WISCONSIN Medical Home
Children's Health Alliance of Wisconsin

# Using Shared Plans of Care to Improve Care for Wisconsin Children and Youth with Special Health Care Needs

In 2016 and 2017, the Medical Home Initiative of Children's Health Alliance of Wisconsin is supporting implementation of quality improvement grant projects with health care teams to advance medical home care provision for children and youth with special health care needs through the use of Shared Plans of Care.

Such plans are consistent with best practice standards in care coordination for children with special health care needs as described by the 2014 *Standards for Systems of Care for Children and Youth with Special Health Care Needs*. The Standards recommend teams "develop, maintain, and update a comprehensive, integrated plan of care that has been developed with the family and other members of a team, addresses family care clinical goals, encompasses strategies and actions needed across all settings, and is shared effectively with families and among and between providers." [1]

A **Shared Plan of Care** is a living document completed by parents and health care providers that includes information necessary to assure issues affecting a child's health are identified and accessible across systems, and that activities and accountability for addressing those activities are documented.[4]

Key Components include:

- Medical summary
- Family strengths and preferences
- Negotiated plan of action (including clinical and family goals, actions to address goals, responsible partners, and timelines)
- Other necessary attachments such as emergency plans, chronic condition protocols, and relevant legal documents (i.e., IEPs or 504 plans)

**Why are Shared Plans of Care needed?**

Over 20% of Wisconsin children and youth have some type of special health care need anticipated to last at least a year and requiring services and supports beyond those of other children. [2] Fragmentation of care is common, and families often shoulder a disproportionate share of the care coordination burden. Care plans developed with families may help reduce hierarchical relationships between health care providers and parents, improve reciprocal information exchange, and strengthen relationships. [3]

**Wisconsin health care teams piloting Shared Plans of Care**

- 2016: Teams included Children's Hospital of Wisconsin Special Needs Program, Marshfield Clinic Health System, Partnership Community Health Center, and Prevea Health System. Focus populations included children with attention deficit hyperactivity disorder, children with medical complexity, and children with juvenile rheumatoid arthritis. Forty-four Shared Plans of Care were implemented by the end of 2016.
- 2017: Teams include Children's Hospital of Wisconsin Special Needs Program, Menominee Tribal Health Center, Partnership Community Health Center, and Prevea Health System. Focus populations include children with attention deficit hyperactivity disorder, children with medical complexity, and children with juvenile rheumatoid arthritis. It is anticipated that an additional 75 Shared Plans of Care will be implemented by the end of 2017.

**Early evidence**

Care teams and families participating in the 2016 Shared Plan of Care pilot projects completed quarterly surveys. Surveys assessed care plan quality, implementation, and perceived impact on communication and child health. Care teams reported the care plans helped them better communicate with families (Figure 1). Each quarter, more than 80% of families completing the surveys reported they helped in developing their child's Shared Plan of Care (Figure 2).

Figure 1

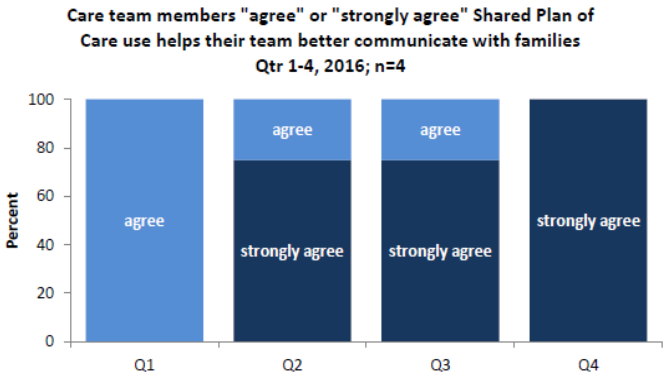
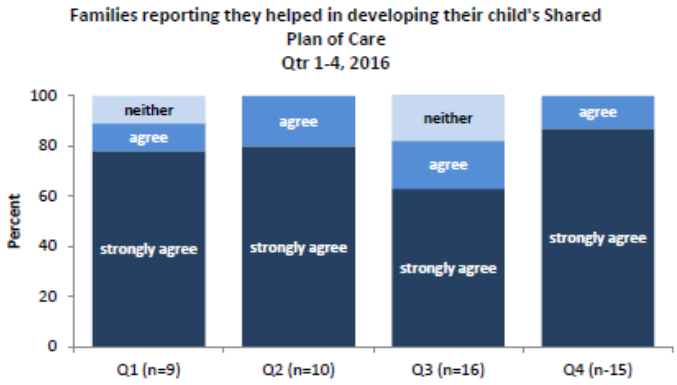



Figure 2




**Families completing the surveys provided comments on their experiences with Shared Plans of Care:**

"I like having all of his information in one location."

"(The Shared Plan of Care) is always with our (child) so on admittance/ER visits there is no guessing."

"We are able to share information with all doctors and specialists and also his school."

**Opportunities for improvement**

Care teams and families using Shared Plans of Care in 2016 expressed the desire for a real-time, dynamic document, accessible and able to be edited by both care teams and families. Some care teams thought having a single release of information might help facilitate sharing of the plan across sectors. Many of the care teams found families often needed support initially in identifying personal goals for their family. The need for dedicated and reimbursed time to develop and maintain the care plans was an opportunity for improvement suggested by many teams.

**For more information** on Wisconsin efforts to advance use of Shared Plans of Care, visit http://www.wismhi.org/wismhi/About-Us/System-Integration/Shared-Plan-of-Care-Project

**References**


1. Association of Maternal Child Health Programs. Standards for Systems of Care for Children and Youth with Special Health Care Needs. Lucile Packard Foundation for Children's Health. 2014. Available at http://www.amchp.org/AboutTitleV/Resources/Documents/Standards%20Charts%20FINAL.pdf Accessed Sept 21, 2017.
2. Wisconsin report from the 2001/12 National Survey of Children's Health. Available at http://www.childhealthdata.org/browse/data-snapshots/nsch-profiles?geo=51&rpt=16 Accessed Sept 21, 2017.
3. Adams S, Cohen, E, Mahant S, et al. Exploring the usefulness of comprehensive care plans for children with medical complexity (CMC): A qualitative study. *BMC Pediatrics*. 2013; 13:10. Available at http://bmcpediatr.biomedcentral.com/articles/10.1186/1471-2431-13-10 Accessed Feb 16, 2017.
4. McAllister, J. Achieving a Shared Plan of Care with Children and Youth with Special Health Care Needs. Lucile Packard Foundation for Children's Health. 2014. Available at http://www.lpfch.org/publication/achieving-shared-plan-care-children-and-youth-special-health-care-needs Accessed Feb 16, 2017.



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