

RESEARCH ARTICLES

Work Product Peer Review Method: A History

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Life care planning, a relatively nascent specialty practice, has only been widely known since the 1980s. Since that time, a library of life care planning literature has emerged. With almost five decades of data accumulation through life care planning professional conferences, 25 years of life care planning summits, and peer-reviewed journals and textbooks, methods codifying how life care plans are developed have emerged. There has, however, been less attention paid to methods used when conducting a life care plan peer review. This article traces the history of publications on this topic and introduces the Work Product Peer Review Method, upon which life care planners throughout North America are currently being trained.

Life care plans outline the needs associated with the onset of disability and are used in a variety of environments. Although life care plans are used in various venues (Weed & Rutherford-Owen, 2024), they are most often used in litigation occurring in North America and Australia. In this role, life care plans have proven useful in assisting the trier of fact in determining disability-related damages. Life care planners are typically hired by counsel to present a life care plan for the injured party, the plaintiff. However, increasingly life care planners are being asked to conduct peer-reviews of life care plans and provide reports and/or sworn testimony at the request of defense counsel.

While life care planning has been a specialty practice used in legal settings in the United States since the late-1970s, to date, there has been little published in the life care planning literature to provide guidance to life care planners who conduct peer reviews of life care plans during the litigation process. While various training documents and conference presentations have provided methods for life care plan peer reviews, there has not previously existed a published methodology for conducting peer reviews of life care plans. This article reviews historic literature on the peer-review of life care plans to elaborate on the foundation for the Work Product Peer Review Method (Barros-Bailey & Rutherford-Owen, n.d.) first published in *Life Care Planning & Case Management Across the Lifespan* (5th ed.) (Rutherford-Owen et al., 2024).

Evolution of the Life Care Plan

The life care plan evolved from the 1970s with a need identified by Dr. Frederick Raffa, an economist who often provided opinions about economic damages in personal injury cases. Through his work, Dr. Raffa was

introduced to a rehabilitation counselor, Mr. Paul Deutsch (who later became Dr. Paul Deutsch), a vocational expert who also provided testimony on economic damages. Together, these two influential figures identified the need for a process whereby damages for future medical needs could be compiled (Weed & Rutherford-Owen, 2024). The document that captured this data was titled *The Catastrophic Summary Profile Sheet* (Weed & Rutherford-Owen, 2024). By 1978, the format we now recognize as a life care plan was developed (Weed & Rutherford-Owen, 2024).

The earliest definition of a life care plan, which emerged by the early 1980s was:

A consistent methodology for analyzing all of the needs dictated by the onset of a catastrophic disability through to the end-of-life expectancy. Consistency means that the methods of analysis remain the same from case to case and does not mean that the same services are provided to like disabilities (Deutsch & Raffa, 1981; Deutsch & Sawyer, 2002 as cited in Deutsch et al., 2003, pp. 5–7).

By 1985, Dr. Deutsch and Dr. Horace Sawyer published about life care planning in *The Guide to Rehabilitation*.

While Dr. Deutsch spoke at state and national rehabilitation conferences, as well as rehabilitation training programs in the 1980s, focused life care planning training was offered in several cities in the United States in 1987. The program titled *Life Care Planning-The Basics* offered training to life care planners in Boston, Atlanta, St. Louis, and Orlando. This training was attended by practitioners from multiple primary professional disciplines. Early life care planning training focused on codifying the life care planning process, defining the term life care planning, and determining the extent to which the product would be applicable in various settings. From the mid-1980s until the late 1990s, an agreed-upon definition of life care planning emerged and has remained in place since:

A Life Care Plan is a dynamic document based upon published standards of practice, comprehensive assessment, data analysis, and research, which provides an organized concise plan for current and future needs with associated costs, for individuals who have experienced catastrophic injury or have chronic health care needs (University of Florida, Intelicus, & American Academy of Nurse Life Care Planners [now International Academy of Life Care Planners] {1998, April 3} at the National Association of Rehabilitation Professionals in the Private Sector [now International Association of Rehabilitation Professionals] conference).

By 1996, a certification program in life care planning, the Certified Life Care Planner (CLCP), was established (Weed & Rutherford-Owen, 2024) and has remained in effect for almost 30 years. The first professional life care planning association was formed in 1996 (Weed & Rutherford-Owen, 2024) and has remained active. A life care planning textbook was first published in 1999, with one specific to pediatrics published in 2006 (Weed & Rutherford-Owen, 2024). The fifth edition of the textbook combined the regular and the pediatric texts in 2024 (Rutherford-Owen et al., 2024). A peer reviewed journal emerged in 2002 (Weed & Rutherford-Owen, 2024) and has remained in publication through 2025.

