

Messages & Communications Doc. No. 38GL-26-2219 through 2229.

From 38th Committee On Rules <committeeonrules@guamlegislature.gov>
 Date Thu 4/23/2026 11:12 AM
 To Guam Legislature Clerks <clerks@guamlegislature.gov>
 Cc Frank Blas Jr. <speakerblas@guamlegislature.gov>

6 attachments (24 MB)

42326COMM Doc. No. 38GL-26-2220.pdf; 42326COMM Doc. No. 38GL-26-2221.pdf; 42326COMM Doc. No. 38GL-26-2223.pdf; 42326COMM Doc. No. 38GL-26-2222.pdf; 42326COMM Doc. No. 38GL-26-2224.pdf; 42326COMM Doc. No. 38GL-26-2225.pdf;

Háfa Adai Clerks Office,

Please see attached, Messages & Communications Doc. No. 38GL-26-2219 through 2229 for processing:

✓	38GL-26-2219	Department of Agriculture	Prior Year Obligations to pay Guam Home Center in the total amount of \$131.97; to pay The Guam Daily Post LLC in the total amount of \$224.00*
✓	38GL-26-2220	Guam Community College	Board of Trustees Meeting Packet for March 19, 2026*
✓	38GL-26-2221	Office of the Mayor - Municipality of Inaláhan	FY2026 Non-Appropriated Funds Report- 2nd Quarter*
✓	38GL-26-2222	Office of the Mayor - Municipality of Inaláhan	FY2026 Appropriated Funds (COMBS-GF- GEFF) Account for 2nd Quarter*
✓	38GL-26-2223	Guam Environmental Protection Agency	FY2026 2nd Quarter Board of Directors Quarterly Attendance Record for Regular Meetings.
✓	38GL-26-2224	Bureau of Budget and Management Research	Status of the Consolidated Revenue/Expenditure Report (CRER) and Special Revenue Fund Tracking Report for the period ending March 31, 2026*
✓	38GL-26-2225	Port Authority of Guam	FY2026 Revenues and Expenses Report for month ending December 31, 2025*
✓	38GL-26-2226	Office of the Mayor - Municipality of Malesso'	FY2026 Appropriated Funds (COMBS-GF- GEFF) Account for 2nd Quarter*
✓	38GL-26-2227	I Kumisión i Fino' CHamoru yan i Fina'ná'guen i Historia yan i Lina'la'i Taotao Tãno'	Prior Year Obligations to pay Kumisión Board Members in the total amount of \$300.00*
✓	38GL-26-2228	Office of the Governor of Guam	FY2026 2nd Quarter Staffing Pattern*
✓	38GL-26-2229	Guam Memorial Hospital Authority	FY2026 2nd Quarter Travel Report*

Please retrieve Doc. No. 38GL-26-2219, 2226 through 2229 from link below:

[Messages & Communications Physical Scanned Copy - Google Drive](#)

Kindly reply to this email



Si Yu'os ma'ãse',

Marie Crisostomo

Committee on Rules Assistant

COMMITTEE ON RULES

Vice Speaker V. Anthony Ada, Chairperson

I Mina'trentai Ocho Na Liheslaturan Guåhan

38th Guam Legislature

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Messages and Communications 38GL-26-2229.

2 messages

Speaker Frank Blas Jr. <speakerblas@guamlegislature.gov>
 To: 38th Committee On Rules <committeeonrules@guamlegislature.gov>, Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>

Wed, Apr 22, 2026 at 12:50 PM

Håfa Adai,

Please see attached M&C Doc. No. 38GL-26-2229

38GL-26-2229	Guam Memorial Hospital Authority	FY2026 2nd Quarter Travel Report*
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*Si Yu'os Ma'åse'**Bernice Rivera*

Administrative Assistant



Office of Speaker Frank F. Blas, Jr.

I Mina'trentai Ocho na Liheslaturan Guåhan 38th Guam Legislature

Guam Congress Building, 163 Chalan Santo Papa, Hagåtña

(671)969-6456

speakerblas@guamlegislature.gov

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38GL-26-2229.pdf
8432K

38th Committee On Rules <committeeonrules@guamlegislature.gov>
 To: "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>

Wed, Apr 22, 2026 at 12:59 PM

Håfa Adai,

Received, and thank you.

*Si Yu'os ma'åse',*

Marie Crisostomo

Committee on Rules Assistant

COMMITTEE ON RULES

Vice Speaker V. Anthony Ada, Chairperson

*I Mina'trentai Ocho Na Liheslaturan Guåhan**38th Guam Legislature*

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GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDÁT ESPETÁT MIMURIÁT GUAHAN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508



April 10, 2026

38GL-26-2229

OFFICE OF THE SPEAKER
FRANK F. BLAS JR.

VIA HAND DELIVERY

The Honorable Frank Blas, Jr.
Senator and Legislative Speaker
Chairperson of Committee on Rules
Thirty-Eighth Guam Legislature
Guam Congress Building
163 Chalan Santo Papa
Hagåtña, Guam 96910

APR 22 2026

Time: 9:42 A.M.
Received: Judy Shackley

Hafa Adai Speaker Blas:

Buenas yan Saludu! In accordance with Public Law 36-107, Chapter XIII, Part II, Section 17 regarding Reporting Requirements for Travel, the Guam Memorial Hospital Authority is submitting herewith the FY2026 second (2nd) quarter report of all off-island government travels. Also attached are the trip report of the travelers regarding the conferences and trainings attended.

