Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

December 28, 2022

DEPARTMENT MEMORANDUM
No. 2022 - 0582

FOR : **ALL UNDERSECRETARIES, ASSISTANT SECRETARIES, CENTRAL OFFICE BUREAU/SERVICE DIRECTORS, AND OTHER DOH-CO UNITS CONCERNED**

SUBJECT : <u>Interim Guidance on Developing Guideline Implementation Tools for the Omnibus Health Guidelines and Sample Clinician Support Tools for Hypertension</u>

I. BACKGROUND

Pursuant the Republic Act No. 11223, also known as the "Universal Health Care Act" and its Implementing Rules and Regulations stipulating the role of the Department of Health (DOH) in standards setting for clinical care through the development, appraisal, and use of clinical practice guidelines (CPGs), and in integrating the explicit use of evidence into the policy and decision-making process, the DOH issued Administrative Order (AO) No. 2022-0018 "Development and Utilization of the Omnibus Health Guidelines per Lifestage". This Administrative Order serves as the overarching policy issuance integrating key policy provisions governing various health programs and integrating standards of care for various life stages, using the life course approach.

In accordance with AO No. 2022-0018, the standards of care provided in the Omnibus Health Guidelines (OHG) shall be translated into user-friendly Guideline Implementation Tools (GIT), including Clinician Support Tools (CSTs), Patient Support Tools (PSTs), Implementation Support Tools (ISTs), and Evaluation Support Tools (ESTs).

II. OBJECTIVES

This memorandum is hereby issued to provide an interim guidance on the development process of GITs. All DOH offices, institutions, and individuals are enjoined to utilize this interim guidance when creating different types of GITs for target users, to facilitate the implementation and utilization of the OHG.

III. GUIDELINES

A. The OHG shall serve as the main policy reference in developing GITs. The standards of care in the OHG for Children, Adolescents, Adults, Elderly, and Various Settings, disseminated through Department Circular No. 2022-0344 "Dissemination of the Omnibus Health Guidelines per Lifestage", shall be used as the basis for creating GITs. GIT developers may focus on the following types of GITs and their corresponding target users:

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1. CSTs shall target primary care providers. CSTs include algorithms, checklists, handbooks, and other similar tools that can be used during patient encounters to guide clinical decision-making.

2. PSTs shall target patients and their households or caregivers. PSTs include guideline summaries in plain language, self-management support tools such as self-care action plans, and other similar tools to guide self and household care.

3. ISTs and ESTs shall target administrators and managers, such as Local Government Units/Executives, Provincial/City/Municipal Health Officers, Primary Care Managers, and Settings-based Managers. ISTs include training manuals, manuals of procedures, and resource checklists for human, infrastructure, and funding resources needed for OHG implementation, among others. ESTs include audit guidelines to evaluate adherence to the OHG, quality indicators or performance measures, scorecards, and other similar tools. ISTs and ESTs can be used to assess the implementation of and adherence to the OHG and to improve local systems and processes.

B. The following offices shall lead the development of GITs, in collaboration with relevant target users and stakeholders:

1. Disease Prevention and Control Bureau (DPCB) for CSTs, ISTs, and ESTs; and

2. Health Promotion Bureau (HPB) for PSTs.

C. GIT developers shall ensure that GITs are evidence-informed and are consistent with the OHG.

1. GIT developers shall seek to use the most recent and best available evidence when developing GITs.

2. All evidence sources used in the development of the GITs which are not referenced in the OHG shall undergo quality appraisal using internationally validated and accepted tools, as applicable, in accordance with AO No. 2022-0018.

3. All references shall be properly cited.

D. GIT developers shall identify the target users of the GITs and the stakeholders who can provide content expertise, and shall seek to engage and consult them during the GIT development process.

E. At the minimum, the GIT development process shall be conscientiously documented and shall involve the following steps as modified from Gagliardi, et al., 2015:

1. **Preparation stage:**

   i. Commence the GIT development planning in collaboration with the OHG development team and in alignment with the OHG and its updates.

   ii. Establish a steering committee which will provide leadership and oversight during the development process.

iii. Determine target users and perform needs assessment using valid methods (e.g., interview, focus group discussions, surveys).

iv. Identify the specific objectives of developing the GIT, and the scope and setting covered in a particular topic.

v. Identify the stakeholders who will be involved in the consultation and decision-making process.

vi. Explicitly identify methods to resolve conflicts and other issues during GIT development (e.g. voting, rating, or other consensus-making techniques).

vii. Specify expectations from all individuals who will be involved in the GIT development process.

viii. Adhere to a Conflict of Interest (COI) declaration and management plan for all individuals involved in the GIT development process, in accordance with the UHC Act and other relevant laws and policies.

