



Quick Guide on the
**Adoption and
Implementation of Clinical
Practice Guidelines and
Other Case Management
Protocols** for Local Health
Systems Maturity Level
Monitoring

2023

National Practice Guidelines Program
Evidence Generation and Management Division
Disease Prevention and Control Bureau

Quick Guide on the Adoption and Implementation of Clinical Practice Guidelines and Other Case Management Protocols for Local Health Systems Maturity Level Monitoring

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Introduction

This document provides guidance to the Universal Health Care Integration Sites (UHC-IS) and other local government units on the adoption and implementation of the National Practice Guidelines (NPGs), which include the Omnibus Health Guidelines per Lifestage (OHG), Department of Health (DOH)-approved Clinical Practice Guidelines (CPGs), and other equivalent guidelines including interim public health and clinical guidance documents, within their Province/City-Wide Health Systems (P/CWHS). These NPGs guide healthcare workers and program implementers in defining what and how healthcare services should be delivered.

Moreover, this document states the relevant policies, activities, and a template resolution in achieving local health systems maturity levels (LHS ML), specifically on the Key Result Area (KRA) 2.2 of the referral system under the service delivery building block, as well as provisions in adopting and implementing the outputs of the National Practice Guidelines Program (NPGP).

Definition of Terms

City-Wide Health System (CWHS)	<p>Highly Urbanized City (HUC)- and Independent Component City (ICC)-wide health system. This includes the City Health Office, health facilities and services, human resources, and other operations relating to health under the administrative and technical supervision of the City Health Board (CHB) (AO No. 2020-0037).</p>
Guidance Documents	<p>Documents containing evidence-based recommendations that do not fit the definition of CPGs but are developed with acceptable rigor and appraised using internationally validated appraisal tools. These include, but are not limited to, practice or consensus statements of local and international medical societies or experts, experimental research, systematic reviews, and government policy issuances (AO 2023-0002).</p>
Local Health Systems Maturity Levels (LHSM)	<p>Framework used to monitor the progress of local health systems integration as provided by the UHC Act and its IRR (AO No. 2020-0037).</p>
National Practice Guidelines (NPGs)	<p>Evidence-based and evidence-informed guidelines that establish the standards on how individuals should be given healthcare and health services, such as the Omnibus Health Guidelines, DOH-approved CPGs, and other equivalent standard guidelines including interim public health and clinical guidance documents for public health emergencies (PHEs) and emerging and re-emerging infectious diseases (EREID) (AO No. 2023-0002).</p>
Province-Wide Health System (PWHS)	<p>It is composed of municipal and component city health systems. This includes the Provincial, Component City and Municipal Health Offices, health facilities and services, human resources, and other operations relating to health under the administrative and technical supervision of the Provincial Health Board (PHB) (AO No. 2020-0037).</p>

Standards of Care (SOCs)	Specific actions, interventions, or processes, which are based on the best available medical evidence and are needed to 1) deliver safe, effective, and patient-centered care, and 2) achieve optimal health outcomes. SOCs shall be identified along the continuum of care, specifically (1) prevention, (2) screening (for well or asymptomatic individuals), (3) diagnosis (testing in sick individuals), (4) treatment (including medications and procedures), (6) palliation, and (7) rehabilitation (AO No. 2022-0018).
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Policy Bases

Republic Act No. 11223, also known as the UHC Act, provided for the progressive realization of UHC through a systemic approach and clear role delineation of stakeholders, to ensure equitable access to quality and affordable health care and protection against financial risk. Section 19 of the UHC Act states that the DOH, Department of Interior and Local Government, PhilHealth, and LGUs shall integrate local health systems into P/CWHS to address fragmentation issues in health service delivery and health systems management. The integration ensures the effective and efficient delivery of health services, as stated in Section 19.6 of the Implementing Rules and Regulations of the UHC Act.

Moreover, the IRR of the UHC Act under Rule VII. Section 27.7 and Section 27.8 mandated that the DOH, in cooperation with professional societies and the academe, shall set standards for clinical care through the development, appraisal, and use of CPGs based on best evidence, to assist practitioners in clinical decision-making. Furthermore, the DOH shall establish a mechanism for the development, adoption, and dissemination of CPGs, provided that the DOH and PhilHealth shall monitor compliance with such CPGs.

In response, the DOH issued Administrative Order (AO) No. 2020-0037: *Guidelines on Implementation of the Local Health Systems Maturity Levels (LHS ML)* to define the concept of maturity levels, its building blocks, characteristics, levels of progression, and key result areas (KRAs), provide the mechanisms in the implementation of the maturity levels as one of the monitoring tools for the P/CWHS, and to guide prioritization of resources and support to facilitate the integration of the local health systems. In DOH Department Memorandum No. 2021-0277: *FY 2021 Local Health Systems Maturity Levels (LHS ML) Annual Monitoring and Updated LHS ML Monitoring Tool*, KRA 2.2 in the service delivery block under the referral system characteristics is identified as “clinical practice guidelines and other case management protocols adopted and implemented in the P/CWHS” with a corresponding means of verification (MOV) as “P/CHB-approved compendium of CPGs and other case management protocols adopted and implemented in the P/CWHS”.

