

# GUAM BOARD OF MEDICAL EXAMINERS

Wednesday, September 11, 2024 at 4:00 PM

Join Zoom Meeting:

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Meeting ID: 858 7588 1660

Passcode: 559340

## MINUTES

Topic	DECISION(S) / ACTION(S) MADE	Responsible Party		Status
I.	Call to Order	Meeting Chaired by: Dr. Berg		Chair 1619 Called to Order
	<p><b>A. Roll Call: GBME</b>  <u>Present Virtually at Remote location:</u>  <input checked="" type="checkbox"/> Nathaniel B. Berg, M.D., Chairperson  <input checked="" type="checkbox"/> Luis G. Cruz, M.D.  <input checked="" type="checkbox"/> Alexander D Wielaard, M.D.  <input checked="" type="checkbox"/> John Sidell, Medical Director of GMH</p>	<p><b>OTHERS PRESENT:</b>  <u>Present at HPLO Conference Room:</u>                      Baltazar (Tre) Hattori III, HPLO  <u>Present Virtually at Remote location:</u>                      Breanna Sablan, HPLO                      Peter John Camacho, DPHSS, Deputy Director                      Graham Botha, OAG</p>		Chair 1619 Quorum Established
	<p><b>B. Election of Board Officers</b>                      Dr. Berg announced that the election of board officers would be postponed. He mentioned that he is currently serving in a holdover capacity until the Health Care Committee confirms his position, which is expected to happen next week. Dr. Berg also noted that Dr. Jolene Aguon is up for confirmation, and they hope she will be confirmed so that the board can continue holding meetings. He emphasized the importance of ensuring that one of them is confirmed.</p>	Chair	1620	Postponed
	<p><b>C. Confirmation of Public Notice</b></p>	Chair	1620	Confirmed
II.	Adoption of Agenda	Motion to Adopt the Agenda: Dr. Berg.		GBME 1621 Adopted
III.	Review and Approval of Minutes	Draft Minutes dated August 14, 2024. Motion to Approve: Dr. Berg		GBME 1622 Unanimously Approved
IV.	Treasurer's Report	Dr. Berg presented the Treasurer's Report, explaining that the board currently lacks a Treasurer. Mr. Phil Flores, a		GBME 1624 No Report

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	<p>member of the public and a banker, previously served as Treasurer for eight years, making him an ideal choice for the role. Dr. Berg emphasized the importance of electing officers but suggested maintaining the current status until the board's composition is confirmed, including whether he will continue as a member. He also mentioned that the board is missing a public member and invited suggestions for suitable candidates. Dr. Berg specified that this public member should not work within the government of Guam but ideally interact with healthcare providers in some capacity.</p>			
V.	<p><b>HPLO Administrator's Report</b></p> <p>Dr. Berg states, the HPLO administrators report will be postponed due to the absence of Z. Pecina.</p>	HPLO	1624	No Report
VI.	<p><b>Chairperson's Report</b></p> <p>Dr. Berg provided the Chairman's Report, mentioning his recent trip to Washington, DC, where he attended a follow-up meeting on re-entry to practice, an initiative that has been ongoing for 18 months. He expressed hope that a policy on re-entry to practice would be established by the end of the year. This policy is particularly significant for Guam due to its location, which makes it challenging for individuals to participate in re-entry programs. Dr. Berg noted that Dr. Wielaard is well aware of these issues. The board is exploring the possibility of creating its own re-entry programs to provide more accessible options, ensuring they align with national policies.</p> <p>Dr. Berg stated that the board is currently prohibited from discussing the re-entry policy to prevent its premature adoption by other boards. He noted that the language for the re-entry practice policy has been carefully considered. This policy is intended to cover practitioners who have worked outside the United States in jurisdictions where the board cannot collaborate with regulatory authorities, such as Mexico, where there is no National Registered Data Bank or mechanism for conducting police clearances. This presents challenges for applicants who have been practicing in countries like Europe, Japan, or Korea, even if they are top-notch in their field and have U.S. education and experience. Despite the value of their international experience, they currently need to go through a re-entry program. Dr. Berg mentioned that defining what constitutes being "out of practice" is part of what the new policy aims to clarify.</p> <p>Dr. Berg expressed mixed emotions regarding the membership of the work groups and committees, while acknowledging the significance of Guam having representation on these groups. He highlighted that Guam's inclusion is important due to factors such as its geographical location and the large number of veterans it serves. Dr. Berg emphasized that being part of these committees gives Guam a voice in shaping national policies. He provided an example of the committee's composition, which includes high-ranking individuals such as chairs, directors, and CEOs of major organizations. Notably, members include the chair of the Massachusetts board, who is also the chair-elect of the Federation of State Medical Boards, representing around one million physicians. Other representatives come from the American Medical Association, the American College of Physicians, the New York State Board, the American Academy of Pediatrics, and the National Committee on Certification of Physicians Assistants. The committee also includes members from the American Osteopathic Association, as well as leaders from various state</p>	Dr. Berg	1625	Noted, the Board has Expressed Interest in Beginning a Physicians Health Program and a Re-entry Program

