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Fagaalu, American Samoa 96799

RE: American Samoa Medical Care Authority (ASMCA) and University of California, Irvine Medical Center (UCIMC) Agreement.

Hi John,

I would like to take this opportunity to provide an update on the progress of the Agreement signed between ASMCA and UCIMC, share common concerns, and propose some constructive future steps towards implementing our Agreement in its totality and within its letter and spirit. As you are well aware the ASMCA-UCIMC Agreement covers the areas of off-island patient care at UCIMC, medical education/staff development activities, development of research/service programs and grant-writing, and miscellaneous activities directed towards but not limited to infrastructure development.

Off-Island Patient Care at UCIMC

Over the past 10 months we have provided care to an average of two (2) patients per month as referred by LBJ Hospital, with month-to-month referrals ranging from 0-4. In the most part, the referral program seems to have worked reasonably well.

Both parties have expressed some concerns in this element of the Agreement. First, LBJ Hospital has expressed a concern regarding the cost of care at UCIMC. On UCIMC's part, we are cognizant of this concern and, as I had mentioned during my discussions with you on 10/1/01, we are willing to discuss this issue to achieve a mutually beneficial resolution. However, for UCIMC to enter meaningful discussions we need to understand the full extent of and specific issues that have elicited the concern. As you are well aware, prior to our institutions signing the Agreement we had requested patient care cost data from LBJ Hospital so we could define competitive and mutually acceptable patient care rates; unfortunately, the data were not available. Second, UCIMC has expressed concern regarding the inconsistent number of month-to-month referrals treated at our hospital. The uncertainty in the number of referrals precludes us from hiring appropriate staff (a bilingual office staff and a grant writer) and building on the cost-free elements of our Agreement (i.e., Administrative Residency Program). Third, both our institutions have also recognized the need to find affordable long-term housing for patients

whose treatments require extended stay in the mainland. Our office has continued to work with you to explore all possible options regarding the housing needs of your patients.

Medical Education/Staff Development

The medical education/staff development efforts have focused on three crucial areas: Undergraduate Medical Education Program, Administrative Residency Program, and the Samoan Scholars Fellowship Program. Two additional areas, the Physician Accreditation Program and UCIMC Resident Exchange Program, are currently under discussion. Besides these efforts, which are in various stages of implementation, we at UCIMC are still committed towards implementation of the "visiting-faculty" program whereby UCIMC physicians spend time at LBJ Hospital providing continuing medical education (CME), grand rounds, and patient care services.

1. Undergraduate Medical Education Program. To reiterate, under this program, UC Irvine's College of Medicine would make every effort to increase the number of medical student enrollment at our medical college by two (2) seats, which would be specifically reserved for students from American Samoa or those identified by the ASMCA. Our efforts towards implementation of this program are well underway. The Dean of UC Irvine's College of Medicine, Dr. Tom Cesario, has been able to obtain the necessary approval for the proposal from the campus-based committees and the proposal has been forwarded to the Office of the President in Oakland, California. We look forward to a positive response to our proposal and anticipate implementation of the program for the 2002 academic year (August 2002).

During my meeting with you on 10/1/01, I shared with you the need for ASMCA to develop guidelines for the selection of suitable candidates who can benefit from this program. In addition, I shared with you that ASMCA needs to develop a mechanism under which Samoan medical students trained as doctors at UCIMC are obligated to serve in American Samoa. Furthermore, I also shared our concern that non-implementation of our Institutional Agreement in its totality may jeopardize the implementation of this program.

At this point in time, I would like to reiterate UCI's intentions to have a long-term view on the undergraduate medical education program, wherein we would develop strategies to ensure that potential medical students have appropriate pre-medical qualifications to position them favorably in the demanding medical education environment. These strategies would include but not be limited to collaborative pre-medical programs with the American Samoa Community College or transfer of American Samoan students studying in the US mainland to UC Irvine for the completion of their premedical education.

2. Administrative Residency Program. Under this program we have extended an open invitation to the ASMCA and LBJ Hospital leadership to visit and interact with UCIMC's administrators and managers, and gain access to our policies and procedures, strategic plans, and operating manuals. Furthermore, we hope that through these visits and exchange of documents, ASMCA and LBJ Hospital maintain on-going dialogue with their counterparts at UCIMC. You have availed yourself this opportunity during your two-week visit to our hospital. We have discussed the possibility of Mr. Wolf and Ms. Jane Neru visiting our institution. We look forward to their visits and those from other administrators and managers from your institution.

3. Samoan Scholars Fellowship Program. The program, which is offered by the Department of Family Medicine at UCIMC is focused towards the provision of clinical, research, and medical education training to all non-US trained physicians employed at LBJ Hospital. To date, two (2) physicians, Drs. Aoelua and Fuimaono, have graduated through the program and their progress evaluations were submitted to you on 10/1/01.

