



**DEPARTMENT OF HEALTH  
DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
PHILIPPINE HEALTH INSURANCE CORPORATION**

**JOINT ADMINISTRATIVE ORDER**  
No. 2021- 000

MAY 19 2021

**SUBJECT: Guidelines on the Implementation of Telemedicine in the Delivery of Individual-Based Health Services**

**I. RATIONALE**

Section 19 of Republic Act (RA) No. 11223, otherwise known as the “Universal Health Care (UHC) Act,” provides that the Department of Health (DOH), the Department of the Interior and Local Government (DILG), the Philippine Health Insurance Corporation (PhilHealth), and the local government units (LGUs) shall endeavor to integrate health systems into province-wide and city-wide health systems (P/CWHS) to ensure effective and efficient delivery of population-based and individual-based health services, and health systems operations.

Corollary to the operationalization of this strategy, Section 18.1 of the Implementing Rules and Regulations (IRR) of the said Act provides for remote access and delivery of individual-based health services through the use of digital technologies for health. From recent events of public health concern such as the coronavirus disease 2019 (COVID-19) pandemic and other health threats, one digital health technology that has been widely adopted to ensure access and delivery of continuous, coordinated, and integrated individual-based health services and information is telemedicine.

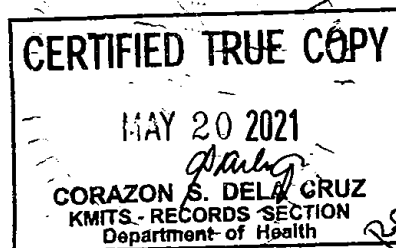
Accordingly, this Joint Administrative Order is being issued to set the guidelines in the adoption and implementation of telemedicine in the delivery of individual-based health services in accordance with the rules set forth under the UHC Act.

**II. GENERAL OBJECTIVE**

This Order institutionalizes the adoption and implementation of telemedicine as an integral mode for the delivery of individual-based health services.

**III. SPECIFIC OBJECTIVES**

- A. Provide the standards and guidelines for telemedicine;
- B. Define the minimum investments and financing mechanisms in telemedicine; and
- C. Set the implementation governance that will direct, coordinate, and guide the LGUs, public and private health care providers, and stakeholders in the adoption and use of telemedicine.



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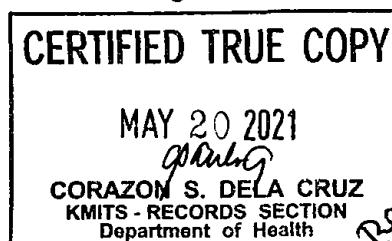
#### IV. SCOPE OF APPLICATION

This Order shall apply to the implementation of telemedicine across the country; and shall cover all public and private, national and local health care providers regulated by DOH and PhilHealth, medical associations and specialty societies, pharmaceutical outlets, telemedicine service providers, all patients and individuals who will consult through telemedicine, all LGUs (i.e. provinces, cities, and municipalities), all national, regional, local and branch offices under the DOH, DILG, and PhilHealth, Food and Drug Administration (FDA), Department of Information and Communications Technology (DICT), Professional Regulation Commission (PRC), National Privacy Commission (NPC), University of the Philippines Manila – National TeleHealth Center (UPM-NThC), and all others concerned.

In the case of Bangsamoro Autonomous Region for Muslim Mindanao (BARMM), the implementation of telemedicine in the delivery of individual-based health services under the integrated P/CWHS shall be in accordance with Article IX, Section 22 of RA 11054, otherwise known as the “Organic Law for the BARMM” and subsequent laws and issuances. Likewise, in the adoption by the Ministry of Health – BARMM of its own guidelines for Telemedicine, the same shall be consistent with the provisions of this Order and other subsequent issuances, and in coordination with the DOH.

#### V. DEFINITION OF TERMS

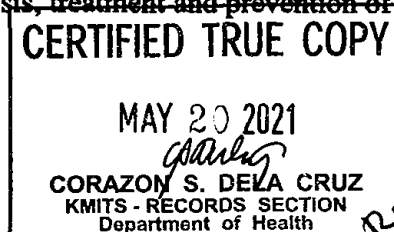
- A. **Asynchronous Telemedicine** refers to store-and-forward” technologies where messages, images, or data are collected at one point in time and interpreted or responded to later. It also includes remote patient monitoring or the direct transmission of a patient’s clinical measurements from a distance to their health care provider. (US Centers for Disease Control and Prevention [CDC]; American Medical Association [AMA])
- B. **Health Care Providers** refers to any of the following:
1. **Physician** – all individuals authorized by law to practice medicine pursuant to RA 2382, otherwise known as “The Medical Act of 1959,” as amended; or
  2. **Health facility** – 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. It also includes temporary treatment and monitoring facilities, and local isolation and general treatment areas that are established during events of public health concern.
- C. **Health Care Provider Networks (HCPN)** refers to a group of primary to tertiary care providers, whether public, private, or mixed, offering people-centered and comprehensive care in an integrated and coordinated manner with the primary care provider acting as the navigator and coordinator of health care within the network, and automatically link to an apex or end-referral hospital that provides specialty care services, and performance mentoring and technical assistance (TA) to the HCPN.
- D. **Home Visit** refers to a patient-health personnel contact that allows the health personnel from the LGU Telemedicine Operations Team to assess the patient and provide emergency care and health-related activities either at the patient residence, or during transit to the nearest and suitably resourced health facility as identified during the assessment.



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- E. **Individual-based Health Services** refer to services that can be accessed within a health facility or remotely that can be definitively traced back to one (1) recipient, has a limited effect at a population level and does not alter the underlying cause of illness such as ambulatory and in-patient care, medicines, laboratory tests, and procedures, among others.
- 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.
- 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. **Local Government Unit (LGU) Telemedicine Operations Team** refers to a group of assigned health and non-health personnel in the LGU who prepare for and respond to any telemedicine referral for a patient as coordinated by the referring health care provider that provided the telemedicine consultation. It shall be created under the Local Disaster Risk Reduction and Management Office (LDRRMO), and include members from the LDRMMO, Health Systems Support Division, and Technical Management Committee of the Provincial/City Health Office (P/CHO), and provincial/city hospital.
- I. **Pharmaceutical outlets** refer to entities licensed by appropriate government agencies, and which are involved in compounding and/or dispensing and selling of pharmaceutical products directly to patients or end-users. This includes institutional pharmacy, Retail Outlet for Non-Prescription Drugs (RONPD), pharmacy/drugstore/farmacia/botica, and hospital pharmacy.
- J. **Regional Telemedicine Coordination Team** refers to a group of assigned health and information and communications technology (ICT) personnel from the DOH Center for Health Development, Regional Offices of the DILG and PhilHealth, and the designated apex hospital(s) of an HCPN, among others, who shall provide administrative, coordination, TA or support, resolve technical and/or operational issues and problems, and conduct performance monitoring of telemedicine service operations at the LGU, in coordination with the LGU Telemedicine Operations Team.
- 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 iHIS and/or any eHealth solution.
- L. **Synchronous Telemedicine** refers to real-time telephone or live audio-video communication that connects physicians and patients in different locations via smartphone, tablet, or computer. In this telemedicine modality, involved individuals are simultaneously present for the immediate exchange of information, as in the case of videoconferencing. (US CDC; WHO)
- M. **Telemedicine** refers to the delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, ~~treatment and prevention of~~ disease and injuries,



research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities. (WHO)

