



**DEPARTMENT OF HEALTH  
PHILIPPINE HEALTH INSURANCE CORPORATION**

**JOINT ADMINISTRATIVE ORDER**

No. 2016- 0003

**SUBJECT: Adoption of the Philippine Health Information Exchange (PHIE) Lite**

**I. RATIONALE**

The Department of Health (DOH) and the Philippine Health Insurance Corporation (PhilHealth) have used information and communication technologies (ICTs) to enhance the efficiency and productivity of their works and service delivery capabilities. Applications and information systems have been built to solve agency specific objectives and/or problems; however, these systems were not designed to communicate with each other and data collection is not harmonized. At present, health facilities are using two (2) systems which use differing technology platforms, solutions, and standards to satisfy the requirements of both agencies. At times, this poses a dilemma, especially when similar information and/or reports are needed to be submitted to both agencies, resulting to redundant and duplicate submission of the same sets of information. As such, the health sector, through the leadership of the DOH, recognized the need to harmonize both agencies' common business processes and employ an interoperability structure for their technical solutions and applications under a secured platform.

Guided by the Philippine eHealth Strategic Plan for Universal Health Care (UHC), one of the identified major strategies to attain the national eHealth vision is through the implementation of the *Philippine Health Information Exchange* (PHIE). The PHIE is a platform for secure electronic access and efficient exchange of health data and/or information among health facilities, health care providers, health information organizations, and government agencies in accordance with set national standards. Its implementation is envisioned to promote public health, improve total patient care and better decision making, while safeguarding the right to privacy of every individual. There are several use cases or scenarios of sharing and/or exchange of data under the PHIE such as electronic delivery of examination results from a laboratory to the ordering health care provider, sending continuity of care document and/or requested medical documentation from one health care provider to another.

On 20 January 2016, Joint DOH-DOST-PhilHealth Administrative Order (AO) No. 2016-0001, otherwise known as the Implementation of the Philippine Health Information Exchange, was promulgated to institutionalize the adoption and implementation of the PHIE as an integral component of the health care delivery system to support and facilitate the attainment of UHC. For its initial implementation, the focus shall be on the PHIE Lite, an initial platform for interoperable health information system that streamlines the business processes and harmonizes the architecture, data structure and technology solutions (i.e. applications and health information systems) between DOH and PhilHealth to achieve better efficiency and outcomes in service delivery, health data and

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statistical reporting, and availability, access, exchange and use of health data/information. Initial priorities for PHIE Lite interoperability are the Maternal and Neonatal Death Reporting System (MNDRS) of the DOH and the expanded Primary Care Benefits (ePCB) packages of PhilHealth. The ePCB entitled members include sponsored members like the National Household Targeting System for Poverty Reduction (NHTS-PR) of the Department of Social Welfare and Development, Overseas Workers Program, senior citizens, and employed sector (i.e. teaching and non-teaching employees) of the Department of Education (DepEd).

In support to the operationalization of Joint DOH-DOST-PhilHealth AO 2016-0001, this Joint Administrative Order adopts the *Philippine Health Information Exchange Lite* as an enabling strategic instrument to rationalize, harmonize and unify the DOH and PhilHealth's architecture, data and technology solutions (i.e. applications and health information systems). Its adoption and implementation is deemed necessary to increase efficiency in health care services and delivery, facilitate better and timely decision making, reduce development and maintenance costs, and promote optimal citizen satisfaction when transacting with DOH and PhilHealth.

## II. OBJECTIVES

This Joint Administrative Order aims to institutionalize the adoption and implementation of a harmonized approach and system, known as *Philippine Health Information Exchange Lite*, in developing application and health information systems between the DOH and PhilHealth, with initial priority focus on syncretizing the business processes, and integration of the architecture, data and technology solutions for the DOH's MNDRS and PhilHealth's ePCB.

