Frequently Asked Questions (FAQs)

Administrative Order No. 2023-0002: *Institutionalization of the Expanded National Practice Guidelines Program*

Keywords and Acronyms:			
AGREE II	Appraisal of Guidelines for Research & Evaluation Instrument II	**NPG**	National Practice Guidelines
COI	Conflicts of Interest	**NPGP**	National Practice Guidelines Program
CPG	Clinical Practice Guidelines	**OHG**	Omnibus Health Guidelines
DOH	Department of Health	**PEMDL**	Philippine Essential Medical Device List
DPCB	Disease Prevention and Control Bureau	**PHEX**	Periodic Health Examination
EGMD	Evidence Generation and Management Division	**PHIC**	Philippine Health Insurance Corporation
HTA	Health Technology Assessment	**PNF**	Philippine National Formulary
HTAC	Health Technology Assessment Council	**UHC**	Universal Health Care

QUESTION	ANSWER
GENERAL QUESTIONS	
Where can we find the list of DOH-approved CPGs?	The DOH-approved clinical practice guidelines (CPGs) may be accessed at https://doh.gov.ph/dpcb/doh-approved-cpg/.
What is the difference between the OHG and DOH-approved CPGs?	CPGs contain evidence-based recommendations on health interventions for specific disease topics, while the Omnibus Health Guidelines Per Lifestage (OHG) is a policy issuance that includes standards of care in health service delivery, from health promotion, disease prevention, clinical management, rehabilitation and palliative care, incorporating interventions with strong recommendations from DOH-approved and high-quality international CPGs, as well as other quality-appraised and updated evidence-based guidance documents.
Where can we find the PHEX Web App?	The Philippine Periodic Health Examination Guidelines (PHEX) Web App is accessible at https://phex.ph. You may send your inquiries and feed back on the PHEX Web App to Ms. Joy Sanchez via phex.2022@gmail.com.
How will the PHEX guideline recommendations be applied to annual check up programs of government agencies?	The DOH is in discussions with the Department of Labor and Employment to streamline the application of the PHEX guideline recommendations. The DOH will also engage the Philippine College of

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	Occupational Medicine and other relevant stakeholders who have a stake in occupational health and workplace wellness.
CPG DEVELOPMENT AND APPRAISAL PROCESS	
Is it mandatory to follow the DOH processes for CPG development?	It is not mandatory to follow the DOH-prescribed process. However, the Philippine Health Insurance Corporation (PHIC), Health Technology Assessment Division, Health Technology Assessment Council, and Pharmaceutical Division decisions, and other DOH policymaking bodies will reference DOH-approved CPGs and high-quality CPGs. Given this, it is in the best interest of CPG Developers to align with the DOH-prescribed processes. The DOH wants all CPGs for public health decisions and clinical actions to be of sufficient quality. It is highly encouraged that CPG developers follow DOH processes so CPGs will reach the minimum required score to be given the DOH stamp of approval, which is a powerful incentive to have, especially in terms of coverage and financing.
How can organizations check if their plans for CPG development is not in the roster of CPGs to develop by DOH?	The organizations may inquire with the DPCB - EGMD at egmd@doh.gov.ph. However, we recognize that the list of ongoing CPGs currently collated by the DPCB - EGMD may not be complete or exhaustive. We therefore encourage our different medical societies, development partners, and other CPG developers to keep us informed of their current CPG initiatives for better coordination and record-keeping. In the future, we plan to develop and share a database of completed and ongoing CPGs to the public.
Where can we find the Adult CAP CPG, Adult Asthma CPG, and UTI CPG?	The Urinary Tract Infections CPG is currently being updated and is targeted to be released this 2023. Similarly, the Adult Asthma CPG will be in the pipeline for development this 2023. The Adult Community-Acquired Pneumonia CPG has already been reviewed and is undergoing revision by the CPG developer.
Will the DOH only appraise the submitted CPGs? Can they be part of the guideline development group?	The DOH will appraise both submitted CPGs and CPGs retrieved from active scoping of society websites, professional networks, etc. The role of the DOH will depend on the funding source for the CPG being developed.