You have articulated some concerns regarding this program. First, you indicated that UCI had promised to assist in securing funding for this program. Based on my recollections and notes of our meetings in October and November, 2000, it was my understanding that LBJ Hospital had a budget for staff development and CME activities. The issue of UCIMC and LBJ Hospital working collaboratively to secure grants is addressed in greater detail below. Second, there was some concern expressed regarding the lack of direct clinical experience afforded to the physicians. As you have rightly acknowledged, due to licensing and liability issues, non-US trained physicians cannot provide direct clinical care but can gain invaluable clinical experience through participation in clinics, grand rounds, evaluation of standardized patients under direct supervision, and through OSCE evaluations.

We specially structured the Samoan Scholars Fellowship Program's 12-week curriculum (after your prior review and approval) with the aim to provide your physicians maximum exposure to as close an actual clinical interaction as possible. Additional facets of the curriculum provided your physicians with leadership and educational skills in peer-education techniques and practice of evidence-based medicine. Lastly, the curriculum provided the physicians with research skills and training to the extent that both of them developed strong research projects which, if given appropriate support and encouragement, can directly impact (a) physicians' patient management practice for two commonly encountered conditions in American Samoa according to standard evidence-based guidelines; and (b) cost of care in terms of expensive prescriptions and physician time. Based on the experiences of Drs. Aoelua and Fuimaono, we are open to discussions to further strengthen the Family Medicine curriculum to meet the unique needs of your physicians.

4. Physician Accreditation Program. As per our conference call meeting in August, 2001 between Dr. Manetta, Dr. Saleapaga, and the two of us, we have proposed to design and implement a Physician Accreditation Program in American Samoa to complement the activities conducted under the auspices of your licensing authority and the hospital's physician evaluation procedures. The objective of the program would be to objectively assess the quality of your physicians on a regular basis based on standard evaluation protocols. The program can provide the ASMCA and LBJ Hospital leadership, as well as the licensing bodies, quantitative data on the clinical acumen of the physicians practicing medicine in American Samoa. The program could provide vital data for physician recruitment, promotion, and identify specific areas for CME activities. The program would be modeled after the one in existence in the US mainland but suitably modified to meet the unique needs of American Samoa.
5. UCIMC Resident Exchange Program. Over the past year, we have had discussions regarding UCIMC Residents completing electives in Tropical Medicine at LBJ Hospital. As per our more recent discussions, I had requested a curriculum from you for such an elective before Dr. Manetta could work with you to develop an inter-institution agreement for this program. Three residents in Family Medicine had explicitly expressed an interest in conducting their electives at LBJ Hospital. The lack of timely feedback on the curricu-

lum has precluded the residents from making firm commitments to fulfill their elective requirements at LBJ Hospital. The residents have to identify their schedule prior to new academic calendar which at UCI is on a September to August cycle. We look forward to continuing efforts in institutionalizing a regular visit of UCIMC residents to LBJ Hospital.

Research/Service Program and Grant-writing

As per our Agreement, UCIMC and LBJ Hospital are to collaboratively develop research and service program grants. As noted elsewhere, you have expressed concern regarding implementation of this component of the Agreement. I would like to appraise you of efforts made by UCIMC to meet our commitment towards the grant-writing efforts.

First, we submitted two grants to private foundations aimed at the development, implementation, and evaluation of composite (educational and clinically-oriented) chronic disease management programs that positively impact both the quality of care delivered and cost of care. Unfortunately, our grants were not funded. We will continue to pursue such opportunities.

Second, during my meeting with you on 10/1/01, I shared with you a couple of Requests for Proposals (FRP). I was hoping to elicit your interest in the programs for the development of an electronic infrastructure for a medical library at LBJ Hospital. Furthermore, as I had shared with you prior to my visit to American Samoa, I had hoped to discuss with you and your grant writers granting opportunities based on specific needs as identified by your leadership. As you are well aware, we could not schedule a meeting to discuss these issues.

Third, we have identified a small sum of money which will permit us to retain the services of a professional grant writer. We hope to receive some direction from you and ASMCA leadership on specific areas of needs for a grant. As I have indicated elsewhere, we had hoped to utilize some of the revenues generated through patient care services provided through the off-island referrals at UCIMC to have a fully funded grant writer dedicated towards developing research and service oriented grants that address your needs.

Infrastructure Development

Based on the needs identified by LBJ Hospital, we have offered technical assistance proposals towards LBJ Hospital's pathology lab and radiology unit, and more recently, initiated discussions on the development of a medical library at the hospital.

