Patient Complexity: Medical complexity and Care Complexity

(Or, Disease-centered and Person-centered Sources of Patient Complexity)

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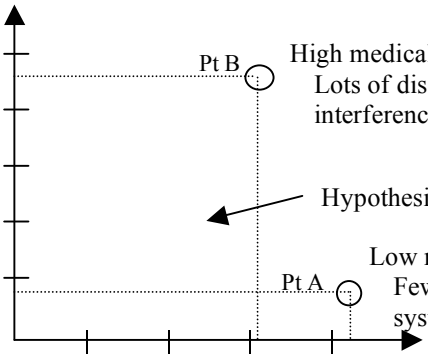
The Minnesota Complexity Assessment Method (MCAM) checklist that accompanies this page is focused on what is known variably as "care complexity", "non-medical complexity", or "social complexity", not on *diseases* or *co-morbidities*. (Peek, Baird, & Coleman, 2009)

One way to think of general usage of the term "patient complexity" is in two dimensions or axes:

- A *disease axis* (medical complexity) in which you count up the diseases, how many, how severe, and how they make each other worse.
- A *social/care delivery* axis (social or care complexity) that flags the non-disease factors that are known to interfere with usual care and decision-making for whatever conditions the patient has.

Two Axes of Patient Complexity

Disease axis: (ADG or other)
Medical complexity:
- How many diseases
- How chronic
- How severe
- How challenging to manage
- How challenging are their interactions.



Social / care delivery axis: (MCAM)
Non-medical complexity—Domains:
- *Illness*—levels of impairment and diagnostic uncertainty
- *Readiness*—distress, distraction and readiness to engage
- *Social*—social safety, support, and participation
- *Health system*—organization of care and relationships
- *Resources for care*—Common language, adequate insurance

The MCAM is for the "social/care axis", intended to complement assessment for diagnosis and medical complexity.

- Most "complexity" tools de-emphasize the social complexity and end up being disease scales.
- We want to highlight the social or care complexity axis for which clinicians and medical educators usually have a very limited vocabulary or system of thinking and action.
- MCAM is based on foundational work in the Netherlands (de Jonge, Huyse & Stiefel, 2006) which takes this approach

In actual practice, MCAM has been used as a *complement* to some kind of disease-oriented checklist or assessment—which clinics typically already have on paper or in their EMR. But the idea comes up repeatedly to combine a disease-oriented checklist with the MCAM social-oriented checklist in one place—and to combine in such a way that it fits well the workflow in a given practice.

Peek, C.J., Baird, M.A. & Coleman E. (2009). Primary Care for Patient Complexity, Not only Disease. *Families, Systems, and Health* Vol. 27, No.4, 287-302.

de Jonge, P., Huyse, F., & Stiefel, F. (2006). Case and care complexity in the medically ill. *Medical Clinics of North America*, 90, 679-692.