

GUAM BOARD OF MEDICAL EXAMINERS

Wednesday, June 12, 2024 at 4:00 PM

Join Zoom Meeting:

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Meeting ID: 886 3813 4833

Passcode: 714305 MINUTES

Topic		DECISION(S) / ACTION(S) MADE		Responsible Party	Status
I.	Call to Order	Meeting Chaired by: Dr. Berg		Chair	1613 Called to Order
		A. Roll Call: GBME <i>Present at HPLO Conference Room</i> <input checked="" type="checkbox"/> Annette David, M.D., Member <i>Present Virtually at Remote location:</i> <input checked="" type="checkbox"/> Nathaniel B. Berg, M.D., Chairperson <input type="checkbox"/> Luis G. Cruz, M.D., Member <input checked="" type="checkbox"/> Alexander D Wielaard, M.D., Member <input checked="" type="checkbox"/> John Sidell, Medical Director of GMH	OTHERS PRESENT: <i>Present at HPLO Conference Room:</i> Baltazar (Tre) Hattori III, HPLO <i>Present Virtually at Remote location:</i> Zennia Pecina, HPLO Breanna Sablan, HPLO Dr. Sylvia Cruz Nacrina Espina, Todu Guam Foundation Jojo Cameron, DISID	Chair	Quorum Established
		B. Election of Board Officers The Chair stated that the Election will be postponed pending updates regarding membership.		Chair	Postponed
		C. Confirmation of Public Notice		Chair	Confirmed
II.	Adoption of Agenda	<i>Motion to Adopt the Agenda: Dr. Berg.</i>		GBME	Adopted
III.	Review and Approval of Minutes	Draft Minutes dated May 08, 2024. Dr. David clarified that section B, the case regarding Mr. Arthur Root, was not assigned to her. The Board had requested an opinion from an expert in medical lasers, and Dr. David volunteered to ask for that opinion. Dr. David emphasized the need to correct the misunderstanding that the case had been assigned to her. Concerns were raised about the timing of the hearing for accusation GBME-001-2023 and whether it was premature due to ongoing legal proceedings. It was emphasized that the legal proceedings are separate from the Board case. The Board case focuses on determining the fitness to continue practicing medicine, which is unrelated to the ongoing legal matters. Clarification was made that these are two distinct issues.		GBME	Unanimously Approved, as amended

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		<i>Motion to Approve, as amended: Dr. Berg</i>		
IV.	Treasurer's Report	<p>No Report from Mr. Flores</p> <p>Dr. Berg noted that Mr. Flores has indicated he is unlikely to continue as the member of the public. The Board is therefore urging the Governor's Office to promptly appoint a new member of the public. Once selected, this individual can attend meetings and participate in discussions but will not have voting rights until confirmed. Dr. Berg also mentioned that once the positions of the member of the public and another vacant role are filled, they will proceed with appointing a treasurer.</p>	Mr. Flores	Noted
V.	HPLO Administrator's Report	<p>Z. Pecina, addressing the Board, announced that Dr. Aguon has been voted onto the medical Board, and her paperwork has been sent to the legislature for confirmation. They also mentioned that there are several other boards awaiting confirmation by the legislature.</p> <p>Z. Pecina indicated that efforts are underway to identify suitable candidates to fill the public member position. They encouraged anyone with recommendations for potential candidates to come forward promptly so that these suggestions can be forwarded to the Governor's Office for consideration.</p> <p>Dr. Berg requested an invitation be extended to Dr. Aguon to attend the next Board meeting, emphasizing that she can participate fully in discussions even before formal confirmation. They expressed confidence in Dr. Aguon's suitability for the role and noted her prior attendance at an ethics meeting, which was seen positively.</p> <p>Dr. Berg outlined criteria for selecting members of the public for Board positions, emphasizing they should be community-oriented individuals recognized for their integrity, communication skills, and ability to contribute perspectives beyond direct healthcare. Ideal candidates may have leadership experience in business, clergy, or education, and administrative skills are beneficial. Dr. Berg highlighted the importance of willingness to travel and the support provided by the Federation of State Medical Boards (FSMB) for Board members. They clarified that the role does not require a patient perspective but rather an outsider's view of healthcare decision-making. Dr. Berg noted that active elected officials should generally not serve on the Board, although there is no specific prohibition against it.</p> <p>Z. Pecina reported that HPLO submitted two grant applications to the FSMB—one for disaster preparedness and another for digitizing the Medical Board. Additionally, it was noted that the GBME and GBNE currently lack legal counsel. Efforts are underway to follow up with the OAG.</p> <p>Z. Pecina reported that approval had been obtained for the Board to join the International Association of Medical Regulatory Authorities (IAMRA). Dr. Berg negotiated a reduced membership fee, allowing the Board to meet the required amount. They highlighted upcoming IAMRA events, including a symposium in Maryland</p>	HPLO	Noted

