Medication Delivery Delays Prior to and During the COVID-19 Pandemic at the VA Manila Outpatient Clinic in Pasay City, Philippines
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Executive Summary

The VA Office of Inspector General (OIG) conducted a healthcare inspection to assess allegations related to delayed medication delivery from the VA Manila Outpatient Clinic (clinic) pharmacy in Pasay City, Philippines, prior to and during the COVID-19 pandemic.\(^1\)

The OIG substantiated that prior to the pandemic, a patient experienced medication delivery delays and did not timely receive morphine from the clinic pharmacy in October and November 2019. The OIG found that while the patient requested a renewal in a timely manner, pharmacists could not fill the medication because there was no available stock. This was due to the Veterans Health Administration’s (VHA) prime vendor, McKesson Corporation (McKesson), experiencing stock shortages that resulted in medications being unavailable to the clinic pharmacy in October and November 2019.\(^2\) Additionally, the Clinic Manager told the OIG there was a general shortage of morphine, not specific to the clinic, that resolved in late September 2019.\(^3\)

The OIG did not substantiate that a second patient experienced medication delivery delays for five new order medications, one medication renewal, and a glucometer for diabetic testing in November 2019. The OIG was unable to substantiate if this patient experienced delivery delays

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of three medication refills because the OIG could not determine when the patient requested the refills.

During the inspection, the OIG found that clinic leaders identified a pharmacy processing time of 10.09 days (eight days over VHA and clinic policy requirements) in October 2019. In November 2019, the Chief of Pharmacy Services initiated an action plan that identified delays in mailing and medication shortages as the primary issues leading to an increased processing time.\(^4\) The Chief of Pharmacy Services implemented strategies to address the issues, and in January 2020 reported the average pharmacy processing time for the month of December 2019 had decreased to 1.63 days. The average processing time rose in January 2020 to 2.24 days, and the Chief of Pharmacy Services explained this was due to staffing issues that were ultimately resolved by increasing overtime.

The Philippine President declared a COVID-19 public health emergency throughout the Philippines on March 8, 2020, and on March 16, 2020, implemented an enhanced community quarantine that imposed travel limitations.\(^5\) The US Embassy announced its closure on March 17, 2020, and the clinic, which is situated on US Embassy property, closed the same day.\(^6\) In March 2020, the Clinic Manager and Veterans Integrated Service Network leaders took actions to prepare for an expected nationwide shutdown, such as allowing for 90-day refills, releasing controlled substance prescriptions early, prioritizing controlled substances and higher risk medications, and coordinating with the US Embassy to deem pharmacy services as essential.

The OIG substantiated that four patients experienced medication delivery delays in March and April 2020, due to limited or nonexistent AIR21 courier transport as a result of government travel restrictions.\(^7\) The OIG found that, during the pandemic, AIR21 identified serviceable, limited, and nonserviceable areas. On March 17, 2020, AIR21 advised they would only accept medications for delivery in the serviceable area within Luzon (the clinic is located in this island group) and customers could expect delays due to numerous inspections and checkpoints. The OIG substantiated pharmacists could not dispense Novolin\(^7\) 70/30, an insulin, to a patient, as the clinic pharmacy had no stock after April 2020. McKesson canceled orders for perishable items

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due to unavailability of flights to the Philippines. The Clinic Manager informed the OIG of pharmacists working with McKesson and a local pharmacy to establish a temporary system to procure and store a supply of insulin.\(^8\)

The OIG further determined that none of these delays before and during the pandemic resulted in adverse clinical outcomes for any of the six patient complainants. Within the context of this report, the OIG considered an adverse clinical outcome to be death, a progression of disease, worsening prognosis, suboptimal treatment, or a need for higher level care.

The OIG concluded that although medication delivery delays existed during the COVID-19 pandemic, Veterans Integrated Service Network and clinic leaders attempted to mitigate the effects of the pandemic enhanced community quarantine to the extent possible, and the Clinic Manager maintained ongoing communication with clinic patients. The OIG made two recommendations to the Clinic Manager related to pharmacy stock shortages and pharmacy processing delays.

**Comments**

The Veterans Integrated Service Network Director and the Clinic Manager concurred with the findings and recommendations and provided acceptable action plans (see appendixes C and D.) The OIG will follow up on the planned actions until they are completed.