- N. **Telemedicine Referral** refers to the mechanism by which a health care provider officially and appropriately coordinates and transfers the management of a patient requiring home visit, and/or emergency care in a suitably resourced health facility, as identified through the telemedicine consultation, to the LGU Telemedicine Operations Team, and refers the patient back to the concerned health care provider, or their assigned primary care provider.
- O. **Telemedicine Providers** refer to a telemedicine company that satisfactorily met all the requirements for provision, engagement or contracting of telemedicine services for LGUs based on the standards and guidelines, pursuant to this Order and any subsequent issuances.
- P. **Validated module** refers to an iHIS module that passed the software standards conformance and interoperability validation of the DOH, PhilHealth, and DICT as to the minimum scope, standards, and level of functionality.

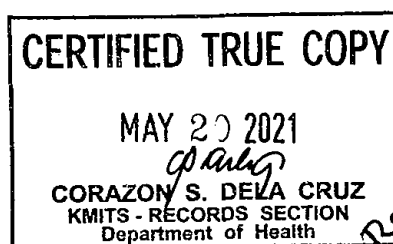
## VI. GENERAL GUIDELINES

- A. The provinces, highly urbanized cities (HUCs), and independent component cities (ICCs) that committed to integrate their local health systems shall adopt and implement telemedicine technologies in the delivery of individual-based health services within their defined catchment area that will require:
  - 1. Organizing telemedicine services within their health care provider networks (HCPN);
  - 2. Capacitating health care providers (i.e. primary to tertiary and specialty care providers) on the appropriate use of telemedicine and provision of response activities to ensure safe, coordinated, and integrated care;
  - 3. Promoting telemedicine among their constituents to ensure steady demand for these services;
  - 4. Providing the necessary infrastructure and other operational requirements to accommodate their current needs; and
  - 5. Issuing policies, but not limited to, ordinances to ensure budgetary support.
- B. The implementation of telemedicine in the delivery of individual-based health services shall be a collaboration among DOH, DILG, and PhilHealth, together with DICT, PRC, NPC, UPM-NThC, LGUs, medical associations, specialty societies, patient groups, health care providers, and other stakeholders.

## VII. SPECIFIC GUIDELINES

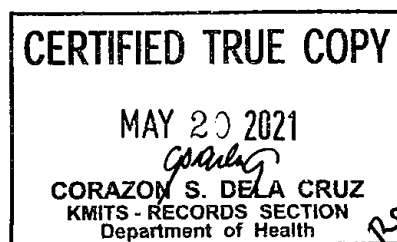
### A. Organization of LGU Telemedicine Services

- 1. The provinces, HUCs, and ICCs shall establish integrated and coordinated LGU telemedicine services, within one (1) year from the effectivity of this Order, that reference and complement the (a) service delivery design of HCPN as provided under DOH AO No. 2020-0019, and (b) service classification of individual-based health services as provided under DOH AO No. 2020-0040. Cost for the organization of LGU telemedicine services shall be charged using their own administrative funds.



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2. At the minimum, the LGU telemedicine services shall be characterized by the following:
- a. *Adoption and routine use of telemedicine among health care providers.* All health care providers that are part of the HCPN, including their apex hospital, shall adopt and transition to the routine use of telemedicine in the delivery of individual-based health services for their catchment population as part of their business operations in accordance with their service capability and standard service delivery protocols.
  - b. *Establishment of an LGU telemedicine operations team.* All HCPN shall organize an LGU telemedicine operations team, which shall be subsumed under each LDRMMO, that shall prepare for and respond to any telemedicine referral to and from any health care provider within the HCPN based on standard protocols, and collaborate with the Regional Telemedicine Coordination Team for provision of any TA and performance monitoring.
  - c. *Telemedicine service capability profiling.* All HCPN shall determine, provide and regularly monitor the services, human resources, equipment, infrastructure, and other qualifying requirements of all health care providers and members of the LGU telemedicine operations team in the implementation of LGU telemedicine services based on minimum uniform standards set by DOH, DILG, and PhilHealth.
    - i. The telemedicine service capability profile for health care providers shall form part of the annual Health Facility Profiling of DOH and PhilHealth.
    - ii. Details on the service capability, specific telemedicine services being provided, clinic hours, and contact information shall be included in the directory that shall be posted in each health facility, and likewise disseminated to all health care providers and the LGU telemedicine operations team within the HCPN. Accordingly, changes or updates in the directory shall be communicated to all concerned.
    - iii. All HCPNs shall maintain a directory of the LGU telemedicine operations team with scheduling assignments of personnel, contact details, and availability of resources (e.g. ambulance, patient transport vehicles, etc.) that shall be disseminated and made accessible to all health care providers.
  - d. *Demand generation and communication.* All HCPNs shall develop and implement an adaptable communication strategy for demand generation for telemedicine in consideration of the population and local context. This communication strategy shall form part of the health information management/ICT development component of the Local Investment Plan for Health (LIPH) for P/CWHS. In developing the strategy, a critical consideration is that the catchment population are well informed and assured of access to telemedicine at all levels of health care utilization.
  - e. *Telemedicine referral.* All HCPN shall establish a functional telemedicine referral system with the following minimum process capabilities:
    - i. *Process Capability 1:* Health care providers shall be able to directly coordinate and refer patients that require a non-emergency but higher or specialized level of care (e.g. from primary to secondary care) to another health care provider with the service capability;
    - ii. *Process Capability 2:* Health care providers that are providing secondary, tertiary and specialized levels of care shall be able to provide asynchronous telemedicine for assistance to another health care provider, and/or refer back patients to their assigned primary care provider;



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iii. *Process Capability 3:*

- Health care providers shall be able to coordinate and refer to the designated LGU telemedicine operations team patients that require home visit and/or emergency care to the nearest and suitably resourced health facility;
- The LGU telemedicine operations team shall be able to receive and respond to telemedicine referrals from any health care provider within its catchment area based on standard protocols, and provide feedback and back-referral to the health care provider, and/or its assigned primary care provider;
- Health care providers shall be able to track and monitor telemedicine response activities rendered to the patient by the designated LGU telemedicine operations team, and receive feedback from the team;

