Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

DEC 2 1 2020

ADMINISTRATIVE ORDER
No. 2020 - 0059

SUBJECT: The National Policy Framework on the Prevention, Control and Management of Acute Stroke in the Philippines

I. RATIONALE

Stroke/brain attack is the third leading cause of death among Filipinos, with an estimated prevalence of 10.7% in 2018. According to the World Health Organization (WHO), stroke-related deaths reached 84,813 in 2018 which is equivalent to a mortality rate of 131 per 100,000 individuals and the leading cause of disability in adults globally. Contrastingly, there is inadequate availability and delivery of health services for stroke/brain attack patients with a significant economic burden. It is estimated that about 17 to 58 billion pesos for medical care is needed for over half a million Filipino stroke patients.

In the advent of the full implementation of the Universal Health Care (UHC) Act (Republic Act 11223), all Filipinos are guaranteed equitable access to quality, affordable, and comprehensive health services from the point of prevention to rehabilitation, including emergency health services. Through UHC and FOURmula One Plus Strategy, the DOH envisions a resilient health system and a more transparent, inclusive and coordinated public and private sector partnership. Interventions under the strategic pillars of Financing, Service Delivery, Regulation, Governance and Performance Accountability shall form the backbone of efforts for better health outcomes.

To ensure that a level of quality for clinical interventions and health services is achieved, maintained and continuously improved, the institutionalization of continuous quality improvement (CQI) is ensured through the Revised Guidelines on the Implementation of Continuous Quality Improvement Program in Health Facilities in Support of Quality Access for Universal Health Care (DOH AO 2020-0034). Focusing on building capabilities in neurological health and neurological specialty services, DOH Department Order 2017-0290 provides for the establishment of Brain Centers and Acute Stroke Units in selected DOH hospitals. For emergency cases such as stroke/brain attack, UHC defines patient pathways within health care provider networks to facilitate the patient's rapid access to higher levels of care.

This national policy will serve as an integrated framework that enables a whole-of-system, whole-of-government, and whole-of-society approach to adequately and holistically address the health and well-being of Filipinos. Prevention, control and management of acute stroke/brain attack in the country is crucial in ensuring long and productive lives for all. The development of this policy framework pushes toward harmonizing policies, standards and guidelines embedded within the UHC and FOURmula One Plus frameworks for strengthening the health system.

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II. OBJECTIVES

This order aims to set the overall policy directions and the national policy framework for the prevention, control and management of acute stroke/brain attack in the Philippines. Specifically, the policy seeks to:

A. Establish the policy framework, guiding principles and strategies for the prevention, control and management of acute stroke in the Philippines

B. Strengthen the Lifestyle Related Disease Prevention and Control Program of the Disease Prevention and Control Bureau (DPCB) to address issues and concerns on acute stroke/brain attack management

C. Define the roles and responsibilities of different DOH offices and attached agencies, Local Government Units (LGUs), and other stakeholders in implementing and sustaining the stroke program.

III. SCOPE OF COVERAGE

This Order shall apply to all health facilities (government and private), DOH offices, bureaus, services and units, Centers for Health Development, Local Government Units, the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) subject to the applicable provisions of RA 11054 or the "Bangsamoro Organic Act" and subsequent rules and policies issued by the Bangsamoro government.

IV. DEFINITION OF TERMS

A. **Acute Stroke Ready Hospital (ASRH)** – any hospital that is able to perform initial assessment by the acute stroke/brain attack team, provide 24/7 access to CT scan, and stabilize and administer standard treatment to eligible patients with acute ischemic and hemorrhagic stroke.

