



PhilHealth
Your Partner in Health

**DEPARTMENT OF HEALTH
PHILIPPINE HEALTH INSURANCE CORPORATION**

APR 21 2021

JOINT ADMINISTRATIVE ORDER

No. 2021- 0001

SUBJECT: Guidelines on the Implementation and Maintenance of an Integrated Health Information System

I. RATIONALE

Republic Act (RA) 11223 or the Universal Health Care (UHC) Act provides the enabling environment to reform the country's health care system. The UHC Act specifically addresses the recurring issues and problems in the country's fragmented health system of duplication of efforts, and poor quality and untimely generation and reporting of health and health-related data and information for evidenced-informed sectoral policy and planning initiatives and activities by adopting a whole-of-system, whole-of-government, and whole-of-society approach to implement people-centered systems and improve the overall health system performance.

Sections 31 and 36 under the Governance and Accountability Rule of the UHC Act are critical regulations to address the aforesaid issues brought about by such fragmentation through the implementation of an integrated and interoperable health information system (HIS). Section 31(a) of the UHC Act states that, "*All public and private, national and local health-related entities shall be required to submit health and health-related data to PhilHealth including, among others, administrative, public health, medical, pharmaceutical and health financing data: Provided, That PhilHealth shall furnish the DOH a copy of the health data.*" while Section 36.1 of the Implementing Rules and Regulations (IRR) of the UHC Act states that, "*All health service providers and insurers are required to maintain a health information system on enterprise resource planning, human resource information system, electronic health records, and electronic prescription log, including electronic health commodities logistics management information, which shall be electronically uploaded on a regular basis through interoperable systems consistent with standards set by the DOH and PhilHealth, and in consultation with the Department of Information and Communications Technology (DICT) and National Privacy Commission (NPC).*"

Accordingly, an integrated HIS approach is needed to reduce or eliminate duplication of efforts and overlaps of services and systems, and ensure generation and reporting of quality and timely health and health-related data and reports for operations and delivery of individual-and population-based health services, response to health emergencies and health events of public health concern, health policy development, decision-making, and program planning and implementation at all levels of healthcare utilization.

In light of this, this Joint Administrative Order is being issued to set the guidelines in the implementation and maintenance of an integrated health information system in accordance with the rules as set forth under the UHC Act.

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APR 22 2021
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KMITS RECORDS SECTION
Department of Health

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II. OBJECTIVES

This Order sets the actions to be taken and/or enforced in the implementation and maintenance of an integrated HIS as aligned with the rules set under Sections 31 and 36 of the UHC Act and its Implementing Rules and Regulations.

Specific objectives of the issuance are as follows:

- A. Provide the guidelines and mechanisms in the standardization, implementation and maintenance of an HIS developed or adopted by health care providers, insurers, and/or health-related entities.
- B. Define the implementation governance that will guide various stakeholders in the implementation and maintenance of an integrated HIS to improve data quality, enable efficient processes, and enhance health service delivery at all levels of healthcare utilization.

III. SCOPE OF APPLICATION

This Order shall apply to all public and private, national and local health care providers and insurers which shall be required to process and submit health and health-related data for local and national health data reporting to DOH and/or PhilHealth; other health-related entities; all national, regional, local and branch offices under the DOH and PhilHealth; Ministry of Health – Bangsamoro Autonomous Region for Muslim Mindanao (MOH-BARMM); other national government agencies (NGAs) involved in the processing and submission/sharing of health and health-related data and reports to DOH and/or PhilHealth; local government units (LGUs); and all others concerned.

IV. DEFINITION OF TERMS

- A. **Application Software** refers to a type of computer program that performs a specific function.
- B. **Centralized Online Integrated HIS Registration and Status Monitoring System** refers to the national online management information system for registration, verification, and monitoring of processing and submission of iHIS implementation report.
- C. **Health and Health-Related Data** collectively refers to a set of specific variables or parameters that relates to an individual and population health and well-being, including, but not limited to administrative and investment planning in health, public health, medical, pharmaceutical, and health financing data.
- D. **Health-Related Entities** refer to municipal/city, regional and provincial health offices, academic and research institutions, civil society organizations, medical societies, health professional associations, non-government organizations, donor or funding agencies, development partners, and local and international information and communications technologies (ICT) service providers which shall either develop, implement, sell, or distribute HIS and/or eHealth services, products, systems, applications, networks, and technologies, or provide technical assistance or support to the implementation and maintenance of an integrated HIS, and all other stakeholders involved in the collection, processing, and submission of health and health-related data and reports, and/or providing health services in the Philippines, and those identified by the DOH and PhilHealth.
- E. **Insurers** refer to local health insurance offices of PhilHealth, health maintenance