Please feel free to contact me or Ms. Yukari Hechanova, Chief Financial Officer at (671) 648-6746, if any further information is required.

Si Yu'us Ma'ase'.

Senseramente,

JOLEEN M. AGUON, MD
Interim Hospital Administrator/CEO

JMA/YBH:cc
Attachments
Admin Repository #A2026-943

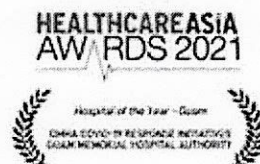
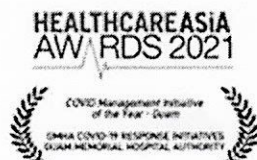
cc: GMHA Board of Trustees



38GL-26-2229
Messages and Communications

RECEIVED
COMMITTEE ON RULES
April 22, 2026

12:50 p.m.
Marie Crisostomo



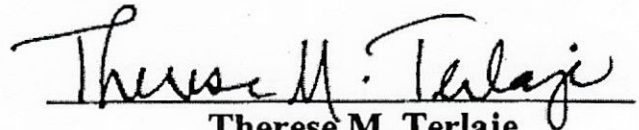
FY 2026 GMHA 2ND QUARTER OFF-ISLAND TRAVEL REPORT

Traveler's name & Title	Purpose and Location of Travel	Source of Funding	Travel Amount
Joleen M. Aguon, MD, Interim Hospital Administrator/CEO	(1) Accompanied Governor Lou Leon Guerreo and the Guam Delegation to attend the Interagency Group on Insular Areas IGIA meeting in Washington, D.C. to discuss strategic alignment for GMHA infrastructure, EHR procurement, and federal grant advocacy; and (2) Attended meeting with USC Keck Medicine in Los Angeles, CA	Hospital Operating Fund	\$6,648.15
Manny Gabriel, Hospital IT Administrator	(1) Accompanied Governor Lou Leon Guerreo and the Guam Delegation to attend the Interagency Group on Insular Areas IGIA meeting in Washington, D.C. to discuss strategic alignment for GMHA infrastructure, EHR procurement, and federal grant advocacy; and (2) Attended meeting with YSC Keck Medicine in Los Angeles, CA	Hospital Operating Fund	\$6,517.35
Joleen M. Aguon, MD, Interim Hospital Administrator/CEO	Attended the VIVE Event 2026 "Where Digital Health Execs Go to Do Business" in Los Angeles, CA	100% funded by the Office of Insular Affairs 2026 Technical Assistance Program (TAP) Grant	\$5,965.83
Manny Gabriel, Hospital IT Administrator	Attended the VIVE Event 2026 "Where Digital Health Execs Go to Do Business" in Los Angeles, CA	100% funded by the Office of Insular Affairs 2026 Technical Assistance Program (TAP) Grant	\$5,930.34
Aida Corell Yap, Clinical Nurse Informatics Supervisor	Attended the VIVE Event 2026 "Where Digital Health Execs Go to Do Business" in Los Angeles, CA	100% funded by the Office of Insular Affairs 2026 Technical Assistance Program (TAP) Grant	\$3,999.87
			\$29,061.54

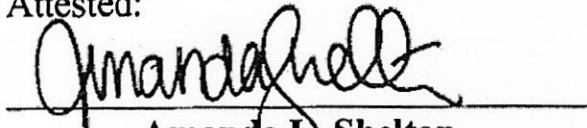
I MINA'TRENTAI SAIS NA LIHESLATURAN GUÅHAN
2022 (SECOND) Regular Session

CERTIFICATION OF PASSAGE OF AN ACT TO I MAGA'HÅGAN GUÅHAN


This is to certify that **Substitute Bill No. 276-36 (COR), "AN ACT MAKING APPROPRIATIONS FOR THE OPERATIONS OF THE EXECUTIVE, LEGISLATIVE, AND JUDICIAL BRANCHES OF THE GOVERNMENT OF GUAM FOR FISCAL YEAR ENDING SEPTEMBER 30, 2023, MAKING OTHER APPROPRIATIONS, AND ESTABLISHING MISCELLANEOUS AND ADMINISTRATIVE PROVISIONS,"** was on the 31st day of August 2022, duly and regularly passed.


Therese M. Terlaje
Speaker


Attested:


Amanda L. Shelton
Legislative Secretary

This Act was received by *I Maga'hågan Guåhan* this 31 day of Aug,
2022, at 10:34 o'clock P.M.


Assistant Staff Officer
Maga'håga's Office

APPROVED:


Lourdes A. Leon Guerrero
I Maga'hågan Guåhan

Date: 9/12/2022

Public Law No. 36-107

ROUD AT GENERAL FILE
SEP 1 '22 09:20

Elaine Tajalle

1 (a) a schedule of personnel count indicating the number of filled
2 positions by department, fund source, and amount expended as of September
3 30, 2022; and

4 (b) a combined schedule of expenditures, encumbrances, and
5 continuing appropriations by department, fund source, and object
6 classification as of September 30, 2022.

