Care Plan Initiative

February 1, 2017

Attendees

 Emma Jones

 Stephen Chu

 Lisa Nelson

 Gay Dolin

 Joe Quinn - optum

 Matthew Greene – VA

 David Tao

Agenda & Minutes

1. Approval of the publication of the CCS
	1. Motion made to publish the document: Emma 2nd by Stephen
		1. Approve 4- Abstain 3- Oppose 0-
2. Care plan document sections
	1. Discussion on if there should be more then 4 sections in the care plan document.
	2. Pros and cons discussed
	3. Decisions:
		1. PCWG CPI – when test data is being put out for care plan document it is misleading by structuring the data where it is not readily apparent to be fit into the 4 standard sections. We believe the ONC needs to get on board to provide test cases to match the document and make the validator work accordingly
		2. PCWG CPI – supports additional sections on the document, but thinks there should be an indicator/warning that additional sections exist.
		3. PCWG CPI would like to know if there is room for a “little blurb”
3. Motion made to: Recommend the ONC Care Plan test data and documentation include clear instructions or guidance that the data will fit into the 4 cornerstone sections of the Care Plan document template. Lisa/Emma 7 approve, 0 abstain, 0 oppose
4. Motion made to: Recommend to ONC the validator (CDA Scorecard) should not penalize or give error/warning messages to implementers who have additional sections in the Care Plan Document. In addition, the receiver will not be expected to process beyond viewing the additional sections. Lisa/Gay 6 Approve, 1 Abstain, 0 Oppose (Link to the validator

<https://ttpedge.sitenv.org/ttp/#/validators> )

* 1. Task to this motion – review the scorecard for guidance to ensure high quality care plans that aligns with the 4 cornerstone structures of the care plan template is included too.
	2. Ask Dragon to attend this meeting to review the scorecard tool.
1. Child Health –
	1. Child health would like to dissolve and merge into PCWG.
	2. Would like the name of the resulting WG to reflect Child Health
	3. Would like to have one CH co-chair continue as a co-chair in the new WG.
	4. CH co-chairs to meet with the PC co-chairs and work through the logistics. Suggest February 13th PC co-chair meeting. Gay will coordinate from the CH group. Mike Padula needs to maintain co-chair role. Pele is interested too.

**From:** "emma.jones@allscripts.com" <Emma.Jones@allscripts.com>
**Date:** Wednesday, February 1, 2017 at 14:24 PM
**To:** Stephen Chu <chuscmi88@gmail.com>, Laura Heermann Langford <Laura.Heermann@imail.org>
**Subject:** FW: Negative test data for (b)(9) care plan is incorrect

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More on the topic. 2 Parts of the same email thread!

**From:** Gay Dolin [mailto:gdolin@imo-online.com]
**Sent:** Wednesday, February 1, 2017 4:18 PM
**To:** Lisa R. Nelson <Lisarnelson@cox.net>; Cole, George <George.Cole@allscripts.com>; 'Brett Marquard' <brett@riverrockassociates.com>; 'Nagesh Bashyam' <nagesh.bashyam@drajer.com>; 'Benjamin Flessner' <benjamin@epic.com>; Jones, Emma <Emma.Jones@allscripts.com>
**Cc:** 'Naitik Patel' <npatel@healthix.org>
**Subject:** RE: Negative test data for (b)(9) care plan is incorrect

Hi Lisa,

I think it’s an overuse of the purpose of the Care Plan.

Emma sent out a suggestion to add this to the Care Plan agenda on the call today.

Thanks,

Gay

**From:** Lisa R. Nelson [mailto:Lisarnelson@cox.net]
**Sent:** Wednesday, February 01, 2017 1:16 PM
**To:** Gay Dolin; 'Cole, George'; 'Brett Marquard'; 'Nagesh Bashyam'; 'Benjamin Flessner'; 'Jones, Emma'
**Cc:** 'Naitik Patel'
**Subject:** RE: Negative test data for (b)(9) care plan is incorrect

Gaye,

Thanks for your insight on this.

Would you agree that using other sections to record information known about the patient AND NOT covered in the care plan is a legitimate reason for included other sections?