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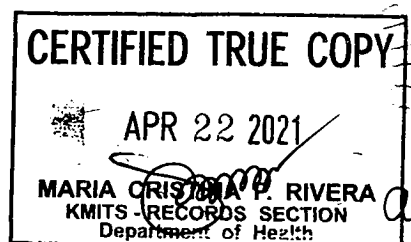
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organizations and private health insurance companies issued certificates of authority by the Insurance Commission, and those identified by DOH and PhilHealth.

- F. **Integrated Health Information System (iHIS)** refers to an integrated automated system for communication and processing of health and health-related data and reports that are needed for operations and delivery of individual- and population-based health services, response to health emergencies and health events of public health concern, health policy development, decision-making, and program planning and implementation at all levels of healthcare utilization. This includes electronic health/medical records, laboratory and diagnostics, electronic prescription and dispensing, telemedicine, human resource information, clinical decision support, referral system management, electronic claims processing and provider payment, enterprise resource planning, supply chain management, including electronic health commodities logistics, financial and capital asset management, quality management systems, and other related services and systems as required by DOH and PhilHealth.
- G. **Integrated Health Information System (iHIS) Module** refers to a system component of an iHIS that encapsulates code and data to implement a particular business process or service. Examples of an iHIS module are electronic health/medical records, laboratory and diagnostics, electronic prescription and dispensing, telemedicine, human resource information, etc.
- H. **Interoperable/Interoperability** refers to the ability of different systems to process, share, and exchange data cohesively.
- I. **National Health Data Standards** refers to a set of standardized health or health-related terminology, definition and structure for interoperability.
- J. **Philippine Health Information Exchange** refers to a platform for secure electronic access and efficient exchange of health and health-related data and/or information among health service/care providers, insurers, health-related entities, and national government agencies in accordance with set national standards in the interest of public health.
- K. **Standards Conformance and Interoperability Validation (SCIV)** refers to the process of confirmation of conformance with national health data standards for interoperability, and compliance with rules on processing and submission of health and health-related data and reports both at the local and national levels of an HIS and/or any eHealth solution.
- L. **Validated module** refers to an iHIS module that has passed the software standards conformance and interoperability validation of the DOH, PhilHealth, and Department of Information and Communications Technology (DICT) as to the minimum scope, standards, and level of functionality.

V. GENERAL GUIDELINES

- A. All health care providers and insurers shall implement and maintain an integrated HIS that conforms and complies with the minimum uniform standards on enterprise architecture, cybersecurity, data privacy, ICT service management, and other requirements set by DOH and PhilHealth as provided under Section 36 of the UHC Act and its Implementing Rules and Regulations.



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- B. The DOH shall provide an integrated HIS for those entities that have no means or capacity to develop and implement, and which can be availed at no cost.
- C. All health care providers and insurers may be allowed by the DOH and PhilHealth to develop, adopt, or maintain an integrated HIS according to their needs and requirements as their resources shall permit, other than those that may be provided by DOH and PhilHealth.
- D. The DOH and PhilHealth shall provide the minimum standards that will guide all health care providers and insurers in integrating their existing or planned HIS.

