

# eCare Plan Home

## Welcome to the e-Care Plan for People with Multiple Chronic Conditions (MCC) project page!

### Announcements

- To follow join our FHIR IG development meetings with the HL7 Patient Work Group please follow the link [here](#).
- The project team is currently identifying data elements for long COVID and would appreciate any feedback you have. The link is in the [Project Deliverables](#) table below.
- The eCare Plan for People with Multiple Chronic Conditions Project presented at [HIMSS2021](#). The HIMSS presentation can be viewed [here](#).
- To hear an overview of the project visit the link [here](#) and to download our PowerPoint click [MCC eCare Plan Overview 20200624 Final \(1\).pptx](#).

### Overview

This project will involve the development of an open-source SMART on FHIR-based electronic (e-)care plan application to enable clinicians to better manage patients with MCC, including chronic kidney disease (CKD), type 2 diabetes (T2D), cardiovascular disease (CVD), pain and opioid use disorder (OUD). The application will be developed to align with emerging industry standards with the goal of creating publicly available, scale-able artifacts and services that could be used nationwide.

### Project Purpose

The Development of a SMART on FHIR e-Care Plan application, implementation guide and clinical information models for persons with multiple chronic conditions.

#### Quick Links

- [Project Deliverables](#)
- [HL7 MCC eCare plan page](#)
- [MCC eCare Plan Implementation Guide](#)
- [MCC eCare Plan Github](#)
- [Long COVID \(PASC\) Domain and Caregiver Considerations](#)
- [Cardiovascular Disease \(CVD\) Domain](#)
- [Pain with Opioid Use Disorder \(OUD\) Domain](#)
- [Type 2 Diabetes Mellitus \(T2DM\) Domain](#)
- [NIDDK Chronic Kidney Disease eCare Plan Project](#)

### Project Objectives

- Develop and test a SMART on FHIR e-care plan application
  - Create clinical information models (CIM) using [existing CKD data elements & standards](#)
  - Develop e-care plan application and implementation guide (IG) for point of care data review/entry
  - Implement and evaluate the e-care plan application in diverse clinical settings in patients with MCC, including CKD
- Establish an e-care plan repository and development collaborative
- Expand the draft e-care plan application and IG to include cardiovascular disease (CVD), type 2 diabetes, chronic pain, and long COVID
  - Expand the CKD data elements and CIMs to consider additional conditions
  - Revise e-care plan application and IG to incorporate expanded DESS and pilot test feedback.
- Disseminate all project deliverable through open source channels

### Project Goals

- Promote the interoperable collection, use, and sharing of comprehensive, person-centered health and social data across settings;
- Facilitate coordinated, person-centered care planning approaches that integrate the full care team (including the patient) across settings; and
- Build data capacity to conduct pragmatic Patient Centered Outcomes Research (PCOR).

### Upcoming MCC eCare plan HL7 Patient Care Work Group Meetings

All upcoming MCC eCare plan HL7 work group meeting dates and information can be found [here](#).

To get the information from the June 24, 2020 stakeholder kick-off please follow the link [here](#).

### Project Deliverable Timeline

Deliverable	Description	Expected Start	Expected End	Status	Link
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MCC Clinical Information Model for CKD	Clinical concept with identified and specified data elements, attributes, vocabularies, and FHIR mappings that will enable standardized transfer of CKD data across health settings	Q4 2019	Q2 2020	Complete	<a href="#">MCC Clinical Information Model (CIM) Analysis and Development</a>
MCC Clinical Information Model for CVD, T2D, and OUD	Clinical concept with identified and specified data elements, attributes, vocabularies and FHIR mappings that will enable standardized transfer of CVD, T2D, OUD data across health settings	Q2 2021	Q3 2021	Complete	<a href="#">2021_MCC Data Element Spreadsheet with Value Sets_static</a>
Data elements for long COVID	Clinical concept with identified and specified data elements, attributes, vocabularies and FHIR mappings that will enable standardized transfer of long COVID data across health settings	Q4 2021	Q2 2022	In Progress	<a href="#">Symptoms related to long COVID analysis spreadsheet (Working Document)</a>  <a href="#">Data element gathering spreadsheet for long COVID/PASC (Working Document with TEP)</a>
SMART on FHIR App	An open-source clinician and patient facing SMART on FHIR-based e-care plan application for managing persons with MCC	Q2 2020	Q3 2021	Completed (iterations may take place based on pilot feedback)	<a href="#">Patient and clinician facing app MccCareplan</a>
Pilot Lessons Learned	A report that documents the results from testing the SMART on FHIR application including lessons learned and recommended app updates.	Q2 2021	Q3 2022	In progress	Link will be posted at a future date
Implementation Guide	An HL7 implementation guide for MCC starting with CKD value set	Q2 2020	Q3 2020	Complete	<a href="#">HL7 MCC eCare plan FHIR IG page</a>