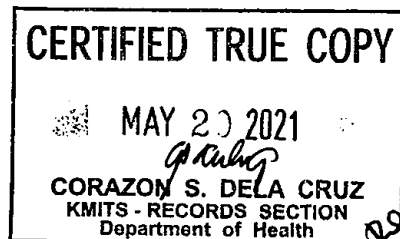
iv. *Process Capability 4:* All HCPN shall implement a standard protocol for communication for telemedicine referrals with all health care providers and the LGU telemedicine operations team implementing standardized communication tools and forms that are transformed into electronic reports using their iHIS:

- Health care providers shall be able to document the telemedicine consultation, and issue electronic clinical abstract, consultation summary, prescription, and referral forms, and generate reports;
- The LGU telemedicine operations team shall be able to receive a telemedicine referral from any health care provider, document the telemedicine response activities, submit a telemedicine response report and back-referral to the health care provider, and/or its assigned primary care provider, and generate reports; and

v. *Process Capability 5:* All HCPN, particularly its component health facilities and LGU telemedicine operations team, shall implement strong, reasonable, and appropriate organizational, physical, and technical security measures and standards for personal data protection as set by NPC and the DICT in the collection and processing of personal health information and management of privileged communication for telemedicine services, and shall uphold and protect at all times the data privacy rights of every patient or individual who will consult through telemedicine.

f. *LGU telemedicine service operations.* All HCPN shall standardize their telemedicine service operations in their catchment area to include the following minimum requirements:

- i. All HCPN shall: (1) develop and implement an LGU telemedicine service strategy and plan that shall be subsumed under the health information management/ICT development component of the LIPH for P/CWHS, following the standards set by the DOH, DILG, and PhilHealth; (2) develop and implement localized telemedicine service protocols that take into account the catchment population, local context, and available resources; and (3) issue policies relating to budget support and operations.
- ii. All HCPN, as led by the P/CHO and its apex hospital, shall regularly implement capacity building and mentoring activities of all health care providers and members of the LGU telemedicine operations team on appropriate use of telemedicine and response activities, localized standard protocols, and other relevant guidelines such as on enterprise architecture, ICT service management, data management, data privacy, and cybersecurity, and ensure the availability of resources (e.g. human resources, ICT equipment and infrastructure, ambulance, patient transport vehicles, etc.) to guarantee quality provision of telemedicine services.



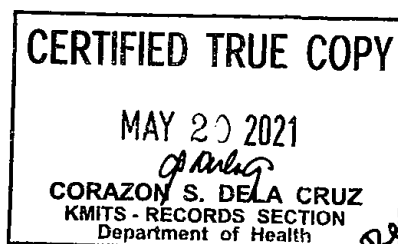
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iii. All health care provider operations shall include the following:

- A designated telemedicine workstation;
- A directory of scheduling assignments for individual health care providers, clinic hours, and contact information within their health facility;
- A directory of other health care providers and LGU telemedicine operations team within the HCPN, service capability of health care providers, operating hours, and contact information;
- A stable internet connection with appropriate bandwidth speed;
- Communication devices: landline, mobile phone with camera, tablet, laptop or desktop computer (i.e. consider the use of dual monitors and high definition webcam positioned at eye level);
- Noise-canceling headphones, speakers, and microphones;
- Secure, privacy-enhancing and non-public-facing videoconferencing or communication software/facility that is interoperable to an electronic iHIS; and
- An electronic iHIS with the following validated modules that conform and comply with the minimum uniform standards set by the DOH, DILG, and PhilHealth:
  - Telemedicine for recording and processing of telemedicine consultation data, generation of electronic clinical abstract, consultation summary, prescriptions, referral forms, and submission of telemedicine reports to DOH, DILG, and PhilHealth;
  - Referral system management for referral of patients to/by another health care provider or to the LGU telemedicine operations team, tracking and monitoring of telemedicine response activities, and receipt of telemedicine response report; and
  - PhilHealth electronic claims processing and provider payment for processing and submission of telemedicine claims to PhilHealth.

iv. The LGU telemedicine operations team shall include the following:

- A designated telemedicine workstation;
- A directory of health care providers within the HCPN, service capability, telemedicine services being provided, clinic hours, and contact information;
- A directory of scheduling assignments of the LGU telemedicine operations team personnel and contact information;
- A stable internet connection with appropriate bandwidth speed;
- Communication device: landline, mobile phone with or without camera, hand-held two-way radios, tablet, laptop or desktop computer;
- Noise-canceling headphones, speakers, and microphones;
- Secure, privacy-enhancing and non-public-facing videoconferencing or communication software/facility that is integrated to the electronic LGU telemedicine referral system;
- An electronic integrated LGU telemedicine referral system for receiving and managing telemedicine referrals, recording, processing and tracking of telemedicine response activities, generation of telemedicine reports and back-referrals to a health care provider, and/or its assigned primary care provider, and submission of telemedicine reports to DOH, DILG, and PhilHealth through the Regional Telemedicine Coordination Team. The referral system shall conform and comply with the minimum uniform standards set by the DOH, DILG, and PhilHealth; and
- Ambulance, transport vehicles, and other logistical requirements.



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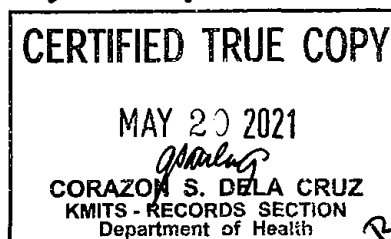
Details on the telemedicine reports to be submitted to DOH, DILG, and PhilHealth by health care providers and the LGU telemedicine operations team shall be provided in a supplemental issuance to this Order.

**B. Practice of Telemedicine**

1. Only licensed physicians shall be allowed to practice telemedicine, pursuant to this Order.
  - a. The practice of telemedicine shall follow the standards of practice of medicine as defined under RA 2382, otherwise known as "The Medical Act of 1959," and its Implementing Rules and Regulations (IRR), the Philippine Medical Association (PMA) Code of Ethics and other applicable policies and guidelines, taking into account the absence of physical contact.
  - b. All licensed physicians practicing telemedicine shall uphold the same standards of care as in a face-to-face consultation but within the intrinsic limitations of telemedicine.
2. The use of telemedicine by licensed physicians in the delivery of individual-based health services for their catchment population shall be appropriate and sufficient as per context. All licensed physicians shall exercise their professional judgment to decide whether the use of telemedicine is appropriate in a given situation and the specific conditions of the individual patient.
  - a. Telemedicine shall be used when a health care provider is physically inaccessible (e.g. such as during events of public health concern with community quarantine in effect, among others), in the management of chronic health conditions, or follow-up consultations with existing patients.
  - b. First-time consultations, emergency and serious conditions where emergency care is needed, or anytime that face-to-face assessment and physical contact are warranted, should not be managed using telemedicine.
3. The practice of telemedicine by licensed physicians shall be governed by the following principles:
  - a. The patient-physician relationship shall be founded on mutual trust and respect in which they both identify themselves reliably during a telemedicine consultation. Telemedicine consultation should not be anonymous. Both patient and the licensed physician should be able to know, verify, and confirm each other's identity at the start of the telemedicine consultation.
  - b. Proper informed consent must be obtained from the patient prior to any collection of personal data and the offering of any telemedicine service regardless if it is a first-time consultation or a follow-up consultation.

