Complexity tools: Sorting out patient needs

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This presentation draws from the work of C.J. Peek, Macaran A. Baird and other colleagues at the University of Minnesota

Objectives and flow

Part I: Definitional—usage & options for "patient complexity"

- Interference with usual care and decision-making
- Alternative definitions or signs

Part II: Complexity—what matters to whom?

Part III: From definition to practical application

1. Choice of a shared definition within Compass
2. Choice of questions / tool that reflects chosen definition
3. Action that takes place in designated workflows

Part IV: Reflections on implementation

No commercial interests or conflicts to disclose

Part I: Definitional

"Complexity" as Interference with usual care for conditions

"A complex patient . . . is one for whom clinical decision-making and . . . care processes are not routine or standard. . .

. . . recommendations from evidence-based medicine unlikely to apply in a straightforward manner because of "exceptions" such as multiple interacting chronic conditions . . .

. . . [or] socioeconomic factors such as homelessness or absence of adequate family caregivers or other support systems."

From Weiss, K. (2007). VA State of the Art Conference, GJIM 22(Suppl 3):374-8

Similar and expanded in:

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

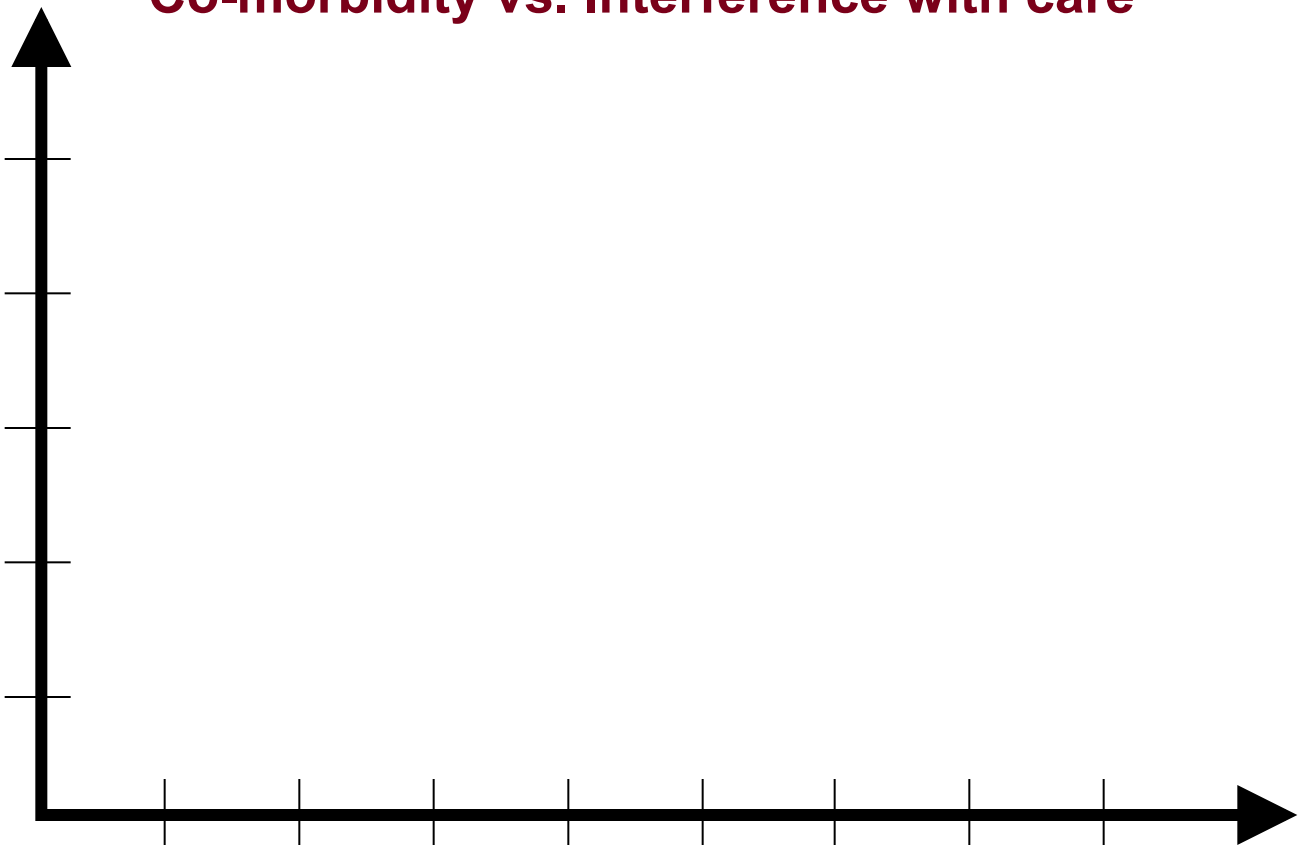
Peek, C. Baird, M. & Coleman, E. (2009). Primary care for complexity, not only disease. Families, Systems, & Health

