The Department of Energy (DOE) Marshall Islands Medical Program continued, in this its 48th year, to provide medical surveillance for the radiation-exposed populations of Rongelap and Utrik Atolls. The Program was implemented in 1954 by the Atomic Energy Commission following the accidental exposure of Marshallese to fallout from a nuclear test at Bikini Atoll. This report provides a summary of the special medical care program conducted on behalf of the DOE patient population during the past year.
DOEPHFU Special Medical Care Program in the Republic of the Marshall Islands (RMI)

Annual Program Progress Report under DOE/PHRI Cooperative Agreement:
(July 1, 2001 – June 30, 2002)

Submitted by:
Pacific Health Research Institute
846 South Hotel Street, Suite #303
Honolulu, Hawaii 96813
(808) 524-4411
Executive Summary

Mandate for the Report - Public Law 99-658 (November 1986) on implementation of the Compact of Free Association Act of 1985 requires that the Department of Energy (DOE) provide the Committees on Appropriations of the House and Senate an annual report in December of each year on the radiological health care and logistic support program for the remaining members of the population of Rongelap and Utrik who were exposed to radiation resulting from the March 1, 1954, U.S. thermonuclear Bravo test.

Report Timing - This FY 2002 report was prepared after the end of PHRI’s Budget Year 4 (July 1, 2001 – June 30, 2002), and includes a review of the innovative approaches being used to provide special medical care to the mandated Rongelap and Utrik population.

Brief Summary of Report - The DOE/PHRI Special Medical Care Program in the Republic of the Marshall Islands commenced its health care coverage for the mandated Rongelap and Utrik populations on January 15, 1999 on Kwajalein and on January 22, 1999 on Majuro. The program provides year round, on-site, medical care to the mandated population living in the Republic of the Marshall Islands (RMI) and annual examinations to those patients living in Hawaii and on the Continental U.S.

The process of health care delivery that is utilized includes direct patient care, patient education, and on-site training of the Marshall Islands health care providers. Emphasis is also placed on cooperating with the RMI Ministry of Health and Environment (MOHE) and the 177 Health Care Program as much as possible to positively affect the overall health of the DOE patient population as well as the larger RMI population as a whole.

Currently, there are 119 exposed Rongelap and Utrik patients and 89 of the DOE additional patients being cared for by the program. One (1) patient passed away and thirteen (13) patients required referrals to the tertiary care facility, Straub Clinic & Hospital, Inc., in Honolulu, Hawaii in this year. One patient, who has not been seen by the program since 1976 and whose whereabouts are unknown, has been taken off of the active patient listing for the time being. Should the patient reappear in the future, the program will resume medical care for this patient.

Since August of 2001, Dr. Sheldon Riklon, the second U.S. trained Marshallese physician, officially began working for the program as Director of Clinical Operations. He has been providing the clinics in the RMI with more direct clinic oversight as well as greater continuity of care to the patient population. He has also been interfacing with Majuro Hospital and the RMI MOHE to help develop the hospital’s capacity i.e. laboratory training and mammography. His presence in the RMI alone, especially on Majuro, has made a difference in the program’s workflow and patient volume. The monthly patient encounters for the Majuro clinic were higher than they have been in the program’s prior 3 years (an average of 43 patients per month from July - March vs a monthly average of 25 over the past 3 years).

Due to budget cuts in the later half of the year, the program was forced to take a hard look at the various aspects of the program. A number of services were cancelled or reduced based upon their
impact on direct medical care to the patient population. The following are examples of those services that were either cancelled or reduced: the nutrition consultations conducted to counsel patients on good nutrition and eating habits was cancelled, all remaining conferences were curtailed, outer atoll trips were cut from four to two, the flexible sigmoidoscopy trainer’s trips were cancelled, the radiation storyboard was cancelled and the cultural sensitivity training was reduced from two to one.

The Community Advisory Groups continue to help identify the needs of the DOE patient community relative to the program, which improves the program’s ability to meet the community’s needs within the bounds of the congressional mandate. Community meetings continue for all patients’ residing in the RMI.

Continuing medical education (CME) programs via the University of Hawaii Residency Program continue. The CME lectures assist in the growth and improvement of the local health care system in the Republic of the Marshall Islands.

The electronic medical record (EMR) system has been installed with the necessary templates and is currently in use at all clinic sites (Kwajalein, Majuro and Honolulu). The EMR system has:

- Provided real time access to medical records for appropriate persons at appropriate levels of security.
- Relieved program personnel from the burden of redundant paperwork located at numerous locations where the program’s medical records are utilized.
- Will relieve the burden of manually extracting data from paper archives in order to perform data analysis.
- Will allow the program to track the health status over time, on an aggregate as well as an individual basis, for the patient population.

This annual program progress report summarizes the delivery of the Special Medical Care to the Marshall Island DOE Patient Population of Rongelap and Utirik as conducted under the Department of Energy (DOE)/Pacific Health Research Institute (PHRI) Cooperative Agreement #DE-FC03-98EH98035/A0001.

1 The Principal Investigator for the DOE Special Medical Care Program is Neal A. Palafox, M.D, M.P.H. and the Co-Principal Investigator is Henry N. Preston, M.D. The Program Coordinator is Ms. Lola M. Colombe.
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Annual Program Progress Report under
Department of Energy (DOE)/Pacific Health
Research Institute (PHRI) Cooperative Agreement
#DE-FC03-98EH98035/A000

Title of the Project: Deliver Special Medical Care to the Marshall Islands for the
P.L. 99-239 DOE Patient Population of Rongelap and Utrik

Principal Investigators: Neal A. Palafox, M.D., M.P.H.
Henry N. Preston, M.D.

Program Coordinator: Lola M. Colombe

Period Covered in this Report: July 1, 2001 – June 30, 2002

I. Introduction

The DOE Marshall Islands Medical Program continued, in this it’s 48th year, to provide medical
surveillance for the exposed population from Rongelap and Utrik and the additional DOE patients2. The
program was inaugurated in 1954 by the Atomic Energy Commission following the exposure of
Marshallese to fallout from a nuclear test (Castle Bravo) at Bikini Atoll. This year marks the fourth year
in which the program has been carried out by PHRI under a cooperative agreement with DOE.

The DOE/PHRI Special Medical Care Program, awarded the cooperative agreement on August 28,
1998, commenced its health care program on January 15, 1999, on Kwajalein and January 22, 1999,
on Majuro. This report details the program for the July 1, 2001, through the June 30, 2002, period.

The program provides year-round, on-site medical care to the DOE patient population residing in the
Republic of the Marshall Islands (RMI) and annual examinations to those patients living in Hawaii and
on the Continental U.S.

