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The Philippine Medical Association headed by its President Dr. Maria Minerva P. Calimag, meeting with the Department of Health Secretary Hon. Jannette Loreto-Garin, M.D. for the reinstatement of the PMA Certificate of Good Standing as a requirement for Philhealth Accreditation of Healthcare Practitioner. Also in attendance is the president of Philippine Hospital Association Dr. Ruben C. Flores.

PhilHealth reinstates PMA Certificate of Good Standing Requirement

The Philippine Health Insurance Corporation has reinstated the updated Certificate of Good Standing (CGS) from the Philippine Medical Association (PMA) a requirement for accreditation for all physicians effective January 8, 2016. This ruling is contained in the PhilHealth Circular #2015-037 dated December 8, 2015. On the part of PMA, an updated CGS from the component society is required for securing the PMA CGS.

The CGS was removed as a requirement for accreditation in 2013 as stated in section 61 of the Revised Implementing Rules and Regulations of RA 7875 as amended by RA 9241 and RA 10606. However, the PhilHealth recognized that membership in good standing in the PMA and in the Philippine Hospital Association (PHA), its two partners in the implementation of the National Health Insurance Program, would increase the likelihood of compliance of the health care providers to the Code of Ethics of their respective organization.

For medical specialist applying for accreditation (initial, continuous or re-accreditation due to lapse in accreditation), an updated CGS from their specialty society is required aside from the PMA CGS.

Physicians whose accreditation is still valid would be required to submit the necessary certificate(s) on their next application for accreditation.

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FROM THE PRESIDENT'S DESK

Maria Minerva P. Calimag, MD, MsCE, PhD, FPSA

Leading at the PMA: A Legacy of Good Governance and Strategic Management

This year, TEAM PMA 2015-2016 chose to refocus our efforts on sustainable and tangible change at the PMA.

Through the years, many things needed rethinking at the PMA. The physicians' psyche, our culture at the PMA (the Component, Specialty and Affiliate Societies, included), our business processes (our daily workflow processes, our fund management processes), our employer-employee relationships, our buildings and grounds.

Members tend to have short-term memories and we easily forget. Oftentimes, changes at the PMA are as short-lived as the one or two-year term of the President. Many changes end up as band-aid solutions.

In the last two years, our goal at the PMA has always been to institutionalize changes and make changes tangible and palpable for our members' satisfaction so that long-term solutions can happen. We all need to assume a growth mindset for sustainable change to take place.

The beginning of immediate, dramatic change and the application of supporting technical and behavioural concepts and tools that are necessary to implement process reengineering at the PMA requires answering the ultimate question: "Why are we doing this at all?" To accomplish this, the PMA must throw out existing systems and processes and create new ones, thus fostering

fostering an environment that encourages quantum leaps in the improvement of critical, contemporary measures of performance, such as cost, quality, service, and speed. The intent of engaging in process reengineering is to make the PMA significantly more flexible, responsive, efficient, and effective for our physician-members, employees and other stakeholders.

As in all other organizations, if process reengineering is to work for the PMA, our organizational priorities must change in the following ways: (1) from boss to customer focus; (2) from controlled workers to empowered, involved process owners and decision makers;

(3) from activity-based work to a results orientation; (4) from scorekeeping to leading and teaching so that people measure their own results; (5) from functional (vertical) to process (horizontal or cross functional) orientation; (6) from serial to concurrent operations; (7) from complex to simple, streamlined processes; (8) from empire building and guarding the status quo to inventing new systems and processes and looking toward the future (i.e., from the caretaker mentality to visionary leadership). As organizational priorities change, the culture will change as the members begin to understand the vision for a better culture with better capabilities and results.

Our Strategic Imperatives and The Balanced Scorecard



Figure 1. Adapted from Robert S. Kaplan and David P. Norton, "Using the Balanced Scorecard as a Strategic Management System," *Harvard Business Review* (January-February 1996):76

At the Leadership and Strategic Planning Workshop, several strategic imperatives emerged:

1. Institutionalize the mission, vision and values of the PMA;
2. Strengthen the PMA as an organization;
3. Enhance the relevance of the PMA among its members;
4. Build capacities and empower the physicians;
5. Promote quality Medical Education;
6. Improve physicians' access to Continuing Professional Development;
7. Play a pivotal role in crafting policies and laws for the country; and
8. Elevate the status of the PMA in the local and international scene.

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from the Presidents Desk, from page 2...

The Financial/Stewardship Perspective

"Financial Performance"

Timely and accurate funding data is always a priority at the PMA, and the Officers and Members of the Board of Governors will do whatever is necessary to provide it. In fact, often there is more than enough handling and processing of financial data. Year-to-date funds are increasing monthly.

PHILIPPINE MEDICAL ASSOCIATION COMPARATIVE FINANCIAL HIGHLIGHTS

III. COMPARATIVE FINANCIAL HIGHLIGHTS

	NOVEMBER 30, 2015	DECEMBER 31, 2015	JANUARY 31, 2016	FEBRUARY 29, 2016
General Fund	16,784,965.36	16,299,977.86	17,445,787.48	17,029,804.56
Physicians' Mutual Aid (Death/Disability/Legal)	75,872,768.33	78,295,056.48	77,313,713.10	78,151,895.98
Physicians' Trust Fund	18,310,684.88	18,332,194.44	18,343,048.18	18,363,346.47
Doctors' Inn	10,616,626.73	10,644,742.04	10,749,202.92	10,501,240.13
Medical Indigency Center	2,868,574.48	2,658,462.93	2,720,324.65	2,554,557.57
Retirement/Gratuity	2,872,891.24	2,910,047.71	2,947,179.06	2,880,128.44
Disaster Fund	1,037,843.66	895,107.86	895,107.86	909,401.55
Calamity Assistance	341,863.00	360,863.00	360,863.00	385,863.60
Anti Cancer	946,922.69	949,076.16	949,076.16	951,301.40
Legislative Fund	534,827.60	536,043.89	536,043.89	537,300.72
CME Fund			-	655,274.72
Annual Convention Fund			-	218,122.50
TOTAL FUND BALANCES	130,187,967.97	131,881,572.37	132,260,346.32	133,138,237.64

With the implementation of a corporate database in the OWL@PMA, the goal is that more of the information and financial processing can be centralized and automated. Soon physician-members can pay Annual Dues online; avail of an automatic debit arrangement with participating banks and credit cards; and secure the Unified Certificate of Good Standing via the OWL@PMA after achieving the required number of Continuing Professional Development (CPD) points.

The current emphasis on financials, however does not lead to an "unbalanced" situation with regard to other perspectives. An audit system has also been adopted. Policies have been set in place to plug all financial leaks. All transactions are made through credit cards and payments through cheques for greater transparency and accountability. All suppliers of goods and services undergo canvassing and bidding. LED lights, air conditioners with inverters and laptops that can be unplugged when

batteries are full are now in use which resulted in 60-80% savings in electrical consumption.

The Business Process Perspective

"Efficiency"

Metrics based on our internal business processes allow the Officers and Members of the Board of Governors to know how well our daily workflow processes are running, and whether our products and services conform to physician-member requirements (the mission). These metrics have been carefully designed by those who know these processes most intimately; with our unique missions these are not something that can be developed by outside consultants. Soon physician-members' Continuing Professional Development (CPD) activities can be automatically credited to their portfolio and the Societies' portfolio; physician-members who paid their Annual Dues online can secure the Unified Certificate of Good Standing

via the OWL@PMA after achieving the required number of CPD points. Physician-members who lack the required CPD points may avail of CPD points online through webinars, podcasts and online modules provided by CPD Partners such as MSD/Johns Hopkins Clinical, UMED, Asia eHealth Information Network, MDPie, Johnson and Johnson, UP-Med, etc.

We hired an Executive Director who is knowledgeable in human resource and process flow management. We also hired a Certified Public Accountant who is knowledgeable in accounting processes, and Internal, as well as, External Auditors. Almost immediately, the Internal Auditor was able to note irregularities in some of our internal processes that were immediately remedied. The Association has now set policies for all processes that involve transactions within and outside the Association.

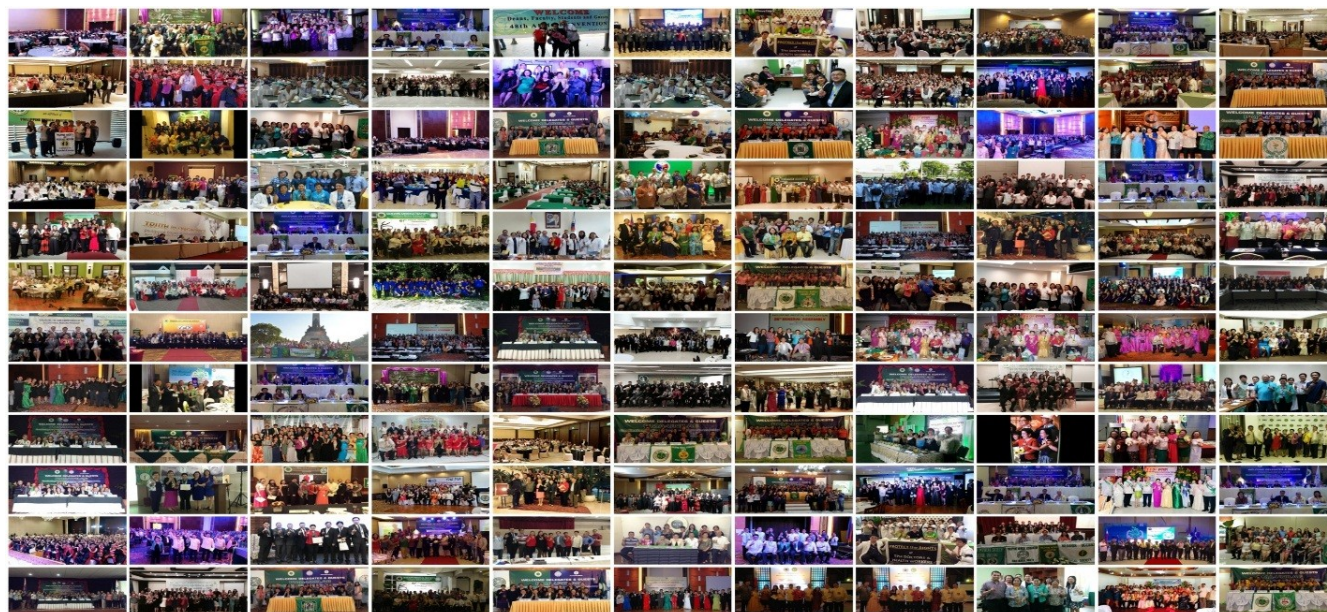
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From the President's Desk, from page 3...

The Customer/Stakeholder Perspective

"Satisfaction"

Recent management philosophy has shown an increasing realization of the importance of customer focus and customer satisfaction in any undertaking. Physician-members have renewed trust and confidence in the organization. 6,061 members have either reactivated and/or have newly applied for membership. The physician-members have likewise responded positively to the ONE PMA Movement and it has become a by-word among members. It has likewise improved the image and relevance of the PMA as an organization.



We launched the ONE PMA MOVEMENT to unite all doctors in the country, under the PMA, the umbrella organization of all medical organizations in the country.



The employees are likewise experiencing a second wind as a new Executive Director/Human Resource Manager instituted changes in the way the office is run. This is the first time in 112 years that the employees got Service/Loyalty Awards, thus recognizing their roles in the successes of the Association. One employee, Ms. Cathy Salcedo has been with the Association for 38 years since 1978. They now have HMO hospitalization benefits, salary restructuring and Employee Training and Development.

