



## **Defense Health Agency (DHA) Clinical Communities Speaker Series**

### **OCT 2022 CCSS: Military Health Care: Innovative Health Care Delivery for a Ready Medical Force**

#### **S02: From Strategy to Action: Understanding Medical Product Shortages During the COVID-19 Pandemic and Future Events**

##### **Resource List**

In 2009 the United States Food and Drug Administration created the Sentinel System to use routinely collected electronic health data to improve the nation's capability to evaluate post-market medical product safety. The article [A COVID-19-ready public health surveillance system: The Food and Drug Administration's Sentinel System](#), (2021) noted that since the COVID-19 pandemic the Sentinel System has been expanded and enhanced. Due to the development of the System there may be capabilities to answer important questions about the history of COVID-19.

The article [From World War II to COVID-19: A Historical Perspective on the American Medical Supply Chain](#) (2021) reviews American medical supply demands and delivery through the years. It is noted that historically and present-day medical supplies have been sourced from single regions in the world, which has created a vulnerable supply chain. The authors note that to reverse this trend the United States would be best served by diversifying sources of medical supplies, prior to any future global events that would negatively impact delivery of valuable supplies that are essential to health care delivery. The authors provide different scenarios in which the source of a particular medical supply was impacted by a singular global or natural disaster, highlighting the failure in procuring multiple sources for a particular item. Diversifying supply sources would not have addressed all areas that were impacted by the COVID-19 pandemic; however it may have mitigated some of the unique demands that were placed on the health care system as a whole.

In [Economic impact of COVID-19 pandemic on healthcare facilities and systems: International perspectives](#) (2020) the authors review the widespread impact of the demands placed on health care systems within the United States. To prepare for the surge of hospitalizations many hospitals needed to establish negative pressure rooms, hire backup workforce, support staff with education, overtime pay and personal protective equipment (PPE). These demands affected community hospitals, academic medical centers, and Veterans Affairs (VA) hospitals, to name a few. The VA system was unique, in that they did not undergo as severe financial impact as their counterparts, because they are a highly coordinated, nonprofit national medical center. Similarly, the agency was able to alter supply chain to route equipment to areas that were impacted the most by the pandemic, because it is a national system.

Unprecedented demands have been placed on health care services universally, as a result of the COVID-19 pandemic. Practitioners in all realms of health care have had to maximize their services through innovative and creative means to meet the needs of their customers. In the scholarly article [On the frontline against COVID-19: Community pharmacists' contribution during a public health crisis](#) (2021) the authors review different roles and activities that community pharmacists have been able to assume to relieve pressure on other health care services, such as general practitioners. Public health education and vaccination maintenance can be two roles a community pharmacist may lead. At times pharmacists may be more accessible to a wider range of people than their primary care provider, especially during busy periods. Community pharmacists' scope of practice has also increased through non-medical prescribing.



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### References

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