2 DOE patient population refers to the combination of exposed patients and additional DOE patients, formerly
known as control or comparison population (Marshallese individuals, not present on Rongelap or Utrik at the
time of the 1954 thermonuclear ?Bravo test, but who roughly match the age and gender of the exposed
population identified in section 103(h)(l) of the Compact of Free Association Act).
II. Major Accomplishments in Year 4

- Completed 165 of 208 annual examinations (for more detail see Section III – Health Status of Population).

- Contacted 100% of those patients living outside of the RMI (22 in Hawaii and 15 on the Continental U.S.) for completion of their annual examinations in Hawaii.

- Conducted 4 (two to each island) medical staff visits to Mejatto and Utrik to provide care (see Exhibit 3).

- Provided thyroid specialist care for patients and training for the Medical Officers through Dr. Leonard Kryston, an endocrinologist who also provided much needed care and expertise on diabetes.

- Implemented portable thyroid ultrasound program to ensure the continuation of thyroid ultrasound services, as Kwajalein no longer offers this procedure since they could not get an organization to read the ultrasounds for them. Dr. Leonard Kryston is now certified to read thyroid ultrasounds.

- Hired a full-time Director of Clinical Operations, Dr. Sheldon Riklon, for the clinics on Kwajalein and Majuro.

- Installed the electronic medical record (EMR) and conducted training for all staff.

- Conducted meetings with the Community Advisory Groups and held Community Meetings for patients residing in the RMI (Ebeye – 3, Majuro – 2, Mejatto – 1 and Utrik – 1).

- Finalized an MOU with the 177 Health Care Program.

- Provided one cross-cultural training session by Dr. Paul Pedersen and William Swain to Residents and faculty to raise their level of understanding on Marshallese culture and customs.

- Continued to provide Continuing Medical Education (CME) to RMI physicians and staff via conferences, faculty and Resident lectures, web-sites and e-mail.

- Provided additional medical care to Non-DOE patients in the RMI via the outpatient clinics at Majuro and Ebeye Hospital as well as during trips to Mejatto and Utrik (2604 encounters).
III. Health Status of Population

Participation in this medical program is strictly voluntary. Currently, there are 119 of the exposed population and 89 of the additional DOE patients being cared for by the program. DOE patient encounters total 1308 visits for the year. One (1) patient passed away during this year and thirteen (13) patients have required referrals to the tertiary care facility, Straub Clinic & Hospital, Inc., in Honolulu, Hawaii (Exhibit 1). The program made a concerted effort to contact each patient in the DOE patient population in order to complete their annual examination. One patient, who has not been seen by the program since 1976 and whose whereabouts are unknown, has been taken off of the active patient listing for the time being. Should the patient reappear in the future, the program will resume medical care for this patient. 165 annual examinations have been completed during this year with 26 patients needing to complete a few required tests. 17 patients have yet to come in for their annual examination.

IV. Program Administration and Physicians

The DOE/PHRI Special Medical Care Program’s staff, based in Honolulu, Hawaii, includes a Principal Investigator (PI), a Co-PI, three Co-Investigators, a program coordinator, a computer systems analyst and a program assistant. The staff in the RMI consists of one full-time Director of Clinical Operations, one full-time Medical Officer on Kwajalein/Ebeye, one part-time Medical Office on Majuro and two half-time Nurse Coordinators (one each on Kwajalein and Majuro). Other program staff include physicians from the University of Hawaii John A. Burns School of Medicine Department of Family Practice Residency Program (UHJABSOM DFPRP) (Exhibit 3).

In order to provide care to the DOE patient population, clinic oversight for the RMI staff, and conduct community meetings, which involve the patients in the planning of program activities, the administrative staff and physicians based in Hawaii have visited RMI on nine (9) different occasions from July 1, 2001 through June 30, 2002. These visits include:

- Two (2) visits by Dr. Neal A. Palafox, Principal Investigator: January 2002, June 2002;
- One (1) visit by Dr. Henry N. Preston, Co-Principal Investigator: August 2001;
- Four (4) visits by Dr. Wilfred Alik, Co-Investigator: August 2001, December 2001, February 2002

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3 Encounters include patient visits for medication refills, annual examinations, lab tests, procedures, periodic check-ups and sick visits.
4 The only full-time staff is the computer systems analyst and the program assistant. The remainder work on the program on a part-time basis.
5 With the hiring of Dr. Riklon, faculty rotations are on an as needed basis only.
and May 2002;
- One (1) visit by Lola Colombe, Program Coordinator: October 2001.

Also, of particular note, during this year, six (6) Residents have chosen to repeat their rotations over the course of the year. These repeat rotations by the Residents help the program provide continuity of care for the DOE patient population.

Bechtel Nevada Corporation (BN) (under DOE contract) continues to provide the logistical support to the medical program. Logistical support involves all travel, per diem and accommodation arrangements for staff, patients and needed escorts traveling between RMI and Honolulu, Hawaii, or beyond. BN has been instrumental in providing PHRI with the necessary infrastructure, i.e. trailers, vehicles, and travel support, for the program to operate. Furthermore, BN is also involved in providing the program’s patients with logistical support for tertiary care, when deemed necessary, via a subcontract with Straub Clinic & Hospital, Inc.

V. Program Activities

The DOE/PHRI Special Medical Care Program provides year-round on-site medical care to the DOE patients residing in the RMI and annual examinations to those DOE patients living in Hawaii and the Continental United States. During this year, the program provided the following medical and health related services:

- Provided annual medical examinations (Exhibit 1);
- Provided preventive health care to DOE and Non-DOE patients as time and resources allowed;
- Provided additional medical care personnel for the outpatient clinics at Ebeye and Majuro Hospitals;
- Made home visits to patients who were physically unable to visit the clinic;
- Continued diabetic support groups on Ebeye.
- Coordinated with Kwajalein Hospital for ancillary services such as labs, radiology, and pharmacy;
- Implemented the portable thyroid ultrasound exam for both medical care and patient education;
- Trained and certified the Endocrinologist to be able to read the portable ultrasounds images (This is a new machine requiring training to operate and read);
- Made trips to Mejatto and Utrik (Exhibit 3) to see patients residing on those atolls;
- Coordinated with other health care programs and facilities in the RMI, such as the RMI MOHE; 177 HCP; and Ebeye, Majuro, and Kwajalein Hospitals, i.e. diabetes project on Ebeye;
- Coordinated visits by an Endocrinologist to the Majuro and Kwajalein Clinics (one week at each site);
- Made referrals to Ebeye, Majuro, and Kwajalein Hospitals, and Straub Clinic & Hospital, Inc., when necessary;
- Provided continuing medical education (CME) for program staff and RMI health care workers
In addition to the above, the program was also involved in the following activities:

