**HL7 Patient Care Care Plan Initiative**

**Minutes**

**June 12, 2013**

**Attendees:**

Gordy Raup

Rosemary Kennedy

Laura Heermann Langford

Dave Stumpf

Russ Leftwich

Elaine Ayers

Susan Campbell

Enrique Menses

Larry Garber

**Agenda:**

* Update from LCC
* Review each of the storyboards
  + Perinatal
  + Chronic Care
* Glossary: Care Plan, Plan of Care, Treatment Plan
* Model? – next meeting – Priorities, preferences, etc. (including intervention prioritization)

Update from LCC

* Refer to slide deck from Russ
* (Slide from Deck) Priority in Care Plan Data Elements
  + Health Concerns and Goals should be able to be prioritized
  + Patients and providers may have different priority for the same health concern or goal
  + It should be possible to prioritize separately
  + Different providers may have different priorities for the same patient
  + Should interventions have prioritization?

Goals should be prioritized.

            Patients and providers may have differing goals

Case for different priorities – COPD patient who does not prioritize smoking cessation but all the caregivers have that as the primary goal.

Does priority take us too far into the process of care planning?  No, it just allows us to articulate the priority is an attribute.

**Beliefs, desires and intentions**:  should it be broken into these three areas?  Encourage team to think about the BDI form – but isn’t that a little far?  This gets to the “cause” or “reason” for a priority.  Depends on how you formulate the task you are trying to communicate.  Could be added on at a later point.  **Is this something we need to capture?  If so, where does it belong?**

With planned interventions:

First we are going to do that, second we will do that, and third we will do that etc.

(Slide from deck) Schemes of Prioitization-

* Relative prioritization
  + Changes if data elements are added to care plan
* Priority value assigned to data element
  + No scale exists beyond semi-quantitative
  + Might change based on importance of new concern
    - e.g. end stage or terminal condition
* Some concerns, goals may have inherent priority

May need to say in respect to what?  The priority is XX in respect to YY.  (inherent priority).  The conversation has been in case of severed artery – it has an inherent priority.

            Preferences….. does that help with the prioritization of things? (in the future)?

Reiterate – what we are looking at here is the multicomorbid patient….

Suggestion made that we keep the prioritization discussion within the care plan multi-comorbid patient scenario.

Glossary definition:

Lots of discussion regarding the proposed definitions. See notes below. Black text = proposed, red = added text, blue = discussion points. Laura will massage the blue points into new proposed text for further review.

| **Term/Concept** | **Definition** | **Notes** | **Source/ref.** |
| --- | --- | --- | --- |
| Care Plan | The over arching patient centered plan that encompasses all of a patient’s concerns, goals, and planned interventions. This plan may also contain contextual information about the patient that may assist caregivers in supporting and completing the plan. This is a collaborative plan, created through shared decision-making and consensus.  Consensus driven….  Collaborative process, requiring discussion of all interested parties  The patient (or patient representative) is the ultimate decision maker except where medical licensure required.  There may be conflicting goals of patient and different caregivers represented….  Reconciled Plans of Care   * Resolves conflicts between plans of care * provides an understanding of all the plans in flight for the patient. * True reconciliation/care coordination may only happen a couple times of year   Includes the patient life goals  Prioritization = low/medium/high  Needs to include metrics (measureable goals… , | From S&I : The S&I LCC believes that the exchange of care plans is important to support collaboration across care settings and providers, and allows for and can encourage team based care.  The S&I LCC believes that a “care plan” considers the whole person and focuses on a number of health concerns to achieve high level goals related to healthy living.  In contrast, some clinicians use the concept of “plan of care” to focus on discrete problems, the specific interventions to address the problem, and achieve a certain goal related to the problem.  The S&I LCC WG believes that both the Care Plan and Plan of Care share the universal components: health concern, goals, instructions, interventions, and team member. |  |
| Plan of Care | A plan focusing on a specific patient concern or closely related concerns. Is often discipline or care team specific. Examples include: Cardiovascular Plan of Care, Home Health Plan of Care. Nursing Plan of Care. This plan may also contain contextual information about the patient that may assist caregivers in supporting and completing the plan. Stems from the decisions of a single provider.  ~~In the providers control~~  The healthcare professional’s contribution to the Care Plan | NQF Coordination of Care Model –  Orders: Only in the Plan of Care? Orders relationship to Care Plan?? |  |
| Treatment Plan | A plan focusing on a specific treatment or intervention. Examples include: Physical Therapy Treatment Plan, Nutrition Treatment Plan, Invasive Line Treatment Plan. This plan may also contain contextual information about the patient that may assist caregivers in supporting and completing the plan. Stems from the decisions of a single provider. |  |  |

**Next meeting**

* Update from LCC - Russ
* Model – next meeting – Priorities, preferences, etc. (including intervention prioritization) - Enrique
* Storyboard reviews towards completion – Laura and Stephen
* Glossary : updates made to Care Plan, Plan of Care, Treatment Plan - Laura
* Project plan towards balloting process - Laura