2. Development stage

i. Scope existing tools and documents and review and synthesize data and evidence to identify the appropriate content and format that complement the provisions stated in the OHG.

ii. Perform quality appraisal of references that are not yet part of the OHG but are for inclusion in the GIT.

iii. Identify existing GITs that can be adapted or modified according to the GIT objectives.

iv. Create a draft GIT based on the needs assessment of target users and the inputs of stakeholders, taking into consideration factors such as but not limited to visual appeal, technical soundness, applicability, and implementability.

v. Engage target users in a pre-test to review the draft GIT through valid methods.

vi. Revise the GIT based on the pre-test results.

vii. Pilot-test the revised GIT on target users using valid methods and incorporate target user feedback.

viii. Review the newly-developed GIT based on the desirable features of GITs, such as those shown in Annex A.

ix. Perform final editorial review (e.g., proofreading, editing, lay-outing, addition of graphics, etc.) and translate to plain or lay language, as appropriate.

3. Dissemination, Implementation, Monitoring and Evaluation Stage

i. Ensure that approved GITs are disseminated through appropriate media and channels (e.g., DOH website, social media cards, fora/events of relevant stakeholders, etc.).

ii. Evaluate implementation and impact of the GITs through valid methods.

iii. Engage target users and other stakeholders to rigorously evaluate the use and impact of the GIT, and provide feedback for further improvement.

iv. Ensure target users and stakeholders review and provide feedback on the contents of the OHG, as part of quality assurance and improvement.

F. At the minimum, the final form of the GITs shall contain the following:

1. A briefer which concisely presents the following elements: rationale, objectives, target users, scope and applicable setting, overview of development process and methods, instructions on how to use the GIT, and properly cited references.

2. The actual tools which underwent the GIT development process.

3. A summary of the COI declaration and management, as applicable, of the involved individuals.

G. All offices involved in the creation of GITs shall regularly review and incorporate the OHG updates and other current quality evidence, as appropriate, and monitor and evaluate the GITs to ensure their dissemination, adoption, utilization, and implementation.

H. Specific guidelines on the development of GITs shall be included in the forthcoming Expanded National Practice Guidelines Program (NPGP) Manuals.

Sample GITs, particularly Clinician Support Tools for Hypertension can be accessed through this link: https://bit.ly/HypertensionCSTs. All are requested to disseminate the pre-test survey accessible at this link: bit.ly/PretestHypertensionCSTs.

For information and guidance.

By Authority of the Secretary of Health:

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OIC-Undersecretary of Health
Public Health Services Team

References

Department of Health. (2021). *Administrative Order No. 2021-0020: Revised Guidelines on National Practice Guideline Development, Adoption and Dissemination.*

Department of Health. (2022). *Administrative Order No. 2022-0018: Development and Utilization of the Omnibus Health Guidelines per Lifestage.*

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Gagliardi, A.R., Brouwers, M.C. & Bhattacharyya, O.K. (2014). A framework of the desirable features of guideline implementation tools (GItools): Delphi survey and assessment of GItools. *Implementation Sci* 9, 98) https://doi.org/10.1186/s13012-014-0098-8

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Republic Act No. 11223 *"Universal Health Care Act"*

Annex A. Recommended Features of Guideline Implementation Tools (Modified from Gagliardi et al., 2014)

Features	Definition/Examples
Transparency of Development	
1. Tool objectives are stated	The intent, use, and intended impact of the tool are described.
2. Target users are named	Individuals or groups meant to implement and/or apply the tool are identified.
3. Instructions on tool use are provided	Detailed instructions are provided for how to implement and use the tool.
4. Methods used to develop the tool are described, including a comprehensive search of sources for content	Methods used to develop the tool are clearly described, such as but not limited to the process of development, those involved in the development and their COI declaration, the process of searching for references to inform and assemble tool content and format, and the process of resolving conflicts or disagreements.
Linking Evidence to Recommendation	
5. Evidence upon which tool content is based is described and cited	The types and quality of evidence used to build the content and format are described and properly cited.
6. Context or setting in which tool was developed/will be used are described	Details of the context or setting in which the tool was developed or is meant to be used are described.
Feedback Mechanism and User and Stakeholder Engagement	
7. Target users were involved in tool development	Target users were consulted by survey, interview, focus group or other valid methods, or as part of the steering committee.
8. Methods used to evaluate the tool are described	Methods used to evaluate the content, format, use and/or impact of the tool are described.
9. The tool was pilot-tested with users	The tool was pilot-tested with users and refined based on their input before broad implementation.
10. User feedback about tool use and impact is prospectively collected	A mechanism was established to prospectively gather feedback from users about use and impact.