- Finalized the Year 4 Gentlemen’s Agreement between DOE and PHRI.
- Met with DOE and Bechtel Nevada to develop an operating plan for Year 4 of the program.
- Hired Sheldon Riklon, M.D. for Year 4.
- Conducted community meetings with patients residing in the RMI.
- Conducted a half-day cross-cultural training program for Residents, faculty and staff in Honolulu.
- Continued to develop the program’s secure website to meet the program’s changing needs.
- Implemented the program’s electronic medical records system (EMR system).
- Held discussions with potential collaborators to expand the program’s telehealth capabilities.
- Held meetings with the RMI government officials and Local Atoll government officials.
- Held meetings with the 177 Health Care Program and concluded a Memorandum of Understanding (MOU).
- Held discussions and reached agreements on program plans to meet the changing available medical care at Kwajalein Hospital.
- Participated in the RMI/DOE meetings conducted in Honolulu.
- Met with DOE in Honolulu to discuss plans for program Year 5.

VI. Clinics

Two clinics were established for the program in January 1999, one on Kwajalein and the second on Majuro. The Kwajalein clinic is currently staffed with a full-time Medical Officer and one half-time Nurse Coordinator. The Majuro clinic is currently staffed with a full-time Director of Clinical Operations, one part-time Medical Officer and one part-time Nurse Coordinator. All of the medical staff are Marshallese speaking and sensitive towards the culture in the Marshall Islands. In addition to the above, Resident physicians from the University of Hawaii Family Practice Residency Program continue to rotate to the RMI on a monthly basis. The Resident physicians continue to see DOE patients in the DOE clinics 5 half days per week as well as at the outpatient/specialty clinics at Majuro and Ebeye Hospital approximately 2-3 half days per week and other non-DOE patients as time and resources permit (see Exhibit 1).

Since the commencement of the program, Residents with the UHJABSOM DFPRP have been rotating to the Marshall Islands for a one-month duration. These rotations further assist with health care delivery and capacity building in the Marshall Islands. While this one-month assignment to RMI may be difficult for some, the majority has felt it to be a very good learning experience. In fact, a number of Residents

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6 Encounters may vary depending on whether the Medical Officers are on vacation, out of the office due to illnesses, on professional leave, on Mejatto/Utrik trips, conducting specialty clinics, or whether Marshallese speaking Residents and faculty are present.
have opted to do repeat rotations.

We are continuing to look at potential barriers to care and ways to encourage more patient visits to the DOE/PHRI clinics located on Kwajalein and Majuro. More patients are making repeat visits to the clinic for on-going care and medication refills, as they become more accustomed to clinic personnel and operations. Efforts are being made to encourage needed follow-up visits to the clinics.

1. Kwajalein Operations

The Kwajalein Clinic, located in a trailer behind Kwajalein Hospital, is staffed with one Medical Officer, Tom Jack, and one Nurse Coordinator, Bonnita Paul Patrick. The clinic is open from 1:00-3:00 p.m., Tuesday through Saturday, to see the DOE patient population, but is staffed until 4:30 p.m. Between 3:00-4:30 p.m. the staff work on completing chart notes and entering lab reports into the electronic medical record system, making appointments for ancillary services at Kwajalein Hospital, and writing/completing the necessary reports. Often, the Medical Officer, who lives on Kwajalein, will work at the clinic before making rounds on Ebeye, in order to do administrative work prior to the afternoon DOE clinic.

While the program hopes to eventually move the Kwajalein clinic to Ebeye, we do not anticipate a move in the coming months despite the fact that the new Ebeye hospital has been operational since April. The majority of the equipment (i.e. x-ray machines) in the new facility is not yet functional and they are awaiting technical assistance from the equipment vendors. Furthermore, Ebeye is currently unable to support the program’s needs with regards to Internet capabilities; hence the program would not be able to access its EMR system. This alone would make an immediate move to Ebeye problematic for the program.

Kwajalein Hospital planned on discontinuing mammography services as of July 31, 2002 but has since concluded an agreement with DOE to continue those services. In the short term, the program has agreed to pay a flat rate of $50,000 for mammography services (procedure and reading) only at Kwajalein Hospital. The program’s long term strategy, however, is to work with the RMI MOHE on Majuro to develop the capacity to conduct mammograms at Majuro Hospital. The RMI MOHE has already begun getting the mammogram machine on Majuro in working order. A couple of mammograms have been completed and have been sent off-island to be read (results pending). An inspection team from the manufacturer of the machine is due to fly in upon approval from Marshall Islands Social Security Administration (MISSA) to get the machine certified. Two radiology technicians have been trained and certified for the mammogram machine. And, the MOHE has been negotiating with a Radiologist on Guam to read the mammograms.

Given the above, the long-term solution for the program would be to work with the RMI MOHE

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7 This rate will include the newly instituted reading charges (effective 10/0/02) for mammograms.
and 177 HCP to develop the Majuro capacity. We wish to integrate and coordinate with MOHE as much as possible in order to build the RMI infrastructure. Moreover, this deliberate change to concentrate care on Majuro will enable our patient population to begin to have trust in their own health care system and perhaps gradually break away from the “old” mindset of special care on Kwajalein. We have offered our assistance and need to give the MOHE time. However, should they need our assistance with regards to supplies, technicians, etc, we need to be able to step in quickly.

2. Majuro Operations

The Majuro Clinic is located in a trailer behind Majuro Hospital. The clinic is open from 1:00 p.m. - 3:00 p.m. on Mondays and 10:00 a.m.-12:00 p.m., Tuesday through Friday, to see the DOE patient population. The office is staffed from 9:00 a.m. on Tuesday through Friday and until 4:00 pm on Mondays so that administrative work can be completed i.e. completing chart notes and entering lab reports into the electronic medical record system, making appointments for ancillary services at Majuro or Kwajalein hospitals, and writing/completing the necessary reports.

Dr. Riklon is working full-time for the program in the RMI and he has been interfacing well with Majuro Hospital and the RMI MOHE to develop the hospital’s capacity i.e. laboratory training and mammography. His presence in the RMI alone, especially on Majuro, has made a difference in the program’s workflow and patient volume. The monthly patient encounters for the Majuro clinic were higher than they have been in the program’s prior 3 years (an average of 46 patients per month from July 2001–June 2002 vs a monthly average of 25 over the past 3 years).

In February of 2002, the Medical Officer in Majuro, Dr. Zach Zachraias, left the program for further training in Palau. The program is currently utilizing Dr. Marie Lanwi on a part-time basis via the MOHE to cover the clinic when Dr. Riklon is away on Kwajalein, attending meetings or on vacation. Dr. Lanwi was the full-time Medical Officer on Majuro prior to Dr. Zachraias.

