



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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PHILHEALTH CIRCULAR

No. 1019-0003

TO : ALL MEMBERS IN THE FORMAL ECONOMY, LIFETIME MEMBERS, SENIOR CITIZENS, ACCREDITED HEALTH CARE INSTITUTIONS, PHILHEALTH REGIONAL OFFICES, BRANCHES, LOCAL HEALTH INSURANCE OFFICES AND ALL OTHERS CONCERNED

SUBJECT : Expansion of the Primary Care Benefit (PCB) to Cover Formal Economy, Lifetime Members and Senior Citizens (Revision 1)

I. RATIONALE

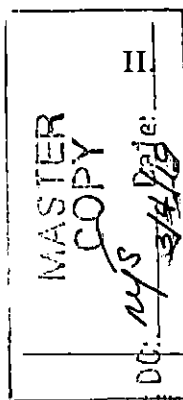
The Philippine Health Agenda aspires to achieve Universal Health Care by creating a health system that is equitable and inclusive to all; making sure that all Filipinos are provided essential health guarantees at every life stage. To accomplish this, the Department of Health (DOH) issued Administrative Order No. 2017-0024 "Guidelines in the Implementation of Philippine Health Agenda's (PHA) Check-Up Service for All Filipinos" which aims to ensure that primary health care guarantees for Filipinos are realized within each community. Primary health care guarantees refers to a package of population-based and individual-based services that the State commits to provide to all Filipinos, as defined in DOH's Administrative Order No. 2017-0012 "Guidelines on the Adoption of Baseline Primary Health Care Guarantees for All Filipinos".

In support of these DOH initiatives, PhilHealth also adopts strategies to respond to the growing health needs of its members. With the issuance of PhilHealth Circular No. 2017-0024 on the Adjustment in the Premium Contributions of the Employed Sector to Sustain the National Health Insurance Program, and budget allocation provisions in the 2018 General Appropriations Act (GAA), the existing Primary Care Benefit (PCB) which is currently provided by rural health units (RHUs)/urban health centers to the less privileged population is being expanded to cover the Formal Economy, Lifetime members and Senior Citizens.

Cognizant of the limitations of RHUs as providers of the PCB, especially in providing extended consultation hours, other health care institutions both private and government are now being engaged to ensure accessibility to the program.

II. OBJECTIVE

This Circular aims to provide guidelines on the expansion of PCB to the Formal Economy (Employed), Lifetime Members and Senior Citizens in PhilHealth accredited public and private Level 1, 2 and 3 hospitals, infirmaries/primary care facilities, Ambulatory Surgical Clinics (ASCs) and medical outpatient clinics.



III. SCOPE

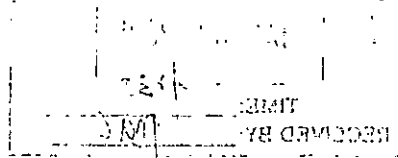
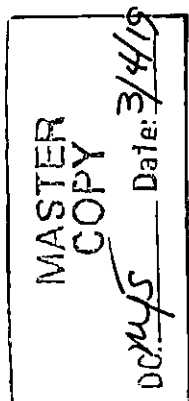
This Circular covers the expansion of the Primary Care Benefit to all eligible beneficiaries in the Formal Economy (employed), Lifetime members (retirees), and Senior Citizens.. Parallel with this, the Corporation shall process accreditation of interested prospective public and private health care institutions (HCIs).

IV. DEFINITION OF TERMS

- A. Assignment – (electronic) sign-in/registration of a PCB eligible member with their chosen EPCB HCI. This shall be required for all qualified PCB beneficiaries prior to benefit availment.
- B. Co-payment – a fixed fee that a member is required to pay for consultation, laboratory/diagnostic intervention, and medicines at the time of visit.
- C. Health screening/assessment – *refers to the initial outpatient consultation.*
- D. *Medical Consultation – a procedure whereby the physician reviews a patient's medical history, examines the patient, and makes recommendations as to care and treatment.*
- E. Per Family Payment (PFP) – *computed reimbursement for PCB providers based on enlisted/assigned and profiled/health assessed and screened members and dependents.*
- F. Registration – confirmation of electronic assignment through personal appearance of a PCB eligible member with their chosen EPCB HCI.

V. GENERAL GUIDELINES

- A. All members under the Formal Economy (employed), Lifetime members, and Senior Citizens and their qualified dependents shall be eligible to avail of the expanded primary care benefit in accredited EPCB HCIs.
- B. The expanded PCB shall include health screening and assessment, diagnostic services, follow up consultations, and medicines. The health screening shall be based on life stage essential services as provided in DOH Administrative Order No. 2017-0012 (see Annex A). The drugs/medicines shall cover for the following disease conditions: AGE, UTI, Pneumonia low risk, Upper Respiratory Tract Infection, Asthma, Hypertension, Diabetes Mellitus Type II (see Annex B: Benefit Table).
- C. All Out-patient Department/Sections of accredited Level 1, 2 and 3 private and government hospitals shall be deemed accredited as EPCB HCI; provided that the requirements in *Annexes C and I* are satisfied.
- D. All non-hospital facilities such as but not limited to Ambulatory Surgical Clinics (ASCs), Infirmary/Primary Care Facilities (PCF), and non-DOH-licensed private medical outpatient clinics who are willing to be EPCB HCIs must comply with the accreditation standards specified in *Annexes C and I*.



- E. The benefit shall be at *an average of* Php 800.00 per family per year with fixed co-payment. Risk based capitation fee for Senior Citizen and Lifetime members shall apply.

To illustrate:

Table 1: Sample computation for risk-based capitation fee

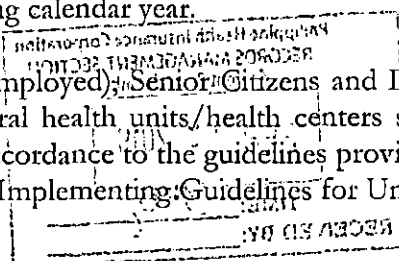
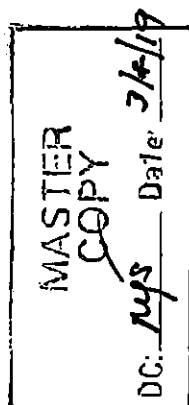
No. of newly assigned member		Risk-based capitation fee		Total PFP
Senior Citizen/Life-time	Formal Economy	Senior Citizen/Life-time (Php 900.00)	Formal Economy (Php 700.00)	
750	750	675,000.00	525,000.00	1,200,000.00
700	500	630,000.00	350,000.00	980,000.00

- F. All existing eligibility rules for benefit availment shall apply.
- G. Members in the Indigent Sector, Sponsored, Organized Group and Land-based OFW who have previously been assigned, enlisted/registered in an accredited PCB HCI shall continue to avail of their benefit from their current provider (rural health units/health centers) as provided for in PhilHealth Circular No. 010, s. 2012 "Implementing Guidelines for Universal Health Care Primary Care Benefit 1 (PCB) Package for Transition Period CY 2012-2013" (as amended by PhilHealth Circular No. 2017-0033) unless a transfer has been requested. Transfer request forms shall be available at any accredited PCB HCI (see Annex D).² Sponsored and Indigent members requesting to be transferred to accredited private EPCB HCIs shall be allowed effective the following calendar year; provided they are willing to shoulder the fixed co-payment.
- H. Fixed co-payment shall apply in accordance to guidelines as provided for in this policy.
- I. The No Balance Billing (NBB) policy shall apply based on existing guidelines.
- J. All existing guidelines on Person with Disabilities (PWD) and Senior Citizens discount shall apply.

VI. SPECIFIC GUIDELINES

A. Assignment

1. This will be initiated by members or the employers on behalf of their respective employees at the start of the program or calendar year.
2. The assignment shall be done yearly and fixed for one calendar year. Transfer to another EPCB HCI may be allowed subject to submission of transfer request form and shall take effect on the following calendar year.
3. Members from the Formal Economy (employed), Senior Citizens and Lifetime members who opt to be assigned in rural health units/health centers shall be entitled to avail of the PCB services in accordance to the guidelines provided for in PhilHealth Circular No. 010, s. 2012 "Implementing Guidelines for Universal

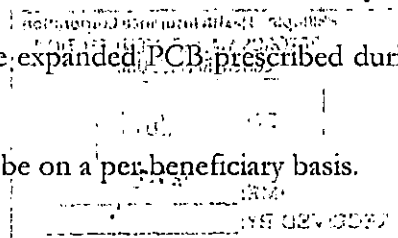
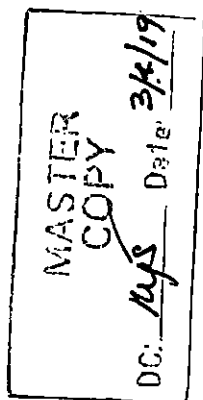


Health Care Primary Care Benefit 1 (PCB) Package for Transition Period CY 2012-2013" (as amended by PhilHealth Circular No. 2017-0033).

4. Assignment shall be on a per family basis. No separate assignment shall be allowed for the principal member and their qualified dependents. In cases of separate assignment, the assignment of principal member shall prevail.
5. Assignment shall be allowed by the system until the end of September of every year or once the committed target number of assigned members by the HCI has been met, whichever comes first.

B. Benefit availment (see Annex B: Benefit Table)

1. All qualified beneficiaries availing of the benefit during initial or follow up consultations shall be required to obtain an authorization transaction code (see Annex E). The authorization transaction code shall only be valid for 1 day within which the beneficiary shall visit the provider/clinic. If the beneficiary fails to visit the clinic within the validity period of the transaction code, the beneficiary may request for another transaction code.
2. Essential services according to life stage (see age range on the table) shall be performed during initial health screening and assessment for free or at no cost to the member or to one of his/her qualified dependents. Health screening shall be done every year. If on initial screening the qualified beneficiary requires other services from the essential list that are not included in his/her lifestage guarantees due to an existing disease condition, such services shall still be provided for free.
2. Regular fees or charges shall be applicable to the following:
 - a. Other qualified *beneficiaries* who also wish to undergo initial screening for the essential services.
 - b. *Qualified beneficiaries requiring initial medical consult, any of the laboratories and medicines listed under the essential list.*
 - c. Other laboratory services not included in the essential list.
 - d. All other prescribed drugs/medicines not included in the list.
3. Fixed co-payment shall be applicable to the following:
 - a. *All qualified beneficiaries who underwent initial health screening/initial medical consult and requiring follow up consultations and laboratories/diagnostics listed under the essential list.*
For government HCIs, fixed co-payment for follow up consultation fees shall apply if the consultation was sought beyond the prescribed extended OPD consultation hours; otherwise, no consultation fee shall be required from the eligible beneficiary.
 - b. For all drugs/medicines included in the expanded PCB prescribed during both initial and follow up consultation.
4. Fixed co-payment, whenever applicable, shall be on a per beneficiary basis.



5. The HCI shall apply the same fixed co-payment rules for other disease conditions not covered by the expanded PCB that will require any of the laboratories and medicines included in the list of essential services and drugs. (e.g. CBC for suspected dengue case, chest X-ray for suspected TB, antibiotics for infected wounds, impetigo and other skin infections)

C. Per Family Payment (PFP)

1. Computation shall be based on the number of newly assigned members every month until September.

- a. Monthly releases shall be 60% of the computed PFP. The monthly release of PFP shall be computed based on the following formula:

$$PFP_{\text{month}} = (\text{No. of newly assigned members} \times \text{Php } 800.00^*) \times 60\%$$

Please see Annex F for sample computation.

- b. Accomplishment of Targets 1-4 shall be the basis for the release of the remaining 40% of the total PFP for the applicable year. It shall be released on the first month of the succeeding year. The EPCB HCI that will meet all the performance targets shall be accorded the privilege to be recommended for Center of Excellence.

Table 2. Formula to compute Performance Target

Target	Description	Formula
1	50% of the assigned families are registered and assessed	$\left\{ \frac{\text{Total no. of registered and assessed member}}{\text{Total no. of assigned families}^{**}} \right\} \times 100$
2	90% of the registered and assessed are provided with the complete essential services based on lifestage	$\left\{ \frac{\text{Total no. of registered and assessed with complete essential services}}{\text{Total no. of registered and assessed}} \right\} \times 100$
3	At least 70% of hypertensive cases are given monthly maintenance drugs	$\left\{ \frac{\text{Total no. of hypertensive cases given monthly maintenance drugs}}{\text{Total no. of hypertensive cases}} \right\} \times 100$
4	At least 70% of diabetes cases are given monthly maintenance drugs	$\left\{ \frac{\text{Total no. of diabetes cases given monthly maintenance drugs}}{\text{Total no. of diabetes cases}} \right\} \times 100$
5	<5% of assigned families were admitted for ***any of the conditions covered by the EPCB ***admissions will be subject to field validation	$\left\{ \frac{\text{Total no. of admitted for any condition covered by the EPCB}}{\text{Total no. of assigned families}^*} \right\} \times 100$

* Risk based capitation fee: Php 700.00 for the Formal Economy and Php 900.00 for the Lifetime members and Senior Citizens.

**unique member PhilHealth Identification Number (PIN)

***AGE, UTI, URTI, Low risk Pneumonia, Asthma, Hypertension, Diabetes Mellitus Type II

2. Disposition and allocation of the PFP:

- a. PFP reimbursements in government HGIS shall be utilized to cover all essential services and medicines provided for in this Circular. Any remaining fund may be utilized for Professional Fee sharing based on existing DOH guidelines.

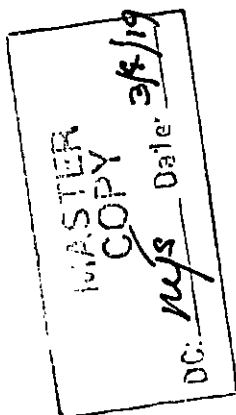
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D. Existing guidelines on appeal and motion for reconsideration (MR) shall apply.

VII. ROLES AND RESPONSIBILITIES

A. Member and dependents

1. Regularly update his/her membership data record (e.g. additional dependents, etc) to facilitate benefit eligibility. Eligible dependents are encouraged to register with the member's HCI of choice to avail of their EPCB entitlements;
2. Choose from the list of accredited EPCB HCIs published in the PhilHealth website their preferred EPCB HCI for the current calendar year;
3. Assign to an EPCB HCI;
 - a. Employees, Senior Citizens and Lifetime members shall choose their EPCB HCI from among the list of accredited EPCB HCIs and initiate online assignment through any of the following:
 1. Individual assignment (see Annex G for details)
 - 1.1 PhilHealth Member *Online* Inquiry
 - 1.2 PhilHealth Cares
 - 1.3 Customer Service Management System (CSMS)
 - 1.4 UPCM Internal
 - 1.5 Health Care Institution (HCI) Portal
 2. Group assignment (see Annex G for details)
 - 2.1 Employer on behalf of employees may assign via Electronic Premium Remittance System (EPRS)
 - b. For some Senior Citizen and Lifetime members who have no access or have difficulty using information technology (IT), assignment to provider may be done through their respective Office for Senior Citizens Affairs (OSCA) or the HCI thru its portal.
 - c. For Senior Citizen and persons with disabilities (PWDs) who may have physical incapability to do the assignment process, they may authorize a representative to do the task for them provided that they present a recognized valid ID (e.g. senior citizens ID or PWD) and authorization letter to their preferred EPCB HCI.
4. Register at their preferred HCI for health screening and assessment/consultation;
5. Inform the EPCB HCI if non-ambulatory beneficiaries (e.g. senior citizen, PWD) shall require mobile assistance. Inquire if the EPCB HCI may opt to conduct registration and health screening and assessment/consultation at the patient's domicile;
6. Visit the facility for health screening and assessment at least once a year or as advised by the attending physician;



PhilHealth
Member Information
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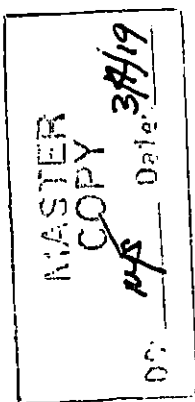
7. Send patient feedback using the application provided by PhilHealth;
8. Report erring providers and/or employers to the PhilHealth Corporate Action Center (02-441-7442) due to but not limited to the following reasons:
 - a. refusing a member and dependent to be registered in their facility (except when maximum patient load has already been reached)
 - b. failure to conduct health screening and assessment/consultation, dispensing of medicines and other mandatory services
 - c. charging beyond fixed co-payment rate
 - d. Mandatory EPCB HCI assignment by the employer against employee's preference
9. The member shall get an authorization transaction code from PhilHealth for every visit to an accredited EPCB HCI. (see Annex E) *6*

B. Employers

1. Comply with existing policies on the adoption and use of the Electronic Premium Reporting System (EPRS) as the mode of preparation and transmission of all remittance reports;
2. Ensure regular monthly remittance and reports of premium contributions of respective employees;
3. Facilitate updating of Member Data Records of employees;
4. *Facilitate assignment of employees to their preferred EPCB HCI using EPRS.*

C. Health care providers

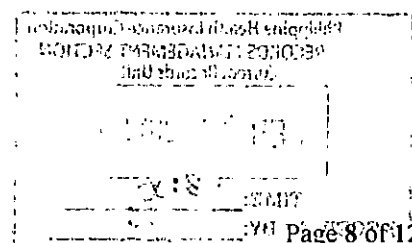
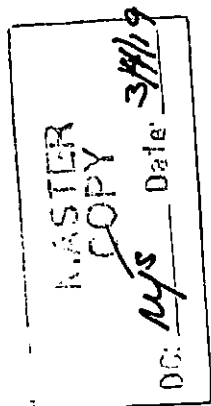
1. Interested and qualified providers *shall* comply with the requirements in Annex C to be accredited;
2. Accredited facilities shall comply with electronic data reporting and submission through any of the following means:
 - a. functioning health information system *certified by PhilHealth and compliant with EPCB requirements;*
 - b. PhilHealth Expanded Primary Care Benefit (PCB) System (eXPS);
 - c. installed Electronic Medical Record (EMR) system *certified by PhilHealth.*
3. Regularly check the HCI Portal/EPCB Service for updates on the assignment list. In areas where there is slow or no internet connectivity and member assignment was done through the Updated Primary Care Module (UPCM) Internal at the Local Health Insurance Office (LHIO), the *encrypted* softcopy of assignment list shall be forwarded by the LHIO to the HCI;



4. Conduct health screening and assessment/initial consultation (baseline health data) and follow up care to all assigned members and their qualified dependents; and to establish an updated health record which shall be kept electronically;
5. Perform gatekeeping and referral functions for patients depending on their needs in accordance with accepted norms and ethical practice;
6. Provide mandatory services based on clinically acceptable standards on health screening and assessment and as necessary;
7. Encode all health screening and assessment/consultation data, diagnostic tests done and their results, and prescribed/dispensed medicines in the EMR system;
8. Ensure availability of EPCB services in the facility;
9. Ensure all data fields in the patient medical record are completely and properly filled out. Secure informed consent from the patient prior to data transmission;
10. Establish linkages or network with other accredited EPCB HCIs for laboratory/diagnostic services not available in the facility, and for referral;
11. Referral facilities shall issue a signed certification (see Annex H) as provider of specific services on behalf of the referring facility. The issued certification shall be in the official letterhead of the referral facility;
12. Utilize the fund efficiently while ensuring delivery of quality care;
13. Not engage in "active patient seeking" activities for the purpose of populating assignment registry in order to *meet* declared maximum annual family load; *the maximum annual family load shall be subject to the PhilHealth Regional Office's (PRO) assessment and approval.*
14. All consultation data including laboratories/diagnostics done and prescribed medicines shall be encoded in the EMR as reference for future enhancements of the benefit policy (e.g. mammography to diagnose Breast CA);
15. Submit reports as required by PhilHealth;
16. Provide feedback to PhilHealth regarding policies and reimbursement issues, as necessary;
17. Government HCIs shall create a ledger to account for the *utilization* of EPCB funds.
18. *Ensure that they develop an EPCB application compliant to PhilHealth requirements or engage with an EMR provider with a certified EMR system.*

D. Local Government Units

1. Supervise the implementation of the program;



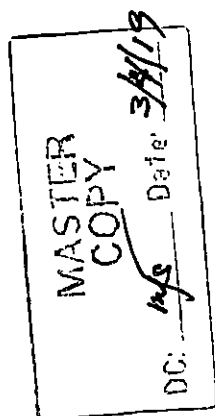
2. Provide technical and administrative assistance to the facilities as needed;
3. Upgrade/maintain the operational capabilities (e.g. laboratory/diagnostics, medicines, monitor, CPU, internet connectivity, etc.) of the facilities to conform with the accreditation standards prescribed by PhilHealth.
4. *Create a trust fund for the EPCB payment.*

E. EMR providers

1. Train the EPCB HCIs *and provide user's manual to serve as guide in using the EMR system;*
2. Provide *quality service and* technical assistance to their users;
3. Promptly comply with PhilHealth requirements and data privacy rules;
4. *Enhance the EMR application to ensure that the system is compliant to the updates by PhilHealth.*

F. PhilHealth

1. Post and update the list of accredited EPCB HCIs;
2. Release the PFP based on reimbursement guidelines;
3. Conduct provider performance monitoring;
4. Create a system that will link PCB1, EPCB and inpatient availment for monitoring purposes;
5. Review and enhance the benefit periodically;
6. Develop and maintain an application that will allow immediate feedback and documentation of actual patient encounter transactions;
7. Establish needed mechanisms to ensure that patients receive the primary care services;
8. Develop and deploy an *interim* electronic reporting system that will enable EPCB HCIs with no EMR provider engagements to electronically transmit data to PhilHealth;
9. Certify EMR system providers singly or jointly with the DOH;
10. Provide immediate action on feedback received due to policies or reimbursement issues.



VIII. MONITORING AND EVALUATION

The PhilHealth, through its Healthcare Provider Performance Assessment System (HCP-PAS) shall employ mechanisms to assure members of the guaranteed quality healthcare

they deserve. A monitoring and feedback system shall be implemented to assist providers to identify possible gaps in their practices or recommend mechanisms to ensure that they render the best possible service to their clients. Performance targets shall be identified to guide all concerned stakeholders of their accountability towards providing essential primary care services especially to the poor and marginalized families.

