	5720	7088
Average Daily Census	15.7	19.4
Occupancy Rate	70%	70%
Number of Beds Needed	22	28

If no change is made in the existing supply of pediatric beds (25) the occupancy rates for the unit are expected to be 62.7% in 1985 and 77.7% in 1990. By comparison the occupancy rate in 1981 was 56.0%.

NICU Needs

Projected NICU bed needs are based on number of births and admission/1000 live births. The calculation of projected number of birth for 1985 and 1990 are explained in the obstetric bed needs section.

CIVILIAN BIRTHS

	Current	Projected	
	1980	1985	1990
Number of Births	21.08	2434	2779
Female Population (000's)	42.07	49.08	56.04

The following table shows the historical admission to 1000 live births ratio:

NICU ADMISSIONS/1000 BIRTHS

	1978	1979	1980	1981
Admissions	35	23	45	53
Number of Births	2071	2118	2095	2153
Admission/1000 Live Births	16.9	10.9	21.5	24.6

The admission/1000 live birth rate show no definite trend. The projection of admission/1000 live birth is based on the arithmetic average of all the rates in the past 4 years. This average is 18.4/1000. The following table presents the historical utilization statistics.

HISTORICAL NICU UTILIZATION

	1978	1979	1980	1981
Average Daily Census	.44	.45	.73	.75
Patient Days	161	163	267	273
Admissions	35	23	45	53
Average Length of Stay	4.6	7.1	5.9	5.2

The average length of stay trend is decreasing. Guam's average length of stay for NICU is projected to be 5.0 days and is estimated to remain stable.

Neonatal mortality rates and the ratio of low birth weight infants per 1000 live birth are related to NICU utilization. Both rates have been declining over the past 10 years.

A projected occupancy rate of 25% is used in the projection of NICU bed needs mainly because the unit is relatively small. (There are only 4 beds). The table below gives the projection of the number of NICU beds.

NICU PROJECTED NEEDS

	1985	1990
Number of births	2434	2779
Admission/1000 live births	18.4	18.4
Admission	45	51
Average Length of Stay	5	5
Number of Patient Days	225	256
Average Daily Census	.62	.7
Occupancy Rate	25%	25%
Number of Beds	2	3

If no change is made in the number of NICU beds (there are currently 4 beds) the occupancy rates for the unit are expected to be 15.4% in 1985 and 17.5% in 1990. In comparison, the occupancy rates for 1980 and 1981 were 18.29% and 18.7%.

Medical/Surgical Needs

For the Medical/Surgical service admissions/1000 population and average length of stay were utilized to project usage of the service. Average length of stay was calculated for each historical year by dividing annual patients days by annual admissions, and then calculated the admissions/1000 by dividing admissions by the population over 16 years of age for each year.

The following table summarizes the Medical/Surgical utilization for the past five years.

HISTORICAL MEDICAL/SURGICAL UTILIZATION

	1978	1979	1980	1981
Average Daily Census	60.1	63.3	62.0	52.3
Patient Days	21,936	23,094	22,625	19,098
Admissions	2857	3126	2536	2649
Average Length of Stay	7.7	7.4	8.9	7.2
Admission/1000 Population	65.5	68.7	53.3	53.4

In order to project future bed needs, determinations based on past trends of admissions and length of stay were developed. These along with future population projections were used to calculate the bed needs.

Being that over close to 50 percent of the population of Guam is covered by HMO Insurance and is increasing hospital utilization should be stabilized in 1985 at the lower end of the previous past four year experience. A slight increase in utilization may occur by 1990 as the medical system in Guam becomes more developed.

With increased HMO coverage as well as more stringent hospital utilization reviewing an average length of stay of 7.2 is reasonable to expect in 1985 as well as in 1990.

An occupancy rate of 85 percent would be optimal and reasonable.

The following table summarize the project medical/surgical bed need for the future.

PROJECTED MEDICAL/SURGICAL BED NEED

	1985	1990
Admissons/1000 Population	55	58
Projected Population (000's) (over 16)	51.6	56.1
Admissions	2838	3254
Average Length of Stay	7.2	7.2
Number of Patient Days	20,434	23,427
Average Daily Census	56.0	64.0
Occupancy Rate	85%	85%
Number of Medical/Surgical Beds Needed	65	76

If no change is made in the number of medical/surgical beds (there are currently 74 beds) the occupancy rates for this service are expected to be 75.7% in 1985 and 86.7% in 1990. In comparison the occupancy rates for 1980 and 1981 were 89.3% and 76.3%.

Intensive Care Needs

Intensive care needs are affected by the incidence rates of heart, as well as motor vehicle and non-motor vehicle accidents. The incidence rates of these health status indicators have fluctuated significantly from 1976-1980.

The projection of intensive care needs is based on the total civilian population. Bed needs are projected using admissions/ 1000 population and average length of stay statistics. The following table summarizes the historical statistics:

HISTORICAL INTENSIVE CARE UTILIZATION

	1978	1979	1980	1981
Average Daily Census	5.1	4.7	5.4	4.1
Patient Days	1845	1709	1984	1498
Admissions	508	455	563	470
Average Length of Stay	3.63	3.76	3.52	3.19
Admission/1000 Population	6.4	5.5	6.8	5.5

The average length of stay has remained quite stable. An estimated average length of stay of 3.5 was projected by taking the arithmetic average of the past 4 years. There was no definite trend of admission per 1000 population. The mean of 6.0 is used in the projection.