3. Hawaii Operations

The program and Bechtel coordinated efforts again this year to contact the patients residing on the Continental U.S. to complete their annual exams. All of the patients contacted have either completed their exam or are scheduled to be seen by the end of August of 2002.

The program continues to look for ways to complete the patients’ annual exams in the geographic area where they reside. For patients who reside in Maui, lab tests continue to be done on-site via a contract with Clinical Laboratories.

For those patients who reside in Hawaii, we continue to see them at the Physicians Center in Mililani or at Straub Clinic & Hospital for their annual examinations.
VII. Endocrinologist

In January of 2002, Dr. Leonard Kryston, an Endocrinologist from Straub Clinic & Hospital, spent one week at each clinic in the RMI. He conducted thyroid palpations, took biopsies as needed, presented a continuing medical education talk, conducted thyroid ultrasounds using the portable machine, conducted fine needle aspirations and provided consultations for Non-DOE patients. Dr. Kryston also provided the expertise to make sure the program’s physicians had the proper and appropriate technique for thyroid palpations.

VIII. Thyroid Examinations

Currently, thyroid ultrasounds are conducted on a yearly basis on the DOE patient population. Thyroid palpations to date have been conducted by an endocrinologist, the program’s faculty, Medical Officers, and Residents, with the faculty physicians and the Endocrinologist providing the necessary supervision on the proper and appropriate technique. During program year 5, due to Kwajalein Hospital’s inability to find a facility to read their ultrasound films, thyroid ultrasounds on the DOE patient population will be conducted using the handheld ultrasound machine. Dr. Kryston, who was certified in reading thyroid ultrasounds in May of 2002, will be doing the readings.

IX. Other Health Services

One of the goals of the program, as time and resources allow, is to assist the local communities in strengthening their health care system. It would be fruitless to develop programs that the community felt was unimportant and which would be unsustainable once the DOE program ends. Thus, the DOEPHRI Special Medical Care Program has made concerted efforts to involve the community in these programs.

The program has also made great efforts to improve the education and training of the local physicians by attending daily hospital rounds and by providing bi-monthly CME talks for the hospital staff. The rounds and CME lectures allow the health care providers in the Marshall Islands to keep abreast of new advances in medicine. Residents also assist at the outpatient clinics at Ebeye and Majuro Hospital, at least twice per week during their rotations and take call with the Medical Officers at least once per week. The program’s involvement also provides the local health community, i.e. the public health sector, with much needed extra manpower and the benefits of being attached to an academic institution, which usually brings with it a higher standard for practicing evidence-based, patient-centered medicine.

1. Continuing Medical Education

In order to further the education of the RMI program staff, the program has continued to provide them with medical textbooks, medical journals, on-line referencing capabilities, and safety training.
videos. The program also continues to provide the RMI staff and collaborating physicians at the 177 Health Care Program, Kwajalein and Ebeye Hospitals, medical updates and resources via e-mail and the web.

In addition, the program’s physicians (PI's, Residents and Consultants) routinely make CME presentations each time they visit the Marshall Islands (Exhibit 4). These presentations are given not only to the RMI physicians and staff but also to other interested healthcare workers in the RMI. They are held at Kwajalein Hospital, Ebeye Hospital and Majuro Hospital and quite well received.

Also, when possible, the RMI staff is given the opportunity to attend conferences, lectures and seminars on special interest topics that relate to the program.

Through the mentoring and teaching provided by the program’s investigators during their rotation to the Marshall Islands, the medical updates via the Internet and seminars and conferences, the program hopes to increase the clinical acumen of the Medical Officers and Nurse Coordinators.

2. Public Health Sector

In addition to caring for the DOE patient population, the DOE/PHRI Special Medical Care Program has also been working to contribute to the overall health system in RMI. The program’s efforts to make a greater impact begin with the DOE patient population. The program has extended the scope of service, as time and resources permit, beyond caring and screening for radiogenic illnesses, to include primary care for the DOE patients residing in the RMI. The Medical Officers and doctors at the two clinics care for acute and chronic illnesses of the DOE patients residing in the Marshall Islands in addition to addressing their health care maintenance needs as recommended by U.S. preventive health task force guidelines.

Given the limited number of patients, the clinic is only open for half of each day. The family practice Residents, as well as the Medical Officers, spends the remainder of the time in the outpatient clinics at Ebeye and Majuro Hospitals. The Residents and faculty also work with various public health projects. The doctors see an average of 10-12 patients per half day working in various outpatient clinics, which include general medicine, prenatal care, diabetes, and pediatric clinics.

In Majuro and Ebeye, as part of their ongoing public health project in the RMI, the Residents continue to conduct regular outreach visits, two to three times a week, through coordination with the Public Health nurses. During these visits the Residents assist the nurses in providing patient education to patients with diabetes, hypertension, Hanson’s disease, tuberculosis, malnutrition, and STD’s (sexually transmitted diseases), making dressing or medication changes and dispensing prescriptions to homebound. On occasion, they also assisted in the immunization program, i.e. conducting TB screening tests.
On Ebeye, the residents are also actively involved with the TB program. Since Dr. Jack is the head of the Tuberculosis Program on Ebeye, the residents assist in caring for the admitted TB patients while in the hospital receiving their Direct Observed Therapy (DOT).

X. Community Relations

The involvement of the DOE patient community as well as their community leaders i.e. Council members, Mayors and Senators, is an integral part of the program. Without the input of the DOE patient population the program administration would not be able to identify the needs of the community relative to the program and meet the community’s needs within the bounds of the congressional mandate. It is with this in mind that the program has established the community advisory groups, whose members have an opportunity to voice their concerns regarding health related issues, to offer program input and to learn more about the program in general. However, it is also important to keep abreast of the larger political, economic and social issues in the RMI, and hence meetings with the government leaders (both RMI and U.S.), healthcare professionals, etc. are also necessary.

During this year, Drs. Palafox and Preston conducted the following Community Advisory Group (CAG) Meetings and community meetings. These meetings helped to clarify the program’s goals and procedures. We continue in our efforts to improve communication with the patients and local leaders.

1. Community Advisory Groups/Community Meetings

The CAG members as well as the general patient population had an opportunity to voice their concerns regarding health related issues, to offer program input and to learn more about the program in general during meetings held in August of 2001 on Ebeye and Majuro, in January of 2002 on Ebeye, Majuro, Mejatto and Utrik and in June of 2002 on Ebeye. The meetings in August mainly addressed patient satisfaction issues as well as the issue of the use of old or new written Marshallese language, coordination issues with 177, and Dr. Riklon’s new role. The CAG members again requested information on plans for specialty care and indicated that the visits by Dr. Kryston, Endocrinologist, and Ted Tokumine, flexible sigmoidoscopy technician, were valuable. At the June meeting on Ebeye, some patients mentioned that they had not received copies of past records in a timely manner for relatives who had since passed away. The program is currently looking at ways to make the records available to the patient population in a more efficient manner once the proper releases have been signed and received.