Consequently, the DOH issued AO No. 2022-0018: *Development and Utilization of the Omnibus Health Guidelines per Life Stage* and AO No. 2023-0002: *Institutionalization of the Expanded National Practice Guidelines Program* to develop and regularly update evidence-informed policies and standards for service delivery. These policies and standards are based on standards of care (SOCs) incorporated in the NPGs which include the OHG, DOH-approved CPGs, and other equivalent standard guidelines including interim public health and clinical guidance documents for PHE and EREID. Moreover, these NPGs shall be the official reference in the development of guideline implementation tools (GITs), such as but not limited to, manuals, algorithms, pathways, and capacity-building materials for service delivery.

Hence, to streamline the adoption of the NPGs, including the OHG, DOH-approved CPGs, interim public health guidelines, and other evidence-based documents for service delivery, this quick guide is disseminated to guide the UHC-IS in achieving the KRA 2.2.

Achievement Status of KRA 2.2 On Referral System for Service Delivery

In 2022, 12 out of 56 UHC IS (21%) were able to **achieve** this KRA and submit MOVs regarding the adoption and implementation of CPGs and other protocols within their LGUs. Twenty-eight UHC IS (28 or 50%) have **ongoing initiatives** while 16 UHC-IS (29%) have **not yet started** any measures related to this KRA. From 2021 to 2022, there has been a substantial increase of UHC-IS that have achieved the KRA 2.2 and are reporting ongoing initiatives.

Figure 1. Geographical Distribution of UHC IS Accomplishments for KRA 2.2 in 2022

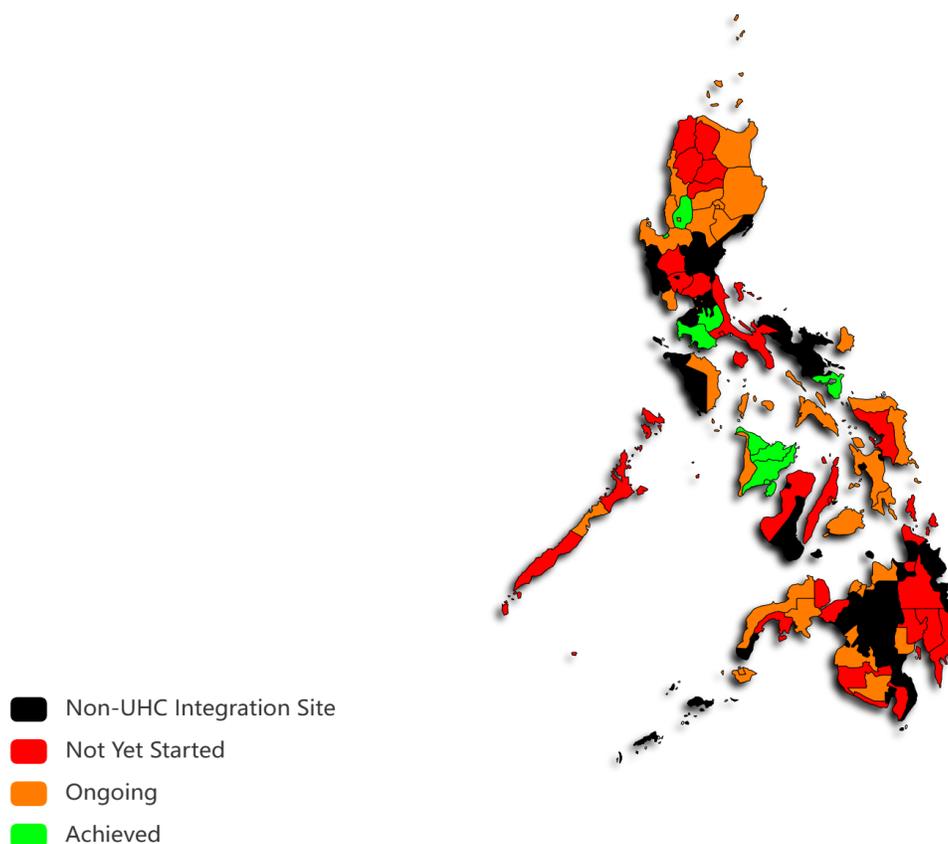


Figure 1 depicts the geographical distribution of the accomplishments of the UHC-IS for KRA 2.2 in 2022. Batangas, Laguna, Sorsogon, Aklan, Capiz, Iloilo, Guimaras, Davao del Norte, Davao Oriental, Davao de Oro (Compostela Valley),