An occupancy ratio of 60% is desired because the unit is small and because it is the only available unit in the Territory thus the necessity for standby capacity. Provision for significant standby capacity is necessary due to the requirements for accessibility to the service at all times. The projection of bed needs is shown below:

PROJECTED INTENSIVE CARE BED NEEDS

	1985	1990
Admission/1000 Population	6.0	6.0
Projected Population (000's)	96.24	109.87
Average Length of Stay	3.5	3.5
Number of Patient Days	2020	2307
Average Daily Census	5.53	6.32
Occupancy Rate	60%	60%
Number of Beds	9	11

If there is no change in the supply of beds for this unit (there are currently 10 beds) the occupancy rates are expected to be 55.3% in 1985 and 63.2% in 1990. The occupancy rates for 1980 and 1981 were 54.4% and 41.0%.

Skilled Nursing Needs

Since Skilled Nursing Patients are frequently admitted directly from acute care services for sub-acute rehabilitative care, the relationship between utilization of skilled nursing and acute care is generally predictable. Accordingly, the need for skilled nursing care is projected based on the need for acute care. The historical ratios of the acute care average daily census to the Skilled Nursing care average daily census are as follows.

HISTORICAL SKILLED NURSING UTILIZATION

	1979	1980	1981
Acute Care	99	103	89
Skilled Nursing Care	21	16	21
Acute/Skilled Nursing	4.7	6.4	4.2

The Acute/Skilled Nursing ratio fluctuated in this three year period and no definite trend is evident. The average ratio for this three year period of 5.1 would be the most appropriate indicator for future bed requirements at this time based on the limited data available.

An average occupancy rate of 85% similar to the Medical/Surgical unit was used to project the required bed need. It is important to have beds accessible so acute care patients can be transferred when appropriate. Further analysis of the skilled nursing facility is needed before more detailed bed projections can be developed in this area. The following projections should serve as a general indicator of future SNF bed needs.

PROJECTED SKILLED NURSING BED NEEDS

	1985	1990
Acute Care Average Daily Census	91	103
Acute/Skilled Nursing Ratio	5.1	5.1
Skilled Nursing Average Daily Census	17.8	20.2
Occupancy Rate	85%	85%
Number of Beds Required	21	24

The Historic utilization trend by SNF beds is affected by the availability of ICF beds which in turn is affected by the availability of alternative long-term care,services for the elderly and the mentally retarded. From 1978 to 1981 ICF operated at full capacity. Tranfers from SNF to ICF were thus delayed resulting in the need for additional SNF beds to accomodate patients from acute care beds awaiting transfer in to SNF and SNF patients awaiting transfer into ICF beds. With ICF operating at full capacity SNF has been operating at 88.6% and 82.8% occupancy rate for 1980 and 1981. Unless a reduction in the utilization of ICF beds occurs or an increase in ICF bed supply develops, one can expect the present compliment of 36 SNF beds to be utilized at the 80-85% occupancy level.

Intermediate Care Facility Needs

The Intermediate Care Facility (ICF) at GMH has operated at a high occupancy for the last 3 years. The following table presents the historical utilization statistics.

HISTORICAL ICF UTILIZATION

	1978	1979	1980
Average Daily Census (patient ount)	41.8	42.6	37.5
Patient Days	15,274	15,544	13,703
Admissions (Patients)	18	15	18
Average Length of Stay (Days)	849	1036	761
Admission/1000 Population (Age 50 and over)	1.94	1.53	1.72
Occupancy Rate (%)	105	106	101

Admission/1000 population (age 50 and over) for 1985 and 1990 were projected based on the arithmetic average of the admission/ 1000 population (age 50 and over) for the past 3 years (1978-1980) which is 1.73.

Since the average lengths of stay show no definite trend, the arithmetic average of 882 days was used to project the average length of stay for 1985 and 1990.

A 100% occupancy rate was assumed because the patient average length of stay is very long, often for the duration of life. The following bed needs are projected.

PROJECTED ICF BED NEEDS

	1985	1990
Admission/1000 Population (age 50 and over)	1.73	1.73
Projected Population (000's) (age 50 and over)	11.06	11.54
Admissions	19	20
Average Length of Stay	882	882
Number of Patient Days	16,758	17,640
Average Daily Census	46	48
Occupancy Rate	100%	100%
Number of Beds	46	46

It should be noted that bed projections for ICF were based on historical utilization which are affected by the lack of alternative long-term care services in the community. Thus it is highly possible that there maybe individuals who would be considered inappropriately placed in ICF if alternative non-institutional long-term services were available.

Mental Health Care

Because of difficulty obtaining reliable data neither a historical mental health utilization table nor a projected mental health care bed need table was developed. Even if such data was available it would be difficult to access future needs without first closely scrutinizing the appropriateness of patients presently institutionalized as well as the desired target population to be served.

Presently a number of mentally retarded adults have been placed as inpatients in the mental health unit and apparently are not appropriately placed. Currently, also, an unhealthy mix of criminally insane and the non-criminally insane exists.

This plan cannot provide the indepth analysis that is needed to make appropriate mental health future bed projections. It is safe to say, however, that occupancy rates which have been running close to or over 100% indicate a serious concern. Whether bed expansion is needed, or an alteration in policies governing admissions is needed can only be concluded after, an extensive analysis is performed.