Due to the recent budget cuts, in January of 2002, Dr. Neal Palafox, along with Bill Jackson, made a trip to the RMI to conduct CAG and community meetings on Ebeye, Majuro, Mejatto and Utrik to discuss possible cuts to the program and solicit opinions from the DOE patient population on program priorities. They also met with USAKA personnel to discuss the rate increases they proposed for services rendered at Kwajalein Hospital effective January 2002 and the recent decision by Kwajalein to discontinue all radiology services as of July of 2002. Both will have a
significant impact to the program and its ability to deliver quality health care services to the DOE patient population.

Besides conducting community meetings with the patient population, over the past year the program administration has had discussions with the following people to discuss various issues that will or could impact the program’s ability to deliver medical care (in alphabetical order):

- Sandy Alfred, Hospital Administrator (Majuro Hospital)
- Deborah Atwood, CFO, 177 HCP (Majuro)
- Mr. Sam Bellu (Businessman)
- Donald Capelle, Secretary for Primary Health Care (MOHE - Majuro)
- Minister Michael Cornelius (Finance)
- Ambassador Banny DeBrum (RMI Ambassador to US)
- Senator Abacca Anjain-Heine (Rongelap)
- Dr. Jill Horner, Family Practice (Kwajalein Hospital)
- Minister Alvin Jacklick (Minister of Foreign Affairs)
- Dr. Masao Korean, Chief of Staff (Majuro Hospital)
- Justina Langidrik (Assistant Secretary for Primary Health Care, Ministry of Health and Environment)
- Dr. Eric Lindborg, Family Practice (Kwajalein Hospital)
- Senator Abacca Anjain Maddison (Rongelap Atoll Local Government)
- Secretary Marie Maddison (Secretary of Foreign Affairs)
- Mayor James Matayoshi (Rongelap)
- Robert Muller, Project Manager (ADB Ebeye Health and Infrastructure Project)
- Irene Paul (Assistant Secretary for Primary Health Care – Ebeye)
- Mayor Joe Saul (Utrik)
- Ambassador Mike Senko (U.S. Embassy – Majuro)
- Dr. Tin Soe, Medical Director - Primary Health Care Services (Ebeye Hospital)
- Tina Stege (Foreign Affairs Officer)
- Senator Hiroshi Yamamura (Utrik)
- Minister Gerald Zachious (Foreign Affairs)

XI. Medical Records

One of the fundamental goals of the program is to provide innovative healthcare to the mandated population to improve health status. One means for reaching this goal was the introduction of an electronic medical record (EMR) system that allows for real-time access to medical information by practitioners in the Marshall Islands and in Hawaii. Real time access means that decisions can be made with the latest information. The EMR has helped us to improve the quality of care, as the same patient information is available at each clinical site at any given moment. This is especially important in this program, where we have a very mobile patient population.
In June of 2002, Dr. Riklon, the computer systems analyst, the program coordinator and the program assistant received training from Physician Microsystems in the use of the appointment scheduler program. The scheduler will enable us to keep better track of patient volumes, enable us to schedule follow-ups with reminders, reduce the flow of paper between the RMI and Honolulu (the program can now look electronically at the daily schedule rather than wait for calendars to be sent via mail). It will also eliminate redundancy, provide real time access to health care information and allow for quality assurance and quality control of medical record data.

While the Kwajalein clinic can access and change records with little apparent lag caused by network performance, the Majuro clinic suffers from significant lag times. This causes noticeable wait times between activities performed on the EMR. In short, Majuro clinic’s reliance upon dial up service to NTA for access to the EMR significantly impacts the usability of the system. This issue is also relevant to the prospect of a move to Ebeye – it is assumed that the communication infrastructure on Ebeye is of the same caliber as that on Majuro, and would hence have similar shortcomings. More detailed research and analysis is required before moving the record system off of Kwajalein and to Ebeye, in order to assure a successful transition from one setting to the other.

The program is currently working with Peacesat to increase Majuro’s bandwidth via satellite hookup.

XII. Telehealth

In order to facilitate telehealth capabilities, the computer analyst has continued to pursue broadband connectivity for Majuro. The EMR system on Majuro, while up and running is often slow and erratic. In order to use the system on a consistent basis, the clinic needs to have reliable and consistent Internet service. To date, NTA has not been able to provide this regularly. This will be a major issue for the program should the clinic move from Kwajalein to Ebeye.

The computer systems analyst continues to monitor and make revisions to both the public and secure website, which can be found at www.phri-doe.org. The program’s connections through the telehealth associations and the National Library of Medicine allow the program to receive and send important up-to-date health information to the RMI staff as well as to other medical centers in the RMI. This provides an on-going source of continuing medical education for the RMI health professionals.

XIII. Agreements

During the year, the modification to the subcontract with Kaiser Permanente for Dr. Wilfred Alik’s time and effort on the project for year four and five was completed. The modification to the subcontract with Wahiawa General Hospital for Drs. Palafox, Minami and the Resident Physicians was completed. The subcontract with the University of Hawaii for Dr. Sheldon Riklon was completed. The MOU with the
177 Health Care Program was completed. Amendments to the MOU with the RMI Ministry of Health for staff changes, more specifically the Medical Officer, were completed.

**XIV. Quality Assurance**

As records are entered in the new EMR system, audits are conducted in Honolulu by the computer systems analyst, the program coordinator and the program assistant. The records are checked for accuracy as well as completeness.

Dr. Riklon’s role has been instrumental to both patient care and program operations. Dr. Riklon has helped to improve communications in the program, identify patient needs, and increase interaction with other health providers in the RMI and provide long term on-site supervision of the Medical Officers and Residents.

The program continues to administer patient satisfaction forms. There has, however, been some difficulty in getting the forms completed. To date, approximately 139 forms have been received for the year. Oftentimes either the patient refuses to complete the form or the staff forgets to hand out the form. Results from this year’s survey are shown in Exhibit 6. In comparison with last year, access to the clinic has shown a marked improvement (83% vs 57% rated as Good)\(^8\). Other improvements were in the following categories:

- Nurses providing information to the patient (98% vs 89%)
- Friendliness of the MO (90% vs 76%)
- MO providing information to the patient (85% vs 76%)
- Trust in the MO (94% vs 75%)
- Competence shown by the Honolulu physicians (85% vs 80%)
- Trust in the Honolulu physicians (85% vs 76%)

**XV. Future Plans**

The following activities are planned in Year 5.