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Assistant Inspector General for Healthcare Inspections

\(^8\) The OIG reviewed the electronic health record and determined that the patient received oral diabetic agents while not able to receive the injectable insulin. The Novolin 70/30 was delivered to the patient on August 1, 2020.
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## Abbreviations

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<tr>
<td>COVID-19</td>
<td>coronavirus disease</td>
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<td>EHR</td>
<td>electronic health record</td>
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<td>FMP</td>
<td>Foreign Medical Program</td>
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<td>OIG</td>
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Introduction

The VA Office of Inspector General (OIG) conducted an inspection to assess the allegations related to delayed medication delivery from the VA Manila Outpatient Clinic (clinic) pharmacy prior to and during the COVID-19 pandemic.1

Background

The clinic, located in Pasay City, Philippines, is part of Veterans Integrated Service Network (VISN) 21 Sierra Pacific Network. It is the only VA healthcare clinic located in a foreign country and is situated on US Embassy (Embassy) property. The Philippines is an archipelago consisting of over 7,000 islands, divided into three regions: Luzon, Visayan, and Mindanao. Luzon consists of the northern islands and is also the location of the Embassy; Visayan is composed of the central islands; and Mindanao is the southern island group (see appendix A).2

The clinic provides primary care, specialty care, mental health, imaging, laboratory, and pharmacy services. Between October 1, 2018, and September 30, 2019, the clinic served 6,259 unique patients and had 19,849 outpatient visits. Although the Veterans Health Administration (VHA) classifies medical facilities by complexity levels, this clinic is excluded from classification.3

COVID-19 Pandemic in the Philippines

The Philippine Department of Health reported the first case of COVID-19 in the country on January 30, 2020. The country’s first documented local transmission of the disease occurred on

1 World Health Organization, Naming the Coronavirus Disease (COVID-19) and the Virus that Causes It, accessed on August 12, 2020, https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-19)-and-the-virus-that-causes-it. COVID-19 is an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Merriam-Webster Dictionary, Definition of pandemic, accessed on August 13, 2020, https://www.merriam-webster.com/dictionary/pandemic#medicalDictionary. Pandemic refers to a disease outbreak, which occurs over a wide geographic area and it can affect a large portion of the population. For the purposes of this report, the facility will be referred to as the clinic, and the facility director referred to as the Clinic Manager.


3 The VHA Facility Complexity Model categorizes medical facilities based on patient population, clinical services offered, and educational and research missions.
March 7, 2020. The Philippine President declared a COVID-19 public health emergency throughout the Philippines on March 8, 2020, and on March 16, 2020, implemented an enhanced community quarantine in Luzon that imposed land, sea, and air travel limitations. The Embassy announced its closure on March 17, 2020, due to the quarantine. The clinic closed the same day. The Clinic Manager told the OIG that the clinic follows Embassy guidelines regarding closure. As of October 9, 2020, the clinic is operating under general community quarantine with some travel restrictions related to essential services.

**Clinic Pharmacy**

The clinic pharmacy department is composed of the Chief of Pharmacy Services, a program specialist, five pharmacists, and two pharmacy technicians, one who is responsible for pharmacy procurement and one who is responsible for pharmacy mail. The pharmacists fill an average of 14,355 prescriptions monthly and do not have access to VA’s Consolidated Mail Outpatient Pharmacy software. Pharmacists verify and fill medication orders and release the completed prescriptions for mail or window pick-up. The pharmacy’s normal business hours are Monday through Friday, 8:00 a.m. to 4:30 p.m., excluding United States federal and Philippine holidays.

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7 Clinic Policy 119-13/DXF, *Outpatient Prescription Processing*, March 2019. Staff pharmacist responsibilities include review of patient medication profiles, verification of new prescriptions, and dispensing medications. The pharmacy procurement and inventory technician orders medications from vendors for pharmacy stock, and the pharmacy mail technician prepares medications for mailing.

8 VHA Handbook 1108.05(2), *Outpatient Pharmacy Services*, June 16, 2016, amended August 20, 2019, and amended February 6, 2020. VA pharmacists in the United States use the Consolidated Mail Outpatient Pharmacy to mail out prescriptions, including refill prescriptions to patients. In interviews, VISN and clinic leaders stated it was not available at the clinic.

9 Clinic Policy 119-13/DXF. Clinic Policy SOP #003, *Filling and Dispensing of Prescriptions*, February 9, 2016. VHA Directive 1521, *Outpatient Health Care for United States Veterans Residing in or Visiting the Philippines at the Department of Veterans Affairs (VA) Clinic in Manila*, February 5, 2018. Patients are eligible to receive medication if they are service-connected for the condition requiring the medication.
Medication Procurement and Delivery

One of the clinic’s pharmacy technicians must acquire medications from VHA’s prime vendor, McKesson Corporation (McKesson). Clinic leaders told the OIG that medication destined for the clinic is shipped by McKesson from Hawaii to the Philippines. Clinic policy requires a patient’s medication to be mailed throughout the Philippines via AIR21 due to AIR21’s tracking mechanisms and requirement of signature upon arrival. Additionally, the VISN 21 Contracting Officer told the OIG that AIR21 is able to deliver nationwide.

Allegations and Related Concerns

Prior to the COVID-19 pandemic, the OIG received complaints from two patients alleging delays in medication delivery due to pharmacy processing issues. During the pandemic, the OIG received complaints from five patients alleging delays in medication delivery due to courier service restrictions and vendor supply disruption (see appendix B). The OIG reviewed the complaints, and on May 13, 2020, initiated an inspection.

