

# Focus

## Patient-held care plans for New Zealand

***Jocelyn Tracey is an Auckland GP and Professional Development Facilitator at South-Med Limited IPA***

***Sue McAuley is the Project Manager of South Auckland COPD Disease Management Project***

A number of disease management projects<sup>1,2</sup> have shown that improving patient self-management can result in better health outcomes. One tool in assisting patients to manage their chronic health problems is to provide them with a patient-held care plan.

Patient-held care plans are currently being used in the South Auckland COPD (chronic obstructive pulmonary disease) programme. As a result of our experience with this, we suggest that they can have a useful role in disease management when they contain the following information:

- details of patient's name, usual GP's name, out of hours and emergency contact numbers
- list of chronic diseases
- list of regular medications
- agreed lifestyle goals, eg, exercise, weight reduction, smoking cessation
- self-monitoring activities, eg, weight, peak flow
- crisis plans, eg, if peak flow falls below ... or if BP goes above ...

### KEY POINTS

- A patient-held care plan is a tool to manage chronic health problems
- Computerised care plans could overcome some of the barriers to their use
- Patient-held care plans need further evaluation in New Zealand

A variety of types of patient-held records have been evaluated in the literature. When patients were given record books showing when preventive activities such as cervical smears and blood pressure reading were due, there was good acceptance by family physicians and improved intermediate outcomes in terms of monitoring activities.<sup>3</sup> A health record book with information about healthy lifestyle activities, together with an inserted personalised computer print-out of the patient's problem list and medications were found by Liaw et al<sup>4</sup> to encourage patients to change their lifestyle. However, a study of medication record cards found that they had a low degree of accuracy (25 per cent) and were rated poorly by patients (only 21 per cent thought they were helpful),<sup>5</sup> and a study of patient-held records for cancer patients showed no improvement in patient satisfaction with communication or quality of life.<sup>6</sup> These studies would suggest that there is potential for patient-held records to improve patient care, but that the factors determining their effectiveness require further research.

## The way forward

Methods of computerising care plans are currently being developed, as this could overcome some of the barriers to their use. The computer can automatically insert into the care plan, the patient's problem list, medication list, etc, and provide drop-down lists to select options for self-monitoring and crisis plans. This decreases the time taken to write out the plan and makes it quick to update.

An A5-size folder with plastic sleeves can be used to store the care plan. The patient can slip the care plan pages and other information about their health or medical appointments into the sleeves. A magnetic strip on the back of the folder allows it to be attached to the fridge, making it accessible to the patient, family and visiting health workers.

Changes in funding arrangements also encourage activities that promote patient education and patient self-management. The \$40 diabetes check and specific disease management programmes allow for a little extra time to be spent with the patient, reviewing their management and developing the care plan. Capitation payment systems also provide financial incentives for an increased emphasis on patient self-management.

At the end of the day, the better our patients understand the management of their health problems, the better they will be able to care for themselves. Patient-held care plans may be a useful tool for many patients, but do need further evaluation when used in New Zealand context for patients with chronic diseases.

### Potential advantages of patient-held care plans

- Patient has a better understanding of their condition
- Enables family/caregiver to receive information and have a better understanding of the patient's management
- Patient has a reminder of what they can be doing to manage their own health
- If the patient is being seen by a number of providers, eg, also by district nursing or secondary care clinic, then the care plan can be used to help coordinate care
- Encourages the GP and practice nurse to review the patient's management regularly, and to work with the patient and their family to help them understand their diseases better

### Barriers to the use of patient-held care plans

- The time taken to fill out a form for the patient to take home
- Having to change the care plan each time the patient's management changes
- Patient may forget to take it with them to see other providers
- The time taken to discuss lifestyle goals and self-monitoring with the patient to ensure that the plan is not only patient *held* but also *owned*

- Some patients are not interested in having such a plan

## References

1. Stewart S, Marley JE, Horowitz JD. Effects of a multidisciplinary, home based intervention on unplanned readmission and survival among patients with congestive heart failure. *Lancet* 1999;354:1077-1083.
2. Rich MW, Beckham V, Wittenberg C, et al. A multidisciplinary intervention to prevent the readmission of elderly patients with congestive heart failure. *New Engl J Med* 1995;333:1190-1195.
3. Dickey LL, Petitti D. A patient-held minirecord to promote adult preventive care. *J Fam Pract* 1992;34:457-463.
4. Liaw T, Lawrence M, Rendell J. The effect of a computer-generated patient-held medical record summary and/or a written personal health record on patients' attitudes, knowledge and behaviour concerning health promotion. *Fam Pract* 1996;13:289-415.
5. Atkin PA, Finnegan TP, Ogle SJ, Shenfield GM. Are medication record cards useful? *Med J Aust* 1995;162:300-301.
6. Drury M, Yudkin P, Harcourt J, et al. Patients with cancer holding their own records: a randomised controlled trial. *Br J Gen Pract* 2000;50:105-110.