Consent shall be evidenced by written, electronic or recorded means, and shall contain all the necessary information regarding the features of the telemedicine consultation that shall be fully discussed with the patient, which includes, but not limited to, the following:

- i. How telemedicine works, including the services to be provided, activities within the consultation, expected benefits, and billing and insurance, if any;
- ii. Limitations of telemedicine, including risk of technology failures, and service limitations;
- iii. Manner of processing of personal health information, including submission to public health authorities such as DOH, DILG, and PhilHealth for health policy, planning and research purposes;
- iv. Privacy and data protection and cybersecurity measures and concerns;

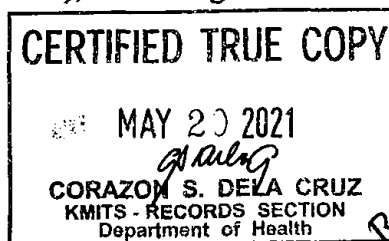


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- v. LGU telemedicine referral protocol; and
  - vi. Documentation of the patient consent.
- c. The patient-physician relationship shall be based on full knowledge of the patient's medical history and a physical examination given the circumstances of a lack of physical contact (i.e. by virtual physical exam only).
- i. Licensed physicians shall use their professional discretion to gather the type and extent of patient information required to be able to exercise proper clinical judgment. Only the type and extent of patient information necessary to render a medical diagnosis and to give proper medical assistance shall be gathered from the patient.
  - ii. If the physical examination is necessary for the consultation, the licensed physician should not proceed until a physical examination can be arranged through a face-to-face consultation. Wherever necessary, depending on his/her professional judgment, the licensed physician shall be responsible for the coordination of care, following the localized LGU telemedicine referral protocol.
- d. The patient-physician relationship shall respect both patient and physician autonomy.
- i. The licensed physician can choose not to proceed with the telemedicine consultation at any time as guided by both law and ethics. At any step, the licensed physician can refer or request for a face-to-face consultation.
  - ii. At any stage, the patient has the right to choose to discontinue the telemedicine consultation.
- e. The right to privacy of health information shall be protected at all times.
- i. All licensed physicians providing telemedicine services shall uphold the data privacy rights of patients, and shall provide the mechanisms for the patients for the effective exercise of these rights.
  - ii. The processing of health information of patients consulting through telemedicine shall be in accordance with the privacy and data protection requirements provided under RA 10173, otherwise known as the "Data Privacy Act of 2012," its IRR and other relevant issuances from the NPC, and shall adhere to the principles of transparency, legitimate purpose, proportionality, and accountability.
- f. The principle of privileged communication between the licensed physician and the patient shall be observed at all times.
- i. Video or audio recording of the telemedicine consultation without the consent of both the licensed physician and the patient shall not be allowed.
  - ii. The protection of privileged communication between the licensed physician and the patient for telemedicine shall be adhered at all times in accordance with the privacy and data protection requirements provided under RA 10173, otherwise known as the "Data Privacy Act of 2012," its IRR and other relevant issuances from the NPC, and other existing or applicable laws, rules, and regulations.
4. Minimum health services to be provided using telemedicine shall include medical diagnosis, health advice and counseling, issuance of electronic prescription, and/or referral, if needed.
5. The nature of individual-based health services and information that shall be provided by a licensed physician through telemedicine shall be based on its service capability, the mode of consultation (i.e. video, audio, or text), the purpose of consultation (i.e. first-time consultation vs. follow-up consultation), the timing of consultation (i.e. synchronous or



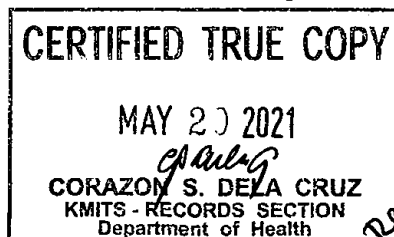
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asynchronous), the persons involved (i.e. patient and/or caregiver to a licensed physician vs. a licensed physician to another licensed physician vs. a licensed physician to the LGU telemedicine operations team), the specific conditions of the individual patient, and localized standard telemedicine service protocol.

6. All telemedicine consultations by licensed physicians shall have proper documentations, which includes, but not limited to the following:
  - a. Consultation details that are routinely and similarly collected in a face-to-face consultation;
  - b. Patient and provider location;
  - c. Family members or other companions present during the telemedicine consultation;
  - d. Patient consent;
  - e. Referring licensed physician, if applicable;
  - f. Telemedicine platform or communication or videoconferencing software used; and
  - g. Patient's feedback about the telemedicine consultation/experience.

Likewise, all licensed physicians whose services were sought through telemedicine shall maintain all patient's health records as appropriate using their electronic integrated health information system as provided by DOH or third-party providers. Details on the implementation and maintenance of an iHIS shall be provided in a separate issuance.

7. All telemedicine consultations by licensed physicians shall include a patient feedback mechanism that encourages and facilitates patients (and family members or other companions) to provide feedback on the quality of the telemedicine consultation/experience, which enable refinement and improvement of future telemedicine consultations.
8. The issuance of electronic consultation documents by licensed physicians shall be governed by the following rules:
  - a. All licensed physicians shall be authorized to issue electronic consultation documents such as electronic clinical abstract, consultation summary, prescription, and/or referral or back-referral forms, pursuant to this Order by issuing it via email or any other alternative modes considered electronic document acceptable under RA 8792, otherwise known as the "Electronic Commerce Act of 2000."
  - b. All licensed physicians shall recognize and deem equivalent the electronic consultation document issued by other health care providers to a written consultation document for all intents and purposes, in accordance with RA 2382, otherwise known as the "The Medical Act of 1959", RA 9711, otherwise known as the "FDA Act of 2009," and other existing or applicable laws, rules and regulations.
  - c. All electronic clinical abstract, consultation summary, and/or referral or back-referral forms shall contain all details similarly contained in a written consultation document of the same, and those additional items provided under Section VI.B.5 of this Order.
  - d. All licensed physicians shall issue a separate electronic prescription for all antibiotics, anti-infectives, and/or anti-viral preparations.
  - e. All electronic prescriptions shall contain the name of the patient to whom the medicines or drugs are prescribed, the name of the medicines and/or drugs prescribed, the dosage and all other pertinent details similarly contained in a written prescription.
  - f. All electronic consultation documents shall contain a digital signature, name, license number, Professional Tax Receipt (PTR), if applicable of the issuing licensed physician.
  - g. All licensed physicians who made use of electronic consultation documents shall keep records of all electronic consultations documents issued, pursuant to this Order.