7 **Section 17. Reporting Requirements for Travel.** All governmental entities
8 (including line and autonomous agencies), instrumentalities, and public corporations
9 shall submit a quarterly report of all off-island government travel that is publicly
10 funded during Fiscal Year 2023. This report shall be submitted to the Speaker of *I*
11 *Liheslaturan Guåhan* and shall include:

12 the name of the traveler;

13 the source of funds;

14 the purpose of the travel;

15 the cost of the travel; and

16 individual or group reports from the travelers highlighting the impact
17 the information gathered at the conference or meeting has on the agency, and
18 how the information acquired will be beneficial to the agency's function.

19 A presentation of the information obtained from the meetings and conferences
20 may be required at the discretion of the agency's director.

21 **Section 18. Guam Police Department (GPD), Guam Fire Department**
22 **(GFD), Customs and Quarantine Agency (CQA), and Department of**
23 **Corrections (DOC) Overtime Reporting Requirements.** The GPD, GFD, CQA
24 and DOC shall submit a written report to the Speaker of *I Liheslaturan Guåhan* no
25 later than twenty (20) days after the end of each quarter in Fiscal Year 2023 which
26 shall include the amount of overtime owed to each employee at each respective
27 agency, by fiscal year in which such overtime was incurred, by division, and by



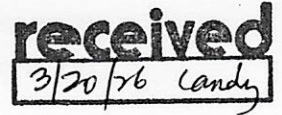
GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDÄT ESPETÄT MIMURIÄT GUÄHÄN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913
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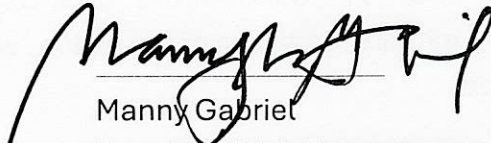


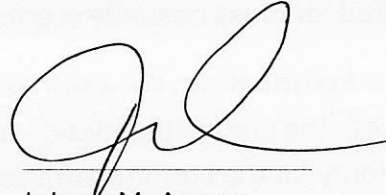
MEMORANDUM



To: File

From:


Manny Gabriel
Hospital IT Administrator


Joleen M. Aguon
Interim Hospital Administrator/CEO

Date: March 17, 2026

Subject: TRIP REPORT (Washington, D.C.): Interagency Group on Insular Areas (IGIA)
Plenary and Healthcare IT Advocacy (February 17 – 19, 2026)
USC KECK (February 21, 2026)

GMHA Delegation: Dr. Joleen Aguon, Interim CEO; Manny Gabriel, Hospital Information Technology Administrator

Purpose: Strategic alignment for Guam Memorial Hospital (GMH) infrastructure, EHR procurement, and federal grant advocacy.

I. Executive Summary

This trip facilitated high-level strategic alignment between **Guam Memorial Hospital (GMH)** and federal and territorial leadership. While efforts to establish a **joint Electronic Health Record (EHR) procurement** faced funding hurdles with regional partners, our delegation identified critical federal pathways through **Congressman Moylan's office**. These discussions moved beyond IT to address broader supply chain logistics, mass casualty preparedness, and strategic partnerships with the U.S. military.

II. Meaningful Dialogue with Guam Leadership

Meaningful dialogue was established with **Governor Lou Leon Guerrero**, the Chief of Staff, and top executives from the Department of Administration (DOA), Department of Public Health and Social Services (DPHSS), and the Bureau of Budget and Management Research (BBMR).

- **Infrastructure Priorities:** Discussions focused on the Governor's urgent mandate for a **modern medical campus**.
- **Strategic Vulnerabilities:** The group reviewed how the **COVID-19 pandemic** exposed critical gaps in Guam's healthcare infrastructure, leaving the hospital unprepared for mass casualty events.
- **Dual-Use Justification:** We emphasized that GMH infrastructure is "**dual-use**," serving both the civilian population and the military readiness of the region, which is a high priority for the current administration.

III. Joint EHR Procurement Discussions (USVI & CNMI)

Consultations were held with officials from the **U.S. Virgin Islands** and the **CNMI** to explore a multi-territory joint procurement for a major EHR system.

- **Funding Barriers:** These talks were less productive than anticipated, as both the USVI and CNMI governments reported a **lack of available funding sources** or immediate opportunities to co-invest.
- **CNMI Fiscal Distress:** The CNMI delegation noted that they just moved to a new EHR but are open to join any joint efforts to obtain a better EHR if they are able to identify funding

IV. Federal Advocacy and Grant Opportunities (Congressman Moylan's Team)

In-person discussions with **Congressman Moylan's team** turned out to be very informative, identifying several new grant and policy pathways for the hospital.