Scope and Methodology

The OIG performed a virtual site visit from July 13 through July 16, 2020, and completed additional interviews the week of July 20, 2020. The OIG conducted the inspection virtually given the concerns with travel and the potential spread of COVID-19. The review included select data and documents from October 1, 2019, to August 1, 2020. The OIG interviewed 18 individuals including two patient complainants; VISN and clinic leaders and senior level management; and staff from pharmacy, patient advocacy, contracting, and primary care. The
OIG reviewed VHA directives and handbooks, clinic policies, courier contracts, staff emails, issue briefs, clinic meeting minutes for the Joint Executive Board, and the electronic health records (EHR) of the six patient complainants for the time periods relevant to the respective medication delay complaints.\(^{16}\)

In the absence of current VA or VHA policy, the OIG considered previous guidance to be in effect until superseded by an updated or recertified directive, handbook, or other policy document on the same or similar issue(s).

The OIG substantiates an allegation when the available evidence indicates that the alleged event or action more likely than not took place. The OIG does not substantiate an allegation when the available evidence indicates that the alleged event or action more likely than not did not take place. The OIG is unable to determine whether an alleged event or action took place when there is insufficient evidence.

For the purposes of this report, the OIG defined delivery delays as follows:

- A new medication order processing delivery delay occurred if the pharmacists processed and released the medication outside of the clinic defined time frame.\(^{17}\)
- A medication refill or renewal processing delivery delay occurred if the pharmacists released the medication refill or renewal after the patient had run out of medication, and the patient had requested the medication timely.\(^{18}\)
- A courier delivery delay occurred if the pharmacists timely released the medication to the courier, but the courier delivered the medication outside of the contracted time frame.\(^{19}\)

Oversight authority to review the programs and operations of VA medical facilities is authorized by the Inspector General Act of 1978, Pub. L. No. 95-452, §7, 92 Stat 1105, as amended (codified at 5 U.S.C. App. 3). The OIG reviews available evidence to determine whether reported concerns or allegations are valid within a specified scope and methodology of a healthcare inspection and, if so, to make recommendations to VA leadership on patient care issues. Findings and recommendations do not define a standard of care or establish legal liability.

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\(^{16}\) The OIG team interviewed two complainants; a review of the EHRs of the remaining four patients was sufficient to evaluate allegations and no additional interviews were necessary. Clinic Policy 00-01/VLR, Joint Executive Board (JEB). The Joint Executive Board is a group of clinical and administrative leaders who meet collectively to advise “leadership in the administration and clinical functions of the clinic, formulation of policy, and the development and monitoring of activities to assure optimum quality of clinical care and administrative services.”

\(^{17}\) Clinic Policy 119-01/DXF.

\(^{18}\) Clinic Policy 119-01/DXF. The OIG defined a timely refill request as 10 to 14 business days prior to the medication running out due to the clinic’s policy of a 10 to 14 business day processing time.

\(^{19}\) AIR21’s contract specifies a delivery time of one to two business days for recipients within directly served geographic areas. The VISN 21 Contracting Officer told the OIG that AIR21’s delivery time is two to five days for areas not directly serviced.
The OIG conducted the inspection in accordance with Quality Standards for Inspection and Evaluation published by the Council of the Inspectors General on Integrity and Efficiency.

Inspection Results

Delays in Medication Delivery

The OIG substantiated that prior to the COVID-19 pandemic, Patient 1 experienced medication delivery delays and did not receive timely processing of morphine from the clinic pharmacy. The OIG did not substantiate that Patient 2 experienced medication delivery delays for five new order medications, one medication renewal, and a glucometer for diabetic testing. The OIG was unable to substantiate if Patient 2 experienced medication delivery delays of three medication refills.

The OIG substantiated that during the COVID-19 pandemic, Patients 1, 3, 4, and 5 experienced medication delivery delays. The OIG also substantiated the clinic pharmacists could not provide Novolin 70/30, an insulin, to Patient 6 due to vendor supply disruption with perishable refrigerated medications. The OIG further determined that none of these delays resulted in adverse clinical outcomes for any of the six patients. Within the context of this report, the OIG considered an adverse clinical outcome to be death, a progression of disease, worsening prognosis, suboptimal treatment, or a need for higher level care.

Per VHA policy, “outpatient pharmacy services are to be provided in a safe, appropriate, timely, efficient, and cost-effective manner which is patient-centered and provides the most clinical benefit to patients.” VHA policy defines the time to process medication orders as starting “when the patient presents to the outpatient clinical pharmacist or the prescription processing is initiated in other settings, and concludes when the prescription is released for pick-up by the patient.”

VHA and clinic policy require that prescriptions are processed for filling within two working days of receipt. The Chief of Pharmacy Services told the OIG that the processing time starts when pharmacists queue the prescription into ScriptPro, the tracking and dispensing hardware system for outpatient pharmacies. Clinic policy further requires “medications and other medical supplies are dispensed and mailed within 10 to 14 business days, excluding holidays and weekends, upon receipt of a request thru the audiocare, myhealthyvet [sic], secure messaging system (SMS) and fax.”

