



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

DEC 29 2014

ADMINISTRATIVE ORDER

No. 2014- 0046

SUBJECT: Defining the Service Delivery Networks (SDNs) For Universal Health Care or Kalusugan Pangkahalatan

I. RATIONALE

The overall goal of Universal Health Care or Kalusugan Pangkahalatan is to improve health outcomes, provide financial risk protection and provide quality access to health services and facilities specially for the poor. Administrative Order No. 2010-0036 "The Aquino Health Agenda: Achieving Universal Health Care for All Filipinos" calls for the development of guidelines on the service delivery networks that provide integrated, coordinated and continuous health care services.

In 2012, The Department of Health, issued AO No. 2012-0012 "Rules and Regulations Governing the New Classification of Hospitals and Other Health Facilities in the Philippines" which defines the new classification of all hospitals and health facilities to ensure attainment of UHC/KP goals in a more cohesive and efficient manner. Department Memorandum No. 2014-0313 issued on October 27, 2014 specified the implementation of the SDNs for the Responsible Parenthood and Reproductive Health (RPRH) Act of 2012. The IRR of RA 10351 or Sin Tax Law also requires the establishment of SDNs as the basis of sin tax allocations for assistance to health facilities.

This Order provides guidelines for service delivery network (SDN) in Universal Health Care or Kalusugan Pangkahalatan.

II. OBJECTIVES

1. Define establishment of service delivery networks to efficiently and effectively cover the needs of priority groups and the general population for UHC/KP programs and projects;
2. Guide DOH program managers, regional offices and Local Government Units in the establishment of SDNs

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III. SCOPE AND COVERAGE

This Order shall apply to all offices under the Department of Health, all health care providers and facilities (public and private), Non-Government Organizations, Civil Societies, other national agencies, local government units, health partners and donors, and all others concerned.

IV. GUIDING PRINCIPLES GOVERNING THE STRUCTURE, ORGANIZATION AND REFERRAL SYSTEM IN THE SERVICE DELIVERY NETWORK

- A. Universal Health Care or Kalusugan Pangkalahatan (UHC/KP) targets and outcomes shall guide the goals and objectives of service delivery network (SDN);
- B. Local Government Units (LGUs) as mandated by the 1991 Local Government Code have control over its health system and may enter into any form of agreement with other LGUs for purposes of coordinating or consolidating efforts, services or resources.
- C. SDN is an instrument to improve, strengthen service delivery and ensure continuity of services for families, across political and geographical boundaries.
- D. All hospitals and health facilities shall seek to be part of referral network within the vicinity of their SDNs, to provide for services which they are not capable to render, and to provide basis for any assistance required.
- E. All families belonging to a SDN are entitled to access responsive and quality health services.

V. GUIDELINES IN ESTABLISHING THE SERVICE DELIVERY NETWORK

A. Definition and Description of the Service Delivery Network (SDN)

- 1. SDN refers to the network of health facilities and providers within the province or city-wide health systems, offering a core package of health care services in an integrated and coordinated manner similar to the local health referral system;
- 2. SDN shall ensure access to quality care for every family in the province/city wide health systems for:
 - a) Population Health Interventions, Primary Health Care and Primary Care
 - b) Emergency, Medical/Surgical Intervention in General Hospitals
 - c) Referral Links to Specialty Hospitals & Other Health Facilities
- 3. SDN may be initiated or composed by both public and private hospitals and other health care facilities;
- 4. The different levels of care as to type of health facility and services in an SDN are described as follows:

a) Level of Care: Population Health Interventions, Primary Health Care (inclusive of Health Promotion and Preventive Health Care), Primary Care

Description	Health Facility	Services Available
	<i>(Based on AO No. 2012-0012)</i>	
First contact of care that offers basic health services including emergency service and provision of normal deliveries	-Rural Health Units (RHUs) with a network of Barangay Health Stations (BHSs) -Primary Care Facility -Private clinics and infirmaries, including birthing homes	-Population Health Care -Health Promotion -Preventive Health Care -Counselling -Immunizations -Check-ups and screening services -Laboratory Examinations -Facility-based Deliveries -Treatment and other services

b) Level of Care: Emergency, Medical, Surgical Intervention

Description	Health Facility	Services Available
	<i>(Based on AO No. 2012-0012)</i>	
Accessed through a general hospital that provides for all kinds of illnesses, diseases, injuries or deformities or through a specialty hospital that specializes in a particular disease or condition or in one type of patient.	-General Hospitals (Level 1, 2, 3) -Specialty Hospitals	-Clinical services on medicine: family health, pediatrics, internal medicine, obstetrics and gynecology, and surgery -Emergency services -Outpatient services -Specialty services a) treatment of a particular type of illness or for a particular condition requiring a range of treatment b) treatment of patients suffering from diseases of a particular organ or groups of organs c) treatment of patients belonging to a particular group such as children, women, elderly and others -Other services

c) Level of Care: Other Special Care

Description	Health Facility	Services Available
	<i>(Based on AO No. 2012-0012)</i>	
Provides continuing care and follow-through consultations on a short or long-term basis	Other Health Facilities including: -Custodial psychiatric care -Drug abuse and rehabilitation centers -Sanitaria -Diagnostic or therapeutic	-Long-term rehabilitation care (mental disease and disorders, other chronic diseases and impairments) -Clinical laboratories, radiology, nuclear medicine -CT scan, mammography

	facility -Specialized out-patient care -Other specialized services but not limited to ambulatory surgical clinic, dialysis clinic, oncology center, etc.	-Trauma facility -Other specialized services (eg dialysis, ambulatory surgical, etc)
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B. Establishment and Organization of SDNs

LGUs in coordination with DOH shall organize SDNs for their family constituents. The organization of SDNs shall be based on priority populations and their health needs.

