DEPARTMENT OF VETERANS AFFAIRS

OFFICE OF INSPECTOR GENERAL

Office of Healthcare Inspections

VETERANS HEALTH ADMINISTRATION

Review of Community-Based Outpatient Clinics Closed Due to the COVID-19 Pandemic

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Executive Summary

On March 11, 2020, due to the "alarming levels of spread and severity," the World Health Organization declared COVID-19 a pandemic.[1] The VA Office of Inspector General (OIG) conducted a review of community-based outpatient clinic (CBOC) closures due to COVID-19 to evaluate the impact on the provision of patient care related to the pandemic. Based on survey responses and interviews with facility leaders, the OIG concluded that, generally, patient care needs were not interrupted. Clinicians triaged patients and offered other care delivery options including virtual care.

On March 23, 2020, the Veterans Health Administration (VHA) Office of Emergency Management issued guidance, the *COVID-19 Response Plan*, *Incident-specific Annex to the VHA High Consequence Infection (HCI) Base Plan* (Response Plan), that outlined actions facilities could take to mitigate risks and maintain veterans' access to health care.[2] The primary goal of the Response Plan was to "protect Veterans and staff from acquiring COVID-19 infection by leveraging technology and communications as well as using dedicated staff and space to care for COVID-19 patients."[3] It outlined a four-phased approach of contingency planning and training, initial response, establishment of alternate sites of care, and sustainment and recovery. The first phase of the Response Plan included guidance that

> Larger CBOCs will maintain point of entry triage for those patients that physically present at the facility. Facilities will need to determine how smaller CBOCs will function, including whether suspected COVID-19 patients will be seen at these locations. Clinics may also be closed, and staff directed to work from home or assist at other facility locations.[4]

[1] "Naming the Coronavirus Disease (COVID-19) and the Virus that Causes It," accessed October 22, 2020, World Health Organization, https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it. COVID-19 is an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), a newly discovered coronavirus. "WHO Director-General's opening remarks at the media briefing on COVID-19," accessed October 22, 2020, World Health Organization, https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020. Merriam Webster, "Definition of pandemic," accessed October 22, 2020, https:/www.merriam-webster.com/dictionary/pandemic. A pandemic is a disease outbreak over a wide geographic area that affects most of the population.

[2] Veterans Health Administration—Office of Emergency Management, *COVID-19 Response Plan, Incident-specific Annex to the VHA High Consequence Infection (HCI) Base Plan*, ver 1.6, March 23, 2020.

[3] *COVID-19 Response Plan*, March 23, 2020.

[4] *COVID-19 Response Plan*, March 23, 2020.

CBOCs provide common outpatient services, such as health and wellness visits, at locations other than medical centers with the goal of "putting access to care closer to home."[5] CBOCs are organized under an administrative parent facility (facility) that oversees care delivered from multiple points of service.[6]

For the purposes of this report, the OIG defined a closed CBOC as one that

- Stopped face-to-face care,
- Converted all face-to-face care to another modality such as telehealth, or
- Referred all assigned patients to another site for care.[7]

The OIG deployed a survey and conducted interviews virtually with VHA staff at all 140 facilities (see appendix A) who oversaw the 1,031 CBOCs that were operational prior to the pandemic declaration. Facility leaders discussed the scope and extent of contingency planning undertaken at the outset of the pandemic declaration. For example, interviewees generally indicated

- Facility incident command systems were used to communicate contingency plans and emergency measures,[8]
- Safety of face-to-face care was evaluated,
- Sites of care were consolidated, and
- Staff were reassigned.

Although not specifically required by the Response Plan, 31 facilities provided the OIG written contingency plans that explicitly mentioned their CBOCs and "COVID-19," "coronavirus 2" (the virus that causes COVID-19), or "pandemic."

Of VHA's 1,031 CBOCs, the surveys revealed that 173 CBOCs were closed to face-to-face visits due to COVID-19 on or after February 1, 2020. The OIG organized reasons for closure into categories including (a) safety of patients and staff due to community spread, (b) need for consolidation of resources to support larger CBOCs or facilities, (c) lack of staff and/or personal protective equipment, and (d) small size of CBOC or proximity to other CBOCs or facilities.

[5] "About VHA," Veterans Health Administration, accessed December 3, 2020, https://www.va.gov/health/aboutvha.asp.

[6] VHA Handbook 1006.02, *VHA Site Classifications and Definitions*, December 30, 2013. An administrative parent "is defined as a collection of all the points of service that a leadership group…manages."

[7] While some CBOCS were closed and not open for face-to-face patient visits, staff were present at other CBOCs to conduct virtual care and complete administrative tasks.

[8] VHA Directive 0320, *VHA Comprehensive Emergency Management Program*, April 12, 2013, updated July 6, 2020. An incident command system "provides a standardized organizational structure with common terminology to enable effective and efficient domestic incident management."

Facilities with CBOCs that closed due to COVID-19 were asked how patients were notified of CBOC closures and what options for care were provided. Steps taken to inform patients included text or telephone call, social media, and internet communication methods. Leaders of the closed CBOCs stated that after clinicians triaged patient care needs, care options and recommendations were provided to patients. The four most reported alternative care options utilized were telephone visit, VA Video Connect, rescheduled appointment for a later date, or an outpatient visit at the CBOC's facility. Three of the four care options supported the immediate ongoing provision of patient care during COVID-19.

Leaders at 65 of the closed CBOCs reported changes in operating status to Veterans Integrated Service Network (VISN) leaders daily. The OIG concluded that VISN leaders who were not informed daily may not have had a comprehensive overview of available services for contingency planning purposes.

Facility personnel frequently noted the following impacts of the COVID-19 pandemic on CBOC operations:

- Patient trust scores increased on the Veteran Signals survey;[9]
- Patients voiced appreciation of available care options;
- Virtual care visits increased, which may positively affect patient access long-term; and
- Process changes such as drive-through testing and care services for pharmacy, laboratory, immunizations, prosthetics, and audiology care services were implemented.