Conclusion

The projected demand for acute care beds in 1990 closely approximates the existing supply of acute care beds. On the other hand, the projected demand for acute care beds in 1985 mirrors the low occupancy rates currently being experienced by the hospital. There are 152 existing acute care beds. In 1985 the projected demand for these beds is expected to be 129 beds though at higher occupancy levels than in 1981. (59.0% for 152 beds in 1981 as opposed to 77.0% for 129 beds in 1985). If the existing 152 beds are maintained through 1985, the occupancy rate for all acute care beds is expected to be 65.3%. In 1990, the expected demand for acute care beds is 155 at an overall occupancy rate of 74.8%. If the existing 152 beds are maintained one can expect an occupancy rate of 76.3% for all acute care beds. No additional acute care beds are required through 1990.

The Guam Memorial Hospital Authority's draft Institutional Plan recognizes the need to replace the existing supply of acute care beds which are old and in some cases inoperative. Rather than replacing the full compliment of existing beds immediately, the hospital should consider the gradual replacement of beds at a level comparable to the utilization levels projected through 1985 and 1990.

Mental health bed needs cannot be quantitatively projected for various reasons. Most important though is the existing patient mix of mentally retarded patients, the acute mentally ill, the chronic mentally ill, and the criminally insane. Any utilization trend for the existing 17 bed inpatient unit would be seriously affected by this patient mix and make any projections unreliable.

The demand for long-term care beds is affected by the availability of alternative non-institutional services. This is most noticable in the projections for skilled nursing services. The number of SNF beds increased from 16 in 1979 to 31 in 1980 and to 35 in 1981. The occupancy rates for these three years were 95.9%, 88.6% and 82.8% respectively. Utilizing the acute care to skilled nursing care ratio the projected SNF bed needs for 1985 and 1990 was estimated to be 21 and 24 beds, less than the existing 35 bed compliment which is heavily utilized. With transfer from SNF to ICF (a lower level of care) different because of a shortage of ICF beds, SNF beds become, in effect, ICF beds. Thus, although the demand for SNF beds is related to the demand for acute care beds the actual utilization of SNF beds is significantly affected by the availability of ICF beds and other alternative non-institutional long-term care services.

E. RECOMMENDATIONS

Consolidate Hospital Activities at the New Campus

The old GMH facility cannot be safely utilized without an extensive renovation of the entire facility. It will cost approximately $9 million to renovate the facility. In addition to the renovation cost is the additional cost incurred by the hospital authority in maintaining and operating two separate facilities.

The hospital's planning consultant estimates that it will cost approximately $9.8 million to construct additional floors at the new hospital campus to house the SNF, ICF, mental health, hemodiaylsis, the public health clinic ancillary services and maintenance services currently located in the old facility. This estimate can be pared down by eliminating the cost for a public health clinic at the new hospital campus. Plans are currently underway to relocate the Public Health Clinic to the proposed Northern Area Health Center in Dededo. Further savings can be gained by reassessing the number of acute care and long-term care bed needs projected by the hospital's consultants.

No Additional Acute Care Beds

The consultants project a need for an additional 53 acute care beds by 1990 based on a desired acute care bed to 1000 population ratio of 1.84. The current acute care bed to 1000 population ratio is 1.74. It is significant to note that the consultants made no attempt to recognize and incorporate into their projections the low occupancy rates for acute care beds which presently exist. Guam's relatively young population and extensive HMO coverage are the major factors which contribute to low occupancy rates for acute care beds. Employing historic utilization data from the hospital, GHPDA's projected acute care bed needs through 1990 indicates that no additional acute care beds are needed (see section D Projections).

Provide Additional Long-Term Care Beds As Needed

Again utilizing bed to population ratios, the hospital's consultants projected a need for an additional 45 long-term care beds. The 72 SNF and ICF beds are heavily utilized at this time. It is GHPDA's recommendation that 10 additional ICF beds are needed through 1990 rather than the additional 27 recommended by the consultants. This is based on historic utilization trends from data provided by the hospital. Ten additional SNF beds may be needed if the demand for ICF beds is unmet through alternative non-institutional services. When ICF beds are unavailable SNF beds become in effect ICF beds because of the inability to transfer SNF patients to ICF beds or to the home environment when skilled nursing services are no longer needed.

Provide an Improved Community Mental Health Facility

The 17 bed inpatient mental health unit is located in the "F" Wing of the old GMH facility while the outpatient and administrative activities of the Community Mental Health Center are housed in two converted staff apartment buildings adjacent to the old hospital. Both the "F" wing and the apartment units must be renovated if mental health activities are to remain on the old hospital campus. It will cost approximately $1.5 million to renovate "F" wing to accomodate all Community Mental Health Center activities in one structure. However, to be consistent with the recommendation to consolidate all services at the new hospital campus it is recommended that a free standing inpatient/outpatient mental health facility be constructed on the site of the new hospital campus. It will cost approximately $2.4 million to construct such a facility.