- **COFA and Migration Management:** We discussed the unique challenges posed by the **Compact of Free Association (COFA)**. A key proposal was the creation of a **checklist for requirements** that citizens of Chuuk must meet before traveling to Guam to ensure better coordination of services.
- **Logistics and Procurement Efficiency:**
 - **Military Hospital Cooperation:** We addressed current supply challenges, noting that GMHA is unable to request assistance from the **Naval Hospital** due to the lack of a formal agreement.

- **Joint Procurement:** We explored how a group procurement agreement with the Naval Hospital would be mutually beneficial, significantly reducing the high costs GMHA currently pays for shipping.
- **GSA Access:** Discussions were held regarding a potential pathway for GMHA to utilize General Services Administration (GSA) Procurement to streamline the acquisition of medical supplies and equipment.
- **Expanded Funding Sources:** The team shared details on Community Project Funding, which is Congressionally funded for projects with large community impacts.
- **Public Health Preparedness for Mass Medical Emergencies:** We engaged in strategic planning for future mass medical events, focusing on:
 - Medical Stockpiling of essential supplies.
 - Strengthening Military Partnerships for emergency response.
 - Regional Collaboration between on-island healthcare facilities, neighboring islands, territories, and even other countries.
- **Medical Staffing Integration:** We discussed the possibility of having DOD Medical Staff who require training serve temporary assignments at GMH, which would assist with hospital staffing while providing military personnel with diverse clinical experience.

V. Next Steps

- **Agreement Drafting:** Coordinate with the Governor's office to begin a formal request for a joint procurement agreement with the Naval Hospital.
 - **Grant Strategy:** Evaluate specific hospital projects for Community Project Funding and TAP grants.
 - **DOD Coordination:** Follow up with Congressman Moylan's team and military leadership on the legal framework for DOD medical staff temporary assignments at GMHA.
-

TRIP REPORT: Strategic Partnership Visit with USC Keck Medicine

GMHA Delegation: Dr. Joleen Aguon; Manny Gabriel (Hospital IT Administrator); Paula Manzon

USC Keck Attendees: Di Wu (Program Director, International Medicine); Rene Sotelo, MD (Urologist); Cecilia / Xinrui Wang (Program Administrator, International Program)

Purpose: To explore a strategic partnership with USC Keck Medicine to address critical specialist shortages at Guam Memorial Hospital (GMHA) through visiting physicians, telemedicine, and technology integration.

I. Executive Summary

This visit established the foundation for a highly beneficial **"WIN-WIN" partnership** with USC Keck. The core strategy focuses on bringing USC Keck specialists to Guam and implementing robust telemedicine solutions to address GMHA's severe lack of Urologists, Neurologists, and Pathologists. The proposed model aims to operate at **no cost to GMHA**, while providing Keck with a new business pipeline. Crucially, we determined that **bringing a physician and their assistant to Guam (which includes local training benefits) is significantly cheaper than sending our patients out to California**, effectively solving the issue of Guam patients who refuse to leave the hospital for off-island care. This initiative aligns directly with the Governor of Guam's urgent mandate to modernize our healthcare infrastructure and ensure healthcare security for the region.

II. Medical Staffing & Specialist Recruitment Strategy

A major focus of the meeting was navigating the logistics of bringing highly qualified specialists to Guam.

- **Pending Legislation:** The success of this initiative heavily relies on a pending local law regarding medical licensing. If passed, Dr. Rene Sotelo committed to helping GMHA find Urologists from all over the world.
- **Political Hurdles:** We discussed the reality that if this law passes, it may be perceived as a **threat to local/U.S. licensed doctors**. Strategic communication will be needed to gain local buy-in.
- **Logistics & Incentives:** Visiting doctors will need a Guam license, must travel with an Assistant or Fellow, and require local housing (which will need new management outside of Keck). To incentivize these doctors, the proposal

suggests having them perform these rotations while on their **Paid Time Off (PTO)**.

- **Alternative Staffing:** The use of **Senior Fellows** (who are not fully licensed attending physicians) may be an acceptable alternative to bridge staffing gaps.
- **Facility Agreements:** GMHA and participating facilities will need to formally agree upon how to handle potential financial losses associated with the program.

III. Clinical Capabilities & Equipment Needs

To support the visiting specialists, GMHA must ensure its clinical infrastructure is properly equipped.

- **Urology Focus:** Keck will provide a comprehensive list of required instruments. GMHA needs to verify if we currently have the necessary equipment to support **all types of screening, treatments for kidney stones, and female urology**.
- **Pathology Upgrades:** To address our current "No/Shared Pathologist" status, we discussed the acquisition of a **Pathology Slide Scanner**, which is estimated to cost between **\$35,000 and \$100,000**. (*Note: This could be an excellent candidate for the OIA TAP grants or Community Project Funding we recently discussed with Congressman Moylan's team*).

IV. Telemedicine & Health IT Infrastructure

As the Hospital IT Administrator, the technology and telemedicine integration discussions were highly relevant to our strategic IT roadmap.

- **Telemedicine Vendor:** Keck utilizes **Teladoc** as their primary telemedicine vendor. They offer a tablet-based option estimated at **\$500 per month**. Telemedicine consults with Keck will be conducted strictly via camera/Zoom.
- **Tele-Stroke Program:** This is a critical need. Currently, there is only 1 Neurologist on Guam (at GRMC) and **zero at GMHA**. Implementing Keck's Tele-Stroke capabilities would provide immediate, life-saving neurological consults for our patients.
- **Technology Integration:**
 - Radiology consults can be facilitated via Teladoc, Microsoft Teams, phone, or tablet.