The OIG concluded these responses reflected a positive impact and improved customer experiences, continuity of care, access to care, and patient safety.

Other responses identified challenges encountered when implementing virtual care and mitigating risk of patient and staff exposure to COVID-19, including problems with bandwidth and technical issues when using VA Video Connect at rural sites, and limitations in housekeeping resources. Insights gained and shared related to CBOC closures, the increased use of telehealth, and CBOC operations overall can provide valuable information for VHA to incorporate into contingency planning for future emergencies and facilitate long-term changes in care delivery.

Through the insights shared, the OIG observed the dedication, flexibility, and ingenuity of facility staff to provide patient care during the pandemic. The OIG made no recommendations.

[9] Veterans Experience Office, *Veterans Signals: Customer Experience Measurement System*, October 25, 2018. Veterans Signals, a four-part survey, collects feedback from veterans on their experiences with a focus on ease, empathy, effectiveness, and trust. Comprehensive data analysis occurs across business lines, which is used to improve services. The data can be filtered by specific demographics and location (for example, CBOC). Feedback at the service level is provided in real time. The VA-Wide Trust Survey is one part of the Veteran Signals survey.

Comments

The Under Secretary for Health reviewed and concurred with the report.

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Contents

Abbreviations

CBOC	community-based outpatient clinic
COVID-19	coronavirus disease
OEM	Office of Emergency Management
OIG	Office of Inspector General
PACT	Patient Aligned Care Team
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VVC	VA Video Connect

Introduction

The VA Office of Inspector General (OIG) conducted a review of community-based outpatient clinic (CBOC) closures due to COVID-19 to evaluate the impact on the provision of patient care related to the pandemic.[1] COVID-19 is an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).[2] Based on survey responses and interviews with facility leaders, the OIG concluded that generally, patient care needs were not interrupted. Clinicians triaged patients and offered other care delivery options including virtual care. The OIG also observed the dedication, flexibility, and ingenuity of facility staff to provide patient care during the pandemic.

Background

On March 11, 2020, due to its "alarming levels of spread and severity," the World Health Organization declared COVID-19 a pandemic.[3] On March 23, 2020, the Veterans Health Administration (VHA) implemented the Office of Emergency Management COVID-19 Response Plan (Response Plan).[4]

The primary goal of the Response Plan was to "protect Veterans and staff from acquiring COVID-19 infection by leveraging technology and communications as well as using dedicated staff and space to care for COVID-19 patients." It outlined four phases: (a) contingency planning and training, (b) initial response, (c) establishing alternate sites of care, and (d) sustainment and recovery.[5]

The Response Plan instructed that during the first phase,

> Larger CBOCs will maintain point of entry triage for those patients that physically present at the facility. Facilities will need to determine how smaller CBOCs will function,

[1] About VHA, Veterans Health Administration, accessed December 8, 2020, https://www.va.gov/health/aboutvha.asp. CBOCs provide "the most common outpatient services," such as health and wellness visits, at locations other than medical centers with the goal of "putting access to care closer to home." CBOCs are organized under an administrative parent facility that oversees clinic management from multiple points of service. Merriam Webster, "Definition of pandemic, accessed October 22, 2020, https:/www.merriam-webster.com/dictionary/pandemic. A pandemic is a disease outbreak over a wide geographic area that affects most of the population

"Naming the Coronavirus Disease (COVID-19) and the Virus that Causes It," World Health Organization, accessed October 22, 2020, https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it.

[3] World Health Organization, WHO Director General's Opening Remarks, March 11, 2020, accessed October 22, 2020, World Health Organization, https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020.

[4] Veterans Health Administration—Office of Emergency Management, *COVID-19 Response Plan, Incident-specific Annex to the VHA High Consequence Infection (HCI) Base Plan*, ver 1.6, March 23, 2020.

[5] *COVID-19 Response Plan*, March 23, 2020.

including whether suspected COVID-19 patients will be seen at these locations. Clinics may also be closed, and staff directed to work from home or assist at other facility locations.[6]

For the purposes of this report, the OIG defined a closed CBOC as one that stopped face-to-face care, converted all face-to-face care to another modality such as telehealth, or referred all assigned patients to another site for care.[7]

Prior OIG Reports

In March 2020, OIG staff conducted an inspection of VHA's COVID-19 screening processes and pandemic readiness at selected medical facilities.[8] As part of this work, the OIG observed VHA staff who were conducting screening at acute care facilities and community living centers and interviewed VHA leaders about their facilities' readiness capabilities. In a second review initiated in June 2020, the OIG evaluated VHA's efforts to provide safe quality health care to veterans and other patients in VHA facilities while also protecting VHA employees and preparing for anticipated surges.[9] These inspections did not include a review of facility contingency, pandemic, or CBOC plans, or of care options for patients whose CBOCs closed due to COVID-19.

[6] COVID-19 Response Plan, March 23, 2020.

[7] VHA provided a list of closed CBOCs to the OIG on June 30, 2020. VHA could only attest to CBOCs that were closed as of June 24, 2020, due to rapid operational changes; therefore, the OIG did not rely on VHA's list for closed CBOCs during its period of review. VHA's list contained sites classified as Primary Care CBOCs, Multi-Specialty CBOCs, and Other Outpatient Services Sites. Mobile units, which are not designated as either facilities or CBOCs were not reviewed. While some CBOCS were closed and not open for face-to-face patient visits, staff were present at other CBOCs to conduct virtual care and complete administrative tasks.

[8] VA OIG, OIG Inspection of Veterans Health Administration's COVID-19 Screening Processes and Pandemic Readiness March 19–24, 2020, Report No. 20-02221-120, March 26, 2020.