Monitoring shall consist of periodic facility and patient visits, satisfaction and/ or exit surveys, utilization review, and others as may be identified by PhilHealth.

Failure to meet any of the performance targets shall be a ground for close monitoring, and subsequent sanctions and penalties.

If the HCI fails to meet any of the identified targets during one applicable year, the committed maximum annual family load for the succeeding year shall be reduced to a number corresponding to their previous performance.

e.g. Committed Maximum annual family load for 2018-2019: 10,000 members (families)

Performance based on targets:

Performance Indicators	Targets for 40%	Performance Result
1. Registered and assessed (based on assignment)	50% (5000)	30% (3000)
2. With complete essential services	90% (4500)	60% (3000)
3 Maintenance for hypertension Assumption: 1%= 100	70% (70)	10% (10)
4. Maintenance for DM Assumption: 1%=100	70% (70)	10% (10)

For CY 2020: Maximum annual family load shall be reduced to $3,000 \times 1.5 = 4500$

The 1.5 factors in members who consistently refuse to avail of their benefit despite HCI follow up.

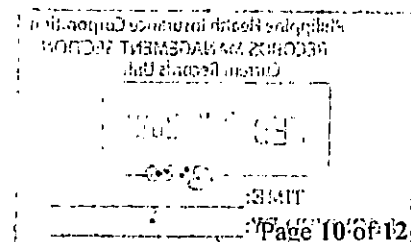
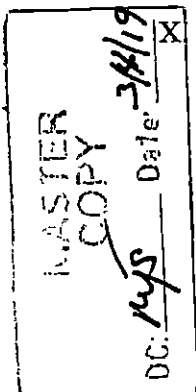
Failure of the EPCB HCI to register and provide essential services to its assigned EPCB members shall result to non-renewal of accreditation as an EPCB HCI.

IX. SANCTIONS AND PENALTIES

Any violation of this Circular, terms and conditions of the Performance Commitment and all existing related PhilHealth circulars, Office Orders and directives shall be dealt with accordingly.

TRANSITORY PROVISIONS

- A. Assignment for CY 2018 shall be from October 1, 2018 until December 15, 2018.
Members who were successfully assigned to their preferred HCI in 2018 shall be automatically assigned to the same EPCB HCI in 2019 and shall be part of the computation for the number of assigned members for January 2019.



Please see illustration below:

Year	Month	No. of newly assigned		Risk based capitation		Total PFP	60% PFP Monthly Release	40% Remaining PFP (if targets are met)
		SC/LM	Formal	SC/LM	Formal			
				Php 900.00	Php 700.00			
2018	Oct.	50	100	45,000.00	70,000.00	115,000.00		(46,000.00)
	Nov.	70	150	63,000.00	105,000.00	168,000.00	69,000.00	(67,200.00)
	Dec.	30	20	27,000.00	14,000.00	41,000.00	100,800.00	(16,400.00)
TOTAL		150	270			324,000.00		
2019	Jan.	150	270				24,600.00	129,600.00

Reimbursement for assignment (60%) shall be released after the end of each applicable month; hence, reimbursement for assignment in December 2018 shall be released in January 2019.

The second tranche of reimbursement based on performance (40%) for October to December 2018 shall likewise be processed and released in January 2019.

Assignment for CY 2019 and succeeding years shall be allowed until the end of September of the applicable year or once the committed target number of assigned members has been met by the EPCB HCI.

- B. PCB1 eligible beneficiaries who already availed of PCB services in 2018 shall remain assigned in PCB1 providers until the end of CY 2019 except for DepEd personnel. DepEd personnel who are under the Formal Economy shall be allowed to avail of the EPCB and may start their assignment beginning January 1, 2019 while Indigents and Sponsored members assigned in a PCB1 provider requesting for transfer to an EPCB HCI shall be processed beginning January 1, 2020.
- C. All senior citizens may avail of Expanded PCB, provided they are enrolled as member under the Senior Citizen Program or declared as dependent of member under the Formal sector or Lifetime Membership Program.
- D. Facilities without existing EMR system may temporarily use eXPS.
- E. The accreditation of EPCB HCIs approved in 2018 shall be valid until December 31, 2019. In case the EPCB HCI decides to increase their maximum annual family and daily patient load in 2019, they may submit a new Performance Commitment (PC) until end of February of 2019 indicating the new # of annual family and daily patient load. Submission of new PC beyond the end of February shall be no longer accepted.

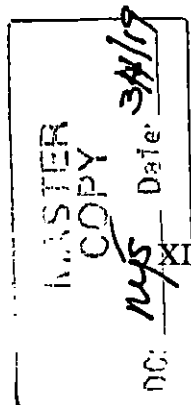
XI. REPEALING CLAUSE

This circular shall supersede PhilHealth Circular No. 2018-0017 or Expansion of the Primary Care Benefit (EPCB) to Cover Formal Economy, Lifetime Members and Senior Citizens.

All previous issuances that are inconsistent with any provision of this Circular are hereby amended, modified, or repealed accordingly.

XII. ANNEXES

- a. DOH Administrative Order No. 2017-0012 "Guidelines on the Adoption of



Baseline Primary Health Guarantees for All Filipinos”

- b. ✓ Benefit table
- c. ✓ Accreditation Survey Tool for the EPCB HCI
- d. ✓ Transfer Request Form
- e. ✓ Steps on acquiring authorization transaction code
- f. ✓ Sample computation
- g. ✓ How to assign
- h. ✓ Certification of Service Delivery Support
- i. ✓ Accreditation Requirements

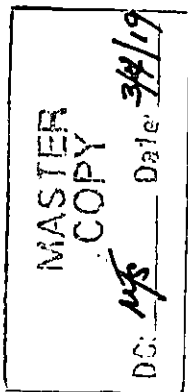
XIII. DATE OF EFFECTIVITY

This Circular shall take effect after fifteen (15) days following the completion of its publication in the Official Gazette or in a newspaper of general circulation. A copy of this Circular shall also be deposited with the National Administrative Register at the University of the Philippines Law Center.

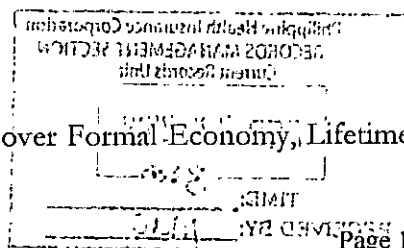
ROY B. FERRER, M.D., MSc.

Acting President and Chief Executive Officer (CEO)

Date signed: 02/27/19



Expansion of the Primary Care Benefit (EPCB) to Cover Formal Economy, Lifetime Members and Senior Citizens (Revision 1)





Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

ANNEX A

AUG 9 3 2017

ADMINISTRATIVE ORDER

No. 2017- 0012

SUBJECT: Guidelines on the Adoption of Baseline Primary Health Care Guarantees for All Filipinos

I. Rationale

The Philippine Health Agenda 2016-2022 seeks to uphold every Filipino's right to health consistent with the International Alma-Ata Declaration that health is a fundamental human right. This underscores the need for (1) a health system that is built on health promotion and strong primary health care with referral systems to higher levels as needed, and (2) citizens engaged and empowered to demand for their entitlements. To this end, the PHA commits to guarantee an explicit and comprehensive set of primary health care interventions – both population and individual level - that will ensure healthy lives and promote well-being for all Filipinos at all ages. Moreover, Republic Act 10606 mandates that the Philippine Health Insurance Corporation (PhilHealth) shall finance health services deemed cost-effective through health technology assessment.

II. Objectives

- A. To define the guaranteed population-based and individual-based primary health care interventions for each life stage;
- B. To identify the health financing agent/mechanism for the identified primary health care interventions; and
- C. To facilitate the citizens' knowledge and understanding of their health guarantees.

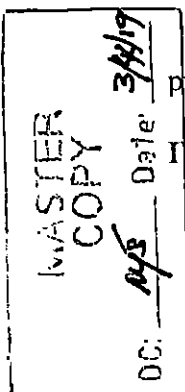
III. Scope and Coverage

This issuance shall apply to all concerned and relevant stakeholders of primary health care such as, but not limited to, DOH central office bureaus and units, regional offices, retained hospitals, national reference centers, laboratories, diagnostics clinics, drug outlets, and attached agencies of the Department of Health, other key government agencies, local government units (LGUs), public and private hospitals and health care facilities, health care providers, civil society organizations (CSOs), medical societies, development partners, academe, individuals, families and communities.

The issuance shall guide all investments required to make possible delivery of primary health care.

IV. Definition of Terms

- A. Health Guarantees (List) – pertains to a package of population-based and individual-based services that the state commits to providing all Filipinos. These services shall be geographically *accessible with the least financial burden, specifically at no cost when accessed in public health facilities, and at fixed co-payment when accessed in*



private health facilities.

- B. Health Technology Assessment (from DOH AO 2016-34) - refers to the systematic evaluation of properties, effects and/or impacts of health technology to inform policy decision making.
- C. Primary Health Care (PHC) – refers to essential health care based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination (Alma-Ata Declaration VI)
- D. Primary Care (PC) – is first-contact, accessible, continued, comprehensive and coordinated care. First-contact care is accessible at the time of need; ongoing care focuses on the long-term health of a person rather than the short duration of the disease; comprehensive care is a range of services appropriate to the common problems in the respective population and coordination is the role by which primary care acts to coordinate with other specialists that the patient may need. PC is a subset of PHC (WHO, n.d.).
- E. Primary Care Facilities (from DOH AO 2012-0012) – a first-contact healthcare facility that offers basic services including emergency service and provision for normal deliveries. It is subdivided into:
 - 1. With in-patient beds - a short stay facility where patients can be admitted for a period of 1 to 3 days. Examples are infirmary, dispensary and birthing home
 - 2. Without beds - a facility where medical and/ or dental examination and treatment and minor surgical procedures are rendered without confining the patient. Examples are Medical Outpatient Clinic, OFW Clinics, and Dental Clinics.

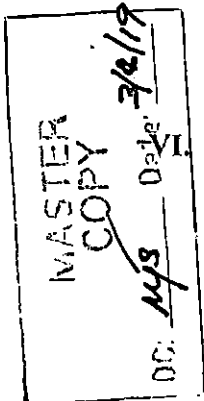
V. General Guidelines

- 1. The health guarantees are organized per life stage. All interventions are classified as **population-based interventions**, or health care services that cannot be specifically traced back to a singular person/beneficiary or **individual-based interventions**, or health care services that can be definitively traced back to a singular person.
- 2. The baseline set of guarantees is summarized in Annex A, initially developed by a technical working group participated in by various offices of the DOH and its attached agencies, in consultation with key stakeholders.
- 3. The baseline set of primary health care guarantees shall be regularly updated through a single, fair, and transparent priority setting process or health technology assessment. An Evidence Appraisal Group (EAG) shall be constituted to recommend to the financing agents – DOH (Secretary of Health), PhilHealth (PhilHealth Board of Directors), and LGUs (Local Chief Executives) on inclusion/exclusion of additional interventions into the primary health care guarantees list.

Specific Guidelines

A. Baseline Health Guarantees

- 1. The baseline set of primary health care guarantees consist of all existing public health programs of the Department of Health, as well as clinically and cost-effective interventions that address 80% of the local disease burden (Wong *et al*,



2015). These encompass total of 48 communicable, non-communicable and urbanization and globalization-related conditions (*See Annex B*).

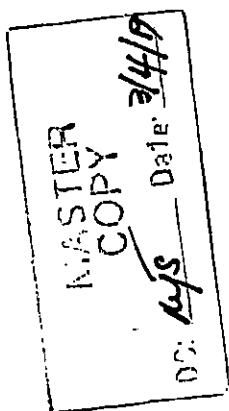
2. The baseline set of primary health care guarantees are organized according to the following life stages, namely: (1) **Pregnancy** - Labor / delivery and post-partum; (2) **Children** - neonate (0-28 days), infant (0-12 months old), child (1-4 years old), school-age (5-9 years old), and adolescent (10-19 years old); and (3) **Early Adulthood** men and women between 20-59 years old; and (4) **Late Adulthood** - men and women over 60 years old.
3. Population-based interventions fall under the following broad classification: (1) Surveillance and monitoring (2) Prevention and control of epidemics (3) Assurance of quality and accessibility of services (4) Health communication and dissemination (5) Community Mobilization (6) Public Policy Development and (6) Disaster Preparation and Response.
4. Individual-based services are further classified as well or sick services. These include primary care or outpatient visits and appropriate referral to higher levels of care. Specifically, outpatient consults encompass clinical, laboratory, pharmacy services which includes required drugs and medicines.

B. Financing of Health Guarantees

1. The primary health care guarantees shall serve as a basis for costing sector-wide medium to long term planning for DOH, PhilHealth and LGUs.
2. By 2022, all population-level interventions shall be financed jointly by the DOH and Local Government Units while all individual-level interventions shall be financed by the PhilHealth.
3. In the interim, financing for identified primary health care guarantees shall be gradually streamlined and detailed out in a Health Sector Financing Strategy to be developed in close coordination with the Department of Finance, Department of Budget and Management, National Economic Development Authority, and PhilHealth.
4. The primary health care guarantees shall guide prioritization and rationalization of DOH's technical assistance to LGU.
5. The primary health care guarantees shall inform the expansion of the primary care benefit package of PhilHealth.

C. Enabling Quality Access and Ensuring Adequate and Appropriate Provision

1. The primary health care guarantees shall be delivered through local communities and health facilities. Specifically, individual-based interventions shall be accessed through networks of both public (state) and private (non-state) providers that are linked to higher levels of service facilities in service delivery networks.
2. All product registration, licensing, accreditation, and contracting standards for both stand-alone primary health care facilities and primary care networks, including health professions education and training shall be aligned to the primary health care guarantees.
3. Provision of all primary health care guarantees shall be guided by locally-relevant clinical practices guidelines and cost-effective, responsive clinical pathways.
4. All information and education campaign materials on primary health care guarantees shall be developed using life stage approach and segmented by client, e.g. health managers, health providers, and client/families.
5. The effectiveness, efficiency, and equity dimensions of the primary health care



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guarantees implementation shall be monitored by the DOH, PhilHealth, and LGUs. All health information systems shall enable tracking of utilization of health guarantees.

VII. Roles and Responsibilities

- A. The Department of Health shall:
 - 1. Define the baseline primary care guarantees and facilitate expansion through the HTA process;
 - 2. Formulate and review strategic and operational policies, plans, and programs related to the primary health care guarantees;
 - 3. Ensure standards, regulations, and technical assistance to LGUs to strengthen the implementation of the primary health care guarantees;
 - 4. Monitor and assess provision of the health care guarantees; and
 - 5. Advocate strong support from all stakeholders on the implementation of the primary health care guarantees.
- B. The Philippine Health Insurance Corporation (PHIC) shall:
 - 1. Develop the primary care benefit package in line with the primary health care guarantees and facilitate expansion through the HTA process;
 - 2. Continually update its accreditation standards in accordance to the primary health care guarantees; and
 - 3. Design contracting arrangements that would provide incentives for the access and quality provisions of the guarantees.
- C. The Local Government Units shall:
 - 1. Enact local legislation and ensure availability of essential inputs and investments to realize the primary health care guarantees; and
 - 2. Ensure that all RHUs are included in networks of primary care providers
- D. The Civil Society Organizations shall:
 - 1. Participate in the advocacy and/or delivery of the primary health care guarantees; and
 - 2. Hold DOH, PHIC, and LGUs accountable in the quality provision of primary health care guarantees.
- E. The Development Partners shall:
 - 1. Adopt, develop, and implement supporting operational policies, plans, and programs consistent with the primary health care guarantees.

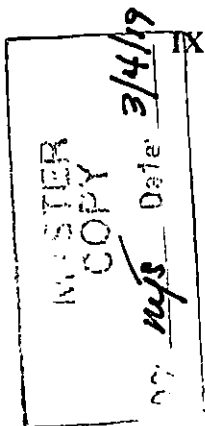
VIII. Repealing Clause

The provisions of previous Orders and other related issuances inconsistent or contrary to the provisions of this Administrative Order are hereby revised, modified, repealed or rescinded accordingly. All provisions of existing issuances which are not affected by this Order shall remain valid and in effect.

IX. Effectivity

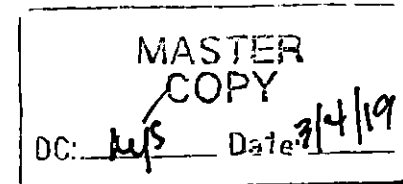
This Order shall take effect immediately.


PAULYN JEAN B. ROSELL-UBIAL, MD, MPH, CESO II
Secretary of Health

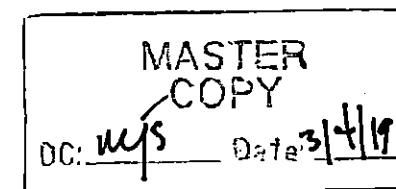


Primary Health Care Guarantees for All Life Stages

to be delivered by the Primary Care Networks



PREGNANCY

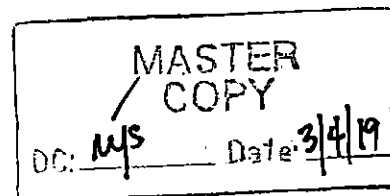


	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
Pregnancy	<p><u>Surveillance and monitoring of the population's health status</u></p> <ul style="list-style-type: none"> • Surveillance system • Pregnancy Tracking • Crisis helplines (self-harm) <p><u>Prevention and Control of Endemic Diseases</u></p> <ul style="list-style-type: none"> • Integrated Vector Control Management • Mass Drug Administration (for Soil Transmitted Helminths, Schistosomiasis, and Filariasis) • Therapeutic management for Soil Transmitted Helminths (STH), Filariasis, Schistosomiasis <p><u>Assurance of quality and accessibility of services</u></p> <ul style="list-style-type: none"> • Establishment of Women & Child Protection Unit in all hospitals • Services for PWDs and other special groups <ul style="list-style-type: none"> - Referral to a higher facility for the provision of assistive devices as indicated 	<p><u>Clinical</u></p> <p>INITIAL VISIT:</p> <ul style="list-style-type: none"> • History and Physical examination • Oral Health Examination and appropriate interventions • Referral and Transportation Services • Nutritional Assessment and Counseling • Counseling Services for Mothers with Prenatal findings of Birth Defects <p>NOT SPECIFIC TO A TRIMESTER (FOR SUCCEEDING VISITS):</p> <ul style="list-style-type: none"> • STI testing using syndromic approach and etiologic tests • Antenatal mental health services (screening) <p><u>Laboratory</u></p> <p>INITIAL VISIT:</p> <ul style="list-style-type: none"> • Pregnancy Test Kit • Hepatitis B Screening • Syphilis VDR/RPR • Complete Blood Count (CBC) • Blood Typing • Ultrasound (as necessary) • Acetic Acid Wash • Urinalysis • Fasting Blood Sugar (FBS) • HIV Testing (offered to all) • Fecalalysis <p>NOT SPECIFIC TO A TRIMESTER (FOR SUCCEEDING VISITS):</p> <ul style="list-style-type: none"> • Oral Glucose Tolerance Test (OGTT) • Pap Smear (as necessary) • Ultrasound (as necessary) <p><u>Drugs and Commodities</u></p> <p>INITIAL VISIT:</p> <ul style="list-style-type: none"> • Ferrous Sulfate with Folic Acid • Iodine supplement • Lipid -based nutrient supplement - Small Quantity (LNS-SQ) (according to guidelines) 	<p><u>REGULAR CONSULTATION for any condition</u></p> <ul style="list-style-type: none"> • History and Physical examination <p><u>DENTAL CONDITIONS</u></p> <ul style="list-style-type: none"> • Provision of oral care services as needed <p><u>ENVIRONMENTAL HAZARD EXPOSURE OR POISONING</u></p> <ul style="list-style-type: none"> • Early recognition and initial management • Referral to higher facility or trained health worker on poison control and clinical toxicology <p><u>FINDINGS OF BIRTH DEFECTS OR RARE DISEASES</u></p> <ul style="list-style-type: none"> • Referral to subspecialist - Obstetrician- Gynecologist (Ob-Gyn), geneticist, metabolic specialist or other specialist <p><u>BEHAVIORAL OR PSYCHIATRIC DISORDERS</u></p> <ul style="list-style-type: none"> • Screening, treatment/management and referral to higher level facilities • Provision of drugs, as indicated • Psychosocial intervention <p><u>OBSTETRIC COMPLICATIONS</u></p> <p>Hypertensive Disorders of Pregnancy</p> <ul style="list-style-type: none"> • Referral and Transportation to Ob-Gyn and Tertiary Care Facility • On Follow Up DOC: • Antihypertensive drugs • Labs: Urinalysis, Ultrasound, ECG

All services shall be made available only when clinically indicated.