**Clinics:**

The program will continue to have two clinics in the RMI, however, there is a possibility of the Kwajalein clinic moving to Ebeye contingent upon the new hospital’s ability to meet the program’s needs as outlined below. This will be a challenge for the next year and the following concerns/issues will need to be addressed, as mentioned in the prior year’s continuation application:

- The need to have 24-hour electricity, water, and sewer service guaranteed.

\(^8\) The percentages noted are a comparison of the Good ratings between the Year 4 and Year 3 survey.
• An estimate of the cost for electricity, water, and sewer service.
• Housing requirements for PHRI faculty, Residents and TDY staff on Ebeye.
• Possible housing requirements for the Medical Officer.
• The need for transportation/vehicle on Ebeye for program physicians and staff.
• How to handle supplies/cargo from Kwajalein.
• Status/need for trailer on Kwajalein.
• Internet access and availability as well as speed for EMR system.

All of the above issues will need to be resolved before the move takes place and discussions between the DOE/PHRI administrative staff, Ebeye Hospital, the MOHE, DOE and Bechtel Nevada will be on-going.

Procedures:

Procedures, with the exception of mammograms and thyroid ultrasounds, will continue as currently offered. There will, however, be a significant increase in procedure rates effective October of 2002 for those services done at Kwajalein Hospital. Some of the new rates being charged have not been charged in the past, i.e. reading fee for radiology services, facility fees for procedures. For example, under the current pricing system an abdominal ultrasound costs $150 but effective 10/1/02 the procedure will cost $300. This is a dramatic increase in costs. Kwajalein is currently overhauling their billing processes with regards to charges and has received clear direction from USAKA to cover more of their operating expenses. More of these types of increased costs will be passed on in the next fiscal year and we have not been notified with regards to all of the specifics.

In addition, as of July 31, 2002, Kwajalein stated that it would discontinue mammography services unless our program agreed to a negotiated flat rate of $50,000 for mammography services only (procedure and reading). In the short term we have agreed to this rate, however, in the long term, the program hopes to offer screening mammography at Majuro once and if their machine and technicians are certified and meet United States Food and Drug Administration (US FDA) standards as required by the DOE. The program is currently looking into the requirements to bring the Majuro facility in compliance with US FDA standards i.e. costs and training.

With regards to thyroid ultrasounds, in Year 5 they will be conducted using the portable handheld ultrasound machine with Dr. Kryston doing the readings. He was certified to read thyroid ultrasounds in May of 2002. There will no longer be a need to use the Kwajalein facilities for this service, as they are unable to find a facility to read their ultrasound films.

Consultants:

Consultants will be sent to compliment ongoing medical care, as needed and as resources permit, based on clinic findings. Dr. Kryston will increase his visits from two to four annual visits to the
RMI to conduct thyroid ultrasounds and readings, do quality assessments in thyroid and diabetes care with the medical staff and update staff on advances in diagnosis and care in those areas. He will also provide direct patient care in these areas. The Flexible Sigmoidoscopy trainer will make 3 visits to the RMI to do quality assessments and conduct flexible sigmoidoscopies on patients. The nutritionist team of Dr. Larry Carucci and Mary Maifeld has again been cancelled due to budget constraints.

Medical Records:

The electronic medical records (EMR) system will continue to be utilized and templates updated as needed. The program is looking at various options to secure better and more assured communications for both the EMR as well as for digital communication (e-mail) in general.

The program purchased the electronic medical record system from Physician Microsystems based upon the Internet capabilities in the RMI at the time. The underlying software that supports remote access to the EMR was chosen with the knowledge that users in the RMI, primarily on Majuro, would be using modems to access the EMR. On Majuro, however, the data speeds have deteriorated to a point where they are creating a major obstacle in the use of the EMR as well as basic e-mail. This has a major impact on the program’s capabilities to communicate between Honolulu and the RMI and between the two clinics.

Telehealth:

The program’s web-site will continue to be monitored and kept up-to-date. Updates and revisions will be made on an as needed basis. Consultations via e-mail and the program’s website will continue in Year 5.

The program will actively explore the connectivity issue, particularly with respect to Majuro, Ebeye and the outer atolls.

In Year 5, the program will continue work with collaborators to explore possible means to provide eye care. If resources permit, we had hoped to purchase two ocular scanners for transmittal of retinal images to Hawaii for reading. The patient population has repeatedly asked for specialty eye care. Since a large number of the patients are diabetic with associated eye problems, using the scanners would enable the program to detect possible problems before they are beyond repair. We are working with other health programs to see how the conditions discovered in such a program could be addressed and to conduct a needs assessment in this area.

Program Administration:

Dr. Neal Palafox will continue as Principal Investigator, Dr. Henry Preston as Co-Investigator and
Dr. Sheldon Riklon as Co-Investigator/Director of Clinical Operations.

XVI. Acknowledgements

The program would not have been possible without the enormous amount of time, effort, support, cooperation, and patience of so many individuals and organizations. Their efforts were above and beyond the call of duty. We would like to especially thank the various RMI Government officials and community leaders; U.S. DOE; physicians and staff from UHJABSOM DFPRP, University of Hawaii, Wahiawa General Hospital, Straub Clinic & Hospital, Inc., Kaiser Permanente, Ebeye Hospital and Majuro Hospital; Bechtel Nevada; PHRI; and the tireless efforts of the program’s Medical Officers and Nurse Coordinators. Most importantly, we would like to thank the patients who have voluntarily come to the clinics to be seen. We must all remember that it is for them and because of them that the program exists.
### XVII. Exhibits

#### Exhibit 1

**Patient Statistics for July 1, 2001 – June 30, 2002 (1)**

<table>
<thead>
<tr>
<th>Location</th>
<th>DOE Patient Encounters (2)</th>
<th>Non-DOE Patient Encounters (3)</th>
<th>Deaths</th>
<th>Referrals to Hawaii</th>
<th>Annual Examinations (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ebeye</td>
<td>85</td>
<td>1093</td>
<td>0</td>
<td>1</td>
<td>55 (47)</td>
</tr>
<tr>
<td>Kwajalein</td>
<td>538</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Majuro</td>
<td>557</td>
<td>1481</td>
<td>0</td>
<td>3</td>
<td>68 (56)</td>
</tr>
<tr>
<td>Mejatto</td>
<td>16</td>
<td>19</td>
<td>0</td>
<td>1</td>
<td>20 (14)</td>
</tr>
<tr>
<td>Utrik</td>
<td>20</td>
<td>11</td>
<td>0</td>
<td>1</td>
<td>12 (12)</td>
</tr>
<tr>
<td>Hawaii</td>
<td>53</td>
<td>-</td>
<td>1</td>
<td>5</td>
<td>21 (21)</td>
</tr>
<tr>
<td>CONUS</td>
<td>39</td>
<td>-</td>
<td>0</td>
<td>2</td>
<td>15 (15)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1308</strong></td>
<td><strong>2604</strong></td>
<td><strong>1</strong></td>
<td><strong>13</strong></td>
<td><strong>191 (165)</strong></td>
</tr>
</tbody>
</table>