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	<p>in September and another in Ireland next year. Dr. Berg expressed interest in exploring potential grants or funding opportunities through IAMRA or the Department of Public Health & Social Services. They emphasized the significance of IAMRA membership in a globally interconnected healthcare environment and planned to provide further details at the next meeting.</p> <p>Z. Pecina mentioned upcoming new member training by FSMB in Texas, emphasizing its importance for Board members like Dr. Wheeler, Dr. Sidell, and Dr. David, who haven't attended before. The training provides specific orientation relevant to their roles on the Guam Board of Medical Examiners and is conducted in a small group setting, ensuring focused attention. Dr. Berg added details about the convenience of travel to the training location near Dallas-Fort Worth International Airport, with accommodation provided and extra day flexibility for Guam participants to arrive rested. Both highlighted the value of attending FSMB meetings, noting they consistently find them worthwhile regardless of the topics covered.</p>		
VI.	<p>Chairperson's Report</p> <p>In reference to the Physician Health Program, Dr. Berg mentioned that the Z. Pecina and B. Hattori would be attending a meeting in TN. They are arranging a meeting with Dr. Barron from FSMB, the incoming Chairman of the Board, to expedite the setup of the program. Dr. Berg acknowledged the challenges in gathering the necessary support to meet the standards of the National Association of Physician Health Programs but expressed confidence that they will succeed, similar to how they accomplished becoming a member of IAMRA. He assured the Board that progress will continue, and updates will be provided.</p> <p>Dr. Berg addressed the topic of alternative pathways to licensure, highlighting its importance and recent developments. He noted that B. Hattori and himself would be attending a symposium in Washington, DC to further discuss re-entry and alternative pathways for international physicians. Dr. Berg emphasized the need for a national consensus on recognizing international medical education that is substantially equivalent to US standards. This approach aims to streamline the licensure process for qualified international physicians, reducing the need for extensive retraining or retesting. He acknowledged the complexities involved, especially regarding federal regulations and the mobility of licensed physicians. Dr. Berg indicated ongoing discussions with bodies like the AMA and Congress to ensure comprehensive consideration of all stakeholders' concerns in reforming these licensure pathways.</p> <p>Dr. Berg provided an update on the FSMB workgroup focusing on re-entry to practice regulations. He mentioned their upcoming meeting scheduled for September 9th in Washington, DC, noting that the workgroup has been meeting for nearly a year. Originally, they planned to present conclusions and proposals at the FSMB in April, but this was postponed due to feedback from the AMA and certain members of Congress. The workgroup aims to establish national policies on re-entry to medical practice, instead of leaving decisions to individual licensing authorities, which currently vary widely. Dr. Berg encouraged Board members to join him</p>	Dr. Berg	Noted

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	<p>in participating in FSMB meetings, emphasizing the opportunity to represent Guam nationally and potentially become Board members of the FSMB.</p> <p>During the discussion, Dr. Berg clarified the upcoming meetings related to alternative pathways to licensure in the US for international medical graduates. He highlighted that the meeting scheduled for next week in Washington, DC, focuses on this issue. The objective is to streamline the process for internationally trained physicians who should qualify based on their training and experience in countries like Canada, Ireland, or England, which have training recognized as equivalent by their respective boards. Currently, federal regulations require most foreign medical graduates to complete a US residency to practice in the US, even if they hold certifications from these recognized countries. The FSMB is actively advocating for changes to these regulations due to physician shortages in various specialties and the availability of qualified international physicians.</p>		
VII.	<p>Old Business</p> <p>A. Complaint(s):</p> <ol style="list-style-type: none"> <li data-bbox="327 613 1633 867"> <p>1. GBME-CO-20-005 – Received: 09/18/2020. Dr. Berg noted that the case had been sent to Attorney Mark Anderson, who was the Attorney General's representative to the Board at the time. However, Anderson had not provided his opinion on the case before being reassigned elsewhere. Consequently, the Board was awaiting legal guidance on the matter and acknowledged that the case could not proceed without legal assistance. Z. Pecina mentioned that there was a recommendation from the expert attorney who handled the case. However, Dr. Cruz, who needed to present the ruling on the complaint, was not present at the meeting. As a result, the discussion on this complaint could not proceed further until Dr. Cruz was available to present it.</p> <li data-bbox="327 867 1633 1062"> <p>2. GBME-CO-2022-002 – Received: 01/06/2022. Dr. Berg provided an update on complaint GBME-CO-2022-002, which involves a physician who is no longer practicing on Guam but has appealed the Board's action. The physician is currently practicing in Hawaii. There is no immediate threat to the public on Guam, and the appeal process concerning due process is ongoing. The case remains open, and the Board is awaiting further updates from the relevant division of the government of Guam.</p> <li data-bbox="327 1062 1633 1159"> <p>3. GBME-CO-2022-010 – Received: 06/21/2022. The case is currently awaiting legal action. However, there is no legal counsel available to assist with this case at the moment.</p> <li data-bbox="327 1159 1633 1346"> <p>4. GBME-CO-2023-004 – Received: 07/31/2023 Dr. Berg provided an update, mentioning that he has been in touch with the complainant and is optimistic about resolving the situation informally. He scheduled a meeting in July with the complainant, addressing potential language barrier issues by arranging for a translator to ensure clear communication. Dr. Berg emphasized the Board's approach to resolving issues amicably through informal meetings, which often prevent the need for formal investigations and benefit both patients and physicians involved.</p> 	<p>GBME</p> <p>Dr. Cruz</p> <p>Dr. Berg</p> <p>Dr. David</p> <p>Dr. Berg</p>	<p>Tabled Until Dr. Cruz Presents Findings and Recommendation</p> <p>In Progress</p> <p>In Progress Awaiting Legal Counsel</p> <p>In Progress</p>