Benguet, and City of Dagupan have already achieved this KRA. Ilocos Sur, La Union, Pangasinan, Batanes, Cagayan, Isabela, Nueva Vizcaya, Quirino, Bataan, Catanduanes, Masbate, Antique, Bohol, Eastern Samar, Leyte, Northern Samar, Southern Leyte, Biliran, Zamboanga del Norte, Zamboanga del Sur, Misamis Oriental, South Cotabato, Ifugao, Basilan, Maguindanao, Oriental Mindoro, Romblon, City of Santiago, City of Mandaue, City of Cagayan de Oro (Capital), City of Davao, City of Marikina, City of Valenzuela, City of Paranaque, City of Baguio, and City of Puerto Princesa (Capital) reported that there are ongoing initiatives in achieving this KRA. Ilocos Norte, Bulacan, Pampanga, Tarlac, Quezon, Negros Occidental, Cebu, Samar (Western Samar), Zamboanga Sibugay, Lanao del Norte, Misamis Occidental, Sultan Kudarat, Sarangani, Abra, Kalinga, Mountain Province, Apayao, Agusan del Sur, Surigao del Norte, Marinduque, Palawan, City of Lucena (Capital), and City of Butuan (Capital) reported that they have not yet started activities to achieve this KRA.

NPGs and Derivative Products

Omnibus Health Guidelines per Lifestage

The numerous policies on individual-based and population-based health services that the DOH has issued in the past decades have led to challenges in their adoption, implementation, and utilization by the LGUs and government and non-government health care providers. Acknowledging the necessary resource requirements to adopt a whole-of-system, whole-of-government, and whole-of-society approach in the development of quality standards for clinical care for existing and emerging diseases, conditions, and disorders in all lifestages and settings, the DOH aims to integrate existing health policies on health services and to systematically incorporate and update standards across the entire spectrum of care.

Hence, the DOH developed the Omnibus Health Guidelines, through AO 2022-0018, to serve as the overarching policy issuance integrating key policy provisions governing various health programs and integrating various standards of care. It shall be used by individuals and households on self-care and household care; healthcare providers for clinical care; LGUs and primary care managers for community-based care; settings-based managers for care in schools, workplaces, or closed settings; and national government agencies for national policies and incentives on quality health service delivery.

The AO 2022-0018 and each OHG per lifestage can be accessed through this link <https://doh.gov.ph/dpcb/omnibus-health-guidelines>.

DOH-Approved Clinical Practice Guidelines

Clinical practice guidelines (CPGs) are defined as “statements that include recommendations, intended to optimize patient care, that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.”¹

¹ Institute of Medicine, Board on Health Care Services, Committee on Standards for Developing Trustworthy Clinical Practice Guidelines, Graham, R., Mancher, M., Wolman, D. M., Greenfield, S., & Steinberg, E. (2011). *Clinical Practice Guidelines We Can Trust* (Illustrated). National Academies Press.

Healthcare workers refer to CPGs to obtain evidence-based recommendations for screening, diagnosis, treatment, and management of specific medical conditions. On the other hand, policymakers and administrators use CPGs to develop evidence-informed policies and decisions regarding standardization of care, quality assurance, improvement initiatives, and healthcare resource allocation. Educators also use CPGs to improve the knowledge and skills of students and encourage evidence-based practices among healthcare professionals. Patients may also use CPGs to gather information that can empower them to understand their conditions, treatment options, and potential outcomes. They can refer to CPGs to ask informed questions, participate in shared decision-making with their healthcare providers, and advocate for their own care based on evidence-based recommendations.

Some countries have established clearinghouses for CPGs, which also serve as central repositories for trustworthy and up-to-date guidelines. These clearinghouses ensure CPGs meet certain quality standards, make guidelines easily accessible to their intended users, and streamline the process of guideline development by coordinating efforts and avoiding duplication. Locally, the DOH issued AO 2023-0002 to establish a CPG clearinghouse to assess the methodological rigor, applicability, and transparency of locally-developed CPGs using the Appraisal of Guidelines, Research and Evaluation II (AGREE II) instrument². Until April 2025, CPGs must satisfy at least 75% for the domains of rigor of development and editorial independence before they are endorsed to the Secretary of Health as “DOH-approved clinical practice guidelines”. Only these appraised high-quality CPGs are used nationally for standards setting, policy making, and other evidence-based decision-making.

The *Compendium of DOH-approved Clinical Practice Guidelines* is accessible through this link <https://doh.gov.ph/dpcb/doh-approved-cpg/>.