Specific objectives are as follows:

1. Define the overall governance and management structure and mechanisms, and set the direction in the adoption and implementation of PHIE Lite; and
2. Provide the operational mandate and management guidelines for the implementation, allocation and use of resources for PHIE Lite through the institutionalization of the harmonized DOH-PhilHealth eHealth solutions.

## III. SCOPE OF APPLICATION

This Joint Administrative Order shall apply to all national, regional, local and branch offices under the DOH and PhilHealth; regional and provincial health offices; public and private health facilities; software developers/providers of eHealth solutions like EMRSs and/or HISs; and all concerned stakeholders in health data collection, processing and reporting.

## IV. DEFINITION OF TERMS

1. **eHealth** is the use of information and communication technologies (ICT) for health (WHO).
2. **eHealth solutions** is the the cost-effective and secure use of information and communication technologies in support of the health and health-related fields including healthcare, health surveillance and health education, knowledge, and research (WHO); examples are EMRs and HISs.
3. An **Electronic Medical Record** is the electronic record system or the electronic document of a patient's encounter in one health facility. In this sense, the patient's medical or health record at a health facility is being received, recorded, transmitted, stored, processed, retrieved or produced electronically through computers or other electronic devices.

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4. A **Health Care Provider** is a licensed health care professional such as doctors, nurses, dentists and midwives, among others, who provides health services to health care clients.
5. A **Health Facility** is a building or physical structure where health services to health care clients are being provided. It is synonymous with institutional health care provider (IHCP).
6. **Health information** refers to personal and sensitive information that relates to an individual's past, present or future physical or mental health or condition, including demographic data, diagnosis and management, medication history, health financing record, cost of services and any other information related to the individual's total well-being.
7. The **National eHealth Electronic Medical Records System Validation (NeHEMRSV)** is the national systems conformity assessment protocol for national health data reporting requirements whereby an eHealth solution like EMRS or HIS is subjected to test according to specified criteria for national health data reporting, e.g. connectivity, validation, security, performance and others.
8. The **National eHealth Governance Structure (NeHGS)**, composed of a high level Steering Committee and intermediary strategic Technical Working Group, is the overarching structure created to oversee and provide direction and technical guidance in the establishment of the National eHealth Program, including the development and approval of all eHealth architectures, policies, standards, protocols, and implementation or work plans. (Joint DOH-DOST Department Memorandum 2013-0200).
9. **Interoperability** is the ability by which systems and devices can exchange data and interpret that shared data.
10. **Expanded Primary Care Benefits (ePCB) Package** is the PhilHealth benefit package which covers the following three (3) main service provisions of: a) primary preventive services b) diagnostic examinations c) drugs and medicines for certain diseases. Formerly known as Tamang Serbisyo Para sa Kalusugan ng Pamilyang Pilipino (TSeKAP).
11. **Software Developer** is a person, firm/organization concerned with the development of eHealth solutions like EMRSs and HISs.

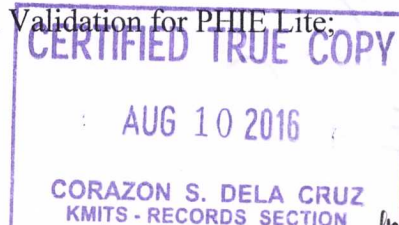
## V. GENERAL GUIDELINES

### A. The PHIE Lite shall be:

1. A platform for interoperable health information system in syncretizing the business processes, and harmonizing the architecture, common data requirements and technology solutions between DOH and PhilHealth in the context of eHealth for UHC. Its implementation shall promote increased efficiency in health care services and delivery, better and timely decision making, reduced development and maintenance costs, and optimal citizen satisfaction when transacting with DOH and PhilHealth; and
2. Jointly administered by the DOH and PhilHealth in collaboration with the eHealth Program Management Office (PMO), the NeHEMRSV team, other eHealth Experts Groups and Teams (eHGs/Ts), public and private health facilities, regional and provincial health offices, software developers of EMRSs and HISs, and other stakeholders, and under the policy and technical guidance and support of the NeHGS. Participation and collaboration with stakeholders shall be purposive, coordinative, harmonized and productive.
3. Operationalized and maintained by the DOH and PhilHealth through the Health Information Technology Team (HITT).