- System integrations discussed include **PACS** (Picture Archiving and Communication System) and **Rapid software**.
- Documentation and communication workflows will need to be established utilizing a mix of Portals, SFTP (Secure File Transfer Protocol), E-mail, and E-Fax.

V. Next Steps & Action Items

1. **Data Gathering:** Pull historical hospital data from **2016-2019** (identifying "good years" pre-pandemic) to justify the business case and establish a baseline for the partnership.
2. **IT Assessment:** Begin a technical readiness assessment for the integration of Teladoc tablets, Rapid software, and external PACS access for Keck physicians.
3. **Equipment Audit:** Await Keck's official Urology instrument list and conduct an internal audit of our current inventory.
4. **Grant Alignment:** Explore available federal grant opportunities (e.g., TAP or CIP grants) to fund the \$35K-\$100K Pathology Slide Scanner and the monthly Teladoc infrastructure costs.



GUAM MEMORIAL HOSPITAL AUTHORITY

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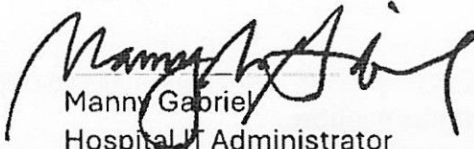
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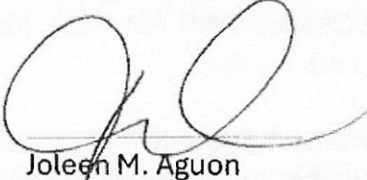



MEMORANDUM

To: File

From:


Manny Gabriel
Hospital Administrator


Joleen M. Aguon
Interim Hospital Administrator/CEO


Aida Yap
Clinical Informatics

Date: March 18, 2026

Subject: TRIP REPORT (Los Angeles, CA): VIVE Healthcare Conference (February 22 – 25, 2026)

Executive Summary

The VIVE Healthcare Conference convened influential industry leaders focused on driving integration of digital health, artificial intelligence, and patient-centered technology. The agenda prioritized responsible technology adoption to advance patient outcomes, enhance operational efficiencies, and strengthen support for healthcare professionals, particularly nurses.

Sessions reinforced the necessity for technology to augment, rather than supplant, human judgment and care delivery. Core themes centered on leveraging AI to minimize clinician administration, scaling virtual care models, improving interoperability, and embedding social determinants in strategic care planning.

The conference delivered actionable frameworks for organizations pursuing enhanced efficiency, workforce sustainability, and elevated patient experience. Strategies such as workflow redesign, remote care, and data interoperability have direct applicability to Guam Memorial Hospital Authority's strategic direction.

Conference Highlights and Key Discussions

The Evolution of Nursing in a Tech-Enabled Future

Panel Members

- Susan Grant, DPN, RN, NEA-BC, FAAN - Chief Clinical Officer - symplr
- Tonychris Nnaka, Ph.D, MPH, RN, FAAN - Assoc. Dean for Research & Assoc. Professor - UNT Health, Fort Worth, Texas
- Dr. Whitney Staub-Juergens, DNP-HSL - Chief Operating Officer, Transformation Operations - HCA Healthcare
- Dr Bonnie Clipper, DNP, MA, MBA, RN, FAAN - Founder, Virtual Nursing Academy - Innovation Advantage

This session examined the impact of technology on nursing, focusing on AI and digital health tools for clinical support and patient communication.

A key insight highlighted that current healthcare technologies often lack sufficient clinician input, leading to suboptimal workflow integration. Thought leaders called for direct nurse involvement in the design, evaluation, and deployment of clinical technologies to maximize usability and clinical impact.

AI tools can streamline documentation, summarize notes, and help nurses capture a holistic view of patient care.

Nurse governance ensures nurses contribute to technology adoption decisions.

Reimagining Nursing Workflows: Giving Time Back to Care

Panel Members

- Cheristi Cognetta-Rieke, DNP, MBA, RN - Vice Chair Nursing, Enterprise Transformation - Mayo Clinic
- Lisa Gulker, DNP, RN, ACNP-BC - Chief Nursing Executive - Oracle
- Tracy Breece, MSN, RN, CENP, NI-BC, CPHIMS - Vice President Nursing Innovation, AI & Em... - Advocate Health
- Dr. Stephen Ferrara, DNP, RN, FNP - Associate Dean of AI - Columbia University

This session addressed ways to streamline nursing workflows and minimize administrative burdens.

Speakers noted that nurses lose time due to inefficiencies and multiple systems, which contribute to burnout.

Several solutions were discussed, including:

- AI-enabled documentation and automated clinical summaries
- Ambient documentation tools that capture notes during patient interactions
- Virtual nurse assistants are integrated into electronic health record (EHR) systems.