² Brouwers, M. C., Kho, M. E., Browman, G. P., Burgers, J. S., Cluzeau, F., Feder, G., Fervers, B., Graham, I. D., Grimshaw, J. M., Hanna, S. R., Littlejohns, P., Makarski, J., & Zitzelsberger, L. (2010). AGREE II: advancing guideline development, reporting and evaluation in health care. *Canadian Medical Association Journal*, 182(18), E839–E842. <https://doi.org/10.1503/cmaj.090449>

Interim Public Health and Clinical Guidance Documents

Interim guidance documents provide timely and essential information to the public and healthcare professionals during uncertain or rapidly evolving situations, such as public health emergencies or for emerging and reemerging infectious diseases. By grounding these guidance documents in evidence, the government can make science-informed decisions that are more likely to be effective and reliable. These guidance documents are developed through internationally-accepted methodologies for rapid guideline development. The term “interim” implies that while the recommendations are developed with predominantly international resources, guidance will evolve when more and better evidence becomes available. Some examples prepared by the DOH include the interim guidance on the Monkeypox Public Health Emergency and Scabies.

Interim public health and clinical guidance documents are disseminated through DOH administrative issuances and can be accessed by visiting <https://doh.gov.ph/dpcb/>.

Guideline Implementation Tools

A recent systematic review found that guideline implementation tools improved adherence to the recommendations of a particular guideline, compared to those without a supplemental tool.³ Hence, the AO 2022-0018 mandates the DOH to translate the OHG into user-friendly Guideline Implementation Tools (GITs)⁴ for the following target users in order to facilitate their implementation and utilization:

- a. Clinician Support Tools for primary care providers and other healthcare professionals (e.g., algorithms, checklists, handbooks) to guide clinical service delivery;
- b. Patient Support Tools (e.g., guideline summaries, self-management support tools) for individual Filipinos to guide self and household care; and
- c. Implementation Support Tools (e.g., manuals) and Evaluation Support Tools (e.g., audit tools, performance measures) for LGUs, provincial/city/municipal

³ Flodgren, G., Hall, A. M., Goulding, L., Eccles, M. P., Grimshaw, J. M., Leng, G., & Shepperd, S. (2016). Tools developed and disseminated by guideline producers to promote the uptake of their guidelines. *The Cochrane Library*. <https://doi.org/10.1002/14651858.cd010669.pub2>

⁴ Liang, L., Safi, J. A., & Gagliardi, A. R. (2017). Number and type of guideline implementation tools varies by guideline, clinical condition, country of origin, and type of developer organization: content analysis of guidelines. *Implementation Science*, 12(1). <https://doi.org/10.1186/s13012-017-0668-7>

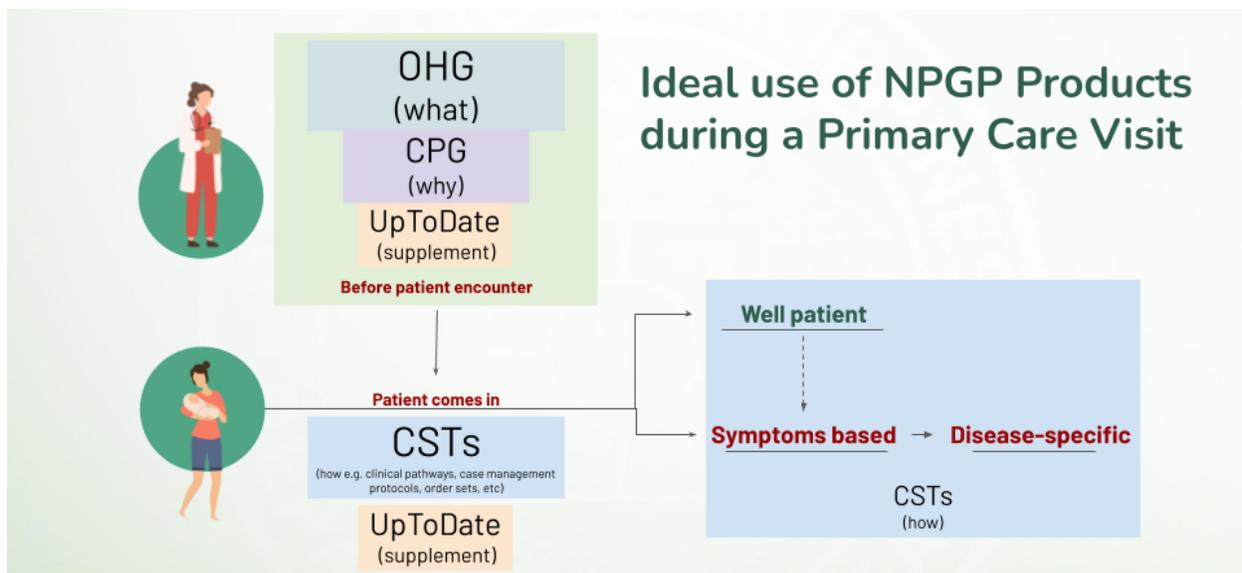
health officers, primary care managers, and settings-based managers to support the implementation of the guidelines, and monitoring and evaluation of guideline-compliant practice before and after guideline implementation.