The early growth in life care planning during the '80s and '90s provided a strong foundation for the specialty practice of life care planning, but the focus was primarily on the development of plans by those evaluating the injured party (i.e., the plaintiff). Noticeably, absent from early life care planning literature is the process whereby life care plans undergo peer review. Writings about the defense counsel's perspective initially appear in the first edition of the *Life Care Planning and Case Management Handbook* (Weed, 1999). A brief discussion of this perspective on life care planning will be provided in this article. For a more robust discussion, the reader is referred to Lyon and Avila (2024).

Defense Counsel's Perspective on Life Care Planning

As indicated above, the concept of the life care plan was developed within the American judicial system. However, it is also used internationally in at least the Canadian and Australian legal systems. A complete discussion of the role of the life care planning expert is beyond the scope of this article, but the reader is referred to the Robinson (2024) chapter "Forensic Issues in Life Care Planning" for a more thorough discussion. While life care planners are often retained by plaintiff counsel to create a plan that outlines future medical care and associated costs, frequently defense counsel also sees value in retaining their own life care planning experts.

The testimony provided by a defense-retained life care planner may be referred to as "rebuttal" testimony. The focus of the testimony is not centered upon the injured party (i.e., the evaluatee) but of the work product – the life care plan – created by the plaintiff-retained life care planning expert. This "rebuttal" testimony is normally developed by a defense-retained life care planner after that expert has conducted a review of the plaintiff's life care plan. It is also noted that the plaintiff-retained expert may likewise rebut the defense expert's critique, thus conducting a peer review of the defense-retained expert's report, and this might also be referred to as a "rebuttal." In summary, whether hired by the defense or plaintiff sides of a litigated matter, when the scope of the referral is to examine the work product of another life care planner, this is called a peer review.

Peer review is defined as "review of work products performed by others qualified to do the same work" (International Organization for Standardization, 2017, section 3.13). To provide testimony, the defense-

retained life care planner must undertake a peer review of the life care plan prepared by the plaintiff's retained life care planner. Consequently, there must be sufficient information in the plaintiff's life care plan and documents reviewed to perform such an analysis. While there has been little published to date on the methods by which life care plans undergo peer review, an examination of historical life care planning documents reveals that efforts to provide training in these methods exist.

Historical Foundations of the Life Care Plan Peer Review Model

The practice of peer review within life care planning has existed almost since the inception of the practice itself. Often, early life care planning practitioners were retained as non-disclosed consultants to evaluate the validity of the recommendations made in the life care plan (R. Weed, personal communication, June 8, 2024). Common analyses would include comparing the recommendations found in the life care plan with recommendations made by the evaluatee's treatment team and attempting to cross-validate the pricing data found in the plaintiff's life care plan by verifying pricing with sources noted in the plan and/or collecting additional primary cost data in the evaluatee's geographic area. With time, these processes were codified and included in life care planning training and life care planning Summits.

1999 – Paul M. Deutsch & Associates, PA

The 1999 edition of Dr. Roger Weed's *Life Care Planning and Case Management Handbook* contained a document (Appendix C) to be used in reviewing a life care plan. The form contained the following six areas considered pertinent to life care plan peer review. These were:

1. Review of Areas Covered:

- a) In relation to the type of disability involved, has the life care planner analyzed all necessary tasks?

2. Review of Terminology:

- a) Has the life care planner used appropriate disability specific terminology?
- b) Does the use of this terminology reflect appropriately the life care planner's knowledge of the disability?

3. Analysis of Overlaps:

- a) Are the total number of hours involved in therapy within reasonable guidelines?
- b) Are the total number of weeks per year required to implement this plan within reasonable guidelines?

c) Are the total number of days involved in implementing this plan per year within reasonable guidelines?

d) Has the life care planner avoided programmatic overlaps?

4. Additional Recommendations to be Considered by the Life Care Planner

5. Is the Plan Easy to Understand for all Parties Concerned:
Family, client,¹ attorney, economist, counselor?

6. Other Comments

2002 – Berens & Weed

In 2002, Berens and Weed created a *Checklist for Review of Life Care Plans*. This checklist included the following questions pertinent to a peer reviewer's consideration:

1. Was a complete set of medical records and other relevant records provided with the referral?

a. Did narrative report accompany LCP?

b. Deposition transcripts of client, family, and/or treatment team provided?

c. "Day in Life of" or other videotapes of client?

d. Photographs of client?

e. Deposition of life care planning expert?

2. Does the life care plan follow published standards and procedures?

a) Refer to IALCP website www.ialcp.com for published standards.

b) Use of published or standard checklists, forms, charts, etc.?

c) Collaborative effort?

d) Potential Complications referenced on appropriate page and not included in LCP?