If a CCD were included with the Care Plan Document, it would/may duplicate the interventions that are covered in the Care Plan. It would be very difficult and time consuming for a person to reconcile between a CCD view and a Care Plan view of the information if they were looking for gaps and overlaps in care.  By including “other sections” in the Care Plan document to hold problems and medications, etc. that are known for the patient AND NOT COVERED in the Care Plan, then it will be easier for a reviewer to see where the Care Plan may need to be updated/modified. They just need to review the stuff that is going on with the patient for which the activities have yet been incorporated into the plan, and they’re done.  The additional sections provide a sort of “queue” of issue that need to be addressed.  The “other sections” hold information that has not yet been folded into the person’s Care Plan.

Comparing back and forth between a CCD that presents the information in a totally different way and a Care Plan document would not provide an easy, straightforward way to show what issues/goals/interventions are going on for the patient and ARE NOT COVERED in their Care Plan.

Could you comment on this specific intended use of “additional sections” in a Care Plan document?

Thanks,

Lisa

Lisa R. Nelson, MS, MBA

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Any views or opinions presented in this email are solely those of the author.

**From:** Gay Dolin [mailto:gdolin@imo-online.com]
**Sent:** Wednesday, February 01, 2017 3:56 PM
**To:** Lisa R. Nelson <Lisarnelson@cox.net>; 'Cole, George' <George.Cole@allscripts.com>; 'Brett Marquard' <brett@riverrockassociates.com>; 'Nagesh Bashyam' <nagesh.bashyam@drajer.com>; 'Benjamin Flessner' <benjamin@epic.com>; 'Jones, Emma' <Emma.Jones@allscripts.com>
**Cc:** 'Naitik Patel' <npatel@healthix.org>
**Subject:** RE: Negative test data for (b)(9) care plan is incorrect

Hi,

I agree with George and Emma that Care Plan should contain only the 4 sections, however, I also agree that the C-CDA Care Plan is an open template and so from a technical perspective other sections are not precluded.

**To encourage more sections will encourage that the Care Plan will become a dumping ground and an unreadable document.** A CCD could be sent along with for this purpose 

In keeping with the purpose and intent of a Care Plan, (the structure of which has been around since 1970s or earlier and which the C-CDA Care Plan reflects) it is intended to focus on the pertinent concerns that are *being addressed* AND FOR EACH of those concerns, identify the associated Interventions, Goals and Outcomes.

So I would say IF including other sections is not **discouraged, THEY MUST** contain entries that relate to interventions, goals and outcomes in their respective entries via the Entry reference which, yes, can be used anywhere. This is one way we may be able to avoid the “lazy implementer syndrome” section dumping. (I use this term knowing it’s a closed email list here)

One caveat to my belief that the Care Plan should be encouraged to be ONLY the 4 sections – (and I think Emma may agree with me here) that an Assessment section is sometimes included in a Care Plan Document and/or assessments are linked in Care Plan applications.

Thanks,

Gay

**From:** Lisa R. Nelson [mailto:Lisarnelson@cox.net]
**Sent:** Wednesday, February 01, 2017 12:30 PM
**To:** 'Cole, George'; 'Brett Marquard'; 'Nagesh Bashyam'; 'Benjamin Flessner'; Gay Dolin; 'Jones, Emma'
**Cc:** 'Naitik Patel'
**Subject:** RE: Negative test data for (b)(9) care plan is incorrect

Here’s what I think.

1. I believe the CDA Care Plan Document work was very early work (Circa 2014) and much has emerged since that time to reveal additional use cases for several different types of Care Plan documents.
2. Early reports made in the summer of 2014, but not in time to get addressed by C-CDA R2.0, demonstrated that the 4 “cornerstone” sections of the C-CDA R2.0 Care Plan document (which received no functional updates in 2015 when R2.1 was released even through testing was already showing that additional content was needed).

So, on the question of whether a Care Plan document should be restricted to include ONLY the 4 named sections, I would strongly argue, NO.  The Care Plan Document template is not a CLOSED template, and it would be wrong to suggest that it somehow IS CLOSED to those 4 section templates.

