



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

April 11, 2020

**DEPARTMENT MEMORANDUM**

No. 2020 - 0178

**TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT (CHD), BUREAUS AND SERVICES; EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS AND NATIONAL NUTRITION COUNCIL; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION; DIRECTORS OF PHILIPPINE NATIONAL AIDS COUNCIL, TREATMENT AND REHABILITATION CENTERS AND OTHERS CONCERNED**

**SUBJECT: Interim Guidelines on Health Care Provider Networks during the COVID-19 Pandemic**

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**I. BACKGROUND**

The Philippines was declared under a State of Public Health Emergency due to the acceleration and expansion of COVID-19 cases. With the number of COVID-19 cases observed to rise, the capacity of all our health facilities are expected to be fully utilized. This led to the development of Department Memorandum 2020-0123, "*Interim Guidelines on the Management of Surge Capacity through the Conversion of Public Spaces to Operate as Temporary Treatment and Monitoring Facilities*," providing standards for Temporary Treatment and Monitoring Facilities in anticipation of this surge in cases.

The DOH through Administrative Order 2020-0013, "*Revised Administrative Order No. 2020-0012 Guidelines for the Inclusion of the Coronavirus Disease 2019 (COVID-19) in the List of Notifiable Diseases for Mandatory Reporting to the Department of Health*", reclassified Persons Under Monitoring, Persons Under Investigation, and Confirmed cases into Close Contact, Suspect, Probable and Confirmed COVID-19 cases. The changes in patient classification need to be adopted and matched to their appropriate facilities.

The Universal Health Care (UHC) Act defines a health care provider network (HCPN) as a group of primary to tertiary care providers, whether public or private, offering people-centered and comprehensive care in an integrated and coordinated manner. In order to optimize the model of care for COVID-19 and strengthen the health system response within and across HCPNs, the DOH hereby issues these interim guidelines under a UHC framework to deliver health services, adopting the new patient classifications.

## II. GENERAL GUIDELINES

- A. DOH Centers for Health Development (CHD) shall assist Local Government Units (LGUs) as they form province- or city-wide health systems to respond to and manage both non-COVID-19 and COVID-19 patients.
- B. LGUs shall endeavor to organize province- and city-wide HCPNs to include government and private facilities and providers across the different levels of care. LGUs are to determine and assign the facilities for care of close contacts, suspect, probable, and confirmed COVID-19 cases within their catchment.
- C. Province- and city-wide HCPNs shall have designated primary care providers for individuals and families within their catchment who shall navigate patients to the appropriate facility across the levels of care. All patients shall follow the prescribed patient flow as described in Annex A.
- D. Province- and city-wide HCPNs shall ensure dedicated Human Resources for Health (HRH) for triaging, contact tracing and facility-based management of patients based on the most updated DOH guidelines and protocols.
- E. All health facilities shall endeavor to provide telemedicine services for patients within their HCPN to promote physical distancing whenever possible. Separate guidelines shall be issued for this purpose.
- F. Individual-based financing mechanisms shall follow the relevant PhilHealth circulars for COVID-19.
- G. Infection prevention and control (IPC) measures, standards, and protocols shall be implemented at all times.

## III. SPECIFIC GUIDELINES

- A. **Health Facilities for suspect, probable, and confirmed COVID-19 cases.** The list below seeks to clarify role delineation of different facilities within and across HCPNs. All province- and city-wide HCPNs are encouraged to identify these facilities for proper navigation of patients within and outside their network, in accordance with resources in their respective localities.