GUAM ENVIRONMENTAL PROTECTION AGENCY
POST OFFICE BOX 2999
AGANA, GUAM 96910
TELEPHONE: 646-8863/64/65

Robin ?
Mike Cruz
Let's discuss
MJR

RECEIVED
SEP 15 1977
BUREAU OF PLANNING

SEP 15 1977

INTER-AGENCY MEMORANDUM

TO: Members, Ad Hoc Committee on Health and Ecology of Governor's Council on Executive Policy:
Director of Public Health and Social Services
Director of Education
Administrator, Guam Memorial Hospital
Director, University of Guam Marine Laboratory

FROM: Chairman

SUBJECT: Special Meeting

The Director of Public Health and Social Services has requested that this Committee meet to discuss a proposed Executive Order creating a Guam Health Planning and Development Agency. A copy of the proposed Executive Order is attached. Therefore, I am calling a special meeting for 3 p.m. on Wednesday, September 21, 1977 in the Guam Environmental Protection Agency Conference Room. I would also like to invite the Director of the Bureau of Planning and the Director, Bureau of Budget and Management Research as special invitees to attend this meeting and give us the benefit of their opinion also.

O.V. NATARAJAN

Attachment

CC: Director, Bureau of Planning - With Attachment

Ret

OFFICE OF THE GOVERNOR
Government of Guam
Agana, Guam

EXECUTIVE ORDER NO. _____

Creation of the Health Planning and Development Agency

WHEREAS, the large infusion of federal and local resources for the support of health care services on Guam has not appreciably changed the health status of the people of the Territory and such resources are limited; and

WHEREAS, there is no regulatory authority in the Territory relative to the growth, change or creation of health services delivery systems; and

WHEREAS, there is at present a considerable lack of coordination between entities in the health care system resulting in duplication of services, mal-distribution of health manpower and inefficient use of health services funds; and

WHEREAS, the Congress and the President of the United States have made similar findings in Section 2 of Public Law 93-641 the National Health Planning and Resources Development Act of 1974; and

WHEREAS, said law authorizes the establishing of a State Health Planning and Development Agency to perform the Health Planning, Implementation and Regulatory functions for the State; and

WHEREAS, Public Law 93-641 authorizes the establishment of a State Health Coordinating Council whose function shall be to advise the Agency; and

WHEREAS, it has been shown that effective implementation of health plans and projects must gain the support of the community; and

WHEREAS, decisions relative to the allocation of health resources on the island must be arrived at as objectively as possible and further, decisions relative to the planning, implementation and regulation of health resources and services must also be made in the most forthright and objective manner; and

WHEREAS, the plans, recommendations and decisions made by the State Health Planning and Development Agency involve large amounts of federal and local funds; and

WHEREAS, the effective implementation and regulation of health resources is the responsibility of the Executive Branch of the Government of Guam;

NOW, THEREFORE, I, Ricardo J. Bordallo, Governor of Guam, by virtue of the authority vested in me by the Organic Act of Guam, as amended, do hereby order as follows:

1. Executive Order 76-5 is hereby repealed.

2. The Guam Health Planning and Development Agency is hereby established as an Agency of the Executive Branch of the Government of Guam. This Agency shall be operated in accordance with applicable territorial statutes, policies, regulations and procedures.

3. The Guam Health Coordinating Council is hereby established to advise the Agency generally of its performance. Said Council shall be appointed by the Governor.

4. The Agency shall be administered by an Administrator and an Associate Administrator. The Administrator shall be nominated by the Council and appointed by the Governor. The Associate Administrator shall be appointed by the Administrator. Other unclassified positions may be established by the Administrator. All other positions shall be classified Government of Guam positions, subject to the rules, regulations and procedures of the Government of Guam.

5. For the purpose of improving the health of the residents of Guam; increasing the accessibility, acceptability, continuity and quality of the health services of the residents, restraining increases in the cost of providing residents' health services, and preventing the unnecessary duplication of health resources, the Agency shall have as its primary responsibility,the provision of effective health planning for the island and the promotion of the development within the area of health services, manpower, and facilities which meet identified needs,

reduce documented inefficiencies and implement the Guam Health Plan. To meet its primary responsibility, the Agency shall carry out the following functions:

a. The Agency shall assemble and analyze data concerning:

(1) the status (and its determinents) of the health of the residents of Guam,

(2) the status of the health care delivery system in Guam and the use of that system by the island's residents,

(3) the effect the island's health care delivery system has on the health of the residents of Guam,

(4) the number, type, and location of the island's health resources, including health services, manpower and facilities,

(5) the patterns of utilization of the island's health resources, and

(6) the environmental and occupational exposure factors affecting immediate and long-term conditions.

b. Establish, annually review, and amend as necessary the Guam Health Plan which shall be a detailed statement of goals. (1) describing a healthful environment and health systems on the island which when developed, will assure that quality health services will be available and accessible in a manner which assures continuity of care at a reasonable cost for all the residents of Guam; (2) which are responsive to the unique needs and resources of the area; and (3) which take into account and are consistent where applicable with the national guidelines for health planning policy issued by the Secretary of Health, Education and Welfare.

c.The Agency shall establish annually review, and amend as necessary an Annual Implementation Plan which describes objectives which will achieve the goals of the Guam Health Plan and priorities among the objectives.

- the projects

*go to page 5

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c.The Agency shall establish annually review, and amend as necessary an Annual Implementation Plan which describes objectives which will achieve the goals of the Guam Health Plan and priorities among the objectives.

d. The Agency shall develop and publish specific plans and projects for achieving the objectives established

d. The Agency shall develop and publish specific plans and projects for achieving the objectives established in the Annual Implementation Plan.

e. The Guam Health Planning and Development Agency shall implement the Guam Health Plan and Annual Implementation Plan which when submitted to the Secretary of HEW, shall be the health policy documents of the Government of Guam. In implementing such plans, the Agency shall perform at least the following functions:

(1) the Agency shall seek, to the extent practicable, to implement its Health Plan and Annual Implementation Plan with the assistance of individuals and public and private entities on the island.