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	<p>B. Accusation: GBME-001-2023 Z. Pecina stated that there is a ruling on the case, but the Board does not currently have a quorum to take a vote. Several hearings have already taken place on this case, and there is a recommendation from the Board's hearing officer and attorney. However, with Dr. David unable to vote, only Dr. Willard and Dr. Sidell remain eligible to vote, which does not meet the quorum requirement. As a result, they will need another member present to achieve a quorum. The Board planned to table the case until the next meeting due to the absence of Dr. Cruz, who was hoped to be present.</p>	Brcanna	Tabled Recommendation has Been Made but Quorum was not Established
	<p>C. Arthur Root Jr. – Certified Laser Specialist, Non-Ablative Laser Tattoo Removal Arthur Root Jr., a certified laser specialist in non-ablative laser tattoo removal, was invited to attend the meeting. Due to medical issues he previously faced, the Board empathizes with his situation but maintains that the use of lasers for tattoo removal should involve the level of training typically held by physicians. Despite Root's training assurances, the Board does not believe non-physician use of lasers is appropriate for medical practice. Root was invited to the meeting, but if he chooses not to attend, the Board may defer the case to the next meeting. They are open to further discussion or additional data submission from Root if he wishes to reconsider. The Board acknowledges Root's family health issues and will allow him time to address them before taking further action on his case.</p>	GBME	Tabled
	<p>D. Application for Full Licensure</p>		
	<p>1. Anthony W. Kim The Board was awaiting his FCVS (Federation Credentials Verification Service) report. The Board noted that FCVS simplifies the credential verification process for applicants from various jurisdictions, making their review process more efficient.</p>	GBME	Tabled Pending FCVS Results
	<p>2. Kitty E. Victoria B. Hattori informed the Board that Dr. Victoria provided a letter clarifying her three separate trainings. These include the University of Vermont Medical Center Program from July 1, 2017, to June 30, 2020, which was mostly online. She also mentioned her fellowship at the Andrew Wells Center for Integrative Medicine from July 1, 2019, to June 30, 2021, also mostly conducted online. Additionally, she highlighted her full-time, in-person job at Kona Community Hospital from August 2020 to July 2021. This was provided as the reason for the overlap in dates towards the latter part of each employer's period.</p> <p>In response to Dr. Victoria's application, the Board determined that her online training and fellowship in Integrative Medicine may not be considered part of accredited training recognized by the American Board of Medical Specialties (ABMS). Therefore, Dr. Victoria will need to submit a corrected application to address these discrepancies, particularly regarding her FCVS file. The Board emphasized the need for her application to reflect ACGME-approved training and ABMS-recognized Board certifications. They advised</p>		Tabled Pending Submission of Corrected Application