Table 1. Guide to the Appropriate Facility for Each Type of Patient

Type of Patient	Recommended facility
All patients	Primary care facility for triaging, via telemedicine, if available
Asymptomatic with close contact	Home quarantine for 14 days <b>OR</b> Temporary Treatment and Monitoring Facility for quarantine of 14 days

<p><b>Symptomatic, mild</b> classified as Suspect, Probable or Confirmed COVID-19 case</p>	<p>Temporary Treatment and Monitoring Facility for isolation of 14 days (preferred) <b>OR</b></p> <p>Level 1 Hospital or Infirmary <b>OR</b></p> <p>Home isolation provided with clearance from the patient's attending physician</p>
<p><b>Symptomatic, severe, or critical</b> classified as Suspect, Probable, or Confirmed COVID-19 case</p> <p><b>Symptomatic, mild</b>, classified as Suspect, Probable or Confirmed COVID-19 case <i>plus any of the two:</i></p> <p>(1) ≥ 60 years old</p> <p>(2) comorbidities</p>	<p>COVID-19 Referral Hospital <b>OR</b></p> <p>COVID-19 -Accepting Level 2 or 3 Hospital</p>
<p><b>Clinically recovered</b> Suspect, Probable, and Confirmed COVID-19 cases awaiting completion of quarantine period</p>	<p>Level 1 hospital, Infirmary, or Temporary Treatment and Monitoring Facilities selected for Step-down Care</p>

**1. Primary Care Facilities**

- a. Rural Health Units (RHU), Urban Health Centers (UHC), and medical outpatient clinics shall serve as the main navigators/first contact in the HCPN and determine the appropriate facility for its patients.
- b. LESU, BHERTs, or other trained staff shall perform contact tracing processes consistent with guidelines of the DOH.

**2. Temporary Treatment and Monitoring Facilities**

- a. Temporary Treatment and Monitoring Facilities shall cater to asymptomatic cases with close contact and mild symptomatic suspect, probable, and confirmed cases.
- b. Temporary Treatment and Monitoring Facilities may cater to the different types of cases within the same facility, provided that areas are clearly delineated, and that appropriate facility standards and protocols on infection prevention and control are strictly complied with.
- c. These facilities may likewise serve as step-down facilities for clinically recovered patients completing their quarantine period.
- d. These facilities shall follow the standards set forth in DM No. 2020-0123 as amended, DM No. 2020-0090, *“Interim Guidelines on the Management of Persons Under Monitoring (PUMs) suspected with*

*Coronavirus Disease 2019 (COVID-19) for Home Quarantine.*”, and DM 2020-0072 for appropriate and regular decontamination and disinfection procedures.

- e. Local government units (LGUs) shall establish these Temporary Treatment and Monitoring Facilities. National Government Agencies may assist LGUs by establishing these facilities in coordination with the LGUs of the facility’s catchment population. LGUs and NGAs shall monitor and record patients quarantined and isolated in these facilities and at home.

**3. COVID-19 Referral Hospitals**

- a. COVID-19 Referral Hospitals shall **prioritize** suspect, probable, or confirmed COVID-19 patients with severe or critical symptoms as well as patients  $\geq 60$  years old and/or with co-morbidities.
- b. LGUs shall identify COVID-19 Referral Hospitals for their HCPN. COVID-19 Referral hospitals shall have the service capability indicated in Department Memorandum No. 2020-0142, *“Interim Guidelines on COVID-19 Referral Hospitals”*.
- c. Cohorting of patients may only be allowed among confirmed COVID-19 positive patients, with adequate partitions for patient privacy, and with appropriate and regular decontamination and disinfection as described in DM No. 2020-0072.
- d. Non-COVID-19 patients received in COVID-19 Referral Hospitals shall be stabilized and provided appropriate treatment and immediately transferred to other facilities for appropriate continued management.

**4. COVID-19 Accepting Hospitals**

- a. All hospitals, whether government or privately-owned, shall accept and manage suspect, probable, and confirmed COVID-19 cases for emergency care as provided by Republic Act No. 10932, *“Anti-Hospital Deposit Law”*.
- b. For all hospitals, suspected and probable COVID-19 patients shall be placed in individual isolation rooms with its own toilet and bath.
- c. Cohorting of patients may only be allowed among confirmed COVID-19 positive patients.

**5. Step-Down care Facility**

- a. Previously admitted **probable** COVID-19 patients who are now asymptomatic shall be admitted in individual isolation rooms with its own toilet and bath.