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	For DOH-funded projects, DOH representatives may participate as non-voting resource persons to avoid potential COI, while for externally funded CPGs, DOH representatives may be invited as voting consensus panel members or as steering committee members. For all of these, the declaration, assessment and management of potential COIs will still need to be done by the respective guideline developers.
Does the DOH have a pool of available evidence reviewers?	We do not have a pool as of this moment. However, we are aware of this problem and have begun to formulate plans to address it. One such plan is the creation of an Evidence Consortium for CPG development. Members of this Consortium will be capacitated on the CPG development processes and may be tapped for proposed or ongoing CPG developments. We also recognize the resident and fellow trainees and researchers undergo training on performing evidence synthesis, including the conduct of systematic review and meta-analyses. Trainees who are interested in becoming evidence reviewers are enjoined to advocate to their professional societies the performance of evidence reviews for CPGs as valid outputs during their training.
Does the DOH consider adaptation of certain CPGs from reputable international medical organizations?	CPG developers may use the internationally acceptable methodologies, such as ADAPTE or GRADE-ADOLOPMENT, which aims to modify CPGs produced in one setting to be applied and implemented in another context. For more information regarding the ADAPTE method, you may refer to the DOH-PHIC Manual for Clinical Practice Guidelines Development accessible at https://bit.ly/2018DOHPHICCPGManual and the Guideline Adaptation: A Resource Toolkit developed by ADAPTE Collaboration accessible at https://g-i-n.net/wp-content/uploads/2021/03/ADAPTE-Resource-toolkit-March-2010.pdf.
Will CPGs be disease-specific only or will there be CPGs developed for integrated disease/health intervention or per life stage? If this will be led by non-DOH organizations, will there be DOH funding and technical support?	Both disease-specific and integrated CPGs may be part of the Medium-Term CPG Agenda if relevant data supports prioritization. One of the prominent examples of an integrated CPG is the PHEX developed by the University of the Philippines Manila - National Institutes of Health (UPM - NIH). The DOH may provide technical assistance to non-DOH organizations, following government accounting rules and regulations. The DOH will fund priority topics identified in forthcoming

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<tr><th>QUESTION</th><th>ANSWER</th></tr>
<tr><td></td><td>Medium-Term CPG Agenda.</td></tr>
<tr><td>Can organizations access the DOH funds for CPG development?

Is it possible for CPG developers to request for financial assistance from the DOH?</td><td>As much as the DOH would like to provide for funding for numerous CPGs, there are resource limitations. Currently, the DOH will prioritize the funding of priority topics identified in the forthcoming Medium-Term CPG Agenda.

We encourage current and future CPG developers to participate in the stakeholder consultations during the forthcoming Medium Term CPG Agenda Setting to ensure that the topics that the DOH will be funding will truly be reflective of the needs on the ground.

For CPGs that we will be unable to provide funding support to, however, rest assured that the DOH may offer technical assistance to ensure their alignment with the prescribed DOH process for CPG development. CPG developers may request for assistance from the DOH DPCB on the DOH-prescribed CPG development processes via egmd@doh.gov.ph.</td></tr>
<tr><td>How long does it take for a CPG to be approved by the DOH?

What is the estimated duration?</td><td>Please refer to the table below for the cut-off for C.Y. 2023 CPG submissions and appraisal schedule of the Expanded NPGP Secretariat, and the estimated schedule of release of the appraisal result:

<table>
<tr><th>Cut-Off for CPG Submissions</th><th>Appraisal Schedule</th><th>Estimated Release of Appraisal Results</th></tr>
<tr><td>January 31, 2023</td><td>February 2023</td><td>March 2023</td></tr>
<tr><td>April 30, 2023</td><td>May 2023</td><td>June 2023</td></tr>
<tr><td>July 31, 2023</td><td>August 2023</td><td>September 2023</td></tr>
<tr><td>October 31, 2023</td><td>November 2023</td><td>December 2023</td></tr>
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Every October, DOH-approved CPGs will be recognized during the Annual Evidence Summit.</td></tr>
<tr><td>What is the role of the private sector and pharmaceutical</td><td>Research institutions, medical societies, allied health professional organizations, other professional</td></tr>
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QUESTION	ANSWER
companies in CPG development?	organizations, and the academe, are enjoined to adhere to standard processes and methods set by the Expanded NPGP, such as, but not limited to, the conduct of research and the development of CPGs; the development of high-quality CPGs and research on integrated service delivery that impact policy; and the support of the utilization, dissemination, implementation, and monitoring and evaluation of the Expanded NPGP processes and its NPGs. Civil society organizations (CSOs) including non-government organizations (NGOs), community-based organizations (CBOs), development partners, advocacy groups, and other stakeholders are enjoined to provide stakeholder feedback on the applicability, contextualization, and implementation of the NPGs in the local setting; and participate in the selected Expanded NPGP processes, as applicable and appropriate. We recognize the important role of pharmaceutical companies in the conduct of well-designed high-quality clinical trials to prove the safety and efficacy of their products. High-quality evidence from these studies can be used by the CPG developers as references. These can also be submitted to HTAC for assessment and to FDA for product registration. Please refer to Administrative Order No. 2023-0002: *Institutionalization of the Expanded National Practice Guidelines Program* for further details on the roles and responsibilities of different stakeholders in the Expanded NPGP.
Is there an existing CPG on the management of drug-susceptible and drug-resistant tuberculosis?	The Philippine Clinical Practice Guidelines for the Diagnosis and Treatment of Adult Tuberculosis: 2021 Update is currently being appraised by the Expanded NPGP Secretariat. The CPG for the management of tuberculosis among children is currently being finalized by the UPM - NIH.
How do organizations get in touch with the consortium of CPG developers?	We are currently in the planning phase for the CPG Consortium. Developments and updates will be announced through communication channels once finalized. While awaiting the development of this consortium, organizations may directly communicate with their prospective organizational partners for their proposed CPG development.
POTENTIAL CONFLICTS OF INTEREST MANAGEMENT	