[9] VA OIG, Review of Veterans Health Administration's COVID-19 Response and Continued Pandemic Readiness, Report No. 20-03076-217, July 16, 2020.

Scope and Methodology

The OIG used a VHA tracking list of sites of care as of February 1, 2020, to identify CBOCs and their administrative parent facilities.[10] The OIG team reviewed relevant Centers for Disease Control and Prevention COVID-19 guidelines for healthcare facilities, VHA directives, memorandums, publications, and the Response Plan.

The OIG developed a survey tool based on the Response Plan guidance, Deputy Under Secretary for Health for Operations and Management memorandums, and VHA directives and deployed the survey prior to interviewing facility leaders in June 2020.[11] Two-person OIG teams conducted virtual interviews from June 22 through July 22, 2020, with VHA staff at 140 parent facilities for all 1,031 outpatient sites (see appendix A). During the interviews, facility staff were asked to respond to the survey questions regarding CBOC closure decisions, processes, and patient care options, if not already completed. The OIG analyzed the interview responses after sorting and filtering the results by question. Information gathered was used to identify trends, successes, and challenges. Significantly, the OIG did not assess the responses from facility leaders for accuracy.

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).

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, 92 Stat 1105, as amended (codified at 5 U.S.C. App. 3). The OIG reviews available evidence within a specified scope and methodology

[10] VHA Handbook 1006.02, *VHA Site Classifications and Definitions*, December 30, 2013. An administrative parent "is defined as a collection of all the points of service that a leadership group…manages." The handbook also indicates that "All of the data that originate from these points of service roll up to a single station number representing the administrative parent for management and programmatic activities." The VHA list contained 539 primary care CBOCs, 225 multispecialty CBOCs, and 263 sites providing other outpatient services for a total of 1,027 sites. In addition to the 1,027 sites, four sites that were indicated as medical centers in VHA tracking were reported as CBOCs by their administrative parent facilities for a total of 1,031 sites in this review. The OIG used the total number of 1,031 sites.

[11] *COVID-19 Response Plan*, March 23, 2020. Deputy Under Secretary for Health for Operations and Management Memorandum, *Coronavirus (COVID-19)—Guidance for Elective Procedures*, March 15, 2020. Deputy Under Secretary for Health for Operations and Management Memorandum, *Guidance on Access Standards in response to Coronavirus (COVID-19*), updated, March 30, 2020. Deputy Under Secretary for Health for Operations and Management Memorandum, *Veterans Health Administration (VHA) Communications via Internet and Social Media related to COVID-19*, March 31, 2020. VHA Directive 0320.02, *Veterans Health Administration Health Care Continuity Program*, January 22, 2020. VHA Directive 0320.01 *Veterans Health Administration Comprehensive Emergency Management Program (CEMP) Procedures*, April 6, 2017. VHA Directive 0320, *Comprehensive Emergency Management Program*, April 12, 2013, updated July 6, 2020.

and makes recommendations to VA leaders, if warranted. Findings and recommendations do not define a standard of care or establish legal liability.

The OIG conducted the review in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

Review Results

1. Contingency Planning

The first phase of the Response Plan was contingency planning with a strategy for mitigating the effect of COVID-19 on patients, employees, and visitors.[12] VHA leaders told the OIG that every facility had a contingency plan but there was not a requirement to submit the plan nationally.

The Response Plan outlined overarching principles that guided VHA's mitigation strategy (quoted below):

- Protect patients not infected and employees from acquiring COVID-19 infection.
- Shift priorities, resources, and standards of care to accommodate a large influx of infectious patients.
- Physically and functionally separating suspected or confirmed COVID-19 patients from individuals who have not been exposed to the virus.
- Using dedicated employees to care for COVID-19 patients.
- Leveraging technology and communications to minimize exposure.
- Identifying opportunities to deliver supportive care to large populations of patients in coordination with community partners.[13]

VHA Facility Contingency Plans

The OIG interviewed facility leaders who discussed the scope and extent of contingency planning undertaken at the outset of the pandemic declaration. Interviewees indicated facility incident command systems were utilized to discuss contingency plans and emergency measures.[14] Other contingency planning steps included evaluation of the safety of face-to-face care, consolidation of sites of care, and reassignment of staff.

Facility leaders further discussed actions that guided their planning to mitigate the impact of COVID-19 on patients and reported that the actions taken included

- Meeting with Veterans Integrated Service Network (VISN) leaders daily to determine needs of the facility,[15]

[12] *COVID-19 Response Plan*, March 23, 2020.

[13] *COVID-19 Response Plan*, March 23, 2020. "CDC Principles of Epidemiology," Centers for Disease Control and Prevention, accessed August 26, 2020, https://www.cdc.gov/csels/dsepd/ss1978/index.html. CDC defines an outbreak as "the occurrence of more cases of disease than expected in a given area or among a specific group of people over a particular period of time."

[14] VHA Directive 0320. An incident command system "provides a standardized organizational structure with common terminology to enable effective and efficient domestic incident management."

[15] The reporting facility was the Manchester VA Medical Center in New Hampshire.

- Relying heavily on telehealth,
- Partnering with the community and multiple health departments to ensure testing was done, and[16]
- Making decisions based on the rates of infection in the community and what care could be provided to patients.[17]

Although not specifically required, 31 facilities also provided written contingency plans to the OIG that explicitly mentioned their CBOCs and "COVID-19," "coronavirus 2" (the virus that causes COVID-19), or "pandemic."