### B. The adoption and implementation of the PHIE Lite shall be:

1. Attained by these two (2) key strategic mechanisms:
  - a. Implementation of harmonized DOH-PhilHealth eHealth solutions; and
  - b. Institutional compliance with the Joint DOH-PhilHealth-DOST Administrative Order on National eHealth Electronic Medical Record System Validation for PHIE Lite;





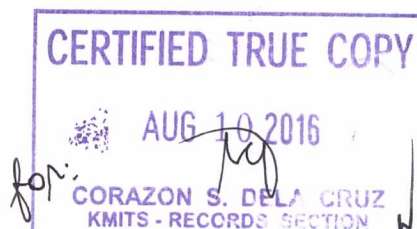
2. Essentially grounded on respect for universal principles of ethics, legal standards, and guiding principles on *primacy of human rights and protection of health information privacy* as defined by Philippine laws, international instruments, rules, and other applicable policies.
- C. The implementation of the PHIE Lite shall follow a *harmonized DOH-PhilHealth eHealth solution approach*, with the initial implementation essentially focusing on streamlining the business processes, and integrating the architecture, data requirements and technology solutions of the DOH's MNDRS and PhilHealth's ePCB.
- D. Other harmonized DOH-PhilHealth eHealth solutions shall be introduced and integrated into the PHIE Lite, particularly those that may be required by DOH and PhilHealth as defined through the PHIE full version. Further, these harmonized DOH-PhilHealth eHealth solutions shall be integrated in the PHIE full version later on once the Lite implementation has been deemed successful.
- E. The success of the PHIE Lite shall be measured by the progress made in the harmonization and unification of the DOH and PhilHealth's architecture, business processes, data and technology solutions (i.e. infrastructure, applications and information systems) to support the monitoring and reduction of maternal and neonatal morbidities and mortalities, control of burden of non-communicable diseases, facilitation of better access to quality health facilities and services, and in increasing health insurance coverage and benefit delivery rate, prioritizing the poor, among others.
- F. All standards (i.e. eHealth solutions and services, system designs, protocols, and documentations) for the adoption and implementation of the PHIE Lite shall be developed and updated as needed to accommodate the changing eHealth climate, national eHealth strategic directions and priorities, and evolving health sector requirements and health care technologies, among others.
  - The development and institution of updates shall be spearheaded by the DOH and PhilHealth through the HITT, in collaboration with the eHealth PMO, the NeHEMRSV team, and other eHGs/Ts, among others, and shall require approval of the NeHGS.
- G. Health facilities like rural health units (RHUs), health centers (HCs), provincial health offices (PHOs), municipal/city health offices (MHO/CHOs), barangay health stations (BHSs), hospitals and DepEd clinics receiving capitation fund or its equivalent from PhilHealth for availed ePCB packages shall be required to implement the PHIE Lite with DOH and PhilHealth, following the latest approved standard protocols, documentations, and eHealth solutions and services.

## VI. SPECIFIC GUIDELINES

### A. Governance and Management

#### 1. National eHealth Governance Structure

- a. Oversee the overall progress of adoption, implementation, management and operational maintenance of the PHIE Lite and all its various developed DOH-PhilHealth eHealth solutions.
- b. Review and approve recommendations on policies, procedural guidelines, protocols and other operational requirements of the PHIE Lite.
- c. Manage resolution of policy issues, conflicts, risks and challenges that may arise in the implementation of the PHIE Lite on policy, standards, service provision and execution.