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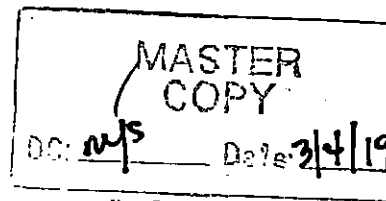
	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
Pregnancy	<p>Health communication and dissemination strategies</p> <ul style="list-style-type: none"> • Mother's Classes: <ul style="list-style-type: none"> - With focus on prenatal care - Expanded Program on Immunization - Exclusive breastfeeding - Rooming-in, Mother Baby Friendly Hospital Initiative (MBFHI) • Community Health and Nutrition Education: <ul style="list-style-type: none"> - Non-exposure to cigarette smoke and unhealthy food - Water, Sanitation and Hygiene (WASH) - Occupational health - Infectious diseases - Injury prevention – falls, burns, poisoning, drowning, road traffic injuries - Mental health - Promotion on the use of fortified foods including iodized salt - Food safety • Information Campaign on: <ul style="list-style-type: none"> - PhilHealth Membership - Enrollment to 	<p>SECOND TRIMESTER – if indicated:</p> <ul style="list-style-type: none"> • Calcium Carbonate • Albendazole <p>NOT SPECIFIC TO A TRIMESTER (FOR SUCCEEDING VISITS):</p> <ul style="list-style-type: none"> • Long Lasting Insecticidal Nets (LLIN)(for malaria endemic areas) • Insect repellent lotion (for all vector-borne diseases) • Tetanus - Diphtheria (Td) Toxoid Vaccines <p>During Emergency</p> <p>Mental health and psychosocial services (MHPSS)</p> <p>Minimum Initial Service Package for Motherhood (MISP)</p> <p>Commodities: Water treatment with hyposol, Jerry cans, clean delivery kits, hygiene kits</p>	<p>Gestational Diabetes Mellitus</p> <ul style="list-style-type: none"> • Clinical Service: Blood Sugar Monitoring (frequency depending on results/risk profile) • Advice on Diet Modification • Referral and Transportation Service to OB-Gyne, as needed • Referral and follow up Labs: FBS, OGTT, HbA1C, Ultrasound • Consultation with a nutritionist-dietitian <p>RENAL/UROLOGIC</p> <p>Urinary Tract Infection</p> <ul style="list-style-type: none"> • Labs: Ultrasound, Urinalysis, and Urine Culture and Sensitivity • Therapeutic Management <p>PULMONARY</p> <p>Lower Respiratory Infections</p> <ul style="list-style-type: none"> • Clinical: Referral and Transportation Services • Labs: Chest X-ray, as needed • Therapeutic Management <p>Tuberculosis</p> <ul style="list-style-type: none"> • Clinical: Direct Observed Treatment Short course (DOTS) • Labs: Sputum AFB and smear, Xpert MTB/RIF, Drug Susceptibility Test (DST) • Therapeutic Management <p>GASTROINTESTINAL</p> <p>Peptic Ulcer</p> <ul style="list-style-type: none"> • Clinical: Prevention of Non-



	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
Pregnancy	<p>PhilHealth</p> <ul style="list-style-type: none"> - Women about to Give Birth (WATGB) - Advocacy for Birth Planning - Family development sessions (FDS) - Availability of Blood/ Blood Donors - Giving birth in a health facility - Rights of Woman During Labor and Delivery - Respectful Care - PhilHealth enrolment - Personal preventive and promotive practices such as prompt referral - Media campaigns: - Lifestyle modifications: - Healthy Diet (Reducing saturated fat content) - Physical Activity <p>Community Mobilization and Development</p> <ul style="list-style-type: none"> • Environmental risk assessment and modification for injury prevention • Transport and communication system 	<div data-bbox="1205 1270 1590 1449" data-label="Text"> <p>MASTER /COPY DC: <u>ms</u> Date: <u>3/4/19</u></p> </div>	<p>Steroidal Anti-Inflammatory Drug (NSAID)-induced ulcer</p> <ul style="list-style-type: none"> • Therapeutic Management • Referral for endoscopy, testing for Helicobacter pylori (H-pylori); urea breath test and stool antigen <p>INFECTIOUS DISEASES HIV/AIDS, STIs AND OTHER GYNECOLOGIC CONDITIONS</p> <ul style="list-style-type: none"> • Clinical: Referral and Transportation to social hygiene clinics contact tracing (Prevention of mother to child transmission) • Labs: Speculum Examination, Vaginal Swab, Microscopy, Rapid Plasma Reagin (RPR), TPPA or T. pallidum hemagglutination assay (TPHA), HIV rapid test, confirmatory test at National Reference Laboratory-San Lazaro Hospital/ STD AIDS Cooperative Central Laboratory (NRL-SLH/ SACCL), or treatment hub, Purified Protein Derivative (PPD) test • Therapeutic management will depend on the organism, as appropriate • Condoms, safe blood supply • Counseling/Education <ul style="list-style-type: none"> -STI control, harm reduction in injecting drug user, peer education among sex workers, initiation of precaution among healthcare providers * For disasters/emergencies, Syndromic treatment of STD/HIV/AIDS

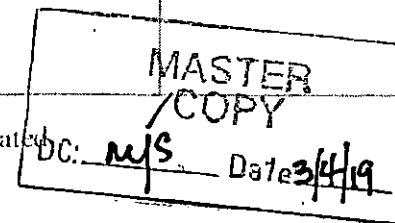
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	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
Pregnancy	<p><u>Public health policy development</u></p> <ul style="list-style-type: none"> • Prenatal care • Prevention and Management of Abortion and Its Complication (PIMAC) • Prevention of Mother to Child Transmission of HIV-AIDS • Omnibus Policy on Disaster Risk Reduction • Regulation on: <ul style="list-style-type: none"> - smoking and alcohol use - substance abuse <p><u>Disaster preparation and response</u></p> <ul style="list-style-type: none"> • Surveillance Post-Extreme Emergencies and Disasters (SPEED) syndromic surveillance • Risk communication • Risk management and Early warning system • Incident command system/OPCEN • Deployment of self-sufficient health team responders and volunteers • Mobile health care services • Women friendly spaces and evacuation centers • Mobilization of 		<p>Malaria</p> <ul style="list-style-type: none"> • Labs: Blood smear, Rapid Diagnostic Test for Malaria • Therapeutic Management <p>Rabies</p> <ul style="list-style-type: none"> • Referral to Animal Bite Treatment Center (ABTC) & provision of anti-Rabies vaccine (as needed) <p>Dengue</p> <ul style="list-style-type: none"> • Lab: CBC, Blood Typing, Bleeding Parameters, Rapid Dengue Test (RDT) • Therapeutic Management: fluid replacement/therapy; • Referral to higher level facility for management (as indicated) <p>Leprosy</p> <ul style="list-style-type: none"> • Therapeutic management <p>Filariasis</p> <ul style="list-style-type: none"> • Lab: Nocturnal blood smear • Therapeutic management <p>Schistosomiasis</p> <ul style="list-style-type: none"> • Therapeutic management • Lab: Kato katz examination <p>NUTRITION</p> <p>Evaluation of Anemia (Eg. Iron Deficiency, Anemia of Renal Disease, Anemia of Chronic Illness)</p> <ul style="list-style-type: none"> • Clinical: Referral to specialists • Lab: CBC • Appropriate Therapeutic



	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
Pregnancy	<p>prepositioned logistics/resources (clean delivery kits)</p> <ul style="list-style-type: none"> Resilient health facilities with DRRM plans and incident command system (ICS) Mass casualty management Barangay health emergency response team (BHERT) 		<p>Management</p> <p>DERMATOLOGY</p> <ul style="list-style-type: none"> Clinical: Referral to specialists Management of Dermatologic Conditions (Eg. Atopic, Irritant Contact, Bacterial and Fungal Infections, and Suspicious Malignant Lesions)
Labor/Delivery	<p><u>Surveillance and monitoring of the population's health status</u></p> <ul style="list-style-type: none"> Surveillance system <p><u>Prevention and control of endemic diseases</u></p> <ul style="list-style-type: none"> Integrated Vector Control Management <p><u>Assurance of quality and accessibility of services</u></p> <ul style="list-style-type: none"> Integrated MNCHN Strategy Services for PWDs and other special groups <p><u>Public health policy development</u></p> <ul style="list-style-type: none"> Basic Emergency Obstetrics and Newborn Care facility per 250,000 population CEmONC facility per 	<p><u>Clinical:</u></p> <ul style="list-style-type: none"> Monitoring on the progress of Labor Monitoring of Vital Signs Provision of Mother-Friendly Practices during Labor and Delivery Maintaining infection control practices during labor and delivery <p><u>Provision of Normal Spontaneous Delivery (NSD)</u></p> <p><u>Laboratory</u></p> <ul style="list-style-type: none"> CBC, Blood Typing (if indicated) <p><u>Drugs and Commodities</u></p> <ul style="list-style-type: none"> Clean delivery set including cutting instruments Oxytocin, Magnesium Sulfate, Antibiotics, Steroids, Cord Clamp <p><u>During Emergency</u></p> <ul style="list-style-type: none"> Minimum Initial Service Package for safe Motherhood (MISP) Commodities: Water treatment with hyposol, Jerry cans, clean delivery kits, hygiene kits 	<p><u>REGULAR CONSULTATION for any condition</u></p> <ul style="list-style-type: none"> History and Physical examination <p><u>DRUGS AND COMMODITIES</u></p> <p>For Facilities with BEMONC trained health care worker:</p> <ul style="list-style-type: none"> Magnesium sulfate Dexamethasone / Betamethasone – for women at risk of giving birth to a preterm newborn Antibiotics Oxytocin Tranexamic Acid Plasma Expander Referral for Blood transfusion services <p>Uterine Inversion</p> <ul style="list-style-type: none"> Intrauterine Balloon Tamponade

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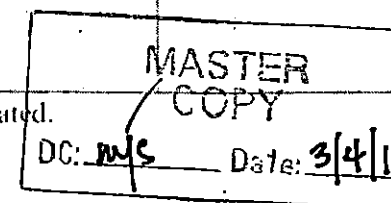
	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
Labor/Delivery	<p>500,000 population</p> <ul style="list-style-type: none"> • Facility based delivery • Skilled birth attendance • PhilHealth Maternal Care Package and Women about to Give Birth • Omnibus Policy on Disaster Risk Reduction <p><u>Disaster preparation and response</u></p> <ul style="list-style-type: none"> • PhilHealth Reimbursement for Deliveries during Fortuitous events • SPEED syndromic surveillance • Risk communication • Risk management and Early warning system • Incident command system/OPCEN • Deployment of self-sufficient health team responders and volunteers • Mobile health care services • Women friendly spaces and evacuation centers • Mobilization of prepositioned logistics/resources (clean delivery kits) • Resilient health facilities with DRRM plans and incident command 		

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	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
Labor/Delivery	system (ICS) <ul style="list-style-type: none"> • Mass casualty management • Barangay health emergency response team (BHERT) 		
Post-partum	<p><u>Surveillance and monitoring of the population's health status</u></p> <ul style="list-style-type: none"> • Surveillance system <p><u>Prevention and control of endemic diseases</u></p> <ul style="list-style-type: none"> • Integrated Vector Control Management <p><u>Assurance of quality and accessibility of services</u></p> <ul style="list-style-type: none"> • Establishment of Women & Child Protection Unit in all hospitals • Services for PWDs and other special <p>Health communication and dissemination strategies</p> <ul style="list-style-type: none"> • Community Health and Nutrition Education : <ul style="list-style-type: none"> - Non-exposure to cigarette smoke and unhealthy food - Substance Abuse - Water, Sanitation and Hygiene (WASH) - Occupational health - Infectious diseases - Injury prevention - 	<p><u>Clinical</u></p> <ul style="list-style-type: none"> • Mental health screening and counseling services • Assessment of breastfeeding difficulties • Breastfeeding counseling <p><u>Drugs and Commodities</u></p> <ul style="list-style-type: none"> • Ferrous Sulfate with Folic Acid • Calcium Carbonate • Vitamin A capsule – single dose 200,000 IU • Family Planning Commodities <ul style="list-style-type: none"> - PP-IUD - Injectable (Depot medroxyprogesterone acetate) - Pills (POP) - Modern Natural Family Planning Charts - Cycle beads - Sub-dermal Progestin Implants - Bilateral Tubal Ligation <p><u>During Emergency</u></p> <ul style="list-style-type: none"> • Mental health and psychosocial services (MHPSS) • Minimum Initial Service Package for Reproductive Health (MISP) • Commodities: Water treatment with hyposol, Jerry cans, hygiene kits, oral contraceptives 	<p><u>REGULAR CONSULTATION for any condition</u></p> <ul style="list-style-type: none"> • History and Physical examination <p><u>DRUGS AND COMMODITIES</u></p> <p>Management of breast conditions during lactation:</p> <ul style="list-style-type: none"> • Assessment and Counseling • Referral to surgeon if needed • Dexamethasone <p><u>Post-Partum Bleeding</u></p> <ul style="list-style-type: none"> • Referral for blood transfusion services as indicated • Referral for vaginal tears <p><u>NEUROLOGIC/PSYCHIATRIC</u></p> <p>Post-Partum Depression/ Psychosis</p> <ul style="list-style-type: none"> • Assessment and Counseling • Referral to Psychiatrist as needed <p><u>Self-harm</u></p> <ul style="list-style-type: none"> • Clinical: Immediate Assessment, First Aid and Transport to Nearest Tertiary Facility • On Follow-up: Referral to Psychiatrist for Psychiatric Assessment

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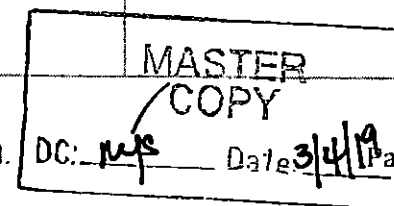


	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
Post-partum	<p>falls, burns, poisoning, drowning, road traffic injuries</p> <ul style="list-style-type: none"> - Mental health - Promotion on the use of fortified foods including iodized salt - Food safety • Promotion of exclusive breastfeeding (EBF) and lactation amenorrhea method (LAM) • Promote National Family Planning Policy • Advocacy for Birth Planning <ul style="list-style-type: none"> - Family development sessions (FDS) - Availability of Blood products and non-remunerated Blood Donors <p>Public health policy development</p> <ul style="list-style-type: none"> • Post-partum visit • Post-partum Family Planning • Minimum Initial Service Package for Health (Sexual and Reproductive Health) • Omnibus Policy on Disaster Risk Reduction <p>Community Mobilization and Development</p> <ul style="list-style-type: none"> • Environmental assessment and 	<div data-bbox="1160 1233 1545 1420" data-label="Text"> <p>MASTER COPY</p> <p>DC: <u>mys</u> Date: <u>3/4/19</u></p> </div>	<p><u>INFECTIOUS DISEASES</u></p> <p>Rabies</p> <ul style="list-style-type: none"> • Referral to Animal Bite Treatment Center (ABTC) & provision of anti-Rabies vaccine (as needed) <p>Dengue</p> <ul style="list-style-type: none"> • Labs: CBC, Blood typing, RDT • Therapeutic Management: fluid replacement/therapy; • Referral to higher level facility for management (as indicated) <p>STD/ HIV/ AIDS</p> <ul style="list-style-type: none"> • For emergency/disaster situations, syndromic treatment of STD/HIV/AIDS <p>Leprosy</p> <ul style="list-style-type: none"> • Therapeutic Management <p>Filariasis</p> <ul style="list-style-type: none"> • Lab: Nocturnal blood smear • Therapeutic Management <p>Schistosomiasis</p> <ul style="list-style-type: none"> • Therapeutic Management • Lab: Kato katz examination <p><u>NUTRITION</u></p> <p>Evaluation of Anemia (Eg. Iron Deficiency, Anemia of Renal Disease, Anemia of Chronic Illness)</p> <ul style="list-style-type: none"> • Clinical: Referral to specialists • Lab: CBC • Appropriate Therapeutic Management

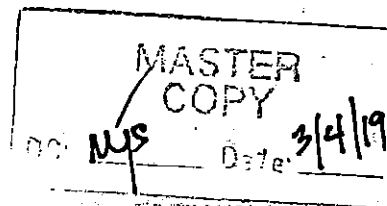
All services shall be made available only when clinically indicated.

	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
Post-partum	<p>modification for injury prevention</p> <ul style="list-style-type: none"> • Voluntary blood donation in communities <p>Disaster preparation and response</p> <ul style="list-style-type: none"> • SPEED syndromic surveillance • Risk communication • Risk management and Early warning system • Incident command system/OPCEN • Deployment of self-sufficient health team responders and volunteers • Mobile health care services • Women friendly spaces and evacuation centers • Mobilization of prepositioned logistics/resources • Resilient health facilities with DRRM plans and incident command system (ICS) • Mass casualty management • Barangay health emergency response team (BHERT) • Water, Sanitation and Hygiene (WASH) 		

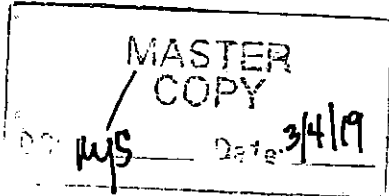
All services shall be made available only when clinically indicated.



	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
Neonate	<p><u>Surveillance and monitoring of the population's health status</u></p> <ul style="list-style-type: none"> • Surveillance system <p><u>Prevention and control of endemic diseases</u></p> <ul style="list-style-type: none"> • Integrated Vector Control Management <p><u>Public health policy development</u></p> <ul style="list-style-type: none"> • Newborn Screening • Birth dose of BCG and Hepatitis B • Early Essential Newborn Care • Newborn care • Infant and Young Child Feeding • Omnibus Policy on Disaster Risk Reduction <p><u>Assurance of quality and accessibility of services</u></p> <ul style="list-style-type: none"> • Establishment of Women & Child Protection Unit in all hospitals • Services for PWDs and other special groups <p><u>Health communication and dissemination strategies</u></p> <ul style="list-style-type: none"> • Mothers' Education on: • Expanded Program on Immunization • Exclusive breastfeeding and Complementary Feeding with Continued breastfeeding • Early child development 	<p><u>Clinical</u></p> <ul style="list-style-type: none"> • Early Essential Newborn Care • Physical examination (vital signs, anthropometrics) • Visual and hearing screening • Breastfeeding Initiation • Referral and Emergency Transport Services • Basic newborn resuscitation with oxygen support • Kangaroo mother care for low birth weight and preterm babies <p><u>Laboratory</u></p> <ul style="list-style-type: none"> • Newborn Screening • Universal Newborn Hearing Screening & confirmatory testing of newborns with out-of-range screening results • Confirmatory tests for disorders detected in the 6-panel / expanded newborn screening • Critical congenital heart disease screening (CCHD)- Pulse oxymeter • HIV screening (as needed) <p><u>Drugs and Commodities</u></p> <ul style="list-style-type: none"> • Bacillus Calmette-Guerin (BCG) vaccine at birth • Hepatitis B vaccine at birth • Vitamin K • Erythromycin eye ointment • Hepatitis B immunoglobulin for babies born to Hepatitis B surface antigen reactive mothers 	<p><u>REGULAR CONSULTATION for any condition</u></p> <ul style="list-style-type: none"> • History and Physical examination <p><u>DRUGS AND COMMODITIES</u></p> <p><u>If (+) for Newborn Screening & Confirmatory Test</u></p> <ul style="list-style-type: none"> • Assessment then refer to tertiary care facility / pediatrician <p><u>If (+) for Newborn Hearing Screening & Confirmatory Test</u></p> <ul style="list-style-type: none"> • Assessment then refer to tertiary care facility / pediatrician (before age 7) • Referral to ENT for hearing aid device fitting and / or for cochlear implant Refer to pediatric ophthalmology for retinopathy of prematurity <p><u>AEFI events</u></p> <ul style="list-style-type: none"> • Assessment and Referral to Pediatrician for appropriate management <p><u>INFANTS BORN TO A DRUG-DEPENDENT MOTHER</u></p> <ul style="list-style-type: none"> • Referral to higher facility with specialist <p><u>RARE DISEASES</u></p> <ul style="list-style-type: none"> • Referral to pediatric subspecialist - geneticist, metabolic specialist or pediatric endocrinologist <p><u>BIRTH DEFECTS</u></p> <ul style="list-style-type: none"> • Referral and counseling to appropriate specialists regarding Neural tube defects, Cleft lip / cleft palate, Congenital hydrocephalus, Club foot (Eg. Orthopedic surgeon, ENT, Neurosurgeon, Pediatric Dentist, etc.)



