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LIFE CARE PLANNING SUMMIT 2008 PROCEEDINGS

by Summit 2008 Co-Chairs
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Introduction

The Life Care Planning Summit is a biennial event made up and attended by representatives from professional organizations and training programs, researchers, practitioners, and support service providers, to explore the current state and future directions of the specialty practice of life care planning. Although the process of life care planning standards has been established, consensus and unity in the field is a developmental process. Through a series of round table discussions, participants have the opportunity to examine life care planning issues, contribute to the resolutions of these issues, and be involved in the continued evolution of this specialty practice.

Consistent with previous Summits, the Life Care Planning Summit 2008 was designed to examine high priority issues in life care planning. At this point in time, a considerable amount of structure and process has been developed through training programs, professional associations, certifications, standards of practice, a professional literature base, and research programs. However, there are still differences in the methods by which individual life care planners practice, as well as varying opinions regarding continuing refinement of this practice area. Thus, the Life Care Planning Summit 2008 was intended to examine issues and provide direction at both the individual practitioner level and at the field level. Included at the end of this summary is a copy of the welcome letter to all attendees of the Summit.

In preparation for the Summit, discussion topics were selected by a planning committee who gathered ideas from life care planning practitioners in the field over a period of several months. The committee also reviewed topics discussed on various listservs relevant to life care planning. The process resulted in a lengthy list of topics that life care planners could address. The final selection was narrowed to cover topics that fit two categories:

1. Topics that were of the highest interest to individual practitioners, as demonstrated by frequency and duration of discussion.
2. Topics that were of priority to the field in terms of what would provide insight to organizations that support life care planners. This category included potential controversial topics that had not previously been discussed openly by practitioners and organizations.

The following six topics described below were selected as ones thought to be most relevant to the professional practice of life care planning. For each topic, questions were posed for discussion among the attendees. The topics, questions, and an explanation of the topic are discussed below. For each topic, dozens of ideas and comments were generated by the attendees. Using a group consensus technique outlined by Delbecq, Van de Ven, & Gustofson, (1975), the priority ideas for each topic were identified, and consensus statements were written. These proceedings represent the agreed concepts arising from the Life Care Planning Summit 2008 process.

In addition to the agreed concepts, which are represented by consensus statements that were unanimously accepted by the attendees, there were several concepts where consensus was not reached. Many of these concepts are also included to illustrate topics where life care planners can continue dialog and field development. In particular, the areas where consensus was not reached provide a rich framework for future research, inclusion in education and training venues, and publication.

Note: Life care planners and professional organizations that provide support and services to life care planners are encouraged to use the results of the Summit to evaluate personal skills and practices, and to develop future services and programs for the life care planning community.

Topic One:

Visions for LCP Future: Identifying Controversial Aspects of Plans Created by Various Professional Disciplines.

Questions and Explanation:

1. What are the differences between life care plans created by practitioners of various backgrounds?
2. What are the strengths and challenges from these differences? Do they reflect "turf wars?"
3. What, if anything, do we need to do to address differences?

The rationale for these questions relate to the fact that life care plans are created by practitioners from many professional backgrounds. Differences in methodology among practicionerspractitioners from various backgrounds have been noted, such as performing independent testing and relying on personal opinions. There has been concern expressed about whether these "personalizations," or differences in methodology, undermine the overall life care planning process, and whether all life care planners should be follow the same methodology. Discussing this topic provided an opportunity to explore problems and advantages related to differences among professional backgrounds. Moreover, participants had the opportunity to discuss solutions to identified problems.

Discussion:

There were seven different professional backgrounds represented by the Summit participants, with rehabilitation counselors and nurses predominating. Differences were acknowledged, but not viewed as necessarily being negative. Acceptance of key principles and practices can prevent the life care plan from being undermined. Areas of discussion included perceptions that:

- There are inconsistencies in methodology.
- There are life care planners who seem to make recommendations outside their scope of practice.
- There is a need to understand one's own limitations and to end "turf wars."
- Some life care planners leave off recommendations and seem to have "tunnel vision," giving more weight to recommendations within the scope of their own discipline.
- There is a need for more consistent formatting across disciplines.

Consensus Statements (Unanimous Agreement):

1. Life care planners will follow generally accepted methodology.
2. Life care planners will adhere to relevant Codes of Ethics as applied to life care planning and based on their individual licensure, registration, and/or certification.
3. Life care planners will work within their scope of practice of their licensure, registration, and/or certification.
4. Life care planners will collaborate, as appropriate, between disciplines in plan preparation.
5. There is a need for life care planners across disciplines to utilize text, narrative, and rationales as a foundation for the process of life care planning.
6. There may be differences in clinical judgment that can result in different recommendations; this may be reasonable, but this difference may affect content and value.