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## 2. DOH and PhilHealth

### General Functions

- a. Jointly provide the overall direction, supervision, technical guidance, necessary resources and assistance to support the adoption, implementation, management and operational maintenance of the PHIE Lite and all its various developed DOH-PhilHealth eHealth solutions.
- b. Develop the required policies, procedures and standards for the implementation of PHIE Lite and endorse them to their Executive Management or the NeHGS for their approval.
- c. Create and operationalize the Health Information Technology Team for PHIE Lite.
- d. Establish coordination and networking with concerned agencies and other stakeholders in the adoption, implementation, management, monitoring and evaluation of PHIE Lite, and all its various developed DOH-PhilHealth eHealth solutions.
- e. Comply with the standard references duly approved by the National Health Data Standards Experts Group, and register as necessary additional references that may be needed in the development, implementation and operational maintenance of PHIE Lite.
- f. Spearhead the conduct of all capability building activities to all decision makers, trainers, implementers or end-users and other key stakeholders involved in the adoption, implementation, management and operational maintenance of the PHIE Lite and all its various developed DOH-PhilHealth eHealth solutions.

## 3. Health Information Technology Team

### a. Composition

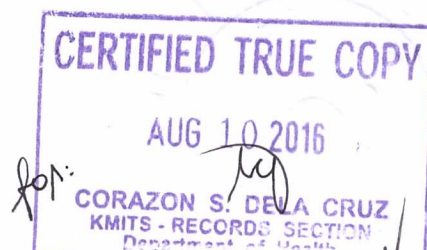
The HITT shall be composed of information technology officers, business and systems analysts, programmers and other key representatives from DOH and PhilHealth as duly appointed by the NeHGS.

Revisions on the composition, functions, and status of the HITT shall require approval of the NeHGS, and shall be updated accordingly through the issuance of an appropriate Joint Memorandum. Non-member stakeholders may be invited by the HITT subject to the required approvals.

### b. Specific Functions

- i. Develop standards such as policies, procedures and guidelines, and identify key resources to efficiently support, promote, and implement the PHIE Lite.
- ii. Identify key resources to efficiently support, promote and implement the PHIE Lite.
- iii. Execute the policies, procedures and guidelines of the PHIE Lite.
- iv. Design, develop, maintain and monitor implementation of complementary standards-based integrated eHealth solutions that will streamline the business processes, integrate the architecture and common data requirements, and resolve duplication and inefficiencies in the current services of the DOH and PhilHealth in the context of PHIE Lite, *prioritizing the integration of the DOH's MNDRS and PhilHealth's ePCB*, and other eventual use cases defined in the PHIE full version that cut across the purview of both agencies.

4. Pursuant to Joint DOH-DOST Department Memorandum No. 2013-0200-A, the **eHealth Program Management Office** shall serve as the official technical and administrative secretariat of all the activities related to the adoption and implementation of PHIE Lite.



**B. Establishment of the Philippine Health Information Exchange Lite (DOH-PhilHealth eHealth Solutions)**

**1. Development and Maintenance of the PHIE Lite**

In the development and maintenance of the PHIE Lite, the HITT shall assume the following functions:

- a. Develop, enhance and/or maintain the required solutions, software and services for PHIE Lite;
- b. Perform system tests;
- c. Perform quality assurance and control reviews, and ensure that the applications and services from both DOH and PhilHealth meet the agreed upon data extraction and sharing, system harmonization, and database synchronization requirements; and
- d. Develop and recommend protocols such as the use-case specific implementing procedures and guidelines for the PHIE Lite in coordination with other eHGs/Ts, and key business process owners.

**2. Implementation and Operationalization of the PHIE Lite**

Implementation and operationalization of the PHIE Lite shall be based on the approved standard implementing protocols, and use case-specific operational guidelines, if applicable, as duly approved by the NeHGS such as, but not limited to the following:

- a. Data Sharing/Synchronization
- b. Submission of PHIE Lite data, initially MNDRS and ePCB data
- c. Submission of Data to Health Data Warehouse
- d. Implementation Resource Requirements
- e. System Operations Management and Administration

**C. Systems and Data/Information Access**

**1. Systems Access Management**

The standard operating procedures and guidelines on systems access management to the PHIE Lite shall be in accordance with the DOH and PhilHealth's IT security and access policies congruent to the approved and applicable systems access and management requirements defined for the PHIE full version, subject to the required approvals of the NeHGS, particularly of the DOH and PhilHealth Executive Management.