Integrated guideline implementation tools, especially clinician support tools, are still in the pipeline for development by the NPGP. Once available, these tools will be disseminated through DOH administrative issuances or by visiting <https://doh.gov.ph/dpcb>. External stakeholders may also develop or localize guideline implementation tools provided that these tools are aligned with the NPGs and policies of the DOH.

Envisioned Use of NPGs and Derivative Products in the Primary Care Setting

Figure 2 shows the proposed process on how NPGs and derivative products can be utilized before and during a patient consultation in our primary care facilities.

Figure 2. Process Flow on the Use of NPGs and Derivative Products in the Primary Care Setting



Before an actual patient encounter, primary care providers (PCP) are expected to already have baseline clinical knowledge from their professional education and training, which they will supplement, update, or enhance with the Omnibus Health Guidelines, DOH-approved local CPGs, and high-quality international CPGs and other guidance documents. UpToDate⁵ may be used as an additional resource if there are gaps in the aforementioned resources.

When a patient comes in for a consult, the PCPs will primarily refer to the integrated CSTs to guide them on how to deliver services appropriate for the patient. The integrated CSTs will offer specific clinical guides for well-patient visits, as well as a symptom/s-related or disease-specific visits.

⁵ UpToDate® is an evidence-based point-of-care medical software system that synthesizes the available clinical evidence and best clinical practices for high-quality patient care and high standards of research. Since 2022, this has been rolled out by the Department of Health for primary care providers to provide primary care for patients and implement healthcare reforms towards the achievement of universal health care.

The PCPs may use UpToDate if there is a lack of locally-developed CSTs on certain diseases or conditions since this software is considered a clinical decision support resource. Currently, the DOH provides primary care health workers in public facilities free access to UpToDate. Free access may be obtained by signing up at <https://bit.ly/UpToDateSignUp>.

Activities for LGUs on the Adoption of CPGs and Other Case Management Protocols

The following checklist provides a guide for LGUs on the specific activities and roles of relevant offices and/or individuals to facilitate the adoption and implementation of CPGs and other case management protocols in the P/CWHS, in fulfillment of KRA 2.2.

Table 1. Template of Activities to Achieve KRA 2.2.

List of Activities	Target Date <i>(To be identified by the LGU)</i>	In-Charge	Status <i>(Ongoing or Completed)</i>
1. Establish a multistakeholder committee or technical working group (TWG) for the adoption of CPGs and other case management protocols (involving local medical societies, health facility representatives, patient groups, members of the academe etc.)			
2. Together with the established committee or TWG, review the following policies: a. DOH AO No. 2023-0002: <i>Institutionalization of the Expanded National Practice Guidelines Program (NPGP)</i> b. DOH AO No. 2022-0018: <i>Development and Utilization of</i>			

List of Activities	Target Date (To be identified by the LGU)	In-Charge	Status (Ongoing or Completed)
<p><i>the Omnibus Health Guidelines Per Lifestage</i></p> <p>c. DOH Department Circular (DC) No. 2022-0344: <i>Dissemination of the Omnibus Health Guidelines per Lifestage</i> (Access online version here: doh.gov.ph/dpcb/omnibus-health-guidelines)</p> <p>d. DOH DC No. 2022-0553: <i>Dissemination of the DOH-approved Clinical Practice Guidelines</i> (Access live online compendium here: doh.gov.ph/dpcb/doh-approved-cpg)</p>			
<p>3. In consultation with the committee or TWG above, identify other evidence-based guidance documents (e.g. international CPGs, consensus statements, clinical pathways/ protocols widely used by practitioners) which are complementary to the NPGs that can be included in the list for P/CHB resolution.</p>			
<p>4. Draft the P/CHB resolution using the recommended template in Appendix A. (Download editable version here: https://bit.ly/SD1KRA2-2DraftReso)</p>			

List of Activities	Target Date <i>(To be identified by the LGU)</i>	In-Charge	Status <i>(Ongoing or Completed)</i>
5. Convene the Local Health Board and representatives of health facilities, patient advocacy groups, people’s organizations, and other relevant government agencies to discuss and finalize the draft P/CHB resolution.			
6. Issue P/CHB resolution.			