The OIG found that contingency measures were taken and remained ongoing for the facilities included in this review.[18]

2. CBOC Closures

The Response Plan advised that VHA facilities needed

> To determine how smaller CBOCs will function, including whether suspected COVID-19 patients will be seen at these locations. Clinics may also be closed, and staff directed to work from home or assist at other facility locations. Clinics should attempt to shift to an 'all telehealth' mode, with phone, video, and/or electronic communication to meet the immediate needs of ambulatory patients, with the exception of some 'standard' urgent care (including primary and mental health). Patient Aligned Care Teams (PACT) and specialty clinics should use non-face-to-face methods to communicate with all their scheduled patients, and to respond to any urgent needs.[19]

Facilities surveyed were asked to identify CBOCs closed due to COVID-19 on or after February 1, 2020. Of the 1,031 CBOCs from 140 parent facilities included in the survey, 53 facilities reported that 173 clinics were closed to face-to-face visits (see appendix B) and 87 facilities did not close any CBOCs. Reasons for closure were organized into categories including (a) safety of patients and staff due to community spread, (b) need for consolidation of resources to support larger CBOCs or facilities, (c) lack of staff and/or personal protective equipment, or (d) small size of CBOC or proximity to other CBOCs or facilities.

Staff at closed CBOCs were either sent home to provide virtual care services, reassigned to another site of care, or remained on-site to perform other needed functions. For 130 of the 173 closed CBOCs, licensed independent providers such as physicians, nurse practitioners, and

[16] The reporting facility was the Providence VA Medical Center in Rhode Island.

[17] The reporting facility was the Miami VA Healthcare System in Florida.

[18] *COVID-19 Response Plan*, March 23, 2020.

[19] *COVID-19 Response Plan*, March 23, 2020.

physician assistants were primarily sent home with the capability to provide virtual care services through telehealth and telephone visits. Registered nurses and licensed vocational nurses or licensed practical nurses were primarily reassigned to the parent facilities. Staff who remained at closed CBOCs performed virtual care and administrative tasks. One facility shared that staff were more concerned about their patients than where or how they were going to work. Interviews revealed that VHA staff at all levels remained flexible and collaboratively prioritized patient care.

Notification of CBOC Closures

As previously indicated, on March 11, 2020, the World Health Organization declared COVID-19 a pandemic.[20] VHA facilities took steps after the declaration to close certain CBOCs and alert patients about the closures.[21]

Notification to Patients

Facilities reporting using several communication methods to notify patients when a CBOC closed, including text or call communication, social media, the internet, or a combination thereof. For patients who rely on social media and the internet for information, it is critical for such mediums to be frequently updated and accurate to avoid a delay in care should patients go to a closed site.

A Deputy Under Secretary for Health for Operations and Management memorandum indicated "all homepage alerts should be updated by April 1, 2020, to reflect the standard, approved homepage alert text language for COVID-19."[22] The homepage alert text language indicated the following:

- Patients with symptoms of fever, cough, and shortness of breath were instructed to call VA prior to the visit for triage.
- Patients with other concerns may be able to access VA care from home by telephone or using VA virtual care options.[23]

The OIG completed a review of the websites for VHA's 1,031 outpatient sites that included primary care CBOCs, multispecialty CBOCs, and Other Outpatient Services Clinics on June 9, 2020, to determine adherence to the guidance provided in the memorandum. The OIG did not find websites for 107 clinics. Without a clinic website available to display the homepage text

[20] World Health Organization, WHO Director General's Opening Remarks, March 11, 2020.

[21] *COVID-19 Response Plan*, March 23, 2020.

[22] Deputy Under Secretary for Health for Operations and Management, *VHA Communications via Internet and Social Media related to COVID-19*, March 31, 2020.

[23] Deputy Under Secretary for Health for Operations and Management, *VHA Communications via Internet and Social Media related to COVID-19*, March 31, 2020.

alert communications, patients may have presented for care without taking necessary precautions.

Notification within VHA

Of the 173 closed CBOCs, 164 reported changes in their operating status to the overseeing VISN; two reported to both the VISN and VA officials.[24] Frequency of reporting was grouped into three categories—daily, weekly, and once with status change.[25] Leaders at 65 closed CBOCs reported the change in operating status to their VISNs daily. The OIG was informed that changes in operating status could change frequently relative to numerous factors monitored at each site. Real-time, frequent operating status updates to the VISN and VA officials were crucial for the management of resources, provision of patient care, and reduction of community spread of COVID-19.

The OIG concluded that VISN leaders who were not informed daily may not have had a comprehensive overview of available services for contingency planning purposes.

3. Patient Care during Closure of CBOCs

As noted above, VHA's Response Plan stated that facilities needed to determine how smaller CBOCs would operate, including patient care modalities, staff assignments, and hours. The Response Plan indicated that PACT and "specialty clinics should use non-face-to-face methods to communicate with all their scheduled patients, and to respond to any urgent needs."[26]

Patient Care Options

Leaders of the 173 closed CBOCs reported that after clinicians triaged patient care needs, options for care and recommendations were provided. Providers and PACT members contacted patients by telephone to review upcoming scheduled appointments, new appointment requests, and appointment recall lists to determine the most appropriate option for providing care. Patients who arrived at closed CBOCs without an appointment were triaged in-person if staff were working at the site.

The OIG survey included questions about options for patient care when a CBOC was closed. The four most reported care options were telephone visit, VA Video Connect (VVC), rescheduled appointment for a later date, or being seen at the parent facility.[27] Three of the four care options

[24] Facilities related reporting to VA officials without further definition.

[25] Eleven CBOCs either did not answer the question or provide a specific response.

[26] *COVID-19 Response Plan*, March 23, 2020.

[27] VHA Office of Video Connect, *VA Video Connect,* September 2018. VA Video Connect allows veterans to "meet with their VA healthcare providers, in a virtual medical room, using encrypted video to ensure the session is secure and private." As an alternative to an in-person visit, it allows veterans to "see and talk to their health care team from anywhere, making VA healthcare more convenient and reducing travel times for Veterans."

supported the immediate ongoing provision of patient care during COVID-19. Table 1 identifies the number of closed CBOCs that reported utilizing a specific patient care option.