Note:
2. Encounters: Total # of DOE patients who came to the clinic on any given day for medication refills, annual examinations, sick visits, laboratory tests, procedures and follow-ups. Kwajalein encounters include visits for medical procedures that could not be conducted at Majuro, Mejatto, or Utrik clinics. CONUS and Honolulu numbers include 33 prescription refills sent to patients and annual exam visits conducted in Hawaii.
3. Total # of Non-DOE patients seen at outpatient clinics at Ebeye and Majuro Hospital and on trips to Mejatto and Utrik by the Medical Officers, Residents and Faculty.
4. The first number represents the number of annual exams begun during the period and the number in () indicates annual examinations completed during this period.
DOE Patient Encounters – Kwajalein Clinic
July 1, 2001 – June 30, 2002

No. of Encounters

Months

July: 73
August: 74
September: 28
October: 44
November: 34
December: 60
January: 43
February: 13
March: 28
April: 48
May: 29
June: 64
DOE Patient Encounters - Majuro Clinic
July 1, 2001 – June 30, 2002

No. of Encounters

Months

July (Jul) 39
August (Aug) 58
September (Sep) 35
October (Oct) 41
November (Nov) 49
December (Dec) 27
January (Jan) 50
February (Feb) 42
March (Mar) 50
April (Apr) 60
May 67
June 39
Non-DOE Patient Encounters – Ebeve Hospital
July 1, 2001 – June 30, 2002

No. of Encounters

<table>
<thead>
<tr>
<th>Months</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>111</td>
<td>160</td>
<td>117</td>
<td>60</td>
<td>60</td>
<td>40</td>
<td>66</td>
<td>78</td>
<td>117</td>
<td>94</td>
<td>129</td>
<td>61</td>
</tr>
</tbody>
</table>
Outpatient counts for June were 0 both for the Resident and for Dr. Riklon. There was no Resident rotation for the May 27 – June 21 period. The Resident for the June 26 – July 19 time period was unable to see patients at Majuro Hospital due to a newly instituted ruling with regards to credentialing, which has since been resolved. During the month of June, Dr. Riklon was travelling quite extensively and was unable to see patients outside of the DOE clinic.
Exhibit 2

Average Number of DOE Patient Encounters at Majuro Clinic Per Year
January 1999 – June 2002

Program Year

Ave. No. of Encounters

Yr. 1  Yr. 2  Yr. 3  Yr. 4

22  25  29  46
Exhibit 3

July ’01 – June ‘02 Rotation Schedule

I. Faculty

<table>
<thead>
<tr>
<th>Start</th>
<th>End</th>
<th>Name</th>
<th>Start</th>
<th>End</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jun. 29</td>
<td>July 13</td>
<td>Alan Ou, MD</td>
<td>Mar. 8</td>
<td>Mar. 22</td>
<td>Wilfred Alik, MD</td>
</tr>
<tr>
<td>Jul. 27</td>
<td>Aug. 10</td>
<td>Seiji Yamada, MD</td>
<td>May 3</td>
<td>May 17</td>
<td>Wilfred Alik, MD</td>
</tr>
<tr>
<td>Aug. 24</td>
<td>Sep. 7</td>
<td>Wilfred Alik, MD</td>
<td>Aug. 24</td>
<td>Sep. 7</td>
<td>Wilfred Alik, MD</td>
</tr>
<tr>
<td>Oct. 12</td>
<td>Oct. 26</td>
<td>Kathleen Kozak, MD</td>
<td>Oct. 12</td>
<td>Oct. 26</td>
<td>Wilfred Alik, MD</td>
</tr>
<tr>
<td>Dec. 14</td>
<td>Jan. 4</td>
<td>Wilfred Alik, MD</td>
<td>Dec. 14</td>
<td>Jan. 4</td>
<td>Wilfred Alik, MD</td>
</tr>
</tbody>
</table>

II. Residents

<table>
<thead>
<tr>
<th>Start</th>
<th>End</th>
<th>Name</th>
<th>Start</th>
<th>End</th>
<th>Name</th>
<th>Start</th>
<th>End</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul. 23</td>
<td>Aug. 17</td>
<td>Damon Lee, MD</td>
<td>Jan. 7</td>
<td>Feb. 1</td>
<td>Miki Purnell, MD</td>
<td>Aug. 20</td>
<td>Sep. 14</td>
<td>Owen Nishikawa, MD</td>
</tr>
<tr>
<td>Aug. 20</td>
<td>Sep. 14</td>
<td>Kazu Hernandez, MD</td>
<td>Feb. 1</td>
<td>Mar. 1</td>
<td>Christina Kealoha, MD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep. 17</td>
<td>Oct. 12</td>
<td>Charles Whitehill, MD</td>
<td>Mar. 6</td>
<td>Mar. 29</td>
<td>Wesley Palmer, MD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct. 12</td>
<td>Nov. 9</td>
<td>Sharyl Taoka, MD</td>
<td>Mar. 29</td>
<td>Apr. 26</td>
<td>Vanessa Wong, MD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nov. 12</td>
<td>Dec. 7</td>
<td>Gabriela Ortiz-</td>
<td>Apr. 26</td>
<td>May 24</td>
<td>Eugene Kroon, MD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec. 10</td>
<td>Jan. 4</td>
<td>Omphroy, MD</td>
<td>May 27</td>
<td>Jun. 21</td>
<td>NONE</td>
<td>Dec. 10</td>
<td>Jan. 4</td>
<td>Hae Jung Marr, MD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Jun. 26</td>
<td>Jul. 19</td>
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</table>
### Exhibit 4