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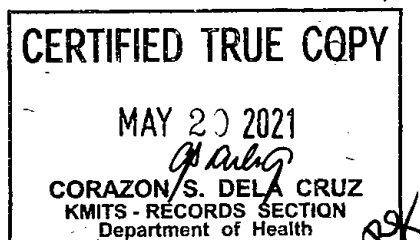
9. The dispensing of medicines pursuant to an electronic prescription shall be governed by the following rules, and pursuant to RA 9711, otherwise known as the "FDA Act of 2009," and RA 10918, otherwise known as the "Philippine Pharmacy Act:"
- a. All pharmaceutical outlets shall recognize the validity and effectivity of the electronic prescriptions issued by the licensed physician.
    - i. Prescription containing antibiotics, anti-infectives, and/or antiviral preparations shall only be valid within one (1) week after its issuance.
    - ii. Prescription for other medicines not covered above shall only be valid within 60 days after its issuance.
  - b. All pharmaceutical outlets shall strictly dispense drugs as prescribed by the electronic prescription and the latter shall be deemed equivalent to a written prescription for all intents and purposes. The pharmacists may however verify the prescription with the licensed physicians when necessary to determine its authenticity and accuracy.
  - c. All pharmaceutical outlets shall not require the actual presence of the patient to whom the medicines or drugs prescribed before dispensing the needed drugs. A duly authorized representative may purchase the said drugs on behalf of the latter. In the event that the patient is a Senior Citizen (SC) and/or Persons with Disability (PWD), the following should be presented together with the electronic prescription prior to the dispensing of the needed drugs:
    - i. A letter of authorization duly signed by the patient; and
    - ii. Identification card as an SC and/or PWD.

**C. Development of Code of Ethics and Clinical Practice Guidelines (CPG) for Telemedicine**

1. The DOH, PRC, and UPM-NThC, in collaboration with medical associations, specialty societies, patient groups, and other stakeholders, shall develop a Code of Ethics and CPG for telemedicine that shall standardize and guide all licensed physicians in the practice and use of telemedicine, and shall be released as a separate issuance.
2. In the interim, the practice and use of telemedicine by licensed physicians shall be governed by the standards and guidelines issued under this Order and any subsequent issuances, and pursuant to RA 2382, otherwise known as "The Medical Act of 1959," and other existing or applicable laws, rules and regulations until such time that the Code of Ethics and CPG are developed and approved as national practice guidelines.

**D. Implementation of Certification Program for Telemedicine**

1. The DOH, PRC, and UPM-NThC, in collaboration with medical associations and specialty societies, shall implement a certification program on good clinical practice of telemedicine for licensed physicians based on approved Code of Ethics and CPG and other related guidelines, and pursuant to RA 2382, otherwise known as "The Medical Act of 1959," and other existing or applicable laws, rules and regulations. Details of which shall be provided in a separate issuance.
2. The good clinical practice certificate for telemedicine shall form part of the credentials for the certification of primary care providers, and the renewal of license of physicians assigned to practice telemedicine within their HCPN, or intend to practice telemedicine as part of their continuing professional development (CPD) requirements.
3. In the interim, capacity building and mentoring activities of health care providers on practice and use of telemedicine shall be initiated by each HCPN, as led by its P/CHO and its apex hospital, with assistance from DOH, DILG, PhilHealth, and UPM-NThC, following the standards and guidelines issued under this Order and any subsequent issuances, and pursuant to RA 2382, otherwise known as "The Medical Act of 1959," and other existing or



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applicable laws, rules and regulations until such time that the certification program for telemedicine is established.

**E. Verification of License and Credentials of Physicians**

1. Verification of license and credentials of health care providers shall form part of the system functionalities of the National Health Workforce Registry (NHWR) that shall be developed by the DOH and PRC. Details of which shall be provided in a separate issuance.
2. In the interim, any patient or individual who is consulting through telemedicine may perform online license verification of physicians either by name or license number by visiting the following weblink: <https://online2.prc.gov.ph/Verification> until such time that the NHWR is implemented.

**F. Contracting of Third-Party Telemedicine Providers**

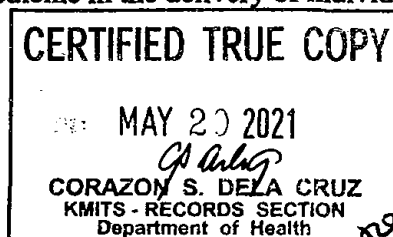
1. Contracting of third-party telemedicine providers by HCPN or any of its component health facility for the remote delivery of individual-based health services shall be allowed, provided that these third-party telemedicine providers have conformed and complied with minimum uniform standards on human resources, enterprise architecture, ICT service management, data management, data privacy, cybersecurity, and other qualifying requirements for LGU telemedicine services set by the DOH, DILG, and PhilHealth prior to on-boarding of their services. Details on the evaluation mechanism of third-party telemedicine providers shall be provided in a separate issuance by DOH, DILG, and PhilHealth.
2. Health care provider networks or any of its component health facility shall shoulder all costs related to the engagement of a third-party telemedicine provider using their own administrative funds.
3. A Memorandum of Agreement (MOA), Service Level Agreement (SLA), contract, or its equivalent between the HCPN and the third-party telemedicine provider shall be legal and binding only to the contracting parties. The DOH, DILG, and/or PhilHealth shall not be responsible nor held liable for any action of the third-party telemedicine provider with regard to its engagement with the HCPN, or vice-versa that may result in any damage, loss, or injury to any or both parties.

**G. Financing Mechanism**

1. PhilHealth, in coordination with DOH, shall implement a telemedicine benefit package and reimbursement mechanism for health care providers, which shall be issued as a separate policy. Likewise, the DOH, UPM-NThC, medical associations, and specialty societies shall issue a handbook on recommended rates for telemedicine services.
2. At the minimum, consultation rates for telemedicine services of health care providers shall reference and be based on the standardized claims rate of PhilHealth, and the recommended rates from medical associations and specialty societies, among others.
3. In the interim, health care providers shall charge consultation fee that is appropriate, reasonable, and commensurate with the telemedicine services provided, and in accordance with RA 2382, otherwise known as the "Medical Act of 1959," RA 10699, otherwise known as the "National Athletes and Coaches Benefits and Incentives Act," and other existing or applicable laws, rules, and regulations.

**H. Implementation Governance**

1. The Secretaries of the DOH and DILG, and the President and Chief Executive Officer (PCEO) of PhilHealth, in consultation and coordination with interagency eHealth partners and concerned stakeholders, shall provide overall policy directions and oversight relating to the implementation of telemedicine in the delivery of individual-based health services.



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2. The DOH, DILG, and PhilHealth shall create a Telemedicine Sub-Working Group (SWG) that, under the policy and strategic guidance of the interagency National eHealth Technical Working Group (NEHTWG), shall:
  - a. Develop the strategies, standards and guidelines on telemedicine;
  - b. Establish support mechanisms;
  - c. Oversee the provision of TA on (i) development of localized telemedicine strategy, plans and protocols, (ii) capacity building activities, (iii) evaluation of third-party telemedicine providers, and (iv) monitoring and evaluation of the implementation/presence of LGU telemedicine services characteristics;
  - d. Conduct researches to constantly improve the implementation of telemedicine in the delivery of individual-based health services.

