Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
Call Center (02) 441-7442 Trunkline (02) 441-7444
www.philhealth.gov.ph

PhilHealth Circular
No. 023 - 2015

TO : **ALL ACCREDITED HEALTH CARE PROVIDERS, PHILHEALTH MEMBERS, PHILHEALTH REGIONAL OFFICES AND ALL OTHER CONCERNED**

SUBJECT : **Policy statements on the Diagnosis, Empiric Management, and Prevention of Community-acquired Pneumonia (CAP) in Immunocompetent Adults as reference by the Corporation in ensuring quality of care**

I. RATIONALE

The revised Implementing Rules and Regulations of the National Health Insurance Act of 2013 (RA 7875 as amended by RA 9241 and RA 10606) under Title V (Quality Assurance and Accreditation) Rule 1 (Quality Assurance) Section 51 provides the implementation of quality assurance standards as reference for ensuring quality of care services.

Compliance to clinical practice guidelines (CPGs) shall be one of the strategies in the implementation of quality assurance standards. The CPG recommendations based on best available evidence shall be translated into policy statements and shall be used primarily to provide guidance to doctors, hospitals and patients as to what tests, medicines, and procedures are strongly recommended if benefits clearly outweigh the harms. It shall be used by the Corporation as one of its references in assessing the quality of care rendered by PhilHealth-accredited health care providers to members through performance monitoring and other activities when necessary. Moreover, this Circular shall focus on moderate-risk and high-risk CAP which are being reimbursed by the Corporation.

Community acquired pneumonia (CAP) is considered as one of the top illnesses in claims reimbursement. Moderate-risk and high-risk CAP require inpatient care because of the need for intravenous treatment and close observation due to risk of developing complications. The recommendations in this document incorporate updated information from the CAP Policy Statements published by the Corporation in The HTA Forum 2006. Furthermore, these evidence-based policy recommendations were approved by the PhilHealth Quality Assurance Committee (QAC) as reference for ensuring quality of care.

A. DEFINITION

CAP is commonly defined as an acute infection of the pulmonary parenchyma with symptoms of acute illness accompanied by abnormal chest findings. Patients who acquire the infection in hospitals or long-term facilities are typically not part of the definition.

B. DIAGNOSIS

Clinical judgment is needed to make a diagnosis of community-acquired pneumonia (CAP). Patients usually presents with:

1. A history of cough within the past 24 hours or less than 2 weeks;
2. Abnormal vital signs of tachypnea (respiratory rate >20 breaths per minute), tachycardia (cardiac rate >100 per minute) and fever (temperature >37.8 C); and
3. With at least 1 abnormal chest finding of diminished breath sounds, rhonchi, crackles, or wheeze.

C. INITIAL CHEST RADIOGRAPHY

1. Chest x-ray (standing posteroanterior and lateral views) should be done for all patients suspected of pneumonia.
2. Chest CT scan should not be done routinely in the evaluation of pneumonia.

D. HOSPITAL ADMISSION

1. Only moderate-risk and high-risk CAP should be admitted [Grade A recommendation]. Refer to Annex A for the clinical features of patients with moderate risk and high risk CAP.
2. Chest x-ray may be repeated for hospitalized patients suspected of pneumonia but have initial "normal" chest radiographic findings.

E. MICROBIOLOGIC STUDIES

For moderate-risk and high-risk CAP, blood cultures AND gram stain and culture with antibiotic sensitivity tests of respiratory specimens should be done prior to starting any antibiotic treatment. [Grade A recommendation]

F. TREATMENT

1. Among patients with moderate-risk and high-risk CAP, initial empiric antibiotic therapy based on initial risk stratification is recommended (refer to Annex B). [Grade B]
2. Routine use of mucolytics is NOT recommended in treatment of troublesome cough associated with pneumonia.

G. MONITORING RESPONSE TO INITIAL THERAPY

1. Patients with CAP should be monitored within 72 hours after initial therapy for clinical response based on improvement of temperature, respiratory rate, blood pressure, sensorium, oxygen saturation, and inspired oxygen concentration.
2. If there is no improvement after 72 hours of treatment, patient should be reassessed for possible resistance to the antibiotics or "for presence of other pathogens such as M. tuberculosis, viruses, parasites or fungi." [Grade B recommendation]
3. Measurement of arterial oxygenation is important in the initial evaluation of patients with CAP. The use of pulse oximetry may complement rather than replaces clinical severity scoring tools.
4. A follow-up chest x-ray is recommended only for patients who are not clinically improving. [Grade B recommendation]
5. Follow-up cultures of blood and sputum are not indicated for patients who are responding to treatment. [Grade A recommendation]

H. STREAMLINING EMPIRIC ANTIBIOTIC THERAPY

Patients started on parenteral antibiotics can be switched to oral therapy (refer to Annex C) once the patient is clinically improving, is hemodynamically stable and has a functioning gastrointestinal tract. [Grade B recommendation]

I. HOSPITAL DISCHARGE

Patients diagnosed with moderate-risk and high-risk CAP can be discharged based on the following criteria:

1. Absence of unstable co-existing illness or other life-threatening complication;
2. Stable vital signs; and
3. Ability to maintain oral intake

[Grade A recommendation]

J. LENGTH OF STAY

1. Patients with moderate-risk and high-risk CAP should be confined for a minimum of 4 days to provide sufficient time for proper evaluation of patient's response to therapy. Moreover, IV antibiotics should be administered for at least 3 days.
2. Hospital stay can be extended for longer period in high-risk CAP patients due to clinical instability of the condition.