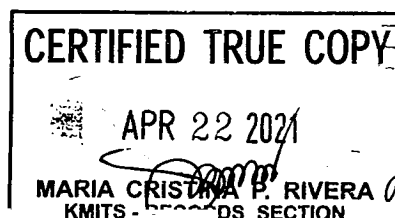
VI. SPECIFIC GUIDELINES

A. Implementation and Maintenance of an Integrated Health Information System

- 1. All health care providers and insurers shall likewise process and submit health and health-related data and reports at the local (i.e. within and across province-/city-wide health system [P/CWHS]) and national levels (i.e. to PhilHealth and/or DOH) using their integrated HIS.
- 2. The implementation and maintenance of an integrated HIS shall form part of the respective licensing and accreditation requirements of DOH and PhilHealth starting in October 2022. It shall also form part of the certification/license to operate for health-related entities existing outside the jurisdiction of DOH and PhilHealth that will implement or are implementing any iHIS module. Accordingly, an appropriate mechanism to incentivize health care providers and insurers shall be provided by DOH and PhilHealth, and formalized through an appropriate issuance.
- 3. All health care providers and insurers shall register their existing or ongoing development of HIS through the Centralized Online Integrated HIS Registration and Status Monitoring System that shall be established by the DOH and PhilHealth starting on 01 July 2021. Registration through their respective DOH Center for Health Development (CHD) and PhilHealth Regional Office (PRO) iHIS Coordinator(s) shall also be allowed.
- 4. A Transition Plan and Monthly Status Report on Integrated HIS shall be submitted by the health care providers and insurers through the Centralized Online Integrated HIS Registration and Status Monitoring System. The Transition Plan shall define the activities to be undertaken to implement an integrated HIS, and the Status Report on the current progress of integrated HIS implementation, updates to the Transition Plan, and/or any changes in development and implementation strategy. A separate issuance regarding templates for the Transition Plan and Monthly Status Report and process for their accomplishment shall be issued by DOH and PhilHealth.
- 5. Existing HIS cannot be supplanted by another HIS from external developers or vendors, or any equivalent, without appropriate validation and certification.
- 6. All health care providers and insurers shall comply with all provisions of this Order within three (3) years starting from the date of its effectivity.

B. Provision and Availment of the DOH's Integrated HIS Application Software

- 1. The DOH's integrated HIS application software can be availed at no cost by health care providers and insurers; provided that such health care providers and insurers shall commit



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to allot counterpart resources for human resources, server and hardware, connectivity, infrastructure, and other qualifying requirements.

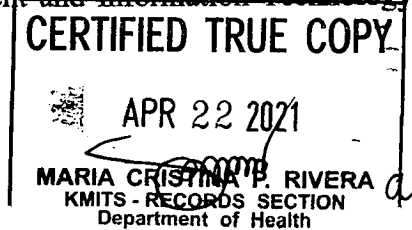
2. Health care providers and insurers who would like to avail of the DOH's integrated HIS application software shall formally write a letter to the Office of the Director of the Knowledge Management and Information Technology Service (KMITS) of the DOH for evaluation and approval. A separate issuance regarding availment of the DOH's integrated HIS application software shall be released by DOH.
3. The DOH shall only provide resources for server and/or other hardware for government and/or public health facilities, subject to availability of funds, and government accounting and auditing rules.

C. Development, Adoption and/or Maintenance of Non-DOH's Integrated HIS Application

1. Health care providers and insurers which will internally develop, implement, and maintain their integrated HIS, or outsource to an external developer or vendor their development, implementation, and maintenance of an integrated HIS shall shoulder all costs related thereto using their own administrative funds.
2. A Memorandum of Agreement (MOA), Service Level Agreement (SLA), contract, or its equivalent between the health care provider or insurer and the external developer or vendor shall be legal and binding only to the contracting parties. The DOH and/or PhilHealth shall not be responsible nor held liable for any action of the external developer or vendor with regard to its engagement with the health care provider or insurer, or vice-versa that may result in any damage, loss, or injury to any or both parties.

D. Implementation Arrangement

1. The implementation and maintenance of an integrated HIS shall comply with the Integrated Health Information System Implementation Model (iHISIM), a modular staging-approach as shall be adopted by the DOH and PhilHealth to progressively achieve the full implementation of all core modules and required functionalities of an integrated HIS. (Annex A)
2. All health care providers and insurers shall subject their HIS to standards conformance and interoperability validation (SCIV), or its equivalent, regardless of the type and nature of system development and stage of system implementation. A separate issuance on SCIV shall be released by DOH and PhilHealth, together with DICT.
3. The implementation governance shall be as follows:
 - a. The Secretary of Health (SOH) and President and Chief Executive Officer (PCEO) of PhilHealth shall provide overall policy directions and oversight relating to the implementation and maintenance of an integrated HIS.
 - b. The DOH and PhilHealth shall collaborate with corresponding health care providers, insurers, interagency eHealth partners, other relevant national and local government agencies, and health-related entities in the planning and adoption of the most practical and feasible approaches to integrated health information system.
 - c. The Health Facilities and Infrastructure Development Team (HFIDT) through the Knowledge Management and Information Technology Service (KMITS) of the DOH,