First Employee Service Awards on PMA's 112th Year

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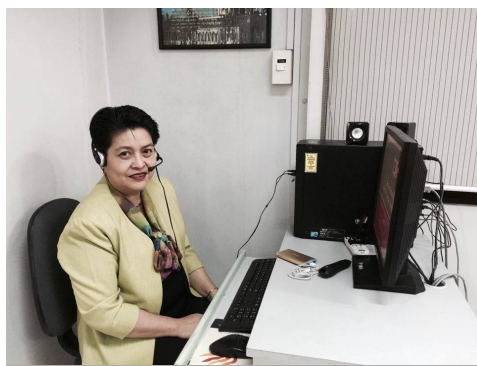
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We have also launched the Customer Satisfaction Forms at the Doctors' Inn as an initiative to better address our physician clients/guests needs.

The Learning and Growth Perspective

"Knowledge and Innovation"

This perspective includes employee training and corporate cultural attitudes related to both individual and corporate self-improvement. In a knowledge-worker organization, people -- the only repository of knowledge -- are the main resource. In the current climate of rapid technological change, it is becoming necessary for knowledge workers to be in a continuous learning mode. The employees now undergo short course trainings according to their office duties and responsibilities. The retraining of our employees is an investment in human capital.



Conducting Webinars for the OWL@PMA



A PMA Component Society is assigned one webinar seat at the Asia eHealth Information Network (AeHIN) Platform. Members attend as a groups but are assigned points individually.

We have also set-up the OWL@PMA as an online CPD Provider Platform and an online CPD Monitoring site in line with the requirements of the Philippines Qualification Framework and the ASEAN Qualifications Framework through the Council of Medicine of the Professional Regulation Commission. The OWL@PMA™ is an acronym that stands for Online Webbed Learning @ Partnerships for Medical Advancement. It features a content and learning management site with analytics. The OWL@PMA™ also features a cloud-based portfolio assessment platform which is a virtual space for curating and archiving of physician profile and evidences of learning from formal, informal and non-formal Continuing Professional Development (CPD) encounters. CPD credits can be earned through the Online Modules and Roundtable Conferences; Certificates from local and international conferences, seminars and workshops; research outputs, creative works and outputs such as infographics for health awareness advocacies, policy statements, position papers, lectures delivered etc.

The portfolio within the OWL@PMA™ will be both a product and a process portfolio. A product portfolio demonstrates mastery of a learning task or a set of learning objectives and contains the best works of the physician, while a process portfolio documents the stages of learning and provides a progressive record of the physicians' professional growth over time. All physicians shall simply curate or record all his continuing professional development activities (face-to-face and online) to be credited with the corresponding CPD units. The portfolio will provide the evaluator with the following information, i.e., 1) a reflection of the physician as a professional; 2) a record of his professional development; 3) proof of his performance on-the-job, in-training or in class; 4) what he has accomplished (i.e., tangible artifacts/evidence); 5) paper-, computer-, or web-based evidence of having learned new skills.



Component Society Officers are given an introduction into the OWL@PMA Program during the Regional Assemblies.

The OWL@PMA is an investment in Information capital. The capacity building we are engaging in to empower our physician-members in digital literacy is an investment in human capital.

To date we have disseminated information about the OWL@PMA™ to 15 out of 17 Regions across the country in a continuing effort to build capacities: Western Mindanao (Pagadian City); Central Visayas (Cebu); Eastern Visayas (Ormoc); Northwestern Luzon (La Union); Northcentral Mindanao Region (Lanao del Sur); Manila Region, Quezon City Region, Rizal Region, Central Tagalog Region (Manila); Central Luzon Region (Bulacan); Southern Tagalog (Tagaytay); Northeastern Luzon (Ifugao); Western Visayas Region (Aklan); and Southeastern Mindanao (General Santos City) and CARAGA Region (Surigao City). Dr. Ferdinand Miranda, President of the Misamis Oriental Medical Society and volunteer web developer of the OWL@PMA™ gives the orientation during the Regional Assemblies.

Over and above this, we are investing capital outlay for the improvement of the PMA grounds and facilities. The last improvement in of the physical facilities was 25 years ago in 1991.

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The PMA Auditorium after the Renovation



The PMA Auditorium



It will be remembered that the PMA -PARM Rehabilitation Center and the Indigency Center was renovated in partnership with the Philippine Academy of Rehabilitation Center under the leadership of its President Dr. Renald Peter Ramiro, and was inaugurated during last year's Foundation Day Celebration, September 15, 2015. The PMA Auditorium has also been renovated including

renovation of the restrooms and coats of paints donated by Boysen Philippines which significantly reduced the overall cost of the improvements. The improvements were initiated through the efforts of the PMA Auditorium Committee headed by Dr. Sylvanno Agustin (Chairman), and Members: Drs. Lilia Matulac, Evangeline Fabian, Nenita Lee-Tan, Sylvia Calingo and Carmencita Lo

under the technical supervision of Engr. Joylie Agustin (APMA).

Some may view office renovation work as a dreadful chore, some may find it a financial burden. But the plain fact is that, for office operations to grow, constant office renovation is essential and

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often necessary to maintain such growth. Rather than treating it as a burden, office renovation work should be viewed as a sign of things to come. For the PMA, the current style and layout is obsolete and the office renovation is intended to turn the Administration Office into a space with more efficient workflow.

Physician-members come and transact business at the PMA daily and the floor of the offices and the stairs going up to the second floor which has been covered with vinyl tiles represents the most used commodity of the entire Administration Building, so naturally it suffers to most wear and tear. No amount of soaping and washing can clean the floors and the stairs. Even the stairs are

so worn out that it emits a clanging sound whenever shoe heels meet the nosing. Indeed, even the best and most expensive flooring would disintegrate over certain periods. When the renovation works on the flooring is done, the new tiling will ensure a fresher and livelier atmosphere.

Our walls and doors are painted different colors of brown, gray and white with no harmony whatsoever. A fresh spray of monochromatic tones of beige with a splash of lime green paint on the walls will play a huge part to liven up the workplace and lift up the ambience of the office. A change of colour is essential to follow changes in colour trends. Adorning the walls with art and décor can also make a huge impact on overall ambience.

Our furniture are outdated and daily use has resulted in typical wear and tear. Fabrics are stained and the leatherette upholstery are ripped so that even a simple reupholstering of the fabric or mending of the furniture can come a long way in making a noticeable impact.

The PMA grounds has also been weather-beaten and battered in the last 25 years and it too will get a facelift including landscaping. Loads of trash that are hidden from sight at the back of the Indigency Center and the PMA Auditorium will be disposed of and the area cemented and landscaped.



*Flooring of the 2nd Floor Administration Building
Before*



After



*Flooring of the 2nd Floor Administration Building...
Work In Progress*



The PMA Grounds...Before



continued on page 8...

From the President's Desk, from page 7...



The PMA Grounds...Work In Progress

The Doctor's Inn will also have a change of mattresses, pillows and bed covers. The improvements and renovation was through the efforts of Doctors' Inn Committee headed by Dr. Francisco San Diego.



Renovation of the Doctors' Inn



The PMA-UNILAB Doctors' Lounge will also be renovated in partnership with UNILAB through Vice-President Mr. Ramoncito Sta. Maria and Edgardo Kanapi of PRMD and it will be renamed the PMA-UNILAB Continuing Medical Education (CME) Center.

Throughout my two-year term, I realized the magnitude of the work that

rests on the shoulders of the PMA President, the National Officers and the Board of Governors. All institutions, government and private, rely on the PMA and its position on many issues that affect the Filipino physicians. Leadership at the PMA is not just about taking a seat at the top, it is about pushing the PMA upwards to greater heights.

"We are One PMA: Empowering the Filipino Physician For Nation Building", our tagline, speaks of how the Philippine Medical Association, in all of its 112 years of existence has always been at the forefront of establishing a sense of honor and dignity among its members, of fostering a sense of belonging to a brotherhood of physicians, of moving

towards a common direction, and creating goodwill amongst all physicians while keeping in mind the delivery of excellent healthcare to the Filipino Nation. Good governance has 8 major characteristics. It is participatory, consensus-oriented, accountable, transparent, responsive, effective and efficient, equitable and inclusive, and follows the rule of law. Good governance is responsive to the present and future needs of the organization, exercises prudence in policy-setting and decision-making, and makes sure that the best interests of all stakeholders are taken into account. Together, the PMA Team of 2015-2016, vow to do just that.

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EDITORIAL

MARIANNE L. ORDOÑEZ-DOBLES, MD
Editor-in-Chief

The PMA: Our Place in the Sun

The Philippine Medical Association has finally reached its destination.

In the first and second editorial, we likened the PMA to the geese, which heads South every Winter- tens of thousands of them, traveling thousands of miles, in search of its nesting grounds and more food resources during the Fall.

Last year, the PMA charted its path for the South with various programs in mind to ensure a better environment for its flock. We now note that we are finally settled in our place under the sun in the South as there have been tremendous strides and gains that our One PMA Movement has made possible, as follows:

The OWL@PMA program, which was launched by PMA President, Dr. Minerva P. Calimag during the 108th PMA Annual Convention at Marriott Hotel is now in place. Initially conceived as an on-line web learning program, it is now an integrated platform that serves as the website of each and every component society specialty division, specialty society and affiliate society. Significant events and activities of each association, under the PMA may be uploaded into their individual websites.

Each member will make their own portfolio, and all their CME or CPD activities should be recorded into their database. Eventually, the program will include the participation of government regulatory bodies, like the PRC in reviewing the CME and CPD activities. Other programs to be included are the payment of both local and national dues on line, attendance in our annual conventions, as well as voting on-line in national and local elections.

In the meantime, we are also putting our house in order- both physically and structurally.

The physical development of the PMA Building and premises is almost close to completion. The Doctors Inn, the Auditorium, Indigency Center, Administration Building, and PMA grounds have been refurbished. A drivers lounge good for 6 people has been added to the Doctors Inn.

For the first time, service awards were given to employees who have served the PMA 10 years and above. Each was given cash prizes and a watch. Insurance coverage of the employees have been increased. An HMO to cover each employee has also been given. Guidelines for retirement and for

clearances of a resigning employee have been drafted. All these have already undergone board approval. Moreover, compliance with all permits and all taxes have been done. Proper accounting procedures are already in place to ensure proper check and balance in recording of income and disbursements, with a CPA at the helm of the accounting department. To properly manage the Doctors Inn, we have hired a Front Desk Officer to address all problems in the Inn, since the use of the Inn is considered a benefit of PMA members. Lastly, an Executive Director serving as office manager and a Human Resource Manager is permanently in place to further professionalize the PMA secretariat and other employees.

PHIC has implemented the issuance of a Certificate of Good Standing from the PMA as a prerequisite for accreditation. For specialists, another certificate of good standing from the specialty societies is also required.

Just like the geese, which are now in their nesting grounds- resting and gaining strength, the PMA is regaining its long lost flourish. Its newfound strength is that of a unified Philippine Medical Association, with the renewed trust and confidence bestowed upon us by government agencies, by NGO's, by private groups and of course by our pride and glory-- our flock of members. The high sense of professionalism prevailing is indeed heartening.

Indeed, the Philippine Medical Association has found its place under the sun!

OR•DO•DOBLES

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As I See It...

By: **Marianne L. Ordonez-Dobles, MD**
PMA Secretary General

The Philippine Medical Association has submitted its version of the Physicians' Act and we are hopeful that this would be adapted by both the Upper House and Lower House of Congress. Dr. Minerva P. Calimag has been personally attending the hearings with the Commission on Legislation of the PMA.

