CARE PLAN CCDA THOUGHTS

Observation #1: Association of Related Historical Encounters

- There is no allowance for an Encounters Section in the Care Plan Document.
  - Some encounter history that can be related to elements of the care plan (e.g., encounter that led to care plan update) should be allowed
- Unclear how history of care-plan encounters (i.e., encounters that fulfill care plan goals & interventions) is handled
  - Maybe thought is to list as planned encounter then update the status to show completion, but that is a little circuitous, and also may result in past encounters retrospectively being listed as "planned" when they weren't

Observation #2: Association of Related Notes

- The transition from documentation via notes (e.g., progress notes, case conference notes, etc.) to documenting in care plans is not complete.
  - Notes are used in conjunction with the care plan and associated with care steps
- If Notes Sections were allowed in the document, they could be attached to care plan content by reference

Observation #3: Cross-Reference of IDs

- The purpose of care-plan interoperability in the community context is more about “replication” than “exchange”
  - Need to synch disparate instances of local care plans with centralized shared care plan
- Need to disambiguate care-plan specific elements (e.g., interventions, goals, etc.) for reconciliation, revision history, etc.
  - Not sure if this is to be done with local implementation guides, but direct support in the standard would be better

Observation #4: Handling of Domains for Concerns

- There are many kinds of concerns and activities that may be logged, and the standard tries to enumerate them at all levels (concern, goal, intervention), with a catch-all for things unclassifiable
  - The catch-all's are likely to be used extensively in our use cases
- In shared care plan for complicated patients, the plan grows fast. Need customizable "domain" attribute associated with the health concern to allow for classification, filtering, etc.

Concerns are Classified by Domain

	Issues / Needs Title	Domain	Goals	Goal Status	Last Modified By	Last Modified	Time Limited	Client Goal Priority	Clinicia Goal Priority
☐ ⊞	Client has Hyperlipidemia	Metabolic Health (MH)		Auto-Updated		5-May-2014 9:15 AM			
☐ ⊞	High Blood Pressure	Metabolic Health (MH)		Auto-Updated		5-May-2014 9:15 AM			
☐ ⊞	Clinical Obesity	Metabolic Health (MH)		Auto-Updated		5-May-2014			

Domains Can Be an Extensive List

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Demo User, MAIMOHH logged in

Update Issue/Need

Client: **Joe Smith** Patient ID: **0000006154**

Last Modified: 5-May-2014 9:15 AM by .
Source: Metabolic Health Monitor 2014-01-12.

Encounter (Most Current Information):*

	Service	Unit/Location	Encounter #	Admit Date	Discharge Date	Patient Type
○	Comp Care Mgmt		0000001004	15-Jan-2014		Outpatient
◉	Comp Care Mgmt		0000000993	12-Jan-2014		Outpatient
○	Comp Care Mgmt		0000001234	02-May-2014		null
○	Searching		0000001228	28-Apr-2014		null
○	Comp Care Mgmt		0000001181	08-Apr-2014		null
○	Comp Care Mgmt		0000001028	13-Feb-2014		null
○	Searching		0000001007	11-Feb-2014		null
○	Searching		0000000998	14-Jan-2014		null
○	Searching		0000000992	09-Jan-2014		null
○	Searching		0000000991	08-Jan-2014		null
○	Searching		0000001187			null

Show discharged encounters

Domain:*

○ Mental Health (MHealth)	○ Communication / Therapeutic Relationships (CTR)	○ Safety (Saf)
○ Housing (Hou)	○ Finances (Fin)	○ Employment (Emp)
○ Education (Edu)	○ Social Networks (SN)	○ Family / Parenting Relationships (FPR)
○ General Health / Lifestyles (GHL)	○ Leisure (Lei)	○ Community Supports (CS)
○ Legal Issues / Status (LIS)	◉ Metabolic Health (MH)	○ Pediatric Mental Health (PED-MH)
○ Rehabilitation (RE)	○ Addictions (A)	○ Sexual Health (SH)
○ General Medicine (GM)	○ Autoimmune and Rheumatology (A&R)	○ Cardio-Respiratory (CRP)
○ Neurological (NEU)	○ Oncology (ONC)	○ Gastro-Urinary (GUN)
○ Medical (Med)	○ CTI Phase 1 (CP1)	○ CTI Phase 2 (CP2)
○ CTI Phase 3 (CP3)		

Issues/Needs Title:* High Blood Pressure

Issues/Needs Details: Elevated diastolic blood p

Goals:**

Status:* Auto-Updated

Client Priority:

Clinician Priority:**

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Observation #6: Candidate vs. Final Care Plan Content

- In community care planning, there is consensus on what the shared picture is for both patient data and care plans.
  - Some elements of a care plan may be nominated, but are not accepted as formal care plan elements by designated approver
- Distinction must be apparent between candidate care plan content, and final care plan content
  - Status is probably not a good place for this designation since that likely indicates progress, not state
  - Other attendant information is useful (approver, proposer, relevant dates of proposal/acceptance, etc.)

Observation #7: Annotation of Evidence/Authority Source

- Some care steps (goals / interventions) are supported by evidence from the literature, or are part of “approved” protocols from the authoritative entities in the community. Such care steps should be distinguished from free-form care steps
- The source of the evidence or authority should be indicated
  - This is a different concept than the author participant which indicates the person/entity that included the care step in the care plan, though the author may also be said entity

Observation #8: Indication of Gaps in Care

- When care steps (goals / interventions) are not met as planned, they may be designated as gaps in care. This designation is important to represent.
- Seems different in nature than the content intended for Outcomes section since this is not an outcome.

Observation #9: Clarification of Author Participant

- The community's shared care plan has a revision history of all authors that have made changes and what changes were made. This document could at least accommodate the historical authors
  - It's unclear if the "author participation" is meant to be the person with current responsibility, or the author, or both.
  - There is a concept of participants in a review for the care plan that may get at this, but reviewers aren't editors, so it is unclear if this is a legitimate use of that feature
- Accommodation of auto-population of health concerns (and designating it as such) is desired
  - Also related to earlier point re: candidate content