QUESTION	ANSWER
How does the DOH evaluate the COI of non-DOH funded CPGs?	The Editorial Independence domain in the Appraisal of Guidelines for Research & Evaluation Instrument (AGREE II) includes items on the reporting of the management and declaration of conflict of interest of the members of the guideline development group.
Is the AGREE-II tool enough to evaluate COI?	The formal AGREE-II appraisal specifies the assessment of Editorial Independence, and we check this during CPG appraisal. In addition, proper COI declaration and assessment is prescribed in the DOH-PHIC Manual. We expect CPG developers to exert due diligence in declaring, assessing, and managing the COIs in order to ensure that the CPG development process is transparent and credible, and the interests of the Filipino people are truly upheld, in accordance with the UHC Act. To ensure scientific integrity of DOH-approved CPGs, we encourage everyone to inform the DOH regarding any significant COI identified during CPG development via egmd@doh.gov.ph.
Who should assess the COI of COI reviewers?	The CPG Steering Committee shall assess the COI of their COI Committee, which is assigned to review the COIs of everyone in the CPG task force. The COI Committee shall review the COI of the Steering Committee.
HTA, PHILHEALTH, PNF and PROCUREMENT	
Is health technology assessment (HTA) from HTAC not required for procurement by LGUs or government hospitals? Can LGUs and government hospitals procure them even without HTA?	Based on Republic Act No. 11223, otherwise known as the Universal Health Care Act, investments on any health technology (i.e., procurement) or development of any health benefit package by the **DOH and the PhilHealth**, respectively, shall be based on the positive recommendations of the Health Technology Assessment Council. **Meanwhile, requirement for HTA prior to development of health entitlements of Local Government Units (LGUs) and other government hospitals is NOT explicitly stipulated in the said Law.** Notwithstanding the above, however, it is important to note that at present, **the inclusion of new medicines in the Philippine National Formulary which serves as the basis of procurement of medicines by the LGUs and other government hospitals pursuant to Executive Order No. 49 s. 1993 is through the HTA process. Similarly with medicines, the inclusion of new medical devices in the Philippine Essential Medical Device List (PEMDL) is through the HTA process.** Since 2022, the PEMDL has been positioned by the DOH - Pharmaceutical Division as the primary reference for the procurement of medical devices in the government. Although, we wish to clarify that such restriction in