Details on the composition and terms of operations of the Telemedicine SWG shall be provided in an appropriate personnel order.

3. The National eHealth Program Management Office (NEHPMO) at the DOH – Knowledge Management and Information Technology Service (KMITS) shall serve as the overall technical and administrative secretariat on all matters relating to the implementation of telemedicine in the delivery of individual-based health services, in accordance with the policy directions from the Secretaries of DOH and DILG and PhilHealth PCEO as informed through the NEHTWG and Telemedicine SWG.
4. The DOH, DILG, and PhilHealth shall also create an interagency Regional Telemedicine Coordination Team that shall provide administrative, coordination, TA or support, including resolution of technical and other operational issues and/or problems, lead the evaluation of third-party telemedicine providers, with the assistance of KMITS, and conduct performance monitoring of telemedicine service operations of the LGU within their jurisdiction, in coordination with the LGU Telemedicine Operations Team. Appropriate personnel orders shall also be issued to this effect.

**I. Performance Monitoring**

1. Regular monitoring shall be conducted by the Regional Telemedicine Coordination Team, together with KMITS and the LGU Telemedicine Operations Team, using an agreed method, tools, and performance indicators as provided under the local health systems maturity model and related telemedicine scorecard that shall be issued as separate guidelines by DOH, DILG, and PhilHealth.
2. Monitoring results shall serve as basis for annual advisory updates that shall be jointly issued by DOH, DILG, and PhilHealth every January of the succeeding year.

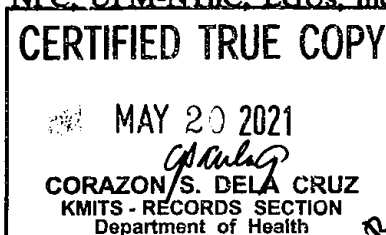
**J. Evaluation**

1. An evaluation of the telemedicine implementation shall be performed every two (2) years by the Telemedicine SWG with the assistance of the NEHTWG.
2. Policy and programmatic updates shall be issued every January of the following year.

**VIII. ROLES AND RESPONSIBILITIES**

**A. Department of Health (DOH) shall:**

1. Provide policy directions and oversight, together with DILG and PhilHealth, in collaboration with FDA, DICT, PRC, NPC, UPM-NThC, LGUs, medical associations,



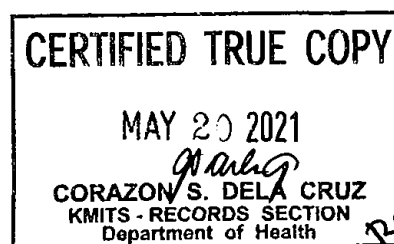
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- specialty societies, patient groups, and other relevant stakeholders, on the institutionalization and implementation of telemedicine services in the delivery of individual-based health services;
2. Develop strategies, standards, and guidelines on the implementation of telemedicine, in collaboration with DILG, PhilHealth, FDA, DICT, PRC, NPC, UPM-NThC, medical associations, specialty societies, and other relevant stakeholders:
    - a. Knowledge Management and Information Technology Service (KMITS) – data standards, integration and interoperability of health information systems and services, ICT infrastructure and service management, and TA on (i) development of localized telemedicine strategy, plans and protocols, (ii) capacity-building, (iii) evaluation of third-party telemedicine providers, and (iv) monitoring of the implementation/presence of LGU telemedicine services characteristics;
    - b. Health Facility Development Bureau (HFDB) – telemedicine process and service capabilities for HCPN and its component health facilities as aligned with DOH AO 2020-0019 and the Philippine Health Facility Development Plan (PHFDP);
    - c. Health Facilities and Services Regulatory Bureau (HFSRB) – regulation and licensing of appropriate health facilities for telemedicine;
    - d. Disease Prevention and Control Bureau (DPCB) – Code of Ethics, and CPG;
    - e. Health Human Resource Development Bureau (HHRDB) – NHWR;
    - f. Bureau of Local Health Systems Development (BLHSD) – appropriate LHS mechanisms to be established through LGU;
    - g. Health Emergency Management Bureau (HEMB) – management of health emergency referrals using telemedicine;
  3. Establish coordination and support mechanisms for TA and performance monitoring with the Regional Telemedicine Coordination Team, and LGU Telemedicine Operations Team through the Field Implementation and Coordination Team (FICT);
  4. Facilitate the conduct of capacity-building and mentoring activities through KMITS and Regional Telemedicine Coordination Team, in coordination with HHRDB for capacity-building needs, provision of training syllabus and other related TA;
  5. Lead the monitoring and evaluation of the implementation/presence of LGU telemedicine services characteristics through KMITS and the Regional Telemedicine Coordination Team, in coordination with the LGU Telemedicine Operations Team;
  6. Designate personnel from KMITS, HFDB, HFSRB, DPCB, HHRDB, BLHSD, HEMB and FICT who will be part of the Telemedicine SWG; and
  7. Designated personnel from the CHDs who will be part of the Regional Telemedicine Coordination Team.

**B. Department of the Interior and Local Government (DILG) shall:**

1. Make available support mechanisms, such as policies and coordination channels for TA, to facilitate the institutionalization and implementation of telemedicine services in the delivery of individual-based health services within P/CWHS based on the standards and guidelines as stipulated in this Order and any subsequent updates or changes hereto;
2. Assist the DOH in defining the LGU telemedicine process and service capabilities;
3. Co-lead with DOH in the monitoring and evaluation of the implementation/presence of LGU telemedicine services characteristics through the Regional Telemedicine Coordination Team; and
4. Designate personnel who will be part of the Telemedicine SWG and Regional Telemedicine Coordination Team, respectively.



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**C. Philippine Health Insurance Corporation (PhilHealth) shall:**

1. Formulate guidelines on telemedicine benefit package and reimbursement mechanism for health care providers, in coordination with DOH;
2. Assist the DOH and DILG in the provision of TA, particularly on monitoring and evaluation of the implementation/presence of LGU telemedicine services characteristics through the Regional Telemedicine Coordination Team;
3. Conduct financing-related researches on telemedicine; and
4. Designate personnel who will be part of the Telemedicine SWG and Regional Telemedicine Coordination Team, respectively.

**D. Food and Drug Administration (FDA) shall:**

1. Formulate guidelines on electronic prescription and dispensing of medicines based on the electronic prescription issued by a licensed physician, in coordination with DOH; and
2. Designate personnel who will be part of the Telemedicine SWG.