Topic Two:

Developing Unity in the Field: Standards of Practice Shaping the Role and Function of Life Care Planning

Questions and Explanation:

1. For those who are Life Care Planners, is there anyone not familiar with the International Academy of Life Care Planning (IALCP) Standards of Practice?
2. Are the IALCP Standards of Practice still applicable today in your practice?

This topic was unique in that two purposes were established prior the Summit. The first purpose of this topic was to examine the evolution of life care planning practice role and function under the influence of standards of practice. The second purpose was to have participants review the first draft of an instrument developed to identify the roles and functions of life care planners.

Discussion:

All participants revealed that they were familiar with the Standards of Practice for Life Care Planners. All stated that they believed that the Standards are relevant. Discussion did not focus on any particular aspect of the Standards.

The purpose of a role and function study is to determine the status of what it means to be a life care planner and what a life care planner does. Comparison with prior studies shows the evolution of the professional practice of life care planning and provides opportunity for dialog about changes. The study is also important for education and certification programs to teach and measure relevant material. Summit participants were asked to review the role and function survey instrument developed for life care planners and provide written and verbal comments regarding the appropriateness and breadth of coverage of the items. Participants were asked to comment on the need for additional items as well as whether or not there were redundancies in the items listed on the instrument. Over 1000 written comments were provided by Summit the participants. The comments will be used to modify the instrument in preparation for the actual role and function study.

Consensus Statements (Unanimous Agreement):

1. All participants were familiar with the IALCP Standards of Practice.

2. The IALCP Standards of Practice are applicable to today's life care planning practice.
3. The following themes represent the comments for role and function study instrument development. Note that some comments pertain to issues broader than the study instrument.
   - The instrument is comprehensive, relevant, and useful.
   - Some questions are duplicative and there is repetition in concepts; some questions can be combined.
   - Items need to be regrouped items and reorganized.
   - The instrument is lengthy; some individual questions are too long.
   - There is need for term clarification, i.e., definitions or glossary; be aware of vague terminology; avoid use of undefined acronyms.
   - The definition of client needs to be clarified.
   - Questions should ask what IS done not what SHOULD BE done.
   - Some questions need an example to provide a frame of reference.
   - The choices of answers needs modifying; need to be able to indicate that the answer varies with various situations.
   - The instrument needs to be applicable and worded for Canadian life care planners planners.
   - Consider obtaining CEU credit for completing the survey as part of the role and function study.
   - There needs to be a definition of when a practitioner becomes a life care planner (consistent understanding is lacking).

Topic Three:

Best Practices: Methodology Issues in Data Collection

Questions and Explanation:

1. What methods are you using in data collection, including processes followed and use of tools?
2. Do these constitute the best practices for methodology?

In some ways, this revisited a topic that was discussed at the Life Care Planning Summit in 2000. During the 2000 Summit, consensus was reached by attendees on the need to utilize an inclusive data collection process in order to obtain available and relevant records including those of the client, treating professionals, and other relevant appropriate providers. After this was done, Summit 2000 attendees then agreed on the need for conducting of a comprehensive interview with the client and his/her family or other collaterals, if possible. The need to communicate, where possible, with all relevant professionals/experts who were involved in the client's care was also a consensus decision.

The foundation for addressing these questions during the 2008 Summit was related to the fact that as a field develops and the body of relevant research increases, there are often changes in what constitutes best practices in the methodologies to be employed. The goal of this discussion was to determine the most consistent methodologies used by attendees and how

these had either stood the test of time or evolved over time.

Discussion:

This was a very broad topic and many aspects were raised for discussion. There were many opinions about how data collection should be performed, yet consensus was only reached on a few broad statements, not on details. The areas discussed included:

- the reliability of telephone surveys for obtaining pricing.
- the use of checklists provided during the training sessions.
- the qualifications of research assistants.
- the lack of interview of plaintiff.
- the use of questionnaires for interview, establishment of a plan and standardized physician questionnaires.
- the use of discounted versus retail costs for items.
- the standardization of formats and what should be included in a standardized format.
- utilization of the actual provider of service to the injured person such as a primary care physician versus physicians from centers of excellence.
- use of historical data.
- differences between probable versus potential.
- contact with referral sources.
- the methodology of new treatments.
- contact with specialists in rehabilitation.
- equipment needs.
- accessibility needs.
- contact with other life care planners and clinicians.
- need for individualized case specific plans.
- understanding and researching the standards of practice of other disciplines as applicable to life care plan development.
- the use of research.
- diagnosis driven, evidence based practice utilizing clinical practice guidelines, and how to address life expectancy.