Ways Forward for LGUs on the Implementation of CPGs and Other Case Management Protocols

Guideline adoption through the P/CHB resolution is not sufficient to ensure the adequate implementation of NPGs that impact health outcomes. A recent scoping review by Peters et al.⁶ identified various approaches and interventions, which can be adapted by LGUs for guideline implementation. The majority of the interventions were multi-faceted, rather than stand-alone interventions. The most frequent types were educational interventions, information/ communication technology, and compliance feedback. The most frequently reported outcome was the impact on healthcare professionals' behavior, such as medication prescribing. Among educational outreach visits, audit and feedback, reminders, and provider incentives, the first two were generally effective in terms of care processes and clinical effectiveness outcomes.⁷

The interventions which can be adapted by LGUs are listed in Table 2:

Table 2. Samples of Interventions to Ensure NPG Implementation

Target of Guideline Implementation Strategy	Samples of Interventions to be done by UHC Implementers/LGUs
Healthcare Professional	<ul style="list-style-type: none"> ● Tailor guideline to local setting ● Recruit an opinion leader who recommends guideline implementation ● Achieve consensus that the guideline should be implemented ● Advertise guideline material ● Educate individuals and groups about guideline intent and benefits of adherence ● Distribute print materials such as guideline summaries, algorithms, referral forms, etc.

⁶ Peters, S., Sukumar, K., Blanchard, S. et al. Trends in guideline implementation: an updated scoping review. *Implementation Sci* 17, 50 (2022). <https://doi.org/10.1186/s13012-022-01223-6>

⁷ Chan WV, Pearson TA, Bennett GC, Castillo G, Cushman WC, Gaziano TA, Gorman PN, Handler J, Heil SKR, Krumholz HM, Kushner RF, MacKenzie TD, Sacco RL, Smith SC Jr, Stephens J, Stevens VJ, Vann JCJ, Wells BL. ACC/AHA special report: clinical practice guideline implementation strategies: a summary of systematic reviews by the NHLBI Implementation Science Work Group: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation*. 2017;135:e122–e137.

Target of Guideline Implementation Strategy	Samples of Interventions to be done by UHC Implementers/LGUs
	<ul style="list-style-type: none"> ● Present guideline materials at meetings ● Provide reminders to individuals and groups about guideline intent and benefits of adherence ● Enable self-audit with trainings and supporting materials ● Provide feedback on compliance to guideline recommendations ● Provide alerts when practice deviates ● Gather feedback from healthcare professionals ● Provide feedback about patients (i.e. outcome data, self-reports, etc.)
Patient/ Consumer	<ul style="list-style-type: none"> ● Provide patient education to individuals or groups ● Provide print materials such as guideline summaries, and information, education, and communication materials ● Counsel patients about healthcare decisions based on guideline recommendations ● Provide reminders for patients regarding adherence to guideline recommendations ● Gather feedback, suggestions, and complaints from patients
Financial System ⁸	<ul style="list-style-type: none"> ● Provide grants or allowance to groups or individuals ● Provide incentives to groups or individuals as benefit for compliance
Organizational/ Structural System	<ul style="list-style-type: none"> ● Create a multidisciplinary implementation team ● Refine delineation of roles and/or organizational structure ● Communicate between health professionals ● Provide adequate and appropriate human resources

⁸ The LGU can provide financial incentives that may be linked to actual provider or facility compliance to guidelines.

Target of Guideline Implementation Strategy	Samples of Interventions to be done by UHC Implementers/LGUs
	<ul style="list-style-type: none"> ● Provide adequate physical structure, facilities and/or equipment ● Provide appropriate information and communication technology ● Establish quality improvement and/or performance measurement system ● Establish integrated method of service delivery

Based on a recently conducted survey of clinicians and implementers on the dissemination and utilization of the NPGP outputs, results showed that there is a need for the appropriate contextualization of standards of care identified from NPGs including resource availability, cultural context, etc. The following recommendations for local implementers are hereby provided to ensure the actual implementation and utilization of the NPGs and other case management protocols:

1. Consider LHS capacity and resources when identifying the evidence-based services that will be provided, such as availability of facilities, equipment, medicines, supplies, devices, and trained health professionals. Other considerations include the cultural acceptability of these interventions, as well as the availability of traditional and alternative modalities of health care.
2. Develop localized guidance such as localized case management protocols responsive to the needs of the local population, while integrating these with the local referral manual.
3. Use localized guidance to assist in budget preparation, procurement, supply quantification, logistics planning, allocation, and payments/ reimbursements for equipment, medicines, and other commodities. Consider and prepare for the impact on local investment and costing requirements for human resource hiring and training, health infrastructure, etc.
4. Align localized guidelines and protocols with PhilHealth accreditation and network contracting for individual-based health services.

For further information on this KRA, please refer to the compiled Frequently Asked Questions (FAQs), which can be found in Appendix B.

Your experiences in the local adoption and implementation of these national guidelines will be of great help to other LGUs and the NPGP. Any feedback may be shared with the DOH Evidence Generation and Management Division through egmd@doh.gov.ph.