Peek, C.J. (2010). Building the medical home around the patient: What does it mean for behavior? Families, Systems & Health

Peek, C.J. (2008). Integrating care for persons, not only diseases. Journal of Clinical Psychology in Medical Settings

Definitional: Axes of patient complexity

Co-morbidity vs. Interference with care



Medical Complexity

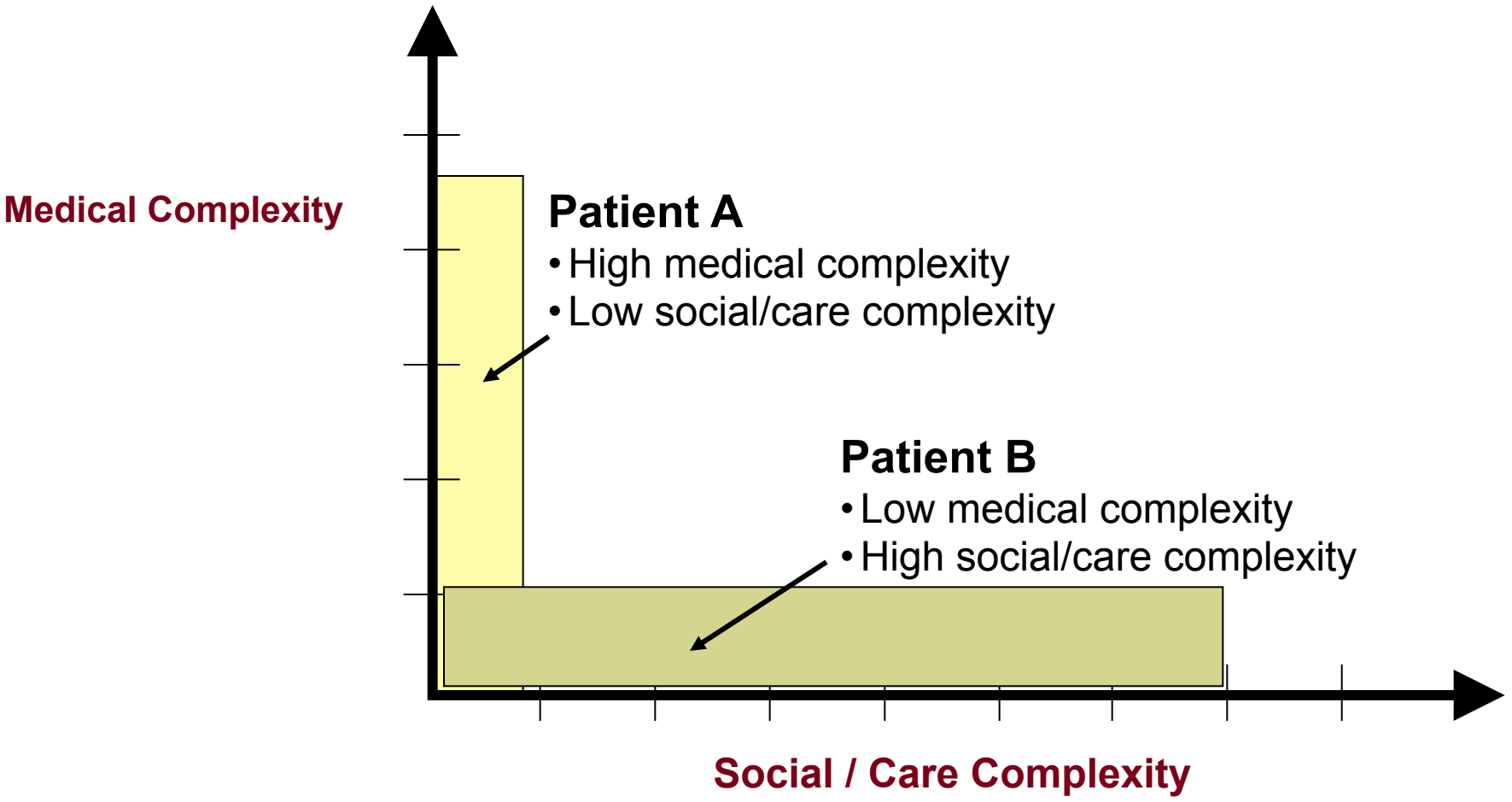
- How many diseases
- How chronic
- How severe
- How challenging