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	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
Neonate	<p>interventions through mother-infant interactions</p> <ul style="list-style-type: none"> • Developmental milestones monitoring • Community Health and Nutrition Education : • Non-exposure to cigarette smoke and unhealthy food • Water, Sanitation and Hygiene (WASH) • Occupational health • Infectious diseases • Injury prevention – falls, burns, poisoning, drowning, road traffic injuries • Mental health • Promotion on the use of fortified foods including iodized salt • Food safety <p><u>Community Mobilization and Development</u></p> <ul style="list-style-type: none"> • Environmental risk assessment and modification for injury prevention • Emergency Transportation and Communication services <p><u>Disaster preparation and response</u></p> <ul style="list-style-type: none"> • SPEED syndromic surveillance • Risk communication • Risk management and Early warning system • Incident command system/OPCEN 		<p><u>NEWBORNS WITH TRISOMY 21 OR THOSE HIGH RISK FOR DEVELOPMENTAL DELAY (Eg. Cerebral Palsy, Birth asphyxia, or Prematurity)</u></p> <ul style="list-style-type: none"> • Referral to a pediatric neurodevelopmental specialist and/or neurologist <p><u>NEUROLOGIC/NEURODEVELOPMENTAL</u> Neonatal hypoxic-ischemic encephalopathy (HIE) due to intrapartum related events ("birth asphyxia") and traumatic birth injuries</p> <ul style="list-style-type: none"> • Assessment then refer to tertiary care facility, support to caregiver • Provision of medicines for neuroprotection (e.g. Piracetam) • Diagnostic evaluation (EEG, cranial ultrasound, CT scan or MRI) <p><u>CARDIAC DISEASES</u> Congenital Heart Anomalies</p> <ul style="list-style-type: none"> • Refer to tertiary care facility • Labs: 2D Echocardiography, Pediatric ECG, and Chest X-Ray <p><u>PULMONARY</u> Neonatal Respiratory Distress Syndrome</p> <ul style="list-style-type: none"> • Provide bag and mask ventilation if needed • Assessment then refer to tertiary care facility, support to caregiver • Provide ventilator support at end-referral facility (e.g. continuous positive airway pressure [CPAP] machine or mechanical ventilation for infants) • Surfactant

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	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
Neonate	<ul style="list-style-type: none"> • Deployment of self-sufficient health team responders and volunteers • Mobile health care services • Women friendly spaces and evacuation centers • Mobilization of prepositioned logistics/resources (clean delivery kits) • Resilient health facilities with DRRM plans and incident command system (ICS) • Mass casualty management • Barangay health emergency response team (BHERT) 	<div data-bbox="1055 1209 1444 1398" data-label="Text"> <p>MASTER COPY DC: <u>mys</u> Date: <u>3/4/19</u></p> </div>	<p>Hematologic Disorders Neonatal Jaundice</p> <ul style="list-style-type: none"> • Lab: CBC, Blood typing, Peripheral smear, Coombs Test-Direct and Indirect, Total Serum Billirubin • Treatment: Phototherapy <p>INFECTIOUS DISEASES HIV (if mother is positive)</p> <ul style="list-style-type: none"> • Treatment: HIV prophylaxis • Early infant diagnosis • Lab: Malaria smear <p>Neonatal sepsis and other neonatal infections</p> <ul style="list-style-type: none"> • Antibiotic Treatment • Refer to tertiary care facility, if needed <p>Dengue</p> <ul style="list-style-type: none"> • Lab: CBC, Blood Typing, Bleeding Parameters, RDT • Therapeutic Management: fluid replacement/therapy; • Referral to higher level facility for management (as indicated) <p>NEONATAL COMPLICATIONS Management of Prematurity and Low Birth Weight</p> <ul style="list-style-type: none"> • Assessment then refer to tertiary care facility, support to caregiver • Provision of routine newborn care, prior to transfer (Eg. BCG, Vitamin K, Hepatitis B Vaccine, Erythronycin Eye ointment) • Provide kangaroo mother care all throughout transport until reaching the referral facility

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	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
Neonate			Anemia of Prematurity <ul style="list-style-type: none"> Lab: CBC Refer to higher level facility
Infant (0-12 months)	<p><u>Surveillance and monitoring of the population's health status</u></p> <ul style="list-style-type: none"> Surveillance system Cancer Registry <p><u>Prevention and control of endemic diseases</u></p> <ul style="list-style-type: none"> Integrated Vector Control Management <p><u>Assurance of quality and accessibility of services</u></p> <ul style="list-style-type: none"> Establishment of Women & Child Protection Unit in all hospitals Services for Children with Disabilities (CWDs) and other special groups Safe settings assessment for community, schools and home for child injury prevention(eg, drowning, violence, poisoning) <p><u>Public health policy development</u></p> <ul style="list-style-type: none"> IYCF (MBFHI, EBF) Human Milk Banking Early Child Development Child Disability Prevention (Visual and Hearing Impairment, and Injury) Oral Health Micronutrient 	<p><u>Clinical</u></p> <ul style="list-style-type: none"> History and Physical examination (vitals, anthropometrics) Oral Health Examination and Services (Fluoride Varnish, etc.) Early Childhood Care and Development(ECCD) screening including developmental milestones; assessment of developmental delays Visual and hearing screening Referral and Emergency Transport Services <p><u>Laboratory</u></p> <ul style="list-style-type: none"> CBC and peripheral blood smear** (for IITA) for iron deficiency anemia evaluation <p><u>Drugs and Medicines</u></p> <ul style="list-style-type: none"> Vitamin A (at 6 months) Iron sulfate drops to LBW or preterm infants Micronutrient powder for infants 6– 23 months Lipid -based nutrient small quantity (LNS-SQ) 6-23 months Pentavalent vaccine (Diphtheria, tetanus, pertussis, Hep B, HiB) Bacillus Calmette-Guerin (BCG), if not given at birth Bivalent oral polio vaccine (BOPV) - 3 doses Inactivated polio vaccine (IPV) - 1 dose Pneumococcal Conjugated Vaccine (PCV) - 3 doses Measles Mumps Rubella (MMR) - 2 doses 	<p><u>REGULAR CONSULTATION for any condition</u></p> <ul style="list-style-type: none"> History and Physical examination <p><u>DRUGS AND COMMODITIES</u></p> <p><u>AEFI events</u></p> <ul style="list-style-type: none"> Assessment then refer to tertiary care facility / pediatrician (before age 7) <p><u>ENVIRONMENTAL HAZARD EXPOSURE AND POISONING</u></p> <ul style="list-style-type: none"> Early recognition and initial management Referral to higher facility or trained health worker on poison control and clinical toxicology <p><u>RARE DISEASES</u></p> <ul style="list-style-type: none"> Referral to subspecialist - geneticist, metabolic specialist or endocrinologist <p><u>BIRTH DEFECTS</u></p> <ul style="list-style-type: none"> Referral and Counseling to appropriate specialists regarding Neural tube defects, Cleft lip/cleft palate, Congenital hydrocephalus, Club foot (E.g. Orthopedic surgeon, ENT, Neurosurgeon, Pediatric Dentist, etc.) <p><u>DEVELOPMENTAL DELAYS AND BEHAVIORAL DISORDERS</u></p> <ul style="list-style-type: none"> Referral to pediatric subspecialist - geneticist, metabolic specialist or pediatric endocrinologist

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	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
Infant (0-12 months)	<p>Supplementation</p> <ul style="list-style-type: none"> • Food fortification • Omnibus Policy on Disaster Risk Reduction <p><u>Health communication and dissemination strategies</u></p> <ul style="list-style-type: none"> • Mothers' Education on: • Expanded Program on Immunization • Exclusive breastfeeding and Complementary Feeding with Continued breastfeeding • Early child development interventions through mother-infant interactions • Developmental milestones monitoring • Use of fortified foods including iodized salt • Community Health and Nutrition Education : • Non-exposure to cigarette smoke and unhealthy food • Water, Sanitation and Hygiene (WASH) • Occupational health • Infectious diseases • Injury prevention – falls, burns, poisoning, drowning, road traffic injuries • Mental health • Promotion on the use of fortified foods including iodized salt 	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="text-align: center; margin: 0;">MASTER COPY</p> <p>DC: <u>NJS</u> Date: <u>3/4/19</u></p> </div>	<p><u>CARDIAC DISEASES</u></p> <p>Congenital Heart Anomalies</p> <ul style="list-style-type: none"> • Refer to tertiary care facility • Labs: 2D Echocardiography <p><u>RENAL/UROLOGIC</u></p> <p>Urinary Tract Infections</p> <ul style="list-style-type: none"> • Labs: Urinalysis, Urine Culture and Sensitivity, CBC, Ultrasound • Therapeutic Management <p><u>PULMONARY</u></p> <p>Lower Respiratory Infections or Pneumonia</p> <ul style="list-style-type: none"> • If Mild: Manage in primary care center • If Moderate/Severe: Refer to Tertiary Care • Lab: CBC, Chest X-Ray (as needed) • If with HiB Vaccine give Amoxicillin • If without HiB Vaccine give Co-amoxiclav • Other regimen: • Therapeutic Management • Ancillary treatment based on risk classification (cough preparation, vitamin A, vitamin D, elemental Zinc, O2 delivery, probiotic) <p><u>GASTROINTESTINAL</u></p> <p>Diarrheal diseases</p> <ul style="list-style-type: none"> • Clinical: Counseling on exclusive breastfeeding • Lab: Fecalysis • Therapeutic Management: ORS, zinc supplementation, Vitamin A, IV fluid <p><u>CANCERS</u></p> <ul style="list-style-type: none"> • For definitive diagnosis and management:

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	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
Infant (0-12 months)	<ul style="list-style-type: none"> Food safety <p><u>Community Mobilization and Development</u></p> <ul style="list-style-type: none"> Environmental risk assessment and modification for injury prevention Emergency transportation and communication services <p><u>Disaster preparation and response</u></p> <ul style="list-style-type: none"> SPEED syndromic surveillance Risk communication Risk management and Early warning system Incident command system/OPCEN Deployment of self-sufficient health team responders and volunteers Mobile health care services Women friendly spaces and evacuation centers Mobilization of prepositioned logistics/resources (clean delivery kits) Resilient health facilities with DRRM plans and incident command system (ICS) Mass casualty management Barangay health 	<div data-bbox="1037 1249 1429 1441" data-label="Text"> <p>MASTER COPY DC: <u>MS</u> Date <u>3/4/19</u></p> </div>	<p>Referral to secondary or tertiary facility</p> <p>INJURIES For Child injury and trauma</p> <ul style="list-style-type: none"> Referral to pediatric orthopedic or burn specialist Diagnostic: X-ray and other medical imaging modalities <p>INFECTIOUS DISEASES Rabies</p> <ul style="list-style-type: none"> Referral to ABTC & provision of anti-Rabies vaccine (as needed) <p>Dengue</p> <ul style="list-style-type: none"> Lab: CBC, Blood Typing, Bleeding Parameters, RDT Therapeutic Management: fluid replacement/therapy; Referral to higher level facility for management (as indicated) <p>Leprosy</p> <ul style="list-style-type: none"> Therapeutic Management: <p>Filariasis</p> <ul style="list-style-type: none"> Therapeutic Management Lab: Nocturnal blood smear <p>Schistosomiasis</p> <ul style="list-style-type: none"> Therapeutic Management Lab: Kato katz examination <p>NUTRITION Moderate (MAM) and Severe Acute (SAM) malnutrition</p> <ul style="list-style-type: none"> Clinical: measure mid-upper arm circumference (MUAC), measure weight

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	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
Infant (0-12 months)	emergency response team (BHRT)		<p>and length/height, assess for presence or absence of edema, provision of oral health services, deworming medicines</p> <ul style="list-style-type: none"> Therapeutic Management for MAM: Ready To Use Supplementary Food (RUSF), Therapeutic Management for SAM (RUTF), F75, F100, Rehydration Solution for Malnutrition (ReSoMal) <p>Iron-Deficiency Anemia</p> <ul style="list-style-type: none"> Lab: CBC, peripheral blood smear
Child (>1-4 y/o)	<p><u>Surveillance and monitoring of the population's health status</u></p> <ul style="list-style-type: none"> Surveillance system Crisis helplines (self-harm) <p><u>Prevention and control of endemic diseases</u></p> <ul style="list-style-type: none"> Integrated Vector Control Management Mass Drug Administration (for Soil Transmitted Helminths, Schistosomiasis, and Filariasis) STH: Albendazole and/or Mebendazole Filariasis: Diethyl Carbamazine (DEC) - for endemic areas Schistosomiasis: Praziquantel - for endemic areas <p><u>Assurance of quality and accessibility of services</u></p> <ul style="list-style-type: none"> Establishment of Women & Child Protection Unit in all hospitals 	<p><u>Clinical</u></p> <ul style="list-style-type: none"> History and Physical Examination (vitals, anthropometrics) Oral Health Examination and Services ECCD screening Referral and Emergency Transport services Visual and hearing screening Skin screening for Leprosy Provide special services for special health problems and conditions such as disability, rape and abuse - medical, legal, and rehabilitation services as well as social, legal and support services <p><u>Laboratory</u></p> <ul style="list-style-type: none"> CBC (and peripheral blood smear, if needed) for iron deficiency anemia evaluation Conduct PPD test for PTB screening (c/o TB DOTS centers) <p><u>Drugs and Medicines</u></p> <ul style="list-style-type: none"> Micronutrient powder for children (12 mos - 23 months) Fluoride varnish Vitamin A (200,000 IU) - 2 doses per year 	<p><u>REGULAR CONSULTATION for any condition</u></p> <ul style="list-style-type: none"> History and Physical examination <p><u>DRUGS AND COMMODITIES</u></p> <p>AEFI events</p> <ul style="list-style-type: none"> Assessment then refer to tertiary care facility / pediatrician (before age 7) <p><u>DENTAL CONDITIONS</u></p> <ul style="list-style-type: none"> Provision of oral care services as needed <p><u>ENVIRONMENTAL HAZARD EXPOSURE OR POISONING</u></p> <ul style="list-style-type: none"> Early recognition and initial management Trained health worker on poison control and clinical toxicology <p><u>RARE DISEASES</u></p> <ul style="list-style-type: none"> Referral to pediatric subspecialist - geneticist, metabolic specialist or pediatric endocrinologist <p><u>BIRTH DEFECTS</u></p> <ul style="list-style-type: none"> Referral and Counseling to appropriate specialists regarding Neural tube defects

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	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
Child (>1-4 y/o)	<ul style="list-style-type: none"> • Apply safe settings assessment for community, schools and home for child injury prevention (e.g. drowning, violence, poisoning) • Services for Children with Disabilities (CWDs) and other special groups <p><u>Health communication and dissemination strategies</u></p> <ul style="list-style-type: none"> • Mother's education: • Advocacy for complete immunization • Nutrition education program • Community Health and Nutrition Education : • Non-exposure to cigarette smoke and unhealthy food • Water, Sanitation and Hygiene (WASH) • Occupational health • Infectious diseases • Injury prevention – falls, burns, poisoning, drowning, road traffic injuries • Mental health • Promotion on the use of fortified foods including iodized salt • Food safety • Media campaigns: <ul style="list-style-type: none"> - Lifestyle modifications: • Healthy Diet (Reducing saturated fat content) • Physical Activity 	<ul style="list-style-type: none"> • Other vaccines for catch up • Rotavirus – <i>for HTA</i> 	<p>Cleft lip / cleft palate, Congenital hydrocephalus, Club foot, amblyopia and squinting (Eg. Orthopedic surgeon, ENT, Neurosurgeon, Pediatric Dentist, etc.)</p> <p><u>DEVELOPMENTAL DELAYS AND BEHAVIORAL DISORDERS</u></p> <ul style="list-style-type: none"> • Referral to a pediatric neurodevelopmental specialist and/or pediatric neurologist, occupational therapist and speech pathologist • Referral to a higher facility for the provision of assistive devices as indicated <p><u>CARDIAC DISEASES</u> Congenital Heart Anomalies</p> <ul style="list-style-type: none"> • Refer to tertiary care facility • Labs: 2D Echocardiography <p><u>RENAL/UROLOGIC</u> Urinary Tract Infection</p> <ul style="list-style-type: none"> • Labs: Urinalysis, Urine Culture and Sensitivity, CBC, Ultrasound • Medicines: Antibiotics (Cephalosporins, Penicillins) <p><u>PULMONARY</u> Pediatric Community Acquired Pneumonia A/B</p> <ul style="list-style-type: none"> • Lab: CBC, Chest X-ray, as needed • Therapeutic Management <p>Asthma</p> <ul style="list-style-type: none"> • Lab: peak flow meter, nebulizer (machine) • Therapeutic Management

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	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
Child (>1-4 y/o)	<p><u>Community Mobilization and Development</u></p> <ul style="list-style-type: none"> • Conduct targeted feeding programs • Environmental risk assessment and modification for injury prevention • Emergency transportation and communication services <p><u>Public health policy development</u></p> <ul style="list-style-type: none"> • Oral Health • Early Child Development • Child Disability Prevention • Micronutrient Supplementation • IMCI • PIMAM • Food fortification • Omnibus Policy on Disaster Risk Reduction <p><u>Disaster preparation and response</u></p> <ul style="list-style-type: none"> • SPEED syndromic surveillance • Risk communication • Risk management and Early warning system • Incident command system/OPCEN • Deployment of self-sufficient health team responders and volunteers • Mobile health care services • Women friendly spaces and evacuation centers 	<div data-bbox="1093 1273 1482 1449" data-label="Text"> <p>MASTER COPY Date: 3/4/19</p> </div>	<p>Tuberculosis</p> <ul style="list-style-type: none"> • Clinical: DOTS • Lab: Sputum AFB and smear, Xpert MTB/RIF, Drug Susceptibility Test (DST), Tuberculin skin test/Purified Protein Derivative (PPD) • Therapeutic Management <p><u>GASTROINTESTINAL</u> Diarrheal diseases</p> <ul style="list-style-type: none"> • Lab: Fecalalysis • Therapeutic Management: ORS, zinc supplementation, Vitamin A, IV fluid <p><u>NEUROLOGIC/PSYCHIATRIC</u> Mental Illness</p> <ul style="list-style-type: none"> • Referral to Child Psychiatrist • Psychosocial intervention and psychotropic drugs <p>Self-harm</p> <ul style="list-style-type: none"> • Clinical: immediate assessment, first aid, and transport to the nearest tertiary facility • On follow-up: referral to psychiatrist for psychiatric assessment <p><u>CANCER</u></p> <ul style="list-style-type: none"> • For definitive diagnosis and management: Referral to secondary or tertiary facility <p><u>INFECTIOUS DISEASES</u> Note: Contact Tracing Should Be Done in the Community</p> <p>Blood extraction and send referral for laboratory confirmation (vaccine preventable diseases),</p>

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	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
Child (>1-4 y/o)	<ul style="list-style-type: none"> • Mobilization of prepositioned logistics/resources (clean delivery kits) • Resilient health facilities with DRRM plans and incident command system (ICS) • Mass casualty management • Barangay health emergency response team (BHERT) 	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="text-align: center;">MASTER / COPY</p> <p>DC: <u>mys</u> Date: <u>2/4/19</u></p> </div>	<p>Rabies</p> <ul style="list-style-type: none"> • Referral to ABTC & provision of anti-Rabies vaccine (as needed) <p>Dengue</p> <ul style="list-style-type: none"> • Lab: CBC, Blood Typing, Bleeding Parameters, RDT • Therapeutic Management: fluid replacement/therapy; • Referral to higher level facility for management (as indicated) <p>Diarrheal diseases</p> <ul style="list-style-type: none"> • Clinical: Counseling on exclusive breastfeeding • Lab: Fecalalysis • DOC: ORS, zinc supplementation, Vitamin A, Antibiotics for infectious diarrhea <p>Cholera</p> <ul style="list-style-type: none"> • Referral to hospital • Clinical: Advise the mother to continue breastfeeding • If child is 2 years or older and there is cholera in the area, give oral antibiotic for cholera. • Therapeutic management <p>Dysentery</p> <ul style="list-style-type: none"> • Referral to hospital • Clinical: Advise the mother to continue breastfeeding • Therapeutic management <p>STH</p> <ul style="list-style-type: none"> • Population: MDA of entire community • Labs: Stool examination

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	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
Child (>1-4 y/o)			<ul style="list-style-type: none"> • Therapeutic management <p>Measles</p> <ul style="list-style-type: none"> • Lab: IgM blood test and send to RITM • Counseling / education: • Supportive care: nutrition support, breastfeeding counseling • Therapeutic management • Malaria • Lab: Blood smear, Rapid Diagnostic Test for Malaria • Therapeutic management <p>Leprosy</p> <ul style="list-style-type: none"> • Therapeutic Management <p>Filariasis</p> <ul style="list-style-type: none"> • Therapeutic Management • Lab: Nocturnal blood smear <p>Schistosomiasis</p> <ul style="list-style-type: none"> • Therapeutic Management • Lab: Kato katz examination <p><u>NUTRITION</u></p> <p>Protein-energy malnutrition</p> <ul style="list-style-type: none"> • Clinical: measure mid-upper arm circumference, monitor child growth, oral health screening • Ready to Use Therapeutic Food, F75/100 <p>Iron-Deficiency Anemia</p> <ul style="list-style-type: none"> • Lab: CBC, peripheral blood smear <p><u>DERMATOLOGY</u></p> <ul style="list-style-type: none"> • Clinical: Referral to specialists • Management of Dermatologic Conditions

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	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
Child (>1-4 y/o)			(Eg. Atopic, Irritant Contact, Bacterial and Fungal Infections, and Suspicious Malignant Lesions)
School-age (5-9 y/o)	<p><u>Surveillance and monitoring of the population's health status</u></p> <ul style="list-style-type: none"> • Surveillance system • Crisis helplines (self-harm) • Cancer Registry <p><u>Prevention and control of endemic diseases</u></p> <ul style="list-style-type: none"> • Integrated Vector Control Management • Mass Drug Administration (for Soil Transmitted Helminths, Schistosomiasis, and Filariasis) • STH: Albendazole and/or Mebendazole • Filariasis: Diethyl Carbamazine (DEC) – for endemic areas • Schistosomiasis: Praziquantel – for endemic areas <p><u>Assurance of quality and accessibility of services</u></p> <ul style="list-style-type: none"> • Establishment of Women & Child Protection Unit in all hospitals • Apply safe settings assessment tool for community, schools and home for child injury prevention (e.g. drowning, violence, road 	<p><u>Clinical</u></p> <ul style="list-style-type: none"> • History and Physical examination (vital signs, anthropometrics, BMI) • Oral health examination • ECCD and disability screening • Visual & hearing screening • Conduct complete eye examination (refraction, color testing vision testing, strabismus) • Assess nutritional status • Mental health assessment and counseling • Skin screening for Leprosy • Provide special services for special health problems and conditions such as disability, rape and abuse – medical, legal, and rehabilitation services as well as social, legal and support services <p><u>Laboratory</u></p> <ul style="list-style-type: none"> • CBC (and peripheral blood smear, if needed) for iron deficiency anemia evaluation • Conduct PPD test for PTB screening (TB DOTS centers) • Stool exam <p><u>Drugs and Medicines</u></p> <ul style="list-style-type: none"> • Fluoride varnish, Glass Ionomer • Measles Rubella and Tetanus diphtheria (MRTd) • Tetanus containing vaccines • Human Papillomavirus Vaccine (9 year old female*) 	<p><u>REGULAR CONSULTATION for any condition</u></p> <ul style="list-style-type: none"> • History and Physical examination <p><u>DRUGS AND COMMODITIES</u></p> <p><u>AEFI events</u></p> <ul style="list-style-type: none"> • Assessment and Referral to Pediatrician for appropriate management <p><u>DENTAL CONDITIONS</u></p> <ul style="list-style-type: none"> • Provision of oral care services as needed <p><u>ENVIRONMENTAL HAZARD EXPOSURE AND POISONING</u></p> <ul style="list-style-type: none"> • Early recognition and initial management • Trained health worker on poison control and clinical toxicology <p><u>RARE DISEASES</u></p> <ul style="list-style-type: none"> • Referral to subspecialist - geneticist, metabolic specialist or endocrinologist <p><u>LEARNING DISABILITY AND BEHAVIORAL DISORDERS</u></p> <ul style="list-style-type: none"> • Referral to a pediatric neurodevelopmental specialist and/or pediatric neurologist, occupational therapist and speech pathologist • Referral to a higher facility for the provision of assistive devices as indicated <p><u>PSYCHIATRIC AND MOOD DISORDERS IN CHILDREN</u></p> <p><u>Mental Illness</u></p> <ul style="list-style-type: none"> • Referral to Child Psychiatrist