These innovations are designed to reduce cognitive workload, empowering nurses to prioritize direct patient care. The session underscored the imperative for technology to

integrate seamlessly into workflows, delivering tangible operational improvements without increasing complexity.

Nursing and Remote Care: Expanding Care Beyond the Bedside

Panel Members

- Dr. Jane M. Mericle, DNP, MHS-CL, RN, CENP- EVP, Enterprise Chief Nursing Executive - Nemours Children's Hospital
- Emma Geiser, RN - Founder – Nurse Fern
- Angel Bozard, RN, MSN, CENP - Chief Nursing Officer - VirtuAlly
- Dr. Oriana Beaudet, DNP, RN – Vice President of Nursing Innovation - ANA

This session discussed the rising use of virtual nursing and remote patient monitoring. Virtual models support patients remotely via centralized teams and telehealth, assisting bedside nurses with administrative tasks.

Examples shared during the session included pediatric healthcare systems using command centers to monitor patients across multiple states and support earlier hospital discharge. Through remote monitoring and telehealth, patients can safely receive care at home while still maintaining access to clinical oversight.

Virtual nursing roles also create new career pathways for nurses who may want to transition away from traditional bedside roles while continuing to contribute to patient care.

When Standards Serve the Patient

Panel Members

- Matt McGarth – VP Pharmacy Solutions, Experian
- Mindy Smith – SVP, Government & Professional Affairs - AnewHealth
- John Hill – Chief Operating Officer - NCPDP
- Lisa Bari – Vice President, Policy and Partnership - Innovaccer

A panel exploring how data standards enhance patient experience.

Currently, patients often must repeat their medical histories to multiple providers because healthcare records are fragmented across different systems. This fragmentation can lead to inefficiencies, service duplication, and frustration for both patients and providers. Standards for patient ID and data exchange help share medical information across systems.

The discussion also highlighted the growing importance of incorporating social determinants of health (SDOH), such as housing stability, food security, and transportation

access, into patient data systems. These non-clinical factors can significantly influence health outcomes and should be considered when planning patient care.

Combining Automation and Human Expertise to Improve Member Services

Panel Members

- Craig M. Kierst – SVP Strategy and Growth, TAG – The Aspen Group
- Koh Kerdsri – Chief Information Officer – Clever Care Health Plan
- Annette Hill – VP of Customer Care & RNI COO – Medical Mutual of Ohio
- Tuhina Kapoor – Associate Partner – McKinsey & Company

Session addressed balancing automation and personal care in healthcare organizations. Automation technologies are increasingly used to manage routine tasks such as scheduling, data analysis, and administrative workflows. When implemented effectively, automation can free healthcare staff to focus on complex clinical issues and patient engagement.

Speakers emphasized that automation should complement, not replace, human expertise. The goal is to combine data analytics and automation with the empathy and judgment of healthcare professionals to improve efficiency and patient experience.

The session also discussed risk stratification models that use clinical and social data to identify patients who require additional support or proactive intervention.

Investing in Scalable Healthcare Innovation

Panel Members

- Antoine Curtis – Vice President, Neurosciences – UChicago Medicine

The conference also included discussions on healthcare investment and the challenges of scaling digital health innovation.

Many promising healthcare technologies remain limited to pilot programs and struggle to expand across healthcare systems. Speakers emphasized the importance of building sustainable infrastructure and aligning innovation with community needs rather than focusing solely on short-term experimentation.

Public trust and transparency were also identified as critical components for the successful adoption of digital health technologies.

This presentation explored how health systems can move beyond siloed, disease-specific AI tools to build enterprise-wide programs that drive clinical excellence, operational efficiency, and measurable financial return. Drawing on real-world neuroscience case studies at UChicago Medicine, Antoine Curtis demonstrates how scalable digital platforms

like RapidAI translate clinical impact into sustainable ROI across reimbursement, revenue growth, and system-wide performance.

Smarter RCM, Better Care for Patients (Revenue Cycle Automation)

Panel Members

- Doug Proctor– COO & Co-founder – Candid Health
- Dr. Patricia Henwood – Executive Vice President and Chief Clinical Officer – Jefferson Health
- Maneesh Goyal – COO – Mayo Clinic Platform, Mayo Clinic
- Uma Veerappan – Vice President – Flare Capital Partners

In this session, revenue cycle management innovation is finally gaining real traction as health systems turn to intelligent automation and use data to overhaul one of the most costly and inefficient parts of healthcare. With hospitals spending anywhere from 3% to 6% percent of net revenue on RCM and losing an estimated \$3 to 7 million annually due to revenue leakage, the financial stakes couldn't be higher. Modern platforms are making the biggest impact where manual workflows once dominated, automating claims processing, optimizing coding accuracy, and predicting payment outcomes before a claim goes out the door. By transforming payment uncertainty into probability, these tools help providers maximize reimbursement, accelerate cash flow, and, as a result, significantly lower collection costs. And when the revenue cycle runs smarter and faster, patients feel it too, with clearer bills, fewer surprises, and a less frustrating healthcare experience.