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and the Information Management Sector (IMS) of PhilHealth shall jointly define the implementation strategies and standards, and oversee and monitor the implementation and maintenance of an integrated HIS in accordance with the policy directions of the SOH and PCEO.

- d. The DOH and PhilHealth shall designate Regional iHIS Coordinators who shall provide administrative, coordination, and technical assistance or support in the implementation and maintenance of an integrated HIS. Appropriate personnel orders shall be issued by the DOH CHDs and PhilHealth Regional Offices to this effect.

E. Monitoring

1. Monthly monitoring shall be conducted by Regional iHIS Coordinators using method, tools, and performance indicators as set by DOH KMITS and PhilHealth IMS.
2. Monitoring results shall serve as basis for annual advisory updates that shall be issued by DOH KMITS and PhilHealth IMS every January of the succeeding year.

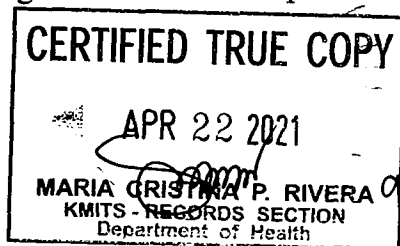
F. Evaluation

1. Evaluation shall be performed every two (2) years by DOH HFIDT and KMITS and PhilHealth IMS based on the policy directions of the SOH and PhilHealth PCEO.
2. Evaluation results shall be used to determine if the program is effective in attaining its goals and objectives in relation to UHC Act, and consequently, serve as basis or reference for improvements in policy and program implementation. Accordingly, new policy and programmatic updates shall be issued every January of the following year.

VII. ROLES AND RESPONSIBILITIES

A. Department of Health and Philippine Health Insurance Corporation

1. The HFIDT, through the KMITS, and PhilHealth IMS shall:
 - a. Oversee the implementation and maintenance of integrated HIS, including setting of implementation strategies and standards, assessment and monitoring of progress status of implementation by all health care providers and insurers, and policy and program evaluation, in accordance with the policy directions from the SOH and PCEO;
 - b. Establish coordination and networking mechanism with interagency eHealth partners and other concerned stakeholders in planning, monitoring and evaluation of the implementation and maintenance of integrated HIS;
 - c. Distribute, disseminate and/or publish the approved iHISIM document through the DOH and PhilHealth websites, CHDs and PROs, or other means as shall be agreed upon by DOH and PhilHealth; and
 - d. Conduct researches to improve the implementation and maintenance of an integrated HIS, and facilitate capacity-building and policy-development initiatives.
2. The CHDs and PROs, through the iHIS Coordinators, shall:
 - a. Assist health care providers and insurers within their respective regions in the implementation and maintenance of integrated HIS;
 - b. Perform monthly monitoring, validation and evaluation of progress status of the implementation of integrated HIS;
 - c. Establish coordination and networking mechanism with health care providers and insurers within their respective regions in planning, monitoring, validation, and evaluation of the progress status of the implementation of integrated HIS;



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- d. Provide the overall data management and analysis of the progress status of integrated HIS implementation within their respective regions;
- e. Submit monthly iHIS implementation report within their respective regions to DOH KMITS and PhilHealth IMS;
- f. Provide technical assistance or support to health care providers and insurers within their respective regions; and
- g. Ensure that the needed investments and support for the implementation and maintenance of the integrated HIS in the transition plan are reflected in the health information management/ICT development plan of the P/CWHS.