**E. Professional Regulation Commission (PRC) shall:**

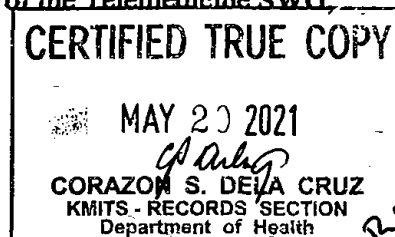
1. Co-lead with DOH and UPM-NThC in the development of the Code of Ethics, CPG, and certification program for telemedicine in collaboration with medical associations, specialty societies, patient groups, and other relevant stakeholders;
2. Co-lead with DOH in the development and implementation of the National Health Workforce Registry, which includes system functionality on license and credential verification for health care providers;
3. Designate personnel who will be part of the Telemedicine SWG; and
4. Assist the DOH, DILG, and PhilHealth in the provision of TA, and facilitating capacity-building and policy development initiatives.

**F. University of the Philippines Manila through the National TeleHealth Center (UPM-NThC) shall:**

1. Co-lead with DOH and PRC in the development of the Code of Ethics, CPG, and certification program for telemedicine, in collaboration with medical associations, specialty societies, patient groups, and other relevant stakeholders;
2. Co-lead with DOH in the development of a handbook on recommended rates for telemedicine services, in collaboration with medical associations, specialty societies;
3. Designate personnel who will be part of the Telemedicine SWG;
4. Conduct operational researches on telemedicine; and
5. Assist the DOH, DILG, and PhilHealth in the provision of TA, and facilitating capacity-building and policy development initiatives.

**G. Department of Information and Communications Technology (DICT) shall:**

1. Recommend ICT policies and standards, together with DOH, DILG, and PhilHealth, in the implementation of telemedicine, particularly in terms of ICT infrastructure and services, and related technologies;
2. Assist the DOH, DILG, PhilHealth, and LGUs in the management of the end-to-end process and system integration and interoperability of LGU telemedicine services;
3. Facilitate and ensure the continuous provision of ICT infrastructure and cybersecurity services to integrated health information systems on telemedicine, referral system management, and PhilHealth electronic claims processing and provider payment, and integrated LGU telemedicine referral systems, among others, to LGUs;
4. Designate personnel who will be part of the Telemedicine SWG;



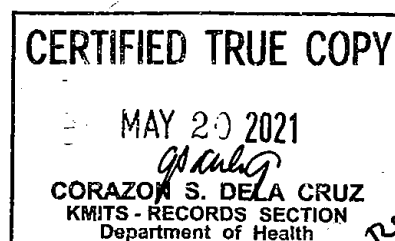
5. Administer vulnerability assessment and penetration testing (VAPT) of integrated health information systems and telemedicine referral system, and monitor compliance based on test results and recommendations through the Cybersecurity Bureau;
6. Provide monthly VAPT monitoring and compliance reports to the Telemedicine SWG; and
7. Assist the DOH, DILG, and PhilHealth in the provision of TA, and facilitating capacity-building and policy development initiatives.

**H. National Privacy Commission (NPC) shall:**

1. Recommend data privacy policies and standards, together with DOH, DILG, and PhilHealth, in the implementation of telemedicine;
2. Designate personnel who will be part of the Telemedicine SWG;
3. Administer the data privacy requirements for integrated health information systems on telemedicine, referral system management, and PhilHealth electronic claims processing and provider payment, and integrated LGU telemedicine referral systems, and monitor compliance through the Compliance and Monitoring Division (CMD);
4. Provide monthly data privacy monitoring and compliance reports to the Telemedicine SWG; and
5. Assist the DOH, DILG, and PhilHealth in the provision of TA, and facilitating capacity-building and policy development initiatives.

**I. Local Government Units (LGUs) shall:**

1. Lead and ensure the adoption and implementation of telemedicine services within their P/CWHS based on the standards and guidelines as stipulated in this Order and any subsequent updates or changes hereto;
2. Provide the needed resources, investments, and support mechanisms to facilitate the institutionalization and seamless implementation of telemedicine services within their P/CWHS;
3. Ensure proper complementation of efforts at the local level;
4. Create an LGU Telemedicine Operations Team that will collaborate with the Regional Telemedicine Coordination Team in the implementation of telemedicine services within their P/CWHS;
5. Assist KMITS and the Regional Telemedicine Coordination Team in the monitoring of the implementation/presence of LGU telemedicine services characteristics;
6. Ensure efficient generation and monthly submission of implementation's progress status to the Regional Telemedicine Coordination Team through the LGU Telemedicine Operations Team;
7. Act as both personal information controller and processor, and ensure the security, integrity, confidentiality, and availability of telemedicine data being collected, processed, maintained, transmitted or exchanged through their integrated health information systems and LGU telemedicine referral systems, uphold the rights of the data subjects, adhere to general data privacy principles, and observe the requirements for lawful processing, pursuant to RA 10173, otherwise known as the Data Privacy Act of 2012, and other existing or applicable laws, rules, and regulations;
8. Comply with existing or applicable laws, rules and regulations on contracting third-party telemedicine providers, if applicable;
9. Report technical and other operational issues, concerns, and/or problems that may arise in the implementation of telemedicine services to the Regional Telemedicine Coordination Team for appropriate action; and



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10. Provide relevant inputs and feedback to further improve the adoption and implementation of telemedicine services at the local level.

**J. Medical Associations and Specialty Societies shall:**

1. Assist the DOH, PRC, and UPM-NThC in the development of the Code of Ethics, CPG, and certification program for telemedicine;
2. Assist the DOH and UPM-NThC in the development of a handbook on recommended rates for telemedicine services;
3. Designate personnel who will be part of the Telemedicine SWG; and
4. Assist the DOH, DILG, and PhilHealth in the provision of TA, and facilitating capacity-building and policy development initiatives.

**K. Patient Groups shall:**

1. Provide relevant inputs to the DOH, PRC, and UPM-NThC in the development of the Code of Ethics and CPG for telemedicine;
2. Designate personnel who will be part of the Telemedicine SWG; and
3. Assist the DOH, DILG, and PhilHealth in the provision of TA, and facilitating capacity-building and policy development initiatives.

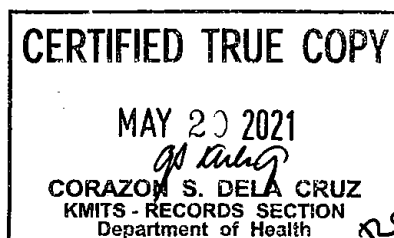
**L. Health Care Providers shall:**

1. Adopt and use telemedicine in the delivery of individual-based health services for their catchment population, and comply with standards and guidelines on the practice and use of telemedicine, including the minimum implementation requirements as stipulated in this Order and any subsequent updates or changes hereto, and pursuant to RA 2382, otherwise known as "The Medical Act of 1959," and RA 9711, otherwise known as the "FDA Act of 2009," and other existing or applicable laws, rules, and regulations;
2. Ensure efficient generation and monthly submission of implementation's progress status to the Regional Telemedicine Coordination Team through the LGU Telemedicine Operations Team;
3. Act as personal information controller, and ensure the security, integrity, confidentiality, and availability of telemedicine data being collected, processed, maintained, transmitted or exchanged through their integrated health information systems, uphold the rights of the data subjects, adhere to general data privacy principles, and observe the requirements for lawful processing, pursuant to RA 10173, otherwise known as the Data Privacy Act of 2012, and other existing or applicable laws, rules, and regulations;
4. Report technical and other operational issues, concerns, and/or problems that may arise in the implementation of telemedicine services to the LGU Telemedicine Operations Team and/or Regional Telemedicine Coordination Team for appropriate action; and
5. Provide relevant inputs and feedback to further improve the adoption and implementation of telemedicine services at the local level.