Table 1. Facility-Reported Closed CBOC Patient Care Options

Patient Care Options	Number of Closed CBOCs that Reported Utilizing Option
Telephone visit	168
VVC	167
Rescheduled appointment	153
Administrative parent facility	144
Community Care	89
Other CBOC	81
Other VA facility	22
Other VA call center staffed with providers	11
Mobile unit	9
Other local emergency department or urgent care center	5
All of the above	0

Source: Table developed by the OIG using survey results analysis.

Of the 173 closed CBOCs, 121 reported that community partners were a viable patient care option. At one facility where community partners were not available, a facility leader stated that patients were frustrated because community care providers shut down while VA stayed open, resulting in the inability of VA to make community care referrals.[28] Some patients were sent to other CBOCs or VA facilities that consolidated care from closed CBOCs.

Virtual care has emerged as an effective alternative care delivery option during the COVID-19 pandemic as it increases access to care regardless of geographic location while maintaining physical distancing requirements.[29]

4. Reported Insights from the Impact of COVID-19 on CBOC Operations

Facilities were asked to provide additional information concerning the impact of COVID-19 on CBOC operations. The OIG sorted the information provided into two categories of successes and challenges and found more items categorized as successes. These insights included increases in

[28] The reporting facility was the Gulf Coast Veterans Health Care System in Biloxi, Mississippi.

[29] VA COVID-19 response plan stresses telehealth, virtual care services. VA, *CHARTING THE COURSE: Maintaining Continuous Services to Veterans and Resuming Normal, Pre-COVID-19 Operations*, May 7, 2020.

Veteran Signals patient trust scores; patient appreciation of care options provided; increases in virtual care that could positively affect patient care in the long-term; and use of drive-through testing and care services such as pharmacy, laboratory, immunizations, prosthetics, and audiology.[30] Below are some of the specific successes facilities shared with the OIG:

- Patients were affected by an inability to have blood drawn for medication monitoring requirements, so the Hospital-in-Home and Home-Based Primary Care programs provided the service at patients' homes within 24–48 hours of entering a consult request. These teams responded to over 500 requests for this service during an approximated two-month period.[31]
- One facility created a VVC readiness consult with the purpose of instructing patients on the use of VVC, providing an iPad if needed, and guiding them through a test call.[32]
- Another VA facility established respiratory system tents outside of every clinic that had hand-washing stations, personal protective equipment, and cooling fans for the hot weather. The facility had to purchase tents for each CBOC, provide access to Wi-Fi and carts with computers, set up patient care teams, and assign a COVID-19 swab team with staff to transport completed swab samples to the laboratory immediately.[33]

The OIG concluded these responses reflected positive impact including improved customer experiences, continuity of care, access to care, and patient safety.

Six sites also shared their challenges that included suboptimal bandwidth and technical issues experienced when utilizing VVC at rural sites, and two sites reported limitations in housekeeping resources. A few facilities shared specific challenges with the OIG:

- Traditional forehead temperature readings proved ineffective as weather contributed to patients being hot and having to cool down before temperatures could be taken. The facility changed to infrared temperature technology.[34]

[30] Veterans Experience Office, *Veterans Signals (VSIGNALS): Customer Experience Measurement System*, October 25, 2018. Veterans Signals, a four-part survey, collects feedback from veterans on their experiences with a focus on "ease, effectiveness, emotion, and trust." Comprehensive data analysis occurs across business lines, which is used to improve services. The data can be filtered by specific demographics and location (such as CBOC). Veteran feedback can be viewed "within seconds after submission of a survey or any digital feedback." The VA-Wide Trust Survey is one part of the Veteran Signals survey.

[31] The reporting facility was the Cincinnati VA Medical Center in Ohio.

[32] The reporting facility was the Chalmers P. Wylie Veterans Outpatient Clinic in Columbus, Ohio.

[33] The reporting facility was the VA Palo Alto Health Care System in California.

[34] The reporting facility was VA Illiana Health Care System, Danville, Illinois.

- Community care providers were closed while VA stayed open. This negatively affected community care referrals and frustrated patients. It was necessary to continuously remind patients that community care providers were not operating.[35]
- The lack of VA clinic space to facilitate social distancing was a challenge because VA police could not intervene when issues occurred on nonfederal property.[36]
- VA staff had to repeatedly remind patients to present to the CBOC only if face-to-face care was needed and to call the clinic prior to the appointment to ensure appropriate precautions (social distancing from other patients) were in place.[37]

The OIG concluded facility leaders faced challenges but appropriately implemented virtual care and mitigated risks of patient and staff exposure to COVID-19.

Conclusion

In March 2020, VHA implemented the Response Plan with the primary goal of protecting "Veterans and staff from acquiring COVID-19 infection by leveraging technology and communications as well as using dedicated staff and space to care for COVID-19 patients." According to VHA, every facility had a contingency plan but there was not a requirement to submit the plan nationally. The OIG found that contingency planning and training was the priority during the first phase of the VHA Response Plan for mitigating the impact of COVID-19.

When interviewed, facility leaders discussed the scope and extent of contingency plans undertaken at the outset of the pandemic declaration. Although not specifically required, 31 facilities provided a written contingency plan that explicitly mentioned their CBOCs and "COVID-19," "coronavirus 2" (the virus that causes COVID-19), or "pandemic."

The OIG found that facilities implemented contingency measures, which remained ongoing during the time of this review.

Of the 1,031 surveyed CBOCs, 173 closed to face-to-face visits due to COVID-19 on or after February 1, 2020. Reasons for closure were organized into categories including (a) safety of patients and staff due to community spread, (b) need for consolidation of resources to support larger CBOCs or facilities, (c) lack of staff and/or personal protective equipment, and (d) small size of CBOC or proximity to other CBOCs or facilities. Leaders at 65 closed CBOCs reported the change in operating status to their VISNs daily.

