



The Individual Care Plan as Electronic Health Record: A Tool for Management, Integration of Care, and Better Health Results ☒

Manuel José Lopes (Comprehensive Health Research Centre, Universidade de Évora, Portugal), César Fonseca (Universidade de Évora, Portugal), and Patrícia Barbosa (Escola Nacional de Saúde Pública, Universidade Nova de Lisboa, Portugal)

Source Title: Exploring the Role of ICTs in Healthy Aging (/gateway/book/234644)

Copyright: © 2020

Pages: 12

ISBN13: 9781799819370 ISBN10: 179981937X EISBN13: 9781799819387

DOI: 10.4018/978-1-7998-1937-0.ch001

Cite Chapter ▼

Favorite ★

[View Full Text HTML >](#)

(/gateway/chapter/full-text-html/254641)

[View Full Text PDF >](#)

(/gateway/chapter/full-text-pdf/254641)

Abstract

The idea of the need for healthcare planning, whether in the individual or collective dimensions, is consensual among all health professionals. Despite this consensus, as well as a discourse that values teamwork, planning focused on health professionals has prevailed. Due to the current circumstances, particularly those resulting from changes in the epidemiological profile of the population, a new way of planning individual healthcare is required that must meet the following criteria: be of an individual nature, integrate the active participation of the citizen/family caregiver, be focused on care in the course of life, safeguard interdisciplinarity, assist in decision making about care, and be able to record decisions about care.

Request access from your librarian to read this chapter's full text.

Full Text Preview

Definition Of Icp

ICP is defined as

1. A person-centered tool that
2. Constitutes a space for dialogue among all caregivers¹ that
3. Supports and facilitates the management of pathways and
4. The integration of care.

These four dimensions are assumed fundamental. The fact that ICP is defined as person-centered means that it will not be the plan of any profession or sector, but rather the plan of that person, who is primarily responsible for their life and health self-care and autonomous regarding the care process. These may be delegated to other caregivers when the person so wishes or when the requirement of care exceeds their abilities. Because of this centrality in the person, the ICP will always be a space for dialogue between caregivers with the sole objective of building a personalized intervention instrument.

This dialogue will have to be a permanent exercise to be congruent with the evolutionary nature of the health-disease process and the inherent care process. The person appointed by him/her must carry out the management of courses or the care coordinator or case manager, depending on the case; should understand the integration of care as the integration between multiple levels, sectors and / or care providers.

ICP as a care-planning tool is useful whether we equate care to the sick person, with or without dependence, or to the healthy person, with a promotion or prevention perspective.

In this context, the person, sick or healthy, will be the main protagonist and will bring to this space of dialogue and negotiation his narrative, which is based on his experiences and concerns. The centrality conferred on the person stems from the principle of self-determination as a basic dimension of human dignity (Baez & Reckziegel, 2013; Takayuki, 1999). It will also bring your expectations, or if you will, your goals (see Figure 1, right side). These will play a key role in that it will be based on them that care will be planned, e.g. through an approach that uses people's life and health goals to guide health professionals in creating personalized care plans that attends to priorities, needs, preferences and shared values (Nagykaldi, Tange, & De Maeseneer, 2018).

Figure 1. Construction model of the individual care plan



(https://igiprodst.blob.core.windows.net:443/source-content/9781799819370_234644/978-1-7998-1937-0.ch001.f01.png?sv=2015-12-11&sr=c&sig=%2BTR2WN2rmpMZP3Tez0f4KRlw5zLgOYVPMNbeVXZaw%3D&se=2023-02-05T08%3A51%3A19Z&sp=r)

In their narratives, people will use a common language, in contrast to professionals who will use classified languages. However, the former needs to be approximated to some sort of classified language; otherwise, it will not be possible to be treated