¹ * Since 2008, "evaluatee" is used instead to designate the person who is the source of a forensic evaluation where there is no standard of care established by the evaluator to provide primary care (Barros-Bailey, M., Carlisle, J., Graham, M., Neulicht, A. T., Taylor, R., & Wallace, A. (2008, 2009). Who is the client in forensics? [White paper]. Published in: *Estimating Earning Capacity*, 1(2), 132-138; *Journal of Forensic Vocational Analysis*, 12(1), 31-33; *Journal of Life Care Planning*, 7(3), 125-132; *Journal of Rehabilitation Administration*, 33(1), 59-64; *The Rehabilitation Professional*, 16(4), 253-256; *Rehabilitation Counselors & Educators Journal*, 2(2), 2-6; and *Vocational Evaluation and Career Assessment Professionals Journal*, 5(1), 8-14.)

3. Are entries to LCP appropriate for disability/injury?

- a) Input obtained from treatment team or consulting physician(s)?
- b) Medical, psychological and/or neurological foundation established?
- c) Life care planner's recommendations within his/her area of expertise?
- d) Medical/therapeutic recommendations within respective providers' area of expertise?
- e) Preventive and rehabilitative goals?
- f) All areas related to disability included?
- g) Costs related to disability only and not to general or routine or pre-existing conditions?
- h) Costs based on geographic area or other appropriate database?

4. Overlaps?

- a) Are same or similar services listed more than once under different categories?
- b) Can one provider accomplish two recommendations and be more cost effective (e.g., qualified speech therapist or occupational therapist to also do assistive technology evaluation, primary care physician to also do urinalysis, etc.).
- c) Timeframes for services chronological or mutually exclusive.

5. In-home/Facility care?

- a) For in-home pediatric care, are adjustments made for the time child is at school and for time parents normally are expected to be available to parent the child?
- b) Adjustments made as child gets older and would normally require less assistance?
- c) Level of care appropriate to client's needs (in general LPN for G-tube management, bowel/bladder program, trach care, medication administration, cut/clean nails; CNA/PCA/

HAA for ADLs, meal preparation, laundry, housekeeping, driver, safety/supervision at home). Also refer to each state's Nurse Practice Act for specific requirements.

d) Do agencies surveyed provide CNA II or have special rules that allow trained CNAs to provide some "skilled" care under the supervision of RN/LPN?

e) Consideration made to potential negotiated cost reduction with home health agency if long term contract?

f) Parents/family expected to provide some of the care?

g) Lawn/yard care and exterior/interior home maintenance included as adult?

h) Residential community living program/facility, is average yearly cost of room and board deducted from per diem rate?

6. Appropriate cost reductions made or noted to economist with regard to general expenses incurred without disability?

a) For wheelchair accessible van, cost of average vehicle or trade-in value of family vehicle deducted?

b) Accessible home, cost of average home in local area deducted?

c) Dental/medical care, cost of routine care recommended for general population deducted?

d) Adaptive leisure equipment allowance, average yearly cost of clothing for general population deducted?

e) Total enteral nutrition, average yearly cost of food consumption for general same-age population been deducted? Alternatively, is distinction made that recommended services in plan are over and above that which is recommended for general population?

7. Are costs calculated correctly?

a) Is math correct?

b) Source of cost information known or documented?

c) If economic calculations are included, is life care planner qualified to make such calculations?

d) Are costs of PRN or as needed services/items included in plan?

e) Are costs of Potential Complications included?

8. Vocationally relevant items?

a) Are vocational issues addressed or deferred to qualified vocational specialist for vocational considerations?

9. Plan confirmation?

a) Plan reviewed/confirmed/endorsed by physician(s) and/or team, if access is available? Client/family, if access available?

b) Future updates expected?

10. Aesthetics?

a) Are plan entries easy to read, follow and understand?

b) Does plan overall look professional and make sense?

c) Minimal to no typographical errors or date errors?

d) Is the information presented clearly, logically, and with sufficient detail?

e) Consistency between narrative report, records and plan entries?

2003 – Weed

Dr. Roger Weed authored work product peer review documents that were used in the University of Florida/Intellicus' life care planning training modules. One document included a checklist of components to consider when performing such reviews. These components were:

1. Read the Report
2. Know and Understand Diagnosis
3. Scrutinize the Details
4. Wheel Reinvention
5. Does the Report Contain All of the Elements?
6. Face Validity
7. Vocational Opinions

To aid in the analysis, Dr. Weed also created a comparison matrix to document and compare the recommendation contained in the life care plan being reviewed against the secondary data (e.g., the evaluatee's medical records before and after the event in question) and evidence in the case (e.g., depositions of the evaluatee's providers or expert reports) (Barros-Bailey, 2018). Students using these documents were encouraged to undertake the peer review process to evaluate the foundation of the recommendations within the life care plan report and whether the life care planner remained within their scope of practice in making their recommendations. These early peer review documents were introduced to students participating in training through this one life care planning program and were not published widely.