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The Balik PMA program ended on December 31, 2016. Of the 40,000 inactive members, only 2461 members have availed of the program. This program ran for 1 1/2 years under the presidency of Dr. Ma. Minerva P. Calimag.

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The OWL@PMA an Online Webbed Learning launched during the 108th PMA Annual Convention would enable PMA members to earn CPD/CME units. Not all physicians can attend symposia, conventions, or round table discussions due to lack of time, conflict of schedules or distance of travel, as in the provinces. Webinars, modules of MD pie, UMED, and modules of John Hopkins by MSD, can be accessed through our website.

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The Code of Ethics of the PMA will be revisited to make it attune to the present times. All stakeholders and the Professional Regulations Commission will be invited to craft a new Code of Ethics for the Medical Profession.

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A PMA Staff Retirement Plan is in place and board approved. This is inclusive of death and disability benefits.

Disability benefits, if totally or permanently disabled while in service, maybe claimed after the disability is established by a PMA appointed physician.

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The use of the Doctors Inn has always been only for PMA members in good standing and has always been considered as a benefit to members because of the low room rates and the security that it offers. We have a front desk officer in the Inn who will ensure us that those who use the Inn are PMA members are in good standing. A survey of past guests shows that 66 % of occupants are not doctors, and if doctors, are not PMA members. Some are liaison officers of physicians, distant relatives, or hospital staff. The rules shall be strictly enforced.

~*~*~*~

Security in the PMA grounds has been tightened, and only those with business with PMA, tenants, and members, doctors' inn guests, or officers attending meetings shall be allowed to park in the PMA premises. It is unfortunate that the parking ground has been used by shoppers of the nearby malls, medical students who parked their cars and take the MRT to attend their classes to medical schools, doctors who are not PMA members but have business elsewhere, etc.

~*~*~*~

There is now a drivers lounge at the Doctors' Inn for drivers of the Inn's guests. This is to avoid the use of the sofa and others chairs at the lobby by the drivers while the doctors are checked in at the Inn. This lounge is provided with 3 double decked beds for at least 6 persons and one toilet and bath room. There will be minimal charges for its use.

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Early this year, the traditional PMA-APPA dialogue and fellowship was done at the PMA Boardroom and PMA Auditorium. The theme of this year's event was "One PMA One APPA United in One Vision".

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Initiated by Dr. Francisco San Diego, chair of the Doctors' Inn, the lanai of the Inn has been renovated and plants adorn the garden. These plants were donated by Dr. San Diego.

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Service Awards were given to 10 PMA employees who have served the PMA for a period of 10 years and above. Cash prizes and a watch were given to each employee. Other benefits added were an increase of the insurance coverage, and an HMO to cover each employee of the PMA.

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A Memorandum of Cooperation has been signed between the PMA represented by our president, Dr. Minerva P. Calimag, and the Philippine National Red Cross represented by the Honorable Richard Gordon at the PNRC Building last January, 2016.

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Last February 24, 2016, we had a post Valentine concert, a fund raising event for the benefit of our PMA Indigency Center at the Music Museum entitled "One PMA, One Heart, Sharing Love", starring Stephanie Reese and John Vera Perez. This event was chaired by Dr. Vincent Santos, PMA governor for Central Tagalog.

~*~*~*~



The Vice President's Corner

KAREN Y. CONOL-SALOMON, MD

CATARACT SURGERIES: OVER USED OR ABUSED?

In the golden days, one would wait for a cataract to be mature, or with visual acuity (VA) of less than 20/200, for him to be operated on. And in those times, intracapsular cataract extraction was the standard procedure wherein the entire cloudy lens was removed – the lens capsule and nucleus. And post-operatively, one needed very thick lenses to be able to see clearly. Otherwise, the patient could hardly see a thing.

With the advent of the artificial intraocular lenses (IOL), one need not wait for a very poor vision for him to undergo the surgery. VA of around 20/70 to 20/200 could now be operated on. After removing the anterior capsule, cortical materials and lens nucleus in the procedure known as the extracapsular cataract extraction, the IOL supported by the retained posterior capsule would be placed in the original position of the extracted cataractous lens. Thus post-operatively, the patient could now see clearly even without the use of eyeglasses. In the recent times when cataract surgery procedures are greatly improved, new technologies are introduced and more refined IOLs are available in the market, patients may opt for surgery early on. As long as the patient complains of difficulty in doing his routine chores even with relatively good VA, phacoemulsification cataract extraction is a suitable option. Such is the nobility of cataract surgery – to enable one achieve the gift of sight.

Unfortunately, cataract surgeries were in the spotlight of controversies last year. The Philippine Health Insurance Corporation (PHIC) complained of huge insurance claims from cataract surgeries alone. Reports on sweeping operations, deliberate misdiagnosis and reporting of wrong procedures were cited. Sweeping operations are when persons with blurring of vision in a certain locality are recruited and gathered for cataract surgeries regardless of what the real diagnosis is. As long as they have blurred vision and have PHIC coverage, they are convinced to undergo such surgery. As an ophthalmologist in my province I have seen patients who were scheduled to have cataract surgery by another surgeon. Yet the blurring of vision was not because of cataract but because of other maladies like optic atrophy or plain error of refraction. In my own opinion, these sweeping operations may be justified as long as these patients really have mature cataracts in need of surgery. In this kind of scheme, transportation is usually provided by the doctor or his cohorts for the patients in going to the hospital. In many far flung places, transportation is hard to avail of that many people end up having hypermature cataracts. So no matter what you call it, this scheme can help people for it is every person's right to be able to see. And one should not be denied this right because Philhealth people don't honor sweeping operations.

Deliberate misdiagnosis. I had a long time patient who was a high myope. One day to my surprise, she went to my office for a post cataract surgery check up. She didn't have any cataract yet when she underwent the surgery. The main indication for the surgery was her high myopia. As far as I know, error of refraction has never been an indication for such procedure.

Although recently, lens extraction with or without IOL implantation may be an option to correct refractive errors (refractive lens extraction), this is not compensable by PHIC. Such procedure is only compensable if there is cataract, but not for error of refraction.

One time, I was informed that one of the more serious blunders in cataract surgery was that the procedure actually performed was excision of pterygium. However when it was reported for Philhealth claims, it was reported as cataract surgery.

Philhealth has taken several measures to prevent fraudulent claims: from limiting the number of monthly surgeries to requiring pre-approval assessment to strict usage of FDA approved IOLs. But can these measures really prevent such claims?

With the new law making all senior citizens qualified for Philhealth insurance, we should expect that there would be a surge of cataract surgeries. With baby boomers of post war era getting now on this particular age group, we can again expect more surgeries.

It is so shameful that doctors commit such kind of low dubious schemes. I admit, it is a multi-million business but this is so morally wrong. Doctors are there to give what is best for our patients. Monetary compensation, although necessary, must always be secondary. After all, we have been given this God's gift to heal and it is up to us to use it wisely and conscientiously.

CR • SO • CR • CR

In Memoriam

Antonio C. Oposa, M.D.
PMA President
1975-1976

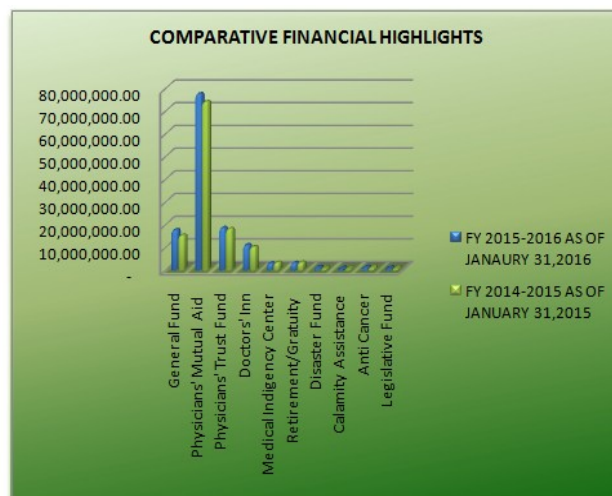


Money Matters: The National Treasurer's Report

OSCAR T. CABAHOUG, MD

COMPARATIVE FINANCIAL HIGHLIGHTS

COMPARATIVE FINANCIAL HIGHLIGHTS				
	FY 2015-2016		FY 2014-2015	
	AS OF JANUARY 31, 2016		AS OF JANUARY 31, 2015	
General Fund	17,445,787.48	13%	14,998,274.12	12%
Physicians' Mutual Aid	77,313,713.10	58%	73,842,705.81	59%
Physicians' Trust Fund	18,343,048.18	14%	17,863,389.60	14%
Doctors' Inn	10,749,202.92	8%	9,934,108.87	8%
Medical Indigency Center	2,720,324.65	2%	3,079,906.54	2%
Retirement/Gratuity	2,947,179.06	2%	3,106,709.58	2%
Disaster Fund	895,107.86	1%	546,303.17	0%
Calamity Assistance	360,863.00	0%	288,690.40	0%
Anti Cancer	949,076.16	1%	966,937.85	1%
Legislative Fund	536,043.89	0%	528,623.39	0%
TOTAL FUND BALANCES	132,260,346.32	100%	125,155,649.33	100%



As of January 31, 2016, the total fund balance of the association is P132,260,346.32. This is remarkably higher than the same month of the previous fiscal year. There is an increase of more than 7 million or 5.6% from the previous fiscal year. The association's fund is composed of the savings/current accounts and the money market placements or temporary investments placed in various large banks in the Philippines.

A substantial portion of the total fund is allocated for the Physicians' Mutual Aid and the Physician's Trust Fund accounting for 58% and 14% of the total fund balance respectively. The Physicians' Mutual Aid Fund and the Physicians' Trust Fund are funds intended for the mutual aid benefits claims (death benefits, disability benefits and legal aid benefits).

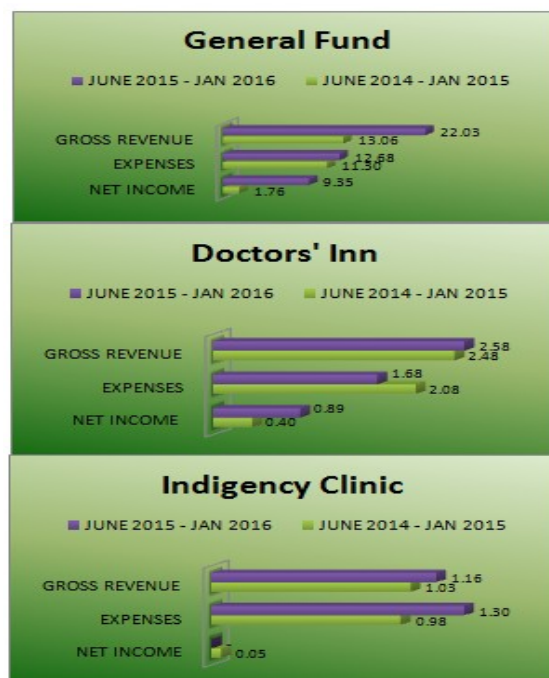
As shown in the graph, the financial performance of the association has improved as compared to similar months of the previous fiscal year.

For the general fund, the gross revenue increased by almost 9 million while the expenses had no significant changes.

This gave the association a net income of 8 million more than in the previous fiscal year.

For the doctors' inn on the other hand, the gross revenue and expenses had no significant change. The net income of current fiscal year, however, is higher than the same months of the previous fiscal year by almost 500,000.00.

As to the indigency clinic, there is no substantial increase in the gross revenue while the expenses increased by 33% as compared to the same months of the previous fiscal year. Hence, the net income was noted to be lower than the same months of the previous fiscal year. The increase in the indigency clinic's expenses is due mainly to the improvements introduced to improve the facility of the clinic and thereby improve the services as a whole.