B. Health Care Providers and Insurers shall:

1. Comply with the guidelines as stipulated in this JAO and any subsequent updates or changes hereto;
2. Ensure that the iHISIM requirements and timelines are considered during the formulation of their transition plan;
3. Ensure efficient generation and monthly submission of implementation's progress status to the CHD and PRO iHIS Coordinator, and other concerned stakeholders;
4. Ensure availability of needed investments and support mechanisms to fully implement and maintain an integrated HIS such as funding, human resources, hardware, infrastructure and other qualifying requirements;
5. Ensure the integrity, security, and confidentiality of health and health-related data and reports being processed, maintained, transmitted or exchanged through the integrated HIS, uphold the rights of the data subjects, adhere to general data privacy principles, and observe the requirements for lawful processing, pursuant to RA 10173 (Data Privacy Act of 2012) and other applicable Philippine laws and regulations;
6. Report issues, concerns, and/or problems that may arise in the implementation and maintenance of an integrated HIS to the CHD and PRO iHIS Coordinators for appropriate action; and
7. Provide relevant inputs and feedback to further improve the implementation and maintenance of an integrated HIS.

C. Health-Related Entities shall:

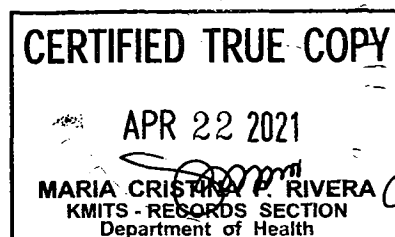
1. Align their programs, projects, and activities with the iHISIM directions and timelines; and
2. Provide technical assistance or support to facilitate the implementation and maintenance of integrated HIS, if deemed necessary.

VIII. BUDGET REQUIREMENTS

The DOH and PhilHealth shall separately allocate funds and provide counterpart resources necessary and appropriate to the overall and regularly funded functions of each agency for the proper implementation of this Order. Each agency shall secure the Commission on Audit's Post Audit review over any and all transactions related hereto.

IX. TRANSITORY PROVISION

Within one (1) year from the effectivity of this policy, all responsible DOH and PhilHealth offices shall release new, updated, or supplemental issuances, and operationalize the provisions of this issuance.



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X. REPEALING CLAUSE


All previous issuances whose provisions are inconsistent with or contrary to any of the provisions of this Joint Administrative Order are hereby rescinded and modified accordingly.


XI. SEPARABILITY CLAUSE

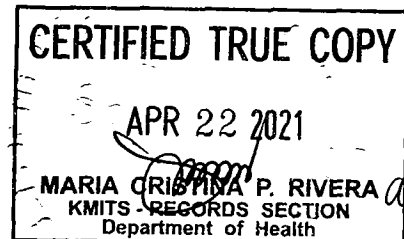
In the event that any provision or part of this Joint Administrative Order is declared unauthorized or rendered invalid by any Court of Law or competent authority, those provisions not affected by such declaration shall remain valid and in force.

XII. EFFECTIVITY

This Joint Administrative Order shall take effect after fifteen (15) days following its complete publication in a newspaper of general circulation and upon filing three (3) certified copies to the University of the Philippines Law Center.


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


ATTY. DANTE A. GIERRAN, CPA
President and Chief Executive Officer
Philippine Health Insurance Corporation



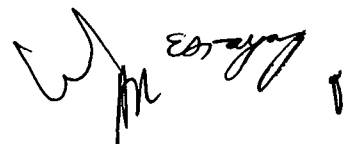
Annex A. Integrated HIS Implementation Model