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	<p>boards and the Federation of State Medical Boards, underscoring the committee's importance in the national healthcare landscape.</p> <p>Dr. Berg explained that the work group's output would be elevated to a higher level before becoming the recommended policy for the member boards of the Federation of State Medical Boards, including a period for public comment. He also discussed his meetings with Eric Kramer, a physician assistant from Oregon, and Don Morton-Rios of the National Commission Certification of Physician Assistants. Dr. Berg pointed out that most boards include physician assistants within the same board as physicians, whereas Guam is one of the few boards that does not follow this practice. He suggested that this situation is not ideal, as it results in physician assistants being placed on boards led by professionals from unrelated fields, such as psychologists and veterinarians. He requested that P. Camacho address this issue with the relevant authorities, emphasizing the importance of incorporating physician assistants under the Guam Board of Medical Examiners and ensuring they have a guaranteed seat on the board. Dr. Berg mentioned that podiatrists, although fewer in number, are technically podiatric surgeons and should not be placed on boards with veterinarians or psychologists, as it is not appropriate. He clarified that this is not meant to offend those professionals but to emphasize that such arrangements are unsuitable.</p> <p>Dr. Berg mentioned his meeting with Chris Bundy, the head of the Physician Health Program, emphasizing the significance of establishing such a program in Guam. He noted that Guam is one of only four jurisdictions, out of the 70 boards and 57 jurisdictions under the Federation of State Medical Boards, that does not have a physician health program. Nebraska and Wyoming are the only two states without one, with Wyoming being notably small and Nebraska traditionally managing it through their board. Given Guam's small size, Dr. Berg discussed the challenges of setting up a program with Bundy, who, as president of the Association of Physician Health Programs, provided a contact for a potential consultant to help establish the program. They discussed the idea of including various licensed professionals, such as social workers, veterinarians, psychologists, and others, potentially forming a broader professional health program rather than one solely for physicians. Dr. Berg intends to pursue this, recognizing that while physicians have unique needs that can be specifically addressed, combining efforts for a comprehensive professional health program could be beneficial.</p> <p>Dr. Berg stated that he plans to brief Z. Pecina on the meeting once she is available and then follow up with Chris Bundy to explore the possibility of hiring a consultant from Washington State, who previously led their Physician's Health Program, one of the most highly regarded programs in the country. He noted that while Tennessee initially considered helping, they simply do not have the necessary resources. As a side note, Dr. Berg informed P. Camacho about a physician they are currently dealing with from GMH. He mentioned having spoken with the head of the Georgia board, who offered to act as a liaison to see if the Georgia Physician's Health Program can assist, potentially enrolling the physician, even informally, into their program. Dr. Berg emphasized that evidence suggests physicians</p>			