March 24, 2006 & 2013 – Caragonne

Discussion of life care plan peer review concepts were also presented in March 2006 at the American Board of Vocational Experts' conference by Dr. Penelope Caragonne. She identified what she termed "Red Flags" for peer reviewers to look for when reviewing a life care plan, and presented these again at a symposium in 2013. The 12 "Red Flags" identified by Caragonne for defects in life care plans were:

1. Insufficient detail on methods and times
2. Lack of specificity on assumptions
3. Obsolete evaluatee/client/patient information
4. Meeting evaluatee/client/patient in public places rather than their home environment
5. No collaboration with providers
6. Service recommendations outside planner's scope of practice
7. Illegible planner records
8. Progressively increased costs with each plan revision
9. Lack of transparency in cost charts
10. Duplicated items in cost charts
11. Insufficient offsets in cost charts
12. Dependence on obsolete or undependable publications

Beyond the dozen cautionary considerations for life care plan work products, Caragonne also outlined another six "Red Flags" for insufficiencies in a life care planner's background, training, and experience:

1. Dependence on antiquated theories and dated services

2. Evaluatee/client/patient not included in the planning process
3. Not protecting evaluatee/client rights
4. Unsupported methodology within the planner's profession
5. Bias in opinions regarding evaluatee/client/patient needs
6. Insufficient description of technology, housing, or transportation recommendations

May 6-7, 2006 – Life Care Planning Summit

For purposes of the 2006 life care planning Summit, Deutsch's Review Form, the *Checklist for Review of Life Care Plans* (Appendix C: Paul M. Deutsch and Associates of Weed, 1999) and *Comparison Matrix* (Weed, 2004) were used by Summit attendees to conduct peer reviews of sample life care plans. The goal of this exercise was to provide feedback about the perceived strengths and weaknesses of formats being used in life care planning (at the time), as well as identify learning needs through the peer review process (Riddick-Grisham, 2006). In this era, several influential life care planners were providing guidance in the peer review process. Each of these documents were contained in the proceedings of the 2006 Summit (Appendix C of Riddick-Grisham, 2006).

2006 – Neulicht

As a result of a presentation at the 2006 summit, Neulicht (2006) developed the PEERS© mnemonic to consider five issues when evaluating a life care plan. The PEERS© process asked a series of questions within each thematic area for consideration by the peer reviewer in the areas of review, analysis, critique, and evaluation. These included:

1. Philosophical Focus:

- a) Does the life care plan restore someone to as close to their pre-injury/illness capacity as possible?
- b) Does the planner consider developmental milestones, a least restrictive environment, cost effective treatment, safety, independence, health education, accurate/timely cost information, and options for care?
- c) Are items consistent with the needs of the individual and disability?
- d) Does the plan promote optimum health, function, and autonomy?
- e) Provide a comprehensive, logical and cyclical progression of services?

2. Education & Experience:

- a) What is the educational background of the life care planner?
- b) Has the planner attended life care planning specific coursework, training and/or seminars?
- c) Does the planner exhibit knowledge of the disability?
- d) Utilize current research, clinical practice or evidence based guidelines?
- e) What is the planner's experience [e.g., work/industry, life care planning, forensic]?
- f) What current certifications and or licenses does the planner hold?
- g) Does the planner belong to/actively participate in professional organizations and/or participate in professional development (as an attendee or conference speaker)?
- h) Has this individual won any awards, honors or achieved peer recognition?

3. Evaluation:

- a) Can you follow/understand the plan?
- b) Has the life care planner utilized all necessary areas in relation to the type of disability?
- c) Has the life care planner used appropriate disability specific terminology?
- d) Are the frequency and duration of services understandable?
- e) Are quantities clearly stated?
- f) Is there clarity in cost per item? Cost per year?
- g) Are the cost sources understandable, verifiable, reliable and credible?
- h) Are costs representative and relevant to the geographic area or region?
- i) Are the care options clearly delineated?
- j) Is the plan internally consistent and complete?

- k) Are offsets included when appropriate?
- l) Are there typographical errors?
- m) Math errors?

4. Recommendations:

- a) Are case specific concerns addressed (e.g., collateral sources, pre-existing conditions)?
- b) Are the recommendations appropriate from a clinical, psychological and geographical standpoint?
- c) Are family issues considered (e.g., aging parents, other children, spousal/parental roles)?
- d) Are areas/items supported by the treatment team?