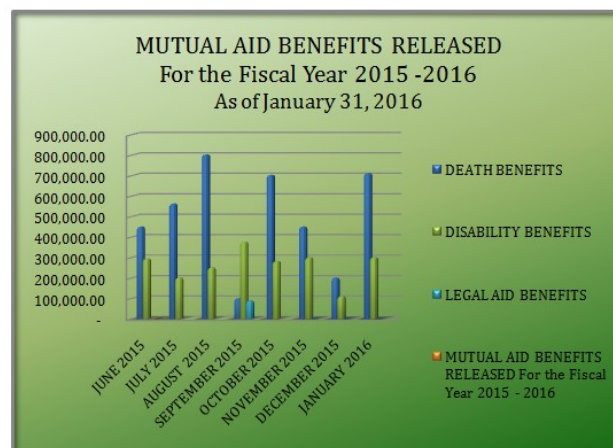
continued on page 13...

**National Treasurer's Report,
from page 12...**

MUTUAL AID BENEFITS

MUTUAL AID BENEFITS RELEASED
For the Fiscal Year 2015 - 2016
As of January 31, 2016

	DEATH BENEFITS	DISABILITY BENEFITS	LEGAL AID BENEFITS	TOTAL BENEFITS
JUNE 2015	450,000.00	293,750.00		743,750.00
JULY 2015	562,500.00	200,000.00		762,500.00
AUGUST 2015	802,500.00	250,000.00		1,052,500.00
SEPTEMBER 2015	99,800.00	374,600.00	88,000.00	562,400.00
OCTOBER 2015	702,500.00	281,250.00		983,750.00
NOVEMBER 2015	450,000.00	300,000.00	-	750,000.00
DECEMBER 2015	200,000.00	110,100.00	-	310,100.00
JANUARY 2016	711,000.00	299,700.00	-	1,010,700.00
TOTAL BENEFITS	3,978,300.00	2,109,400.00	88,000.00	6,175,700.00



For the period June 2015 to January 2016, almost 4 million was released for the death benefits of the members of the association; while more than 2 million was released for the disability benefits and 88,000.00 for the legal aid benefits. As of January 31, 2016, more than 6 million had already been released to members for their mutual aid benefits.



Meeting with DILG USec for Local Government Atty. Austere A. Panadero regarding the lifting of the Mayor's Permit being charged against doctors. Done last Feb. 18, 2016



PMA Sec-Gen Dr. Marianne O. Dobles and Asst. Sec-Gen Dr. Albert C. Guevarra with PRC Board of Medicine member Hon. Eleanor J. Galvez, M.D. during the PRBs and APOs Night Link-Up Party held last March 9, 2016 at PRC Building, Manila



Dr. Maria Minerva P. Calimag inviting the participants on the Webinar about TB during the Commemoration of the World TB Day done last March 29, 2016 held at UNILAB Bayanihan Center



Signing of the MOA between PMA and PSBank for the availment of the Automatic Debit facility for payment of PMA and Component dues. Done last April 6, 2016



VANTAGE POINT

by Bayani B. Tecson, MD

The Vital Amendments to the Constitution and By-Laws of the PMA

My task for this issue of our PMA Newsletter: "The Physician", is to highlight the important amendments to the Constitution and By-Laws of the PMA for the information of the general membership.

It is important for PMA members to know these vital amendments so that each member can confidently ratify these amendments through their respective Official General Assembly delegates this coming May, 2016.

The vital amendments are the following:

CONSTITUTION

Article Six: Board of Governors

Section 4. The terms of office of the President, Vice President and National Treasurer shall be for two (2) years, without re-election or until their successors shall have been duly elected and qualified. The terms of office of the Governors shall be for One (1) year from June 1 to May 31 of the following year or until their successors shall have been duly elected and qualified.

Article Eleven: Amendments and Effectivity

Amendments to this Constitution shall be approved by two-thirds [2/3] of the Board and ratified by a majority vote of the general membership through the general assembly or of the Constituent Assembly, and shall be effective upon approval of the same by the securities and exchange commission.

BY-LAWS

Article I: Members

Section 2. There shall be four categories of members.

- a. Regular Members are those who pay the annual membership and other dues of the PMA.
- b. Life members are members who opt to pay the life membership dues after ten (10) consecutive years of regular membership in good standing immediately preceding the application for life membership. Qualified regular members may choose to become Life Members upon favorable recommendation of the component society and subject to the approval of the Board.
- c. Emeritus Members are those who, for at least fifteen (15) consecutive years immediately preceding the application for Emeritus membership, have been regular or life members in good standing and who, having reached the age of 65, have been judged to have been worthy and meritorious members of the PMA as recommended by their respective component societies and confirmed by a resolution of the Board. Emeritus members shall not be required to pay the annual membership dues of the PMA and the Component Societies.
- d. Non-Resident Members are Filipino physicians licensed to practice medicine in the Philippines and residing in foreign countries. They shall be eligible for membership in the PMA through a component society upon application and payment

of dues and assessments as provided for in this By-Laws. These members shall be exempt from the requirements of the Continuing Medical Education and the obligation to vote for the duration of their residence abroad. They cannot be voted upon or be appointed to any position in the PMA during the duration of their residence abroad.

Article II: Obligations and Rights

Section 1. Obligations

A member of the PMA, to be considered in good standing, shall be obliged to:

- a. Pay all national and local dues as well as all special assessments that may be determined by the Board.
- b. Vote in the elections of the PMA at least once in two years, unless the failure to vote is of justifiable reason as stipulated in the Election Code.
- c. Comply with the requirements of the Commission on Continuing Medical Education;
- d. Comply with such other obligations as may be imposed by the Board and that of the local component medical society

Article IV: National Officers

Section 4. Terms of Office

The terms of office of the President, Vice President and National Treasurer shall be for two (2) years, without re-election for the same position, or until their successors shall have been duly elected and qualified. The terms of office of the Governors shall be for one (1) year from June 1 to May 31 of the following year or until their successors shall have been duly elected and qualified. A governor shall serve no more than two consecutive terms unless no other qualified candidate is available. The term of office of the Secretary-General shall be at the pleasure of the President with the approval of the Board or shall be co-terminus with the President who made the appointment.

continued on page 15...

Vantage Point, from page 14...**Section 10. Removal from Office**

The National Officers may be removed from office upon the following causes:

- a. Dereliction of functions and duties of his/her position
- b. Failure to attend three [3] consecutive meetings of the Board in a year, without justifiable cause.
- c. Malversation of funds of the PMA and other graft and corrupt acts.
- d. Violations of the By-laws and Codes of the PMA.
- e. Inimical acts committed against the PMA as determined by the Board.

Section 11. All elected National Officers may be removed from office upon a two-thirds [2/3] vote of the Board and ratified by two-thirds [2/3] vote of the General Assembly, either in a regular or special meeting specifically called for the purpose. The procedure of investigation by the Board shall be outlined in the Administrative Code.

The Secretary-General may be removed by the president for any cause, with the approval of the board.

In the event that the Professional Regulation Commission or a court of justice renders a final decision revoking the license of a national officer to practice medicine, such national officer is deemed to be automatically removed from office. In such case, the Board shall fill up the vacancy, except for the position of the President, whereby the Vice President shall automatically occupy the position of President.

Section 12. For causes listed in Section 10, when a written and notarized complaint has been duly filed and while being investigated, the Board may preventively suspend a national officer upon a two-thirds [2/3] vote. The preventive suspension shall not exceed 90 days. A suspended national officer shall not exercise his powers nor avail of privileges attendant to the position during the duration of the suspension.

Article VI: General Assembly

Section 7. Subject to the conditions of the Corporation Code of the Philippines, the functions of the General Assembly shall be:

- a. To review and ratify amendments to the Constitution and By-Laws of the PMA as approved by a two-thirds [2/3] vote of the Board and ratified by a majority vote of the General Membership of the PMA.
- b. To review and ratify the proposed annual budget as recommended by the Board
- c. To review the acts and resolutions of the Board pertaining to their administrative and non-administrative functions.
- d. To review and ratify the acts and resolutions of the Board of Governors pertaining to the Approval of the new component societies, specialty divisions, specialty societies, affiliate societies/associations, and removal of the same in the roster of the PMA.
- e. To approve the date and venue of the Annual Convention. The Board of Governors shall decide the date and venue of the Annual Convention in the event the General Assembly fails to do so.
- f. To act as the representative body of the PMA and vote on all matters in which the Corporation Code of the Philippines requires the votes or written assent of the general membership of the PMA.

Article X: Components, Regions, Regional Councils, Specialty Divisions and Specialties

Section 8. Medical societies organized on the basis of professional specialization shall be formed within the PMA. These societies shall be organized into specialty divisions. There shall only be one(1) recognized specialty society to be formed per specialty or subspecialty. The current specialty divisions and the specialty societies within these specialty divisions shall remain as recognized specialty divisions and specialty societies. The specialty societies within these specialty divisions may apply for recognition

by the PMA as separate specialty divisions, if so qualified as stipulated in the Code of Professional Specialization, and approved by the Board.

- a. The qualification and recognition of specialty division, specialty society, and subspecialty society under the PMA shall be subject to the provisions of the By-laws, Administrative Codes, the Code of Professional Specialization and sub-specialization rules and regulations.
- b. The specialty divisions, specialty societies, and subspecialty societies shall be listed in the Code of Professional Specialization.
- c. The Constitution and By-laws, policies, rules, and regulations of the specialty divisions, specialty societies and subspecialty societies shall not be in conflict with the Constitution and By-laws and Administrative Codes of the PMA. In case of conflict, that of the PMA shall always prevail.

Section 9. Affiliate Societies under the PMA shall be subject to the rules of the Committee on Affiliate Societies.

Article XIII: Amendments, Effectivity, and Repealing Clause

Section 1. This By-Laws may be amended or repealed through the following procedures:

- a. By a two-thirds [2/3] vote of the Board of Governors, and;
- b. By ratification by the General Assembly with at least sixty [60] days prior notice of convening the General Assembly. The By-Laws may be ratified as follows:

1. By a majority vote of the delegates present there being a quorum, provided the delegates are holding the majority proxy votes of the General membership of the PMA. For purposes of ratification of the By-Laws, each delegate is entitled to one vote plus the proxies he carries designating him as proxy;

continued on page 16...

Vantage Point, from page 15...

2. Upon approval by a majority vote, the General Assembly may constitute itself into a Constituent Assembly. In which case, ratification of the amendments to the By-Laws may be by majority vote of those present in the Constituent Assembly, there being a quorum.

Section 2. All amendments approved by the Board and ratified by the General Membership through the General Assembly or Constituent Assembly shall become effective upon approval of same by the Securities and Exchange Commission.

Section 3. Upon effectivity of these amendments to the By-Laws, all existing provisions in the By-Laws or any of the Codes of the PMA that are inconsistent with these amendments and the Corporation Code of the Philippines shall be deemed repealed.

Section 4. These amendments to the By-Laws shall take effect prospectively upon the approval of the Securities and Exchange Commission.

These vital amendments have to be ratified by the General Membership through their official General Assembly Delegates carrying their weighted proxy votes. We need 2/3 vote of the General Membership to finally come up with an updated Constitution and By-Laws of the PMA.

God bless us all and Mabuhay ang One PMA!!!

✻•✻•✻•✻

**Leadership is the
wise use of power.**

**Power is the capacity
to translate intention
into reality and
sustain it**

- Warren Bennis



One PMA. One Heart. Sharing Love

by Vincent C. Santos, M.D.