Appendices

Appendix A. Template for P/CHB Resolution Adopting Products of the National Practice Guidelines Program

**EXCERPT FROM THE MINUTES OF THE MEETING OF THE
<PROVINCIAL/CITY> HEALTH BOARD OF <NAME OF PROVINCE/CITY> HELD
ON <DATE OF MEETING> AT THE <PLACE OF MEETING>**

PRESENT:

<Name of Members of the Provincial/City Health Board Member> <Designation>

<Name of Members of the Provincial/City Health Board Member> <Designation>

<Name of Members of the Provincial/City Health Board Member> <Designation>

<Add as applicable>

ABSENT:

<Name of Members of the Provincial/City Health Board Member> <Designation>

<Name of Members of the Provincial/City Health Board Member> <Designation>

<Name of Members of the Provincial/City Health Board Member> <Designation>

<Add as applicable>

<PHB/CHB> RESOLUTION NO. <ISSUANCE NUMBER>
Series of <Year of Issuance>

“RESOLUTION PROVIDING THE OUTPUTS OF THE NATIONAL PRACTICE GUIDELINES PROGRAM SUCH AS DOH-APPROVED CPGS, OMNIBUS HEALTH GUIDELINES, AND INTERIM PUBLIC HEALTH GUIDELINES, AND THEIR FUTURE UPDATES OR ITERATIONS, TO BE ADOPTED AND IMPLEMENTED AS THE COMPENDIUM OF CLINICAL PRACTICE GUIDELINES AND OTHER CASE MANAGEMENT PROTOCOLS IN THE <PROVINCE/CITY>-WIDE HEALTH SYSTEM”

WHEREAS, The <Province/City> of <Name of Province/City> intends to further uplift the health of its constituents, through promotive, preventive, curative, rehabilitative, and palliative aspects of health care delivery in line with the Republic Act No. 11223, otherwise known as the “Universal Health Care (UHC) Act”;

WHEREAS, the UHC Act is anchored on an integrated and comprehensive approach to the health system to ensure that all Filipinos are health literate, provided with healthy living conditions, and protected from hazards and risks that could affect their health;

WHEREAS, the UHC Act provided that “the Department of Health (DOH), Department of the Interior and Local Government (DILG), PhilHealth and the LGUs shall endeavor to integrate health systems into province-wide and city-wide health systems”.

WHEREAS, the Department of Health (DOH) issued Administrative Order (A.O.) No. 2020-0019: *Guidelines on the Service Delivery Design of Health Care Provider Networks* mandating public, private, or mixed healthcare provider networks to provide all population groups with continuous health care from primary to tertiary, which shall be delivered in a safe, efficient, and coordinated mechanism;

WHEREAS, the DOH issued A.O. No. 2020-0037: *Guidelines on Implementation of the Local Health Systems Maturity Levels (LHS ML)* which shall serve as the general framework in the monitoring and evaluation of the progress of the local government units that committed to the integration, and shall provide the pathway to progressively realize the integration of local health systems into Province/City-Wide Health Systems (P/CWHS);

WHEREAS, the DOH A.O. No. 2020-0037 identified key result area (KRA) 2.2 of the Referral System characteristics under the Service Delivery block as “Clinical practice guidelines and other case management protocols adopted and implemented in the P/CWHS”;

WHEREAS, the DOH issued Department Memorandum No. 2021-0277: *FY 2021 Local Health Systems Maturity Levels (LHS ML) Annual Monitoring and Updated LHS ML Monitoring Tool* indicated the mode of verification for the KRA 2.2 of the Referral System characteristics under the Service Delivery block as “P/CHB-approved compendium of CPGs and other case management protocols adopted and implemented in the P/CWHS”;

WHEREAS, the DOH issued A.O. No. 2023-0002: *Institutionalization of the Expanded National Practice Guidelines Program* (NPGP) to develop and regularly update evidence-informed policies and standards and to set the basis of such policies, standards, and other evidence-informed decisions for service delivery;

WHEREAS, the DOH A.O. No. 2023-0002 states that standards of care (SOCs) shall be determined based on the recommended actions, interventions, or processes in the National Practice Guidelines (NPGs) which shall include the Omnibus Health Guidelines (OHG), DOH-approved clinical practice guidelines (CPGs), and other equivalent standard guidelines including interim public health and clinical guidance documents for public health emergencies and emerging and re-emerging infectious diseases;

WHEREAS, the DOH A.O. No. 2022-0018: *Development and Utilization of the Omnibus Health Guidelines Per Lifestage* shall be the main policy reference in the fulfillment of the mandate of DOH in setting SOC to ensure the safety and quality of health services, based on CPGs and best available evidence, in cooperation with professional societies and the academe, as outlined in Section 27 of the UHC Act;