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20 For readability, the OIG does not use the registered trademark symbol in the remainder of the report for Novolin 70/30.
21 VHA Handbook 1108.05(2).
22 VHA Handbook 1108.05(2). Clinic Policy SOP #005, Utilization of VA Pharmacies, February 2016.
24 Clinic Policy 119-01/DXF.
Clinic policy requires pharmacists to perform a series of critical steps to ensure timely delivery of the correct medication to the correct patient. Staff pharmacists review and verify provider prescription order entries and dispense appropriate medications to the patients for either mail or window pick-up. The Chief of Pharmacy Services has various responsibilities such as assuring the availability of all drugs and reporting pharmacy operation concerns to clinic leaders. When prescriptions are out of stock or running low, staff pharmacists alert the procurement technician. To maintain stock, the pharmacy procurement technician told the OIG of working closely with Pharmacy Services to obtain medications and supplies.

**Patient Complaints Prior to the COVID-19 Pandemic**

Patient 1 and 2 complained of medication delivery delays prior to the COVID-19 pandemic. The OIG substantiated Patient 1 experienced medication renewal delivery delays of morphine from the clinic pharmacy. The OIG did not substantiate medication delivery delays for Patient 2.

Patient 1 reported medication delivery delays of morphine in October and November 2019. The OIG reviewed Patient 1’s EHR and found the patient requested a renewal timely, however, pharmacists could not fill and release the medication as there was no available stock.

Clinic leaders told the OIG that in October and November of 2019, some medications were unavailable due to McKesson stock shortages. Additionally, the Clinic Manager told the OIG there was a general shortage of morphine, not specific to the clinic, that resolved in late September 2019.

Although the Foreign Medical Program (FMP) is an option to service-connected veterans in the Philippines, Patient 1 told the OIG of purchasing drugs privately in the community without reimbursement via the FMP because “I don’t want to deal with the paperwork.” The OIG determined that although Patient 1 received a delayed delivery of morphine in both October and November 2019, no adverse clinical outcomes occurred.

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25 Clinic Policy 119-01/DXF. Clinic Policy SOP #003.
26 Clinic Policy SOP #003.
27 Clinic Policy 119-01/DXF.
28 Clinic Policy 119-13/DXF.
31 VHA Directive 1521. The FMP is a VA health care benefits program for veterans residing or traveling outside the U.S. and having VA-rated, service-connected disabilities. The patient can seek treatment in the community and request reimbursement.
Patient 2 reported medication delivery delays of nine medications, a glucometer for diabetic testing, alcohol pads, and a sharps container in November 2019. The OIG reviewed Patient 2’s EHR and found

- Five medications and the glucometer were new prescriptions and dispensed within clinic established guidelines.
- One medication was a renewal and Patient 2 received it prior to the previous month’s supply running out.
- Three medications were refills. The OIG reviewed Patient 2’s EHR and could not determine when Patient 2 requested the refills, and therefore was unable to determine if Patient 2’s prescription delivery was delayed.
- The clinic pharmacy does not provide sharps containers or alcohol pads.32

The OIG confirmed awareness of Patient 2’s knowledge of the FMP. Patient 2 told the OIG that it was not of value to use the FMP due to “effort and the finances to get reimbursement.” The OIG determined that Patient 2 did not experience adverse clinical outcomes.

The OIG concluded that Patient 1 experienced medication delays of morphine prior to COVID-19 due to a stock shortage. Patient 2 did not experience delays of new or renewed orders. The OIG was unable to determine if Patient 2 experienced medication delivery delays of the refilled medications. Although the FMP was an option, Patients 1 and 2 declined to use that benefit.

**Clinic’s Action Plan to Address Increased Processing Times**

During the inspection, the OIG found that clinic leaders identified an increased prescription processing time in October 2019 and developed an action plan. The OIG reviewed the December 2019 Joint Executive Board meeting minutes and found the Chief of Pharmacy Services reported a pharmacy processing time of 10.09 days in October 2019 for mail out medications—eight days over VHA and clinic policy requirements.33

In November 2019, the Chief of Pharmacy Services initiated an action plan that identified delays in mailing and medication shortages as the primary issues leading to an increased processing time. Strategies to address the issues included

- A request for overtime hours to offset November and December holidays.34

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32 The Chief of Pharmacy Services told the OIG that the clinic pharmacy does not dispense sharps containers or alcohol pads to patients who use lancets.

33 VHA Handbook 1108.05(2). Clinic Policy SOP #005.

34 U.S. Embassy in the Philippines, *Holiday Calendar*, accessed on October 21, 2020, [https://ph.usembassy.gov/holiday-calendar/](https://ph.usembassy.gov/holiday-calendar/). The OIG found the Embassy calendar denotes 20 observed holidays in the Philippines throughout the calendar year, including seven in October, November, and December.
• Establishment of a daily processing target of 600–650 prescriptions,
• Stabilization of drug supplies, and
• Adjustment of drug reorder levels to maintain supply.