PMA Governor, Central Tagalog Region

Last February 24, 2016 a fundraising concert for the benefit of the PMA Indigency Center was held at the Music Museum. This was titled One PMA One Heart Sharing Love featuring International Artist Stephanie Reese with guest artist John Vera Perez. The Board of Governors and the Executive officers of PMA envisioned this project not only as a fundraising event but also as a post Valentine fellowship.

It was indeed an evening of Love and Sharing. Stephanie Reese and John Meer Vera Perez, wowed the audience with their spectacular singing and stage prowess. The repertoire were songs that evolved around "first love... first crush.... nostalgic love.... naughty love... love of family and love of country".

The audience was mesmerized, teary-eyed and with goose bumps. They were very alive and participative, often singing along to familiar songs and showed their appreciation by giving the performers several standing ovations.

It was an enchanted, unforgettable and enjoyable evening especially to those who came with their partners and love ones.

Congratulations to all who in one way or another gave their support to this worthwhile event. Let us continue our teamwork and live up to the tenets of our battlecry, ONE PMA.



International Artist Stephanie Reese with guest artist John Vera Perez during One PMA One Heart Sharing Love fundraising concert for the benefit of the PMA Indigency Center held at Music Museum

PMA and PRC Cooperation Agreement Signing

at the PRC Headquarters, EDSA, Mandaluyong City

December 13, 2015



The Philippine Medical Association President Dr. Maria Minerva P. Calimag and its Board of Governors, and the Philippine Red Cross Chairman and CEO Hon. Richard J. Gordon during the signing of the Cooperation Agreement of their commitment and partnership in responding during times of calamities and disasters. Done at the PRC Headquarters, EDSA Mandaluyong City last December 13, 2015



The PMA Secretary General Dr. Marianne L. Ordoñez-Dobles and Asst. Secretary General Dr. Albert C. Guevarra meeting with the PHIC President and CEO Atty. Alexander Padilla re PMA Cert of Good Standing as requirement for Philhealth Accreditation. In the picture also are the PHA Pres Dr. Ruben Flores and DOH Usec Elmer Punzalan.



The PMA Pres. Dr. Maria Minerva P. Calimag, Sec-Gen Dr. Marianne L. Ordoñez-Dobles and Asst. Sec-Gen Dr. Albert C. Guevarra meeting with the Professional Regulation Commission Board of Medicine headed by its Chairman Hon. Miguel L. Noche Jr., M.D.

PMA CHRISTMAS PARTY "One PMA, One Christmas Spirit"

at the PMA Auditorium

December 13, 2015



*Yuletide message by the PMA President
Dr. Maria Minerva P. Calimag*



*The PMA Board of Governors rendering the Doxology
"O Holy Night"*



*The Master of Ceremonies (Left to Right) Dr. Vincent C. Santos,
PMA Gov Central Tagalog Region, Dr. Paul Ruel C. Camiña,
PMA Gov Central Luzon Region and Dr. Ramon C. Echano Jr.,
PMA Gov. Bicol Region*



*Queen of the Night Dr. Ma. Realiza G. Henson, Former PMA Gov,
Quezon City Region and King of the Night Dr. Vincent C. Santos,
PMA Gov, Central Tagalog Region.*

KALYE SHARE YEAH Launch

at the Annabelle's Restaurant, Tomas Morato, Quezon City

January 26, 2016



PMA-APPA Dinner and Fellowship

at the PMA Auditorium

January 27, 2016



Dialogue between PMA Officers and APPA Officers and Members



Welcome message by the PMA President Dr. Maria Minerva P. Calimag during the PMA-APPA Fellowship Night



The PMA Board of Governors headed by its President Dr. Maria Minerva P. Calimag



The APPA Officers headed by its President Elect Dr. Hedy Windsor

25th Dr. Jose P. Rizal Memorial Awards Fellowship Dinner with the Board of Judges and Reunion of Winners

at the PMA Auditorium

January 27, 2016



Former winners of the Dr. Jose P. Rizal Memorial Awards



PMA National Officers headed by Dr. Maria Minerva P. Calimag, the Board of Judges of the 25th Dr. Jose P. Rizal Memorial Awards and the former winners of the Dr. JPRMA

ONE PMA, ONE HEART, SHARING LOVE (A Post Valentine Concert)

at the Music Museum, Greenhills, San Juan City

February 24, 2016



The concert featured artist Ms. Stephanie Reese



Ms. Stephanie Reese with Mr. John Vera Perez doing a rendition of the song from the Phantom of the Opera "All I Ask of You"



The Chairman of the concert PMA Governor for Central Tagalog region Dr. Vincent C. Santos doing a number with Ms. Stephanie Reese



A bouquet of flowers presented to Ms. Stephanie Reese by Drs. Maria Minerva P. Calimag, Vincent C. Santos and Marie Michelle S. Cloa

PMA-CME and Regional Assemblies 2015-2016

North Central Mindanao Region

January 10, 2016

Amai Pakpak Medical Center, Marawi, Lanao del Sur



PMA Board of Governors



Host Society: Lanao del Sur Medical Society headed by its President Dr. Moamar Casim

Manila, Quezon City, Central Tagalog and Rizal Region
January 24, 2016
Bayanihan Center, United Laboratories Inc., Pasig City



Business meeting with the PMA National Officers and NCR Governors with the Presidents of Component Societies of NCR



Host Region: Rizal Region headed by its PMA Governor Dr. Jose C. Rabe

Central Luzon Region
January 31, 2016
Barcic International Hotel, Malolos City, Bulacan



Business meeting facilitated by the PMA President Dr. Maria Minerva P. Calimag and PMA Governor for Central Luzon Dr. Paul Ruel C. Camiña



Host Society: Bulacan Medical Society headed by its President Dr. Dave Rawland S. Domingo

Southern Tagalog Region
February 7, 2016
Summit Ridge Hotel, Tagaytay City



Former Governors of the Southern Tagalog Region



The PMA Board of Governors

Northeastern Luzon Region**February 21, 2016****Banaue Hotel, Ifugao**

With the Presidents of the Component Societies of the Northeastern Luzon region



Host Society: Ifugao Medical Society headed by its President Dr. Kenneth Wilbour B. Labrador

Western Visayas Region**February 28, 2016****Roz and Angeliques Function Hall, Kalibo, Aklan**

With the Former Governors of the Western Visayas Region



Host Society: Aklan Medical Society headed by its President Dr. Lynn D. Salido

Southeastern Mindanao Region**March 6, 2016****Green Leaf Hotel, General Santos City**

The PMA Board of Governors



Host Society: General Santos City Medical Society headed by its President Dr. Anthony Laurence P. Escovidal

**Caraga Region
April 3, 2016
Gateway Hotel, Surigao City**



Agusan del Sur Medical Society headed by its President Dr. Henry O. Tiu II



Host Society: Surigao del Norte Medical Society headed by its President Dr. Manolito C. Go

WORKSHOP ON THE CODE OF ETHICS FOR THE MEDICAL PROFESSION

at the Breeze Hall, Ace Hotel, Mandaluyong City
March 19, 2016



Welcome Message by the PMA President Dr. Maria Miverva P. Calimag who served also as the facilitator of the workshop



Professional Regulation Commission Board of Medicine Chairman Hon. Miguel L. Noche Jr., M.D.



PMA Commission on Ethics Chairman Dr. Santiago A. del Rosario





MA. REALIZA G. HENSON, MD
Overall Chairman
109th Annual Convention and Scientific Meetings

One PMA.... Hi there colleagues! Mark the dates May 17-20, 2016! Waterfront Cebu City Hotel.

Yours truly was tasked by the indefatigable PMA Secretary-General, Dr. Marianne O. Dobles to give you an update on the forthcoming 109th PMA Annual Convention and Scientific Meetings. Yes! The Organizing Committee both National & host Society which is the Cebu Medical Society are going full blast in their preparation, what with barely three months to go! This year's theme carries with it last year's One Health... One Life... One Nation.

The Scientific Committee headed by Dr. Rebecca Deduyo and Dr. Marlon Co formulated the theme for Scientific Sessions as Caring... Mending... Sharing which is truly reflective of what PMA is.

The National Organizing Committee meets every month for updates and to thresh out problems that arise along the way. The Scientific Committee in particular spends hours and hours in choosing, reviewing, discussing and revising topics that will be relevant to your profession as well as interesting enough so that every centavo spent in coming and staying here will be worth it. I assure you from the very first day up to the last topic that will be discussed will keep you plastered to your seats. By the end of the Convention you will definitely say "It's all worth it. No regrets!" Do you know that OBESITY is inside and out? That children and old alike are and can be affected? How about ADDICTION? Mind you, Drugs and Alcohol addiction are but two of the different kinds of addiction. There are also the cyber addiction, sex addiction, shopping addiction among others. When do you say that you are an addict in any of these? Find out on the second day of the convention. And of course how we maintain our Beautiful Skin & keep our faces always glowing will also

be tackled. Moreover, the Scientific Committee would also like to draw your attention to a cost-effective way of treating your patients illnesses. Lastly, because of renewed interest in legal matters, speakers will keep you abreast of what PMA does and can do for you. The complete list of topics is as follows:

Session 1 - "Fat but Fit"

Focal Point: Adiposity and Adisopathy

Session 2 - "My Kind of Addiction"

Focal Point: Dependency

Session 3 - "Oldies but Goodies"

Focal Point: Old Drugs still in current use and still first line in certain medical conditions.

Session 4 - "Forever Young" Ebony & Ivory, Medical vs Surgical.

Focal Point: Aesthetics and Cosmetics.

Session 5 - "Legally Helping Hand" Cost of Handling the Case, Duration, PMA's Action and Assistance to Members.

Session 6 - "Rich Doc, Poor Doc"

Discussions on all of the topics will be an interaction of different specialties and speakers who are all experts in their fields. Not to be missed are the PMA Awards where deserving component societies will be given recognition in different categories and degree of involvement in the PMA's advocacies and the Jose Rizal Memorial Awards & Lecture will be another highlight of the Convention.

So why don't you book your flights early for the trek is leading to Waterfront Cebu City Hotel on May 17-20, 2016.

See you there!

This is your National Overall Chair of the Organizing for the 109th PMA Convention and Scientific Meetings signing off.



PHILIPPINE MEDICAL ASSOCIATION



109TH PMA ANNUAL CONVENTION

and

SCIENTIFIC MEETINGS

THEME

CARING, MENDING, SHARING

...Bayanihan/Camaraderie/Non-Medical...

100 PMA-CME Credits

PRE-CONVENTION

May 17, 2016

CONVENTION PROPER

May 18-20, 2016

Waterfront Cebu City Hotel

REGISTRATION INFORMATION**PRE-REGISTRATION**

Regular - Php 2,000.00
(up to March 31, 2016)

ON-SITE REGISTRATION

Php 2,500.00
(From April 1, 2016 to On-Site
Registration)

For further details, please contact:

Ms. Baby Piñol (PMA Secretariat)

Telephone Numbers:
(02) 929-7361, (02) 929-6366, (02) 926-2447

Telefax: (02) 929-6951

Email address: philmedas@yahoo.com
info@philippinemedicalassociation.org

Website: www.philippinemedicalassociation.org

Cebu Medical Society Secretariat

Telefax: (032) 232 4013

Email Add: cebumedicalsociety@yahoo.com

**109TH ANNUAL CONVENTION
ORGANIZING COMMITTEE****Honorary Chair**

Maria Minerva P. Calimag, M.D.

Overall Chair

Ma. Realiza G. Henson, M.D.

Co-Chairman

Albert C. Guevarra, M.D.

Host Chairman

Danny Y. Yu, M.D. (Cebu MS President)

Convention Secretary

Marianne L. Ordoñez-Dobles, M.D.

Convention Assistant Secretary

Maria Corazon S. Maglaya, M.D.

