



Minimum requirements of shared care plans

A central element of Health Care Homes is shared care planning. A shared care plan is designed to:

- get patients more involved in their own care
- improve the coordination of the services they receive inside and outside the Health Care Home.

Together, the patient and the care team at the Health Care Home will develop and use a shared care plan. All Health Care Home patients must have a shared care plan that can be shared electronically between health care providers.

To support this, in consultation with health care providers and the software industry, the department has developed a number of minimum requirements that shared care planning software needs to meet. If Health Care Homes are not already using software which complies with the minimum requirements they have until 30 November 2018 to begin using compliant software. This time frame only applies to the use of compliant software — all enrolled patients must still have a shared care plan developed following their enrolment, which is shared with all members of the patient's care team.

Principles for developing a shared care plan

- Patients agree to develop a shared care plan and agree to share their records with their care team.
- A patient's privacy is maintained to the highest standard.
- Robust processes ensure that information is always added to the correct patient's record.
- Vendors commit to integrating shared care plan software as far as possible with the My Health Record system.
- If care pathways are available, they are considered when the shared care plan is being developed.

Selecting a shared care planning tool

A number of software vendors have self-declared that their products meet these minimum requirements. The Medical Software Industry Association provides a list of each product that has self-declared as meeting the minimum requirements on its [website](#), and has developed a matrix to assist practices to make an informed decision about which shared care planning tool might be best for their practice and patients. The matrix includes information about which clinical management systems



the software is compatible with, availability of training and support, and an explanation of how each product meets the minimum requirements.

While shared care planning software may be an additional cost to practices, access to shared care plans for patients and other members of the team not initiating the plan is usually free and accessible via a web browser. This ensures that patients and all members of the care team can view and contribute to the plan.

Minimum requirements for shared care planning software

Many practices and Aboriginal Community Controlled Health Services around Australia are already using shared care planning tools. If Health Care Homes are not already using compliant software, they have until 30 November 2018 to choose any software program that allows them to:

- Create, view and change a shared care plan in real time.
- Create a shared care plan which includes core elements required to coordinate chronic disease care, including:
 - target goals and, if appropriate, measurable success criteria for each goal
 - activities and timeframes to achieve each goal
 - roles and responsibilities of members of the care team in order to help achieve goals
 - care plan conditions, i.e., clinical reasons or concerns for the care plan, including comorbidities
 - the ability to review the status of a care share plan.
- Give patients and external healthcare providers access to view the entire shared care plan. Health Care Homes will also be able to assign role-based permissions that allow patients and external healthcare providers to edit and upload to specific elements of the plan. Patients and external healthcare providers should have access to the shared care plan in real time via a web portal (optional apps/programs are also appropriate).
- Send patients and providers reminders and notifications regarding follow-up referrals or reviews of specific goals.
- Audit and track the creation and modification of each care plan goal; and review the progress of each goal.
- Track usage, reviews of shared care plans and clinical metrics over time.
- Extract data from existing clinical management systems to produce a shared care plan.
- Secure all information so that the privacy of patients is maintained. Controls allow access to authorised persons only. The creation, deletion and accessing of clinical information and documentation can be tracked to individual users.
- Access vendor support and training for the practice.