Social or Care Complexity: Interference with usual care and decision-making

- Distress, distraction, preoccupation
- Lack of social safety and support
- Disorganization of care
- Lack of resources for care

Axes of patient complexity

Hypothesis: Total care challenge = size of shaded area

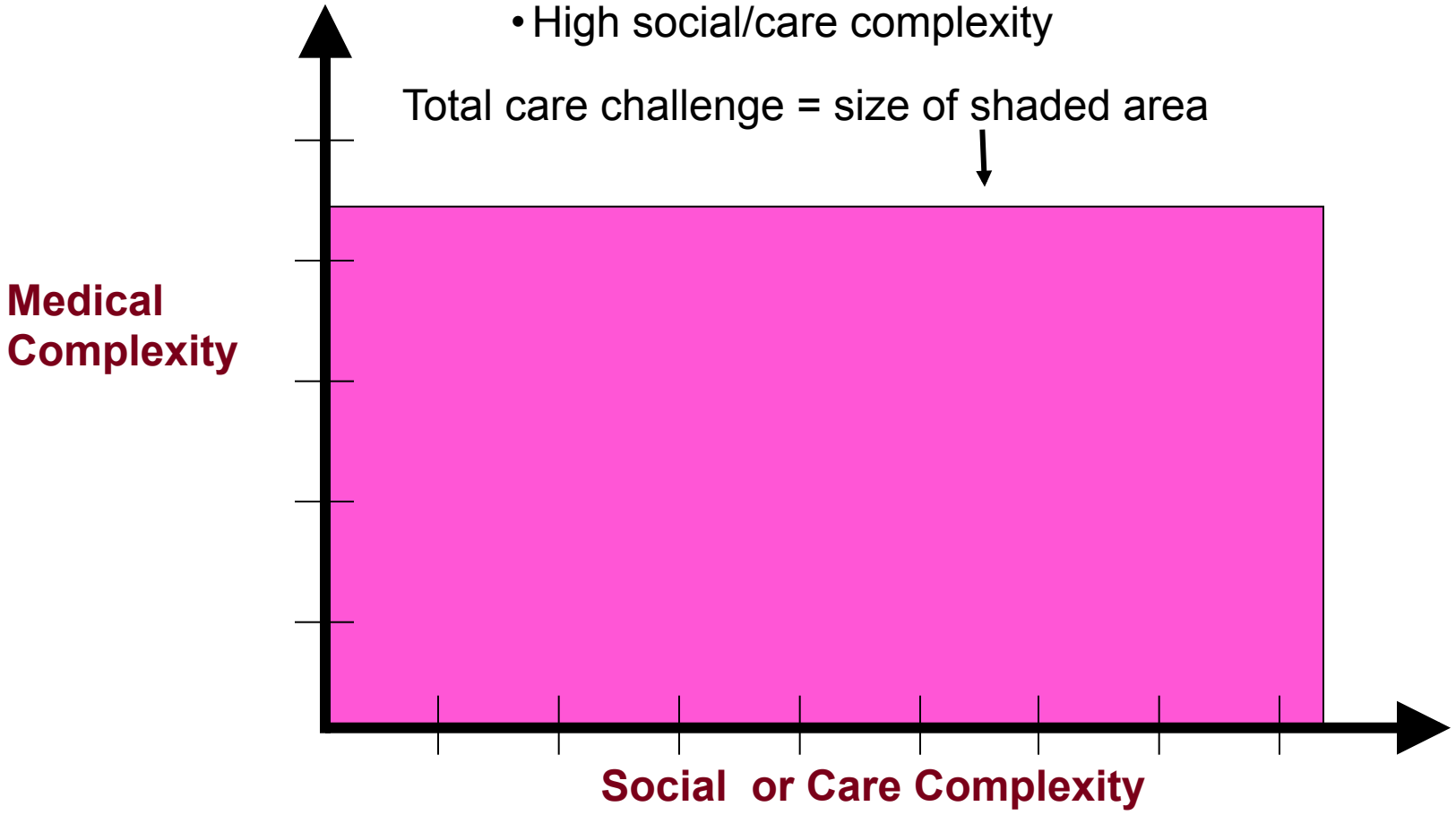


Axes of patient complexity

Hypothesis: Total care challenge = size of shaded area

Patient C

- High medical complexity
- High social/care complexity



Alternative "definitions"