Convention Treasurer

Oscar T. Cabahug, M.D.

Honorary CME Chairman

Ramon F. Abarquez Jr., M.D.

PMA CME Chair

Rebecca W. Deduyo, M.D.

Local Host CME Chairman

Marlon T. Co, M.D. (Cebu MS)

Advisers

PMA Board of Governors
Cebu MS Past Presidents



husay | malasakit
UNILAB 'yan!

**DANNY Y. YU, MD****Host Chairman**

109th Annual Convention and Scientific Meetings
President, Cebu Medical Society

Greetings! Prospective delegates to the 109th PMA Annual Convention and Scientific Meetings! It has been a long time since Cebu last hosted the PMA Annual Convention way back in 1992 at the Cebu Plaza Hotel which has been replaced by the Marco Polo Cebu Hotel. Dubbed as the "Queen City of the South" and the seat of Christianity in the Philippines, Cebu is home of the country's first national hero, Lapu-Lapu. Thus we have incorporated his image in our promotional materials to symbolize courage and strength along with the two famous Mactan-Cebu bridges to edify progress and unity. In behalf of the Cebu Medical Society as host society and the local organizing committee, I invite all PMA members to attend and participate in the convention activities. From the design of the scientific topics to the planning of the convention program, we assure you that this will be worth your time and this will be an affair to remember.

The Organizing Committee meticulously chose the Waterfront Cebu City Hotel since it is the only highly-rated hotel in Metro Cebu that can seat more than 2,000 delegates during the plenary sessions. Moreover it is strategically located in the center of the bustling metropolis with proximity to shopping malls and famous tourist destinations for a variety of R & R to choose from. Convention delegates therefore will not be bored before and after the scientific sessions!

In consonance with the "One PMA, One Health, One Nation" aspirations of the PMA, our theme is "Caring, Mending and Sharing" which alludes to the preventive, therapeutic and collaborative practices that current Filipino physicians must adopt to maximize nationwide healthcare delivery, improve cooperation

amongst colleagues and conform to ASEAN integration as well as global standards for medical care. Asides from having a comprehensive and encompassing scientific program, this convention will also present the annual Jose P. Rizal Memorial Lecture and Awards, and a throwback-to-the-roaring-20's fellowship night entitled "A Night with the Great Gatsby!" in deference to the Cebu Medical Society's 88th anniversary.

The Scientific Committee, headed by renowned Cebuano cardiologist Dr. Marlon Co, has prepared a multidisciplinary series of interactive lectures geared towards the physicians who are very much instrumental in taking care of patients from birth till death and all the intervening diseases in between. To spice up the discussions we have invited an impressive line-up of experienced speakers and distinguished moderators from different fields. Interesting non-medical but relevant topics have also been added. Through these scientific meetings, we hope to further promote excellence in the delivery of health care in the ever-changing fields of medicine as well as motivate interests among our colleagues and future generations in fostering unity and camaraderie while engendering new initiatives in improving clinical standards in patient care across the nation.

Again in behalf of the 109th PMA Annual Convention Organizing Committee, I take pleasure in inviting you all to this year's convention offering in Cebu. Diverse in history and culture with a multitude of landmarks to visit, Cebu beckons loud and proud! Anhi na mo sa Cebu!

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From the desk of your Chair of the CME Commission

REBECCA W. DEDUYO, M.D.

The 109th PMA Annual Convention and Scientific Meeting is fast approaching. It will be held at Waterfront Hotel in Cebu City hosted by the Cebu Medical Society with the Presidency of Dr. Danny Yu, who will be the over all organizing committee of the Annual Convention in Cebu, the counterpart of Dr. Realiza Henzon the over all organizing committee chair of the Philippine Medical Association. I will be the Scientific chair and my counterpart in Cebu is Dr. Marlon Co. I would like to take this opportunity to express my gratitude to the participation and cooperation of the following accredited and affiliate societies of the Philippine Medical Association namely the Philippine College of Physicians, Philippine College of Surgeons, Philippine Obstetrical and Gynecologic Society, Philippine Pediatric Society, Philippine Society of Adolescent Medical Specialist, Philippine College of Occupational Medicine, Philippine College of Addiction Medicine, Philippine Psychiatric Association, Philippine Society of Microbiology and Infectious Diseases, Philippine Society of Nephrology, Philippine Society of Endocrinology, Diabetes and Metabolism, Philippine Heart Association, Philippine Society of Experimental and Clinical Pharmacology, Philippine Dermatologist Society, Philippine Society of Cosmetic Surgery, Philippine Association of Plastic and Reconstructive and Aesthetic Surgeons, Philippine Society of Otolaryngology, Head & Neck Society, PAO, PAO-Philippine Society of Ophthalmic Plastic and Reconstructive Surgery and Philippine Society of Rehabilitation Medicine.

The Theme of the convention is still PMA-One Nation, One Health. The Scientific Session Theme is "Caring Mending and Sharing". The panel discussion will deal with the following topics:

1. Not all fat individuals are metabolically unhealthy.
2. Not all thin people are metabolically healthy
3. How one can convert from one to the other through lifestyle modification and medication.
4. Different types of addiction and their effect on the individuals:
 - a. Drug and alcohol addiction
 - b. Cyber addiction
 - c. Sex addiction
 - d. Shopping addiction
 - e. Gambling addiction
5. Old drugs are still in current use and still first line medical conditions. Discussions will include in the following drugs:
 - a. Aspirin VS clopidogrel
 - b. Digitatis VS beta blocker
 - c. HRT and MHT
 - d. Metformin and new oral hypoglycemic agents
 - e. Allopurinol and Febuxostat
 - f. Morphine and new forms pain medication
6. Discussion will focus also in the topic of "Forever young" using medical and surgical intervention. Safety issues will be the focus point of discussions especially on the surgical interventions.

Besides the medical condition the last day of the convention will focus on topics which will arouse the interest of our medical practitioners. Three speakers will talk on the topic of investment for doctors. The other session will be handled by Dr. Santiago del Rosario, Past PMA President and now the Chair of the PMA Commission of Ethics. He will focus his discussion on how PMA can extend a legally helping hand to Doctors who will meet some legal problems in the performance of their function as practitioners. Dr. Angeles Tan-Alona, Dr. Antonio Rebosa and Dr. Peter Ng will be his panelists in this discussion. I am very sure that all participants will enjoy attending the panel discussions and there will be active participation of all attendees. In this particular convention guidelines on Dyslipidemia will be presented by the Philippine Heart Association thru a luncheon symposium hosted by LRI/Therapharma, a division of UNILAB.

I hope that each participants will learn many updates that will be presented on this convention.

See you in Cebu!

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**If your actions
inspire others to
dream more, learn
more, do more, and
become more, you
are a leader
- John Quincy
Adams**



One PMA, One Online Community

By Ferdinand D. Miranda, M.D.

Information Technology is now part of our daily life. More than 85% of Filipinos use IT for online shopping, banking and connecting friends and relatives on social media. This can also be use for organizations' information dissemination and reporting.

Because of ASEAN integration there is need for a means to provide virtual and remote opportunities for acquiring CPD credits, a means to document CPD earned and a means to assess authentic tasks from formal, informal, and non-formal trainings.

Dr. Ma. Minerva P. Calimag, the PMA president and a known advocate for technology integration on medical education and training, conceptualized and initiated the Online Webbed Learning @ Partnership for Medical Advancements Program (OWL@PMA™ program) for continuing professional development of physicians. The intent is to provide an alternative platform for deploying learning materials via online mode. This will feature a cloud-based portfolio assessment platform which will be a virtual space for curating and archiving of physicians profile and evidence of learnings.

To show our support, the Misamis Oriental Medical Society Inc., a component society of PMA made a decision to voluntarily construct a virtual learning environment for doctors and a portfolio based platform websites of all organizations under PMA using the president's report as a guide. Collaboration and interconnectivity of a mother owlpma.com website to different medical society websites plays an essential role in information dissemination, monitoring of society activity, acquiring, archiving and monitoring CPD earned.

This website would serve several purposes:

1. It would house a password protected relevant informations for PMA members, which include individual biography, portfolio, financial reports, awards and accomplishments.
2. Storing of members updated financial account ledger with online payments capability.
3. Information bulletin of society's calendar of activity, CME activity, conventions, news and updates and memorandum circulars from the PMA national office.
4. Links to vetted external websites, taking advantage of the wealth of learning materials that is available on the www which is difficult for the inexperienced to navigate.
5. Exclusive messaging for doctors only, which open up the avenues of communication between members and officers of different medical societies.

It is an online open collaboration platform to gather all PMA members data and highlights the transformational efforts in order to leverage members Online Webbed Learnings.

In short, OWLPMA.COM website which has interconnectivity to websites of all PMA organizations, serves as a "HOME" for online learning, CPD assessment and Monitoring, Doctors directory

and archives of teaching materials, Journals, Researches, Publications and medical society's reports.

These sites are and will be the major sources of PMA updates and health informations and a powerful tool in reaching members and officers of each component society. This is also a potential strategies for PMA organization to engage to engage collaborative innovation processes and recognized the important role of inter-society collaboration in creating unique learning opportunities for Filipino doctors.

The ubiquitous interconnectivity among all PMA organizations and the participative architectural design of this virtual environment open the way of cooperative innovation to the member's sector.

Although some members were initially resistant to change into paperless system, but little by little they started to appreciate the innovative efforts and now many members are actively updating their own online account and even excited for the full implementation of the program. The construction and the success of this project has meant that the general memberships and our PMA President Dr. Ma. Minerva Calimag has put substantial resources into the further development of OWL@PMA™ PROGRAM.

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The 1st OWL@PMA Workshop held at the PMA Auditorium last April 6, 2016 attended by societies from NCR, Central Luzon and Southern Tagalog Region

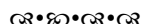


News and Events

2nd Quarter, Fiscal Year 2015 – 2016

by Arnel M. Asino, MD, FPBA, FPSQua

The Philippine Society of Anesthesiologists will be holding its **midyear convention** hosted by the **Cebu Central Visayas Chapter** with the theme, "**Anesthesiologists N-ovel and C-onventional H-andling of O-perating room S-cenarios AWEIGH**". This will be on **April 16-18** at **Radisson Blu Hotel, Cebu City**. For Inquiries you may call up the PSA Secretariat: Landline (02) 9295852, Mobile 09209522120/09178329069 or email at psainc_sec@yahoo.com



The Pediatric Infectious Disease Society of the Philippines (PIDSP), headed by its President, Dr. Salvacion R. Gatchalian and with Dr. Mary Ann Bunyi as the Over-all Chair of the Organizing Committee, held its **23rd Annual Convention** last **February 17-18, 2016** at the **Crowne Plaza Galleria Manila**. It was an outstanding success, attended by more than 2500 paediatricians from across the country. The two-day event aimed to equip paediatricians with the necessary tools to face emerging and re-emerging infections in the 21st century.

This year's guest foreign speaker, Professor David Isaacs from the University of Sydney, shared his experience on neonatal infections such as congenital varicella and CMV, to help general paediatricians quickly recognise such disease entities.

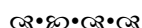
Updates on the diagnosis and management of common childhood infections such as UTI, enteric fever,

infectious diarrhea, influenza and pertussis, as well as emerging infections like HIV and the Zika virus, were discussed. Due to the rising number of HIV-AIDS cases in the country, Dr. Marimel R. Pagcatipunan urged paediatricians to be vigilant about referring at-risk patients for screening, emphasising the need to identify newborns born to HIV-positive mothers.