It is clear that there are also a number of areas where there are continuing questions regarding how the best practice for methodology might be achieved. These areas provide fertile territory not only for continued discussion in the field but also for developing research and educational projects to assess these areas.

Consensus Statements (Unanimous Agreement):

1. Life Care Planners will request and analyze relevant records, which may include, but are not limited to, medical, therapeutic, educational, vocational and billing records.
2. Life Care Planners will interview evaluees, seek input from family/caregivers, and conduct an onsite evaluation when available or appropriate.

3. Life Care Planners will gather geographically relevant and representative pricing.
4. Life Care Planners will collaborate with relevant parties, including but not limited to, treating or consulting healthcare professionals and other disciplines as available or appropriate.

The following statement represents a large majority view, but was not unanimous:

- Life Care Planners may request/obtain assessments or perform testing evaluations (within their scope of practice) in the process of data collection.

Topic Four:

Best Practices: Methodology Iissues in Ccreating Aadmissible Llife Ccare Pplans

Questions and Explanation:

1. What practices increase or decrease the likelihood that a life care plan is vulnerable to exclusion by the courts?

This topic is covered in life care planning courses and has been a topic in articles and texts. However, the rules are different throughout the country and life care planners have had different experiences. This creates some complexity in adopting best practices for life care planners. The purpose of discussing this topic was to discover the experiences that life care planners have had, identify successes and areas of challenge, and identify strategies to prevent or salvage problem situations. There was opportunity to discuss how the "other side" finds ways to exclude a life care planner and a life care plan.

Discussion:

This topic generated much discussion and highlighted the regional differences experienced by life care planners. Issues discussed included:

- Whether life care planners should follow a particular training format.
- Whether there should be consistency in the format of the work product and in testimony.
- Whether the work product should be consistent regardless of the referral source and payment source.
- How to establish credibility and professional presence to communicate a strong presentation.
- How to determine adequate foundation for all areas.

The discussion overall showed the need for continued development in this area.

Consensus Statements (Unanimous Agreement):

1. Life care planners will educate all, including the trier of fact, about the life care planner's training, education, experience, specialized knowledge, and credentials as well as plan methodology and rationale.
2. Life care planners will use published methodology and standards of practice in developing the life care plan.

3. Life care planners will utilize adequate foundation for recommendations and opinions included in the life care plan.

Topic Five:

Research: Priorities, Needs, and Practical Applications in Day-to-Day Practice

Questions and Explanation:

1. List factors that make life care planners more or less likely to use research in life care planning.
2. What barriers are there to using research?
3. What is needed to make life care planners comfortable and competent using research?
4. What are the risks and benefits of using and citing research?

There is variability in actual practice about the use of research. The purpose of this topic was to gather information about current day-to-day practices and identify perceived needs related to research in life care planning.

Discussion:

Some participants responded that they do not conduct research by virtue of the fact that they develop life care plans in non-Daubert states and their life care plans are not challenged, or because they do not have a need to use research support. Identified advantages to using research were:

- Using research to clarify recommendations, treatment, patient history, etc.
- Using research as an educational tool.
- Using research to become familiar with the client's situation (diagnosis, population, culture, etc.), especially in rare and unusual cases.
- Using research to update current knowledge.

Barriers and concerns about using research included:

- Knowing how to ensure that research selected is valid and reliable.
- Determining if the research matches (or contradicts) the individual situation (diagnosis, needs, demographics, culture, etc.).
- Ability to conduct and bill for research time and resources.
- Determining whether the time and cost of doing research outweigh the usefulness to the case.
- Understanding research methodologies as applied to life care planning.
- Having the ability to appropriately analyze research studies.
- Ability to defend the use of research in a life care plan.
- Reluctance to use and rely on research that is outside the life care planners' scope of practice and/or level of expertise.

Consensus Statements (Unanimous Agreement):

1. Life care planners will be competent to understand and explain the research cited in the plan they authored.

2. Life care planners, when utilizing research to support the foundation for a life care plan recommendation, will endeavor to reference studies that are reasonable, relevant, and appropriate to the intended purpose.
3. As appropriate, life care planners may utilize literature to become familiar with and update current knowledge on the evaluee's diagnosis, population, and cultural background.

Topic Six:

Professional Business Issues: Risks and Benefits of Databases, Templates, and Software

Questions and Explanation:

1. How do you evaluate a life care plan report in terms of readability, admissibility, consistency, standardization, accuracy, and the expense of preparation?

