Poster Abstract

What is Shared Care Planning?

Yulong Gu, National Institute for Health Innovation, University of Auckland, New Zealand

Jim Warren, Department of Computer Science, University of Auckland, New Zealand

Gayl Humphrey, National Institute for Health Innovation, University of Auckland, New Zealand

Janine Bycroft, Health Navigator Charitable Trust, New Zealand

Eileen McKinlay, Primary Health Care & General Practice, University of Otago, Wellington, New Zealand

Robert Doughty, National Institute for Health Innovation, University of Auckland, New Zealand

Sarah Tibby, Information Systems, healthAlliance, New Zealand

Correspondence to: Yulong Gu, National Institute for Health Innovation, New Zealand, E-mail: h.gu@auckland.ac.nz

Abstract

Introduction: The concept of shared care, with synergy from integrated, collaborative and coordinated care as well as case management, has attracted interest internationally. A New Zealand (NZ) pilot (2011-2012) implemented a shared care planning model to enable patient-centred care as a key element of the NZ Ministry of Health’s strategy 1) to address some of the clinical and system issues involved in caring for people with complex long-term conditions and multi-morbidity and 2) to identify a sustainable and integrated health care model for the 21st century. The pilot approach featured Information technology (IT)-facilitated information sharing and communication among all involved in a person’s care, including patients, and IT-supported shared care planning activities [1, 2].

Methods: Inspired by this NZ pilot, we reviewed literature for relevant definition and evaluation of shared care, shared decision making and care planning to provide a perspective and clarification on what a shared care planning model is, where its value might lie and what evidence supports it.

Results: Key terms for defining shared care planning include shared care [3], integrated care [4, 5], shared decision making [6] and care planning [7]. Our interpretation of these components is that the “shared care planning” concept includes sharing of skills, knowledge and planning by a wider healthcare team who together undertake responsibility for a patient’s care, balanced equally with the need to share decision making, goal setting and responsibility for day-to-day health decisions with the patient and family. This implies monitoring and exchanging of patient health
data, sharing knowledge between disciplines, creating a proactive goal-centered care plan and involving patients within a care team. Systematic reviews that evaluate shared care planning outcomes have reported somewhat inconsistent findings including mixed results on cost benefit [8-11]. However, some projects reported potential benefits such as better care continuity and care quality.

**Discussion:** We found no agreed definition consensus for ‘shared care planning’ or the essential elements, roles or responsibilities needed for its delivery. We believe the ideal of shared care is equally about sharing the care and responsibility with patients and their family as it is about sharing care within the interdisciplinary team.

**Conclusions:** Combining the shared care philosophy with proven care planning processes, shared care planning is a comprehensive approach to integrated, culturally appropriate and patient-centred care through facilitating both care coordination and supported self-management.

**Lessons learned:** The literature and NZ experience suggest that shared care planning approaches need to address various complex challenges such as shortage of workforce skills to deliver care planning, lack of time/personnel and funding models to implement shared care, IT interface challenges and mechanisms to involve patients and families.

**Limitations:** A key limitation of this review is its lack of systematic rigour. However, we do not believe a meaningful systematic review is currently possible with few high-quality studies and the inconsistency in definitions and terminology of shared care planning interventions.

**Suggestions for future research:** NZ research is needed, e.g., to explore barriers/ facilitators of funding models for shared care and patient role in shared decision making.

**Keywords**

shared care; integrated care; shared decision making; care planning

**References**


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**PowerPoint presentation**

http://integratedcarefoundation.org/resource/icic15-presentations