- b. Clinically recovered **confirmed** COVID-19 patients may be admitted in a designated COVID-19 ward or isolation rooms, whichever is available. Cohorting of patients may be allowed with adequate partitions for patient privacy, and with appropriate and regular decontamination and disinfection as described in DM No. 2020-0072.
- c. The LGU shall determine the necessity for establishing/ designating Step-down care facilities, with consideration of the following conditions:
  1. Increasing number of severe and critical patients in COVID-19 Referral hospitals and Level 2 and 3 Hospitals; and
  2. Geographic distance and accessibility from COVID-19 Referral and Level 2 and 3 Hospitals.


**B. Patient Pathway NON-COVID related symptoms in the network**

1. Individuals who need medical attention for non-COVID related symptoms shall first contact their chosen primary care provider in primary care facilities such as Rural Health Units (RHU), Urban Health Centers (UHC) or medical outpatient clinics.
2. Whenever possible, individuals shall contact their primary care provider through a telemedicine platform endorsed by the HCPN.
3. Patients who are for follow-up or continued management in hospitals and other specialized health facilities shall coordinate with their health providers to seek advice regarding facility-based continuity of care.
4. All health facilities capable of providing specialty care, which may include but are not limited to renal replacement therapy (hemodialysis), chemotherapy, radiotherapy and the like, shall ensure the continuity of these services to the community provided that stringent Infection and Prevention Control protocols are implemented. They shall coordinate with their respective Provincial or City Health Office and the DOH Center for Health Development (CHD) on the appropriate designation as COVID-19 facilities, where applicable.
5. All HCPN shall ensure the continuous service delivery of essential services and specialty care, which may include but are not limited to renal replacement therapy (hemodialysis), chemotherapy, radiotherapy and the like. They shall coordinate with existing health facilities within their network on the appropriate designation as COVID-19 facilities or segmentation of areas within health facilities, where applicable.

### C. Protocols for Referral and Reporting

1. All facilities can directly transfer all patients (COVID-19 or non-COVID-19) to the appropriate facility within the dedicated patient pathway, provided that it is properly coordinated and documented, in accordance with established clinical and referral standards.
2. Patient navigators of primary care facilities shall ensure proper referral through the following: identification of the appropriate facility for the patient, coordination with the receiving facility prior to the transfer of patient, and documentation of the referral.
3. The LESU or BHERT shall coordinate with CHD-Regional Epidemiology Surveillance Unit (RESU) for patient referrals from the community to Temporary Treatment and Monitoring Facilities or COVID-19 Referral hospitals.
4. CHDs/ LGUs are encouraged to develop Call Center Coordination Units and assign Designated Point Persons to facilitate patient transfers, as provided in DM 2020-0133, "*Request for CHDs to Develop Call Center Coordination Units and Designate Point Person for Patient and Health Facility Referral, Especially in National Capital Region*".
5. All facilities shall report suspect, probable and confirmed COVID-19 patients to the appropriate DOH and LGU authorities in accordance with AO No. 2020-0013, "*Revised Administrative Order No. 2020-0012 Guidelines for the Inclusion of the Coronavirus Disease 2019 (COVID-19) in the List of Notifiable Diseases for Mandatory Reporting to the Department of Health*". Reporting of the admitted and referred cases shall not delay patient referral, transfer, and care.
6. Provision of ambulance transport with adequate human resources, equipped with appropriate PPEs, shall be the responsibility of the originating facility or the LGU where the facility is located, in accordance with Republic Act No. 10392, "Anti-Hospital Deposit Law" ensuring proper compliance with proper physical distancing protocols.
7. Transfer of patients from facilities back to the community shall be coordinated with the LESU or BHERT, the primary care facility, and the DOH CHD.

For strict compliance.

  
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Secretary of Health

## Annex A. Patient Flow in the HCPN

### I. Patient Pathway for close contacts, suspect, probable or confirmed COVID-19 patients in the HCPN