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	<p>involved in health programs tend to have better recovery outcomes and long-term stability in the profession.</p> <p>Dr. Berg explained that physician health programs generally operate in conjunction with medical boards. He described a scenario where a physician experiencing severe mental health issues, such as depression, might feel unable to practice safely. In such cases, there may be a need for the physician to enter a health program that addresses mental health and substance abuse issues, with substance abuse being particularly prevalent. These programs are designed to support physicians in managing their health and ensuring they can practice safely.</p> <p>Dr. Sidell interjected, explaining that the term "diversion" refers to shifting an individual from the main board to a program more focused on recovery and maintaining their well-being. Dr. Berg responded, noting that the term "diversion" might be misunderstood due to its broader connotations, such as those used by the DEA. He clarified that if a physician self-reports to a Physician Health Program (PHP), the board typically does not get involved unless the physician fails to meet the PHP's requirements. For instance, if the PHP mandates that the physician work part-time, the board will not intervene as long as the PHP's conditions are met. Dr. Sidell agreed with this understanding and added that these programs possess significant expertise in creating frameworks for continued success after rehab, highlighting their potential value in addressing gaps in support for physicians.</p>			
VII.	<p><b>Old Business</b></p> <p><b>A. Complaint(s):</b></p> <p><b>1. GBME-CO-20-005 – Received: 09/18/2020.</b>  Dr. Berg reported that the board is currently awaiting funding to hire a pediatric hospitalist as an outside consultant, as they do not currently have one. T. Hattori responded that a second opinion had been requested at the last meeting and that the board is waiting for funds in the new fiscal year to begin the process, which is unlikely to start before October 1.</p> <p><b>2. GBME-CO-2022-010 – Received: 06/21/2022.</b>  Dr. Berg reported that the board is still waiting for a legal opinion. T. Hattori indicated that the memo had been sent to the Attorney General's office, and they are awaiting a response. Dr. Berg asked Attorney G. Botha about the expected timeline for resolving the case. Attorney Botha mentioned that there had been previous discussions regarding the labelling of records and whether additional records from GRMC could be released. He recalled that there were questions about whether certain records were labelled as peer-reviewed and thus not releasable. He also noted that GRMC has its own counsel and suggested that Mr. Wielaard might be able to provide further insights.  Dr. Berg responded that Dr. Wielaard should not comment on the issue because he is serving on the board in his capacity as a physician, not as a representative of GRMC. Dr. Berg then addressed two issues: First, he noted that Dr. David will not seek reappointment to the board, so the case will need to be reassigned. He requested that T. Hattori reassign the case and ensure it is handled by someone who has no conflicts of interest. Second, Dr. Berg emphasized the need for clarification on what records the board can request,</p>	<p>GBME</p> <p>Dr. Cruz</p> <p>Dr. David</p>	<p>1631</p>	<p>On-going, the Board is Waiting for Funding for Outside Consultant</p> <p>In Progress Awaiting Legal Counsel. Medical Records Pertaining to the Case Have Not Been Submitted to the Board</p>