Clinician reaction (a sign): "Heartsink", "difficult", "non-compliant"; "I don't have anything else to offer"

Patterns of healthcare use (a sign): Ineffective use—"high utilizer", multiple / failed services, disorganization of care, "abusing the system"

"Mental health": Automatically complex? What about usual care for MH conditions? Distress vs. disease?

"Cumulative complexity": "Imbalance between patient workload and patient capacity" (Schipee et al, 2012)

- Workload: All everyday tasks plus demands of patient-hood
- Capacity: All abilities, resources, readiness—physical, mental, socioeconomic, support, literacy, attitudes, beliefs

Complexity:
A Property of *what* exactly?

A property of…..

- ….The patient as a person or partner in care? (patient complexity)
- ….The patient's diagnoses? (medical complexity)
- ….The patient's situation? (social complexity)
- ….The organization of care and team? (care complexity)

Most or all of these?

Physician distress reflecting a lack of shared vocabulary and method

"Complexity is what I feel when I don't have an algorithm for what's in front of me".

- And why don't I have an algorithm for complex patients?
- Because our algorithms are for diseases, not persons

Complexity: What matters to clinicians

- Standard care not working—"he's back!"
- Can't do it all yourself--exceeds usual team capacities
- Labeling: "difficult", "non-compliant"

Motto: "Most difficult patients started out merely as complex"

Peek & Heinrich, 1992

- "I can tell when a patient is complex but not exactly **how** they are complex and **what to do** about it".

Motto: "When the situation calls for you to do something you can't do, you do something you can do—if you do anything at all"

Ossorio (2006)

(Like more visit time, another test, scan, consultant, referral, or other forms of "wishful thinking")

Complexity: What matters to care systems / buyers

- A few % of the patients who are “complex” use a big % of the resources
- Not clear how to organize help for many of them
- Care management and reimbursement is usually geared to diseases, but not to complexity across diseases or to the persons who have those diseases.

The “market” will identify through high cost

- Payers want to prevent drift onto “hot-spotter” list
- Payers will offer “bundles” or “PMPM” for services that complex patients need. e.g. MN DHS Behavioral Health Home

Complexity: Patient experiences

- Hard to explain own situation to family, friends, and self
- Confused by multiple stories from their own doctors
- Feel like a failure that clinicians don't want to see: "I'm difficult". "No one can help me"
- Growing impatience with providers and system
- Can't afford out-of-pocket expenses for many copays, meds, tests, transportation etc.
- Getting in trouble on job for missing time for multiple visits

Complex patients need….

- Clinician and system willingness to accept social and care complexity **as part of the job**—a culture shift
- Respectful clinicians & teams using a systematic and non-pejorative vocabulary for "complexity"
- Care plans connecting the dots among relevant "outside" factors—that often lead beyond the clinic
- **Acceptance that "non-adherence" may be more a property of the intervention than of the patient**

Schipee et al (2012). Cumulative Complexity
May et al (2009). Minimally Disruptive Medicine

Part III: From definition to practical application

Overview:

1. **Choice of "complexity" definition to be shared across COMPASS** (e.g., co-morbidity, interferences, diagnosis, care complexity, other)

2. **Choice of tool or checklist anchored in definition**
   - **Questions point to action areas**—what you might be able to do about patient complexity in front of you
   - **The product is action**, not a number in a chart, a mere description, or only case-finding

3. **Action that takes place in workflows**—someone doing something somewhere in the care process

Choose a tool with action-oriented questions

Examples:

MCAM (UM 2009)

1. Illness impacts
- Functional impairment
- Diagnostic uncertainty / disagreement

2. Unreadiness to engage
- Distress and distraction
- Felt lack of capacity

3. Lack of social safety & participation
- Home safety & stability
- Participation in social network

4. Disorganization of care
- Team / coordination
- Trusting relationships with providers

5. Lack of resources for care
- Insurance
- Shared language/culture with provider

PCAM (Scotland / UM 2013)

1. Health and well-being
- Physical symptoms to investigate?
- Physical sx. effect on mental well-being?
- Lifestyle on physical or mental well-being?
- Other concerns about mental well-being?