[35] The reporting facility was Gulf Coast Veterans Health Care System, Biloxi, Mississippi.

[36] The reporting facility was Cheyenne VA Medical (administrative parent to Loveland VA Clinic, Colorado).

[37] The reporting facility was VA Western Colorado Health Care System, Grand Junction, Colorado.

Patients were commonly informed of CBOC closures through text messaging or telephone calls, social media, and internet communication methods. Leaders of the closed CBOCs indicated that clinicians triaged patient care needs and then provided care options and recommendations. The four most reported care options included telephone visit, VVC, rescheduled appointment, or referral to the CBOC's facility. Many facilities reported that the expansion of virtual care during the pandemic would benefit patient care long-term.

Insights gained and shared related to CBOC closures, the increased use of telehealth, and CBOC operations overall can provide valuable information for VHA to incorporate into contingency planning for future emergencies and facilitate long-term changes in care delivery.

The OIG observed the dedication, flexibility, and ingenuity of facility staff to provide patient care during the pandemic.

The OIG made no recommendations.

Appendix A: Administrative Parent Facilities

To return, push alt+left arrow keys together

Table A.1. List of 140 Administrative Parent Facilities Surveyed

VISN	Facility Number	Facility Name
1	402	VA Maine Healthcare System
1	405	White River Junction VA Medical Center
1	518	Edith Nourse Rogers Memorial Veterans Hospital
1	523	VA Boston Healthcare System
1	608	Manchester VA Medical Center
1	631	VA Central Western Massachusetts Healthcare System
1	650	Providence VA Medical Center
1	689	VA Connecticut Healthcare System
2	526	James J. Peters VA Medical Center
2	528	VA Western New York Healthcare System
2	528A6	Bath VA Medical Center
2	528A7	Syracuse VA Medical Center
2	528A8	Albany VA Medical Center: Samuel S. Stratton
2	561	VA New Jersey Health Care System
2	620	VA Hudson Valley Health Care System
2	630	VA NY Harbor Healthcare System
2	632	Northport VA Medical Center
4	460	Wilmington VA Medical Center
4	503	Altoona - James E. Van Zandt VA Medical Center
4	529	Butler VA Health Care System
4	542	Coatesville VA Medical Center
4	562	Erie VA Medical Center
4	595	Lebanon VA Medical Center
4	642	Corporal Michael J. Crescenz VA Medical Center
4	646	VA Pittsburgh Healthcare System
4	693	Wilkes-Barre VA Medical Center
5	512	VA Maryland Health Care System
5	517	Beckley VA Medical Center
5	540	Clarksburg - Louis A. Johnson VA Medical Center
5	581	Hershel "Woody" Williams VA Medical Center
5	613	Martinsburg VA Medical Center
5	688	Washington DC VA Medical Center
6	558	Durham VA Medical Center
6	565	Fayetteville VA Medical Center

VISN	Facility Number	Facility Name
6	590	Hampton VA Medical Center
6	637	Asheville VA Medical Center
6	652	Hunter Holmes McGuire VA Medical Center
6	658	Salem VA Medical Center
6	659	Salisbury - W.G. (Bill) Hefner VA Medical Center
7	508	Atlanta VA Health Care System
7	509	Charlie Norwood VA Medical Center
7	521	Birmingham VA Medical Center
7	534	Ralph H. Johnson VA Medical Center
7	544	Columbia VA Health Care System
7	557	Carl Vinson VA Medical Center
7	619	Central Alabama Veterans Health Care System West Campus
7	679	Tuscaloosa VA Medical Center
8	516	Bay Pines VA Healthcare System
8	546	Miami VA Healthcare System
8	548	West Palm Beach Veterans Affairs Medical Center
8	573	Malcom Randall Department of Veterans Affairs Medical Center
8	672	VA Caribbean Healthcare System
8	673	James A. Haley Veterans' Hospital
8	675	Orlando VA Medical Center
9	596	Lexington VA Health Care System
9	603	Robley Rex VA Medical Center
9	614	Memphis VA Medical Center
9	621	James H. Quillen Veterans Affairs Medical Center
9	626	Tennessee Valley Healthcare System
10	506	VA Ann Arbor Healthcare System
10	515	Battle Creek VA Medical Center
10	538	Chillicothe VA Medical Center
10	539	Cincinnati VA Medical Center
10	541	Louis Stokes Cleveland VA Medical Center
10	552	Dayton VA Medical Center
10	553	John D. Dingell VA Medical Center
10	583	Richard L. Roudebush VA Medical Center
10	610	VA Northern Indiana Health Care System
10	655	Aleda E. Lutz VA Medical Center
10	757	Chalmers P. Wylie Ambulatory Care Center
12	537	Jesse Brown VA Medical Center
12	550	VA Illiana Health Care System
12	556	Captain James A. Lovell Federal Health Care Center