**2. Sharing, Exchange, Appropriate Use and Disclosure, and Security of Health Data/Information**

The standard operating procedures and guidelines on sharing, exchange, appropriate use and disclosure, and security of health data/information within the PHIE Lite shall be in accordance with the set operational guidelines and requirements defined in Joint DOH-DOST-PhilHealth Administrative Order No. 2016-0002 (Annex A), subject to the approved evolving service and technical requirements as mandated by relevant and applicable Philippine laws, particularly by Republic Act 10173.

**3. Security Protocols**

- a. A security protocol shall be implemented at all levels of the PHIE Lite adoption and implementation. In particular, the DOH and PhilHealth shall be responsible for instituting the most appropriate security solutions and mechanisms on data and/or information being processed within their jurisdiction.
- b. Health facilities implementing EMRS or HIS that will connect to the PHIE Lite server shall be required to comply with the latest standard security requirements, implementing

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protocols and documentations developed and/or made updated by the HITT, and as duly approved by the NeHGS through the DOH and PhilHealth Executive Management.

#### **D. Systems Operational Requirements**

##### **1. Infrastructure and Hosting Requirements**

The infrastructure and hosting requirements for the adoption and implementation of the PHIE Lite shall be in accordance with the provisions provided in Administrative Order No. 39 Series of 2013 – Mandating Government Agencies to Migrate to the Government Web Hosting Service of the ICT Office of the DOST. Should the existing ICT infrastructure of the DOST-ICT Office is deemed inadequate for application hosting service, nor unable to accommodate the PHIE Lite requirements, other infrastructure and hosting service companies or institution can be taken into consideration.

###### **a. Scope of Services**

The DOST-ICT Office or the contracted Application Hosting Company or Institution for the PHIE Lite, DOH and PhilHealth shall enter into a Service Level Agreement or Operational Level Agreement, whichever is applicable, to define the operational requirements of the PHIE Lite, roles, duties and responsibilities, and abide accordingly.

###### **b. Service Assumptions**

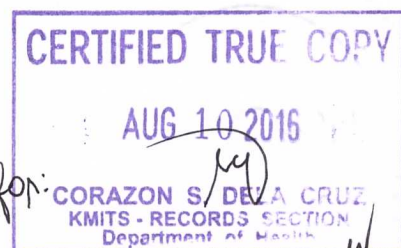
- i. All PHIE Lite program source codes, applications and databases shall remain the property of their source or identified owner, either DOH or PhilHealth at all times. The Application Hosting Company or Institution shall not take any action intended or reasonably likely to interfere with the agencies' ownership, interest, or other property rights in any of the applications hosted.
- ii. Only authorized members and/or representatives from the HITT of DOH and PhilHealth shall have management and/or access to the hosted application systems.

##### **2. Systems Operations and Maintenance**

- a. The standard protocol for systems operations and maintenance of PHIE Lite solutions, including systems monitoring and evaluation, shall be in accordance with the set implementation resources and other operational requirements for PHIE Lite, congruent to the Systems Operations and Monitoring Guidelines contained in the approved PHIE Manual of Operations, as defined by DOH and PhilHealth through the HITT.
- b. For the integration of the DOH's MNDRS and PhilHealth's ePCB, the current IT support personnel of the DOH (Central and Regional Offices) and PhilHealth (Central Office, Regional Offices and Local Health Insurance Offices) shall be tapped to support its operations. Hiring of additional personnel for operations support shall be authorized as the need arises.