B. **Acute Stroke Team** – includes, at a minimum, a nurse and a physician with additional training in stroke/brain attack management

C. **Brain Specialty Center** – a hospital that is able to meet the standards to treat complex stroke/brain attack cases. This institution should be equipped with advanced imaging types and modalities (i.e. magnetic resonance imaging or MRI, computed tomographic angiograph or CTA, digital subtraction angiography or DSA, transcranial Doppler or TCD), personnel trained in neurology and neurosurgery with 24/7 availability, imaging and endovascular facilities capable of treating large ischemic strokes and complex intracerebral hemorrhages

D. **Interdisciplinary Team** – a multi-professional team that includes a neurologist, neurosurgeon, physiatrist, radiologist, emergency medical specialist, other physicians, nurses, speech and language pathologist, physical therapist, occupational therapist, allied professionals, psychiatrist, among other health professionals with interest, training and expertise in stroke/brain attack care, when available. At the minimum, the interdisciplinary team should be composed of the neurologist, emergency medical specialist, stroke nurse, and radiologist

E. **National Stroke Registry** – a mandatory, statewide collection of data and information of any patient with an ICD code of stroke/brain attack. This is a hospital - based national collaborative initiative that aims to collect data in stroke/brain

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attack for the purpose of developing and/ or updating policies, strategies and guidelines on stroke prevention, control and management.

V. GENERAL GUIDELINES

A. The DOH shall develop protocol/s for acute stroke/brain attack diagnosis, treatment, related care and support and establishment of referral pathways aligned with existing Clinical Practice Guidelines (CPGs) that are updated, cost-effective, and widely used nationwide.

B. The DOH, in collaboration with Stroke Society of the Philippines and other professional societies, shall
   1. Build capacity in acute stroke management through the identification and establishment of Acute Stroke Ready Hospitals (ASRH). A certification program shall be created to ensure the delivery of timely and quality stroke/brain attack care in ASRHs
   2. Provide assistance in the establishment of interdisciplinary teams in ASRHs, work towards improving availability of critical health human resources, and enable the use of telemedicine in stroke/brain attack care.

C. The DOH shall strengthen health promotion and communication in disease prevention and management and ensure public awareness of ASRHs.

D. The DOH shall facilitate the formation of referral pathways and utilize health care provider networks to ensure timely referral of patients to ASRHs.

E. The DOH shall strengthen the National Stroke Registry that is integrated in the Unified Diseases Registry System to enable disease surveillance and evidence-based decision-making.

F. The DOH and its attached agencies shall ensure adequate coverage and enable access to essential medicines and services in ASRHs through strengthening the existing medicine access program and the enhancement of benefit packages and other payment mechanisms for acute stroke/brain attack.

G. The DOH shall ensure the active involvement of stakeholders such as civil societies, professional societies, non-government organizations, private and public hospitals, and private sector in the implementation of the policy.

VI. SPECIFIC GUIDELINES

A. Policy and Systems Development

1. Acute Stroke Diagnosis, Treatment, Related Care and Support and Referral

a. Early and accurate diagnosis shall be standardized to prevent further deterioration and disability. These protocols shall be developed based on existing clinical practice guidelines (CPGs) that are updated, cost-effective, and widely used nationwide.

b. Diagnostics for acute stroke/brain attack shall be standardized, where these protocols shall be developed based on existing clinical practice guidelines

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(CPGs) that patients suspected of acute stroke/brain attack upon arrival in the hospital shall undergo brain imaging (non-contrast CT Scan).

c. The nutritional aspects of care/support for patients, such as the proper evaluation of swallowing and appropriate feeding, shall be included in the protocol as part of the continuum of care for acute stroke/brain attack patients.
d. The DOH shall ensure that referral pathways and Health Care Provider Networks (HCPNs) are in place.
e. HCPNs shall provide stroke/brain attack services across the healthcare continuum and streamline referrals across the different levels of care. ASRHs and Comprehensive Stroke Centers shall be a part of referral pathways and HCPNs.

2. National Stroke Registry

a. To improve the quality of stroke/brain attack care and enable evidence-based decision-making, a national registry shall be in place. The *existing* registry shall serve as an online repository of patient data that may be used to support research, process improvement including program monitoring and evaluation.
b. It shall be integrated into the DOH Unified Disease Registry System (UDRS) in health facilities utilizing such a system, as aligned with DOH Administrative Order 2013-0005.
c. As part of its certification, ASRHs shall be required to encode all relevant information from all patients with an International Classification Disease (ICD) Code for stroke/brain attack on a monthly basis.
d. Data access shall be limited to eligible parties (i.e. participating hospitals, DOH and its attached agencies, among others) following data privacy and security guidelines and protocols.