(2) the Agency may provide, in accordance with the priorities established in the Annual Implementation Plan, technical assistance to individuals and public and private entities for the development of projects and programs which the Agency determines are necessary to achieve the health systems described in the Guam Health Plan.

(3) the Agency shall, in accordance with the priorities established in the Annual Implementation Plan, make grants to public and non-profit private entities and enter into contracts with individuals and public and non-profit private entities to assist them in planning and developing projects and programs which the Agency detemines are necessary for the achievement of the health systems described in the Guam Health Plan. Such grants shall be made from the Area Health Services Development Fund of the Agency established with funds provided under grants made under Title XVI, Section 1640 of Federal Public Law 93-641.

f. The Agency shall coordinate its activities with

all appropriate governmental and private agencies and for this purpose shall enter into written coordination agreements, the content of which will depend upon the nature and extent of coordination, with the following agencies of the Government:

(1) The A-95 Clearinghouse

(2) The Bureau of Budget and Management Research

(3) The Bureau of Planning

(4) The Guam Memorial Hospital

(5) The Department of Public Works

(6) The Department of Public Health and Social Services

(7) The Department of Public Safety

(8) The Guam Environmental Protection Agency

(9) The Department of Labor

(10) The Department of Commerce; and any other government agency the Agency determines appropriate.

The Agency shall seek to enter into agreements with the following:

(1) The Guam Medical Society (relative to its relationship with a Professional Standards Review Organization.

(2) The Medical Center of the Marianas

(3) The Family Health Program

(4) The Health Maintenance Life Program

(5) Health Insurance Providers

(6) The Social Security Administration; and any other private group or agency which the Agency determines appropriate.

g. The Agency shall review and approve or disapprove each proposed use on Guam of federal funds -

(1) appropriated under the Public Health Services Act,

(2) The Community Mental Health Centers Act; or

(3) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970

for grants, contracts, loans or loan guarantees for the development, expansion, or support of health resources; or funds made available by the Government of Guam for support of any of the above.

h. The Agency shall develop, publish and review annually the Guam Medical Facilities Plan which shall as a minimum set forth:

(1) the number and type of medical facility beds and medical facilities needed to provide adequate inpatient care to the people of Guam and a plan for the distribution of such beds and facilities on the island,

(2) the number and type of outpatient and other medical facilities needed to provide adequate public health services and outpatient care to people residing on Guam and a plan for the distribution of such facilities throughout the island, and

(3) the extent to which existing medical facilities in Guam are in need of modernization or conversion to new uses.

i. The Agency shall also administer a medical facilities construction grant and loan program which program shall:

(1) be consistent with the Guam Medical Facilities Plan

(2) indicate the type of assistance which should be made available to each project

(3) set forth priorities for the provision of assistance, and

(4) provide minimum requirements for the maintenance and operation of facilities which receive assistance under this section.

j. The Agency shall publish its findings respecting new institutional health services proposed to be offered on Guam.

k. Review on a periodic basis (but not less often than every five years) all institutional health services being offered on Guam and make public its findings respecting the appropriateness of such services.

l. The Agency shall serve as the designated planning agency of Guam for purposes of Section 1122 of the Social Security Act and shall administer a Certificate of Need Program which applies to new institutional health services proposed to be offered or developed on Guam. Such program shall provide for the review and determination of need prior to the time such services, facilities and organizations are offered or developed or substantial expenditures are undertaken in preparation for such offering or development, and provide that only those services, facilities, and organizations found to be needed shall be offered or developed on Guam.

6. The staff of the Office of Health Planning and Resources Development is hereby transferred. The transferees shall be the staff of the Gu Planning and Development Agency. All equipment, records and supplies of that office are transferred to Guam Health Planning and Development Agency. Wages and salaries for unclassified employees shall be set by the Governor at rates recommended by the council.

7. The Agency shall be advised by the Guam Health Coordinating Council. The Council shall advise the Agency generally in the performance of its functions. This advisory capacity shall include but not be limited to:

a. Approve or disapprove the Guam Health Plan.

b. Approve or disapprove the Guam Medical Facilities Plan based upon its consistency with the Guam Health Plan.

c. Review and comment on applications made for grants

from the Area Health Service Development Fund and grants from the Facilities Construction grant and loan program.

d. Review annually and approve or disapprove any State Plan and any application (and any revision of a State Plan or application developed as a condition for receipt of any funds under allotments to States described in Section 5.g. of this Executive Order.

e. Review and comment on the Annual Implementation Plan.

f. Review and Comment on applications for Certificate of Need.

g. Review and comment on the Annual Work Program of the Agency, its Annual Grant Application, and Policies and Procedures.

8. The Department of Administration shall provide administrative support for the Agency's accounting and purchasing requirements.

9. The agency shall have cabinet ranking and shall have all the authority, priveleges and responsibilities in the administration of its duties.

10. The agency shall perform its functions in accordance to federal Public Law 93-641 and any amendments thereto; and all applicable laws, rules, regulations and policies of the territory.

11. This Order shall be in effect until the Agency is established by law.

This Order shall take effect upon October 1, 1977 or upon the date of my signature, whichever is later.

SIGNED AT Agana, Guam this _____ day of _____, 1977.

