

I would like to thank everyone who played a role in investigating my concerns regarding the issues raised and additionally for the constructive analysis of the data that was obtained and the recommendations which were made. Overall, I do agree with the report and believe that it provides a foundation from which the deficiencies can be corrected.

I want to offer one point of clarification regarding the report.

On page ii and again on page 1, under **Specific Allegations of the Whistleblower, #2**. "This delay prevents patients suffering from mental health disorder from receiving prescribed medications in a consistent and timely manner." As the same model has been used for the issuing of prescriptions to all PACT and mental health clinic patients in the CBOC, the problem has impacted not only patients suffering from significant mental health disorders, but essentially all patients in the clinics.

Since the initial investigation, there appears to have been a shift to the remote processing of prescriptions. While for the vast majority of my patients, there does appear to be overall improvement in the times for processing from pending to active status, this only represents my personal impression rather than the result of any objective data and I am unable to make any statements about the experiences of other providers in the clinic. There was temporary in-person coverage since the departure of Dr. Ziesmer, initially on a full-time basis and subsequently on Monday afternoons and Tuesday mornings. For the past several weeks, there has not been any in-person pharmacy coverage in the clinic and my understanding is that further coverage is not expected in the foreseeable future. Apparently, the responsibilities for counseling the insulin dependent diabetic patients have been shifted from Dr. Ziesmer back to the already overloaded primary care providers. The impact of this change on their diabetic control would need to be ascertained. As Dr. Donaldson and Dr. Ziesmer had worked hard to improve upon the Hemoglobin A1C results in the most serious diabetic patients over the past year, it might be useful to do an analysis of their results since Dr. Ziesmer's departure, for the patients who were actually included in her panel. One other concern about the lack of a clinical pharmacist has to do with the patients currently receiving antipsychotic injections in the clinic. These patients tend to be among the least reliable in terms of level of function and medication compliance which is the reason for the longer acting injections as opposed to oral medications. As the issue has arisen about not having a pharmacist on premises to dispense these medications upon presentation of the veterans for their injections, an alternative practice was started in which the medications are being sent to their homes and relying on the patients to bring them into the clinic. This has led to concerns about the general reliability of these veterans, concerns about the proper refrigeration of the medications and the fact that needles are being sent out with the medications (the mailing of the needles was not done intentionally but appears to have represented an oversight). Progress was made in terms of a meeting on February 18, 2016 at which time the pharmacy department and nursing worked out a plan to have a mechanism put in place by which a limited number of the injectable antipsychotic medications could be held in our clinic in lieu of sending them to the patients as this would be a safer alternative. However, this remains in the planning stage, has not yet happened in practice and the medications are still being sent to the patient's homes.

Hopefully, after the recommendations which were made in the report are carried out, they will translate into a clear improvement as compared to the current situation. Such improvement and compliance with the requisite standards will only be able to be measured by a repeat and favorable analysis of the objective pharmacy and human resources data at a later date. I believe that there are a great number of talented individuals within the Santa Maria CBOC and the West LA system and I am hopeful that their hard work will be utilized in order to make sure that the veterans receive the quality care they deserve. Thank you.

A handwritten signature in black ink that reads "Stephen J. Mayeri, MD". The signature is written in a cursive style with a horizontal line underlining the name.

Stephen J. Mayeri, MD  
March 8, 2016