In a January 2020 Joint Executive Board meeting, the Chief of Pharmacy Services reported the average pharmacy processing time decreased to 1.63 days in December 2019. The average processing time rose in January 2020 to 2.24 days, and the Chief of Pharmacy Services explained this was due to staffing issues that were ultimately resolved by increasing overtime.\(^{35}\)

**The Clinic Pharmacy Preparations for the COVID-19 Pandemic**

On March 12, 2020, the Clinic Manager requested approval from VISN leaders to have clinic pharmacists prepare and release controlled substance prescriptions early due to a concern for limited pharmacy services if a country-wide lock down occurred. Four days later the VISN 21 Deputy Pharmacy Executive told the Chief of Pharmacy Services to “pull ahead” on all refills through the first week of April, which would allow for 90-day refills. The VISN 21 Deputy Pharmacy Executive told the OIG that clinic pharmacists attempted to get as “much filled and out the door as possible before all of the flights were grounded.” VISN 21 and clinic staff told the OIG of prioritizing controlled substances and “higher risk medications,” which included opiates, insulins, and anti-coagulation medications.

Following the implementation of the enhanced community quarantine in Luzon and closure of the clinic, the Clinic Manager alerted VISN leaders in a March 17, 2020, issue brief, of the closure as well as plans to notify clinic patients. The issue brief also noted a plan to prepare “13 essential locally-employed staff members to be able to telework in case a curtailment was necessary,” which included the Chief of Pharmacy Services.\(^{36}\) Additionally, in a March 20, 2020, issue brief update the Clinic Manager told VISN leaders of coordinated efforts with the Embassy to deem pharmacy services as essential. This allowed for limited pharmacy operations to resume two days a week beginning March 24, 2020, and for six pharmacy staff members to report to work to fill prescriptions.

In issue brief updates to VISN leaders on March 20 and April 8, 2020, the Clinic Manager cautioned that although the clinic’s pharmacy was operational, medication delivery remained an issue due to quarantine travel restrictions.

\(^{35}\) Due to the COVID-19 pandemic, the Joint Executive Board has not collectively met since January 2020 and no further tracking data is available.

The clinic’s pharmacy gradually expanded services and staffing, and by April 8, 2020, the pharmacy was operating daily. In a May 14, 2020, update, the issue brief notes that pharmacists could mail medications to most locations in the Philippines and advised patients to use the FMP to purchase medications at local pharmacies if needed.

A June 11, 2020, email from the Embassy to clinic staff communicated a phased approach for the return of physical site staff. In a July 24, 2020, issue brief to VISN leaders, the Clinic Manager reiterated the phased approach with a plan for 50 percent return to physical staffing within the second phase and “to have a slow and judicious phased reopening.”

The Clinic Manager told the OIG that as of August 18, 2020, some in-person appointments were occurring at the clinic as the country resumed a level of quarantine that allowed for more movement and resumption of public transportation. Additionally, two pharmacists maintained a telework status and could report to the clinic if on-site pharmacy staff needed to quarantine due to COVID-19 exposure.

### Patient Complaints During the COVID-19 Pandemic

The OIG found that Patients 1, 3, 4, and 5 experienced medication delivery delays during the pandemic due to limited or nonexistent AIR21 courier transport constrained by government travel restrictions. The OIG substantiated the clinic pharmacists could not dispense Novolin 70/30 to Patient 6, as the medication was not being shipped to the clinic.

Five patients (Patients 1, 3, 4, 5, and 6) complained of medication delivery delays during the COVID-19 pandemic. Patients 1, 3, 4, and 5 reported AIR21 was not timely delivering medications from the clinic pharmacy. Patient 6 reported not receiving Novolin 70/30 as the “supplier is no longer shipping to va [sic] manila.”

The OIG determined that Patients 1, 3, 4, and 5 resided in Luzon and Visayan island groups and were unable to receive timely medication deliveries through AIR21 in March and April of 2020, due to the government’s quarantine travel restrictions. The OIG determined that Patient 6 experienced medication delivery delays of Novolin 70/30 as the clinic pharmacy had no stock after April 2020. The OIG found, through clinic interviews, that from April through June 2020,
McKesson canceled orders for perishable items due to unavailability of flights to the Philippines. The OIG reviewed Patient 6’s EHR and determined that Patient 6 received oral diabetic agents while not able to receive the injectable insulin. The Clinic Manager told the OIG that the pharmacy staff worked with McKesson and a local pharmacy to establish a temporary system to procure and store a supply of insulin. The Clinic Manager also told the OIG that on July 30, 2020, a clinic pharmacist released Novolin 70/30 for delivery that was delivered to Patient 6 on August 1, 2020.

