

The Life Care Plan RACE: Review, Analysis, Critique, Evaluation?

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Case Scenarios

1. You have been contacted by an attorney to review a life care plan and provide specific information on the author's credentials and professional background. The attorney wants to know if anything is "wrong" with the plan and if there is anything they can use to cross examine the other life care planner. The referral source is not interested in adding anything to the plan related to future needs that is not included by the other planner - only items that can be eliminated from or reduced in the current plan.

2. An attorney sends an email to you in follow-up to a telephone call: "I was struck by your comment that the life care planner should facilitate the independence of the individual. I have rarely (if ever) seen that personally. Maybe that is because most of the life care plans I have dealt with involve people with totally disabling injuries."

3. An economist calls about a report that you have written and says, "In several cases I have been struck by the vast difference in what goes into the life care plan developed by the life care planner retained by the plaintiff and life care plan developed by the life care planner retained by the defense. I have seen a few cases where the difference was a factor of 10 to 1. I would like to discuss why that happens and specifically how the roles may differ in terms of which side hires you. I am not saying the numbers are deliberately manipulated. Just that the perspective of the attorneys (or care planners) appear different. There are definite differences in the role of the economist whether hired by plaintiff or defense."

As a life care planner, what is your role in each of the above scenarios? If asked only to eliminate or reduce items, is this a full critique or just a review? If precluded from calling sources to verify costs, is this a full analysis of the items in the plan? Is it appropriate to evaluate an opposing expert's report in the first place?

Introduction

As defined, a life care plan is a tool of rehabilitation case management that provides an organized means of communicating a comprehensive, dynamic plan for meeting individualized and complex service needs as a result of catastrophic injury or chronic health care needs (as cited in Weed, 2004). Although life care planning is a transdisciplinary process, and each

professional brings to the process his or her own practice standards which must be adhered to, each practitioner is responsible for following the standards of practice specific for life care planning (International Academy of Life Care Planners, 2005). As McCollom (2004) states:

The job of a life care planner is to view a situation, determine needs and variables, and formulate a plan to meet the individual's needs. Recommendations are supported by medical data and foundation, the treatment plan, relevant literature and current clinical practice guidelines. Differences in plans typically result from the differences in clinical knowledge among the life care planners, differences in experience and/or plan development that does not consider the standards of practice (p. 130).

Questions often arise when completing or reviewing a life care plan, such as:

- Should the life care planner include a narrative report, assumptions/limitations, and/or collateral sources?
- When determining the costs of goods and services, should the life care planner rely upon figures obtained from vendors that service the geographic area where the client resides or where services will be delivered?
- Is it acceptable process for the life care planner to use only one cost source if the total annual cost is less than \$200?
- For home care cost of a LPN or CNA, should the life care planner use agency rates? Should the life care planner provide a "negotiated" or "bulk rate" cost in the life care plan?
- Should the life care planner "negotiate" with long term residential facilities to obtain reduced per diem rates?
- Should the life care planner maintain billing records? (Randall Thomas, personal communication, April, 3, 2006).

When evaluating or reviewing a life care plan, it is important to critique or review the plan, not the planner, and consider the "opposing" professional as a colleague (Walker, 2006). For example, the ethical issue of disparaging remarks has been addressed for Certified Rehabilitation Counselors and can be found in the Commission on Rehabilitation Counselor Certification Code of Professional Ethics for Rehabilitation Counselors, section D.7.a. (CRCC, 2002; Barros-Bailey & Neulicht, in press). For purposes of this article, a critique symbolizes an academic or specialized review of someone's work vis-à-vis standards of that profession resulting in a commentary based on the work product. It could mean considering aspects of the analysis that were missed, other methods of analysis, research designs, or case conceptualization systems that might be more appropriate to the premise or assignment, and/or how findings, conclusions, and recommendations might be affected. Critiques attempt to provide comparisons of thoughts, ideas, methods, or conclusions to other standards in the field as they apply to a work product, a case, or even an organization. On the other hand, criticisms are comments, conclusions, or opinions that are about the value of a person or organization's quality and cross the line away from the work product to a more personal attack of professional character.

Why is it Important to Use a Methodology that Follows Published Peer Reviewed Methods?

With the advent of Daubert and the cases/case law that flow from it (e.g., Daubert, 1993; Bernstein & Jackson, 2004), increased attention has been placed on the writing and critique of life care plans. Reliability and relevancy are the primary issues related to Daubert and life care planning, although additional issues such as the extent to which the technique relies upon the subjective interpretation of the expert and the nonjudicial uses of the theory or technique have been added (Countiss & Deutsch, 2002; Deutsch, 2002). Rehabilitation experts seem to fail in Daubert challenges when testifying outside their area of expertise, when testimony is not deemed to be relevant or helpful to the trier of fact or when the expert is found to have inadequate foundation or methodology (Barros-Bailey & Neulicht, 2004; Daubert Tracker, 2006; Field & Choppa, 2005; Field, 2006; Weed & Johnson, 2006).

