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S. No. 1786

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Introduced by Senator Miriam Defensor Santiago

EXPLANATORY NOTE

The Constitution, Article 2, Section 15 provides: "The State shall protect and promote the right to health of the people and instill health consciousness among them."

This bill requires the Secretary of the Department of Health to create a Blueprint for Health program to provide a national infrastructure for disease prevention, health promotion, and education about, and better management of, chronic conditions. Sets forth elements to be included in the Blueprint, including: (1) chronic management programs; (2) incentives for the prevention of chronic diseases, including investments in health and sustainable local and regional food systems; and (3) a plan for the assessment of current health information technology initiatives. It also directs the Secretary to convene an executive committee to advise the Secretary on the creation and implementation of the Blueprint for Health.

Further, this measure mandates the Health Secretary to recommend to Congress legislation to implement the Blueprint for Health, including the establishment of programs designed to enhance primary care, promote multidisciplinary care coordination, prevent disease, improve quality, contain costs, more effectively manage chronic illness, and promote good health and prevention initiatives.¹


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¹ This bill was originally filed in the third regular session of the 14th Congress.

1 (A) *In General.* – The Secretary of Health (here called as the “Secretary”)
2 shall create consistent with this Act a program (here called as the
3 “Blueprint for Health”) that provides a national infrastructure for disease
4 prevention, health promotion, and education about and better management
5 of chronic conditions through the use of a nationwide integrated medical
6 home model of care (here called as the “integrated medical home model of
7 care”) in a manner that is designed to initiate, coordinate, and evaluate
8 measures for promoting health and preventing disease in the Philippines.

9 (B) *Elements of Blueprint.* – The Blueprint for Health shall include the
10 following elements:

11 (1) *Strategic Plan.* – A strategic plan described in section 4 for
12 designing the integrated medical home model of care.

13 (2) *Chronic Care Management Programs.* – Chronic care management
14 programs described in section 5.

15 (3) *Prevention Incentives.* – Incentives for the prevention of chronic
16 disease described in section 6.

17 (4) *Assessment of Hit Initiatives.* – A plan described in section 7 for
18 the assessment of current health information technology initiatives.

19 (C) *Executive Committee.* –

20 (1) *In General.* – The Secretary shall convene an executive committee
21 to advise the Secretary on the creation and implementation of the
22 Blueprint for Health.

23 (2) *Composition.* – The executive committee shall include
24 representation from national and local medical, hospital, and
25 pharmaceutical associations, consumer and patient advocacy
26 groups, labor groups, employer and other purchasing groups, and
27 the health insurance industry.

1 SEC. 4. *Strategic Plan.* – The Blueprint for Health shall include a strategic plan
2 for designing the integrated medical home model of care that includes the following:

3 (1) Recommended elements of an integrated coordinated chronic care
4 management model that incorporates the following:

5 (A) Early disease detection and risk stratification; and

6 (B) Community care teams that provide care support for medical
7 homes and assist in coordinating care among medical homes,
8 hospitals, prevention programs, multidisciplinary specialists, and
9 others.

10 (2) A plan for the formation of such community care teams that may include
11 panel managers, public health prevention specialists, nurse coordinators,
12 social workers, dietitians, community health workers, care coordinators,
13 behavioral health specialists, and other patient support personnel.

14 (3) Incentives for patient self management, community-based initiatives, and
15 system and information technology reforms, intended for use by all
16 providers and health plans, including Philhealth and other government
17 programs.

18 (4) A description of recommended prevention programs and a strategy for
19 integrating them into the integrated medical home model of care.

20 (5) A plan to ensure that chronically ill patients have a low level of cost
21 sharing under the integrated medical home model of care.

22 (6) Alignment of health care information technology initiatives with
23 information technology needs.

24 (7) Development and use of outcome and reporting measures designed to
25 track the progress of patients meeting clinically recommended treatment
26 goals.

- 1 (8) A strategy for ensuring the broad support of the integrated medical home
2 model of care by health insurers, hospitals, and health care professionals,
3 including specialists and other physicians.
- 4 (9) Recommendations for better integrating specialty care services into
5 primary care practices to ensure care coordination and the use of best
6 practices.
- 7 (10) Recommendations for the consultation of providers experienced with the
8 development and implementation of an integrated medical home model of
9 care as this Act's care coordination model is developed; and
- 10 (11) A strategy for standardizing outcome and financial measures to ensure
11 consistency among all health plans, Philhealth and other government
12 programs.

