



Republic of the Philippines  
**DEPARTMENT OF HEALTH**  
**NATIONAL PRIVACY COMMISSION**

March 28, 2020

**JOINT MEMORANDUM CIRCULAR**  
No. 2020- 0001

**SUBJECT: Guidelines on the Use of Telemedicine in COVID-19 Response**

**I. BACKGROUND**

Due to the alarming coronavirus disease (COVID-19) health situation in the country and pursuant to Republic Act No. 11332, the President issued Proclamation No. 922, s. 2020 declaring a State of Public Health Emergency throughout the Philippines, and consequently, Proclamation No. 929 s. 2020 placing the entire Luzon under enhanced community quarantine.

The serious threat to health, safety, security, and lives of the Filipinos, the long-term adverse effects on their means of livelihood, and the severe disruption of economic activities arising from this health situation prompted further issuance of Republic Act No. 11469 that placed the entire country in a state of national emergency.

**II. OBJECTIVES**

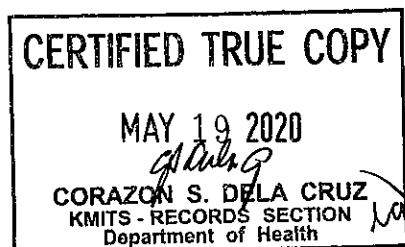
The overall aim of this Joint Memorandum Circular is to enable patients to receive health services even while staying at home except for serious conditions, emergencies, or to avail of COVID-19-related health services as per standing protocols.

Specific objectives are:

1. Alleviate surge and minimize risks posed by unnecessary patient traffic in health facilities;
2. Support implementation of community quarantine by providing access to primary care providers through the use of telemedicine, or medical consultation services being provided through online and/or mobile platforms; and
3. Ensure efficient, safe and secure use of telemedicine by healthcare providers.

**III. SCOPE AND COVERAGE**

This Joint Memorandum Circular shall apply to all patients vulnerable to the COVID-19 health situation; all public and private, national and local healthcare providers regulated by DOH and Philippine Health Insurance Corporation (PhilHealth); and telemedicine providers



#### IV. DEFINITION OF TERMS

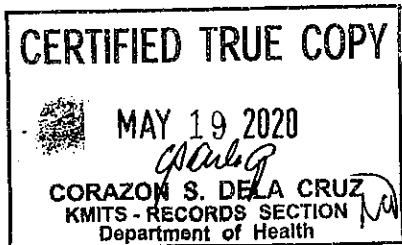
For the purpose of this Joint Memorandum Circular, the following terms are defined:

1. **Electronic Medical Record (EMR)** refers to a computerized medical record used to capture, store, and share information of a patient between healthcare providers in an institution or organization;
2. **Electronic Prescription (ePrescription)** refers to either (a) *“optical electronic data (captured image in pdf, jpeg, or other photo file format) issued by or made by a licensed physician which is generated, sent, received or stored through email and messaging applications”* as defined under the Food and Drug Administration (FDA) Circular 2020-007 on Guidelines in the Implementation of the Use of Electronic Means of Prescription for Drugs for the Benefit of Individuals Vulnerable to COVID-19, or (b) a complete medical prescription with date, generic name and strength and dosage form and total amount of each prescribed drug, and directions issued by a physician to a patient, sent from a mobile number under the possession and control of the physician or his/her hospital or clinic as shall be authenticated by the local pharmacy;
3. **Healthcare Providers** refer to any of the following:
  - a. **Physician** refers to all individuals authorized by law to practice medicine pursuant to Republic Act No. 2382, or the “Medical Act of 1959,” as amended;
  - b. **Health facility** refers to a public or private facility or institution devoted primarily to the provision of services for health promotion, prevention, diagnosis, treatment, rehabilitation and palliation of individuals suffering from illness, disease, injury, disability, or deformity, or in need of medical and nursing care;
4. **Processing** refers to any operation or any set of operations performed upon patient’s data including, but not limited to, the collection, recording, organization, storage, updating or modification, extraction, retrieval, consultation, use, consolidation, blocking, submission, erasure or destruction of data; and
5. **Telemedicine** refers to the practice of medicine by means of electronic and telecommunications technologies such as phone call, chat or short messaging service (SMS), audio- and video-conferencing to deliver healthcare at a distance between a patient at an originating site, and a physician at a distant site.

#### V. DECLARATION OF PRINCIPLES

The following principles govern the implementation of this Joint Memorandum Circular:

1. Telemedicine services shall follow the standards of practice of medicine as defined under Republic Act No. 2382, its Implementing Rules and Regulations, and other applicable policies and guidelines, taking into account the absence of physical contact. While telemedicine is encouraged, the gold standard for clinical care remains to be face-to-face consultation.
2. The patient-physician relationship shall be based on full knowledge of the patient’s medical history and a physical examination given the circumstances of a lack of physical contact (i.e., by inspection only). Telemedicine shall be employed when a licensed physician is physically inaccessible (e.g. such as during a national emergency



with community quarantine in effect, among others), in the management of chronic health conditions, or follow-up check-ups after initial treatment.