2. Social environment
- Home safety & stability
- Daily activities & well-being
- Social network
- Financial resources

3. Health literacy & communication
- Present understanding of health & well-being
- Capability to engage in discussions

4. Service coordination
- Other services needed?
- Well coordinated?

MCAM (Minnesota Complexity Assessment Method): Peek, Baird, & Coleman (2009—U of MN) AHRQ Innovations Exchange: http://www.innovations.ahrq.gov/content.aspx?id=2496

PCAM (Patient Centered Assessment Method): Maxwell, Hibberd, Mercer, & Cameron (2013—Scotland—in collaboration with U of MN). **Available at: www.PCAMonline.org**

The product is action:
Across 3 complexity checklists:

Any question that lights up requires action within the care plan (not just a threshold sum across questions)

Choose level of action needed on complexity:

- Routine care (little or no complexity detected)
- Active monitoring (watch for the need to act on complexity)
- Plan action for complexity (commence planning)
- Act immediately (urgent action on complexity is needed today)

Plan of action—written & shared by team in record:

- Goals for care–both medical and social complexity (both 'axes')
- Specific actions to accomplish goals—who does what (incl pt. and family)
- What the clinician / team will do today—how urgent such action is

MCAM (MN Complexity Assessment Method): Peek, Baird, & Coleman (2009)
PCAM (Pt-Centered Assessment Method): Maxwell, Hibberd, Mercer, & Cameron (2013--UK
INTERMED: deJong, Huyse, & Stiefel (2006-The Netherlands—inpatient specialty care)

Complexity questions & action areas

Question	General Action areas—create specifics for your own settings and communities
Impairment--sx severity	Mitigate functional limitations; self-regulation
Diagnostic uncertainty	Review, 2nd opinion, find out patient's theory
Distress & distraction	Identify & help mitigate social / personal stress
Social isolation, risk	Build social connections and safety
Disorganization of care	Clarify roles & plan, engage pt, build trust
No common language	Professional interpreters, cultural bridging
Un- or under-insured	Financial counseling, seek public health plan

Adaped from Peek, Baird, & Coleman, 2009

Action takes place in workflows

1. Whose workflow?

- Rooming nurse or medical assistant?
- Care coordinator or team facilitator?
- Triage or call center interviewer?
- PCP, behavioral health, or social worker?
- Aggregated over these different perspectives?

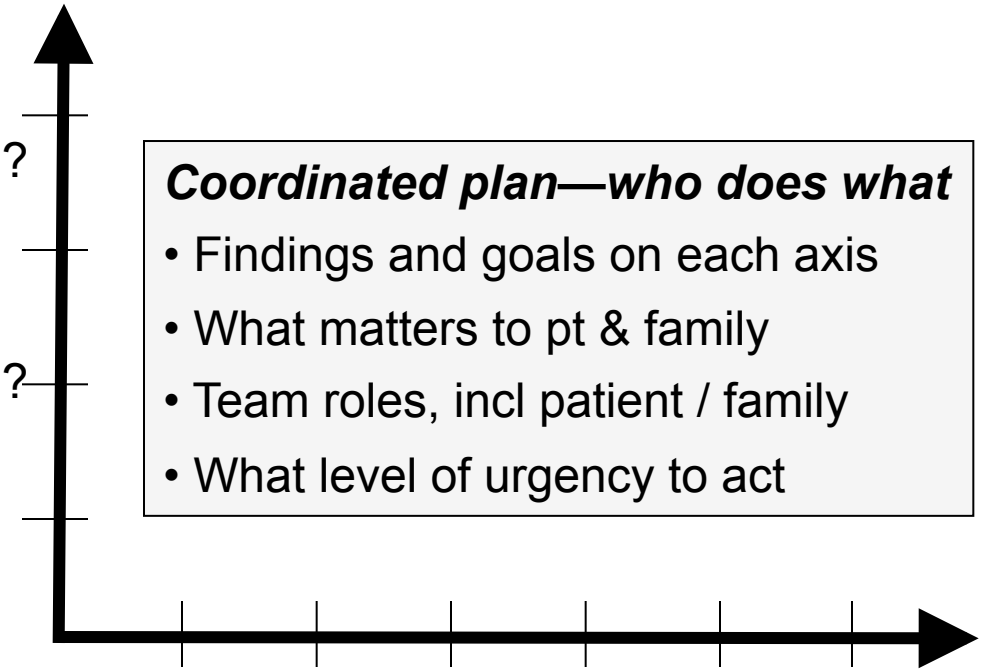
2. How does the tool or checklist fit the workflow?