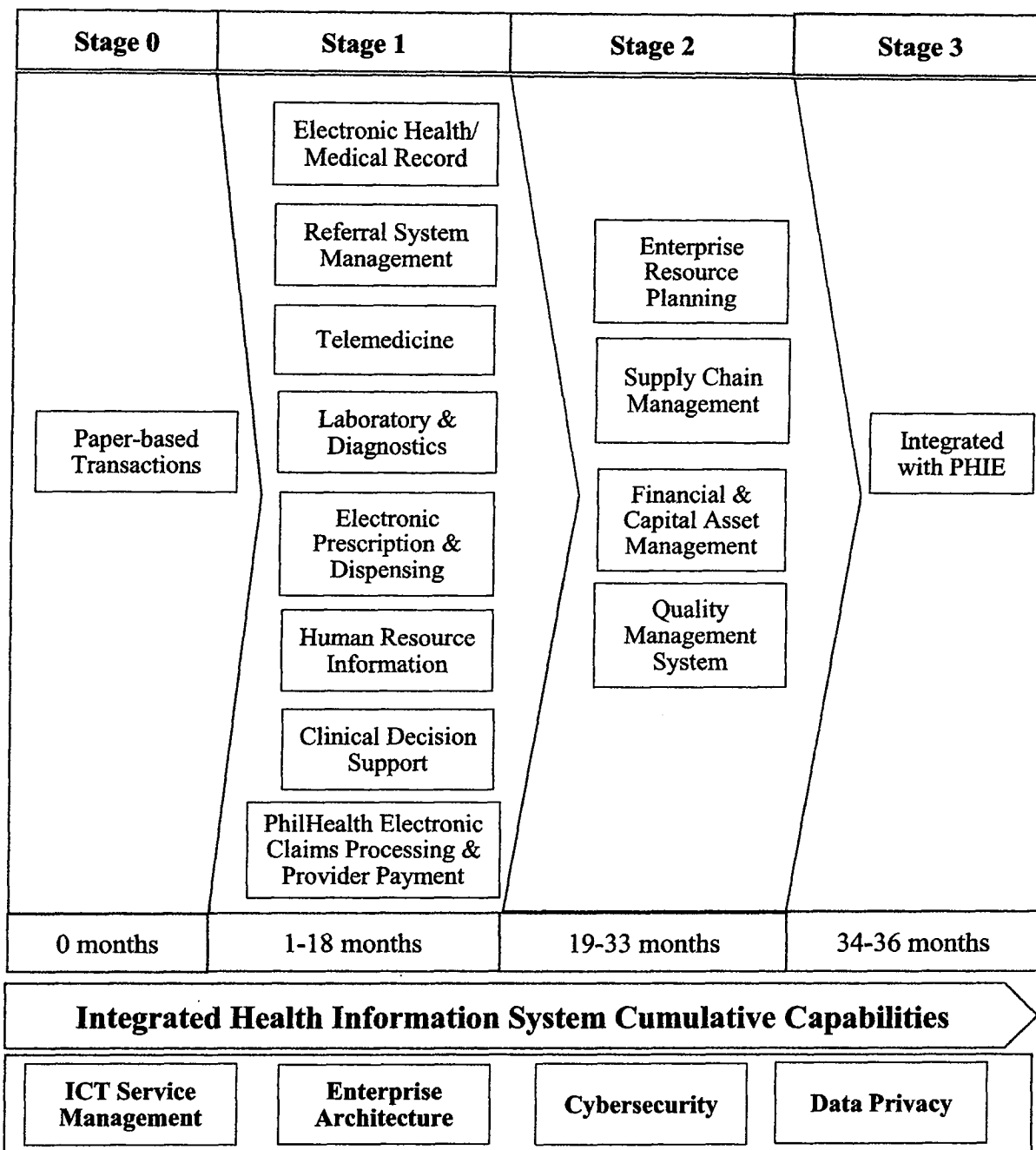
1. Overview of the iHISIM Approach

- a. The iHISIM, as defined by DOH and PhilHealth, shall serve as the general framework for the implementation and maintenance of an integrated HIS by all health care providers and insurers, and shall provide the pathway to progressively achieve the full implementation of all core modules and required functionalities of an integrated HIS. It is a multi-tiered framework, which has the following components:
 - i. General Functionalities – refer to the minimum features expected to be demonstrated/performed by an integrated HIS.
 - ii. Core Modules – refer to the minimum validated clinical and non-clinical modules to be implemented by a health care provider or insurer based on their respective service capability and operations. It also provides for the minimum scope, standards, and levels of functionality for each module to be implemented.
 - iii. Implementation Areas – refer to framework areas of ICT best practices and standards, including the minimum requirements expected to be delivered by the health care provider or insurer in relation to implementation and maintenance of an integrated HIS.
- b. The implementation of the iHISIM shall be a collaboration between DOH and PhilHealth, in consultation and coordination with health care providers, insurers, interagency eHealth and partners, other relevant national and local government agencies, and health-related entities.
 - i. The health care providers and insurers shall act as the lead implementers of the iHISIM.
 - ii. The DOH, PhilHealth, interagency eHealth partners, other relevant national and local government agencies, and health-related entities shall serve as the providers of technical and financial assistance, as necessary.
- c. The iHISIM shall serve as one of the instruments in determining the nature and level of assistance and incentives to be provided by DOH, PhilHealth, or any interagency eHealth partner, government or local government agency, or health-related entity to an implementing health care provider and/or insurer.
- d. The iHISIM shall be reviewed and monitored periodically by DOH and PhilHealth, in consultation and coordination with health care providers, insurers, interagency eHealth partners, other relevant national and local government agencies, and health-related entities, to ensure its alignment with UHC Act and other health- and information and communications technology (ICT)-related laws, new policies and plans relating to local and national health and health-related data reporting from the source to the PhilHealth and/or DOH, emerging directives for local and national health systems integration, and other emerging international standard approaches and developments relating to health information system.

2. iHISIM Implementing Diagram

- a. The implementation of the iHISIM follows a modular staging-approach, starting with the clinical modules, followed by the non-clinical modules to ensure that implementation by modules in stages and the evolving requirements and changes at each level of healthcare utilization are managed effectively and a system of monitoring is in place.
- b. The modules are cumulative from stages to stages until a complete and integrated health information system is fully implemented. It shall evolve as new requirements, updates, and/or changes are introduced as the implementation progresses.





3. **General Functionalities.** The minimum general functionalities of an integrated HIS shall be as follows:

- a. Automate and link core clinical and non-clinical workflows/processes at the point of service;