Agentic GenAI for Faster Claims Appeals

Panel Members

- Christopher Platt – Field Chief Technologist – Hewlett Packard Enterprise
- Sam Baker – AI Factory Principal Solution Executive – CDW Healthcare

The session highlighted HPE's Private Cloud AI platform, which enables secure and scalable deployment of healthcare AI models within hospital environments. Speakers emphasized that successful AI implementation requires continuous model evaluation, strong integration with existing systems, human oversight, and rapid feedback loops to ensure accuracy and trust in automated workflows.

Denied claims drain revenue and overwhelm already-stretched denial management teams. This session shows how an on-prem, agent-based GenAI platform—Powered by HPE—automates appeal drafting with retrieval-grounded policy reasoning, clinical evidence matching, and compliance-first guardrails. Learn how organizations can accelerate turnaround times, boost appeal success rates, and recover revenue while keeping humans firmly in control.

Speakers noted that approximately 19% of in-network and 38% of out-of-network claims are denied, creating significant administrative workload and financial impact for hospitals, estimated at roughly \$5 million annually for some organizations. Using modular AI tools such as NVIDIA NIMS, retrieval agents, and blueprint frameworks, healthcare organizations can automate components of the appeal process, including drafting appeal letters and compiling supporting documentation.

This session explored how artificial intelligence can be applied to revenue cycle management to reduce administrative burden and financial loss within healthcare systems. Presenters Sam Baker of CDW Healthcare and Christopher Platt of Hewlett Packard Enterprise (HPE) discussed solutions built on NVIDIA's AI software stack designed to automate denied claims appeals.

A key takeaway was that automation tools must integrate smoothly into existing workflows and adapt to the realities of healthcare operations to deliver meaningful value. Speakers highlighted the growing role of agentic AI systems capable of automating outcomes rather than simply completing isolated tasks. Healthcare leaders were encouraged to evaluate potential automation vendors using structured frameworks that consider operational complexity, financial return on investment, and long-term sustainability.

This seminar focused on building more effective automation strategies within revenue cycle management. Presenters mapped common operational pain points, including credentialing, eligibility verification, prior authorization, medical coding, and claims review.

AI in Surgical Transformation

Panelists stressed that successful adoption depends not only on technological capability but also on economic viability, clinical workflow integration, and behavioral change among surgical teams. Innovations such as AI-assisted blood loss measurement and enterprise-level surgical analytics demonstrate how data-driven tools can enhance both safety and efficiency in the operating room.

Examples included Medtronic's Hugo robotic surgical platform and the Touch Surgery cloud-based simulation environment used for training and surgical workflow improvement. Stryker's Mako robotic system was highlighted as an example of robotics improving surgical planning and precision, while Johnson & Johnson emphasized building integrated digital ecosystems that connect surgical devices, analytics platforms, and hospital information systems.

This panel explored the growing integration of artificial intelligence, robotics, and digital platforms in surgical care. Major medical technology organizations discussed how surgical practice is evolving toward more precise, minimally invasive procedures supported by intelligent systems.

Healthcare Innovation Partner Program

Adaptive leadership and strong collaboration between healthcare organizations and technology partners were identified as essential components of successful digital transformation.

Key themes included improving speed, precision, and person-centered care through technologies such as ambient documentation tools, clinical decision support systems, and digitally integrated care environments. Speakers emphasized that successful innovation requires addressing clinicians' concerns about AI replacing human roles and instead positioning technology as a supportive tool.

This session highlighted Advocate Health's Vibe 2026 program, which focuses on building innovation ecosystems that accelerate clinical transformation through partnerships. The program brings together healthcare systems, technology vendors, and clinical leaders to co-develop new solutions that address real operational challenges.

Venture Model Challenges in Healthcare Innovation

The panel emphasized the importance of including diverse stakeholder perspectives—including providers, patients, and policymakers—when designing healthcare innovations.

Solutions must prioritize sustainability, equity, and dignity for vulnerable populations in order to achieve long-term success.

A discussion on healthcare investment examined why traditional venture capital models often struggle to support innovation within Medicaid and other public health systems.

Speakers noted that many promising technologies remain limited to pilot programs because regulatory complexity, reimbursement uncertainty, and operational barriers make scaling difficult.

Navigating Healthcare Complexity

The conversation underscored the need for clearer care coordination, improved patient education, and integrated systems that simplify navigation through healthcare services. Digital tools and interoperability were discussed as potential ways to reduce fragmentation and help patients more easily access consistent care.

A discussion session addressed the challenges patients face when navigating complex healthcare systems. Participants highlighted how individuals with chronic or multi-system conditions often encounter fragmented standards of care, multiple providers, and conflicting clinical recommendations.

Automation and AI Strategy in Clinical Operations

Participants discussed challenges such as maintaining institutional knowledge when introducing agentic AI systems and managing performance “decline curves” as new tools are introduced. The session reinforced that automation should support human expertise rather than replace it, helping healthcare organizations address gaps in existing technologies such as electronic health records and billing systems.

This strategy-focused discussion examined how healthcare organizations are using automation to augment human tasks across clinical and operational workflows. Speakers emphasized the value of involving process experts, particularly clinicians and operational leaders, when designing automation strategies.