The OIG determined that due to the COVID-19 pandemic and the subsequent Philippine enhanced community quarantine there were unavoidable medication delivery delays. Further, the OIG determined that Patients 1, 3, 4, 5, and 6 did not experience adverse clinical outcomes due to medication delivery delays.

The OIG reviewed the Clinic Manager’s communication to patients as well as AIR21’s communication with clinic leaders and pharmacy staff advising of both anticipated and current delivery delays due to the enhanced community quarantine. The OIG found the Clinic Manager and AIR21 were aware of medication delivery issues particularly for geographic areas that were unserviceable. The OIG determined that VISN and clinic leaders mitigated medication delivery issues during the pandemic by

- Filling prescriptions ahead of time prior to the Philippine quarantine,
- Directing patients to the FMP if patients had to purchase medications in the community, and
- Staffing the pharmacy to the extent possible given community quarantine restrictions.

The OIG also found the Clinic Manager consistently communicated COVID-19 related updates to patients and provided guidance:

- Instructions on how to communicate with clinic staff during the closure
- Updates on pharmacy operating hours and staffing
- Recognition of medication delivery delays due to the quarantine
- Updates on AIR21 serviceable, limited, and nonserviceable delivery locations
- Directions on how to obtain medications if delivery issues arose including accessing local pharmacy options and requesting reimbursement from the FMP

The OIG concluded that although medication delivery delays existed during the COVID-19 pandemic, VISN and clinic leaders attempted to mitigate the effects of the pandemic enhanced community quarantine to the extent possible and the Clinic Manager maintained ongoing communication with clinic patients.
Conclusion

The OIG substantiated that prior to the COVID-19 pandemic, a patient experienced medication delivery delays and did not receive timely delivery of morphine from the clinic pharmacy due to a stock shortage. The OIG did not substantiate that a second patient experienced medication delivery delays for five new order medications, one medication renewal, and a glucometer for diabetic testing. The OIG was unable to substantiate if the second patient experienced medication delivery delays of three medication refills. The OIG further determined that none of these delays resulted in adverse clinical outcomes.

The OIG found that clinic leaders identified an increased prescription processing times in October 2019 and developed an action plan in November 2019. The action plan identified mailing delays and medication stock shortages as the primary issues leading to an increased processing time, and clinic managers took action to improve processing times.

The OIG substantiated that during the COVID-19 pandemic, four patients experienced medication delivery delays. The OIG also substantiated the clinic pharmacists could not provide Novolin 70/30 to one patient due to constraints on shipments of perishable medications. The OIG further determined that none of these delivery delays resulted in adverse clinical outcomes.

The OIG found the Clinic Manager and AIR21 staff were aware of medication delivery issues particularly for geographic areas that were unserviceable. The OIG concluded that although medication delivery delays existed during the COVID-19 pandemic, VISN and clinic leaders attempted to mitigate the effects of the pandemic related quarantine to the extent possible and the Clinic Manager maintained ongoing communication with patients.
Recommendations 1–2

1. The VA Manila Outpatient Clinic Manager evaluates the current pharmacy ordering processes and takes action to reduce the frequency of pharmacy stock shortages.

2. The VA Manila Outpatient Clinic Manager reviews the impact of nonworking hours, including holidays, on pharmacy processing delays and takes action as necessary.
Glossary

**aspirin.** A medication used to reduce the risk of heart attack in patients with chronic coronary artery diseases.\(^{37}\)

**atorvastatin.** A medication used to lower cholesterol and triglyceride levels.\(^{38}\)

**augmentin.** An antibiotic used to treat bacterial infections. Augmentin is a combination of amoxicillin and clavulanate.\(^{39}\)

**cyclosporine.** A medication used to keep the body from attacking an organ after an organ transplant.\(^{40}\)

**diabetic.** A person who has diabetes, a condition where one’s body does not properly regulate the production or use of insulin.\(^{41}\)

**diphenhydramine.** A medication used for a variety of ailments including allergic reactions and trouble sleeping.\(^{42}\)

**divalproex.** A medication used to treat seizures and bipolar disorder.\(^{43}\)

**enhanced community quarantine.** A measure that the Philippine government imposed due to COVID-19. The action suspended classes and school, mass gatherings, imposed home quarantine and restricted travel to acquiring essential goods or work. Additionally, persons under 21 years of age, over 60, and those with comorbidities were required to shelter in their residences.\(^{44}\)

**escitalopram.** An antidepressant medication also used to treat generalized anxiety disorder.\(^{45}\)

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**Medication Delivery Delays Prior to and During the COVID-19 Pandemic at the VA Manila Outpatient Clinic in Pasay City, Philippines**

**gabapentin.** A medication used to help treat seizures and nerve pain.\(^{46}\)

**gemfibrozil.** A medication used to treat high cholesterol.\(^{47}\)

**general community quarantine.** A measure that the Philippine government imposed which limited movement to accessing essential goods, services and work. Additionally, persons under 21 years of age, over 60, and those with comorbidities were required to shelter in their residences, and not enter malls and shopping centers except to obtain essential goods.\(^{48}\)