RICARDO J. BORDALLO
Governor of Guam

COUNTERSIGNED:

RUDOLPH G. SABLAN
Lieutenant Governor of Guam

BUREAU OF PLANNING

14 MAY 1976

Memorandum

To: Director, Department of Public Health and Social Services

From: Director, Bureau of Planning

Subject: Application for Designation as State Health Planning and Development Agency

The Bureau of Planning has completed its review of your application for designation as the Territory's State Health Planning and Development Agency (SHPDA). We believe the application reflects a serious effort towards establishing a meaningful health planning process on Guam. We concur with your analysis that a functional planning agency is necessary to coordinate all agencies, organizations, and groups providing health services to the community. It is important that the SHPDA initiate its activities to maximize the use of our island's health resources at the lowest possible cost to the public. We are optimistic that the Department of Health, Education, and Welfare will share our enthusiasm for your grant application.

We would like to take the opportunity to comment on the following items of your application package:

a) Development of Health Systems Plan/State Health Plan:

The Bureau of Planning is committed to complete a preliminary draft of the Five-Year Social-Economic Development Plan by January 1, 1977. The health plan is a critical element of this document. Your work program indicates completion of the draft of the HSP/SHP six months after designation as SHPDA. We anticipate that federal assistance for your program will be available at the start of the next fiscal year to insure the completion of the health element draft by January 1.

b) Statewide Health Coordinating Council. (SHCC)

A policy of the Bureau of Planning is to promote citizen participation in all functional and comprehensive planning activities. We believe the membership requirements and review activities of the SHCC will guarantee significant community participation in the development of the island's health plans. You also have indicated various opportunities in your work program for citizens review through public hearings and committee and task force participation. As your plans are prepared, the Bureau of Planning will co-operate with your agency in submitting the documents to the Central Planning Council and in holding the required public hearings to guarantee plan approval.

c) Coordination with other agencies.

Public Laws 12-200 and 13-89 designate the Bureau of Planning as the central planning agency for the Territory of Guam. The laws establish the Bureau of Planning as the coordinator of functional planning activities and outline the plan element adoption process. We are looking forward to working with your agency in providing the community a planned and coordinated approach to the delivery of health services.

I hope you find these comments helpful in the final review of your application. If you wish to discuss our comments or any matter related to your application, do not hesitate from contacting me or members of my staff.

PAUL B. SOUDER

CC: CIRCULATION
CHRONO
SUBJECT

MREIDY:PBSOUDER:eb
5/14/76

7 JAN 1976

Memorandum

To: The Governor

Via: Special Assistant on Legal Affairs

From: Director of Planning

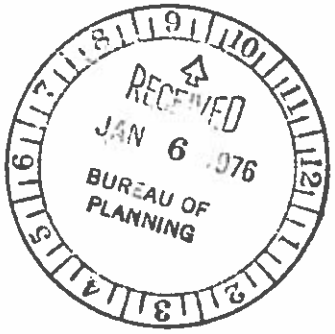
Subject: Designation of Guam's State Health Planning and Resources Development Agency

Although the Bureau does not have a specific recommendation for the placement of Guam's "State Agency" for health planning, it does believe that it would not be appropriate to continue to maintain three tiers of planning in the health field. Given our current financial situation and limited number of experienced planners, the division of planning activities among three planning levels is a luxury we can ill-afford. In addition, from an organizational point of view, it appears most appropriate in Guam's case to divide planning activities between the Bureau (i.e., comprehensive planning) and the Government's line agencies (i.e., functional and project planning). We therefore recommend that the "State Agency" be designated from one of these two levels.

Paul B. Souder

PAUL B. SOUDER

PBS/JGBiggs:mtlg
cc: Chrono
Subject/Circulation File VSE
January 7, 1976



JAN 5 1976

Memorandum

To: The Governor

From: Director of Public Health and Social Services

Subject: Position Paper, State Health Planning and Resources Development Agency

Pursuant to the Governor's request of December 29, 1975 we respectfully transmit this position paper on the above subject.

Your attention to this matter is appreciated.

PEDRO L.G. SANTOS

Attachment

cc: Bureau of Planning
Bureau of Budget
Jim Gillan
File

JWGillan/rag
12/30/75

TO	Initial	Date
Leader		1/6
Joel		1/5
Bill		1/7
Frances		1/7
FILES	Maggie	

POSITION PAPER REGARDING P.L. 93-641, THE NATIONAL HEALTH PLANNING AND RESOURCES DEVELOPMENT ACT OF 1974

Pursuant to the request of the Governor at the meeting held on December 29, 1975 at his office, the Department of Public Health and Social Services presents the following position paper on the above named Act.

The obvious intent of the Act is to combine three previous health planning and development functions into one Comprehensive State-wide Agency. The agencies to be melded are: Comprehensive Health Planning, Regional Medical Programs and Hill-Burton. The new agency would have the authority to develop a State Plan which would address itself to the comprehensive health needs of the island - in order to do this, specific problem areas in health would have to be identified and a detailed quantitative program for development and improvement in these areas would have to be formulated.

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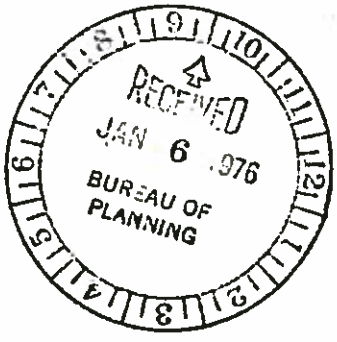

JAN 5 1976

Memorandum

To: The Governor

From: Director of Public Health and Social Services

Subject: Position Paper, State Health Planning and Resources Development Agency

Pursuant to the Governor's request of December 29, 1975 we respectfully transmit this position paper on the above subject.