- b. Generate, process, and submit health and health-related data and reports at the local (i.e. within P/CWHS) and national levels (i.e. to PhilHealth and/or DOH);
- c. Operationalize an ICT-enabled, integrated, and functional referral system within the P/CWHS – i.e. link the members of the primary care provider network (PCPN) to secondary and tertiary care providers within and across P/CWHS as evidenced by capacity to coordinate referrals from (a) PCPN to referral facilities (secondary/tertiary), (b) referral facilities (secondary/tertiary) to apex hospital/s, and (c) referral facilities or apex hospital/s to PCPN; and
- d. Integrate with the Philippine Health Information Exchange (PHIE).

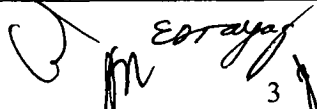
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4. Core Modules.

- a. An integrated HIS shall consist of the following validated core (a) clinical modules on electronic health/medical records, laboratory and diagnostics, electronic prescription and dispensing, telemedicine, human resource information, clinical decision support, referral system management, and PhilHealth electronic claims processing and provider payment, and (b) non-clinical modules on enterprise resource planning, supply chain management, including electronic health commodities logistics, financial and capital asset management, and quality management systems.
- b. The specific modules to be implemented and the corresponding minimum scope, standards, functionality, frequency of submission of specific health and health-related data and reports, and other requirements per module shall be based on the service capability and operations of the health care provider or insurer, and shall be released as a supplemental issuance to this policy by DOH and PhilHealth.

5. Implementation Areas.

Implementation Area	Criteria	Minimum Requirements for Compliance	Means of Verification
1. ICT Service Management	Minimum required ICT capabilities, services, infrastructure, and support for implementation and maintenance of an integrated HIS are adequate and available.	<ol style="list-style-type: none"> 1. Presence of dedicated ICT personnel. 2. With transition plan, integrated with the health information management/ICT development plan of the P/CWHS 	<ol style="list-style-type: none"> 1. Signed order designating ICT or appointment letter hiring dedicated ICT personnel 2. Approved transition plan 3. Monthly status report
2. Enterprise Architecture	The business (clinical and non-clinical workflows/processes), health and health-related data, technology, service, and environment are complete to ensure long-term fit and viability, and minimize duplication and overlap with existing services and systems.	<ol style="list-style-type: none"> 1. Fully-functional, integrated HIS as evidenced by capacity to demonstrate required functionalities. 2. Compliance with national health standards for interoperability as provided under this Order and any subsequent issuances. 3. Passing the DOH, PhilHealth, and DICT Standards Conformance and Interoperability Validation (SCIV) for application software as provided in the released issuance from the DOH, PhilHealth, and DICT. 	DOH, PhilHealth, and DICT-issued SCIV Certificate
3. Cybersecurity	All processing of health and health-related data through the integrated HIS, including all application programming	<ol style="list-style-type: none"> 1. With designated Cybersecurity Officer. 2. Compliance with the vulnerability assessment and penetration testing 	<ol style="list-style-type: none"> 1. DICT-issued certificate of registration of cybersecurity officer, or signed order