**M. Pharmaceutical outlets shall dispense medicines pursuant to an electronic prescription based on the standards and guidelines as stipulated in this Order and any subsequent updates or changes hereto, and pursuant to RA 9711, otherwise known as the "FDA Act of 2009," and RA 10918, otherwise known as the "Philippine Pharmacy Act."**

**N. Third-Party Telemedicine Providers shall:**

1. Comply with existing or applicable laws, rules and regulations on government procurement, or public-private-partnership, or any similar contracting arrangement,



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whichever is applicable, when engaging with LGUs for the provision of telemedicine services;

2. Comply with standards and guidelines on the provision of telemedicine services to LGUs or any of its component health care provider, including the minimum implementation requirements as stipulated in this Order and any subsequent updates or changes hereto;
3. Ensure efficient generation and monthly submission of implementation's progress status to the Regional Telemedicine Coordination Team through the LGU Telemedicine Operations Team; and
4. Act as both personal information controller and processor, and ensure the security, integrity, confidentiality, and availability of telemedicine data being collected, processed, maintained, transmitted or exchanged through their integrated health information systems, uphold the rights of the data subjects, adhere to general data privacy principles, and observe the requirements for lawful processing, pursuant to RA 10173, otherwise known as the Data Privacy Act of 2012, and other applicable laws, rules, and regulations.

**O. Data Subjects (Patients and Family Members/Other Companions) shall:**

1. Owner of the data from the telemedicine consultation;
2. Disclose truthful and accurate information regarding their health condition to the licensed physician; and
3. Observe and comply with the licensed physician's post-telemedicine consultation instructions.

**P. Inter-Agency National eHealth Technical Working Group (NEHTWG) shall assist the Telemedicine Sub-Working Group in the alignment, planning, organization, implementation, monitoring, and evaluation of policies, standards, and activities for the implementation of LGU telemedicine services in accordance with the policy directions of the Secretaries of the DOH and DILG, and PCEO of PhilHealth.**

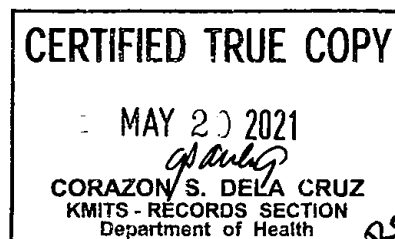
## **IX. VIOLATIONS AND COMPLAINTS**

Violations and complaints, the procedure for addressing the same, including the proper body having authority in such cases and possible sanctions that may be imposed shall be in accordance with laws and rules such as, but not limited to:

- A. Sections 22-29 of RA 2382 (The Medical Act of 1959) and the PMA Code of Ethics;
- B. Sections 10-15 of RA 9711 (FDA Act of 2009) and other relevant issuances from FDA;
- C. Article VI, Section 44 and Article VII, Section 45-46 of RA 10918 (Philippine Pharmacy Act);
- D. Rule XII, Section 51 and Rule XIII, Sections 52-65 of RA 10173 (Data Privacy Act of 2012) and other relevant issuances from NPC;
- E. Article 2176 of the Civil Code;
- F. Article 365 of the Revised Penal Code; and
- G. All other laws, as applicable.

## **X. BUDGET REQUIREMENTS**

The DOH, DILG, 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.



**XI. TRANSITORY PROVISION**

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

**XII. REPEALING CLAUSE**


This Order hereby rescinds DOH and NPC Joint Memorandum Circular (JMC) 2020-0001 dated 28 March 2020, DOH and NPC JMC 2020-0003 dated 14 April 2020, and DOH and UP Manila JMC 2020-0001 dated 08 June 2020.


**XIII. 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.

**XIV. 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

  
**EDUARDO M. AÑO**  
Secretary  
Department of the Interior and Local Government

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



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**CORAZON S. DELA CRUZ**  
KMITS - RECORDS SECTION  
Department of Health

**Annex A. Minimum Implementation Requirements on LGU Telemedicine Services**

Implementation Area	Criteria	Minimum Requirements for Compliance	Means of Verification
<p><b>1. Human Resources</b></p>	<p>Adequate number of qualified, trained and competent staff to ensure appropriate, efficient and effective use of telemedicine in the delivery of individual-based health services within the catchment area.</p>	<p>1. <i>Individual Health Care Provider</i></p> <ul style="list-style-type: none"> <li>a. Duly licensed physicians that are regularly trained on appropriate use of telemedicine and provision of response activities</li> <li>b. Dedicated ICT personnel</li> </ul> <p>2. <i>LGU Telemedicine Operations Team</i></p> <ul style="list-style-type: none"> <li>a. Duly licensed physicians that are regularly trained on appropriate use of telemedicine and provision of response activities</li> <li>b. Duly licensed/certified health emergency operations personnel</li> <li>c. Dedicated ICT personnel</li> </ul>	<p>1. <i>Individual Health Care Provider</i></p> <ul style="list-style-type: none"> <li>a. Signed order or appointment letter hiring dedicated licensed physicians that will provide telemedicine consultations, and ICT personnel</li> <li>b. Health care provider directory on telemedicine services</li> </ul> <p>2. <i>LGU Telemedicine Operations Team</i></p> <ul style="list-style-type: none"> <li>a. Signed order or appointment letter hiring licensed physicians that will provide telemedicine consultations, health emergency operations personnel, and ICT personnel</li> <li>b. LGU Directory on telemedicine service operations</li> </ul>
<p><b>2. Enterprise Architecture</b></p>	<p>Enabling local policies, guidelines, and standards for telemedicine implementation are issued.</p>	<p>1. <i>Policies, standards and guidelines</i></p> <ul style="list-style-type: none"> <li>a. LGU telemedicine service strategy and plan</li> <li>b. Localized telemedicine service protocols</li> <li>c. Policies relating to budget support and operations</li> </ul>	<p>1. <i>Policies, standards and guidelines</i></p> <ul style="list-style-type: none"> <li>a. Approved health information management/ICT development plan with section on telemedicine service strategy and plan in the LIPH</li> <li>b. Approved and disseminated localized telemedicine service protocols</li> <li>c. Approved policies and ordinances relating to</li> </ul>

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