##### **3. Systems Sustainability**

The systems and operational sustainability of PHIE Lite shall be a principal joint undertaking of DOH and PhilHealth in collaboration with DOST or the contracted application hosting company, public and private health facilities, regional and provincial health offices, software developers of EMRSs and other stakeholders.



## VII. ROLES AND RESPONSIBILITIES

### 1. Department of Health shall:

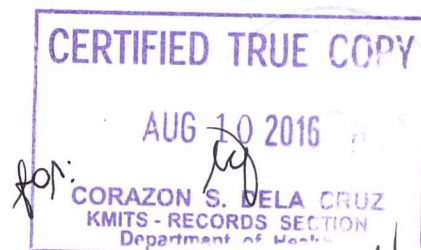
- a. Provide the overall direction, supervision, technical guidance, necessary resources and assistance together with PhilHealth to support the adoption, implementation, management and operational maintenance of the PHIE Lite and all its various developed DOH-PhilHealth eHealth solutions.
- b. Develop the required policies, procedures and standards for the implementation of PHIE Lite together with PhilHealth and endorse them to their Executive Management or the NeHGS for their approval.
- c. Spearhead and provide technical support to PhilHealth in the following areas: provision of technical and operational updates and/or upgrades of the PHIE Lite software/applications; management and administration of the backup databases, services and applications; systems monitoring and evaluation; 24/7 operations and maintenance; and quality assurance management and sustainability.
- d. Spearhead the conduct of all capability building activities to key decision makers, trainers, implementers or end-users, technical personnel, and other stakeholders.

### 2. Philippine Health Insurance Corporation shall:

- a. Provide the overall direction, supervision, technical guidance, necessary resources and assistance together with DOH to support the adoption, implementation, management and operational maintenance of the PHIE Lite and all its various developed DOH-PhilHealth eHealth solutions.
- b. Develop the required policies, procedures and standards for the implementation of PHIE Lite together with DOH and endorse them to their Executive Management or the NeHGS for their approval.
- c. Provide real-time data for client, providers and health facilities.
- d. Access, process and validate PCB data from the PHIE database.
- e. Provide technical assistance to DOH in the following areas: provision of technical and operational updates and/or upgrades of the PHIE Lite software/applications; management and administration of the backup databases, services and applications; systems monitoring and evaluation; 24/7 operations and maintenance; and quality assurance management and sustainability.
- f. Provide technical and administrative assistance in the conduct of all capability building activities to key decision makers, trainers, implementers or end-users, technical personnel, and other stakeholders.

### 3. Other DOH Attached Agencies, other Government Agencies, Regional and Provincial Health Offices, and other Private and Non-Government Institutions shall:

- a. Provide technical expertise and subject matter inputs pertaining to the adoption, implementation, management and operational maintenance of the PHIE Lite, and all its various developed DOH-PhilHealth eHealth solutions as informed by the NeHGS.
- b. Participate in all requests for collaborative works and technical assistance with the DOH and PhilHealth, through the HITT, in the adoption, implementation, management and operational maintenance of the PHIE, and all its various developed DOH-PhilHealth eHealth solutions as informed by the NeHGS.





**4. All RHU/HCs, PHOs, MHO/CHOs, BHS, Hospitals and DepEd Clinics Receiving Capitation Fund or its Equivalent from PhilHealth for Availled ePCB Packages shall:**

- a. Implement the PHIE Lite and all its various DOH-PhilHealth eHealth solutions with the DOH and PhilHealth, following the approved delivery, service and support requirements, and operational mechanisms, among others.
- b. Ensure the integrity, security, and confidentiality of data and information being processed, maintained, transmitted or exchanged within the EMRSs and/or HISs, pursuant to RA 10173 and other applicable Philippine laws.
- c. Report issues, concerns, and/or problems that may arise in the participation in the PHIE Lite and/or institution of its operational requirements and mechanisms at the participating/implementing points of services.
- d. Provide relevant inputs to further improve the adoption, continuous development/enhancement, implementation, management, and operational maintenance of the PHIE Lite, and all its various developed DOH-PhilHealth eHealth solutions.