K. PREVENTION

The following are recommended for the prevention of CAP:

1. Pneumococcal and influenza vaccinations
2. Smoking cessation

[Grade A recommendation]

II. Monitoring and Evaluation

The health care provider shall be bound by the provisions of the performance commitment and subject to the rules on monitoring and evaluation of performance as provided for in PhilHealth Circular No. 54 s. 2012 re: Provider Engagement through Accreditation and Contracting for Health Services (PEACHeS) and PhilHealth Circular No. 031-2014 re: Health Cate Provider Performance Assessment System (HC-PAS).

III. Repealing Clause

All provisions of previous issuances, circulars and directives that are inconsistent with any of the provisions of this Circular for this particular circumstance wherein the same is exclusively applicable, are hereby amended, modified and repealed accordingly.

IV. Separability Clause

In the event that a part or provision of this Circular is declared unauthorized or rendered invalid by any Court of Law or competent authority, those provisions not affected by such declaration shall remain valid and effective.

V. Effectivity

This Circular shall take effect for all admissions starting September 15, 2015. It shall be published in any newspaper of general circulation and shall be deposited thereafter with the National Administrative Register at the University of the Philippines Law Center

ALEXANDER A. PADILLA
President and CEO
Date Signed: 8/25/15

Title:
PhilHealth Circular on Policy Statements on the Diagnosis, Empiric Management, and Prevention of Community-Acquired Pneumonia (CAP) in Immunocompetent Adults as Reference by the Corporation in Ensuring Quality of Care

MASTER DOCUMENT
DC: 14404 Date: 8/24/15

Annex A. Clinical Features of patients with CAP according to risk categories (adapted from CAP Guidelines 2010)

Moderate-risk CAP	High-risk CAP
Any of the following: Unstable vital signs • RR ≥30 breaths/min • PR ≥125 beats/min • Temp ≥40 C or </=36 C • SBP <90 mmHg • DBP </= 60 mmHg Altered mental state of acute onset Suspected aspiration Decompensated co-morbid condition Chest X-ray: - multilobar infiltrates - pleural effusion or abscess	Any of the criteria under moderate risk CAP category **Plus** Severe sepsis and septic shock Need for mechanical ventilation
These patients need to be hospitalized for closer monitoring and/or parenteral therapy. [Grade A]	These patients warrant admission in the intensive care unit. [Grade A]

Annex B. Usual Recommended Dosages of Formulary Antibiotics in 50-60 kg adults with normal liver and renal functions

Risk Category	Empiric Therapy	Antibiotic/Dosage
Moderate Risk CAP	IV non-antipseudomonal B-lactam	Amoxicillin + Clavulanic acid 1.2 gm q8h Cefoxitin 1-2 gm q8h Cefuroxime Na 1.5 gm q8h Cefotaxime 1-2 gm q8h Ceftriaxone 1-2 gm q24h Ertapenem 1 gm q24h
	PLUS Oral extended macrolide	Azithromycin dehydrate PO/IV 500 mg q24h Clarithromycin PO/IV 500 mg q12h Erythromycin PO/IV 0.5 – 1 gm q6h
	OR Oral respiratory fluoroquinolones	Levofloxacin PO/IV 500-750 mg q24h Moxifloxacin PO/IV 400 mg q24h
High Risk CAP (all antibiotics are given intravenously)	**No risk for Pseudomonas aeruginosa:** IV non-antipseudomonal B-lactam	 Amoxicillin + Clavulanic acid 1.2 gm q6-8h Cefotaxime 1-2 gm q8h Ceftriaxone 1-2 gm q24h Ertapenem 1 gm q24h
	PLUS IV extended macrolide	Azithromycin dihydrate PO/IV 500 mg q24 Clarithromycin PO/IV 500 mg q12h Erythromycin PO/IV 0.5 – 1 gm q6h
	OR IV respiratory fluoroquinolone	Levofloxacin PO/IV 500-750 mg q24h
	With risk for Pseudomonas aeruginosa: IV antipseudomonal B-lactam	 Cefepime 2 gm q8-12h
	PLUS IV extended macrolide	Azithromycin dihydrate 500 mg q24h Clarithromycin 500 mg q12h
	PLUS Aminoglycoside	Gentamicin 3 mg/kg q24h Netilmicin 7 mg/kg q24h Amikacin 15 mg/kg q24h
	OR IV anti-pseudomonal fluoroquinolones (high dose)	Ciprofloxacin 400 mg q12h Levofloxacin 750 mg q24h
	Others	Oxacillin (Staphylococcus) 1-2 gm q4-6h Clindamycin (Staphylococcus and anaerobes) 600 mg q6-8h Metronidazole (anaerobes) 50 mg q6-8h Vancomycin (MRSA) 1 gm q12h

Annex C. Antibiotics dosage agents for streamlining or switch therapy*

Antibiotic	Dosage	Antibiotic	Dosage
Amoxicillin + clavulanic acid	625 mg TID or 1 gm BID 500 mg OD	Cefuroxime axetil Cefdinir	500 mg BID 300 mg BID
Azithromycin dihydrate	500 mg BID	Cefixime	200 mg BID
Clarithromycin		Levofloxacin	200 mg BID

**for adults weighing 50 to 60 kg with normal liver and renal funsction*