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	Dr. Victoria to review her FCVS file to ensure accuracy before resubmitting her application for reconsideration.		
	<p>3. Semjon Tsyrlin Regarding Semjon Tsyrlin, who is completing residency at the end of this month, the Board clarified that he does not currently meet the criteria for full licensure application. Previously, the Board would pre-approve such cases pending residency completion, but they no longer follow this process. Instead, they now offer temporary licenses quickly upon completion of residency. The Board advised HPLO to inform Mr. Tsyrlin to submit a temporary licensure application immediately after finishing residency, with a request for processing on the first available day after completion. This allows applicants 90 days to submit all required documentation, considering that residency completion certificates often take time to process. The Board also emphasized their readiness to review applications in advance for any discrepancies and requested HPLO to securely forward applications for their review.</p>	GBME	In Progress
	E. Application(s) for Reinstatement of Licensure:		
	<p>1. Sylvia S. Cruz Dr. Sidell presented his findings and recommendations on June 7th, emphasizing the need for documentation proving active medical practice over the past two years. Specifically, the Board requested confirmation and photographic evidence of your facility's suitability for clinical practice, including necessary equipment such as GYN tables or ultrasound machines for specific medical practices. Additionally, records of patient encounters from the last two years, with patient identities redacted, were requested, along with documentation of support staff employment, including forms like 1099s, Social Security statements, or W-2 forms to demonstrate the presence of actual employees. Furthermore, the Board required documentation of business licenses, tax documents, and billing procedures, including insurance records to verify payment methods and insurance panel participation. Advertising documentation, such as Yellow Pages listings or online platform presence, was also requested. Lastly, any additional supporting documents that you believe would substantiate your active medical practice were encouraged to be submitted for review by the Board.</p> <p>Upon reviewing the application of Sylvia S. Cruz, the Board found that she had submitted approximately six or seven patient charts and a business license from Hawaii. However, the charts were handwritten without letterhead, which was deemed marginally acceptable. Additionally, there were five other requested documents that the applicant had not provided. The Board deliberated on two potential courses of action. One option discussed was to formally request that Dr. Cruz undergo an evaluation, potentially through a PACE program, to ensure she meets the requirements for safely practicing medicine after a period of non-practice. Alternatively, the Board considered deferring her application until all requested documentation is provided, in accordance with GBME requirements. Both options were deemed viable solutions to address</p>	Dr. Sidell	Tabled, Pending Submission and Review of Additional Documentation on Proof of Practice

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	<p>the current status of Dr. Cruz's application.</p> <p>The Board explained to Dr. Cruz the standardized process used in their meetings to ensure consistent treatment of all applicants. This process is particularly stringent for self-employed individuals, as the Board cannot verify practice through an employer. They require two years of documentation demonstrating significant clinical practice, aligning with their operational rules. Dr. Sidell was tasked with evaluating Dr. Cruz's evidence of practice, mentioning options like the PACE program at UCSD, which evaluates applicants' adherence to current medical practice standards. These programs are not punitive but serve to confirm readiness for active practice, emphasizing that continuing medical education alone is insufficient without actual practice involvement. The Board emphasized that these programs are generally manageable and available in various locations, aiming to standardize reentry evaluations rather than rely on informal supervision. Past cases have seen recommendations ranging from no additional requirements to formal residency or supervised practice periods, depending on individual evaluations and Board recommendations. This explanation aimed to provide clarity on why the Board employs such procedures.</p> <p>Dr. Cruz responded to Dr. Sidell's invitation, acknowledging the option to address her concerns either publicly or in writing, leaving the decision to Dr. Sidell. Dr. Sidell expressed support for transparency and freedom of speech, affirming Dr. Cruz's opportunity to speak publicly on her case. Dr. Cruz was then given the floor to address the Board, despite the formalities of maintaining order in the meeting, ensuring her voice could be heard regarding the issues under discussion. Dr. Cruz acknowledged receiving the letter outlining the Board's requirements but clarified that she interpreted the request as providing what she had available rather than submitting all requested documentation. Regarding the specific requests, she noted that she didn't have immediate access to a picture of her exam room but emphasized that she operates from a building where she has obtained her DEA and medical license. Dr. Cruz detailed her practice setup, explaining that while in West Virginia she had an office with multiple rooms, her current practice in Hawaii operates differently. She expressed her reluctance to invest in a large new office building at this stage of her career, opting instead to provide medical care through home visits as a practical solution in an area with limited healthcare access. She highlighted the importance of continuing to use her medical license to serve patients in need, especially in a region where medical services are scarce and often facilitated through referrals and word of mouth. Dr. Cruz further explained to the Board that she has never advertised her medical practice, not even during her 20-plus years of practice in West Virginia. She relied solely on word-of-mouth referrals from her patients. Her rationale behind this approach was to establish a patient base where individuals sought her services based on personal recommendations. Dr. Cruz emphasized that this method helped her foster better communication with her patients and their families, creating a family-oriented dynamic in her practice. She believed that patients referred through word of mouth were more</p>			