Your attention to this matter is appreciated.

PEDRO L.G. SANTOS

Attachment

cc: Bureau of Planning
Bureau of Budget
Jim Gillan
File

JWGillan/rag
12/30/75

TO	Initial	Date
Jaider		1/6
		1/5
Bill		1/7
Francis		1/7
FILES		

POSITION PAPER REGARDING P.L. 93-641, THE NATIONAL HEALTH PLANNING AND RESOURCES DEVELOPMENT ACT OF 1974

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In Gov office

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GOVERNMENT OF GUAM
AGANA, GUAM 96910

NOV 19 1975

Memorandum

To: The Governor

From: Director of Public Health and Social Services

Subject: P.L. 12-156 - Status Report

Public Law 12-156 as amended by Public Law 12-187, the Consumer Health Protection Act, establishes in Section 9990-2, a Health Commission. As of this date, the Commission membership has not been approved or disapproved by the Legislature.

Section 4. of Public Law 12-187, mandates a Commission directed actuarial study which was to have been completed by September 1, 1975. As Administrative Officer to the Commission, I have been unable to perform this study since there is no Commission. I have, however, been in touch with several actuarial firms who have indicated interest in the project.

Since the passage of Public Law 12-156, many bills have been drafted which would alter the original law substantially. As of this date, none of the new bills have been acted upon.

I would appreciate any assistance you can render in determining the legislature's intent regarding the advise and consent procedures established by Section 9990.2. I also recommend that you encourage a joint effort between the Committee on Health, Welfare, and Ecology, the Bureau of Planning and this Department in order to review Public Law 12-156 and all subsequent bills relative to it.

Your attention to this matter is appreciated.

PEDRO L.G. SANTOS

RECEIVED
NOV 19 1975
BUREAU OF PLANNING

cc: Senator Espaldon, Chairman
Committee on Health Welfare and Ecology
13th Guam Legislature

CHP
Bureau of Planning - Joel Biggs
Jim Gillan
File

JWGillan/vka
11/17/75

BUREAU OF PLANNING

21 OCT 1975

Memorandum

To: Director, Bureau of Planning

From: Chief Planner, Social and Economic Planning

Subject: The National Health Planning and Resource Development Act and Guam's Organization for Health Planning

In recent weeks, it has become increasingly evident that there is a need to initiate a series of meetings among various governmental agencies and committees involved in the planning, coordination, and delivery of health services. The purpose of these meetings will be 1) to discuss the implications of the National Health Planning & Resource Development Act, 2) to determine the most appropriate organization to administer the Island's health planning, review and implementation programs, and 3) to determine the relationships, functions, and responsibilities of and between each of these groups. Such meetings should afford an opportunity for these government related agencies to present their views and recommendations, to identify and resolve possible intra-agency conflicts, to discuss each agency's responsibilities, and to develop Guam's position concerning the application of this law.

A review of the NHP & RD Act suggests that the law will significantly affect the organizational and functional character of our existing health planning system. As defined in the law, the designated "State Agency" will be responsible for preparing and implementing a health systems plan and facilities plan, approving or disapproving provider plans and projects, and developing its own project plans. In addition, the law also affects the relationships and functions of and between various government agencies, including ourselves, Comprehensive Health Planning, Bureau of Budget & Management, Public Health and Social Services, and Guam Memorial Hospital.

As a result of its potential affect on the Bureau and our responsibilities as outlined in 12-200 (i.e., Section 62010), we are justified in taking an active role in determining who is designated as the "State Agency" for health planning, and in determining the responsibilities of each agency concerned with health planning and development. To my knowledge, concerted effort to bring all participants together has not yet been attempted. Non-action on our part can only result in future conflicts and misunderstandings, thus jeopardizing further upgrading of Guam's overall health delivery system.

Recommendations for initiating this action are outlined in sequence:

1. Notify the Governor of our concerns, and request that he call these groups together to a) determine the agency to be designated as the "State Agency," b) develop adequate local legislation, c) determine the relationships and functions of each group as it related to the law, and d) prepare a position paper as to how Public Law 93-641 should be applied to Guam.

2. Request that the Governor withdraw local Bill 479 or have it pigeon-holed until a supplementary bill is prepared and submitted.

3. Contact CHP to determine the status of their efforts to meet the requirements for designation, and to explain our actions.