Relevance to Guam and the Guam Memorial Hospital Authority (GMHA)

The themes and innovations presented at the VIVE Healthcare Conference have direct and meaningful implications for the healthcare landscape in Guam and for the Guam Memorial Hospital Authority (GMHA) as the island’s primary public hospital and safety-net provider.

Workforce Sustainability and Burnout Reduction

Guam continues to face significant workforce shortages, particularly in nursing and specialized clinical roles. Conference insights highlighted the value of AI-assisted documentation, ambient technologies, and workflow automation in reducing administrative burden. For GMHA, adopting these tools could allow clinicians to spend more time on direct patient care, improve job satisfaction, and support workforce retention. Equally important is ensuring that nurses and frontline staff are actively involved in technology selection and implementation to promote usability and long-term adoption.

Revenue Cycle Optimization and Financial Sustainability

As a safety-net provider, GMHA operates within financial constraints that make efficient revenue cycle management critical. AI-driven solutions that automate denied claims appeals, eligibility verification, and prior authorization processes offer a significant opportunity to reduce revenue leakage and administrative workload. Implementing these technologies could strengthen financial performance while improving operational efficiency.

Virtual Care and Access to Specialty Services

Guam’s geographic isolation presents ongoing challenges in accessing specialty care. Expanding telehealth, virtual nursing, and remote patient monitoring programs can help extend care beyond the hospital setting. These models can support chronic disease management, reduce avoidable hospital visits, and facilitate timely access to off-island

specialists without requiring patient travel—ultimately improving both access and patient experience.

Interoperability and Care Coordination

Many Guam residents receive care across multiple systems, including local providers and off-island referral centers. Enhancing interoperability and patient identity matching is essential to ensuring continuity of care. Improved data sharing can reduce duplication of services, minimize errors, and support more coordinated, patient-centered care delivery.

Addressing Social Determinants of Health (SDOH)

Non-clinical factors such as transportation access, housing stability, and availability of community resources play a significant role in health outcomes in Guam. Integrating social determinants of health into patient data and care planning can enable GMHA to better identify at-risk populations and design more targeted, effective interventions.

Strategic Partnerships and Scalable Innovation

A key takeaway from the conference is that successful healthcare innovation requires collaboration. For GMHA, developing strategic partnerships with technology vendors, regional health systems, and federal stakeholders will be essential to implementing scalable and sustainable solutions. Innovations must be aligned with the unique needs of Guam's population and designed for long-term impact rather than short-term pilots.

Change Management and Workforce Readiness

The adoption of new technologies requires strong leadership, effective communication, and ongoing training. GMHA will need to prioritize change management strategies that address clinician concerns, build trust in AI and digital tools, and ensure that staff are equipped to use new systems effectively. Investing in workforce readiness will be critical to realizing the full value of digital transformation efforts.

Conclusion

The VIVE Healthcare Conference highlighted how rapidly healthcare delivery is evolving through the integration of digital health technologies, artificial intelligence, and new care delivery models. Across multiple sessions, a consistent message emerged: technology must be implemented thoughtfully to strengthen—not replace—the human elements of healthcare.

Many of the innovations discussed, including AI-assisted clinical documentation, automation of revenue cycle operations, virtual care models, and interoperable health

data systems, have the potential to reduce administrative burden, improve operational efficiency, and allow clinicians to spend more time focused on direct patient care.

For Guam and the Guam Memorial Hospital Authority, these insights are particularly relevant. As a geographically isolated healthcare system serving a diverse population, GMHA faces unique challenges related to workforce shortages, care coordination, and access to specialty services. Digital health tools, telehealth platforms, remote monitoring systems, and improved interoperability may offer opportunities to extend care capacity while improving patient experience.

The conference also emphasized that successful innovation requires strong collaboration between clinicians, technologists, administrators, and community stakeholders.

Healthcare organizations that prioritize human-centered design, transparent governance, and strategic partnerships will be better positioned to implement technology solutions that are sustainable, scalable, and aligned with patient needs.

The knowledge gained from this conference can inform ongoing discussions at GMHA regarding digital health strategy, clinical workflow optimization, and future technology investments. By carefully evaluating emerging solutions and aligning them with local healthcare priorities, GMHA can continue advancing its mission to provide high-quality, patient-centered care to the people of Guam.

Hospital Recommended Takeaways

- **Reduce Administrative Burden with AI**
AI-driven documentation, ambient tools, and revenue cycle automation can significantly decrease clinician workload, improve efficiency, and support workforce retention at GMHA.
- **Expand Access Through Virtual Care**
Telehealth, virtual nursing, and remote patient monitoring offer immediate opportunities to address Guam's geographic barriers and improve access to specialty care.
- **Strengthen Financial and Operational Performance**
Automating revenue cycle processes—particularly claims management and prior authorization—can reduce revenue leakage and enhance financial sustainability.
- **Invest in Interoperability and Care Coordination**
Improving data sharing across on- and off-island providers is essential for continuity of care, reduced duplication, and better patient outcomes.
- **Prioritize Human-Centered Implementation**
Successful adoption depends on clinician involvement, strong change management, and strategic partnerships to ensure solutions are practical, scalable, and aligned with Guam's healthcare needs.

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