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	<p>likely to trust her care, resulting in fewer concerns related to medical malpractice. Dr. Cruz clarified to the Board that she does not employ a full-time nurse in her practice. Instead, she works with a nurse, who volunteers her services to maintain her licensure and accompanies her during patient visits, assisting with tasks such as taking vitals and ensuring that necessary supplies are readily available. Dr. Cruz explained that the nurse prefers volunteering to avoid tax implications associated with formal employment. Dr. Cruz further explained to the Board that she utilizes a massage table and other medical tools during patient visits. She described a technique where patients can be positioned for examinations without traditional stirrups by using supportive underpinnings to lift the pelvis. This allows her to conduct manual pelvic exams effectively. She highlighted that many of her patients in Hawaii are part of managed care organizations, which often do not cover advanced imaging like MRIs or pelvic ultrasounds. Patients seek her out for second opinions or prefer cash payments due to long wait times for primary care appointments. Dr. Cruz emphasized that her practice approach allows her to provide medical care without the administrative burdens associated with a larger practice, such as electronic medical records (EMR) and extensive setup requirements. Dr. Cruz elaborated that she manages her practice using paper charts, preferring a low-tech approach where she writes patient names and medical records manually on copy paper. She acknowledged the challenge of providing these records to the Board, having to scan and redact names for submission. Despite these methods, she affirmed that she continues to deliver medical care effectively. She discussed her decision to avoid the complexities of a traditional office setting, emphasizing that she has minimized overhead costs and avoids hiring office staff, which she found to be another draining responsibility. Dr. Cruz highlighted that her approach allows her to maintain her medical license and provide care without the administrative burdens associated with a more formal practice. She obtained a business license in Hawaii to ensure compliance, although she initially started seeing patients before securing it. Dr. Cruz also mentioned her consideration of locum tenens opportunities in Guam as a way to sustain her practice model and continue providing medical services without the added operational complexities. Dr. Cruz further explained that her preference for a low-tech approach stems from her desire to avoid the complexities associated with electronic medical records (EMRs) and billing systems for Medicare and Medicaid. She clarified that she operates on a strictly cash basis, accommodating patients who cannot afford cash payments due to the high cost of living on the Big Island of Hawaii. She expressed that her current practice model allows her to use her medical license to provide care in a manner that aligns with her original motivations for entering medicine. Dr. Cruz highlighted that she supplements her income by leveraging her law degree, recognizing that the financial aspects of running a medical practice can be challenging even while fulfilling her passion for patient care.</p> <p>Dr. Sidell clarified that the concerns being raised were not personal but rather stemmed from the Guam Board of Medical Examiners' requirements. He emphasized the Board's responsibility to ensure that</p>			

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	<p>applicants have actively practiced medicine. Dr. Sidell acknowledged Dr. Cruz's desire for a simplified, low-tech practice and expressed admiration for her approach. However, he pointed out the challenge of verifying her activities due to the lack of detailed documentation typical in more traditional practices.</p> <p>He emphasized that while Dr. Cruz's methods might indeed involve significant patient care, the Board needed concrete evidence to validate this. Dr. Sidell underscored his role in ensuring compliance with regulatory standards and mentioned the potential necessity for Dr. Cruz to undergo a re-entry program or similar evaluation to confirm her capability to practice medicine safely and effectively.</p> <p>He concluded by expressing his respect for Dr. Cruz's practice style and stated that his primary concern was establishing verifiable proof of her activities to meet the Board's requirements, acknowledging that other Board members might share his perspective.</p> <p>Dr. Cruz acknowledged Dr. Sidell's concerns and reiterated her commitment to explaining her medical practice. She emphasized that she operates as a solo practitioner without colleagues, which is increasingly uncommon in today's medical landscape dominated by larger practices and insurance requirements. Dr. Cruz expressed her frustration with insurance billing complexities, noting that the returns often don't justify the effort, contrasting this with the simplicity of working at a gas station.</p> <p>As a seasoned OBGYN and attorney, Dr. Cruz emphasized her understanding of legal liabilities in medicine and her dedication to patient safety. She underscored her belief in the quality of care she provides, stating that if she doubted her ability to practice safely, she would willingly relinquish her license. Dr. Cruz highlighted her desire to return to Guam to practice, citing her deep connection to the community and her eagerness to contribute to the island's healthcare needs. She expressed gratitude for the opportunity to potentially practice there again, emphasizing her readiness to uphold professional standards and serve her patients effectively.</p> <p>Dr. Berg interjected, acknowledging the administrative query about providing average patient numbers per week and seeking verification from Dr. Cruz's nurse regarding their patient interactions. He emphasized the importance of documentation for ensuring compliance with the requirement of active medical practice over the past two years. Dr. Berg clarified that no concerns had been raised regarding the accuracy of Dr. Cruz's claims about her practice activities. He reassured Dr. Cruz that the Board's focus was on gathering sufficient documentation rather than the financial aspects of her practice. Dr. Berg expressed admiration for her approach amidst the challenges of electronic health records (EHRs) and suggested that providing patient numbers and nurse verification could help clarify her practice details. He highlighted that the Board's</p>			