B. Capacity Building

1. Certification of Acute Stroke Ready Hospitals

a. The Acute Stroke Ready Hospital Certification Program (ASRH - CP) shall be conducted in collaboration with various professional societies and other stakeholders. The ASRH - CP shall ascertain the stroke/brain attack readiness of facilities based on specific criteria to be determined by the DOH and partners and aligned with existing issuances.
b. The ASRH-CP shall be open to public and private hospitals. Hospitals that are interested to be certified as an ASRH shall write a Letter of Intent addressed to the DOH through the Disease Prevention and Control Bureau (DPCB).
c. Acute Stroke Ready - Certified Hospitals shall be recognized, incentivized and prioritized as access sites in the existing medicine access program.

2. Interdisciplinary Teams

a. An interdisciplinary team shall be established in every ASRH. At the minimum, the interdisciplinary team shall be composed of the Neurologist, Emergency Medical Specialist, Stroke Nurse, and Radiologist.

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b. To build the capacity of interdisciplinary teams, a training module to be adopted by the implementing hospitals shall be developed from existing training programs by the DOH in collaboration with professional societies and other key stakeholders.
   i. These modules shall focus on the initial assessment, recognition and management of acute stroke/brain attack, identification of referral pathways for complex cases, and recognition of opportunities for disease prevention.
   ii. These training modules shall include a continuing capacity development component, which may include training on quality management, outcome monitoring, and new, innovative technologies and skills, to ensure that the capacity of the interdisciplinary team is up-to-date and at par with the needs and standards of quality healthcare.

3. Telemedicine

a. Telemedicine may be utilized, according to established national practice guidelines and operational frameworks, to augment health human resources in the absence/lack of a neurologist in the healthcare facility.
b. Telemedicine shall enable internists and/or emergency physicians to perform thrombolysis on patients with the remote supervision of a neurologist.
c. Internists/emergency physicians allowed to perform thrombolysis shall complete adequate training on stroke recognition and management as part of the ASRH Certification Program.

C. Financing

1. The Philippine Health Insurance Corporation (PhilHealth) shall develop, review or enhance benefit packages based on its benefit development and planning protocol and provider payment mechanisms that are in accordance with the UHC law. Service coverage for acute stroke/brain attack shall ensure that the entire continuum of care, and mandatory or minimum standards are properly costed and are based on clinical practice guidelines.

2. The funds for the implementation of this policy shall be charged against the annual appropriation of the DOH for the following: Capital Outlay for the establishment of ASRH and other requirements, maintenance and other operating expenses of the Program in the DOH Central Office and the CHDs. Other expenditures for the implementation of this policy shall be included in the budget of other agencies with specific mandates provided in this policy.

D. Advocacy and Communications

1. The DOH shall collaborate with relevant organizations and other key stakeholders in the development and production of promotional and information, education, communication (IEC) materials to promote stroke/brain attack prevention.

2. Lifestyle promotion shall include programs or interventions on smoking, substance abuse, physical activity and eating healthy food.

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3. A Nationwide Campaign and Stroke Awareness in Communities shall be conducted
   a. A National Stroke Week shall be observed every third week of August in accordance with Proclamation No. 92 of 2001. In alignment with the global campaign, a World Stroke Day shall also be observed every 29th of October. These events shall be leveraged for a nationwide campaign to improve stroke awareness.
   b. The DOH, in collaboration with other government agencies, local government units (LGUs), professional societies, civil society organizations, private sector, and other stakeholders shall endeavor to improve stroke awareness and recognition in schools, workplaces, and communities.

VII. ROLES AND FUNCTIONS

A. Department of Health

1. **Disease Prevention and Control Bureau (DPCB)** shall:
   a. Oversee the implementation of this policy including its directions, strategies, provision of technical assistance to concerned offices/agencies, and monitoring and evaluation;
   b. Develop policies, standards and guidelines with assistance from professional organizations based on evidence - based and updated CPGs
   c. Coordinate with the Health Facility Development Bureau, professional societies and other stakeholders on development and implementation of the Acute Stroke Ready Hospital Certification Program;
   d. Include in their annual budget plan the provision of PNF - approved drugs and other NCD maintenance medicines for continuous management of stroke/brain attack patients;
   e. Recommend procurement of PNF - approved drugs
   f. Coordinate with relevant DOH offices, attached agencies, and other stakeholders regarding policy implementation.