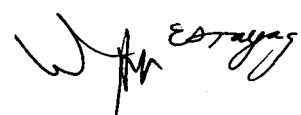

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	interfaces (APIs) and other technical processes are secured.	(VAPT) of the Cybersecurity Bureau of the DICT.	designating or appointment letter hiring cybersecurity officer. 2. DICT-Cybersecurity Bureau-issued certificate of VAPT compliance/clearance. 3. Monthly report on percent of security incidents detected and responded to in a timely manner
4. Data Privacy	All processing of personal data through the integrated HIS remain confidential, secured and protected.	1. With designated Data Protection Officer 2. Implemented HIS is registered to NPC as a data processing system	1. NPC certificates of registration of the DPO and data processing system 2. Privacy impact assessment report 3. Privacy manual 4. Privacy notice 5. Monthly report on percent of personal data breaches and security incidents detected and responded to in a timely manner

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Annex B. Integrated Health Information System Registration Form

1. Health Information System			
2. Type of System Development	Option 1: In-house system development, implementation, and maintenance Option 2: Outsource the system development, implementation, and maintenance Option 3: Implementing the DOH-developed integrated HIS		
3. Name of Implementing Health Care Provider/Insurer			
4. Sector	1. Government: Yes No Indicate if: DOH-retained or LGU-managed 2. Private: Yes No		
5. Complete Address			
6. National Health Facility Registry (NHFR) Code, if available			
7. Type	1. Health Care Provider: Yes No 1.1. Indicate type of health care provider: <ul style="list-style-type: none"> ❖ Health facility ❖ Community-based health care organization ❖ Health care professional with stand-alone clinic or its equivalent ❖ Laboratory and/or diagnostic clinic ❖ Pharmacy or drug outlet ❖ Temporary treatment and monitoring facility ❖ Local isolation and general treatment area ❖ Others, specify: _____ 1.2. If health facility, indicate service capability/type: _____ 2. Insurer: Yes No <ul style="list-style-type: none"> ❖ Indicate type of insurer: 		
8. Minimum Required Clinical Modules for Implementation	Status of Implementation (Achieved, Ongoing, Not Yet Started, Not Applicable)*	Stage	Target Timeline for Implementation
a. Electronic Health/Medical Records		Stage 1	1-18 months
b. Referral System Management			
c. Telemedicine			
d. Laboratory & Diagnostics			
e. Electronic Prescription & Dispensing			


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f. Human Resource Information			
g. Clinical Decision Support			
h. PhilHealth Electronic Claims Processing and Provider Payment			
9. Minimum Required Non-Clinical Modules for Implementation	Status of Implementation (Achieved, Ongoing, Not Yet Started, Not Applicable)	Stage	Target Timeline for Implementation
a. Enterprise Resource Planning		Stage 2	19-33 months
b. Supply Chain Management			
c. Financial & Capital Asset Management			
d. Quality Management System			
10. Integration with PHIE		Stage 3	34-36 months
11. Needed Technical Assistance			

***Legend:**

- ❖ Achieved: validated and implemented iHIS module.
- ❖ Ongoing: iHIS module is ongoing development or has been developed, but not yet validated.
- ❖ Not yet started: iHIS module is not yet developed.
- ❖ Not applicable: iHIS module is not for implementation based on service capability and operations.

Prepared by:

Name and Signature of Head ICT Personnel

Date

Recommending Approval:

Name and Signature of Head of Health Care Provider/Insurer

Date

Validated by:

Name and Signature of Lead CHD & PRO iHIS Coordinator

Date

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