Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
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PHILHEALTH CIRCULAR
No. 0020 s. 2013

TO : ALL PRIMARY CARE BENEFIT PROVIDERS (RURAL HEALTH UNITS), LOCAL GOVERNMENT UNITS, PHILHEALTH REGIONAL OFFICES, ALL OTHERS CONCERNED

SUBJECT : **ADOPTION OF THE PHILIPPINE PACKAGE OF ESSENTIAL NON-COMMUNICABLE DISEASE (NCD) INTERVENTIONS (PHIL PEN) IN THE IMPLEMENTATION OF PHILHEALTH'S PRIMARY CARE BENEFIT PACKAGE**

I. RATIONALE

The World Health Organization (WHO) reported that non-communicable diseases (NCD) were responsible for two-thirds of all deaths globally in 2011, up from 60% in 2000. The four main NCDs are cardiovascular diseases, cancers, diabetes and chronic lung diseases. Cardiovascular diseases alone killed nearly 2 million more people in 2011 than in the year 2000. Based on Philippine data (National Statistics office, 2009) cardio- and cerebro-vascular diseases topped the list in the top 10 causes of death, along with diabetes and malignant neoplasm. Moreover, over the past three years, the most common procedures reimbursed by PhilHealth were due to complications of non-communicable diseases such as hemodialysis and chemotherapy. Evidently, the problem of NCD has reached great proportions both in the local and international health settings. Meanwhile, the WHO claims that about 80% of deaths due to non-communicable diseases in low and middle income countries can be treated with essential medicines if prescribed and used rationally along with the effective use of medical devices.

Considering the epidemiologic shift in the Philippines, the Department of Health (DOH) implements the Philippine Package of Essential NCD Interventions (Phil PEN), through AO No. 2012-0029, an adaptation of the WHO guidelines in managing non-communicable diseases in low resource settings such as this country. PhilHealth responds to this epidemiologic change by improving its Primary Care Benefit (PCB) Package under the premise that primary health care is a key determinant in achieving health for all. Through an enhanced PCB, the Corporation aims to mitigate the increasing incidence of non-communicable diseases and their complications, particularly of diabetes and hypertension, by establishing standardized management of these diseases that ensures early case detection and utilization of cost-effective laboratory diagnostic procedures and administration of appropriate drugs and medicines in the outpatient care setting.

II. OBJECTIVES:

Consistent with the DOH issuance on Philippine Package of Essential NCD Interventions (Phil PEN), AO No. 12-0029, this Circular aims to promote the use of Phil PEN protocol to diagnose and manage non-communicable diseases. Specifically, this aims to:

1. Provide cost-effective alternatives in diagnosing non-communicable diseases at its early stage using a risk assessment approach

2. Assure access to basic diagnostics and medicines

3. Develop a unified reporting system from which will be culled data relevant for both DOH and PhilHealth, in line with monitoring quality and benefit utilization

III. COVERAGE

All accredited rural health units (RHUs), health centers (HCs) and other primary care benefit 1 providers with assigned Philhealth members who are entitled to Primary Care Benefit 1 shall be required to adopt the PhilPEN protocol. Other accredited health care institutions in low resources areas are encouraged to use this protocol.

IV. GENERAL GUIDELINES:

1. The Phil PEN Guidelines (Annex A) shall be disseminated to all accredited Primary Care Benefit 1 providers, specifically in the rural health units (RHUs) and health centers (HCs)
2. Dissemination shall include conducting nationwide orientation on the protocols to promote compliance.
3. Any enhancements/revisions in adopted protocols shall likewise be disseminated to all RHUs and health centers (HCs).
4. As an indicator of compliance to PhilPEN, accredited PCB 1 providers are required to procure or acquire all necessary basic diagnostic equipments to include but not limited to a glucometer, glucostrips, cholesterol meter and strips, BP apparatus, weighing scale, urine dipsticks.
5. Payments of PCB providers in managing hypertension and diabetes shall be based on compliance to these guidelines.
6. All accredited PCB 1 providers shall be required to use the prescribed encoding database/electronic system to be deployed to their facility.
7. Reports on diagnosis and management of diabetes and hypertension shall be submitted electronically on a monthly basis using the encoding database that has been deployed to their facility.
8. Monitoring compliance to this Circular shall be done by the PhilHealth Regional Office (PRO) and Local Health Insurance Office (LHIO) beginning January 2014 and every 6 months thereafter.
9. Feedback on the performance of the accredited PCB 1 providers on managing diabetes and hypertension may be provided to their respective local chief executive.

