**HL7 Care Plan Topic**

**May 29, 2013**

**Minutes**

**Attendees**

Enrique Menses

Stephen Chu

Susan Campbell.

Elaine Ayres

Iona Thraen

Laura Heermann Langford

**Agenda**

* Barriers and Preferences for the Model – Enrique
* Plan activity – Enrique
* Wrap up for who is going to do what by next meeting – Laura (delegate tasks?)
  + What can people do to help out?
  + Project Plan review – use case (due date?)
  + Chronic Care? Is it done?
* LCC – To do?
* Kevin – recent email (sent 5/29).

**Modeling Discussions:**

Preferences vs Reasons

Are they the same? Are they different enough to model differently?

LCC preferences discussion:

Concluded – used preferences when we mean different concepts. Treatment preferences often mean when there is a choice between 2 alternatives. Or relative– I prefer chocolate pudding with meds, if don’t have then will take butterscotch – but NO Vanilla.

Or – directive (such as end of life preferences)

Categories/Attributes: **Type and description** of the preference, (communication, Treatment, Endo life, Diet) followed by description , then have the **reason** for the preference, then have “Absolute” and “Relevant” = the **strength** of the preference.

Professional Preferences:

Example – these are your two choices, this is the one I recommend.

Do we capture this? Should we?

Not Captured usually today.

Doesn’t sound right to capture it and call it that

Isn’t it really professional Bias? Or is it professional rationale? All the things feeding into the professional preference? Benefits and risks?

Our guidance is to remove Professional preferences. Would rather see the professional rationale and reasoning. Interesting area, discussed, and although could be useful – does not seem practical at this time. Seems to have a larger overhead then necessary to capture at this time. Perhaps in the future.

Captured in the plan intervention with a reason, comment (optional). Give people the opportunity to do it if they want to but not mandatory.

**Storyboard Reviews:**

Chronic

Look for use of Care plan etc. – Susan

To do list the point and purpose of Table 1 and make consistent.

Perinatology

Look for the use of Care plan etc. otherwise good to go.

For the Appendix B –

Take them out of the DAM – but provide for the modeling.

Home Care

Look through for Care plan etc. otherwise good to go.

All

Need to harmonize Appendix A into one glossary for the DAM overall

Need to remove Appendix B into document helpful for modeling

Need to remove Appendix C –

Plan of Care

Condition based? Cannot be exclusive to one health condition – but may be biased or focused on one issue.

Provider based – each care provider has their “view” of interest for the patient – Perhaps this is the setting based plan of care. Specialty based, discipline based,

To do on storyboards:

Acute Care – Stephen to follow up with Kevin

Need to get in writing – the definition fo Care Plan, Plan of care, Treatment Plan for the team to look at. (Russ, Laura and Susan)

**Next meeting –**

* Update from LCC
* 5 minutes from each of the HL7 calls and get an update on the LCC calls.
* Review each of the storyboards
* Glossary updated in the DAM
* Review DAM to date? (TBD based on progress made…)