This topic was considered timely due to the increased use of technology in the development of life care plans. There are a number of databases available providing costs for services in life care plans (e.g. American Hospital Association and others) that are often used by life care planners. There are a number of software programs for use in creating life care plans. There are also checklists and forms (templates for gathering and organizing data) that have been utilized during the training programs in life care planning and continue to be used by life care planners.

The goals of the session were to acknowledge the growing availability of tools such as databases, templates, and software, and to explore whether these tools create benefits or challenges. Other goals were to examine issues related to individualized tailoring of a life care plan versus "cookie-cutter" plans in terms of efficiency, cost savings, and the credibility of the work product and ways to make work products easier for readers to understand and use. Also explored was the use of technology in terms of the potential erosion of the value of skilled life care planners through the utilization of more generic life care plans based on diagnosis and group data information.

Discussion:

Life care planners do use databases, software, and templates to create life care plans. There was acknowledgement that these tools vary in format and content, but there is not a desire to adopt standardized tools or to reject any particular tool. The impact of these tools creates efficiency, but tools are not viewed as a replacement for the professional judgment of the life care planner. Participants reinforced the need for appropriate foundation and methodology discussed during other topics, and that use of tools does not alter that need. Participants discussed these points:

- There is a place for databases, templates, and software; however, life care planning requires clinical knowledge and judgment as well as the ability to individualize the life care plan.
- The life care plan should be made cost efficient by reducing unnecessary information, educating the referral source regarding what services are needed, and preventing duplication of services.

Consensus Statements (Unanimous Agreement):

1. The life care plan is individualized, client specific, and should address issues associated

with aging.
2. The life care plan will be a clear, concise, user-friendly document.
3. The use of databases, templates, and software will have an appropriate foundation.
4. There should be transparency and consistency in the life care plan product and process.

Summary

The 2008 Life Care Planning Summit 2008 provided life care planners with a valuable opportunity to address many important issues in the field of life care planning. With each Summit, life care planners continue to reach consensus on a number of areas as well as identify areas for continued growth. Consensus provides life care planners with information for comparing and improving their own practices. Areas where agreement is not achieved should cause life care planners to examine thoughtfully their practices, beliefs, and values. Life care planners need to determine whether differences of opinions are of consequence, and what efforts, if any, need to be made to reach consensus on an issue. In addition, the Summit provides organizations that provide services to life care planners with information that will enhance future programming. During the next two years, before Summit 2010, life care planners are encouraged to use this information to ensure that our field grows in relevance, credibility, marketability, and defensibility.

Reference

Delbecq, A.L., Van de Ven, A.H., & Gustafson, D.H. (1975). *Group techniques for program planning: A guide to nominal and delphi processes.* Glenview, IL: Scott Foresman and Company.

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The Summit is co-sponsored by IARP, the Foundation for Life Care Planning Research (FLCPR), and the University of Florida

Welcome to the 2008 Summit for Life Care Planners

The International Academy of Life Care Planners, a Section of IARP, is honored to host the 2008 Summit for Life Care Planners. This biennial event brings together leaders in life care planning from a variety of organizations with a goal of promoting unity. Through a series of round table discussions, life care planners have the opportunity to examine the hot issues in the field and contribute to the resolutions of these issues and to the continued evolution of the field. Representatives of life care planning training programs, certification programs, and professional associations will join with researchers, practitioners, and support service providers to explore the current state of the field and set future directions. The topics to be discussed at this Summit reflect the changes and maturation occurring in this dynamic field. Although the process of life care planning is not new, developing consensus and unity in the field in order to provide a credible, meaningful, marketable, and defensible service that reflects common principles and foundation among all life care planners is still a work in progress.

A unique feature of the 2008 Summit is that it is joined with the IARP Annual Conference. Attendees will meet on Thursday to participate in six round table discussions. On Friday, attendees will spend the morning attending the IARP Conference while the Summit leaders compile the data from Day One. On Friday afternoon, Summit attendees will reconvene to review, evaluate, and discuss the results. There will also be a discussion of how to apply the results to personal development and to guide organizations in providing relevant services. Summit attendees will then have an option to attend Saturday and Sunday of the IARP Conference at an attractive, reduced registration rate. This is an ideal opportunity for life care planners to attend both events and receive more continuing education units, all for little extra cost or time.

Open to life care planners at all levels of experience; this is your opportunity to participate in the future development of your field. Participants will be listed in the published proceedings following the Summit. We are pleased that you have chosen to join your colleagues in shaping your own destiny.

SUMMIT COMMITTEE

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