**5. Software Developers and Providers/Vendors of EMRSs and HISs shall:**

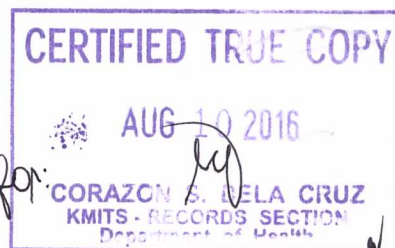
- a. Support the various health facilities in implementing a PHIE Lite-compliant EMRS and/or HIS and its various equivalent DOH-PhilHealth eHealth solutions, following the approved delivery, service and support requirements, and operational mechanisms, among others.
- b. Ensure the integrity, security, and confidentiality of data and information being processed, maintained, transmitted or exchanged within the EMRSs and/or HISs, pursuant to RA 10173 and other applicable Philippine laws.
- c. Report issues, concerns, and/or problems that may arise in the participation in the PHIE Lite and/or institution of its operational requirements and mechanisms at the participating/implementing points of services.
- d. Provide relevant inputs to further improve the adoption, continuous development/enhancement, implementation, management, and operational maintenance of the PHIE Lite, and all its various developed DOH-PhilHealth eHealth solutions.

**VIII. PENALTY CLAUSE**

The standard operating procedures and guidelines for breach notification and management, including termination and revocation of rights and privileges pursuant to the participation and/or authorization to access and operate the PHIE Lite, together with the penalties imposed for violation of this Joint Administrative Order, shall be in accordance with the Joint DOH-PhilHealth Administrative Order No. 2016-0002 (Annex A).

**IX. OPERATIONAL BUDGET**

The budget required to implement this Joint Administrative Order shall be collectively and accordingly sourced out from the Offices of the Secretary of Health and President and CEO of PhilHealth, or any available funds under DOH and/or PhilHealth, and shall be jointly managed by the respective Program Management Offices of DOH and PhilHealth.





## **X. GOVERNING CLAUSE**

Issues arising from the implementation of this Joint Administrative Order shall be resolved jointly by the Department of Health and the Philippine Health Insurance Corporation.

## **XI. REPEALING CLAUSE**

All issuances whose provisions are inconsistent with or contrary to any of the provisions of this Joint Administrative Order are hereby rescinded and modified accordingly.

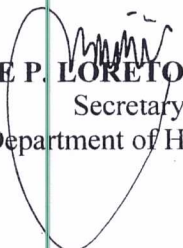
## **XII. SEPARABILITY CLAUSE**

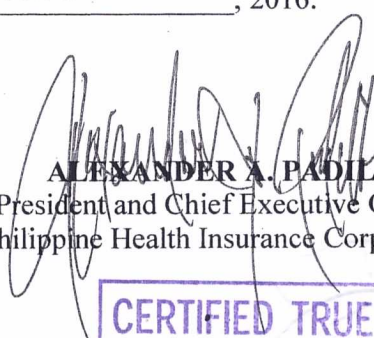
In the event that any provision or part of this Joint Administrative Order is declared unauthorized or rendered invalid by any Court of Law or competent authority, those provisions not affected by such declaration shall remain valid and in force.

## **XIII. PUBLICATION AND EFFECTIVITY**

This Joint Administrative Order shall take effect upon approval/signing by the Secretary of Health and President and Chief Executive Officer of Philippine Health Insurance Corporation, and fifteen (15) days after its publication in two (2) newspapers of general circulation.

Done at \_\_\_\_\_ in the City of Manila on JUN 22, 2016.

  
**JANETTE P. LORETO-GARIN, MD, MBA-H**  
Secretary  
Department of Health

  
**ALEXANDER A. PADILLA**  
President and Chief Executive Officer  
Philippine Health Insurance Corporation