The proposal for the pathology lab identified UCI as assuming Directorship of the lab, implementing standard operating procedures, evaluating equipment and supply needs, training personnel, serving as a standard reference lab, providing regular on-line and in-person consultation, site-visits, and ensuring the compliance with all federal quality assurance standards and guidelines. Due to the cost quoted for these services, you have requested us to defer submission of the detailed proposal. It would be more beneficial to us if you could identify either which services are most urgently needed and/or the budget within which you feel comfortable to operate.

We have also has some preliminary discussions on technical collaboration between UCIMC and LBJ Hospital's radiology unit. The core issue under discussion is UCIMC's capabilities to provide on-line (through the internet) technical and professional interpretation of all digital films generated at LBJ Hospital.

Based on discussion with Drs. Aoelua and Fuimaono, we have collected a substantial number of medical textbooks and CME videos and software. We are awaiting direction from you on how best to ship them to American Samoa. Furthermore, as mentioned earlier, the two FRPs for development of medical library were aimed towards establishment of a state-of-the-art medical library at LBJ Hospital.

Future Steps

As is apparent in this summary, one of the major impediments towards the successful implementation of our Agreement are the financial constraints faced by LBJ Hospital. For us to realize the full potential of the Agreement it is imperative we devise strategies that go beyond fund-raising for project/program specific activities which by their very nature are, in the most part, limited in viability.

To address the financial constraints and develop a more global fund-raising plan, I would like to reiterate a proposal I mentioned during our meeting on 10/1/01. All the elements covered in the existing ASMCA-UCIMC Agreement are articulated in ASMCA's draft (pending approval from the ASMCA Board) Strategic Plan which you kindly shared with me on 10/2/01. The Strategic Plan in its current form is more of a "wish" list. I propose we carefully identify the overlapping elements contained within the Agreement and the Strategic Plan in the areas of medical education/ staff development, infrastructure development, and research and programmatic development. Once done, we should develop a time-bound, action-oriented, objective-driven proposal to accomplish the stated goals of the Agreement and the corresponding elements contained in the Strategic Plan. I further propose we submit the proposal to the Department of Interior for both their support and endorsement of the plan, and for potential funding for portions of the proposal. Lastly, given that the proposal addresses ASMCA's strategic goals and long-term objective to provide quality care to the indigenous peoples of American Samoa in a cost-effective and technology advanced manner, I propose we seek Congressional appropriations for the proposal. I had hoped to have initial discussions with you on this proposal but was unsuccessful in scheduling a meeting with you for three consecutive days.

The proposal would need to be developed jointly with UCIMC working under the guidance and advice of the ASMCA and LBJ Hospital leadership. Furthermore, and most importantly, I would like to state that this joint global strategy to address the needs of LBJ Hospital should not and will not undermine ASMCA and LBJ Hospital's preeminent position and responsibility as a provider of much needed quality health care to the peoples of American Samoa.

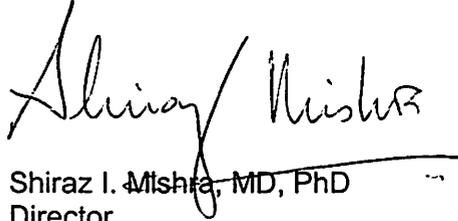
The merits of this proposal include the potential of receiving a block of monies that could address all or large portions of both ASMCA's Strategic Plan and ASMCA-UCIMC Agreement. The effort would require considerable amount of ground work, planning, networking, and the utilization of all our political and advocacy resources in American Samoa, California, UC Irvine, and Washington, DC. The institutions involved in this effort would include, besides UCIMC and ASMCA, the National Office of Samoan Affairs (Ms. Pat Luce).

At UCIMC, we are willing to take the initiative, under ASMCA and LBJ Hospital leadership's guidance, towards the development, implementation, and management of this proposal. However, before we embark on this endeavor, given the efforts required, we would like to have detailed discussions on, besides the nature of the proposal, assurances and agreement between ASMCA, LBJ Hospital, and UCIMC of our unflinching commitment towards implementation of the existent Agreement while the above-discussed comprehensive fund raising plan is

developed and implemented. If this plan is worthy of your consideration, we are willing to visit American Samoa at the earliest convenient date to discuss the next steps.

Thank you for your continued support and commitment towards our shared goals and vision. I look forward to your response.

Sincerely,

A handwritten signature in black ink that reads "Shiraz I. Mishra". The signature is written in a cursive style with a long horizontal line extending from the end of the name.

Shiraz I. Mishra, MD, PhD
Director,
Clinical, Medical Education, and Research Services, Pacific Region

cc:

Joe Periera, Chairman, ASMCA Board of Directors
Larry Gold, Vice President, International Relations, UC Irvine