Further, in actual pilot use of the Care Plan document –in a real production setting (Healthix in NY)—users have VERY VALUABLE REASONS FOR INCLUDING ADDITIONAL SECTIONS like Medications, Problems, Encounters, etc. Here are two main reasons:

1. When a Care Plan is created by a care manager for the patient and shared with a provider, the care plan may not initially include all the patient’s problems, medications, encounters, etc.  Healthix creates the Care Plan Document by including all the information (Problems, Goals, Interventions, and Health Status Evaluations & Outcomes) cover by the plan, but then also includes the additional sections to show a reviewer when the patient has other problems, medications being taken, appointments happening, etc. The goal is to have the Care Plan show information that is IN the plan as well as know Problems and Meds and care activity, etc that IS NOT covered by the plan. This more complete view enables Care Plan Reviewers to see if the Care Plan should be updated because it is not yet address all the patient’s problems.  Or, to ask:  “Why is this patient taking these medications that are not in the care plan as interventions to address some problem?” The “extra” sections are being used to allow the care plan piloters in New York to transition from not having complete and robust care plans to a place where they have robust, complete care plans.
2. As an ongoing quality mechanism, it seems useful to have additional sections in the Care Plan Document that can “catch” information that is known about the patient, but is not covered in the care plan.  NY envisions these additional sections as providing not only an initial “transition into care plans” mechanism, but as providing an important ongoing Quality Check Mechanism to help see GAPS IN CARE.  These sections help show when I patient has stuff going on that has not been integrated into their current Care Plan. As an ongoing function of the Care Plan Document, NY wants to be able to show Care Planners where there are Problems, Medications, Test, Encounters, etc. happening for the patient which are not integrated into the patient’s overall Care Plan.

I have included the technical lead on the Healthix Care Plan Pilot Naitik Patel to join this discussion so he can add to my comments if I have missed anything.

I STRONGLY URGE that no one should adopt a limited/CLOSED notion of what information belongs in a Care Plan Document at this point in time.  In order to explore and understand the power of what the Care Plan Document enables, we need to leave the door open for creative and VERY VALUABLE demonstrations to emerge. **Finding gaps and overlaps in care is one of the primary benefits of having a care plan.  So is improving coordination of care across multiple providers who all may not be using a single system.** YES, information that IS “IN the Care Plan” belongs in the 4 cornerstone Care Plan sections, but in order to find gaps in care and to create complete/accurate Care Plans, information that IS NOT “IN the Care Plan” also needs to be exchanged within the Care Plan Document. We would not want to BLOCK this type of innovation from happening by unduly restricting the content allowed in a Care Plan Document template at this early point in its history/use.

Regards,

Lisa

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[www.LisaRNelson.com](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.lisarnelson.com_&d=DQMGaQ&c=II16XUCNF0uj2WHDMBdftpHZzyfqZU4E6o4J8m7Yfh-XF5deecOtjPXuMFvj1uWy&r=YQ9MsS0MCcf3Ae9EUEEvYC_NAYEKcWwP0UxMtJ_-fno&m=6eD2GIWFf1l2Gi0Zlb-f9qoK7R3Q2BspyUk0DIjn2fE&s=07swcp4xxcZkNbtFwrP7jhH8YJ7uEA_XGWJ8qkrtMYA&e=)

Any views or opinions presented in this email are solely those of the author.

**From:** Cole, George [mailto:George.Cole@allscripts.com]
**Sent:** Wednesday, February 01, 2017 2:19 PM
**To:** Brett Marquard <brett@riverrockassociates.com>; Nagesh Bashyam <nagesh.bashyam@drajer.com>; Lisa R. Nelson <Lisarnelson@cox.net>; Benjamin Flessner <benjamin@epic.com>; gdolin@imo-online.com; Jones, Emma <Emma.Jones@allscripts.com>
**Subject:** RE: Negative test data for (b)(9) care plan is incorrect

4 sections make a Care Plan document.

Cannot say that there may be other reasons to have additional sections, and we know that some PSS’s naming things as the XXX Care Plan document are doing just that, but to me a C-CDA R2.1 Care Plan Document has 4 sections.