13 SEC. 5. *Chronic Care Management Programs.* – The Secretary shall include in the
14 Blueprint for Health chronic care management programs which provide for at least the
15 following:

- 16 (1) Methods for identifying and enrolling chronically ill patients and for
17 encouraging primary care physicians, specialists, hospitals, and others to
18 participate in such programs.
- 19 (2) Development of health risk appraisal or assessment for individuals
20 enrolled under Philhealth and other government programs.
- 21 (3) A process for coordinating care among health professionals including
22 multidisciplinary care teams and specialty care providers.
- 23 (4) Methods for increasing communication among health care professionals
24 and patients, including patient education, self-management, and follow up
25 plans.
- 26 (5) Process and outcome measures to provide performance feedback for
27 health care professionals and information on the quality of care.

1 (6) Payment methodologies to create financial incentives for patient
2 participation and to allow primary care physicians to meet specific
3 standards of a medical home program. Such financial incentives shall
4 include:

5 (A) Enhanced payment to medical practices, such as a per member per
6 month fee, based on standards for a medical home prescribed by
7 the Secretary;

8 (B) Payment for care support services, such as community care teams
9 or other applicable approaches, across all insurers, including multi-
10 payer private plans and Philhealth and other government programs;
11 and

12 (C) The support of a community based savings sharing and
13 reinvestment model, such as an accountable care organization,
14 which incorporates a balanced set of financial and quality
15 incentives.

16 *SEC. 6. Incentives for Prevention of Chronic Disease. –*

17 (A) *In General.* – The Secretary shall include in the Blueprint for Health a
18 plan to provide incentives to prevent chronic diseases, including
19 investments in healthy and sustainable local and regional food systems as
20 well as the broader use of lifestyle changes, such as through diet, exercise,
21 and smoking cessation in the schools, communities, and workplace.

22 (B) *Compilation of Effective Practices.* – the Secretary shall compile a list of
23 effective practices that would serve as a basis for establishing programs to
24 prevent chronic disease and that could be included in the Blueprint for
25 Health.

26 (C) *Recommendations.* – The plan under subsection (a) may include the
27 following:

1 (1) Grant opportunities and tax credits for localities to conduct
2 community assessment, intervention, and activation plans in which
3 public health data are collected and analyzed to identify areas in
4 greatest need of prevention and wellness programs.

5 (2) Tax credits and incentive grants to local education agencies,
6 businesses, communities, hospitals, health care providers, and
7 other entities so that they may adopt effective models of wellness
8 shown to lower costs and improve health.

9 (3) Incentives for individuals to take proactive preventative measures,
10 including weight management and smoking cessation.

11 (4) Tax credits and incentive grants to local education agencies,
12 businesses, local departments of public health, communities,
13 hospitals, health care providers and other entities to promote the
14 development of healthy and sustainable local and regional food
15 systems.

16 SEC. 7. *Health Information Technology.* – The Blueprint for Health shall promote
17 the effective, efficient, national use of health care information technology initiatives.

18 SEC. 8. *Recommendations to Congress; Annual Report.* – Not later than one year
19 after the date of effectivity of this Act, the Secretary shall present to Congress
20 recommendations for legislation to implement the *Blueprint for Health*, including the
21 establishment of programs designed to enhance primary care, promote multidisciplinary
22 care coordination, prevent disease, improve quality, contain costs, more effectively
23 manage chronic illness, and promote good health and prevention initiatives.

24 The Secretary shall submit an annual report to Congress on the status of the
25 implementation of the *Blueprint for Health*.

26 SEC. 9. *Appropriations.* – The funds needed for the initial implementation of this
27 Act shall be charged against the appropriations of the Department of Health. Thereafter,

1 such amount as may be necessary for its full implementation shall be included in the
2 annual General Appropriations Act as a distinct and separate item.

3 SEC. 10. *Separability Clause.* – If any provision or part hereof, is held invalid or
4 unconstitutional, the remainder of the Act or the provision not otherwise affected shall
5 remain valid and subsisting.

6 SEC. 11. *Repealing Clause.* – Any law, presidential decree or issuance, executive
7 order, letter of instruction, administrative order, rule or regulation contrary to, or
8 inconsistent with the provisions of this Act is hereby repealed, modified or amended
9 accordingly.

10 SEC. 12. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after its
11 publication in at least two (2) newspapers of general circulation.

Approved,