- Standard work for the individual or team
- Other tools or screens being used
- Health info technology being used

Example: Care coordinator assessing medical and care complexity in a MN Health Care Home

Medical Complexity (MN HCH tiers*)

- How many conditions in what dx groups?
- Chronic?
- How severe?
- If chronic & severe—need a major team?



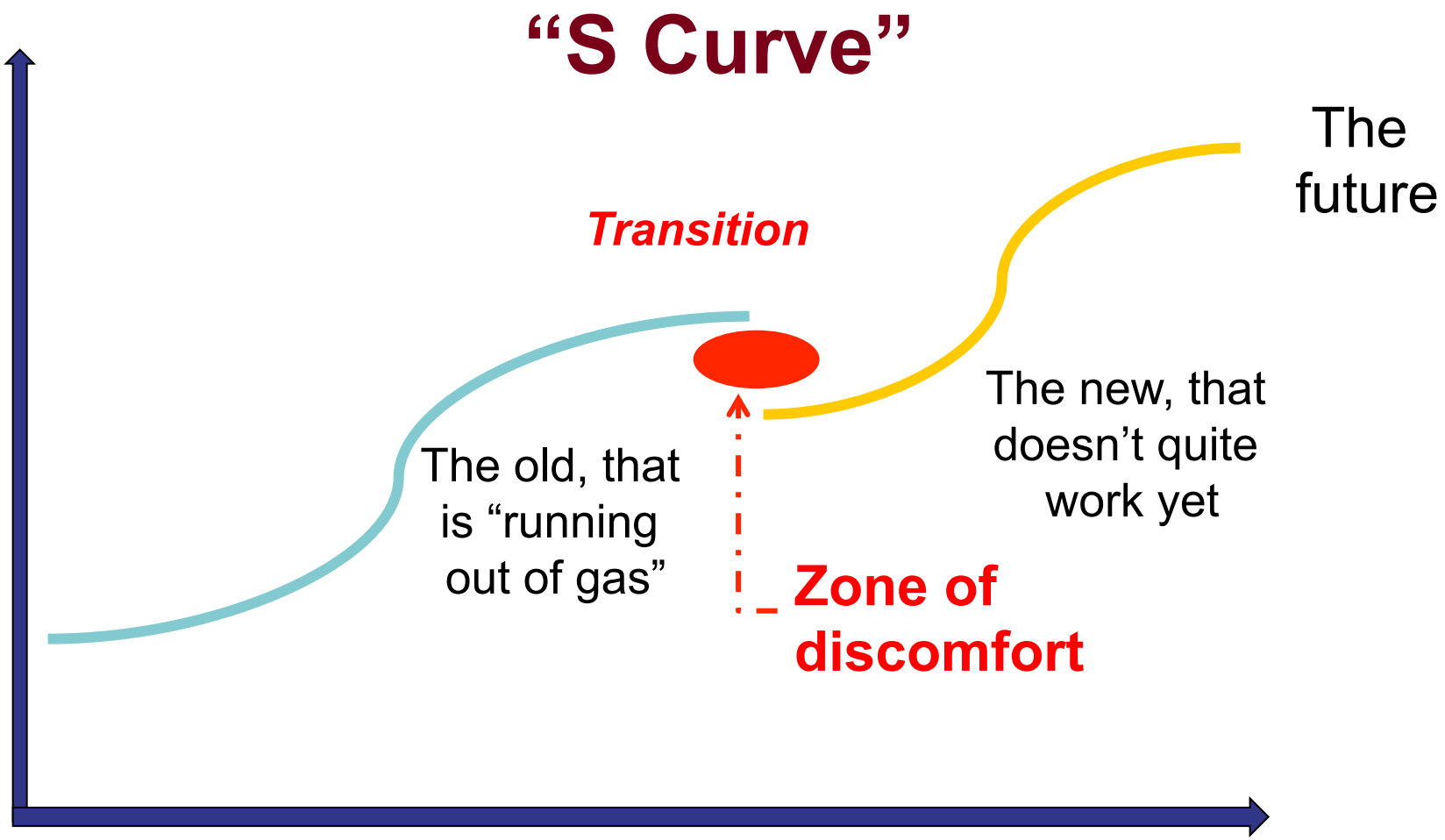
*Based on MN Health Care Home complexity tiering V. 1.0

www.health.state.mn.us/healthreform/homes/payment/HCHComplexityTierTool_March2010.pdf