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	<p>intention was not punitive but aimed at finding a mutually beneficial solution, potentially involving brief and cost-effective programs tailored to such situations. Dr. Berg reiterated the Board's commitment to protecting the public and fostering healthcare providers who understand Guam's diverse cultural dynamics. Dr. Berg concluded by proposing that Dr. Sidell consider Dr. Cruz's potential to submit additional data, despite the difficulties, as a means to possibly negate the need for a re-entry program.</p> <p>Dr. Sidell responded affirmatively to Dr. Berg's suggestion, stating that any evidence provided by Dr. Cruz that demonstrates her active practice of medicine over the past two years would be acceptable to him and the Board. He acknowledged the seven specific requests made by the Board but emphasized that the ultimate goal was for Dr. Cruz to prove her practice history effectively. He expressed understanding and regret that he didn't know Dr. Cruz was born in Guam, which might have influenced his approach slightly, though his duty on the Board remains consistent. Dr. Sidell clarified that his role was to ensure adherence to the rules and regulations governing medical practice, which he takes seriously despite any personal sympathies. He reassured Dr. Cruz that the process wasn't personal and encouraged her to submit any documentation or evidence that could bolster the Board's confidence in her practice history. Dr. Sidell concluded by expressing a strong willingness to consider any information that validates Dr. Cruz's assertions about her medical practice.</p> <p>In reference to Dr. Cruz's timeframe to return to Guam, Dr. Cruz indicated that Todu Foundation Guam has expressed interest in her starting on July 1st, prompting her desire to be present at the Board meeting to address any questions directly.</p> <p>Dr. Sidell acknowledged the possibility of a special meeting if Dr. Cruz is able to submit additional documentation promptly. He stresses the need for compliance with legal requirements regarding such meetings, ensuring there is a quorum and that all communication becomes part of the public record. Dr. Sidell deferred to Z. Pecina HPLO Administrator to confirm the feasibility of scheduling a special meeting. He emphasized that any formal communication to him regarding licensure issues will be shared with the Board and become part of the public record. If a special meeting isn't feasible, Z. Pecina suggested addressing the matter at the next regular meeting, pending administrative discretion.</p> <p>In reference to consideration of a special meeting to expedite Dr. Cruz's application process, Z. Pecina emphasized the caution and meticulousness required to ensure compliance with all procedural requirements. She mentioned that missing even a single step in the process could invalidate the entire meeting, citing examples from other boards where such errors led to meetings being nullified. Z. Pecina expressed a desire to facilitate Dr. Cruz's return to Guam, acknowledging the special significance of Guam as home for many</p>			

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	<p>individuals. She underscored the Board's commitment to following proper procedures while also encouraging Dr. Cruz to explore re-entry programs as an option, noting that some programs are less burdensome than others. Additionally, Z. Pecina mentioned the PACE program in San Diego as one that the Board generally favors due to its comprehensive documentation and supportive approach. She suggested that Dr. Cruz consider looking into re-entry programs that could potentially assist in validating her recent medical practice.</p> <p>In reference to the Professional Assessment and Competence Evaluation (PACE) program in San Diego as an option for evaluation rather than a re-entry training program, Dr. Sidell clarified that PACE not a training program but rather a formal assessment process. The purpose of PACE and similar programs is to conduct evaluations that provide a stamp of approval regarding a physician's current competence and adherence to continuing medical education (CME) requirements.</p> <p>Dr. Sidell underscored that the Board's interest is to ensure compliance with regulatory mandates. He mentioned that such evaluations are necessary to formally verify Dr. Cruz's practice and competence, which cannot be accomplished through informal means. Dr. Sidell expressed openness to Dr. Cruz submitting additional documentation that could potentially alleviate concerns and allow the Board to proceed with her application review. He suggested that this documentation could be crucial in making a recommendation either before the next regular meeting or during a special meeting if arranged.</p> <p>In response to the Board's request for additional documentation to support her application to practice medicine on Guam, Dr. Sidell clarified that while notarization isn't necessary (to include information from the nurse), the Board requires sufficient documentation, including information about the number of patients seen weekly over the past two years. This information should ideally come from the nurse who has accompanied her during patient visits. Dr. Cruz mentioned she can provide visual evidence like photographs of her medical equipment and workspace, emphasizing her unique practice style involving house calls.</p> <p>Dr. Sidell and other Board members acknowledged the non-traditional nature of her practice and encouraged her to submit any relevant documentation that could demonstrate her active clinical practice. The Board expressed openness to receiving various forms of evidence, including receipts for medical supplies and other supporting documents that validate her practice activities. They emphasized the importance of ensuring there is adequate evidence to support Dr. Cruz's application without implying any doubt about the accuracy of her claims.</p>			