2. **Health Facility Development Bureau (HFDB)** shall:
   a. Provide policy directions and technical assistance in the development of ASRHs based on approved and existing issuances
   b. Assist in the development of standards in capacitating health facilities, consistent with existing frameworks and policies.

3. **Health Human Resources Development Bureau (HHRDB)** shall:
   a. Coordinate with DPCB, professional societies, and other stakeholders on the development of training modules for interdisciplinary teams and other capacity building initiatives for health human resources; and
   b. Map critical health human resources (e.g. neurologists), aligned with the licensing protocol and/or accreditation procedures, identify underserved areas, and identify/implement strategies to address gaps, including telemedicine approaches.

4. **Pharmaceutical Division** shall:
   a. Conduct monthly visit and, monitor utilization and inventory of all DOH procured medicines for acute stroke/brain attack in the identified Acute

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Stroke Ready Hospitals (ASRHs) through the deployed Public Health Pharmacists

b. Provide utilization and inventory data to the Program Managers through the Pharmaceutical Management Information System (PMIS)
c. Assist the health facilities in the reporting of Adverse Drug Reactions to the Food and Drug Administration (FDA)

5. **Philippine Health Insurance Corporation or PhilHealth** shall:
   a. Develop, review or enhance benefit packages for acute stroke/brain attack care using clinical practice guidelines and validated costing methodologies.
   b. Develop provider payment schemes in accordance with the UHC law that shall give due consideration to serve quality, efficiency and equity
   c. Institute strong monitoring and audit mechanisms to ensure health care providers' compliance to their performance commitment pertinent to accreditation and contractual obligations

6. **Knowledge Management and Information Technology Service (KMITS)** shall:
   a. Strengthen the National Stroke Registry that is integrated in the Unified Diseases Registry System
   b. Coordinate with DPCB, professional societies, and other stakeholders on the development of acute stroke telemedicine guidelines.

7. **Health Promotion and Communication Service (HPCS)/ Health Promotion Bureau (HPB)** shall:
   a. Implement population-wide health promotion policies and programs across social determinants of health and behavioral risk factors;
   b. Provide direction in the conduct of advocacy and health education campaigns towards promoting behavioral change and healthier lifestyles;
   c. Provide technical support in the development of promotional/IEC materials; and
   d. Engage other government agencies, non-government organizations, private sector, development partners, patient groups and other relevant stakeholders in the conduct of advocacy campaigns and other activities targeted to patients.

B. Acute Stroke Ready Hospitals shall:
1. Augment hospital capacity and comply with requirements towards securing certification from DOH; and
2. Provide uninterrupted service for patients with stroke/brain attack by maintaining an adequate supply of PNF - approved drugs for stroke, an interdisciplinary team of health professionals, and quality infrastructure and facilities.

C. Local Government Units shall:
1. The LGU or the Province/City Wide Health System shall provide a primary care provider to provide initial-contact, accessible, continuous, comprehensive and coordinated care;
2. Ensure availability of ambulatory/ transport services that can immediately assist in transferring patients to a higher facility;

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3. Share available resources and utilize service delivery networks with DOH-retained hospitals and other acute stroke ready hospitals; and
4. Promote stroke awareness and recognition in communities.

D. Stroke Society of the Philippines and other relevant Professional Societies shall:

1. Provide technical assistance to DOH in the development of policies, standards and guidelines (e.g. CPGs)
2. Coordinate with relevant DOH offices for setting of standards/criteria for the certification of ASRHs including monitoring and evaluation;
3. Provide training faculty for capacity building initiatives within key acute stroke ready hospitals;
4. Collaborate with DOH on addressing health human resource gaps; and
5. Partner with DOH and relevant stakeholders in health promotion and education activities.

VIII. REPEALING CLAUSE

All other provisions of existing issuances which are not affected by this Order shall remain valid and in effect.

IX. SEPARABILITY CLAUSE

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

X. EFFECTIVITY

This Order shall take effect fifteen (15) days after publication to the Official gazette or a newspaper of general circulation.

FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health

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