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		<p>particularly regarding peer review records, and whether such requests can be made from government hospitals.</p> <p>G. Botha replied that he will look into the matter, although he is not assigned to it. He mentioned that someone is working on drafting an opinion on behalf of the Attorney General, and while it may not address all the issues raised, it does touch upon the peer review records and their potential release. He noted that GMH's own counsel might have different views on whether peer review records can be released and promised to follow up on the status of the AG's opinion.</p> <p>Dr. Berg agreed and instructed T. Hattori to reassign the case and keep the complainant informed about the progress. He also requested that T. Hattori update the complainant on case GBME-CO-20-005, explaining that the board is waiting for funding to proceed.</p>		
		<p><b>3. GBME-CO-2023-004 – Received: 07/31/2023</b>            Dr. Berg reported that case GBME-CO-2023-004 is not currently a formal complaint but rather a matter that the complainant's family wanted him to review. Since the family is off-island and has not yet returned, a meeting to discuss the case has not been set up. The family has not expressed any urgency regarding the timeframe. Dr. Berg stated that he is willing to wait until it is convenient for the family to meet and suggested keeping the case on the agenda for the time being, as it has been for most of the year. He emphasized that there is no harm in this approach given the family's preferences.</p>	Dr. Berg	No Report, On-going
		<p><b>B. Accusation: GBME-001-2023</b>            T. Hattori stated that the accusation GBME-001-2023 will be tabled until there are enough board members present to vote on it. Since Dr. Berg is recused from the matter, there are not enough members available to reach a quorum for voting. Dr. Berg confirmed that, due to his recusal, there is nothing that can be done at this time, leaving only three members available. He expressed hope that the issue will be addressed in the following month.</p>	B. Sablan	Ongoing Pending More Members in Order to Vote.
<b>VIII</b>	<b>New Business</b>	<p><b>A. Application for Full Licensure:</b></p> <p><b>1. Keng-Chih Su</b>            Dr. Berg reviewed the qualifications of Keng-Chih Su, noting that he is a highly trained and qualified pathologist with no complaints on the National Practitioner Data Bank and has completed three fellowships. Although there was a period when he was assigned clinical cases alongside research during one of his fellowships, this is not considered problematic, and he has had no issues since then. Dr. Berg observed a discrepancy between the FCVS and SCVS records regarding special requirements imposed on Keng-Chih Su. Despite this, Dr. Berg concluded that Su is clearly qualified and proposed a motion to grant him licensure, pending Dr. Berg's review of the additional information Keng-Chih Su submits to the FCVS.</p>		1649
			GBME	Unanimously Conditionally Approved Pending Review of FCVS

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	<i>Motion to Conditionally Approve Pending Review of FCVS: Dr. Berg; 2<sup>nd</sup>: Dr. Sidell</i>			
	<b>B. Application(s) for Reinstatement of Licensure:</b>			
	1. <b>Mohammad Madantschi</b> <i>Motion to Approve: Dr. Berg; 2<sup>nd</sup>: Dr. Wielaard</i>	GBME		Unanimously Approved
	2. <b>Craig A. Sable</b> <i>Motion to Approve: Dr. Sidell; 2<sup>nd</sup>: Dr. Wielaard</i>	GBME		Unanimously Approved
	<b>C. Collaborative Practice Agreement</b>			
	1. <b>Dennise E. Salazar, PA-C</b> Dr. Berg has signed off on this collaborative practice agreement. <i>Motion to Approve: Dr. Berg; 2<sup>nd</sup>: Dr. Wielaard.</i>	GBME		Unanimously Approved
	<b>D. IV Hydration Regulation</b> Dr. Berg states that Z. Pecina will report on this in the next month's meeting.	Z. Pecina		No Report
IX.	<b>Announcement</b> Next regularly scheduled board meeting: Wednesday, October 09, 2024, at 4:00 pm.  Dr. Wielaard first addressed the board's discussion on peer review records, stating that GMH will vigorously resist and use all legal means to avoid releasing peer review information to any government organization, regardless of the board's attorney's advice.  He then clarified a point regarding a previous complaint, noting that the issue was not related to HIPAA but rather to peer review records. Dr. Wielaard suggested that the board consider a new approach to advancing the complaint, given that it is unlikely they will obtain the peer review records in question.  Dr. Berg acknowledged Dr. Wielaard's clarification and confirmed that the complaint will move forward. He noted that T. Hattori will assign someone to handle it and emphasized that the board's action should not override the rules and regulations of hospitals, including those related to HIPAA and peer review. Dr. Berg requested that T. Hattori promptly assign the appropriate person to review the case and proceed quickly. He hoped that, if everything goes smoothly, the matter could be addressed by the following month, depending on the records. He also recognized that miscommunication had initially caused delays, which were later clarified after the case was forwarded to the Attorney General's office..	GBME	1700	Set Meeting Time. All other Comments were Noted
X.	<b>Adjournment</b> <i>Motion to Adjourn: Dr. Berg</i>	GBME	1711	Adjourned

Minutes Drafted by: FLAME TREE Freedom Center, Inc.

Date Submitted:

Submitted by the GBME Secretary:

Date:

Approved by the GBME with or without changes: 

Date: 10/23/24

Certified by or Attested by the Chairperson: 

Date: 10/23/24