# Medical complexity AND social / care complexity looked at together:
## Patient complexity assessment worksheet
*Mockup only*—to demonstrate the concept and stimulate discussion;  CJ Peek and Macaran Baird, 5/18/10

Patient_____Age / gender:_____Problem(s)_____

| rating | **Medical complexity—diseases[1]** |
|---|---|
| | **Conditions / severity** |
| | **How many conditions in what groups?** Sort into condition groups outlined on MN HCH Tier assignment form |
| | **Identify condition groups with one or more conditions likely to be chronic** • Have lasted at least 6 mo.; • Can be expected to continue for 6 mo; • Are likely to recur (Use MN HCH Tier assignment form) |
| | **Identify conditions that are severe** • Major & potentially unstable-- • that without optimal care likely to worsen— • and lead to more serious problems— • that may result in severe, illness, impairment or death. |
| | **If both chronic and severe, does this condition require a care team?** • To coordinate services— • in order to attain or maintain stability or reach optimal goals— • including coord of preventive and disease mgmt services to prevent worsening or gaps. • At least a personal clinician and care coordinator |
| | **Total** (use the MN HCH scoring form) |
| | **Tier** (use the MN HCH scoring form) |

### Axes of patient complexity:
*Mark the area under the "curve" determined by intersection of medical complexity and care complexity*



*Disease axis:* medical complexity

*Social / care axis*—care complexity

[1] Based on MN Health Care Home Care Coordination Tier Assignment Tool, Version 1.0. http://www.health.state.mn.us/healthreform/homes/payment/HCHComplexityTierTool_March2010.pdf

| rating | **Social or care complexity[2]** |
|---|---|
| | **Illness factors** (Biomedical, MH and substance abuse sx & dx) |
| | **Symptom severity / functional impairment** 0=No symptoms—or reversible w/out intense efforts 1=Mild noticeable sx—don't interfere w function 2=Mod to severe symptoms that interfere w function 3=Severe symptoms impairing all daily functions |
| | **Diagnostic challenge** 0=Diagnosis(s) clear 1=Narrow range of alternative diagnoses 2=Multiple possibilities—clear dx expected later 3=Multiple possibilities—no clear dx expected |
| | **Readiness to engage** |
| | **Distress, distraction, preoccupation** 0=None 1=Mild, e.g. tense, distractible, preoccupied 2=Moderate, e.g. anxiety, mood, confusion 3=Severe w behavioral disturbances, e.g., harm |
| | **Readiness for treatment and change** 0=Ready & interested in tx; active cooperation 1=Unsure/ambivalent but willing to cooperate 2=Major disconnect with proposed tx; passivity 3=Major disconnect; defiant/won't negotiate |
| | **Social** |
| | **Home/residential safety, stability** 0=Safe, supportive, stable 1=Safe, stable, but with dysfunction 2=Safety/stability questionable—evaluate/assist 3=Unsafe/unstable—immediate change required |
| | **Participation in social network** 0=Good participation with family, work, friends 1=Restricted participation in 1 of those domains 2=Restricted participation in 2 of those domains 3=Restricted participation in 3 of those domains |
| | **Health system** |
| | **Organization of care** 0=One active main provider (medical or MH) 1=More than or less than 1 active provider(s) 2=Multiple medical / MH providers or services 3=Plus major involv. with other service systems |
| | **Patient-clinician (or team) relationships** 0=All appear intact and cooperative 1=Most intact; at least 1 distrustful or remote 2=Several distrustful or remote; at least 1 intact 3=Distrust evident in all pt / clinician relationships |
| | **Resources for care** |
| | **Shared language with providers** 0=Shared fluency in language with provider 1=Some shared language / culture with provider 2=No shared language; professional transl. available 3=No shared language; family or no translator |
| | **Adequacy / consistency of insurance for care** 0=Adequately insured, can pay for meds, copays 1=Under-insured* with modest other resources 2=Under-or intermittently-insured 3=Uninsured, no other financ. resources for care |
| | **Total. (how many 2's and 3's)** |
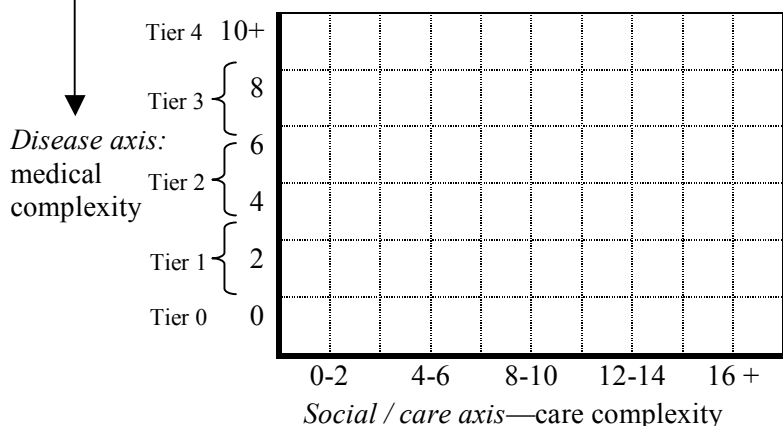
[2] From Minnesota Complexity Assessment Method; U of MN Dept of Family Medicine & Community Health: Peek, C.J., Baird, M.A. & Coleman E. (2009). Primary care for patient complexity, not only disease. *Families, Systems, and Health* Vol. 27, No.4, 287-302.