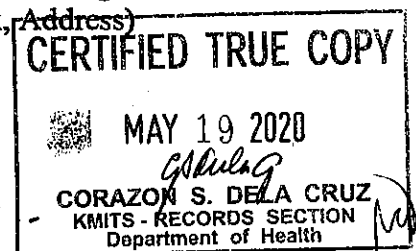
3. The patient-physician relationship shall be founded on mutual trust and respect in which they both identify themselves reliably during a telemedicine consultation. In case the patient is referred to a health facility, the physician who initially sees the patient shall be responsible for the coordination of care.
4. Emergency and serious conditions, where face-to-face assessment and physical contact are most essential, should not be managed via telemedicine.
5. The use/implementation of telemedicine shall respect the universal principles of ethics, legal standards, and guiding principles on primacy of human rights and protection of health privacy as defined by Philippine laws, international instruments, rules, and other applicable policies.
  - a. All healthcare providers and telemedicine partners shall implement the minimum organizational, physical and technical security standards and measures as set by the National Privacy Commission (NPC) and the Department of Information and Communications Technology (DICT).
  - b. Proper informed consent must be established with all the necessary information regarding the features of the telemedicine visit fully discussed with the patient, including, but not limited to:
    - i. How telemedicine works;
    - ii. How referral is to be done;
    - iii. Privacy concerns;
    - iv. Risk of technology failure including confidentiality breach; and
    - v. Policy on care coordination.

## **VI. GUIDELINES**

### **A. Healthcare Providers**

1. All healthcare providers shall help unburden local health systems and health facilities by engaging in telemedicine practices with a DOH telemedicine partner to provide essential primary care consultations, both for COVID-19 and non-COVID-19 health-related concerns.
2. All healthcare providers are encouraged to subscribe to a DOH telemedicine partner which can augment a health facility's medical services like health promotion services, triaging for both COVID-19 and non-COVID-19 health-related consultations, medical advice, referral to a doctor for home visit as necessary, and others. Medical consultations that require physical contact shall be handled by the local health office upon referral from a telemedicine consultation.
3. All healthcare providers shall be given fifteen (15) days to engage with a DOH telemedicine partner from the date of effectivity of this Joint Memorandum Circular. Additional cost for setting up shall be charged using their own administrative funds.
4. All healthcare providers are authorized, in the interim, to issue documents like electronic clinical abstract, consultation summary, and/or referral form (if applicable) to the patient. These documents must be suitable for optical character recognition (OCR) by being typewritten. The documents shall be issued via email or acceptable modes under Republic Act 8792, or the "Electronic Commerce Act of 2020."  
All clinical abstract/consultation summaries shall have the following content:

- a. Patient Information (Name, Age, Birthdate, Sex, Address)

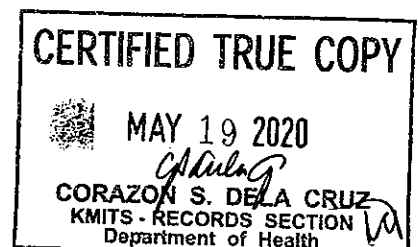


- b. Brief Clinical History and Physical Examination (i.e., notes from inspection by video camera, if applicable)
  - c. Travel and Exposure History (for COVID-19 screening)
  - d. Diagnosis/Assessment
  - e. Plan of Management
5. All healthcare providers shall recognize and deem equivalent the electronic clinical abstract, consultation summary, prescription, and referral form issued by the physician for all intents and purposes.
  6. All physicians whose services are sought through telemedicine shall keep records of all electronic clinical abstracts/consultation summaries, prescriptions and/or referral forms issued pursuant to this Joint Memorandum Circular in coordination with the DOH telemedicine partner.
  7. All licensed physicians shall issue electronic prescriptions in accordance with FDA Circular No. 2020-007 and any subsequent FDA guidelines.
  8. All healthcare providers shall, at all times, ensure that patient confidentiality, privacy, and data integrity are not compromised.

## **B. Telemedicine Partners**

Telemedicine Partners shall:

1. Provide an information or application system that can securely store and/or process patients' data according to established rules and regulations on confidentiality, privacy, and data integrity.
2. Comply with the requirements of the DOH to be able to link and/or interoperate with electronic medical record (EMR) systems or applicable health systems.
3. Secure clearance from the DOH on all policy decisions affecting processing as regards to COVID-19-specific triaging algorithm, and the data collected in a telemedicine consultation.
4. Allow physicians to sign up, and in the interim, volunteer their services with safety and security assurances for them to operate.
5. Define or establish mechanisms to refer patients to appropriate health care providers in coordination with the Local Government Unit (LGU) in a network set-up, and following DOH and PhilHealth policies.
6. Forge a memorandum of agreement with an LGU for the deployment of health professionals for home visit from a primary care facility, should it be deemed necessary.
7. Receive calls escalated from the DOH COVID-19 hotlines as follows: 02-894-COVID (02-894-26843) and 1555, and any other iteration henceforth.
8. In coordination with the LGU, report a suspected COVID-19 patient identified during the consult to the respective Regional or City Epidemiology and Surveillance Unit (RESU/CESU).
9. Submit reports to DOH as shall be defined to monitor performance of this Joint Memorandum Circular.
10. Provide these services free of charge until the enhanced community quarantine is lifted.



### C. Monitoring and Evaluation Framework

1. The DOH and NPC shall regularly undertake monitoring and evaluation activities to assess the quality of implementation, including adequacy of control mechanisms to ensure confidence and acceptance of telemedicine services by healthcare providers, patients, and those in authority.
2. Dimensions for monitoring and evaluation shall be as follows:
  - a. Outcome measures (safety, effectiveness, efficiency, and quality of care)
  - b. Performance measures (access, functionality, quality and cost of service)
  - c. Summary measures (cost comparison)
  - d. Operational measures (access, acceptability, provider satisfaction, patient satisfaction, data privacy and cybersecurity)

### VII. REPEALING CLAUSE


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


### VIII. SEPARABILITY CLAUSE

In the event that any provision or part of this Joint Memorandum Circular is declared unauthorized or rendered invalid by any court of law, those provisions not affected by such declaration shall remain valid and in effect.

### IX. EFFECTIVITY

This Joint Memorandum Circular shall take effect immediately for the duration of the declared Enhanced Community Quarantine for the management of COVID-19 health situation, and the effectivity of this Order shall likewise be automatically lifted once the imposed quarantine is lifted.

  
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