5. Standards of Performance:

- a) Has the planner utilized specialty life care planning skills (i.e., critical analysis of data, networks for gathering information, multiple sources of information)?
- b) Has a comprehensive assessment been completed that reflects whether client needs are being met, with comparison to expected norms/standards of care?
- c) Is there a consistent method for organizing data and/or validating inclusion or exclusion o?
- d) Has the planner collaborated with others to seek expert opinions/resources and share relevant information?
- e) Does the plan research include collaboration with treating professionals?
- f) Data collection that is systematic, comprehensive, and accurate with appropriate criteria for care options?
- g) Is the planner functioning within the scope of practice for their profession and the specialty practice of life care planning?
- h) Are there ethical issues (e.g., confidentiality, dual relationships, client advisement of role, competency)?

2017 – Howland, Husted, Latham, Powell & Schofield

A 2017 publication in *The Journal of Legal Nurse Consulting* provided nurse life care planners guidance in rebutting motions to strike or limit life care planning testimony, answer deposition questions, structure reports, as well as provide effective testimony. The publication was not a checklist for the review of a life care plan, but rather considerations by nurse life care planners whose plans may be reviewed. The authors identified the following areas of consideration.

1. Foundation
 - a. RN licensure and credentialing (e.g., CCM, CNLCP®, LNCP-C, CRRN)
 - b. American Nurses Association (ANA) social policy statement and AANLCP role delineation study
2. Standard Methodology
 - a. The nursing process – Assessment, diagnosis, planning, interventions/delegation/provisions, evaluation as appropriate
 - b. Reliance on hearsay (which is allowed for testifying expert)
 - c. Life care plan costs – Using verifiable data that are geographically specific, non-discounted and more than one cost estimate, when appropriate
 - d. Jurisdictional considerations including collateral sources
 - e. Continuing effective existing modalities and providing for evaluations
 - f. Determination of home care
 - g. Collaboration as a key component in life care planning
 - h. Include foundation in narrative and tables
 - i. Include good references to support the life care plan

2018 – Husted

In a 2018 presentation for IARP titled *20 Major Red Flags in a Life Care Plan/Life Care Plan Review*, Linda Husted presented on her list of 20 red flags she developed in 2013 that was later refined and clustered into three thematic areas in the most recent edition. She noted that these “red flags”

were triggers for concern about the quality of the life care plan being reviewed and described characteristics of a life care plan that may be missing. These included:

Plan Structure

1. No listing of documents reviewed
2. No resources provided to substantiate costs
3. Cost tables with no narrative
4. No collaboration
5. No apparent methodology

Costs in a Life Care Plan

6. Costs that are unrelated
7. Costs calculated according to a national average rather than by geographical region or zip code
8. Costs that are outliers
9. Costs that are outdated
10. Costs that are duplicated
11. Costs for an inappropriate level of care
12. Facility care costs that are not appropriate
13. Costs for facility services included in the per diem rate
14. Costs for complications/procedures/hospitalizations

Specific Goods & Services

15. Recommendations for goods and services that are not case-specific
16. Service recommendations are not available in the geographical area
17. Goods and service recommendations that appear unreasonable in terms of number, frequency, or cost
18. Large allowances with no cost breakdown or supportive documentation

19. Diagnostic testing, home care, or therapies that appear excessive in terms of frequency or duration
20. Lack of differences and missing rationales to support any differences

2019 – Caragonne, Sofka & Howland

One year after the Husted webinar, Dr. Caragonne, along with Keith Sofka, ATP and Wendie Howland, MN, CRRN, CCM, CNLCP, LNCC authored *Frameworks for Evaluating Life Care Plan* published by the American Bar Association. This iteration of the checklist was a refinement of Dr. Caragonne's earlier treatment on the topic (2006, 2013). This framework provided a detailed roadmap for life care plan evaluation (i.e., peer review). The authors identified seven criteria relevant to plan evaluation. These included:

1. Comprehensive data collection (case records, depositions, medical records, any other text materials)
2. Comprehensive and individualized data collection (client-based)
3. Collaborative planning processes
4. Reproducible planning methods
5. Informed planning: General knowledge, skills, and experience base
6. Outcomes-based planning processes targeting the service delivery system
7. Factual planning processes: Resource and cost verification

For each of the criteria identified by the authors, five categories of analysis were identified. These included:

1. Definition of the attribute
2. Tasks performed and process
3. Consequences of deficits in the criteria
4. Representative review questions
5. Summary critique

2022 – Life Care Plan Peer Review: Rutherford-Owen

In 2022, as part of Module Five of Capital University's eight module life care planning training, instructional materials were presented about life care planning peer review. In this module, students were instructed on various admissibility factors of expert opinions including:

1) *Daubert v. Merrell Dow Pharmaceuticals, Inc.* (1993) decided that trial judges were to serve as gatekeepers of admissibility of expert testimony. Elements to be considered in this process included peer review of the technique employed by the expert; standards controlling the technique; acceptance of the technique or theory; potential error rate; and the justifiable extrapolation by the expert in reaching their conclusions.