**From:** Brett Marquard [mailto:brett@riverrockassociates.com]
**Sent:** Wednesday, February 01, 2017 2:17 PM
**To:** Cole, George <George.Cole@allscripts.com>; Nagesh Bashyam <nagesh.bashyam@drajer.com>; Lisa R. Nelson <Lisarnelson@cox.net>; Benjamin Flessner <benjamin@epic.com>; gdolin@imo-online.com; Jones, Emma <Emma.Jones@allscripts.com>
**Subject:** RE: Negative test data for (b)(9) care plan is incorrect

What do you believe 

**From:** Cole, George [mailto:George.Cole@allscripts.com]
**Sent:** Wednesday, February 01, 2017 2:15 PM
**To:** Nagesh Bashyam <nagesh.bashyam@drajer.com>; Brett Marquard <brett@riverrockassociates.com>; Lisa R. Nelson <Lisarnelson@cox.net>; Benjamin Flessner <benjamin@epic.com>; gdolin@imo-online.com; Jones, Emma <Emma.Jones@allscripts.com>
**Subject:** RE: Negative test data for (b)(9) care plan is incorrect

I know what Emma believes: content should be inside the 4 sections listed in the Implementation Guide.

**From:** Nagesh Bashyam [mailto:nagesh.bashyam@drajer.com]
**Sent:** Wednesday, February 01, 2017 2:00 PM
**To:** Brett Marquard <brett@riverrockassociates.com>; Cole, George <George.Cole@allscripts.com>; Lisa R. Nelson <Lisarnelson@cox.net>; Benjamin Flessner <benjamin@epic.com>; gdolin@imo-online.com
**Subject:** FW: Negative test data for (b)(9) care plan is incorrect

Folks,

I know we talked about this extensively at the IAT , but did we decide on anything specific ?

If we did not decide on a best practice/guidance, can we table it for SDWG in the coming weeks ?

Thanks

Dragon

**From:** Nagesh Bashyam [mailto:nagesh.bashyam@drajer.com]
**Sent:** Wednesday, February 01, 2017 1:45 PM
**To:** 'Jeff Li'; 'Edge Test Tool (ETT)'
**Subject:** RE: Negative test data for (b)(9) care plan is incorrect

Jeff

Since it is a negative test, the missing Health Status Evaluations and Outcomes section is missing which is accurate.

Care Plan is an open document template which allows the inclusion of other data in the document.

In fact there was a lot of discussion around this very topic at the HL7 IAT in San Antonio on whether this data should be represented using entries within the Care Plan sections or

If it can reside in  other sections such as Medications,  Allergies or Problems and the data can be referenced from the Care Plan sections.

I don’t remember the exact resolution, but it might be good to bring it up at the HL7 SDWG meeting tomorrow. I will ask our SMEs to discuss the topic when it is on the agenda.

Hopefully that helps.

Thanks

Dragon

**From:** edge-test-tool@googlegroups.com [mailto:edge-test-tool@googlegroups.com] **On Behalf Of** Jeff Li
**Sent:** Wednesday, February 01, 2017 1:34 PM
**To:** Edge Test Tool (ETT)
**Cc:** jeli@athenahealth.com
**Subject:** Re: Negative test data for (b)(9) care plan is incorrect

I don't think the data in the XML is Care Plan Data, unless one of the negative test cases is to actually receive a CCD when expecting a care plan.  For example, there is an "Allergies and Intolerances Section (templateId: 2.16.840.1.113883.10.20.22.2.6.1)", a

"Medications Section (templateId: 2.16.840.1.113883.10.20.22.2.1.1)" with comment "although not listed in test data requirements, required as per CCD", and more.  These sections should not exist independently in a Care Plan according to CCDA R2.1.

There is also no Interventions section (templateId: 2.16.840.1.113883.10.20.21.2.3) nor is there a Health Status Evaluations and Outcomes section (templateId: 2.16.840.1.113883.10.20.22.2.61), both of which are Care Plan-specific sections.

Thanks!

On Wednesday, February 1, 2017 at 1:20:24 PM UTC-5, nagesh.bashyam (Dragon) wrote:

The Header name was incorrect, however the data in the XML is CarePlan data.

This has now been corrected as part of the release and the data has been refreshed to correct.

**From:** edge-te...@googlegroups.com [mailto:edge-te...@googlegroups.com] **On Behalf Of** Jeff Li
**Sent:** Wednesday, February 01, 2017 12:58 PM
**To:** Edge Test Tool (ETT)
**Subject:** Negative test data for (b)(9) care plan is incorrect

 Hi,

 When I navigate to the CCDA R2.1 Validator tool, click on Receiver SUT test data, and download NegativeTesting\_CarePlan/NT\_CP\_Sample1\_r21\_v3.xml, the file that I download seems to be a CCD rather than a Care Plan.  This is incorrect - please advise.

Thanks!