WHEREAS, considering the importance of having a proper referral system, CPGs, and other case management protocols, in line with the implementation of the UHC Act, the Board finds it necessary to adopt the NPGs provided by the Expanded NPGP in line with the DOH A.O. No. 2023-0002 and DOH A.O. 2022-0018 to be implemented in the <Province/City> of <Name of Province/City>;

NOW, THEREFORE, on motion of <Name of the Concerned Provincial/City Health Board Member>, <Designation>, and duly seconded by <Names of those who second on the motion>, the Board hereby agreed to,

RESOLVE, as it is hereby resolved to **PROVIDE THE OUTPUTS OF THE NATIONAL PRACTICE GUIDELINES PROGRAM TO BE ADOPTED AND IMPLEMENTED AS THE COMPENDIUM OF CLINICAL PRACTICE GUIDELINES AND OTHER CASE MANAGEMENT PROTOCOLS IN THE <PROVINCE/CITY>-WIDE HEALTH SYSTEM;**

RESOLVED FURTHER, that the OHG, DOH-approved CPGs, interim public health guidelines, and other derivative products from NPGs released through administrative issuances, and supplemental evidence-based clinician decision support tools shall serve as the basis of standards of care to be followed in the entire <Province/City> of <Name of Province/City>;

RESOLVED FURTHER, that the <Provincial/City> Health Office shall conduct orientations on National Practice Guidelines and/or localized guidelines and standards among public and private licensed health care professionals within the <Province/City> of <Name of Province/City>, with the assistance of the professional societies, hospitals, and other institutions;

RESOLVED FURTHER, that the local government units within the <Province/ City> Wide Health System shall adopt and implement this Resolution together with the adopted NPGs and other guidance documents, as well as establish a monitoring and evaluation mechanism to determine clinician and facility adherence and impact on patient outcomes;

RESOLVED FURTHER, that all public and private health facilities shall ensure quality adoption and implementation of the aforementioned guidelines within their health facilities through various feedback mechanisms;

RESOLVED FURTHER, that all public and private primary care facilities shall utilize the NPGs to streamline referral of patients needing higher level of care through their service delivery networks.

RESOLVED FURTHER, that the <Provincial/City> Health Office is requested to conduct regular consultative meetings, no less than once every semester to review the adoption and implementation, while addressing concerns of healthcare providers, patients, and the general public on standards of care;

RESOLVED FURTHER, that all public and private licensed health care professionals within <Province/City> of <Name of Province/City> are enjoined to adopt the principles of a lifelong commitment to learning in order to uphold the standards of care deserved by all patients and clients;

RESOLVED FURTHER, that healthcare providers have the discretion to follow other CPGs and guidance documents taking into consideration patient preferences, clinical expertise, and best available evidence;

RESOLVED FINALLY, that a copy of this Resolution be given to the concerned agencies for their perusal and favorable action.

UNANIMOUSLY ADOPTED this <Date of Resolution>.

X-----X

I hereby certify the correctness of the foregoing resolution excerpted from the Minutes of the Meeting of the <Provincial/City> Health Board held on <Date of the Meeting> at <Place of the Meeting>.

<NAME OF THE PROVINCIAL/CITY HEALTH BOARD SECRETARY>
<Provincial/City> Health Board Secretary

APPROVED:

<NAME OF PRESIDING OFFICER>
Presiding Officer and <Designation>, if applicable

Appendix B. Frequently Asked Questions for KRA 2.2 of Referral System

Questions	NPGP Response
What if we already achieved the KRA 2.2?	To supplement this achievement (and if not done yet), we encourage accessing and using the DOH-approved CPGs and OHG on the DOH website to be used as resources for the delivery of evidence-based, safe, quality care.
Can we develop our own case protocols/pathways?	As long as the case protocols/clinical pathways are based on the best available medical evidence and references (e.g., DOH-approved CPGs, OHG, high quality international CPGs, evidence-based DOH manuals), LGUs can develop their own case protocols and pathways, taking into consideration the available resources and current structures of their local HCPNs.
What if we already developed CPGs?	To be recognized as DOH-approved CPGs, we encourage submission during our quarterly call for CPG submissions for quality appraisal. The CPGs will be reviewed using an internationally accepted tool (AGREE-II) for CPG reporting quality.
Should we develop our own CPGs?	The NPGP encourages the development of CPGs by multiple stakeholders, often led by professional societies. Since proper CPG development according to acceptable standards is a rigorous and resource-intensive process, LGUs are not required to develop their own CPGs but are encouraged instead to adopt high-quality CPGs, such as the products of the NPG Program.
Can we nominate topics for CPG development and funding?	Yes. The DPCB will organize a Medium-Term CPG Agenda Setting activity this year. Stakeholders will be engaged to obtain inputs in terms of priority needs from implementers on the ground.



Republic of the Philippines

Department of Health

2023