2) *Federal Rule of Evidence* Rule 702 allows an expert to testify: if their opinions assist the trier of fact; are based upon sufficient facts and data; are the product of reliable principles and methods; and whether the expert reliably applied their methods to the facts of the case.

3) *General Electric v. Joiner*, 522 U.S. 136 (1997) provided guidance in determining admissibility if there is correlation between the expert's conclusion and supportive data.

Using the lens of judicial decisions, students were introduced to the perspective of a defense attorney who analyzes the plaintiff's life care plan (work product) and the life care planner themselves. In this approach, Lyon and Avila (2022) describe how to evaluate the qualifications of the life care planner (i.e., educational background, certification) to determine if the individual possesses specialized knowledge, skills, experience, training or education necessary to be admitted as an expert. If the life care planner appears qualified based upon these factors, the work product (the life care plan) is evaluated. In this analysis, a model presented by Miller and Hurney (2016) was introduced. Here, the following steps are suggested:

1. Verify that all records (including educational, billing, vocational, and medical) have been reviewed by the life care planner
2. Does the life care plan reveal an adequate understanding of the evaluatee's medical history and status?
3. Does the life care plan explain what is actually occurring in the evaluatee's current care?
4. Analyze elements of the life care plan against what is documented in each of the above elements.

By combining the work of Miller and Hurney (2016) with Lyon and Avila (2024), specific areas of consideration were introduced as potential peer review steps. These included:

1. Has the plaintiff's life care planner considered the fixed costs that would not be relatable to the injury at issue?
2. Are there multiple entries for the same type of service or item?
3. Has the life care planner considered appropriate generic drugs and alternative treatments?
4. Was consideration given to the availability of public programs or collateral sources in preparing the plan?
5. How do life care plan projections align with deposition testimony?

Work Product Peer Review Method

Following collection and examination of the above life care planning peer-review documents, Barros-Bailey and Rutherford-Owen (n.d.) attempted to integrate the concepts commonly identified in the 20+ years of life care planning literature on this topic. As the specialty practice of life care planning evolved through the decades, it was clear that similar approaches were being taken by life care planners when conducting a review of the opposing expert's life care plan.

A framework is a skeletal structure that is flexible with general guidelines, steps, or checklists organizing or managing a process, where the specifics of what needs to be done is left to the practitioner to adapt and customize from case to case (Sridharan, 2020). On the other hand, a methodology is more prescriptive, it rests upon a systematic set of principles, rules, and processes dictating how something should be done with greater detail as to how something should be done to attain consistent results (Sridharan, 2020). Therefore, a methodological framework is a hybrid of both approaches that: 1) gives guidance within the detailed structure; 2) maintains flexibility and adaptability but remains rigorous; and 3) is validated through an iterative process that allows for refinement based on data, experience, and feedback (McMeekin et al., 2020; Oxford University Press, 2012). Historically, the different guidelines and checklists for a life care plan peer review were not set upon a broader methodological framework. However, a clearly agreed upon methodology for conducting a peer review had not been established. Therefore, Barros-Bailey and Rutherford-Owen (n.d.) created such a methodological framework and encompassed all previous publications. The Work Product Peer Review Method was first published in the 2024 text *Life Care Planning and Case Management Across the Lifespan*. These authors identified six relevant domains for consideration when life care planners conduct a peer review of a colleague's life care plan.

Domain 1 – Jurisdiction/System Rules: Does the life care plan outline its purpose and follow the rules or guidelines for the system for which it was prepared?

Example: If the life care plan is being prepared for a personal injury claim where only current and future needs associated with the incident should be included, does it include everything the person will need in the future regardless of etiology (as if it were being prepared for a special needs trust)?

Domain 2 – Best Practices: Does the life care planner use best practices consistent with the consensus statements in the field?

Example: Does the life care planner deal with divergent physician opinions or select one over another (e.g., Consensus Statement #65)?

Domain 3 – Ethical Guidelines: Is the life care plan consistent with ethical standards in the field?

Example: Is the life care plan performed for someone (i.e., a niece) where there may be a conflict of interest? Does the life care planner have the expertise needed and is the person appropriately credentialed to provide the life care plan? Is the plan objective and not one-sided?

Domain 4 – Standards of Practice: Did the life care planner follow an established standard of practice in the life care planning field?

Example: Using the list of standards in the field of life care planning, does the life care planner stay within their scope of practice?

Domain 5 – Transparency: Is it clear what primary, secondary, and research was performed to arrive at the data analysis and subsequent conclusions?