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	<p>Z. Pecina suggested to the Chair that instead of convening a special meeting, the Board should conditionally approve Dr. Cruz pending the submission of required items. This would allow for swift approval if the necessary documentation were provided promptly. Dr. David expressed personal approval of this approach, emphasizing that Dr. Sidell should review the documentation and finalize the decision, acknowledging that not every case is reviewed collectively by the Board. Dr. Sidell disagreed, voicing discomfort with placing sole responsibility on him for approving the applicant's licensure, stressing that such decisions should be a collective Board effort. He reiterated concerns about being solely responsible for denying an applicant who appears qualified and beneficial to the Board, suggesting that such decisions should be thoroughly discussed and not left to one individual. Dr. David suggested that Dr. Cruz should consider obtaining a letter of recommendation or endorsement from an obstetrician in Hawaii, emphasizing the importance of tangible third-party documentation required for licensure in Guam. This approach is aligned with the aligned with the Board's process and ensures thorough due diligence. Dr. David expressed admiration for Guam and its community contributions, noting the need for physicians with a strong community spirit like Dr. Cruz. She emphasized the Board's responsibility to maintain rigorous standards and suggested pursuing accreditation to enhance credentialing processes and protect both applicants and the Board.</p> <p>Dr. Cruz clarified that she does not practice alongside other OBGYNs nor regularly consults with them. Her patients primarily seek her out directly for various healthcare needs, including pain management and basic primary care such as prescribing medications like birth control pills and discussing hormone replacement therapy. When asked about referrals to specialists, Dr. Cruz explained that she typically advises patients to return to their primary care physicians rather than referring them herself. She described her practice as straightforward and low-tech, preferring to avoid extensive paperwork and administrative tasks associated with medical practice. Acknowledging the Board's concerns about verifying her practice, Dr. Cruz expressed willingness to work with Dr. Sidell to provide whatever documentation is needed. The Board members discussed the need to objectively assess the extent and nature of Dr. Cruz's practice to fulfill their responsibilities effectively. Dr. Cruz clarified that she typically sees between 8 to 15 patients per week, often treating multiple patients from the same family due to word-of-mouth referrals. She emphasized her preference for a low-tech approach to medicine, using paper charts instead of electronic medical records (EMR), and avoiding extensive administrative tasks like dictation and complex paperwork. In response to queries about documenting her practice, Dr. Cruz expressed reluctance towards investing excessive time in administrative duties, highlighting her focus on providing direct patient care efficiently. She underscored her commitment to simplifying her practice operations and stated her intention to prioritize patient care over administrative burdens.</p> <p>Dr. Sidell acknowledged the practical challenges Dr. Cruz faced and suggested a collaboration to gather</p>			

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	<p>objective evidence of her patient load over time. They discussed the possibility of obtaining testimonials from colleagues or other licensed practitioners who share patients with her in Hawaii to provide additional verification of her practice volume and scope. Dr. Sidell proposed sharing contact information with Dr. Cruz to facilitate direct communication via email and phone. This initiative aimed to discuss and clarify any further details regarding her application.</p> <p>Following this suggestion, Dr. Berg indicated that a formal vote might not be necessary at this point. It was agreed that Dr. Sidell would collaborate with Dr. Cruz, and updates would be provided to the Board. Dr. Berg emphasized the importance of ensuring all decisions were properly enacted while maintaining a quorum throughout the process.</p> <p>Dr. David proposed allowing Dr. Sidell and Dr. Cruz to have a discussion first before proceeding with any formal decisions. This suggestion was supported by Dr. Berg who emphasized the importance of ensuring that sufficient tangible documentation is gathered to move forward with the application process. Dr. Berg stressed the need for Dr. Sidell to present comprehensive data to facilitate a thorough discussion among the Board members. Consequently, it was decided to prioritize the discussion between Dr. Sidell and Dr. Cruz and aim for a full Board meeting to deliberate on the application. Dr. Berg affirmed that the Board's decision-making process should involve all members to ensure transparency and fairness.</p> <p>2. Christopher S. Seitz Christopher S. Seitz confirmed that the issue regarding AVMS certification had been addressed and clarified satisfactorily. It was verified that all necessary details regarding his Board certification status were now in order. Based on this clarification, Dr. Berg proposed a motion to approve Dr. Seitz's license for reinstatement, noting that he was otherwise fully qualified, and all relevant issues had been resolved since the previous meeting. <i>Motion to Approve: Dr. Berg</i></p>			Unanimously Approved
S	<p>A. Complaint(s):</p> <p>1. GBME-CO-2024-001 – Received: 5/7/2024 This complaint involved a licensed emergency medical technician (EMT), who had imported medicines from abroad, which was intercepted by Guam Customs and Quarantine. This incident was reported to the Board because the EMT is a licensed medical professional, and importing medicines could potentially be seen as practicing medicine outside the jurisdiction of the US.</p> <p>The Board acknowledged the notification from the overseas EMT licensing Board and described it as an informational matter for now. The Chair noted that similar cases have occurred in the past, and it's standard procedure for boards to inform each other when issues involve professionals under their</p>	GBME		Noted

