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Reliability of Life Care Plans: A Comparison of Original and Updated Plans

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Abstract. This exploratory study examines the reliability of life care plans by comparing original and updated versions of 65 life care plans. The 65 anonymous participants, with varying diagnoses and backgrounds, each had an original and updated life care plan developed for them. The time between the original life care plan and the updated plan ranged from one to five years with an average of 1.8 years. All life care plans were provided by two experienced and board certified life care planners who follow the established standards and procedures within the industry, and the samples chosen included all applicable cases within the five years preceding the time the study began in Spring 2002. The "Home/Facility Care" and "Routine Medical Care" subsections of the life care plans were compared by assigning current year (2002) costs to the projected needs and then analyzed using a Chi-square statistical analysis. These subsections were selected since virtually all cases had entries in these two areas. Results reveal the Chi-squares for Home/Facility Care and Routine Medical Care between the original and updated life care plans both were found not significant at the .05 level. These results provide further evidence of reliability over time of life care planning in the areas of Home/Facility Care and Routine Medical Care when using established procedures.

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To formulate an accurate depiction of an individual's current and future health care needs, a life care planner must integrate hundreds of pieces of information. This requires commitment to a consistent and unbiased process and reliance on fact, research, and expertise to formulate a plan that can predict future needs with accuracy and reliability. A life care plan (LCP) has been defined as "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" (combined definition, 1998, as cited in Weed, 1999, p. iii).

According to Deutsch (1994), the development of life care plans came as a response to multiple professional concerns. First, persons with disabilities and their families need a concise summary to plan for future needs. Second, a communication tool is needed with which all parties involved in a catastrophic injury case will be informed of these needs. Third, a

planning approach in the field is needed rather than the traditional reactionary approach. Fourth, through the life care planning process, disabilities could be broken down into basic components to more carefully identify complex concerns. Finally, concerns specific to the person with a disability and their family, such as geographic location, preferences, and personal goals, need to be incorporated into a plan of care to ensure a realistic implementation. In response to these concerns, life care plans have become important tools in a number of different settings including complex disease management, establishing insurance reserves, worker's compensation case management, health insurance managed care, resolution of personal injury claims, and facilitating client and family understanding of the long-term costs and effects of injuries and illnesses (Weed, 1994). To meet the demands of preparing such a plan, certain skills provided by life care planning training programs, in combination with expertise in numerous areas are recommended. Brodwin and Mas (1999) outline 12 areas of expertise including medical aspects of disability, foundations of rehabilitation counseling, case management, psychosocial aspects of disability, behavioral interventions, preventative care, equipment and supplies, educational and vocational implications of disability, assessment and evaluation, community resources and services, rehabilitation facilities, and expert witness testimony. Similarly, the published life care planning model includes several subsections that should be addressed in a LCP in order to provide the most comprehensive plan possible. Subsections include:

projected evaluations,
therapeutic modalities,
diagnostic testing,
wheelchair needs, accessories, and maintenance,
aids for independent functioning,
orthotics,
home furnishings and accessories,
medications and supplies,
home/facility care,
routine medical care,
transportation,
health and strength maintenance,
architectural renovations,
potential complications,
aggressive treatment or surgical intervention,
orthopedic equipment needs,
and vocational planning (Weed, 1998).

It is from this knowledge foundation that life care planning professionals are able to make future projections and confer with multiple care providers to develop the most accurate care plan possible.

As the field of life care planning has become more defined through training programs, publication, and widespread use, a need for research that examines the reliability and validity of life care plans has emerged (Countiss & Deutsch, 2002). Although much research involving case management exists and numerous articles have been written on life care planning, little research has been conducted specifically to evaluate the reliability and validity of life care plans. Reliability is expected from a life care plan due to its influential role in the clients' future care management. Demonstrating reliability of life care plans also provides a founda-