Step 1: Identify needs of priority groups and the general population to be able to define service targets effectively.

- a) Identify needs of priority groups composed of the following:
 - 1. National Household Target System for Poverty Reduction (NHTS-PR) poor as defined by the Department of Social Welfare and Development (DSWD). Identification must include family and household members and their addresses
 - 2. Twenty (20) Poorest Provinces and ten (10) vulnerable provinces as identified by the National Economic Development Authority (NEDA)
 - 3. More than 1000 Poorest Municipalities as identified by the National Anti Poverty Commission (NAPC)
 - 4. Other vulnerable groups in the community, including Indigenous Groups, migrants, communities in conflict situation, disease-endemic areas, urban slums, Geographically Isolated Disadvantaged Areas (GIDAs), and others
- b) Identify needs of the general population, specifying needs of the population as a whole and needs specific to different life stages of infancy, childhood, adolescence, mothers, elderly, working population, and others, according to disease burden and targets set.

Step 2: Map available health care providers that can serve the needs of the priority groups and the general population, for particular quality program services requiring different levels of care at:

- a) Rural Health Units (with a network of Barangay Health Stations)
- b) General (Level 1, 2, 3) and Specialty Hospitals
- c) Other Health Facilities

Health facilities within an SDN should be identified as: a) public/private ownership b) geographic location/address c) PHIC accreditation status.

Step 3: Designate priority groups, general population to health facilities to facilitate efficient access to quality health services.

- a) List program services required by level of facility to specific named facilities in an SDN in the province/city-wide health system
- b) Designate specific barangay for priority groups and general population to the nearest SDN available
- c) Maintain standard list of barangays by municipality, by province and designated SDN and update annually

Step 4: Undertake monitoring and evaluation of the SDN

- a) All SDNs must be aware of their target priority group and general population by barangay, municipality, and province and submit the updated list to DOH Regional Office annually.
- b) All health facilities in SDN must maintain records and reports on the access and availment of the priority group and general population in terms of service coverage/utilization and client satisfaction

The following parameters shall guide the development of baseline data on SDN, coverage and utilization of the priority group and general population:

Service Delivery Network By Facility Classification (Based on AO No. 2012-0012)	Vital Information On the Priority Group and General Population of an SDN	Service Coverage Utilization in SDN
A. Primary Care Facility and other health facilities such as custodial care, diagnostic/therapeutic, specialized outpatient	<ul style="list-style-type: none"> -Total Number -Names -Residence/geographic location (eg barangay) -Dependents -Age -Sex 	<ul style="list-style-type: none"> Percent of Total Served <ul style="list-style-type: none"> - Priority Group - General Population by Life Stages Utilization by Type of Service <ul style="list-style-type: none"> - Population Health Intervention - Promotive - Preventive - Primary Health Care - Primary Care Client Satisfaction
B. General Hospitals (Level 1, 2, 3) and Specialty Hospitals	<ul style="list-style-type: none"> -Total Number -Names -Residence/geographic location(eg municipality) -Age -Sex -Pro Poor Program 	<ul style="list-style-type: none"> Percent of Total Served <ul style="list-style-type: none"> - Priority Group - General Population by Life Stages Utilization by Type of Service for General/Specialty/Other Services <ul style="list-style-type: none"> - Clinical Services

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	Availments (eg Philhealth Sponsored Poor, No Balance Billing, Z Benefit Package and others)	- Emergency Services -Outpatient Services -Ancillary and Support Services
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VI. ROLES AND RESPONSIBILITIES

1. DOH Program Managers shall define the core service package by level of care facility needed by priority groups and general population
2. DOH Regional Office (RO) shall:
 - a) Assist LGUs in defining SDNs for families in each LGU in the region, maintain an SDN registry and report to Operations Cluster Head
 - b) Undertake annual surveys on service coverage, utilization and client satisfaction in SDNs in the region by level of care facility
3. Provincial Health Officers (PHOs) shall:
 - a) Organize SDNs for Barangays and Municipalities in the province in coordination with DOH RO
 - b) Maintain list of SDNs and covered priority groups and general population by barangay/municipality and submit to DOH RO annually
 - c) Submit quarterly report on coverage, utilization and client satisfaction of SDN services quarterly to DOH RO
4. Municipal Health Officers (MHOs) and City Health Officers (CHOs) shall ensure that all family, groups, population in a barangay have a designated SDN.

VII. SEPARABILITY CLAUSE

If any provision of this Order is declared unauthorized or rendered invalid by any court of law or competent authority, those provisions not affected shall remain valid and effective.

VIII. EFFECTIVITY

This Order shall take effect immediately upon approval.


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 Acting Secretary of Health