VISN	Facility Number	Facility Name
12	578	Edward Hines Jr. VA Hospital
12	585	Oscar G. Johnson VA Medical Center
12	607	William S. Middleton Memorial Veterans Hospital
12	676	Tomah VA Medical Center
12	695	Clement J. Zablocki Veterans Affairs Medical Center
15	589	Kansas City VA Medical Center
15	589A4	Harry S. Truman Memorial
15	589A5	VA Eastern Kansas Health Care System - Colmery-O'Neil VA Medical Center
15	589A7	Robert J. Dole VA Medical Center
15	657	VA St. Louis Health Care System
15	657A5	Marion VA Medical Center
15	657A4	John J. Pershing VA Medical Center
16	502	Alexandria VA Health Care System
16	520	Gulf Coast Veterans Health Care System
16	564	Veterans Health Care System of the Ozarks
16	580	Michael E. DeBakey VA Medical Center
16	586	G.V. (Sonny) Montgomery VA Medical Center
16	598	John L. McClellan Memorial Veterans' Hospital
16	629	Southeast Louisiana Veterans Health Care System
16	667	Overton Brooks VA Medical Center
17	504	Amarillo VA Health Care System
17	519	West Texas VA Health Care System
17	549	VA North Texas Health Care System
17	671	South Texas Veterans Health Care System
17	674	Central Texas Veterans Health Care System
17	740	VA Texas Valley Coastal Bend Health Care System
17	756	El Paso VA Health Care System
19	436	Fort Harrison VA Medical Center
19	442	Cheyenne VA Medical
19	554	VA Eastern Colorado Health Care System
19	575	VA Western Colorado Health Care System
19	623	Eastern Oklahoma VA Health Care System
19	635	Oklahoma City VA Health Care System
19	660	VA Salt Lake City Health Care System
19	666	Sheridan VA Medical Center
20	463	Alaska VA Healthcare System
20	531	Boise VA Medical Center
20	648	VA Portland Health Care System
20	653	Roseburg VA Health Care System

VISN	Facility Number	Facility Name
20	663	VA Puget Sound Health Care System
20	668	Mann-Grandstaff VA Medical Center
20	687	Jonathan M. Wainwright Memorial VA Medical Center
20	692	White City or VA Southern Oregon Rehabilitation Center
21	358	Manila VA Clinic
21	459	VA Pacific Islands Health Care System
21	570	Central California VA Health Care System
21	593	VA Southern Nevada Healthcare System
21	612	VA Northern California Health Care System
21	640	VA Palo Alto Health Care System
21	654	VA Sierra Nevada Health Care System
21	662	San Francisco VA Health Care System
22	501	New Mexico VA Health Care System
22	600	VA Long Beach Healthcare System
22	605	VA Loma Linda Healthcare System
22	644	Phoenix VA Health Care System
22	649	Northern Arizona VA Health Care System
22	664	VA San Diego Healthcare System
22	678	Southern Arizona VA Health Care System
22	691	VA Greater Los Angeles Healthcare System
23	437	Fargo VA Health Care System
23	438	Sioux Falls VA Health Care System
23	568	VA Black Hills Health Care System - Fort Meade Campus
23	618	Minneapolis VA Health Care System
23	636	Omaha VA Medical Center - VA Nebraska-Western Iowa HCS
23	636A6	VA Central Iowa Health Care System
23	636A8	Iowa City VA Health Care System
23	656	St. Cloud VA Health Care System

Source: Created by the OIG from the Veterans Affairs Site Tracking Report (VAST), July 6, 2020

Appendix B: CBOCs Closed Due to Covid-19

To return, push alt+left arrow keys together

Table B.1. CBOCs Closed on or after February 1, 2020

VISN	Facility Number	Facility Name
1	402QA	Fort Kent VA Clinic
1	402QB	Houlton VA Clinic
1	523BY	Lowell VA Clinic
1	608GA	Portsmouth VA Clinic
1	608GC	Somersworth VA Clinic
1	608GD	Conway VA Clinic
1	608HA	Tilton VA Clinic
1	631BY	Springfield VA Clinic
1	631GC	Pittsfield VA Clinic
1	631GD	Greenfield VA Clinic
1	631GF	Fitchburg VA Clinic
1	631QA	Plantation VA Clinic
1	631QB	Lake Ave. VA Clinic
1	689GA	Waterbury VA Clinic
1	689GB	Stamford VA Clinic
1	689GC	Willimantic VA Clinic
1	689GD	Winsted VA Clinic
1	689GE	Danbury VA Clinic
1	689HC	John J. McGuirk VA Clinic
2	528QE	Coudersport VA Clinic
2	528GY	Clifton Park VA Clinic
2	561GA	Hamilton VA Clinic
2	561GB	Elizabeth VA Clinic
2	561GE	Jersey City VA Clinic
2	561GF	Piscataway VA Clinic
2	561GH	Morristown VA Clinic
2	561GI	Tinton Falls VA Clinic
2	561GJ	Paterson VA Clinic
2	561GK	Sussex VA Clinic

VISN	Facility Number	Facility Name
2	632GA	East Meadow VA Clinic
2	632HA	Valley Stream VA Clinic
2	632HB	Riverhead VA Clinic
2	632HC	Bayshore VA Clinic
2	632HD	Patchogue VA Clinic
4	693GC	Tobyhanna VA Clinic
4	693GG	Northampton County VA Clinic
5	512A5	Perry Point VA Medical Center
5	512GA	Cambridge VA Clinic
5	512GC	Glen Burnie VA Clinic
5	512GD	Loch Raven VA Clinic
5	512GE	Pocomoke City VA Clinic
5	512GF	Eastern Baltimore County VA Clinic
5	512GG	Fort Meade VA Clinic
5	540GA	Tucker County VA Clinic
5	540GB	Wood County VA Clinic
5	540GC	Braxton County VA Clinic
5	540GD	Monongalia VA Clinic
5	688GB	Southeast Washington VA Clinic
5	688GE	Southern Prince George's County VA Clinic
6	565GJ	Jacksonville 2 VA Clinic (Jacksonville/Brynn Marr)
6	590GB	Virginia Beach VA Clinic
6	590GC	Albemarle VA Clinic
6	590GD	Chesapeake VA Clinic
7	508GA	Fort McPherson VA Clinic
7	508GE	Oakwood VA Clinic
7	508GF	Austell VA Clinic
7	508GG	Stockbridge VA Clinic
7	508GH	Lawrenceville VA Clinic
7	508GI	Newman VA Clinic
7	508GJ	Blairsville VA Clinic
7	508GK	Trinka Davis Veterans Village
7	508GL	Rome VA Clinic
7	508GN	Covington VA Clinic