V. MONITORING AND EVALUATION

Consistent with the provisions of accrediting health care institutions, a monitoring and evaluation (M&E) shall be undertaken by the Corporation through its PhilHealth Regional Offices. The M&E shall ensure that PCB providers comply with all PhilHealth policies. All monitoring findings shall be provided to PCB providers. Any violations on the provisions of this Circular as well as the performance commitment of the PCB providers shall be dealt with accordingly.

VI. REPEALING CLAUSE:

All other related issuances inconsistent or contrary to the provisions of this Circular are hereby repealed, amended or modified accordingly.

VII. EFFECTIVITY:

This circular shall take effect fifteen days after its publication in the newspaper of general circulation and after deposit thereof with the National Administrative Register at the University of the Philippines Law Center.

ANNEXES:

A. Phil-PEN Protocol on the Management of Hypertension and Diabetes

ALEXANDER A. PADILLA
President and CEO

Date signed: 8-29-13

PHILHEALTH
MA. TERESA A. QUIAOIT
A.O. IV, Chief RELMS
Date: 8/30/13
CERTIFIED TRUE COPY

World Health Organization

WHO Package of Essential NCD (PEN) interventions

Protocol : 1P Integrated management of hypertension and diabetes

(For prevention of heart attacks, strokes, renal failure, amputations and blindness)

(Total risk approach using hypertension, diabetes and tobacco use as entry points)

Apply Protocol to any of the following:

- Age > 40 years
- Smokers
- Obesity*
- Raised BP
- Diabetes
- History of premature CVD in first degree relatives
- History of diabetes or kidney disease in first degree relatives

FIRST VISIT

Action 1. Ask about:

- Known heart disease, stroke, TIA, diabetes, kidney disease
- Chest pain and/or breathlessness on exertion, pain in calf on walking
- Medicines that the patient is taking
- Current tobacco use (yes/no)
- Alcohol consumption (yes/no)
- Occupation (sedentary or active)
- Engaged in more than 30 minutes of physical activity daily at least 5 days a week (yes/no)

Action 2. Asses:

- Waist circumference *
- Palpation of heart, peripheral pulses and abdomen
- Auscultation heart and lungs
- Blood pressure
- Fasting or random plasma glucose (DM= fasting>=7 mmol/L (126 mg/dl) or random>=11.1 mmol/L (200 mg/dl))
- Urine protein
- Urine ketones in newly diagnosed DM
- Plasma cholesterol if test available
- Test sensation of feet and foot pulses if DM

Action 3. Referral criteria for all visits:

- BP ≥140 or ≥ 90 mmHg in people < 40 years (to exclude secondary hypertension)
- Known heart disease, stroke, TIA, DM, kidney disease (for assessment as necessary)
- Angina, claudication
- Worsening heart failure
- Raised BP ≥140/90 (in DM above 130/80 mmHg) in spite of treatment with 2 or 3 agents
- Any proteinuria
- Newly diagnosed diabetes with urine ketones 2+ or in lean person of < 30 years
- DM with fasting blood glucose >14 mmol/l despite maximal metformin with or without sulphonylurea
- DM with severe infection and/or foot ulcers
- DM with recent deterioration of vision or no eye exam in 2 years

Action 4. Estimate cardiovascular risk in those not referred:

- Use the WHO/ISH risk charts relevant to the WHO subregion (Annex and CD)
- Use age, gender, smoking status, systolic blood pressure, diabetes (and blood cholesterol if available)
- If age 50-59 years select age group box 50, if 60-69 years select age group box 60, etc.; for people age < 40 years select age group box 40

* e.g. waist circumference ≥ 90 cm in women and 100 cm in men

Protocol : 1P (continued)

FIRST VISIT

Action 5.
Treat as shown beside

Diabetes Mellitus - Additional actions

- If despite a diabetic diet fasting blood glucose is raised start on metformin
- Titrate metformin to target glucose value
- Give advice on foot care
- Follow up at least every 3 months
- If resources allow give a statin to those > 40 years even if cardiovascular risk is low