**glipizide.** A medication used to treat diabetes.\(^{49}\)

**glucometer.** A tool that measures the amount of glucose (sugar) in a small drop of blood.\(^{50}\)

**issue brief.** A tool used to provide information to leadership regarding a situation, event or issue.\(^{51}\)

**lactulose.** A medication used to treat constipation and reduces neurological symptoms caused by liver disease.\(^{52}\)

**losartan.** A medication used to treat high blood pressure.\(^{53}\)

**metformin.** A medication used to treat high blood sugar levels due to type 2 diabetes.\(^{54}\)

**methocarbamol.** A medication used to relieve muscle pain and stiffness.\(^{55}\)

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methylphenidate. A medication “used to treat attention deficit hyperactivity disorder.”\textsuperscript{56}
morphine. A medication used to treat moderate to severe pain.\textsuperscript{57}
naproxen. A nonsteroidal medication used to relieve inflammation, swelling, and stiffness.\textsuperscript{58}
Novolin 70/30. An insulin used to control high blood sugar levels. Unopened product requires refrigeration.\textsuperscript{59}
omeprazole. A medication used to treat gastrointestinal conditions such as acid reflux.\textsuperscript{60}
oxycodone. A medication used to treat severe pain.\textsuperscript{61}
refill. A prescription refill is a medication request for continuous or recurring medications.\textsuperscript{62}
sertraline. A medication used to treat depression and anxiety.\textsuperscript{63}
sharps container. Collects needles and other sharp medical instruments after use to prevent infection and injury.\textsuperscript{64}
sildenafil. A medication used for erectile dysfunction and pulmonary hypertension.\textsuperscript{65}
sumatriptan. A medication used to “treat acute migraine headaches.”\textsuperscript{66}
tramadol. A medication used to relieve pain.\textsuperscript{67}

\textsuperscript{59} U.S. Food and Drug Administration, Novolin 70/30 Insulin, accessed on September 22, 2020, \url{https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/019991s077lbl.pdf}.
\textsuperscript{60} Mayo Clinic, Omeprazole (Oral Route), accessed on August 24, 2020, \url{https://www.mayoclinic.org/drugs-supplements/omeprazole-oral-route/description/drg-20066836}, updated August 1, 2020.
\textsuperscript{61} Mayo Clinic, Oxycodone (Oral Route), accessed on September 14, 2020, \url{https://www.mayoclinic.org/drugs-supplements/oxycodone-oral-route/description/drg-20074193}, updated September 1, 2020.
\textsuperscript{62} VHA Handbook 1108.05(2).
\textsuperscript{63} Veterans Health Library, Sertraline tablets, accessed on August 27, 2020, \url{https://www.veteranshealthlibrary.va.gov/MedicationsVA/121.1657}.
zolpidem. A medication used to treat sleep disturbances.\(^6\)

Appendix A: Map of the Philippines

Figure 1. Map of island groups in the Philippines
## Appendix B: Patient Allegations Prior to and During COVID-19 Pandemic

<table>
<thead>
<tr>
<th>Patient Number (Complaint Number)</th>
<th>Date of Complaint</th>
<th>Complaint</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prior to Pandemic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient 1 (1&lt;sup&gt;st&lt;/sup&gt; Complaint)</td>
<td>10/17/2019</td>
<td>Delivery delay of morphine</td>
</tr>
<tr>
<td>Patient 1 (2&lt;sup&gt;nd&lt;/sup&gt; Complaint)</td>
<td>11/12/2019</td>
<td>Delivery delay of morphine</td>
</tr>
<tr>
<td>Patient 2</td>
<td>12/4/2019</td>
<td>Delivery delays of morphine, glipizide, methylphenidate, sildenafil, losartan, gabapentin, naproxen, tramadol, methocarbamol, a glucometer, a sharps container and alcohol pads</td>
</tr>
<tr>
<td><strong>During Pandemic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient 1 (3&lt;sup&gt;rd&lt;/sup&gt; Complaint)</td>
<td>3/21/2020</td>
<td>Delivery delays of morphine and cyclosporine</td>
</tr>
<tr>
<td>Patient 3</td>
<td>3/24/2020</td>
<td>Delivery delays of sumatriptan, escitalopram, diphenhydramine, and omeprazole</td>
</tr>
<tr>
<td>Patient 4</td>
<td>4/8/2020</td>
<td>Delivery delays of zolpidem, lactulose, gabapentin, aspirin, atorvastatin, divalproex, losartan, omeprazole, augmentin, and sertraline</td>
</tr>
<tr>
<td>Patient 5</td>
<td>4/10/2020</td>
<td>Delivery delays of oxycodone and gemfibrozil</td>
</tr>
<tr>
<td>Patient 6</td>
<td>7/15/2020</td>
<td>Delivery delay of Novolin 70/30</td>
</tr>
</tbody>
</table>

*Source: OIG analysis of patient allegations*
Appendix C: VISN Director Memorandum

Department of Veterans Affairs Memorandum

Date: December 21, 2020
From: Director, VA Sierra Pacific Network (10N21)
Subj: Healthcare Inspection—Medication Delivery Delays Prior to and During the COVID-19 Pandemic at Manila Outpatient Clinic in Pasay City, Philippines
To: Director, Office of Healthcare Inspections (54HL07)
    Director, GAO/OIG Accountability Liaison Office (VHA 10EG GOAL Action)

1. Thank you for the opportunity to review and comment on Office of Inspector General draft report on this hotline case. Attached is the action plan from the facility with their response to the recommendations identified in the report.