Example: Is the life care planner transparent in their processes? What diagnostic, functional, and healthcare assumptions were made and are they consistent with the type of analysis required for the case? Is there foundation for each plan element?

Domain 6 – Findings/Conclusions/Recommendations: Do the findings, conclusions, and recommendations flow from the facts and research in the case, or are they nonsensical?

Example: A series of medications are included in the life care plan without foundation in the primary or secondary data, the diagnoses, or any other material available in the case or being within the life care planner's scope of practice to recommend. Are the conclusions speculative or possible rather than probable?

Table 1. Work Product Peer Review Method (Barros-Bailey & Rutherford-Owen, 2024)

Domain	Description
1	Jurisdiction/System Rules: Does the life care plan outline its purpose and follow the rules or guidelines for the system for which it was prepared?
2	Best Practices: Does the life care planner use best practices consistent with the consensus statements in the field?
3	Ethical Guidelines: Is the life care plan consistent with ethical standards in the field?
4	Standards of Practice: Did the life care planner follow an established standard of practice in the life care planning field?
5	Transparency: Is it clear what primary, secondary, and research was performed to arrive at the data

analysis and subsequent conclusions?

6

Findings/Conclusions/Recommendations: Do the findings, conclusions, and recommendations flow from the facts and research in the case, or are they nonsensical?

Source: In part, the development of this model was adapted from Rutherford-Owen, T. M. (2022). *Life care plan peer review* [PowerPoint slides]. Capital University Law School, Life Care Planning Program.

Note: The table was first introduced in Barros-Bailey et al., 2024, p. 49.

Content Analysis of the *Work Product Peer Review Method* and Historical Checklists

In professional research, the introduction of a new method should be anchored within the known body of knowledge of any field and contribute advances to professional practice. In the 2024 introduction of the *Work Product Peer Review Method*, Barros-Bailey and Rutherford-Owen demonstrated narratively how the checklists found to date were present throughout the various domains of the model. As an update to that narrative, as the raters, the authors performed a blind content analysis based on Lawshe's approach (Ayre & Scally, 2014; Jeldres et al., 2023; Lawshe, 1975, 1985; Wilson et al., 2012) of all elements of the seven most recently located versions of the checklists in this article across all domains of the method using a SurveyMonkey format for data collection among the raters. The scale included all the six domains of the Barros-Bailey and Rutherford-Owen (n.d.) peer review method as well as an Other category for any checklist element that did not fall within the domains. The Lawshe critical value was set at 100%, or complete consensus. [Table 2](#) summarizes the results of checklist elements receiving 100% consensus.

Rating outcomes demonstrate that only one checklist (Rutherford-Owen, 2022) mentions elements within Domain 1 (Jurisdiction/System Rules) while another checklist (Neulicht, 2006) contained one element in Domain 3 (Ethical Guidelines). About half the checklists (Berens & Weed, 2009; Caragonne et al., 2019; Husted, 2018; Neulicht, 2006) had elements consistent with Domain 5 (Transparency). All of the checklists had elements present in Domains 2 (Best Practices), 4 (Standards of Practice), and 6 (Findings/Conclusions/Recommendations).

The six domains of *The Work Product Peer Review Method* are not only consistent with the various elements in all the checklists, but also anchor the process within the jurisdiction/system in which the case evaluated is venued, as well as the ethical guidelines of the life care planning or life care planner's primary professional discipline. The raters did not find elements within the checklists that did not fall into one of the six domains, suggesting the comprehensiveness of the peer review model.

Conclusions

This article sought to document the vast – and often undocumented – history of attempts to codify the process in life care planning often referred to as the “rebuttal report.” The review of a colleague's life care plan work product was found to be documented in life care planning literature,

Table 2. *Work Product Peer Review Method* Domains by Historical Checklists

WORK PRODUCT PEER REVIEW Barros- Bailey, Rutherford- Owen, & Preston (2024)	Paul M. Deutsch & Associates (1999)	Berens & Weed (2002)	Roger Weed (2003)	Neulicht (2006)	Husted (2018)	Caragonne, Sofka & Howland (2019)	Rutherford-Owen (2022)
DOMAIN 1: Jurisdiction/ System Rules							Case law and Federal Rules of Evidence.
DOMAIN 2: Best Practices	Review of Areas Covered Review of Terminology	Does LCP follow published standards and procedures? Are entries in LCP appropriate for disability/ injury Plan confirmation Plan reviewed/ confirmed/ endorsed by physician(s) and/ or team, if access is available?	Know and understand diagnosis	Philosophical Focus Education & Experience Recommendations Standards of Performance	No collaboration Costs calculated according to a national average rather than by geographical region or zip code Costs that are outdated Costs for an inappropriate level of care Facility costs that are not appropriate Costs for complications/ procedures/ hospitalizations Recommendations for goods and services that are not case-specific Service recommendations are not available in the geographical area. Lack of differences and missing rationales to support any differences.	Comprehensive data collection (case records, depositions, medical records, any other text materials). Collaborative planning processes. Informed planning: General knowledge, skills, and experience base. Outcomes-based planning processes targeting the service delivery system.	Does the life care plan reveal an adequate understanding of the evaluee's medical history and status? Does the life care plan explain what is actually occurring in the evaluee's current care?