Refer for eye examination every 2 years

- All individuals with persistent raised BP ≥ 160/100 mmHg should be given antihypertensive treatment
- All patients with established diabetes and cardiovascular disease (coronary heart disease, myocardial infarction, transient ischaemic attacks, cerebrovascular disease or peripheral vascular disease); if stable, should continue the treatment already prescribed and be considered as with risk >30%
- All individuals with total cholesterol at or above 8 mmol/l (320 mg / dl) should be given lifestyle advise and statins

Risk < 20%:

- Counsel on diet, physical activity, smoking cessation (Protocols 3P and 4P)
- If risk < 10% follow up in 12 months
- If risk 10 - < 20% follow up every 3 months until targets are met, then 6 - 9 months thereafter

Risk 20 to <30%:

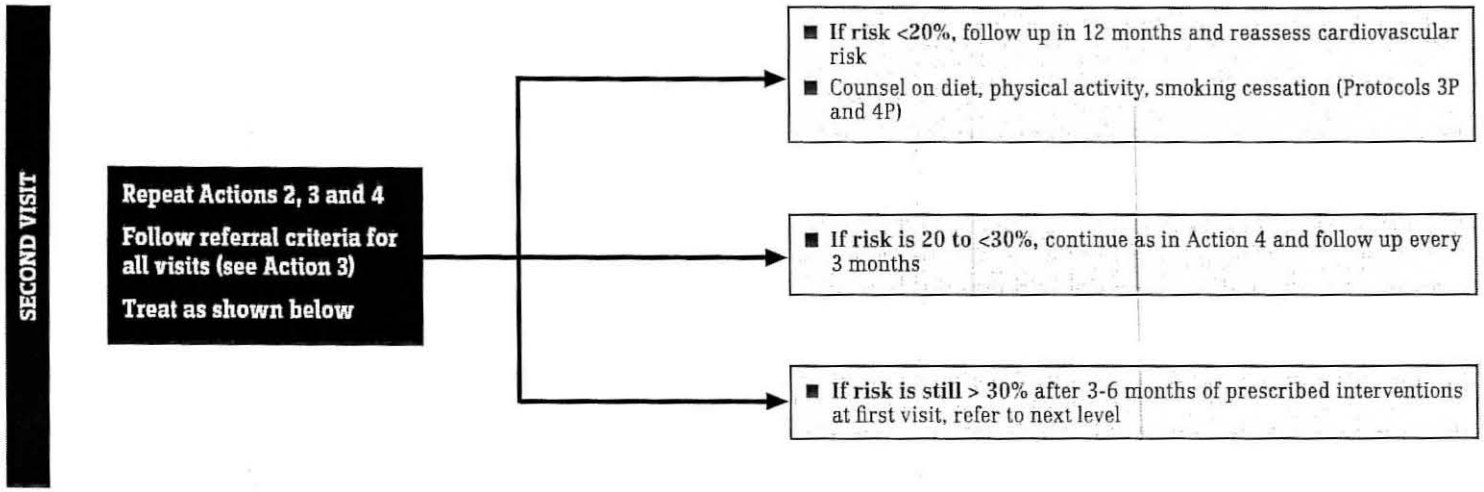
- Counsel on diet, physical activity, smoking cessation (Protocols 3P and 4P)
- Persistent BP ≥ 140/90 mmHg (in DM ≥ 130 /80 mmHg) consider a low dose of one of the drugs: Hydrochlorthiazide 25-50 mg daily, Enalapril 5-20 mg daily, Atenolol 50-100 mg daily or Amlodipine 5-10 mg daily
- Follow up every 3-6 months

Risk > 30%:

- Counsel on diet, physical activity, smoking cessation
- Persistent BP = 130/80 should be given of one of the drugs: thiazide, ACE inhibitor, beta-blocker, calcium channel blocker
- Give a statin
- Follow up every 3 months

8/30/13

Protocol : 1P (continued)



Advice to patients and family

- Avoid table salt and reduce salty foods such as pickles, salty fish, fast food, processed food, canned food and stock cubes
- Have your blood glucose level, blood pressure and urine checked regularly

Advice specific for diabetes

- If you are on any diabetes medication that may cause your blood glucose level to go too low, carry sugar or sweets with you
- If feasible, have your eyes checked every year
- Avoid walking barefoot or without socks
- Wash feet in lukewarm water and dry well especially between the toes
- Do not cut calluses or corns, nor use chemical agents on them
- Look at your feet every day and if you see a problem or an injury go to your health worker