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	procurement is not yet mandatory until 2025. During the transitional period from 2022 to 2025, procurement of the medical devices that are not included in the PEMDL shall be allowed until such time that the full list has been developed by the DOH. For further details on the PEMDL, refer to: https://pemdl.doh.gov.ph/. As for technologies already included/listed in the PNF or the PEMDL (come 2025), and other technologies not covered by the PNF and PEMDL (i.e. non-drug and non-medical device), we can categorically say that HTA is **NOT** required prior to their procurement by the LGUs and government hospitals.
How can CPGs be used for benefit package development?	The DOH is currently working on streamlining its mechanisms for adoption of CPG recommendations into PhilHealth Packages/ Coverage. It has been the work of the division to advocate for these services for intervention for Philhealth, HTAC, and possibly HTA in the future.
Are all medicines in the CPGs included in the Philippine National Formulary? **What will happen for medicines or drugs that are not included in the national formulary but strongly or weakly recommended in the CPG?**	Admittedly, there are a lot of drugs, medicines, and technologies in CPGs which are not included in the PNF. It is part of the division's continuing staff work to identify drugs, medicines, and technologies from the DOH-approved CPGs for the selection, prioritization and facilitation of which of these will be included in the PNF. Prioritized technologies will be facilitated by the DOH, together with PhilHealth to accelerate their inclusion in the PNF.
Will there be a possible consortium between the PD and Expanded NPGP to review together the PNDF to conform to the DOH-approved CPGs?	The Expanded NPGP is actively linking its work with the Pharmaceutical Division, Health Technology Assessment Council and other stakeholders involved in the development and updating of the PNF so as to ensure that the current list is responsive to the actual needs of the health sector, and aligned with the Standards of Care as promoted by the NPGP.
STAKEHOLDER INVOLVEMENT, DISSEMINATION, AND CAPACITY BUILDING ACTIVITIES	
Can organizations play an active role in monitoring the implementation of NPGs? **How can we build capacity for pharmacists who have strategic roles in the community and hospital to be involved in**	All stakeholders involved in the setting of standards for health service delivery are encouraged to actively participate in the monitoring and evaluation of the implementation of the National Practice Guidelines. The DOH always goes back to the vision of making the process of NPG development inclusive and participatory. The DOH recognizes that organizations may have additional perspectives or inputs that are beyond the Department's capacity/ horizon to capture.

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monitoring clinician practices?	One example we can cite is the monitoring of adverse effects of medicines being administered in the hospital and community settings. Such information is deemed useful and relevant to the development and updating of NPGs. Likewise we want to highlight that pharmacists, particularly in the community setting, are usually one of the first points of contact for patients. Hence, their insights especially on patient compliance and acceptability will be relevant and should be taken into account as well in NPG development.
Does the DOH conduct capacity building activities for organizations if they want to develop their CPGs, so that they will be guided?	Interested CPG developers may request for technical assistance on the DOH-prescribed CPG development processes via egmd@doh.gov.ph, and are likewise also welcome to seek assistance from other reputable institutions specializing in CPG development processes (e.g., conflicts of interest management, evidence-to-decision framework, etc.). As presented in the Town Hall, the DPCB - EGMD in partnership with the UPM - NIH is also currently developing a Certificate Course for CPG Development which aims to democratize access to capacity building for CPG development, and which will have multiple tracks for different levels of competencies (i.e. as Steering Committee Member, Evidence Reviewer, among others). This will be made available in the DOH Academy E-Learning Platform for all interested stakeholders and individuals. Further details on this initiative will be released shortly once the course is up and running. You may browse other available courses through: https://learn.doh.gov.ph/
Will professional societies be allowed by the DOH to disseminate the guidelines through their own channels?	The DOH does not restrict professional societies in disseminating DOH-approved CPGs as long as consent was given by the CPG developer and appropriate citation is provided. The Expanded NPGP, in fact, welcomes joint dissemination efforts with our different stakeholders.
What is the DOH requirement regarding the use or adaptation of CPGs in our government hospitals? How will DOH monitor compliance? **How does the DOH plan to monitor compliance of healthcare**	CPGs are recommendatory and are not obligatory in nature. We recognize that CPGs are only meant to guide and not meant to restrict the practitioner in using sound clinical judgment. Instead it should inform shared decision-making with the patient especially if there is a need to consider other management options according to the patient's needs, preferences, and finances.

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providers to CPGs?	However, strong recommendations in DOH-approved CPGs can be used as a basis of quality of care indicators that should be monitored by the DOH. Further, healthcare providers can create clinical pathways to assess adherence to CPG recommendations.
What happens if a patient does not follow the guidelines due to financial reasons?	It is not the patient's burden alone to ensure that they receive the standards of care espoused by the guidelines. Ensuring that patients are well-cared for is the role of DOH and the entire health sector, which entails a whole-of-government and whole-of-society approach to ensure that the recommendations mentioned are affordable and accessible to patients, and known by all cadres of healthcare providers. We enjoin all stakeholders to support the efforts of the Expanded NPGP to realize Universal Health Care.

For any inquiries, you may contact the Disease Prevention and Control Bureau - Evidence Generation and Management Division at (02) 8651-7800 loc. 2358, or via email at egmd@doh.gov.ph.