4. Initiate a meeting including members of:

    a. Bureau of Planning (Paul Souder/Joel Biggs)
    b. Comp. Health Planning (Betty Guerrero)
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    f. Hill-Burton Administrator (Jim Gillan)
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/s/
JOEL G. BIGGS

JGB:crq

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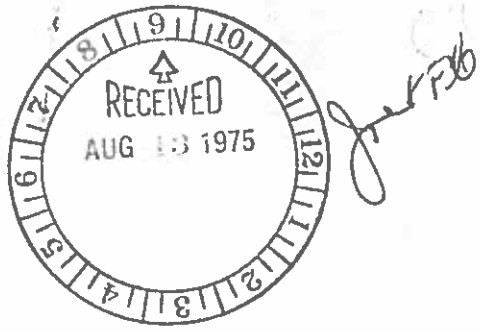
JOEL G. BIGGS

S-E file



P8/9

GOVERNMENT OF GUAM
AGANA

August 4, 1975

Ret

Memorandum

To: Director, Department of Public Works

From: Administrator, Comprehensive Health Planning (CHP), Designated Planning Agency (DPA)

Subject: Review of Proposed Health Facilities

As you are aware, CHP is the DPA for Section 1122 of the Social Security Act to assure that federal funds appropriated under Titles V, XVIII and XIX (Maternal and Child Health programs, Medicare, and Medicaid services) are used to support needed health facilities. Health care facilities include hospitals, psychiatric hospitals, tuberculosis hospitals, skilled nursing facilities, home health agencies, providers of outpatient physical therapy services (including speech pathology services); hemodialysis units; intermediate care facilities; organized ambulatory health care facilities such as health centers, family planning clinics, and facilities providing surgical treatment to patients not requiring hospitalization which are not part of a hospital but which are organized and operated to provide medical care to outpatients.

As your department is responsible for issuing building permits for the construction of facilities, we would like your cooperation in informing those applicants with health facility proposals to contact our office before construction commitments are made as their proposals must first be approved by the DPA before they can receive reimbursements under the above federal programs.

Attached are materials that we would like you to pass on to those applicants who are proposing to construct health care facilities.

Your kind cooperation on this matter will be greatly appreciated.

(e)
(Mrs.) BETTY S. GUERRERO

Attachment

cc: Bureau of Budget and Management
Research
Governor's Office
Attn: Mr. Paul Souder
Mr. Charles Toves

GOVERNMENT OF GUAM
AGANA

August 4, 1975

Memorandum

To: Those Interested In Health Care Facility Construction

From: The Office of Comprehensive Health Planning (CHP), Designated Planning Agency (DPA)

Subject: Federal Reimbursements for the Construction of Health Care Facilities

Any proponent interested in developing a health care facility must first have his proposal approved by our agency before he can receive reimbursements under Titles V, XVIII and XIX (Maternal and Child Health programs, Medicare and Medicaid), Section 1122 of the Social Security Act, P.L. 92-603. Health care facilities include hospitals, psychiatric hospitals, tuberculosis hospitals, skilled nursing facilities, home health agencies, providers of outpatient physical therapy services (including speech pathology services); hemodialysis units; intermediate care facilities; organized ambulatory health care facilities such as health centers, family planning clinics, and facilities providing surgical treatment to patients not requiring hospitalization which are not part of a hospital but which are organized and operated to provide medical care to outpatients.

Early contact with our agency will help determine whether such a proposed facility is needed and prevent you, as a proponent, from spending thousands of dollars on construction and other expenses which may not qualify you to receive these federal reimbursements.

For further information on this matter, contact the CHP Office, Telephone No. 734-9901-10 Exts. 362-366 or visit us in Room 237 at the Central Public Health and Social Services Diagnostic and Treatment Facility, Mangilao.

Betty S. Guerrero

(Mrs.) BETTY S. GUERRERO
Administrator

OFFICE OF THE GOVERNOR

EXECUTIVE ORDER NO 76-5

REPEAL OF Exec ORDER No 75-32
AND 74-20

WHEREAS, U.S. Public Law 93-641, The National Health Planning and Resources Development Act of 1974, amends the Public Health Service Act to the effect that Regional Medical Programs, Comprehensive Health Planning and Hill-Burton authorities are revised and expanded and such agencies will be replaced by, (in the case of Hill-Burton [Sec. 1536 ff.], a State Health Agency and a Statewide Health Coordinating Council; and

WHEREAS, the intent of Public Law 93-641 is to facilitate the development of recommendations for a national health planning policy, to augment State planning for health services, manpower, and facilities, and to authorize financial assistance for the development of resources to further this intent; and

WHEREAS, it is reasonable, desirable and acceptable that an agency of state government be designated to carry out the purposes and intent of P.L. 93-641; and

WHEREAS, the State Agency cannot function until an agreement has been signed with the Secretary of Health Education and Welfare; and

WHEREAS, no agreement can be signed until the State has submitted

WHEREAS, a cooperative effort is necessary between the former planning authorities replaced by the said law in order to develop a State program satisfactory to the Secretary;

NOW THEREFORE, I Ricardo J. Bordallo, Governor of Guam, by virtue of the authority vested in me by the Organic Act of Guam, as amended, do hereby order as follows:

1. The Department of Public Health and Social Services is hereby designated as the State Health Planning and Resources Development Agency.

2. Executive Orders 74-20 and 75-32 are hereby repealed, with the exception that; in order to effectuate a smooth transition from the former authorities extablished by the Public Health Service Act prior to enactment of U.S. Public Law 93-641 (e.g. Hill-Burton, Comprehensive Health Planning) the Territorial Health Planning Council shall continue to function until the Statewide Health Coordinating Council and the State Health Agency are established by agreement with the Secretary of Health, Education and Welfare and by local legislation.

3. The Office of Comprehensive Health Planning and The Regional Medical Program are hereby transferred to Department of Public Health and Social Services and combine with the Hill-Burton State Agency as a staff office of the Department of Public Health and Social Services.

DATED AT AGANA, GUAM, this 27th day of January, 1976.

RICARDO J. BORDALLO
Governor of Guam

COUNTERSIGNED:

RUDOLPH G. SABLAN
Lieutenant Governor