Endemic infections were another focus of the convention. Dr. Vicente Y. Belizario, the Undersecretary of the Department of Health, emphasized the importance of deworming programs as parasitic infections are still widespread. Childhood tuberculosis updates such as the 6-month isoniazid preventive therapy regimen, the four-drug intensive phase and the latest diagnostic such as the Gene X-pert were presented by Drs. Josefina C. Carlos, Dr. Ma. Cecilia G. Ama and Dr. Cleotilde H. How. Dr. Fe Esperanza Caridad J. Espino presented the latest data and management of childhood malaria.

One of the most-awaited topics for every PIDSP convention is the release of the latest childhood immunisation guidelines. This year, the Dengue vaccine, was highlighted as the latest inclusion in the recommended vaccines by Dr. Cynthia A. Aquirre.

The Society is currently planning its next Convention, in the hopes of continued success.



The Philippine Society of Climacteric Medicine, Inc. is an organization that is composed of Physicians coming from

different specialties, mainly Obstetrics and Gynecology and other specialties like Dermatology, Endocrinology, Psychiatry, Cardiology, Internal Medicine, Geriatric, Orthopedic & Family Medicine. We are also one of the affiliate societies under the Philippine Obstetrics and Gynecological Society and currently we have 357 active members.

This year we are coming up with different activities which aim to promote awareness and treat our menopausal women: **14th Midyear Convention** (Date: May 26, 2016, Venue: Marco Polo, Ortigas), **24th Annual Convention** (Date: September 12-13, 2016, Venue: to be announced), **CME Caravans for the doctors & lay** (schedules to be announced), **World menopause month celebration** (every October).

We would also like to encourage other specialties to participate on our upcoming activities.



The Chairman of the Annual Convention Dr. Amado Flores, III and president Dr. Carlos Vicente G. Gabriel would like to invite you in forthcoming **Philippine College of Emergency Medicine (PCEM) 2016 Annual Convention** entitled **"EM^{POWER}: EM^{PHYSICIANS}"** on **April 25-26** to be held at the **Crowne Plaza Galleria Manila, Ortigas Avenue.**

This convention will focus on Empowerment of Emergency Medicine Practitioners in delivering quality

continued on page 29...

*Specialty Divisions & Specialty Societies
News and Events, from page 28...*

emergency medical care. This year's theme will highlight the role of Emergency Medicine in promoting health awareness through advancement in medical technology and services as well as updates on relevant health concerns affecting the country at this time.

Aside from plenary lectures, PCEM will offer workshops, which includes BLS and ACLS recertification. The details of lectures and workshops will be released soon. For more information, please regularly visit our website <http://www.pcemph.org/> or visit us on facebook <http://www.facebook.com/philcollege.em/info> or email us at pcem.inc@gmail.com.

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Philippine Society of Newborn Medicine

The Philippine Society of Newborn Medicine (PSNbM), headed by **JOSE B. SALAZAR, MD, President 2015-17**, an organization of board-certified neonatologists, strives to establish and promote care of the highest standard for all newborn, on their **10th Anniversary Celebration** held the **FIRST PSNbM PROVINCIAL POSTGRADUATE** during their **10th Post Graduate Course** last **FEBRUARY 6-7, 2016** with the theme, **"NEWBORN EMERGENCIES 24/7**, at the **VIGAN CONVENTION CENTER, ILOCOS SUR**. This was in collaboration with the **Philippine Pediatrics Society Inc., NORTHERN LUZON CHAPTER**. The 2 day course focused on the pathophysiology, therapeutic intervention and evidence based principles that are essential to understanding the critically ill infant. The Organizing Committee, was headed by **JOSIE NIU KHO, MD**, Overall Chair and **AURORA ALICIA D. MATIAS, MD**, Co-chair, invited renowned speakers and prepared well balanced relevant topics, including including workshops, that are practical and applicable for the care of the sick neonate.

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Philippine College of Geriatric Medicine

The Philippine College of Geriatric Medicine (PCGM) is now enjoying recognition from two Specialty Divisions of the Philippine Medical Association. The first was in 2011, by the Philippine College of Physicians. On February 17, 2016 the Philippine Academy of Family Physicians (PAFP) granted the second recognition to open a career track for family physicians keen interest in Geriatric Medicine. This was awarded during the 55th Anniversary and Annual Convention of the PAFP.

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Philippine Society of Endocrinology, Diabetes and Metabolism, Inc.

The good book says, "To whom much is given, much is expected in return". Our country has suffered much deconstruction that every one of us now is being called into nation-building. We, physicians, ought to heed this call and be in its frontline in the field of health-care. Apathy is a disease and we need to cure this. We need to go beyond the four corners of our hospitals and clinics. We need to advocate and actively participate.

Through our group, the Philippine Society of Endocrinology, Diabetes and Metabolism, concerted efforts geared towards upholding public health and wellness, raising medical awareness, and empowering fellow physicians have been done and instituted. To name a few, the PSEDM spearhead **"Hawak Kamay Laban Sa Diabetes: Train the Trainors Workshop"** which was participated in by baranggay health workers, baranggay nutrition scholars and midwives. In this program, participants learn about the basics of diabetes, from symptom recognition, to diagnosis and simple management and follow-up. Moreover, our society conducted several programs namely; Fit For You Program (which costumizes the level of recommended physical activity depending on the age and

co-morbid conditions of the patient), **Wellness Program for Lay** in cooperation with Abbott, **Insulin Programs for the patients** in cooperation with specific pharmaceutical companies. PSEDM likewise advocated **Endocrine Hypertension Awareness** in collaboration with the **Philippines Society of Hypertension** and **PSEM Move for A Cause**, which advocates physical activity to prevent obesity and diabetes. The PSEDM also hosts the **Thyroid Cancer Summit** which brings together patients afflicted with thyroid cancer to educate them about their condition. This, in turn, led to the formation of the Philippine Thyroid Cancer Survivors Support Group. With passion and dedication, the PSEDM will prove to be relentless in pursuing its mission and vision this year.

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Philippine Dermatological Society

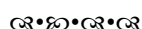
PDS as the 'DermAuthority', describes a PDS dermatologist - a properly trained and competent physician who is the true expert on skin, hair and nails.

With PDS president Dr. Daisy King Ismael, at the lead, the different PDS Institutions, Regional Chapters, Committees and Subspecialty Core Groups hosted CME and research activities, post graduate courses and workshops to further enhance knowledge and hone clinical and surgical skills in dermatology. PDS hosted yet another international Dermatology convention, the **13th Asia Pacific Environmental and Occupational Dermatology Symposium (APEODS)**, last **November 4-6, 2015** at the **EDSA Shangri-La Hotel**, with the theme, **Focus: SKIN (Skin Knowledge and Innovations Amongst Nations)** with a total of 1030 participants, including some ASEAN dermatologists. There were 50 local and international speakers, all experts in the field of contact dermatitis, environmental and occupational dermatology.

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Specialty Divisions & Specialty Societies
News and Events, from page 29...

PDS Vice President and chair of the accreditation committee Dr. Angela Lavadia together with the Department Chairs and Training Officers of the 11 different PDS institutions spent 2 years carefully reviewing and updating the Dermatology Training Program residency curriculum. New modules will be tackled during monthly CMEs. "Beauty is Power" serves as this year's awareness campaign for PDS, which emphasizes that PDS dermatologists are experts not only in skin hair and nail disease but are at the forefront of aesthetic medicine as well.



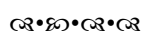
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**PIDSP Holds
 23rd Annual Convention**

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**Our Code of Ethics
 states:**

**"Colleagues, legitimate
 children who are
 minors, or even those
 who are not minors
 but mentally
 incapacitated and
 dependent upon our
 colleague for support,
 should be given
 the courtesy.
 However, this shall not
 apply to plastic or
 cosmetic procedures
 unless the cosmetic
 service is for
 Reconstructive"**



Unravelling the Exotica: The ZIKA Virus

By Michael Angelo G. Marasigan , MD

The medical world is again on its feet with the re-emergence of a virus that was first discovered in **Uganda in 1947** in a forest of the same name, manifesting with a mild illness. Six decades after, South America takes centerstage with about **4,000** Zika (ZEE-ka) suspected infections in Brazil since October 2015, 270 of which are confirmed, an increase from only 147 cases in 2014. Twenty four countries have confirmed cases in the Americas, and 14 of these nations are considered for travel precautions. In May 2015, the Pan American Health Organization (PAHO) confirmed that the Zika outbreak in Brazil led to **Guillain Barre Syndrome** (GBS), as well as pregnant women giving birth to babies with birth defects and poor pregnancy outcomes. Prior to 2015, cases were identified in Africa (Cape Verde), Southeast Asia, and the Pacific Islands.

The Zika virus is a single stranded RNA virus belonging to the Flaviviridae family. Its known vector is the "tiger mosquito" **Aedes aegypti**, a known daytime and indoor biter which has continued to plague Asia because of Dengue and the very debilitating Chikungunya disease. The incubation period is usually 3-7 days, after which one develops mild infection in 80% of cases (fever, rash, headache, sore throat, red eyes in days to weeks). Severe disease is uncommon.

Zika virus is transmitted to humans primarily through the bite of an infected *Aedes* mosquito. Non-human and human primates are the main reservoir of **anthroponotic** (human to vector to human) transmissions that occur during outbreaks. Understanding of this transmission is crucial in preventing the relentless spread in the community. The virus is then transmitted by the mosquito's saliva. The

unsuspecting pregnant woman transmits the virus perinatally in utero and has given rise to the possible association with **microcephaly**. Microcephaly is an abnormal smallness of the head, a congenital condition associated with incomplete brain development. There is still evolving knowledge on the link between Zika and the increased propensity for microcephaly and other congenital neurological abnormalities. Sexual transmission is still a consideration as Zika virus has been identified among asymptomatic blood donors in areas of outbreak. GBS is a rare disorder where a person's own immune system damages nerve cells, causing muscle weakness and sometimes paralysis for weeks to several months. While most will recover, some suffer from permanent damage, and may rarely cause death.

Diagnostics are also evolving as the differentials include Dengue, Leptospirosis, Malaria, Rickettsia, group A Streptococcus, Rubella, Measles, parvovirus, enterovirus, adenovirus and the alphavirus infections (Chikungunya, Mayaro, Ross River, Barmah Forest, O'nyong-nyong, Sindbis viruses). The triad of Dengue, Chikungunya and Zika should be considered as all these are carried by the *Aedes*, but "Zika is the most terrifying of all because of the horrific birth defects" (Dr Peter Jay Horte, National School of Tropical Medicine, Baylor College of Medicine). Preliminary diagnosis is based on the clinical features, and places and dates of travel and activities. Laboratory diagnosis is detection of RT-PCR (reverse transcriptase polymerase chain reaction) in the serum early in the first week, or detection of virus-specific IgM and neutralizing antibodies by the end of first week. Contrary to its comparison to Malaria, Zika virus does not stay in the body after recovery. Diagnostic tests are not commercially available and should be referred to specialized diagnostic centers.

As with similar viral illnesses, treatment consists of supportive measures (rest, fluids, analgesics & antipyretics). Dengue should be carefully ruled out before giving aspirin and NSAIDs, as hemorrhage may be aggravated. People infected with any of the triad of Zika, Chikungunya & Dengue should be protected from further mosquito exposure during the first few days of illness to prevent other mosquitoes from becoming infected and thereby reduce risk of local transmission.

Prevention is **central** as no vaccines are available. The Philippine experience in addressing Dengue in the community can be applied in prevention as vector control is the key. The Centers for Disease Control & Prevention (CDC) has issued special precautions to only 2 targets: (a) for pregnant women, at any trimester - postpone travel to areas where Zika virus has ongoing transmission, but if she must, carefully discuss with her physician to strictly follow precautions, and (b) women trying to become pregnant - consult her physician about plans before travel and discuss risk of Zika infection.