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	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
School-age (5-9 y/o)	<p>safety)</p> <ul style="list-style-type: none"> Services for Children with Disability (CWDs) and other special groups <p><u>Health communication and dissemination strategies</u></p> <ul style="list-style-type: none"> School Health and Nutrition Promotion and Education Non-exposure to cigarette smoke and unhealthy food Water, Sanitation and Hygiene (WASH) Occupational health Infectious diseases Injury prevention – falls, burns, poisoning, drowning, road traffic injuries Mental health Promotion on the use of fortified foods including iodized salt Food safety Information Campaign on: <ul style="list-style-type: none"> Immunization Prevention of risky behavior like tobacco use, alcohol use, drug abuse Road safety Anti-bullying School-based education on HIV/AIDS Nutrition education program Media campaigns Lifestyle modifications: <ul style="list-style-type: none"> Healthy Diet (Reducing saturated fat content) Physical Activity 		<ul style="list-style-type: none"> Psychosocial intervention and psychotropic drugs <p>Self-harm</p> <ul style="list-style-type: none"> Clinical: immediate assessment, first aid, and transport to the nearest tertiary facility On follow-up: referral to psychiatrist for psychiatric assessment <p>CARDIAC DISEASES Congenital Heart Anomalies</p> <ul style="list-style-type: none"> Refer to tertiary care facility Labs: 2D Echocardiography, ECG, Chest X-Ray <p>RENAL/UROLOGIC Urinary Tract Infection</p> <ul style="list-style-type: none"> Labs: Urinalysis, Urine Culture and Sensitivity, CBC, Ultrasound Therapeutic management <p>PULMONARY Pediatric Community Acquired Pneumonia A/B</p> <ul style="list-style-type: none"> Labs: CBC, Chest X-ray, as needed Therapeutic management <p>Asthma</p> <ul style="list-style-type: none"> Lab: peak flow meter, nebulizer (machine) Therapeutic management <p>Tuberculosis</p> <ul style="list-style-type: none"> Clinical: DOTS Labs: Sputum AFB and smear, Xpert MTB/RIF, Drug Susceptibility Test (DST),

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	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
School-age (5-9 y/o)	<p><u>Community Mobilization and Development</u></p> <ul style="list-style-type: none"> • Conduct targeted feeding programs • School-based physical activity • School-based interventions (self-harm) • Environmental assessment and modification for injury prevention • Emergency transportation and communication services <p><u>Public health policy development</u></p> <ul style="list-style-type: none"> • School Health and Nutrition Policy • Weekly Iron and Folic Acid Supplementation • Regulation on: <ul style="list-style-type: none"> - Sale of salty and sweetened food and sugary beverages - Inappropriate marketing of food and beverages - Firecracker use - Video-game free school smoking and alcohol use • Update school health services, standards, and curriculum for implementation • Omnibus Policy on Disaster Risk Reduction <p><u>Disaster preparation and response</u></p> <ul style="list-style-type: none"> • SPEED syndromic 	<div data-bbox="1093 1267 1482 1449" data-label="Text"> <p>MASTER COPY DC: <u>ms</u> Date: <u>3/4/19</u></p> </div>	<ul style="list-style-type: none"> • Tuberculin skin test • Therapeutic management <p><u>GASTROINTESTINAL</u> <u>Diarrheal diseases</u></p> <ul style="list-style-type: none"> • Lab: Fecalysis • Therapeutic management: ORS, zinc supplementation, Vitamin A, Antibiotics for infectious diarrhea <p><u>CANCER</u></p> <ul style="list-style-type: none"> • For definitive diagnosis and management: Referral to secondary or tertiary facility <p><u>OPHTHALMOLOGIC</u> <u>Uncorrected refractive error:</u></p> <ul style="list-style-type: none"> • Clinical: Snellen's chart for adult; LEA chart for children; refer for corrective lenses • Corrective lenses <p><u>INFECTIOUS DISEASES</u> Note: Contact Tracing Should Be Done in the Community</p> <p>Blood extraction and send referral for laboratory confirmation (vaccine preventable diseases)</p> <p><u>Dengue</u></p> <ul style="list-style-type: none"> • Lab: CBC, Blood Typing, Bleeding Parameters, RDT • Therapeutic Management: fluid replacement/therapy; • Referral to higher level facility for management (as indicated)

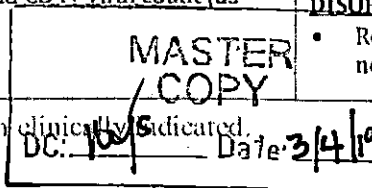
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	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
School-age (5-9 y/o)	<ul style="list-style-type: none"> surveillance Risk communication Risk management and Early warning system Incident command system/OPCEN Deployment of self-sufficient health team responders and volunteers Mobile health care services Women friendly spaces and evacuation centers Mobilization of prepositioned logistics/resources (clean delivery kits) Resilient health facilities with DRRM plans and incident command system (ICS) Mass casualty management Barangay health emergency response team (BHERT) 		<p>Diarrheal diseases</p> <ul style="list-style-type: none"> Lab: Fecalalysis Therapeutic management: ORS, zinc supplementation, Vitamin A, Antibiotics for infectious diarrhea <p>Measles</p> <ul style="list-style-type: none"> Labs: IgM blood test and send to RITM; Clinical: treatment of ocular complications Therapeutic management Counseling / education: Supportive care: nutrition support, breastfeeding counseling, <p>Malaria</p> <ul style="list-style-type: none"> Lab: Blood smear, Rapid Diagnostic Test for Malaria Therapeutic management <p><u>NUTRITION</u></p> <p>Evaluation of Anemia (Eg. Iron Deficiency, Anemia of Renal Disease, Anemia of Chronic Illness)</p> <ul style="list-style-type: none"> Clinical: Referral to specialists Lab: CBC Appropriate Therapeutic Management <p><u>DERMATOLOGY</u></p> <ul style="list-style-type: none"> Clinical: Referral to specialists Management of Dermatologic Conditions (Eg. Atopic, Irritant Contact, Bacterial and Fungal Infections, and Suspicious Malignant Lesions)

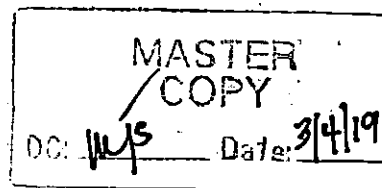
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	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
School-age (5-9 y/o)			<p>Leprosy</p> <ul style="list-style-type: none"> Therapeutic management <p>Filariasis</p> <ul style="list-style-type: none"> Therapeutic Management Lab: Nocturnal blood smear <p>Schistosomiasis</p> <ul style="list-style-type: none"> Therapeutic management Lab: Kato katz examination
Adolescent (10-19 y/o)	<p><u>Surveillance and monitoring of the population's health status</u></p> <ul style="list-style-type: none"> Surveillance system Crisis helplines (self-harm) Cancer Registry <p><u>Prevention and control of endemic diseases</u></p> <ul style="list-style-type: none"> Integrated Vector Control Management Mass Drug Administration (for Soil Transmitted Helminths, Schistosomiasis, and Filariasis) STH: Albendazole and/or Mebendazole Filariasis: Diethyl Carbamazine (DEC) – for endemic areas Schistosomiasis: Praziquantel – for endemic areas <p><u>Assurance of quality and accessibility of services</u></p> <ul style="list-style-type: none"> Establishment of Women & Child Protection Unit in all hospitals 	<p><u>Clinical</u></p> <ul style="list-style-type: none"> History and Physical Examination (Anthropometrics, BMI, Blood pressure) Oral Health Examination Conduct complete eye examination (refraction, color testing vision testing, strabismus) Screen and counsel on (1) healthy lifestyle (physical activity, substance use, smoking, diet and nutrition, sexual education) (2) Psychosocial risk assessment (HEADSSS) (3) Reproductive health Provide health counseling with the use of Adolescent Job Aid Provide special services for special health problems and conditions such as disability, rape and abuse – medical, legal, and rehabilitation services as well as social, legal and support services Skin screening for leprosy Hearing screening <p><u>Laboratory</u></p> <ul style="list-style-type: none"> Pap Smear test (if sexually active for 2 years/as necessary) STI screening and referral for management HIV screening (voluntary), and CD4+ viral count (as necessary) Routine urinalysis Stool examination 	<p><u>REGULAR CONSULTATION for any condition</u></p> <ul style="list-style-type: none"> History and Physical examination <p><u>DRUGS AND COMMODITIES</u></p> <ul style="list-style-type: none"> Assessment and Referral to Pediatrician for appropriate management <p><u>DENTAL CONDITIONS</u></p> <ul style="list-style-type: none"> Provision of oral care services as needed <p><u>ENVIRONMENTAL HAZARD EXPOSURE AND POISONING</u></p> <ul style="list-style-type: none"> Early recognition and initial management Trained health worker on poison control and clinical toxicology <p><u>RARE DISEASES</u></p> <ul style="list-style-type: none"> Referral to pediatric subspecialist - geneticist, metabolic specialist or pediatric endocrinologist <p><u>LEARNING DISABILITY AND BEHAVIORAL DISORDERS</u></p> <ul style="list-style-type: none"> Referral to a pediatric neurodevelopmental specialist and/or

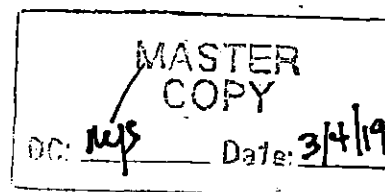
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	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
Adolescent (10-19 y/o)	<ul style="list-style-type: none"> • Apply safe settings assessment tool for community, schools and home for child injury prevention (e.g. drowning, violence) • Services for PWDs and other special groups <p>Health communication and dissemination strategies</p> <ul style="list-style-type: none"> • Community Health and Nutrition Education : • Non-exposure to cigarette smoke and unhealthy food • Water, Sanitation and Hygiene (WASH) • Occupational health • Infectious diseases • Injury prevention – falls, burns, poisoning, drowning, road traffic injuries • Mental health • Promotion on the use of fortified foods including iodized salt • Food safety • Information Campaign on: • Prevention of risky behavior like tobacco use, alcohol use, drug abuse • Road safety • Reproductive health (sexuality and gender-based violence) including school-based education on HIV, AIDS and STI resulting in other diseases • Anti-bullying 	<ul style="list-style-type: none"> • Chest X-ray • Blood chemistry • Pregnancy test (as necessary) • Complete Blood Count • Drug Assessment • HepB screening <p>Drugs and Medicines</p> <ul style="list-style-type: none"> • Iron plus folic acid • Family Planning Commodities (with consent): <ul style="list-style-type: none"> -Condoms - Pills (POP, COC) - MNFP - DMPA - IUD - (Implants) – can be provided by private facilities within the network • Human Papillomavirus (HPV) Vaccine • Measles Rubella and Tetanus diphtheria (MR, Td) • Tetanus containing vaccines 	<p>pediatric neurologist, occupational therapist, speech pathologist and adolescent psychiatrist</p> <ul style="list-style-type: none"> • Referral to a higher facility for the provision of assistive devices as indicated <p>CARDIAC DISEASES Rheumatic Fever and Rheumatic Heart Disease</p> <ul style="list-style-type: none"> • Population: Develop ARF/RHD Registry • Lab: Throat swab • Therapeutic management <p>RENAL/UROLOGIC Urinary Tract Infection</p> <ul style="list-style-type: none"> • Labs: Urinalysis, CBC, Ultrasound • Therapeutic management <p>PULMONARY Lower Respiratory Infections</p> <ul style="list-style-type: none"> • Labs: CBC, Chest X-ray, as needed • Therapeutic management <p>Asthma</p> <ul style="list-style-type: none"> • Labs: peak flow meter, nebulizer (machine) • Therapeutic management <p>Tuberculosis</p> <ul style="list-style-type: none"> • Clinical: DOTS • Lab: Sputum AFB and smear, Xpert MTB/RIF, Drug Susceptibility Test (DST), Tuberculin skin test (for patients less than 15 yo) • Therapeutic management



	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
Adolescent (10-19 y/o)	<ul style="list-style-type: none"> • Healthy lifestyle (healthy diet, physical activity) • Mental health • PhilHealth Membership • Media campaigns: • Lifestyle modifications: • Healthy Diet (Reducing saturated fat content) • Physical Activity <p>Community Mobilization and Development</p> <ul style="list-style-type: none"> • Conduct targeted feeding programs • School-based physical activity • School-based interventions (self-harm) • Environmental assessment and modification for injury prevention • Emergency transportation and communication services <p>Public health policy development</p> <ul style="list-style-type: none"> • Capacitate RHUs/CHOs in the 4R guidelines to prevent harassment of young men and women • VAWC in hospitals and RHUs • Update school health services, standards, and curriculum for implementation • Omnibus Policy on Disaster Risk Reduction • Regulation on: <ul style="list-style-type: none"> - firecracker use - video-game - smoking and alcohol use 		<p>GASTROINTESTINAL Diarrheal diseases</p> <ul style="list-style-type: none"> • Lab: Fecalysis • Therapeutic management: ORS, zinc supplementation, Vitamin A, IV fluid <p>NEUROLOGIC/PSYCHIATRIC Mental Illness</p> <ul style="list-style-type: none"> • Psychosocial intervention and psychotropic drugs <p>Self-harm</p> <ul style="list-style-type: none"> • Clinical: immediate assessment, first aid, and transport to the nearest tertiary facility • On follow-up: referral to psychiatrist for psychiatric assessment <p>CANCER</p> <ul style="list-style-type: none"> • For definitive diagnosis and management: Referral to secondary or tertiary facility <p>INJURIES Motor vehicle road injuries</p> <ul style="list-style-type: none"> • Clinical: pre-hospital emergency services – first aid, ambulance services, referral <p>Drowning</p> <ul style="list-style-type: none"> • Clinical: pre-hospital emergency services – first aid, ambulance services, referral <p>Assault by firearm</p> <ul style="list-style-type: none"> • Clinical: Immediate Assessment, First Aid and Transport to Nearest Tertiary Facility <p>OPHTHALMOLOGIC Uncorrected refractive error</p> <ul style="list-style-type: none"> • Clinical: Snellen's chart for adult; LEA

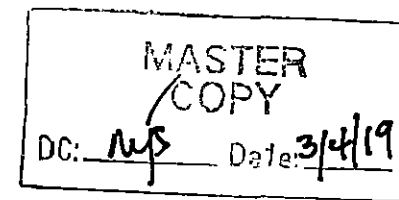


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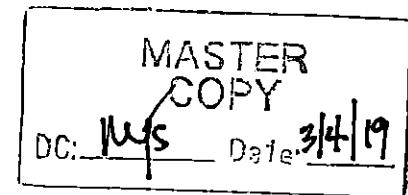
	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
Adolescent (10-19 y/o)	<u>Disaster preparation and response</u> <ul style="list-style-type: none"> • Gender -based watch groups • SPEED syndromic surveillance • Risk communication • Risk management and Early warning system • Incident command system/OPCEN • Deployment of self-sufficient health team responders and volunteers • Mobile health care services • Women friendly spaces and evacuation centers • Mobilization of prepositioned logistics/resources (clean delivery kits) • Resilient health facilities with DRRM plans and incident command system (ICS) • Mass casualty management • Barangay health emergency response team (BHERT) 	<div data-bbox="1048 1248 1451 1465" data-label="Text"> <p>MASTER COPY DC: <u>news</u> Date: <u>3/4/19</u></p> </div>	<p>chart for children; refer for corrective lenses</p> <ul style="list-style-type: none"> • Corrective lenses <p>INFECTIOUS DISEASES Note: Contact Tracing Should Be Done in the Community</p> <p>Blood extraction and send referral for laboratory confirmation (vaccine preventable diseases)</p> <p>Dengue</p> <ul style="list-style-type: none"> • Lab: CBC, Blood Typing, Bleeding Parameters, RDT • Therapeutic Management: fluid replacement/therapy; • Referral to higher level facility for management (as indicated) <p>Rabies</p> <ul style="list-style-type: none"> • Referral to ABTC & provision of anti-Rabies vaccine (as needed) <p>HIV, AIDS and STDs</p> <ul style="list-style-type: none"> • Clinical: refer to social hygiene clinics, contact tracing, if newborns: early Infant Diagnosis and referral • Lab: HIV rapid test, confirmatory test at San Lazaro, RITM, or treatment hub, PPD test • DOC: condoms, ART, antibiotics (for STD) <p>Malaria</p> <ul style="list-style-type: none"> • Lab: Blood smear, Rapid Diagnostic Test for Malaria • Therapeutic management

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	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
Adolescent (10-19 y/o)			<p><u>NUTRITION</u> Evaluation of Anemia (Eg. Iron Deficiency, Anemia of Renal Disease, Anemia of Chronic Illness)</p> <ul style="list-style-type: none"> • Clinical: Referral to specialists • Lab: CBC • Appropriate Therapeutic Management <p><u>DERMATOLOGY</u></p> <ul style="list-style-type: none"> • Clinical: Referral to specialists • Management of Dermatologic Conditions (Eg. Atopic, Irritant Contact, Bacterial and Fungal Infections, and Suspicious Malignant Lesions) <p>Leprosy</p> <ul style="list-style-type: none"> • Therapeutic management <p>Filariasis</p> <ul style="list-style-type: none"> • Therapeutic management • Lab: Nocturnal blood smear <p>Schistosomiasis</p> <ul style="list-style-type: none"> • Therapeutic management • Lab: Kato katz examination

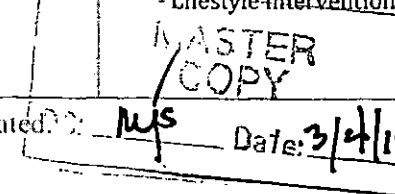


Early Adulthood – Late Adulthood

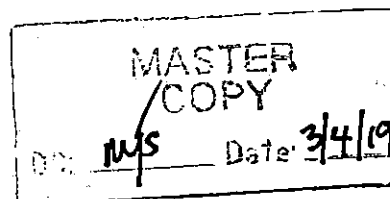


	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
ADULT MEN (20-60 y/o)	<p><u>Surveillance and monitoring of the population's health status</u></p> <ul style="list-style-type: none"> • Surveillance system • Crisis helplines (self-harm) • Population: Renal Disease Prevention and Control Program (REDCOP) program • Cancer Registry <p><u>Prevention and control of endemic diseases</u></p> <ul style="list-style-type: none"> • Integrated Vector Control Management • Mass Drug Administration (for Soil Transmitted Helminths, Schistosomiasis, and Filariasis) • STH: Albendazole and/or Mebendazole • Filariasis: Diethyl Carbamazone (DEC) – for endemic areas • Schistosomiasis: Praziquantel – for endemic areas <p><u>Assurance of quality and accessibility of services</u></p> <ul style="list-style-type: none"> ▪ Services for PWDs and other special groups <p><u>Health communication and dissemination strategies</u></p> <ul style="list-style-type: none"> • Community Health and Nutrition Education : • Non-exposure to cigarette smoke and unhealthy food • Water, Sanitation and Hygiene (WASH) 	<p><u>Clinical</u></p> <ul style="list-style-type: none"> • History and physical examination (vital signs, BMI) • Oral health examination • Visual and hearing screening • Counseling on physical activity, substance use, smoking, diet and nutrition, sexual education/family planning • Mental health screening and psychological care, as needed • Assessment and screening of ≥ 25 years old with no established cardiovascular disease (angina pectoris, coronary heart disease, myocardial infarction, transient ischemic attacks), cerebrovascular disease (CeVD) or peripheral vascular disease (PVD) or have not undergone coronary revascularization or carotid endarterectomy • For OFWs: (1) Psychological exam (2) 16 PF Test (English or Filipino) (3) Raven's Progressive Matrices or Purdue Non-Language Test (Referral to DOH Accredited facilities) <p><u>Laboratory</u></p> <ul style="list-style-type: none"> • Drug test • HIV Test (voluntary) • Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT), for men and women 50-75 • Lipid profile/ cholesterol screening, starting at 40 years old, and to be repeated every 3 years, <40 if with other risk factors (HTN, DM, etc.) • PSA, 50 and over, annually • Fasting plasma glucose/random plasma glucose for 40 y/o, if normal may repeat every 3 years. May do screening for those < 40 y/o if with indications like presence of risk factors (e.g. obesity, HPN, DM, smoking etc.) • Blood chemistry • Hearing Test 	<p><u>REGULAR CONSULTATION for any condition</u></p> <ul style="list-style-type: none"> • History and Physical examination <p><u>DRUGS AND COMMODITIES</u></p> <p>AEFI events</p> <ul style="list-style-type: none"> • Assessment and Referral to Pediatrician for appropriate management <p><u>DENTAL CONDITIONS</u></p> <ul style="list-style-type: none"> • Provision of oral care services as needed <p><u>ENVIRONMENTAL HAZARD EXPOSURE AND POISONING</u></p> <ul style="list-style-type: none"> • Early recognition and initial management • Trained health worker on poison control and clinical toxicology <p><u>RARE DISEASES</u></p> <ul style="list-style-type: none"> • Referral to subspecialist - geneticist, metabolic specialist or endocrinologist <p><u>BEHAVIORAL OR PSYCHIATRIC/NEUROLOGIC DISORDERS</u></p> <ul style="list-style-type: none"> • Screening, treatment/management and referral to higher level facilities • Provision of drugs, as indicated • Psychosocial intervention <p><u>CARDIAC DISEASES</u></p> <p>Ischemic Heart Disease</p> <ul style="list-style-type: none"> • Lab: 12-L ECG (exercise ECG test); stress echocardiography • Therapeutic Management, as indicated • Counseling / Education • Lifestyle interventions

