



CARE PLANNING PRINCIPLES

The following principles should inform care planning for all patients and provide rationale for government reimbursement of these activities.

- Care planning should be available to all patients with serious, life-threatening, and chronic diseases.
- Care planning must address the patient's multiple co-morbidities and complex care needs.
- Care planning must take into account the social determinants of health—including, but not limited to, the patient's living environment, the patient's family background, the patient's race and ethnicity, the patient's level of education, and the patient's socioeconomic status.
- Care planning should be integrated into all segments of the healthcare system and across the continuum of care.
- Care planning should include the entire healthcare team, and practitioners should be able to practice to the top of their license when assisting the patient in designing their care plan.
- Care planning should include the use of Community Health Workers (CHWs) who can link patients to services such as transportation to medical appointments, a healthy living environment, and nutritious foods.
- Care planning must include an understanding of the barriers to adherence by the patient, and an effort to overcome those barriers. Special attention should be paid to medication adherence since non-adherence can cost the healthcare system as much as \$300 billion annually.
- Care planning should include goals for both the short and long-term.
- Care planning should not be a one-time meeting, but rather an ongoing discussion as the patient's needs and wants evolve.
- Care planning should involve the patient's family and caregivers.
- The plan should be written in language the patient can understand.