Topic	DECISION(S) / ACTION(S) MADE	Responsible Party	Status
	<p>jurisdiction. The outcome of the investigation by the overseas Board will be shared with the Chair, who will then update the Board accordingly. At this point, the Board recognized it as a complaint but clarified that it was not yet taking action until the investigation provides more clarity on whether there is a role for GBME in addressing the issue.</p>		
	<p>B. Application for Full Licensure:</p>		
	<p>1. Esther L. Guard No adverse actions reported; however, it was noted that there is an ongoing case regarding a delay in the diagnosis of thyroid cancer. Since no judgment has been issued, this incident has not been reported in the National Practitioner Data Bank (NPDB). <i>Motion to Approve: Dr. David; 2nd: Dr. Berg</i></p>	GBME	Unanimously Approved
	<p>2. Christopher H. Nebzydoski No adverse reports from the FSMB or the NPDB or the American Medical Association (AMA). <i>Motion to Approve: Dr. David; 2nd: Dr. Sidell</i></p>	GBME	Unanimously Approved
	<p>3. Lisa M. Hile No adverse reports from the FSMB or the NPDB. The applicant is Board certified in emergency medicine until 2028. <i>Motion to Approve: Dr. David; 2nd: Dr. Berg</i></p>	GBME	Unanimously Approved
	<p>4. David J. Yeh Note there were several liabilities documented; three of these liabilities were dismissed without any payments being made. However, one case was settled, which required a payment of \$250,000. This settlement was related to an unusual subdural hemorrhage that was not detected during initial evaluation. <i>Motion to Approve: Dr. David; 2nd: Dr. Berg</i></p>	GBME	Unanimously Approved
	<p>5. Dwight David E. Encinas The applicant currently holds a temporary license, which expires in July. His board certification expired in 2010; he is process of recertifying. No adverse reports on the National Practitioner Data Bank (NPDB). <i>Motion to Approve: Dr. David; 2nd: Dr. Berg</i></p>	GBME	Unanimously Approved
	<p>6. Gamaliel Eugene P. Batalla The applicant is presently Board certified in anesthesia pain medicine until 2028. There is one liability settlement, involving a payment of \$80,000, which is related to a failure to monitor after a cervical epidural steroid injection. <i>Motion to Approve: Dr. David; 2nd: Dr. Sidell</i></p>	GBME	Unanimously Approved
	<p>C. Suspicious Order Report(s):</p>		
	<p>1. Samuel J. Friedman</p>	GBME	Under Review

Topic		DECISION(S) / ACTION(S) MADE	Responsible Party	Status
		Dr. Friedman was involved in an issue regarding the ordering of medications, particularly medications used for insomnia or anxiety, which are not narcotics. This issue prompted a collaborative review between the GBEP and GBME. Dr. Friedman, identified as an oncologist, is under scrutiny regarding the ordering practices of these medications. The Board indicated that they would review Dr. Friedman's records related to medication ordering and distribution. If the documentation is adequate, it will be reported to the GBEP. If there are concerns about inadequate documentation, those will also be communicated to the GBEP for its investigation. The process involves a joint evaluation due to the involvement of a physician, and the results of the investigation will be shared with the Board in the next meeting to update them on the findings. This collaborative approach ensures that proper oversight and compliance are maintained regarding medication practices.		
		D. Collaborative Practice Agreement(s):		
		1. Irina Gorshkova, PA-C <i>Approved by Dr. Berg</i>	Dr. David	Approved
IX.	Announcement	Next regularly scheduled Board meeting: Tuesday, July 16, 2024 at 4:00 pm.	GBME	Set Meeting Time
X.	Adjournment	<i>Motion to Adjourn: Dr. Berg</i>	GBME	1808 Adjourned

Minutes Drafted by: FLAME TREE Freedom Center, Inc.

Date Submitted: 8 July 2024

Submitted by the GBME Secretary:

Date:

Approved by the GBME with or without changes:

Date:

16 July 2024

Certified by or Attested by the Chairperson:

Date:

16 July 2024