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	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
ADULT MEN (20-60 y/o)	<ul style="list-style-type: none"> Occupational health Infectious diseases Injury prevention - falls, burns, poisoning, drowning, road traffic injuries Mental health Promotion on the use of fortified foods including iodized salt Food safety Information Campaign on: Healthy diet Smoking and tobacco use Drug and alcohol use Physical activity Mental health Road safety Reproductive health (sexuality and gender-based violence) Promotion of violence-free, drug-free and healthy workplace Promotion of violence-free, drug-free and healthy workplace Enrollment of patients in the disease registries Media campaigns: - Lifestyle modifications: Healthy Diet (Reducing saturated fat content) Physical Activity <p>Community Mobilization and Development</p> <ul style="list-style-type: none"> Environmental assessment and modification for injury 	<ul style="list-style-type: none"> Non-scalpel Vasectomy <p>Drugs and Medicines</p> <ul style="list-style-type: none"> Family Planning Commodities (with consent): -Condoms - Pills (POP, COC) - MNFP - DMPA - IUD - (Implants) - can be provided by private facilities within the network Hepatitis B and Influenza Vaccination (Extended NCD Risk Assessment Package for Apparently Healthy Individuals) Diphtheria, Tetanus and Pertussis - one time in place of tetanus booster Diphtheria/Tetanus Vaccine - up to 65 years old (every 10 ears) Hep A, Hep B, Meningococcal Influenza 	<p>Hypertensive Heart Disease</p> <ul style="list-style-type: none"> Lab: Blood pressure monitoring, eye exam; ECG Therapeutic Treatment Counseling / Education - Lifestyle interventions: <p>Congenital Heart Anomalies</p> <ul style="list-style-type: none"> Clinical: Refer to tertiary hospital Labs: Echocardiography <p>Rheumatic Heart Disease</p> <ul style="list-style-type: none"> Population: Develop ARF/RHD Registry Lab: Throat swab, 2D Echocardiography, Anti-Streptolysin O (ASO) Titer Therapeutic Management <p>RENAL/UROLOGIC</p> <p>Urinary Tract Infection</p> <ul style="list-style-type: none"> Labs: Urinalysis, CBC, Ultrasound Medicines: Antibiotics (Cephalosporins, Penicillins) <p>Chronic Kidney Disease/ End Stage Renal Disease</p> <ul style="list-style-type: none"> Referral to Nephrologist for Peritoneal Dialysis and/or Hemodialysis and regular follow-up; Consider referral to a Transplant Surgeon Lab: CBC, Blood typing, Urinalysis, kidney function tests Therapeutic Management Counseling/Education: -Lifestyle interventions <p>Benign Prostatic Hyperplasia</p> <ul style="list-style-type: none"> Clinical: Digital Rectal Examination,

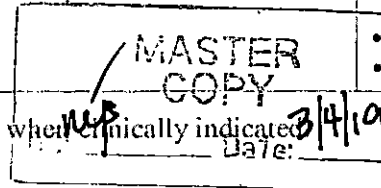


	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
ADULT MEN (20-60 y/o)	<ul style="list-style-type: none"> • prevention • Emergency transportation and communication services <p>Public health policy development</p> <ul style="list-style-type: none"> • Omnibus Policy on Disaster Risk Reduction • Regulation on: <ul style="list-style-type: none"> • firecracker use • smoking and alcohol use <p>Disaster preparation and response</p> <ul style="list-style-type: none"> • Surveillance Post-Extreme Emergencies and Disasters (SPEED) syndromic surveillance • Risk communication • Risk management and Early warning system • Incident command system/OPCEN • Deployment of self-sufficient health team responders and volunteers • Mobile health care services • Women friendly spaces and evacuation centers • Mobilization of prepositioned logistics/resources (clean, delivery kits) • Resilient health facilities with DRRM plans and incident command system (ICS) • Mass casualty management • Barangay health emergency response team (BHERT) 	<div data-bbox="1081 1246 1469 1431" data-label="Text"> <p>MASTER /COPY DC: <u>mps</u> Date: <u>3/4/19</u></p> </div>	<p>Referral and Transport Services to Urologist as Needed</p> <ul style="list-style-type: none"> • Lab: PSA, Ultrasound • Therapeutic Management <p>PULMONARY</p> <p>Lower Respiratory Infections</p> <ul style="list-style-type: none"> • Clinical: Referral and Transportation Services • Lab: CBC, Chest X-ray, as needed • Therapeutic Management and Rehabilitation, as necessary <p>Tuberculosis</p> <ul style="list-style-type: none"> • Clinical: DOTS • Lab: Sputum AFB and smear, Xpert MTB/RIF, Drug Susceptibility Test (DST) • Therapeutic management <p>Chronic obstructive pulmonary disease</p> <ul style="list-style-type: none"> • Clinical: Smoking cessation program • Lab: Spirometry; • Therapeutic management <p>Other regimens:</p> <ul style="list-style-type: none"> • Long term oxygen therapy • Interventional therapy • Non-invasive mechanical intervention • Exacerbation management • Invasive mechanical intervention • Counseling / education: • Lifestyle modification: physical activity; smoking cessation; diet modification • Education and self-management <p>Asthma</p> <ul style="list-style-type: none"> • Lab: Spirometry, Peak flow meter,

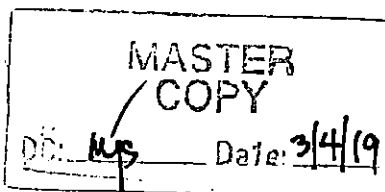
All services shall be made available only when clinically indicated.

	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
ADULT WOMEN (20-60 y/o)	<u>Surveillance and monitoring of the population's health status</u> <ul style="list-style-type: none"> • Surveillance system • Crisis helplines (self-harm) • Cancer Registry 	<u>Clinical</u> <ul style="list-style-type: none"> • History and physical examination (vital signs, BMI) • Oral health examination • Visual and hearing screening • Counseling on physical activity, substance use, smoking, diet and nutrition, sexual education/family planning –including fertility awareness orientation (Cervical Mucus Method, BBT, Sympto-Thermal Method, LAM and Standard Days Method) • Bilateral tubal ligation, insertion of IUD or subdermal implants • Clinical breast examination & teach patient to do self breast exam • Mental health screening and psychological care, as needed • Assessment and screening for Lifestyle-related Diseases 	nebulizer (machine) <ul style="list-style-type: none"> • Therapeutic management • Other regimen: Low dose inhaled corticosteroid for mild persistent asthma; Inhaled corticosteroids (ICS)/Long acting beta agonist (LABA); Inhaled corticosteroids (ICS) and short acting beta 2 agonist (SABA) • Counseling / education • Lifestyle interventions: Smoking cessation
	<u>Prevention and control of endemic diseases</u> <ul style="list-style-type: none"> • Integrated Vector Control Management • Mass Drug Administration (for Soil Transmitted Helminths, Schistosomiasis, and Filariasis) • STH: Albendazole and/or Mebendazole • Filariasis: Diethyl Carbamazine (DEC) for endemic areas • Schistosomiasis: Praziquantel – for endemic areas <u>Assurance of quality and accessibility of services</u> <ul style="list-style-type: none"> • Services for PWDs and other special groups <u>Health communication and dissemination strategies</u> <ul style="list-style-type: none"> • Community Health and Nutrition Education : • Non-exposure to cigarette smoke and unhealthy food • Water, Sanitation and Hygiene (WASH) • Occupational health • Infectious diseases • Injury prevention – falls, 	<u>Laboratory</u> <ul style="list-style-type: none"> • Drug test • HIV Test (voluntary) • Pap Smear or VIA for 21 years old and above, or sexually active, Annually, for 3 years; If negative, every 5-7 years • Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT), for men and women 50-75 • Lipid profile/ cholesterol screening, starting at 40 years old, and to be repeated every 3 years, <40 if with other risk factors (HTN, DM, etc.) • Fasting plasma glucose/random plasma glucose for 40 y/o, if normal may repeat every 3 years. May do screening for those < 40 y/o if with indications like presence of risk factors (e.g. obesity, HPN, DM, smoking etc.) Blood chemistry • Hearing Test 	<u>ENDOCRINE</u> <p>Diabetes mellitus</p> <ul style="list-style-type: none"> • Clinical: Annual eye examination when diagnosed and every 2 years if with no abnormal findings, counseling on lifestyle change, foot care, BP monitoring (for all persons 40 years and above); Management of complications (detection and treatment of eye diseases) • Lab: FBS or RBS, Urinalysis, Kidney and liver function tests, HbA1C; • Therapeutic management • Counseling / education: • Lifestyle modification (physical activity; diet modification, smoking cessation) • Diabetes self-management education program • Glycemic management and control • Blood pressure and cholesterol control <u>GASTROINTESTINAL</u> <p>Peptic Ulcer</p> <ul style="list-style-type: none"> • Clinical: prevention of NSAID-induced ulcer • DOC: acid suppression with PPI • Lab: endoscopy, testing for H-pylori; urea

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	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
ADULT WOMEN (20-60 y/o)	<p>burns, poisoning, drowning, road traffic injuries</p> <ul style="list-style-type: none"> • Mental health • Promotion on the use of fortified foods including iodized salt • Food safety • Information Campaign on: • Healthy diet • Smoking and tobacco use • Drug and alcohol use • Physical activity • Mental health • Road safety • Reproductive health (sexuality and gender-based violence) • Promotion of violence-free, drug-free and healthy workplace • Promotion of violence-free, drug-free and healthy workplace • Enrollment of patients in the disease registries • Media campaigns: • Lifestyle modifications: • Healthy Diet (Reducing saturated fat content) • Physical Activity <p>Community Mobilization and Development</p> <ul style="list-style-type: none"> • Environmental assessment and modification for injury prevention • Emergency transportation and communication services 	<p>Drugs and Medicines</p> <ul style="list-style-type: none"> • Pneumococcal Vaccine- if only considered as high risk (e.g. health care providers even less than 60 years old) • Influenza Vaccination (for 50+ or high risk groups) • Hepatitis B Vaccination- (Extended NCD Risk Assessment Package for Apparently Healthy Individuals) • Diphtheria/Tetanus Vaccine • Family Planning Commodities (with consent): <ul style="list-style-type: none"> - Condoms - Pills (POP, COC) - MNFP - DMPA - IUD - (Implants) – can be provided by private facilities within the network 	<p>breath test and stool antigen</p> <p>NEUROLOGIC/PSYCHIATRIC Hemorrhagic Stroke</p> <ul style="list-style-type: none"> • Acute Phase: assessment, ambulance conduction, early referral for blood exams and CT-scan • Chronic Phase: community based occupational and speech therapy, physical therapy, maintenance medicines, home care • For referral : CT scan (neuroimaging), Cerebrospinal Fluid Analysis, surgery • Counseling/Education: <ul style="list-style-type: none"> -Lifestyle interventions: (physical activity, diet modification, smoking cessation, alcohol consumption) -Hypertension management and control -Blood sugar and serum lipid control <p>Ischemic Stroke</p> <ul style="list-style-type: none"> • Acute Phase: assessment, ambulance conduction, early referral for blood exams and CT-scan • Chronic Phase: community based occupational and speech therapy, physical therapy, maintenance medicines, home care • Therapeutic Management • For referral : CT scan (neuroimaging), neuroprotection • Counseling/Education: <ul style="list-style-type: none"> -Lifestyle interventions: (physical activity, diet modification,



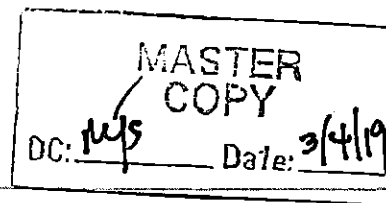
	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
ADULT WOMEN (20-60 y/o)	<p><u>Public health policy development</u></p> <ul style="list-style-type: none"> • Omnibus Policy on Disaster Risk Reduction • Regulation on: <ul style="list-style-type: none"> • firecracker use • smoking and alcohol use <p><u>Disaster preparation and response</u></p> <ul style="list-style-type: none"> • SPEED syndromic surveillance • Risk communication • Risk management and Early warning system • Incident command system/OPCEN • Deployment of self-sufficient health team responders and volunteers • Mobile health care services • Women friendly spaces and evacuation centers • Mobilization of prepositioned logistics/resources (clean delivery kits) • Resilient health facilities with DRRM plans and Incident command system (ICS) • Mass casualty management • Barangay health emergency response team (BHERT) <p><u>Community Mobilization and Development</u></p> <ul style="list-style-type: none"> • Environmental assessment and modification for injury prevention • Emergency transportation and communication services 	<div data-bbox="1064 1252 1456 1444" data-label="Text"> <p>MASTER /COPY DC: <u>mys</u> Date: <u>3/4/19</u></p> </div>	<p>smoking cessation, alcohol consumption)</p> <ul style="list-style-type: none"> -Hypertension management and control - Blood sugar and serum lipid control <p>Headache</p> <ul style="list-style-type: none"> • Clinical: Assessment if caused by secondary disease • Therapeutic Management <p>Major Depressive Disorder</p> <ul style="list-style-type: none"> • DOC: TCAs, SSRI (for elderly, TCA contraindicated) <p>Anxiety Disorders</p> <ul style="list-style-type: none"> • Clinical: brown bag, referral to psychiatrist for cognitive behavioral therapy <p>Schizophrenia</p> <ul style="list-style-type: none"> • Clinical: Referral to psychiatrist, then community-based treatment • DOC: antipsychotics <p>Bipolar Disorder</p> <ul style="list-style-type: none"> • Clinical: Referral to psychiatrist, geriatrician neurologist then psychosocial + community-based treatment • Therapeutic Management and Rehabilitation, as necessary <p>Dysthymia</p> <ul style="list-style-type: none"> • Clinical: Referral to psychiatrist for episodic psychosocial treatment • Therapeutic Management

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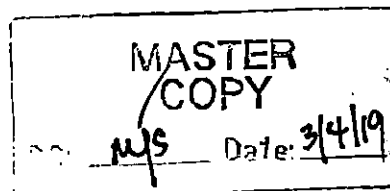
	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
ADULT WOMEN (20-60 y/o)	<p><u>Public health policy development</u></p> <ul style="list-style-type: none"> • Omnibus Policy on Disaster Risk Reduction • Regulation on: <ul style="list-style-type: none"> - firecracker use - smoking and alcohol use <p><u>Disaster preparation and response</u></p> <ul style="list-style-type: none"> • SPEED syndromic surveillance • Risk communication • Risk management and Early warning system • Incident command system/OPCEN • Deployment of self-sufficient health team responders and volunteers • Mobile health care services • Women friendly spaces and evacuation centers • Mobilization of prepositioned logistics/resources (clean delivery kits) • Resilient health facilities with DRRM plans and incident command system (ICS) • Mass casualty management • Barangay health emergency response team (BHERT) 	<div data-bbox="1086 1082 1473 1268" data-label="Text"> <p>MASTER COPY DO: <u>mys</u> Date: <u>3/4/19</u></p> </div>	<p>Alzheimer Disease and other Dementias</p> <ul style="list-style-type: none"> • Clinical: Homecare, Referral to neurologist, psychiatrist, or geriatrician, then community based follow-up and counseling (including family counseling) <p>Epilepsy</p> <ul style="list-style-type: none"> • Clinical: Referral to neurologist • Therapeutic Management and Rehabilitation, as necessary • Counseling/Education <ul style="list-style-type: none"> -Self management of patient with epilepsy <p>MUSCULOSKELETAL DISORDERS</p> <ul style="list-style-type: none"> • Clinical: Comprehensive assessment (determine if complicated or not), Screen for occupational health risks, counseling on lifestyle modification, physiotherapy, community based physical rehabilitation <p>CANCER</p> <ul style="list-style-type: none"> • For definitive diagnosis and management: Referral to secondary or tertiary facility <p>INJURIES</p> <p>Motor vehicle road injuries</p> <ul style="list-style-type: none"> • Clinical: pre-hospital emergency services – first aid, ambulance services, referral <p>Assault by firearm</p> <ul style="list-style-type: none"> • Clinical: Immediate Assessment, First Aid and Transport to Nearest Tertiary Facility <p>Self-harm</p> <ul style="list-style-type: none"> • Clinical: Clinical: Immediate Assessment, First Aid and Transport to Nearest Tertiary Facility
ELDERLY MEN (>60yo)	<p><u>Surveillance and monitoring of the population's health status</u></p> <ul style="list-style-type: none"> • Cancer Registry • Surveillance system • Crisis helplines (self-harm) 	<p>Clinical</p> <ul style="list-style-type: none"> • Comprehensive Geriatric Assessment <ul style="list-style-type: none"> - History and Physical Examination - General Vision Screening - Hearing Screening • Oral health examination • Counseling (physical activity, substance use, smoking, diet and nutrition) 	
ELDERLY MEN			

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	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
(>60yo)	<p><u>Prevention and control of endemic diseases</u></p> <ul style="list-style-type: none"> Integrated Vector Control Management Mass Drug Administration (for Soil Transmitted Helminths, Schistosomiasis, and Filariasis) STH: Albendazole and/or Mebendazole Filariasis: Diethyl Carbamazine (DEC) – for endemic areas Schistosomiasis: Praziquantel – for endemic areas <p><u>Assurance of quality and accessibility of services</u></p> <ul style="list-style-type: none"> Services for PWDs and other special groups <p><u>Health communication and dissemination strategies</u></p> <ul style="list-style-type: none"> Community Health and Nutrition Education : Non-exposure to cigarette smoke and unhealthy food Water, Sanitation and Hygiene (WASH) Occupational health Infectious diseases 	<ul style="list-style-type: none"> Referral and Transportation Services as Needed First-aid, referral, counsel on home modification for fall prevention <p><u>Laboratory</u></p> <ul style="list-style-type: none"> Blood chemistry Fasting blood glucose Oral glucose tolerance test Lipid profile FOBT & Sigmoidoscopy or Colonoscopy especially FOBT to identify those at high risk PSA test and DRE (if 70+, per discretion of physician) HIV Test (optional) TB Sputum Test Chest X-ray (CXR) Electrocardiogram (ECG) <p><u>Drugs and Medicines</u></p> <ul style="list-style-type: none"> Influenza vaccine Pneumococcal Vaccine (PPV) Other vaccines as recommended by NIP Condom 	<ul style="list-style-type: none"> On Follow-up: Referral to Psychiatrist for Psychiatric Assessment <p><u>OPHTHALMOLOGIC</u></p> <ul style="list-style-type: none"> Clinical: Snellen's chart; refer for corrective lenses; refer for cataract and other retinopathy for evaluation and other management <p><u>INFECTIOUS DISEASES</u></p> <p>Note: Contact Tracing Should Be Done in the Community</p> <p>Blood extraction and send referral for laboratory confirmation (vaccine preventable diseases)</p> <p><u>Rabies</u></p> <ul style="list-style-type: none"> Referral to ABTC & provision of anti-Rabies vaccine (as needed) <p><u>Dengue</u></p> <ul style="list-style-type: none"> Lab: CBC, Blood Typing, Bleeding Parameters, RDT Therapeutic Management: fluid replacement/therapy; Referral to higher level facility for management (as indicated) <p><u>HIV/AIDS and STDs</u></p> <ul style="list-style-type: none"> Clinical: refer to social hygiene clinics, contact tracing, if newborns: early ID and referral Lab: HIV rapid test, confirmatory test @NRL/ SLH SACCL or treatment hub, PPD test DOC: condoms, ART, antibiotics (for STD)
ELDERLY WOMEN (>60yo)	<p><u>Surveillance and monitoring of the population's health status</u></p> <ul style="list-style-type: none"> Cancer registry Surveillance system Crisis helplines (self-harm) 	<p><u>Clinical</u></p> <ul style="list-style-type: none"> Comprehensive Geriatric Assessment <ul style="list-style-type: none"> History and Physical Examination General Vision Screening Hearing Screening Oral health examination 	



	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
ELDERLY WOMEN (>60yo)	<p><u>Prevention and control of endemic diseases</u></p> <ul style="list-style-type: none"> Integrated Vector Control Management Mass Drug Administration (for Soil Transmitted Helminths, Schistosomiasis, and Filariasis) <ul style="list-style-type: none"> STH: Albendazole and/or Mebendazole Filariasis: Diethyl Carbamazine (DEC) – for endemic areas Schistosomiasis: Praziquantel – for endemic areas <p><u>Assurance of quality and accessibility of services</u></p> <ul style="list-style-type: none"> Establishment of Women & Child Protection Unit in all hospitals Services for PWDs and other special groups <p><u>Health communication and dissemination strategies</u></p> <ul style="list-style-type: none"> Community Health and Nutrition Education : <ul style="list-style-type: none"> Non-exposure to cigarette smoke and unhealthy food Water, Sanitation and Hygiene (WASH) Occupational health Infectious diseases Injury prevention – falls, burns, poisoning, 	<ul style="list-style-type: none"> Counseling (physical activity, substance use, smoking, diet and nutrition) Clinical breast examination Referral and transportation Service as Needed First-aid, referral, counsel on home modification for fall prevention <p><u>Laboratory</u></p> <ul style="list-style-type: none"> Blood chemistry Fasting blood glucose Oral glucose tolerance test Lipid profile (until 80 years old) FOBT & Sigmoidoscopy or Colonoscopy especially FOBT to identify those at high risk Pap smear or VIA (<70yo) HIV Test TB Sputum Test CXR ECG <p><u>Drugs and Medicines</u></p> <ul style="list-style-type: none"> Vitamin D supplement Influenza vaccine Pneumococcal Vaccine (PPV) Other vaccines as recommended by NIP 	<p>Typhoid Fever If uncomplicated:</p> <ul style="list-style-type: none"> Labs: CBC, Stool Exam DOC: ORS, Antibiotics, anti-parasitic medication, steroids Therapeutic management for uncomplicated typhoid fever Supportive therapy, referral for surgery <p>STH</p> <ul style="list-style-type: none"> Population: MDA of entire community Labs: Stool examination DOC: Iron for management of anemia <p>Measles</p> <ul style="list-style-type: none"> Lab: IgM blood test and send to RITM DOC: Vitamin A, Measles-containing vaccine, paracetamol, ORT/PRS <p>Malaria</p> <ul style="list-style-type: none"> Lab: Blood smear, Rapid Diagnostic Test for Malaria Therapeutic management <p>Leprosy</p> <ul style="list-style-type: none"> Therapeutic management <p>Filariasis</p> <ul style="list-style-type: none"> Therapeutic management Lab: Nocturnal blood smear <p>Schistosomiasis</p> <ul style="list-style-type: none"> Therapeutic management Lab: Kato katz examination