**Mejatto and Utrik Trips**

<table>
<thead>
<tr>
<th>DATE</th>
<th>ATOLL</th>
<th>PHYSICIANS/STAFF*</th>
<th>PATIENTS SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2001</td>
<td>Utrik</td>
<td>Sheldon Riklon, MD</td>
<td>DOE 8, Non-DOE 6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kazu Hernandez, MD</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hemiko Bingham, NC</td>
<td></td>
</tr>
<tr>
<td>October 2001</td>
<td>Mejatto</td>
<td>Dr. Tom Jack, MO</td>
<td>DOE 5, Non-DOE 14</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kazu Hernandez, MD</td>
<td></td>
</tr>
<tr>
<td>January 2002</td>
<td>Mejatto</td>
<td>Neal Palafox, MD</td>
<td>DOE 11, Non-DOE 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sheldon Riklon, MD</td>
<td></td>
</tr>
<tr>
<td>January 2002</td>
<td>Utrik</td>
<td>Neal Palafox, MD</td>
<td>DOE 12, Non-DOE 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sheldon Riklon, MD</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Zach Zachraias, MO</td>
<td></td>
</tr>
</tbody>
</table>

*NOTE: MO = Medical Officer; NC = Nurse Coordinator*
### Exhibit 5

**Continuing Medical Education**

<table>
<thead>
<tr>
<th>DATE</th>
<th>PRESENTOR</th>
<th>PLACE</th>
<th>TOPIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug. of '01</td>
<td>Seiji Yamada, MD (Faculty)</td>
<td>Ebeye &amp; Majuro Hospital</td>
<td>Perspectives on Diabetes Mellitus</td>
</tr>
<tr>
<td></td>
<td>Damon Lee, MD (Resident)</td>
<td>Ebeye &amp; Majuro Hospital</td>
<td>Evaluation and Management of the Abnormal Pap Smear</td>
</tr>
<tr>
<td>Sep. of '01</td>
<td>Kazu Hernandez, MD (Resident)</td>
<td>Majuro Hospital</td>
<td>Chronic Obstructive Pulmonary Disease (COPD) Update</td>
</tr>
<tr>
<td>Oct. of '01</td>
<td>Charles Whitehill, MD (Resident)</td>
<td>Ebeye Hospital</td>
<td>Management of Acute GI Bleed</td>
</tr>
<tr>
<td></td>
<td>Kathleen Kozak, MD (Faculty)</td>
<td>Ebeye Hospital</td>
<td>Cholesterol Management</td>
</tr>
<tr>
<td></td>
<td>Sheldon Riklon, MD</td>
<td>Majuro</td>
<td>HIV</td>
</tr>
<tr>
<td>Nov. of '01</td>
<td>Sharyl Taoka, MD (Resident)</td>
<td>Majuro Hospital</td>
<td>Acute Coronary Syndrome</td>
</tr>
<tr>
<td>Dec. of '01</td>
<td>Gabriela Ortiz-Omphroy, MD (Resident)</td>
<td>Ebeye &amp; Majuro Hospital</td>
<td>Vaginitis</td>
</tr>
<tr>
<td>Jan. of '02</td>
<td>Miki Purnell, MD (Resident)</td>
<td>Ebeye &amp; Majuro Hospital</td>
<td>Alcohol Related Problems</td>
</tr>
<tr>
<td>Feb. of '02</td>
<td>Christina Kealoha, MD (Resident)</td>
<td>Majuro Hospital</td>
<td>Management of Acute GI Bleed</td>
</tr>
<tr>
<td>April of '02</td>
<td>Vanessa Wong, MD (Resident)</td>
<td>Ebeye &amp; Majuro Hospital</td>
<td>Smoking Cessation</td>
</tr>
<tr>
<td>May of '02</td>
<td>Eugene Kroon, MD (Resident)</td>
<td>Majuro Hospital</td>
<td>HIV Management</td>
</tr>
<tr>
<td>June of '02</td>
<td>Hae Jung Marr, MD (Resident)</td>
<td>Majuro Hospital</td>
<td>Dyspepsia</td>
</tr>
</tbody>
</table>
Exhibit 6

Patient Satisfaction Survey

Ejmour Mokta - DOE/PHRI Special Medical Care Program

PATIENT SATISFACTION SURVEY

DATE: _______________  CLINIC SITE: _______________  ISLAND/ATOL RES: ___________  MR# ___________

INTRODUCTION

This survey will be about the manner in which the medical treatment/services you have received at this DOE/PHRI clinic was given during this past year.

All information will be kept completely confidential. Thank you for your participation.

The following questions will ask you to grade or evaluate your experience at this clinic during the past year. Please circle one of the categories: Good means you rate the service outstanding, Fair means you rate the service acceptable, Poor means you rate the service unacceptable.

A. The first question is about clinic access.

A1. How would you grade how easy it is to be seen at the DOE/PHRI clinic?

   Good          Fair          Poor

B. Now let’s talk about the professional staff at this clinic. First the nurse.

B1. Please grade the nurse on her friendliness, helpfulness and professionalism.

   Good          Fair          Poor

B2. And how would you grade the nurse on her competence -- that she is thorough and knowledgeable?

   Good          Fair          Poor

B3. How would you grade the nurse in telling you what you need to know?

   Good          Fair          Poor

C. Now let’s think about the physician or other providers you may see at the clinic.

C1. Please grade the medical officer on his friendliness, helpfulness and professionalism.

   Good          Fair          Poor

C2. And how would you grade the medical officer on his competence -- that he is thorough and knowledgeable?
C3. How would you grade the medical officer in telling you what you need to know?

Good       Fair       Poor

C4. And grade how much you feel you trust the medical officer at this clinic.

Good       Fair       Poor

D1. Please grade the doctors from Honolulu on their friendliness, helpfulness and professionalism.

Good       Fair       Poor

D2. And how would you grade the doctors from Honolulu on their competence -- that they are thorough and knowledgeable?

Good       Fair       Poor

D3. How would you grade the doctors from Honolulu in telling you what you need to know?

Good       Fair       Poor

D4. And grade how much you feel you trust the doctors from Honolulu at this clinic.

Good       Fair       Poor

E1. Please grade how satisfied you are with the results of the medical care you have received at this clinic.

Good       Fair       Poor (Why?)

E1. Please grade how satisfied you are with the results of the medical care you have received at this clinic.

Good       Fair       Poor (Why?)

F1. Thinking about your overall experience with this clinic, what overall grade would you give to this clinic?

Good       Fair       Poor

THANK YOU FOR YOUR PARTICIPATION, PLEASE RETURN YOUR COMPLETED SURVEY TO THE PERSON WHO GAVE IT TO YOU.
Patient Satisfaction Survey Results

Questions

Clinic Access
Nurse - Friendly
Nurse - Competent
Nurse - Informative
MO - Friendly
MO - Competent
MO - Informative
MO - Trust
HooDoe - Friendly
HooDoe - Competent
HooDoe - Informative
Overall Medical Care
Overall Experience

Percentage

83 90 86 98 90 90 85 94 79 85 83 85 73 75

Poor
Fair
Good