References

- Professional information systems. For this purpose there are multiple possibilities, one of the most investigated being the Omaha System (Gao & Kerr, 2016; Topaz, Golfenshtein, & Bowles, 2014). This terminology has the advantage of being cross professional, having a conceptual basis and consisting being interoperable with other classified languages.
- Accepted Article in Series B, Psychological Sciences and Social Sciences, 67(2), 206–220. doi:10.1003/psb.1462399576
- In turn, the various professionals will bring a conceptual and empirical narrative based on the scientific basis of their respective areas of knowledge, but also on the knowledge about that particular person and his problems (see Figure 1, left side). The languages to be used by professionals will be chosen by them, however, through semantic interoperability processes, they need to be doubly translated into the language of the WHO International Classification of Family Reference Classifications (Madden, Riebow, Sykes, Catherine, Ustun, & Besimant, n.d.) and into the language of the Omaha System (Gao & Kerr, 2016; Topaz, 2014). The first ensures the WHO's requirements for language uniqueness are met; the second ensures an adequate level of communication among all caregivers, so as to ensure the necessary dialogue space.
- Bresnick, J. (2017). *Understanding the Basics of Clinical Decision Support Systems*. Retrieved January 2018. Reading gateway chapter full-texts (1/254641) understanding-the-basics-of-clinical-decision-support-systems (<https://healthitanalytics.com/features/understanding-the-basics-of-clinical-decision-support-systems>)
- Deshpande P. R. Rajan S. Sudeepthi B. L. Nazir A. (2011). Patient-reported outcomes: A new era in clinical research. *Perspectives in Clinical Research*, 2(4), 137–144. 10.4103/2229-3485.8687922145124
- Gao G. Kerr M. (2016). Documentation of Patient Problems and Strengths in Electronic Health Records. *Internal Medicine: Open Access*, 6(3). doi:10.4172/2165-8048.1000221
- Li W. Liu K. Yang H. Yu C. (2014). Integrated clinical pathway management for medical quality improvement - Based on a semiotically inspired systems architecture. *European Journal of Information Systems*, 23(4), 400–417. 10.1057/ejis.2013.9
- Madden, R., Sykes, C., & Ustun, B. T. (n.d.). *World Health Organization Family of International Classifications: definition, scope and purpose*. Retrieved from <https://www.who.int/classifications/en/FamilyDocument2007.pdf?ua=1> (<https://www.who.int/classifications/en/FamilyDocument2007.pdf?ua=1>)
- Martin S. A. Sinsky C. A. (2016). The map is not the territory: Medical records and 21st century practice. *Lancet*, 388(10055), 2053–2056. 10.1016/S0140-6736(16)00338-X27125861
- Nagykaldi Z. J. Tange H. De Maeseneer J. (2018). Moving from problem-oriented to goal-directed health records. *Annals of Family Medicine*, 16(2), 155–159. 10.1370/afm.218029531108
- Prazeres F. Santiago L. (2015). Prevalence of multimorbidity in the adult population attending primary care in Portugal: A cross-sectional study. *BMJ Open*, 5(9), e009287. 10.1136/bmjopen-2015-00928726408832
- Takayuki M. (1999). Human Rights, the Right of Self-Determination and the Right to Freedom - Munakata Takayuki; *The International Journal for Peace Studies*. *International Journal of Peace Studies*, 4(1). Retrieved from http://www.gmu.edu/programs/icar/ijps/vol4_1/takayuki.htm (http://www.gmu.edu/programs/icar/ijps/vol4_1/takayuki.htm)
- Topaz M. Golfenshtein N. Bowles K. H. (2014). The Omaha System: A systematic review of the recent literature. *Journal of the American Medical Informatics Association*, 21(1), 163–170. 10.1136/amiajnl-2012-00149123744786
- Vanhaecht K. (2007). *The impact of Clinical Pathways on the organisation of care processes*. Katholieke Universiteit Leuven.

Request Access

You do not own this content. Please login to recommend this title to your institution's librarian or purchase it from the IGI Global bookstore (</chapter/the-individual-care-plan-as-electronic-health-record/254641>).

Username or email:

Password:

[Log In >](#)

[Forgot individual login password? \(/gateway/login/reset-password/\)](/gateway/login/reset-password/)

[Create individual account \(/gateway/login/create-account/\)](/gateway/login/create-account/)

Research Tools

Database Search (/gateway/) | Help (/gateway/help/) | User Guide (/gateway/user-guide/) | Advisory Board (/gateway/advisory-board/)

User Resources

Librarians (/gateway/librarians/) | Researchers (/gateway/researchers/) | Authors (/gateway/authors/)

Librarian Tools

COUNTER Reports (/gateway/librarian-tools/counter-reports/) | Persistent URLs (/gateway/librarian-tools/persistent-urls/) | MARC Records (/gateway/librarian-tools/marc-records/) | Institution Holdings (/gateway/librarian-tools/institution-holdings/) | Institution Settings (/gateway/librarian-tools/institution-settings/)

Librarian Resources

Training (/gateway/librarian-corner/training/) | Title Lists (/gateway/librarian-corner/title-lists/) | Licensing and Consortium Information (/gateway/librarian-corner/licensing-and-consortium-information/) | Promotions (/gateway/librarian-corner/promotions/) | Online Symposium Series (/gateway/librarian-corner/online-symposium-series/)

Policies

Terms and Conditions (/gateway/terms-and-conditions/)

([http://www.facebook.com/pages/IGI-](http://www.facebook.com/pages/IGI-Global/138206739534176?ref=sgm)

[Global/138206739534176?ref=sgm](http://www.facebook.com/pages/IGI-Global/138206739534176?ref=sgm))

(<http://twitter.com/igiglobal>)

(<https://www.linkedin.com/company/igiglobal>)



(<http://www.world-forgotten-children.org>)

(<https://publicationethics.org/category/publisher/igi-global>)

Copyright © 1988-2023, IGI Global - All Rights Reserved