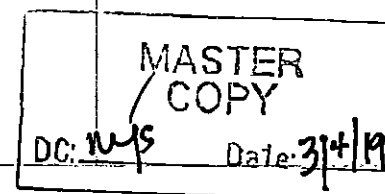


	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
ELDERLY WOMEN (>60yo)	<ul style="list-style-type: none"> drowning, road traffic injuries - Mental health - Promotion on the use of fortified foods including iodized salt - Food safety • Information Campaign on: <ul style="list-style-type: none"> - Healthy diet - Smoking and tobacco use - Drug and alcohol use - Physical activity - Mental health - Road safety - Reproductive health (sexuality and gender-based violence) - Dementia and Alzheimer's disease - Injuries • Promotion of violence-free, drug-free and healthy workplace • Enrollment of patients in the disease registries • Enrollment to PhilHealth • Media campaigns: <ul style="list-style-type: none"> - Lifestyle modifications: <ul style="list-style-type: none"> - Healthy Diet (Reducing saturated fat content) - Physical Activity <p><u>Community Mobilization and Development</u></p> <ul style="list-style-type: none"> • Environmental assessment 		<p><u>NUTRITION</u></p> <p>Evaluation of Anemia (Eg. Iron Deficiency, Anemia of Renal Disease, Anemia of Chronic Illness)</p> <ul style="list-style-type: none"> • Clinical: Referral to specialists • Lab: CBC • Appropriate Therapeutic Management <p><u>DERMATOLOGY</u></p> <ul style="list-style-type: none"> • Clinical: Referral to specialists • Management of Dermatologic Conditions (Eg. Atopic, Irritant Contact, Bacterial and Fungal Infections, and Suspicious Malignant Lesions)

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	Population Level	Primary Care Services for Well Individuals	Primary Care Services for Sick Individuals
ELDERLY WOMEN (>60yo)	<p>and modification for injury prevention</p> <ul style="list-style-type: none"> Emergency transportation and communication services <p><u>Public health policy development</u></p> <ul style="list-style-type: none"> Omnibus Policy on Disaster Risk Reduction <ul style="list-style-type: none"> Regulation on: <ul style="list-style-type: none"> firecracker use smoking and alcohol use <p><u>Disaster preparation and response</u></p> <ul style="list-style-type: none"> SPEED syndromic surveillance Risk communication Risk management and Early warning system Incident command system/OPCEN Deployment of self-sufficient health team responders and volunteers Mobile health care services Women friendly spaces and evacuation centers Mobilization of prepositioned logistics/resources (clean delivery kits) Resilient health facilities with DRRM plans and incident command system (ICS) Mass casualty management Barangay health emergency response team (BHRT) 		



ANNEX B: Philippine burden of disease data – 2013 Global Burden of Disease (GDB)
Institute of Health Metrics and Evaluation (IHME)

Table 1. List of top 48 diseases and corresponding Disability Adjusted Life Year (DALY)

Rank	Disease	Average DALYs
1	Ischemic Heart Disease	81,154.23
2	Lower Respiratory Infections	58,443.47
3	Tuberculosis	39,219.37
4	Diabetes mellitus	35,905.89
5	Hemorrhagic Stroke	35,039.81
6	Low Back Pain	32,836.87
7	Preterm Birth Complications	30,386.48
8	Chronic obstructive pulmonary disease	25,596.92
9	Ischemic Stroke	24,223.59
10	Iron-Deficiency Anemia	21,621.58
11	Asthma	17,578.61
12	Congenital Heart Anomalies	16,644.77
13	Major Depressive Disorder	14,467.71
14	Diarrheal diseases	14,406.30
15	Hypertensive Heart Disease	14,163.26
16	Tracheal, bronchus, and lung cancer	13,975.65
17	Neonatal encephalopathy due to birth asphyxia and trauma	13,937.39
18	Migraine	13,675.00
19	Drowning	10,632.21
20	Neonatal sepsis and other neonatal infections	10,436.84
21	Neck Pain	10,355.23
22	Typhoid Fever	9,570.98
23	Motor vehicle road injuries	9,468.65
24	Exposure to forces of nature, disaster	9,268.86
25	Breast Cancer	8,704.22
26	Anxiety Disorders	8,609.30
27	Peptic ulcer disease	7,906.25
28	Measles	7,892.11
29	Schizophrenia	7,848.88
30	HIV/AIDS resulting in other diseases	7,645.69
31	Chronic kidney disease, unspecified	7,481.54
32	Assault by sharp object	7,202.83
33	Assault by firearm	7,087.89
34	Epilepsy	6,764.62
35	Collective violence and legal intervention	6,736.24
36	Colon and rectum cancer	6,676.77
37	Leukemia	6,298.18
38	Rheumatic Heart Disease	6,200.77
39	Alzheimer Disease and other Dementias	6,146.69
40	Self-Harm	5,952.66
41	Uncorrected refractive error	5,893.98

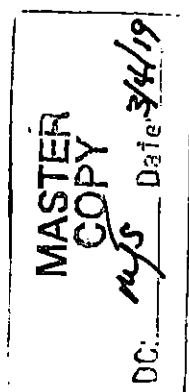
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42	Protein-energy malnutrition	5,740.97
43	Dermatitis	4,821.35
44	Trichuriasis	4,759.89
45	Bipolar Disorder	4,269.72
46	Dysthymia	4,174.31
47	Falls	4,095.21
48	Dengue	4,090.93

Reference:

Wong, J.Q. *Technical Assisatnce to the Philippine Health Insurance Corporation in Developing a Benefit Development Plan – Phase I*. EpiMetrics. pp. 17-23



ANNEX B: BENEFIT TABLE

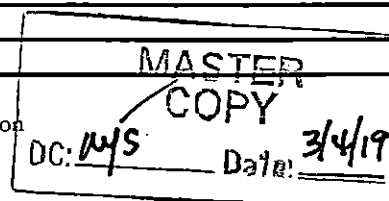
Lifestage group	Essential Services (based on AO 2017-0012: Guidelines on the Adoption of Baseline Primary Health Care Guarantees for All Filipinos)	FOLLOW UP (shall apply if diagnosed with any disease condition not limited to AGE, UTI, URTI, Pneumonia low risk, Asthma, Hypertension and DM II requiring any of the listed essential services)			
		INITIAL (Free shall apply to member or 1 of his/her dependent only)			
		GOVERNMENT	PRIVATE	GOVERNMENT	PRIVATE
Medical Consultation Fee with or without laboratory		50.00*	REGULAR FEE	50.00*	75.00
Health screening and assessment with consultation		FREE		50.00*	75.00
Laboratory/Diagnostic Services					
A. 0-12 months	CBC	FREE		46.00	92.00
B. >1-4 years	CBC	FREE		46.00	92.00
	Fecalysis	FREE		22.00	45.00
	Urinalysis	FREE		32.00	63.00
C. 5-9 years old	CBC	FREE		46.00	92.00
	Fecalysis	FREE		22.00	45.00
	Urinalysis	FREE		32.00	63.00
D. 10-19 years old	Paps smear (as applicable)	FREE		27.00	54.00
	Urinalysis	FREE		32.00	63.00
	Fecalysis	FREE		22.00	45.00
	CBC	FREE		46.00	92.00
	Chest X-ray	FREE		83.00	124.00
E. 20-60 years old (female)	Paps smear(as applicable)	FREE		27.00	54.00
	Chest X-ray	FREE		83.00	124.00
	Lipid Profile	FREE		92.00	183.00
	FBS (for follow up)	-		37.00	73.00
	Oral Glucose Tolerance Test (for initial)	FREE		85.00	168.00
	Sputum microscopy (as applicable e.g. Suspected TB)	FREE		90.00	139.00
	ECG (for 30 y/o and up)	FREE		94.00	188.00
F. 20-60 years old (male)	Chest X-ray	FREE		83.00	124.00
	Lipid Profile	FREE		92.00	183.00
	FBS (for follow up)	-		37.00	73.00
	Oral Glucose Tolerance Test (for initial)	FREE		85.00	168.00
	Sputum microscopy (as applicable e.g. Suspected TB)	FREE		70.00	139.00
	ECG (for 30 y/o and up)	FREE		94.00	188.00
G. > 60 years old	Pap smear (for female)	FREE		27.00	54.00
	Chest X-ray	FREE		83.00	124.00
	Lipid Profile	FREE		92.00	183.00
	FBS (for follow up)	-		37.00	73.00
	Oral Glucose Tolerance Test (for initial)	FREE		85.00	168.00
	Sputum microscopy (as applicable e.g. Suspected TB)	FREE		70.00	139.00
	ECG	FREE		94.00	188.00

*For government HCIs, fixed co-payment for initial and follow-up medical consult shall apply if the consultation was sought beyond the prescribed extended OPD consultation hours.

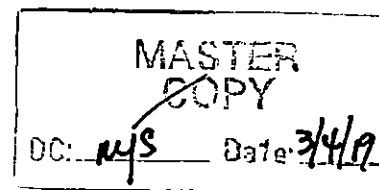
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DC: *hfs* Date: 3/4/19

MEDICINES	STRENGTH/ FORM/ VOLUME	INITIAL / FOLLOW-UP (shall apply if diagnosed with any disease condition not limited to AGE, UTI, URTI, Pneumonia low risk, Asthma, Hypertension and DM II requiring any of the listed medicines)	
		GOVERNMENT	PRIVATE
1. Amoxicillin	100 mg/mL, 10 mL Drops	25.00	50.00
	100 mg/mL, 15 mL Drops	19.00	38.00
	125 mg/5mL, 60 mL Suspension	23.00	45.00
	250 mg/5mL, 60 mL Suspension	43.00	84.00
	250 mg Capsule	1.00	2.00
	500 mg Capsule	3.00	5.00
2. Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	250 mg (As Trihydrate) + 125 mg Tablet	14.00	27.00
	250 mg (As Trihydrate) + 62.5 mg/5 mL, 100 mL Suspension	87.00	171.00
	250 mg (As Trihydrate) + 62.5 mg/5 mL, 60 mL Suspension	86.00	170.00
	400 mg (As Trihydrate) + 57 mg/5 mL, 70 mL Suspension	145.00	287.00
	500 mg (As Trihydrate) + 125 mg Tablet	15.00	29.00
	1 g Tablet	24.00	48.00
	200 mg (As Trihydrate) + 28.50 mg/5mL, 70 mL Suspension	94.00	186.00
3. Cotrimoxazole (Sulfamethoxazole + Trimethoprim)	200 mg + 40 mg/5 mL, 60 mL Suspension	12.00	24.00
	400 mg + 80 mg Capsule	1.00	2.00
	400 mg + 80 mg Tablet	1.00	2.00
	400 mg + 80 mg/5 mL, 60 mL Suspension	21.00	41.00
	800 mg + 160 mg Tablet	2.00	3.00
4. Erythromycin	200 mg/5 mL, 60 mL Suspension (As Ethyl Succinate)	26.00	51.00
	500 mg Tablet (As Stearate)	3.00	7.00
5. Fluticasone + Salmeterol	125 mcg (As Propionate) + 25 mcg (As Xinafoate) x 120 doses Metered Dose Inhaler	163.00	323.00
	250 mcg (As Propionate) + 25 mcg (As Xinafoate) x 120 doses Metered Dose Inhaler	247.00	489.00
	50 mcg (As Propionate) + 25 mcg (As Xinafoate) x 120 doses Metered Dose Inhaler	118.00	233.00
6. Ofloxacin	200 mg Tablet	19.00	38.00
7. Oral Rehydration Salts	20.5 g Sachet	4.00	8.00
8. Prednisone	10 mg Tablet	1.00	4.00
	10 mg /5 mL, 60 mL Suspension	59.00	116.00
	20 mg Tablet	3.00	6.00
	5 mg Tablet	1.00	2.00



MEDICINES	STRENGTH/ FORM/ VOLUME	INITIAL / FOLLOW-UP (shall apply if diagnosed with any disease condition not limited to AGE, UTI, URTI, Pneumonia low risk, Asthma, Hypertension and DM II requiring any of the listed medicines)	
		GOVERNMENT	PRIVATE
9. Salbutamol (as Sulfate) + Ipratropium Bromide	500 mcg (As Bromide Anhydrous) + 2.5 mg (As Base) x 2.5 mL (unit dose) Respiratory Solution	13.00	26.00
10. Salbutamol	1 mg/mL, 2.5 mL (unit dose) Nebule (As Sulfate)	6.00	11.00
	100 mcg/dose x 200 doses Metered Dose Inhaler (As Sulfate)	105.00	208.00
	2 mg Tablet (As Sulfate)	1.00	1.00
	2 mg/5mL, 60 mL Syrup (As Sulfate)	24.00	48.00
	2 mg/mL, 2.5 mL (unit dose) Nebule (As Sulfate)	5.00	10.00
11. Paracetamol	100 mg/mL, 15 mL Drops	23.00	45.00
	250mg/5 mL, 60 mL Bottle	43.00	85.00
	500 mg Tablet	1.00	2.00
12. Simvastatin	10 mg Tablet	2.00	4.00
	20 mg Tablet	3.00	7.00
	40 mg Tablet	5.00	11.00
13. Gliclazide	30 mg MR Tablet	3.00	6.00
	60 mg MR Tablet	9.00	18.00
	80 mg Tablet	3.00	6.00
14. Metformin Hydrochloride	500 mg Tablet (As Hydrochloride)	2.00	3.00
	850 mg Tablet (As hydrochloride)	3.00	7.00
15. Enalapril	10 mg Tablet (As Maleate)	4.00	8.00
	20 mg Tablet (As Maleate)	6.00	11.00
	5 mg Tablet (As Maleate)	4.00	7.00
16. Metoprolol	100 mg Tablet (As Tartrate)	2.00	5.00
	50 mg Tablet (As Tartrate)	1.00	3.00
17. Amlodipine	10 mg Tablet (As Besilate/Camsylate)	5.00	10.00
	5 mg Tablet (As Besilate/Camsylate)	3.00	7.00
18. Hydrochlorothiazide + Losartan	50 mg + 12.5 mg Tablet	7.00	14.00



Accreditation Survey Tool for the Expanded Primary Care Benefit (EPCB)

Health Care Institution (HCI)

Name of Health Care Institution: _____

Address: _____

Date of Survey: _____

A. Eligible health facilities

1. PhilHealth accredited L1, L2, and L3 hospitals, infirmaries, ambulatory surgical clinics
2. Medical outpatient clinics (e.g. HMO clinics)

B. Accreditation Requirements**Instructions:**

- Indicate the type of provider being evaluated by placing a tick mark on the selection.
- For each of the items in the (4) categories of standards, indicate compliance by writing YES or NO in the appropriate column of the facility being evaluated.

INDICATORS FOR ACCREDITATION STANDARDS	PROVIDERS		PHIC	REMARKS
	<input type="checkbox"/> Accredited L1, L2, and L3 hospital <input type="checkbox"/> Accredited infirmary <input type="checkbox"/> Accredited ambulatory surgical clinic	<input type="checkbox"/> Medical outpatient clinic		
1.1 The EPCB HCI is duly-licensed by the DOH.	Do not fill	N/A		
1.2 The EPCB HCI has a current DOH Laboratory license. Check for availability of the following tests: <ul style="list-style-type: none"> • CBC • Lipid profile • FBS • Urinalysis • Fecalysis • Sputum microscopy • ECG • Paps smear • Oral Glucose Tolerance Test 	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	If none, Certification of service delivery support issued by the referral facility (see Annex H of the Circular)
1.3 The EPCB HCI has a current DOH Radiology license. Check for availability of the following test: <ul style="list-style-type: none"> • Chest x-ray 	_____	_____	_____	If none, Certification of service delivery support issued by the nearest qualified referral facility (see Annex H of the Circular)
1.4 The EPCB HCI has a	_____	_____	_____	If none, Certification of

INDICATORS FOR ACCREDITATION STANDARDS	PROVIDERS		PHIC	REMARKS
	<input type="checkbox"/> Accredited L1, L2, and L3 hospital <input type="checkbox"/> Accredited infirmary <input type="checkbox"/> Accredited ambulatory surgical clinic	<input type="checkbox"/> Medical outpatient clinic		
licensed pharmacy. Check the availability of valid FDA license				service delivery support issued by the nearest qualified referral facility (see Annex H of the Circular)
1.5 The EPCB HCI has a current Mayor's Permit.	Do not fill			
1.6 The EPCB HCI has a policy indicating it provides the following services as required by PhilHealth Circular No. xxxx-xxxx: <ul style="list-style-type: none"> Health screening and assessment, consultation and treatment of uncomplicated upper respiratory infections, low-risk pneumonia, acute gastroenteritis, urinary tract infection, asthma. Cervical cancer assessment using visual acetic acid and/or Paps smear Breast examination Digital rectal exam (for males) Diabetes screening 	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	
1.7 The EPCB HCI has a policy on providing services during weekends (<i>at least 1 every week</i>) and during the extended hours of the clinic until 8:00 pm on weekdays to accommodate patient needs.	_____	_____	_____	
1.8 The EPCB HCI has a policy and procedures for referral of patients to higher level of care, when needed.	_____	_____	_____	
1.9 The EPCB HCI has adequate and appropriate information materials (e.g. flyers, brochures, posters, audio visual presentation) on health and wellness such as anti-smoking, and promotion of proper diet, exercise, and immunization.	_____	_____	_____	
2.0 Well-placed signages to ensure ease of access of PCB clients to the consultation area	_____	_____	_____	

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Date: 3/4/19
by: [signature]

INDICATORS FOR ACCREDITATION STANDARDS	PROVIDERS		PHIC	REMARKS
	<input type="checkbox"/> Accredited L1, L2, and L3 hospital <input type="checkbox"/> Accredited infirmary <input type="checkbox"/> Accredited ambulatory surgical clinic	<input type="checkbox"/> Medical outpatient clinic		
<ul style="list-style-type: none"> Vaginal speculum (big) Vaginal speculum (small) Decontamination solutions 70% Isopropyl alcohol 3% to 5% acetic acid Glass slides Storage cabinet for sterile instruments and supplies 	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	
2.8 Availability of EPCB medicines: <ul style="list-style-type: none"> Generic Branded 	_____ _____	_____ _____	_____ _____	
2.9 A designated, secure and appropriate drug storage area for EPCB medicines. <ul style="list-style-type: none"> Storage rooms/shelves or cabinets where medicines and controlled drugs are kept is properly secured. If locked, ask who holds the key to the storage There are visual discriminators such as signs or markers that are helpful to differentiate medications from one another; this is to avoid confusion between strengths, similar-looking labels and names that sound or look familiar Observe where expired medicines are kept, if any 	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	<p>If the storage area is the same as the facility's main pharmacy, the EPCB HCI should at least be able to demonstrate that there is a separate inventory of the drugs used for PCB.</p> <p>If any ONE of the items is not complied with, mark NO.</p>
2.10 The EPCB HCI has a clean and functional toilet with adequate supply of water, and wash area.	Do not fill			
2.11 There is adequate infection control and risk management, including: <ul style="list-style-type: none"> Availability of a sink, with adequate water and soap for handwashing Use of puncture proof receptacles for disposed sharps and needles Use of gloves, masks Staff observes handwashing techniques Properly segregated and 	Do not fill	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	

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INDICATORS FOR ACCREDITATION STANDARDS	PROVIDERS		PHIC	REMARKS
	<input type="checkbox"/> Accredited L1, L2, and L3 hospital <input type="checkbox"/> Accredited infirmary <input type="checkbox"/> Accredited ambulatory surgical clinic	<input type="checkbox"/> Medical outpatient clinic		
marked waste bins				
2.12 The EPCB HCI has a designated area for sputum collection. The area is provided with: <ul style="list-style-type: none"> A sink with adequate water supply and soap is located near the collection area for handwashing. 	_____	_____	_____	
2.13 <i>PhilHealth certified</i> Electronic Medical Record (EMR) or its equivalent, is installed and operational in the PCB consultation area of the facility and is safe and accessible to all members of the health care team.	_____	_____	_____	
3.1 A PhilHealth accredited physician (preferably General Practitioner or Family Physician) is on site for the duration of clinic hours.	_____	_____	_____	
3.2 A duly licensed nurse is on site for the duration of clinic hours.	_____	_____	_____	
3.3 A microscopist trained in Direct Sputum Smear Microscopy (DSSM) is on site on designated schedules. <ul style="list-style-type: none"> A Certificate of Training for DSSM is given separate for a microscopist, who may not necessarily be a medical technologist. 	_____	_____	_____	1. Ask for the DSSM Certificate of the microscopist. The requirements for a trained medical technologist, and radiology technician are deemed complied with if the facility has a DOH license for laboratory, and radiology, respectively. 2. If the microscopist is a shared resource across several facilities, the facility must be able to show proof that the microscopist has a regular schedule for DSSM services. 3. If the sputum is collected in other laboratory, the facility must be able to present a Certificate of

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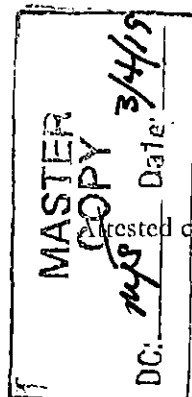
INDICATORS FOR ACCREDITATION STANDARDS	PROVIDERS		PHIC	REMARKS
	<input type="checkbox"/> Accredited L1, L2, and L3 hospital <input type="checkbox"/> Accredited infirmary <input type="checkbox"/> Accredited ambulatory surgical clinic	<input type="checkbox"/> Medical outpatient clinic		
				Service Delivery Support.
4.1 Individual health profiles in EMR or equivalent	_____	_____	_____	Ask for print outs of an individual health profile from the EMR
4.2 Monthly and annual Report of PCB services availed by PhilHealth members	_____	_____	_____	Ask for a sample report generated from the EMR
4.3 Record of PCB drugs inventory (see Annex B of the Circular for the list of drugs)	_____	_____	_____	Electronic system generated reports are acceptable; logbook
4.4 Record of laboratory supplies inventory or attached valid DOH LTO of the service delivery provider (referral facility)	_____	_____	_____	Electronic System generated reports are acceptable; logbook
4.5 Record of radiology supplies inventory or attached valid DOH LTO of the service delivery provider (referral facility)	_____	_____	_____	Electronic system generated reports are acceptable; logbook
4.6 Record of submission of Notifiable diseases (per DOH AO No. 2008-0009 "Adopting the 2008 Revised List of Notifiable Diseases, Syndromes, Health-Related Events and Conditions") for hospital and infirmaries or Top 10 outpatient cases for other HCIs	_____	_____	_____	Copy of report submitted

C. Accreditation Decision Rule

A NO response in any of the above minimum requirements disqualifies the provider for EPCB accreditation.