As reiterated by **Dr Laura Kramer** (School of Public Health in State University of New York @ Albany), wearing insect repellent is key. EPA registered ingredient DEET (N,N-diethyl-m-toluamide, active component of OFF lotion and Repel) or picaridin are recommended. These are safe to pregnant women and kids, but should be used with caution to avoid eye and mouth contact. If with concomitant use with sunblock during travel to tropical countries, the insect repellent should be applied after the sunblock. Agencies warn about use of pesticides when it poses human health risk and when it contributes to ecological damage.

Is the Zika virus on its way to the Philippines?

"Zika will go everywhere the mosquito is" (Dr Marcos Espinal, Director of Communicable Diseases & Health Analysis, WHO). The first reported case of Zika

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Zika Virus, from page 31...

in the country was in 2012 when a 15 year old boy from Cebu City exhibited fever, headache, conjunctivitis, sore throat, loss of appetite, nausea & vomiting. Luckily, he recovered fully after 3 weeks. Two phenomena will definitely affect the re-emergence of Zika in the archipelago and elsewhere in the world : 1. Global warming and 2. Travel and migration. The North Americas maybe spared from Zika with the snowy climate, but consider it only as a break and when the temperature rises, cases may be added to 3 confirmed infections in Florida and Texas, both with history of travel to Venezuela and Colombia respectively. Since 2007, 26 American travelers have been diagnosed with Zika viral infections.

The **World Health Organization** (WHO) has convened an emergency committee meeting and its chair **Dr Margaret Chan** has cited the Zika infection "is spreading explosively in America and may rise to **4 million** cases this year". The WHO declares a surge in serious birth defects in South America is 'strongly suspected' of being caused by Zika virus and constitutes an international health emergency (Rappler). WHO is facing international pressure to curb the rise as there is still stinging criticism over the initially slow tackling of the Ebola that has ravaged Western Africa.

The **Department of Health** (DOH) in its press conference February 2, 2016, emphasized the **4S (Search and Destroy, Self Protection, Seek Early Consultation & Say Yes to Fogging)**. As Aedes thrives on stagnant and domestic water, emptying breeding trays of potted plants, garbage can lids, bird-bath, and the like should be done every 5-7 days. The 3 o'clock habit advocated in schools should be reminded to emphasize cleanliness as a preventive tool. "Tapat ko, Linis ko", a slogan in the rural areas should be applied in the depressed and urban poor communities. The use of long sleeves and pants, when the climate permits, act as barriers to the bite, especially when travel is important. The use of mosquito nets ("kulambo",

"mosquitero") is practiced in the countryside when ventilation is not ideal is also suggested. Seeking early consultation when fever is more than 2 days, especially among pregnant women is crucial for this vulnerable group. Fogging should be a conglomerate decision and action by the community leaders when an outbreak is imminent. The good practices of our communities in combatting Dengue should be replicated and exemplifies that the partnership of the barangay and health sectors goes a long way to provide the solution.

As reminded by Dr Janette Loreto-Garin, our DOH Sectetary, "Cleanliness... the first step to prevent mosquito-borne diseases is within our homes. It is not only your family that will benefit from this habit, but the entire community as well".

The 2016 Olympics in Rio de Janeiro, Brazil , the epicenter of the Zika virus outbreak, is just a breath away and the medical world should take Olympian strides to prevent a pandemic. Inspired by a Miss Universe in our midsts, we should advocate prevention at its best, as a healthy body is tantamount to a healthy mind which make heroes and champions among us. Health education is a time-tested formula that should prepare and arm us for any emergency and outbreak, be it exotic as the Zika virus.

**"Leaders aren't
born, they are
made. And they
made just like any-
thing else, through
hard work. And
that's the price we'll
have to pay to
achieve that goal, or
any goal"**

- Vince Lombardi

ZIKA VIRUS 101

WHAT IS THE ZIKA VIRUS?
The Zika virus is a flavivirus, part of the same family as yellow fever, West Nile, chikungunya and dengue.

WHERE IS THE VIRUS NOW?
It is circulating in Africa, the Americas, Asia and the Pacific.

HOW IS IT SPREAD?
The virus is transmitted when an Aedes mosquito bites a person with an active infection and then spreads the virus by biting others. It is the same mosquito that transmits dengue, chikungunya and yellow fever.

SYMPTOMS

- fever
- skin rashes
- conjunctivitis
- muscle and joint pain
- malaise
- headache

IMPORTANT FACT FOR PREGNANT WOMEN:
Fetuses can be infected with the virus

HOW TO PROTECT YOURSELF FROM ZIKA?
Avoid travel to areas with an active infestation

HOW TO TREAT IT?
No vaccine to prevent Zika or medicine to treat infection

PEOPLE SICK WITH ZIKA VIRUS SHOULD:

- Get plenty of rest
- Drink enough fluids
- Treat pain and fever with common medicines

SOURCE: WORLD HEALTH ORGANIZATION

CNN Philippines



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City
 Call Center (02) 441-7442 Trunkline (02) 441-7444
www.philhealth.gov.ph



December 9, 2015

PHILHEALTH CIRCULAR
NO. 2015-037

TO : ALL ACCREDITED HEALTH CARE INSTITUTIONS AND PROFESSIONALS, PHILHEALTH REGIONAL OFFICES, LOCAL HEALTH INSURANCE OFFICES AND ALL OTHERS CONCERNED

SUBJECT : REINSTATEMENT OF THE CERTIFICATE OF GOOD STANDING AS A REQUIREMENT FOR ACCREDITATION OF HOSPITALS, INFIRMARIES AND PHYSICIANS, AND OTHER SUPPLEMENTAL PROVISIONS

I. BACKGROUND

Section 61 of the Revised Implementing Rules and Regulations of RA 7875 as amended by RA 9241 and RA 10606, otherwise known as the National Health Insurance Act of 2013 provides, "Accreditation Requirements for Physicians, Dentists, Nurses, Midwives, Pharmacists and other Licensed Health Care Professionals ... shall not require a certificate of good standing or such other analogous certification for them to be accredited". Likewise, the membership in good standing to any national association of licensed hospitals in the Philippines as a requirement for accreditation for hospitals is no longer provided in the Revised Implementing Rules and Regulations.

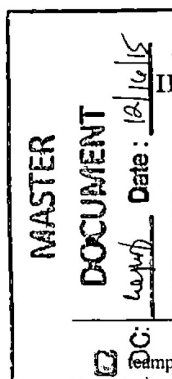
PhilHealth recognizes the Philippine Hospital Association (PHA) and the Philippine Medical Association (PMA), as partners in the implementation of the National Health Insurance Program. Membership in good standing in PMA or PHA increases the likelihood of compliance of the health care providers to the Code of Ethics of their respective organizations.

In view of the foregoing, the Corporation reinstates the Certificate of Good Standing (CGS) in the above-mentioned organizations as a requirement for accreditation of health care providers to ensure that members of the National Health Insurance Program (NHIP) and their dependents have better access to quality health care services.

II. OBJECTIVES

This Circular aims to provide guidance on the reinstatement of the Certificate of Good Standing as a requirement for accreditation of hospitals, infirmaries and physicians and other supplemental provisions.

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III. COVERAGE

This Circular shall apply to hospitals, infirmaries and physicians who are currently accredited and those with intention to participate in the National Health Insurance Program (NHIP).

IV. GENERAL GUIDELINES:

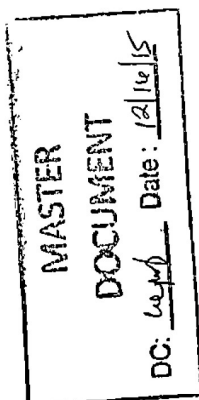
1. An updated CGS from the respective organizations shall be required of hospitals, infirmaries and physicians applying for accreditation upon the effectivity of this policy.
2. Such organizations shall not collect separate fees for the issuance of the CGS.

V. SPECIFIC GUIDELINES FOR HEALTH CARE INSTITUTIONS

1. Accreditation of health care institutions (HCIs) shall be in accordance with PhilHealth Circular 54 s. 2012 "Provider Engagement and Accreditation through Contracting of Health Care Services" and subsequent issuances.
2. An updated certificate of good standing from the PHA shall be required of all hospitals and infirmaries during application for accreditation (initial, continuous and re-accreditation due to lapse in accreditation).
3. Hospitals and infirmaries shall use the Performance Commitment - Revision 2 (Annex A) during application for initial, continuous and re-accreditation due to lapse in previous accreditation.

VI. SPECIFIC GUIDELINES FOR HEALTH CARE PROFESSIONALS

1. Health care professionals applying for accreditation shall be guided by PhilHealth Circular 10 s. 2014.
2. An updated certificate of good standing from the PMA and specialty society, for medical specialists, shall be required of all physicians applying for accreditation (initial, continuous and re-accreditation due to lapse in accreditation). Currently accredited physicians shall submit the updated CGS from the PMA and specialty society, for medical specialist, on their next application for accreditation.
3. The Corporation shall recognize the specialty societies and their sub-specialty society/ies in the eight specialty divisions of the medical profession under the PMA.
4. All health care professionals in the informal sector applying for initial accreditation or re-accreditation due to lapse in accreditation, shall be guided by PhilHealth Circular 24 s. 2013 on the payment of the premium contributions. In addition, they shall pay the contribution that will cover at least one year of his/her accreditation.
5. Health care professionals shall use the Performance Commitment for Health Care Professionals - Revision 2 (Annex B) during application for initial, continuous and re-accreditation.



VII. MONITORING

PhilHealth shall regularly undertake monitoring activities, anchored on PhilHealth Circular 31 s. 2014: Health Care Provider Performance Assessment System of the Corporation, through the Standards and Monitoring Department (SMD) and PhilHealth Regional Offices, to ensure that all health care providers act in accordance with the Performance Commitment for which they were engaged, and provide a scheme to ensure the following:

1. Strict compliance with all PhilHealth policies, rules and regulations on quality assurance, claims processing and fraud detection and prevention;
2. Determination of the offenses and violations committed by the participating HCPs;
3. Maintenance of high quality standards of care being rendered to members and their dependents by engaged HCI.

In addition, appropriate safeguards and mechanisms shall be adopted to monitor medical societies, e.g. specialty societies that limit the practice of member/s.

VIII. REPEALING CLAUSE

All provisions of previous issuances that are inconsistent with any provisions of this circular are hereby amended/modified/or repealed accordingly.

IX. SEPARABILITY CLAUSE

In the event that a part or provision of this Circular 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 effective.

X. EFFECTIVITY:

This circular shall take effect fifteen (15) days from publication in the official gazette or any newspaper of general circulation.

All PhilHealth Offices through the Corporate Communications Units and Health Care Delivery and Management Divisions (HCDMD) of the PROs shall ensure appropriate and massive information campaign efforts regarding this issuance.

MASTER DOCUMENT
DC: 6440 Date: 10/16/15
ALEXANDER A. PADILLA
President and CEO
Date signed: _____

Make Us One

Children below
Fresh from the fold
Hands beneath the moonlight
Lord, please make us one

We hear the tide
Roar through the night
Come lead the weary
Lord, please make us one

Children rejoice
Come to the voice
Song of the angels
Healing the broken ones

Seasons array
There goes the one
Lead to the fountain
Wash and make us one

Our hearts rejoice
If Thy voice
Make us a rainbow
Lord, please make us one

Light in the sky
Forever high
Unite the rainbow
Lord, Please make us one

Make us a rainbow
Lord, please make us one

Music and Lyrics by:
Cindy Morgan