Properly prepared, a life care plan highlights the individual nature of the injuries and presents the specifics of the person's needs to all decision makers. Qualifications, objectivity, foundation, an accepted format, and clear communication are imperative (McCollom, 2005). The expectation is that a life care planner can clearly describe the purpose of each item of treatment and care described in the plan. In other words, "what it is, how it works, where and by whom it is performed, why it is needed, how it will help and what will happen if it is not provided" (Fick, 2003, p. 166) are all critical elements that a life care planner must know. In all cases, a life care planner must be able to describe how their methodology compares to others in the field. A judge/jury must be able to rely on the report/plan and the planner's opinion(s) must assist the trier of fact to make decisions regarding the case.

What Does the Life Care Planning Literature Say About Methodology?

The building blocks of life care planning are well defined in the literature, beginning with the original publications by Deutsch and Raffia (1981), followed by classic texts by Deutsch & Sawyer (1985, rev. 2005), Weed (1999, rev. 2004), Riddick-Grisham (2004) and many related publications (Weed, Berens & Deutsch, 2002). Further, the peer reviewed *Journal of Life Care Planning*, inaugurated in 2002, has published outcome studies (Reavis, 2002; Casuto & Gumpel, 2003; Kendall & Casuto, 2005), research on protocols and methods (Neulicht et al., 2002), plan reliability (Sutton, Deutsch, Weed & Berens, 2002), as well as data on hospital pricing (Rosenblatt, 2002), wheelchairs (Amsterdam, 2002) and equipment replacement (Marini & Harper, 2005). Discussion of the role of a life care planner (Weed, 2002), checklists such as Medical-Legal Consultation Checklist, Checklist for a Comprehensive Medical Records Analysis, Checklist for Selecting a Life Care Planner, Life Care Plan Checklist, Step-by-Step for Pediatric Life Care Planning, Checklist for Review of Life Care Plans, Comparison Matrix of Published Step-by-Step Procedures for Life Care Planning and Expert's Procedures (Weed, 2004), review tools (Kitchen, 1999), as well as red flags such as indicators of deficiencies in background, training, experience and indicators of probable unsound planning methods (Carragone, 2001) provide guidance for the life care planner, whether serving as an expert or consultant.

Similarly, biannual Life Care Planning Summits have provided an opportunity for life care planners to examine issues, develop consensus opinions, and provide recommendations about the process of life care planning. Summit topics have included Tenets and Procedures,

Professional Preparation, Ethics, Reliability/Validity (Weed & Berens, 2000); Methodology/Functions, Professional Development, Scope of Practice/Specialty Skills, Ethics, The Future (Deutsch, & Allison, 2002); Certification Process, Certified Life Care Planner (CLCP) Examination/Continuing Education Credits, Future Research, CLCP Mentoring Program, Standards of Practice (Riddick-Grisham, 2004); and the 2006 Life Care Planning Summit/Town Hall Meeting format to explore challenges and opportunities impacting all life care planners.

(Editor's Note: See the 2006 Life Care Planning Summit Proceedings beginning on page 57 of this issue).

PEERS Review

Based on the life care planning literature, issues to consider in writing, reviewing, analyzing, critiquing and/or evaluating a plan include Philosophical Focus, Education & Experience, Evaluation, Recommendations, and Standards of Performance, or the acronym PEERS. See Table 1 for a description of the acronym.

Table 1, PEERS Review

Philosophical Focus:

- Does the life care plan restore someone to as close to their pre-injury/illness capacity as possible?
 - 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?
 - Are items consistent with the needs of the individual and disability?
 - Does the plan promote optimum health, function, and autonomy? Provide a comprehensive, logical and cyclical progression of services?
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Education & Experience:

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

Evaluation (overall):

- Can you follow/understand the plan?
- Has the life care planner utilized all necessary areas in relation to the type of disability?
- Has the life care planner used appropriate disability specific terminology?
- Are the frequency and duration of services understandable?
- Are quantities clearly stated?
- Is there clarity in cost per item? Cost per year?
- Are the cost sources understandable, verifiable, reliable, and credible?
- Are costs representative and relevant to the geographic area or region?
- Are the care options clearly delineated?
- Is the plan internally consistent and complete?
- Are offsets included when appropriate?
- Are there typographical errors? Math errors?

Recommendations:

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

Standards of Performance:

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

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Conclusion

The specialty practice of life care planning has grown tremendously since its introduction in the professional literature in the early 1980s, and especially within the past 10 years. As life care planners, we have much to celebrate as we look forward to the next steps! As the specialty practice of life care planning continues to grow, the field must further refine its protocols as well as consistently review, analyze, critique, and evaluate the work of life care planners.

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