2. If you have any questions, please contact the V21 Accreditation Program Manager for the V21 Network.

(Original signed by:)

John A. Brandecker, MBA, MPH
Network Director
Appendix D: Clinic Manager Memorandum

Department of Veterans Affairs Memorandum

Date: December 22, 2020
From: Health System Administrator, VA Manila Outpatient Clinic (358/002)
Subj: Healthcare Inspection—Medication Delivery Delays Prior to and During the COVID-19 Pandemic at Manila Outpatient Clinic in Pasay City, Philippines
To: Network Director, VA Sierra Pacific Network (10N21)

1. Thank you for sharing the draft report of the Inspector General’s evaluation of Pharmacy Services at the VA Manila Outpatient Clinic. I appreciate this review as part of the Clinic’s ongoing processes to improve Veteran care in the Philippines. I concur with their recommendations and submit the attached action plans in response.

2. If you have any questions or require further information, please contact VA Manila’s Quality Management Officer.

(Original signed by:)
Daniel Gutkoski, MHA
Clinic Manager, VA Manila Outpatient Clinic
Clinic Manager Response

Recommendation 1
The Manila Outpatient Clinic Manager evaluates the current pharmacy ordering processes and takes action to reduce the frequency of pharmacy stock shortages.

Concur.

Target date for completion: June 30, 2021

Manager Comments
The Chief Pharmacist will continue to monitor annual pharmacy inventory turnover rate as a measure of effective inventory management within the Pharmacy Service and will meet and/or exceed established VHA standards. VHA’s benchmark for pharmacy inventory turnover is 10 turns per year or more. The Chief Pharmacist or designee will report on the status of all known or anticipated prescription drug shortage issues monthly to the Medical Executive Board (MEB) and quarterly to the Clinic Operations Committee (COC). Quality Manager will monitor documentation of the discussion in the Medical Executive Board and/or COC meeting minutes for a minimum of six consecutive months.

The Chief Pharmacist or his designee will continue to participate in the VISN 21 VA Quarterly Pharmacy Business Review, which was initiated in September 2020. This review is a quarterly meeting of VISN Chief Pharmacists and the McKesson Pharmacy Prime Vendor Representative for the region, where current purchasing trends and ordering process best practices are shared. The Chief Pharmacist will report the outcomes of these meetings to the Chief Medical Officer and Clinic Manager to discuss the potential adoption of innovative solutions shared from the Reviews. The Chief Pharmacist or his designee will work with VISN 21 Pharmacy Executive to evaluate the potential for deployment of ScriptPro Inventory Management System (SIMS) at VA Manila. SIMS integrates with the ScriptPro Central Workflow System to provide real-time inventory tracking, order generation, electronic transmission, and inventory receiving for outpatient pharmacies. This system is planned for deployment within VISN 21 during Fiscal Year 2021, but the feasibility of its deployment in Manila has not been reviewed.

Recommendation 2
The Manila Outpatient Clinic Manager reviews the impact of nonworking hours, including holidays, on pharmacy processing delays and takes action as necessary.

Concur.

Target date for completion: June 30, 2021
Manager Comments

The Chief Pharmacist and Chief Medical Officer will re-evaluate the Clinic’s pharmacy staffing plan starting in January 2021 to determine if pharmacy workload is appropriately met with current staffing levels. Clinic Manager and Chief Medical Officer will study and evaluate transitioning of all pharmacy telephone inquiries to the Clinic’s administrative operations division. The team will assess the need for a clinic wide telephone call center to alleviate telephone workload in the pharmacy.

A messaging campaign to inform enrolled Veterans on best ways to request medication refills via the My HealtheVet online ordering system, or by telephone through VA’s AudioCare automated refill system. Veterans who request refills through these two methods help to streamline operations and reduce delays in prescription processing.

The Chief Pharmacist will begin reporting pharmacy prescription processing data metrics to the Medical Executive Board (MEB) monthly and in Clinic Operations Committee (COC) quarterly. Quality Manager will monitor documentation of the discussion in the MEB and/or COC meeting minutes for a minimum of six consecutive months.
## OIG Contact and Staff Acknowledgments

<table>
<thead>
<tr>
<th>Contact</th>
<th>For more information about this report, please contact the Office of Inspector General at (202) 461-4720.</th>
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