Social or Care Complexity: Interference

- Distress and distraction
- Lack of social safety and support
- Disorganization of care
- Lack of resources for care

Part IV: Reflections on implementation

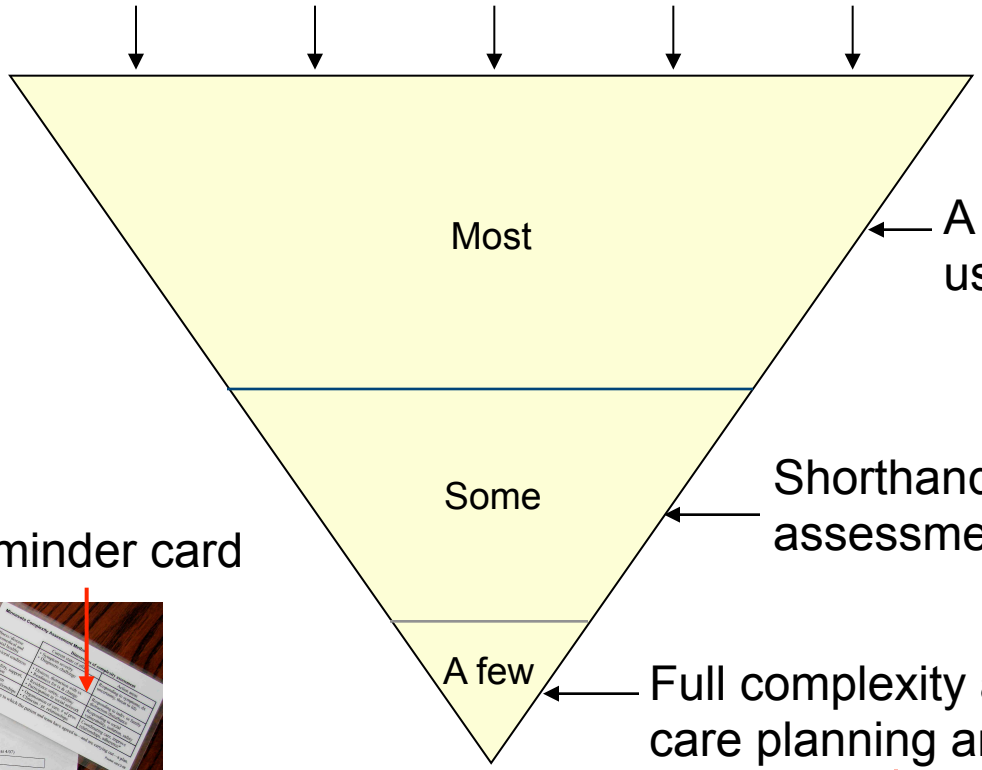


Lack of vocabulary and method for complexity-- "maybe not my job"

Definition and method for complexity-- "my job and we know how to do it"

Universal screen or universal mindset?
A stepped approach to assessing complexity

All cases whether simple or complex

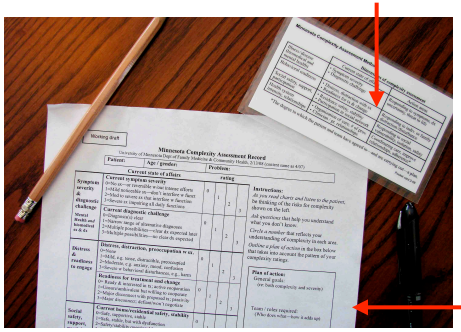


A complexity mindset to use always

Shorthand complexity assessment in daily practice

Full complexity assessment for complex care planning and case conferences

Pocket reminder card



Integrated in EHR

From clinical checklist to validated instrument: What's the right balance for you?

Considerations for choosing level of tool "credentials":

- "Face validity" to clinicians—gets at what you care about
- "Construct validity": Reflects chosen definition of "complexity"
- Action-based: Precipitates person-centered decisions & action
- Feasible in practice—smoothly integrated in workflow
- Structured interview / checklist? Or "measuring instrument"?
  - Data or 'counts' good enough for QI and to plan care for population?
  - Do you need "certified objective" numbers for a differential payment or risk stratification?
  - Do you need a "validated instrument" for research?

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