WORK PRODUCT PEER REVIEW Barros- Bailey, Rutherford- Owen, & Preston (2024)	Paul M. Deutsch & Associates (1999)	Berens & Weed (2002)	Roger Weed (2003)	Neulicht (2006)	Husted (2018)	Caragonne, Sofka & Howland (2019)	Rutherford-Owen (2022)
<i>DOMAIN 3:</i> Ethical Guidelines				Education & Experience			
<i>DOMAIN 4:</i> Standards of Practice		Does LCP follow published standards and procedures? Are entries in LCP appropriate for disability/ injury? Vocationally relevant items?	Know and understand diagnosis Vocational Options	Philosophical Focus Education & Experience Recommendations Standards of Performance	Costs for an inappropriate level of care. Facility care costs that are not appropriate. Recommendations for goods and services that are not case-specific. Lack of differences and missing rationales to support any differences.	Collaborative planning processes. Informed planning: General knowledge, skills, and experience base. Outcomes-based planning processes targeting the service delivery system.	Does the life care plan reveal an adequate understanding of the evaluee's medical history and status? Does the life care plan explain what is actually occurring in the evaluee's current care?
<i>DOMAIN 5:</i> Transparency		Was a complete set of medical and other relevant records provided with the referral? Are costs calculated correctly?		Evaluation	No listing of documents reviewed. No resources provided to substantiate costs.	Reproducible planning methods. Categories of Analysis	
<i>DOMAIN 6:</i> Findings/ Conclusions/ Recommend- ations	Review of Areas Covered Analysis of Overlaps Additional Recommendations	Does LCP follow published standards and procedures? Overlaps? In-Home/Facility Care? Appropriate cost reductions made or noted to economist with regard to general expenses incurred without disability?	Read the report Scrutinize the details Wheel reinvention	Philosophical Focus Evaluation Standards of Performance	Costs that are duplicated. Costs for facility services included in the per diem rate. Costs for complications/ procedures/ hospitalizations. Goods and service	Categories of Analysis	Analyze elements of the life care plan against what is documented in each of the above elements.

WORK PRODUCT PEER REVIEW Barros- Bailey, Rutherford- Owen, & Preston (2024)	Paul M. Deutsch & Associates (1999)	Berens & Weed (2002)	Roger Weed (2003)	Neulicht (2006)	Husted (2018)	Caragonne, Sofka & Howland (2019)	Rutherford-Owen (2022)
		Plan confirmation Plan reviewed/ confirmed/ endorsed by physician(s) and/ or team, if access is available?			recommendations that appear unreasonable in terms of number, frequency, or cost. Diagnostic testing, home care, or therapies that appear excessive in terms of frequency or duration.		

Note: The table was developed through a blind content analysis performed by the authors of all checklists found in the life care planning literature mapped against the six domains of the *Work Product Peer Review Method* (Barros-Bailey & Rutherford-Owen, 2024).

including presentations and training materials, for over a quarter century by at least 12 authors and practitioners through at least seven checklists. The vast majority of the steps or areas identified in the historical documents fell into the areas of best practices, standards of practice, transparency, and resulting findings and conclusions. Only one of the prior frameworks specifically identified the first step of the analysis to be the jurisdiction in which the case is venued, which includes applicable case law and evidence rules that often influence the content that a life care plan report (e.g., application of the collateral source rule) and legal provisions for disclosure. This jurisdictional/systemic lens is the first filter of the *Work Product Peer Review Method* from which other domains flow.

Unlike the checklists, this first peer review methodology presents as a series of phases and procedures for conducting a life care plan peer review, starting with the legal lens and – through an iterative process – systematically addressing the various components within each subsequent domain to the final conclusions and opinions underlying the total value of a life care plan. The trial of any new method involves determining its functionality and usefulness, and whether it helps advance practice. Future research and articles on the *Work Product Peer Review Method* could focus on application of the method to life care planning practice. For example, materials developed within each domain of the methodological framework could be used with sample case studies to determine the comprehensiveness of the method. Also, in the future, publications could demonstrate how the method can be applied in the review of a life care plan and will report results of training conducted on the method with life care planning practitioners.

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