Prepared by: _____

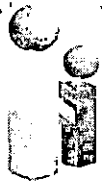
(Designation)



Checked correct by: _____

Head of Facility/ Medical Director/ Chief of Hospital

(Signature over name and date signed)



Annex D

TRANSFER REQUEST FORM
(pagpapalipat ng Expanded PCB provider)

Ako po si PANGALAN NG MIYEMBRO ay nais lumipat ng Expanded PCB provider (pangalan ng PCB1 provider na lilipatan) sa kadahilanang: (lagyan ng ✓)

- ☐ Lumipat ako ng tirahan
- ☐ Malayo ang kasalukuyang Expanded PCB provider ko
- ☐ Mahirap puntahan ang kasalukuyang Expanded PCB provider ko
- ☐ Mas gusto ko ang serbisyo sa lilipatang Expanded PCB provider
- ☐ At iba pang dahilan (ibigay ang detalye)

Nilagdaan noong _____, sa araw ng _____, taong _____.

(Pangalan at Lagda ng miyembro)

(Representative ng kasalukuyang Expanded PCB provider)
Pangalan at Lagda

PhilHealth ID Number: _____

Position: _____

Kaarawan: _____

Pangalan ng lilipatang Expanded PCB provider: _____

Address: _____

Address: _____

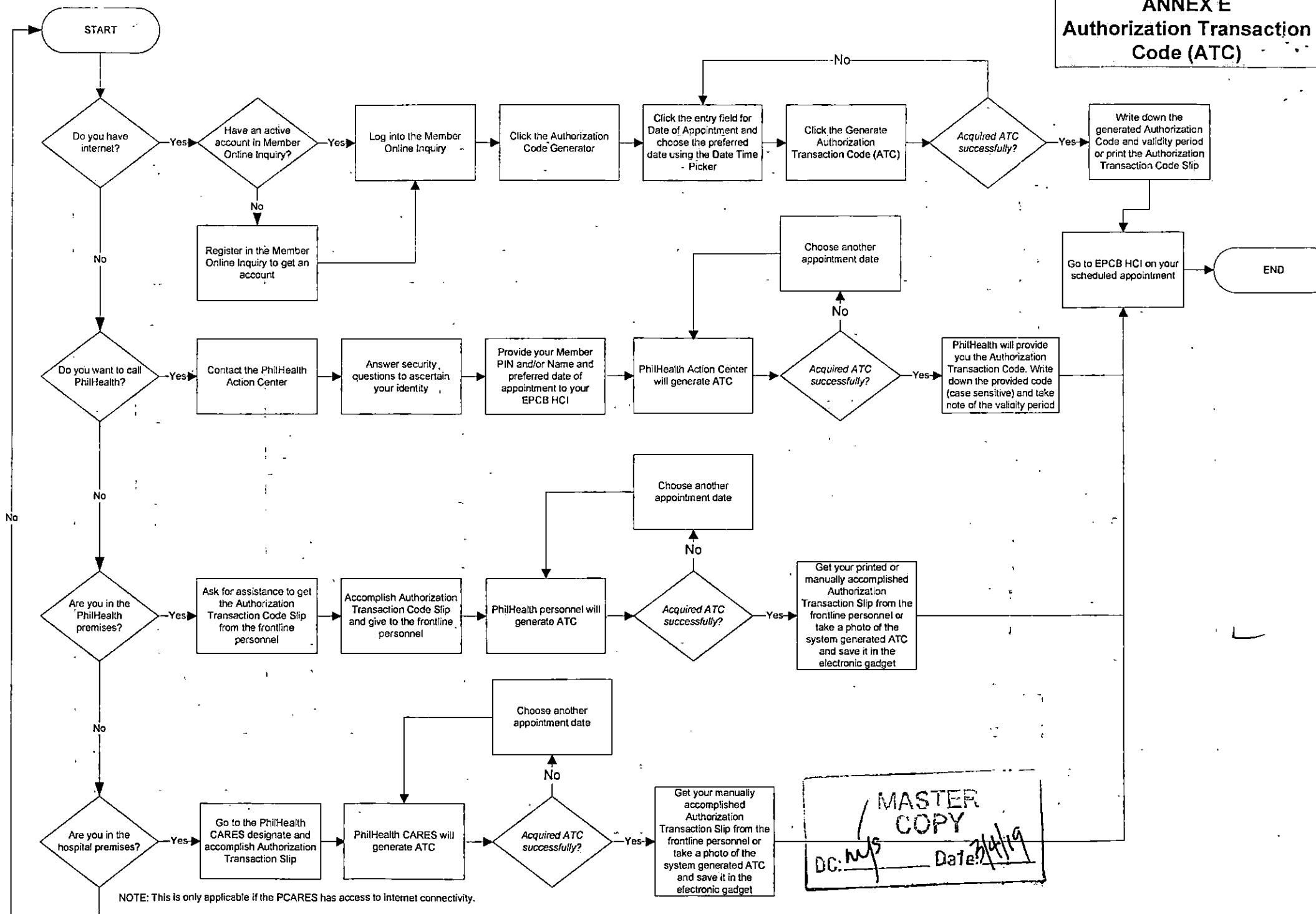
Gabay at panuto:

**Ang miyembro ay dapat ipakita ang form na ito sa lilipatang Expanded PCB provider*

**Ang lilipatang Expanded PCB provider ay dapat tanggapin at pahintulutan ang paglipat ng miyembro*

**Para sa mga Indigent at LGU-Sponsored na miyembro, ang form na ito ay dapat ipasa ng nilipatang Expanded PCB provider sa Local Health Insurance Office (LHIO).*

ANNEX E Authorization Transaction Code (ATC)



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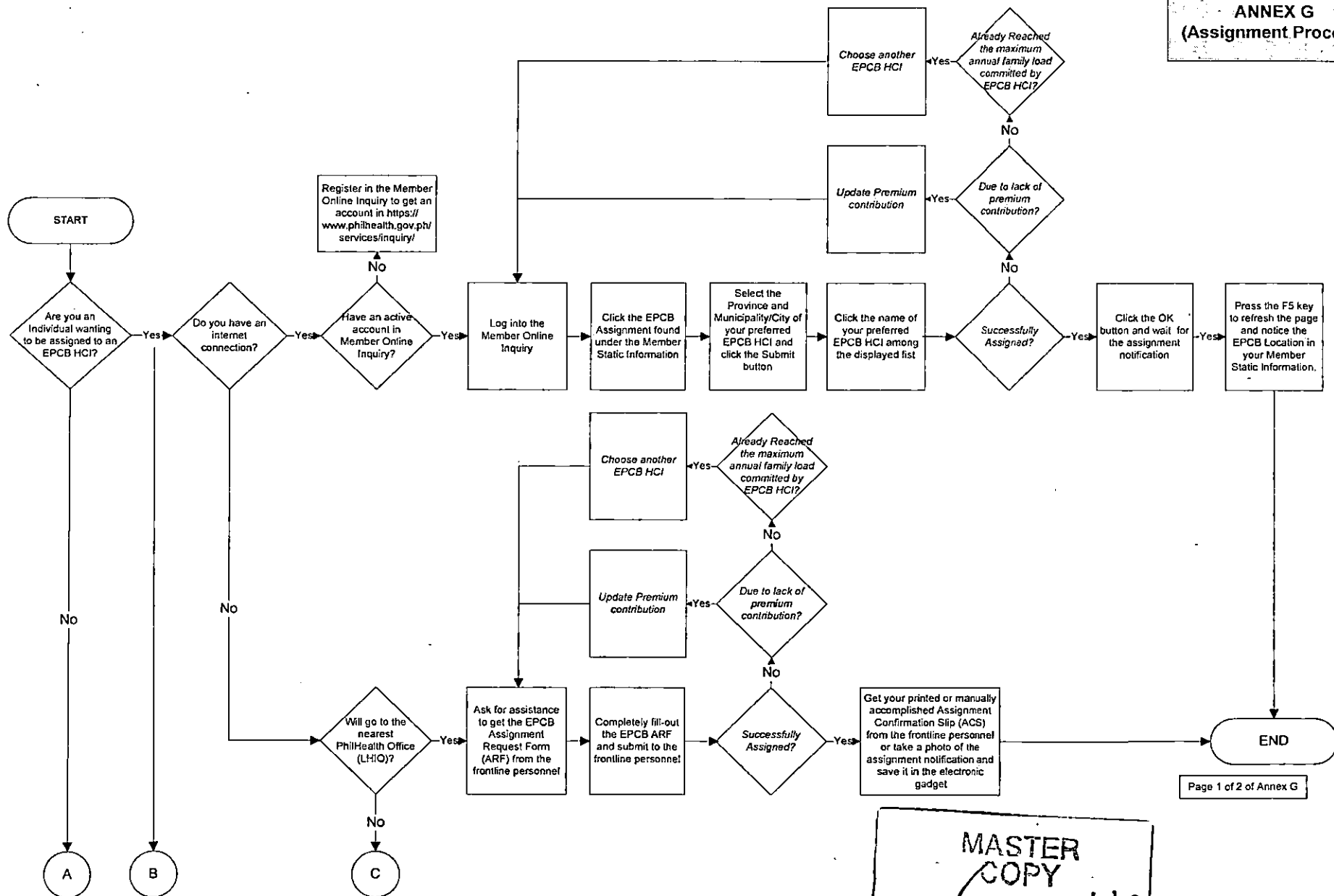
SAMPLE COMPUTATION

Annex F

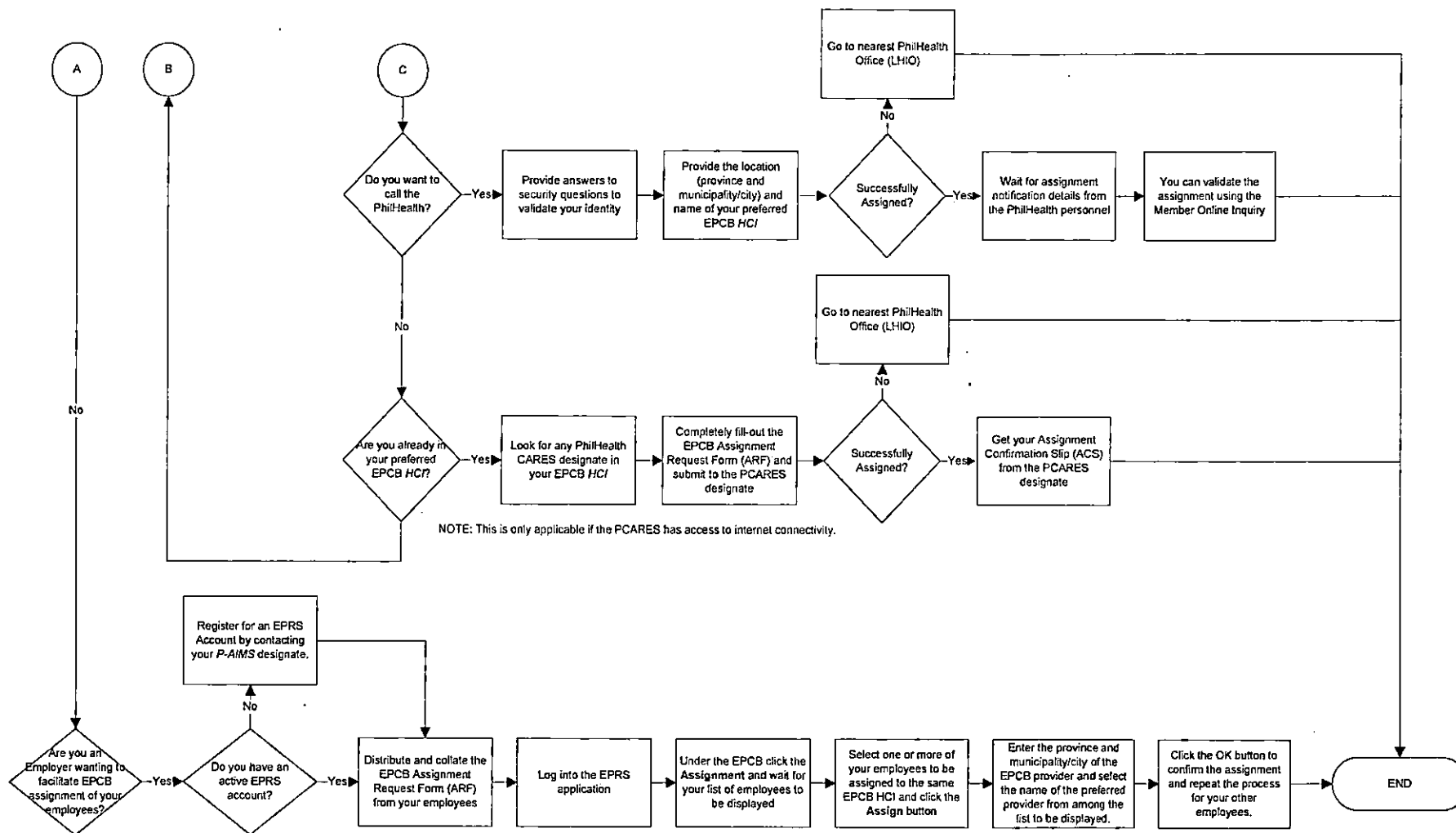
Month	No. of newly assigned member		Risk Based Capitation Fee		Total PFP	60% PFP (monthly release)	40% Remaining PFP
	Senior Citizen/ Lifetime Members	Formal Economy	Senior Citizen/Life-time	Formal Economy			
			900.00	700.00			
January 2018	750	750	675,000.00	525,000.00	1,200,000.00		
February	700	500	630,000.00	350,000.00	980,000.00		
March	800	500	720,000.00	350,000.00	1,070,000.00	720,000.00	(480,000.00)
April	200	300	180,000.00	210,000.00	390,000.00	588,000.00	(392,000.00)
May	450	450	405,000.00	315,000.00	720,000.00	642,000.00	(428,000.00)
June	500	400	450,000.00	280,000.00	730,000.00	234,000.00	(156,000.00)
July	500	800	450,000.00	560,000.00	1,010,000.00	432,000.00	(288,000.00)
August	1000	500	900,000.00	350,000.00	1,250,000.00	438,000.00	(292,000.00)
September	500	400	450,000.00	280,000.00	730,000.00	606,000.00	(404,000.00)
October			-	-	-	750,000.00	(500,000.00)
November			-	-	-	438,000.00	(292,000.00)
December			-	-	-	0.00	-
						0.00	-
Total for 2018	5,400	4,600	4,860,000.00	3,220,000.00	8,080,000.00	4,848,000.00	-
January 2019							3,232,000.00

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By: mps Date: 3/4/19

**ANNEX G
(Assignment Process)**



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DC: 715 Date: 3/4/19

LOGO

Letterhead of the referral facility

CERTIFICATION OF SERVICE DELIVERY SUPPORT

This is to certify that our institution is PhilHealth accredited/DOH licensed and is part of a Service Delivery Network as a referral facility and/or service provider in behalf of (Name of referring facility) for the PhilHealth Primary Care Benefit from (validity period). As a SDN partner, we shall provide the following services:

☐ Diagnostic

☐ Laboratory

☐ Lipid Profile

☐ Complete Blood Count (CBC)

☐ Sputum Microscopy

☐ Chest Xray

☐ ECG

☐ Fecalalysis

☐ Fasting Blood Sugar

☐ Urinalysis

☐ Visual Inspection with Acetic Acid/Pap Smear

☐ Oral Glucose Tolerance Test (OGTT)

Further, this institution shall not charge any fees directly from the referred patient but shall create the billing and payment arrangement with (Name of referring facility) for services provided.

This certification is being issued for PhilHealth accreditation and monitoring purposes.

CERTIFIED BY:

Referral Facility

Medical Director/Administrative Officer

Name and signature and designation

Date Signed: _____

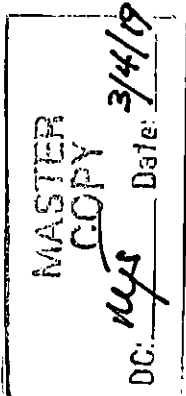
CONCURRED BY:

Referring Facility

Medical Director/Administrative Officer

Name and signature and designation

Date Signed: _____



Letterhead of the referral facility

CERTIFICATION OF SERVICE DELIVERY SUPPORT

This is to certify that our institution is FDA licensed and is part of a Service Delivery Network as a referral facility and/or service provider in behalf of (Name of referring facility) for the Phill Health Primary Care Benefit from (validity period). As a SIDN partner, we shall provide the following services:

☐ All Expanded PCB Drugs

☐ Specific Drug/s (please check)

Medicine Generic Name	Strength/Form/ Volume	Medicine Generic Name	Strength/Form/ Volume
Amoxicillin	100 mg/ml., 10 ml. Drops	Prednisone	20 mg Tablet
Amoxicillin	100 mg/ml., 15 ml. Drops	Prednisone	5 mg Tablet
Amoxicillin	125 mg/5ml., 60 ml. Suspension	Salbutamol (As Sulfate) + Ipratropium Bromide	500 mcg (As Bromide Anhydrous) + 2.5 mg (As Base) x 2.5 ml. (unit dose) Respiratory Solution
Amoxicillin	250 mg/5ml., 60 ml. Suspension	Salbutamol	1 mg/ml., 2.5 ml. (unit dose) Nebule (As Sulfate)
Amoxicillin	250 mg Capsule	Salbutamol	100 mcg/dose x 200 doses Metered Dose Inhaler (As Sulfate)
Amoxicillin	500 mg Capsule	Salbutamol	2 mg Tablet (As Sulfate)
Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	250 mg (As Trihydrate) + 125 mg Tablet	Salbutamol	2 mg/5ml., 60 ml. Syrup (As Sulfate)
Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	250 mg (As Trihydrate) + 62.5 mg/5 ml., 100 ml. Suspension	Salbutamol	2 mg/ml., 2.5 ml. (unit dose) Nebule (As Sulfate)
Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	250 mg (As Trihydrate) + 62.5 mg/5 ml., 60 ml. Suspension	Paracetamol	100 mg/ml., 15 ml. Drops
Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	400 mg (As Trihydrate) + 57 mg/5 ml., 70 ml. Suspension	Paracetamol	250mg/5 ml., 60 ml. Bottle
Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	500 mg (As Trihydrate) + 125 mg Tablet	Paracetamol	500 mg Tablet
Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	1 g Tablet	Simvastatin	10 mg Tablet
Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	200 mg (As Trihydrate) + 28.50 mg/5ml., 70 ml. Suspension	Simvastatin	20 mg Tablet
Cotrimoxazole (Sulfamethoxazole + Trimethoprim)	200 mg + 40 mg/5 ml., 60 ml. Suspension	Simvastatin	40 mg Tablet
Cotrimoxazole (Sulfamethoxazole + Trimethoprim)	400 mg + 80 mg Capsule	Gliclazide	30 mg MR Tablet
Cotrimoxazole (Sulfamethoxazole + Trimethoprim)	400 mg + 80 mg Tablet	Gliclazide	60 mg MR Tablet
Cotrimoxazole (Sulfamethoxazole + Trimethoprim)	400 mg + 80 mg/5 ml., 60 ml. Suspension	Gliclazide	80 mg Tablet
Cotrimoxazole (Sulfamethoxazole + Trimethoprim)	800 mg + 160 mg Tablet	Metformin Hydrochloride	500 mg Tablet (As Hydrochloride)
Erythromycin	200 mg/5 ml., 60 ml. Suspension (As Ethyl Succinate)	Metformin Hydrochloride	850 mg Tablet (As hydrochloride)
Erythromycin	500 mg Tablet (As Stearate)	Enalapril	10 mg Tablet (As Maleate)
Fluticasone + Salmeterol	125 mcg (As Propionate) + 25 mcg (As Xinafoate) x 120 doses Metered Dose Inhaler	Enalapril	20 mg Tablet (As Maleate)
Fluticasone + Salmeterol	250 mcg (As Propionate) + 25 mcg (As Xinafoate) x 120 doses Metered Dose Inhaler	Enalapril	5 mg Tablet (As Maleate)
Fluticasone + Salmeterol	50 mcg (As Propionate) + 25 mcg (As Xinafoate) x 120 doses Metered Dose Inhaler	Metoprolol	100 mg Tablet (As Tartrate)
Ofloxacin	200 mg Tablet	Metoprolol	50 mg Tablet (As Tartrate)
Oral Rehydration Salts	20.5 g Sachet	Amlodipine	10 mg Tablet (As Besilate/Camsylate)
Prednisone	10 mg Tablet	Amlodipine	5 mg Tablet (As Besilate/Camsylate)
Prednisone	10 mg /5 ml., 60 ml. Suspension	Hydrochlorothiazide + Losartan	50 mg + 12.5 mg Tablet

Further, this institution shall not charge any fees directly from the referred patient but shall create the billing and payment arrangement with (Name of referring facility) for services provided.

This certification is being issued for Phill Health accreditation and monitoring purposes.

CERTIFIED BY:

Referral Facility

Head/Owner

Signature over printed name

Date Signed: _____

CONCURRED BY:

Referring Facility

Medical Director/Administrative Officer

Signature over printed name

Date Signed: _____

MASTER COPY

Date: 3/4/17

Accreditation Requirements

<i>Documents</i>	<i>Accredited Hospitals</i>	<i>Accredited Non-Hospital Facility</i>	<i>Non-accredited hospital</i>	<i>Non-accredited non-hospital facility</i>
1. Letter of Intent (LOI) to participate as an EPCB Provider	✓	✓		
2. Valid DOH License/Business permit (as applicable)			✓	✓
3. Performance Commitment (Rev3)	✓	✓	✓	✓
4. Accreditation Fee (Php 1,000.00)	✓	✓	✓	✓
5. Provider data record			✓	✓
6. Valid license for x-ray, secondary laboratory and pharmacy service or Certification of Service Delivery Support for the outsourced licensed service		✓		✓
7. Fully Accomplished self assessment tool		✓		✓