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## Upcoming Testing Opportunities

### Upcoming HL7 FHIR IG testing tracks

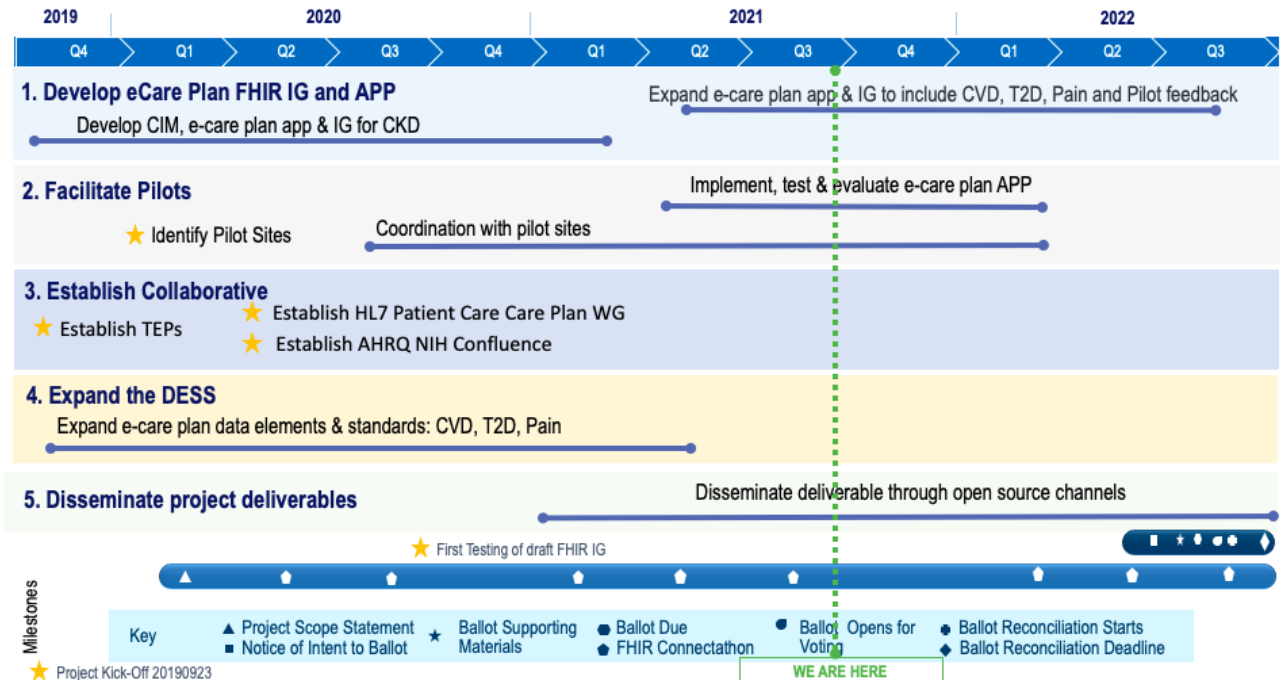
- May 2022 Care Planning Track: [2022-05 Care Planning Track](#)

### Previous HL7 FHIR IG testing tracks

- January 2022 Care Planning Track: [2022-01 Care Planning Track](#)
  - January 2021 Care Coordination Track: [2021-01 Care Coordination Track](#)
  - September 2020 Care Coordination Track: [2020-09 Care Coordination Track](#)
  - May 2020 Care Coordination Track: [2020-05 Care Coordination Track](#)
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## MCC Project RoadMap

# Multiple Chronic Conditions eCare Plan Roadmap



## Project Contacts

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