VISN	Facility Number	Facility Name
7	508GO	North East Cobb County VA Clinic
7	508QE	Gwinnett County VA Clinic
7	508QF	Atlanta VA Clinic
7	521GE	Oxford VA Clinic
7	521GH	Childersburg VA Clinic
7	557GB	Albany VA Clinic
8	516GB	St. Petersburg VA Clinic
8	516GD	Bradenton VA Clinic
8	516GE	Port Charlotte VA Clinic
8	546GA	Miami Flagler VA Clinic
8	546GB	Key West VA Clinic
8	546GC	Homestead VA Clinic
8	546GD	Pembroke Pines VA Clinic
8	546GE	Key Largo VA Clinic
8	546GF	Hollywood VA Clinic
8	546GH	Deerfield Beach VA Clinic
8	673GC	Brooksville VA Clinic
8	673GF	Zephyrhills VA Clinic
9	603GA	Fort Knox VA Clinic
9	603GC	Shively VA Clinic
9	603GE	Newburg VA Clinic
9	603GG	Scott County VA Clinic
9	603GH	Carroll VA Clinic
9	614GE	Covington VA Clinic
9	614GF	Nonconnah Boulevard VA Clinic
9	621GA	Rogersville VA Clinic
9	621GK	Campbell County VA Clinic
9	621QA	Jonesville VA Clinic
9	621QB	Marion VA Clinic
9	621QC	Vansant VA Clinic
9	626GP	Gallatin VA Clinic
10	515GA	Muskegon VA Clinic
10	515GB	Lansing South VA Clinic
10	515GC	Benton Harbor VA Clinic

VISN	Facility Number	Facility Name
10	538GF	Wilmington VA Clinic
10	539GA	Bellevue VA Clinic
10	539GB	Clermont County VA Clinic
10	539GC	Dearborn VA Clinic
10	539GD	Florence VA Clinic
10	539GE	Hamilton VA Clinic
10	539GF	Georgetown VA Clinic
10	541GB	Lorain VA Clinic
10	541GC	Sandusky VA Clinic
10	541GE	McCafferty VA Clinic
10	541GF	Lake County VA Clinic
10	541GH	East Liverpool VA Clinic
10	541GI	Warren VA Clinic
10	541GJ	New Philadelphia VA Clinic
10	541GK	Ravenna VA Clinic
10	553GB	Pontiac VA Clinic
10	553QA	Piquette Street VA Clinic
10	583QD	Indianapolis YMCA VA Clinic
10	583QF	Crane VA Clinic
10	610GB	Muncie VA Clinic
10	610GD	Peru VA Clinic
10	655GC	Oscoda VA Clinic
10	655GF	Bad Axe VA Clinic
10	655GG	Cadillac VA Clinic
10	655GH	Cheboygan County VA Clinic
10	655GI	Grayling VA Clinic
12	556GA	Evanston VA Clinic
12	556GD	Kenosha VA Clinic
15	589GJ	Wyandotte County VA Clinic
15	589GM	Chanute VA Clinic
15	589GP	Garnett VA Clinic
15	589GU	Lawrence VA Clinic
15	589JE	Platte City VA Clinic
15	657GS	Franklin County VA Clinic

VISN	Facility Number	Facility Name
15	657GN	Salem VA Clinic
15	657GO	Hanson VA Clinic
16	667GB	Monroe VA Clinic
16	667GC	Longview VA Clinic
17	671GP	Balcones Heights VA Clinic
19	442GD	Loveland VA Clinic
19	554GB	Aurora VA Clinic
19	554GG	La Junta VA Clinic
19	554GH	Lamar VA Clinic
19	554GI	Burlington VA Clinic
19	554GJ	Denver VA Clinic
19	554QB	Jewell VA Clinic
19	554QC	Salida VA Clinic
19	623QA	Muskogee East VA Clinic
19	660GA	Pocatello VA Clinic
19	660GB	Ogden VA Clinic
19	660GD	Roosevelt VA Clinic
19	660GE	Orem VA Clinic
19	660GG	St. George VA Clinic
19	660GJ	Western Salt Lake VA Clinic
19	660GK	Elko VA Clinic
19	660QA	Idaho Falls VA Clinic
19	660QB	Price VA Clinic
19	666GB	Casper VA Clinic
19	666GC	Riverton VA Clinic
19	666GD	Cody VA Clinic
19	666GE	Gillette VA Clinic
19	666GF	Rock Springs VA Clinic
19	666QA	Afton VA Clinic
19	666QB	Evanston VA Clinic
19	666QC	Worland VA Clinic
21	358	Manila VA Clinic
21	459GG	Leeward Oahu VA Clinic
22	501GJ	Durango VA Clinic

VISN	Facility Number	Facility Name
22	600GC	Cabrillo VA Clinic
22	649QA	Chinle VA Clinic
22	649QF	Tuba City VA Clinic
22	649QG	Polacca VA Clinic
22	649QH	Kayenta VA Clinic
22	678GB	Yuma VA Clinic
23	438GE	Wagner VA Clinic
23	636GW	Coralville VA Clinic

Source: Created by the OIG from its COVID-19 closed CBOC facility survey results, June 22–July 22, 2020.

Appendix C: Under Secretary for Health Memorandum

Department of Veterans Affairs Memorandum

Date: February 4, 2021

From: Acting Under Secretary, Veterans Health Administration (10)

Subj: OIG Draft Report, Veterans Health Administration: Review of Community-Based Outpatient Clinics Closed due to the COVID-19 Pandemic (VIEWS 04425157)

To: Assistant Inspector General for of Healthcare Inspections (54)

The Veterans Health Administration thanks the Office of Inspector General for the opportunity to review and concur with this draft report. Comments regarding the contents of this memorandum may be directed to the GAO OIG Accountability Liaison Office at VHA10BGOALAction@va.gov.

(Original signed by:)

Richard A. Stone, M.D.

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