

Minnesota Complexity Assessment Record

Working draft—w socio-cultural

University of Minnesota Dept of Family Medicine & Community Health, 3/6/08 (same but with sociocultural)

| | | |
|-----------------|----------------------|-----------------|
| Patient: | Age / gender: | Problem: |
|-----------------|----------------------|-----------------|

| | Current state of affairs | Rating | | | |
|---|---|--------|---|---|---|
| Symptom severity & diagnostic challenge <small>(Mental Health and biomedical sx & dx)</small> | Current symptom severity 0=No sx—or reversible w/out intense efforts 1=Mild noticeable sx—don't interfere w funct 2=Mod to severe sx that interfere w function 3=Severe sx impairing all daily functions | 0 | 1 | 2 | 3 |
| | Current 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 | 0 | 1 | 2 | 3 |
| Distress & readiness to engage | Distress, distraction, preoccupation w sx. 0=None 1=Mild, e.g. tense, distractible, preoccupied 2=Moderate, e.g. anxiety, mood, confusion 3=Severe w behavioral disturbances, e.g., harm | 0 | 1 | 2 | 3 |
| | 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 | 0 | 1 | 2 | 3 |
| Social safety, support, particip. | Current home/residential safety, stability 0=Safe, supportive, stable 1=Safe, stable, but with dysfunction 2=Safety/stability questionable—eval/assist 3=Unsafe/unstable—immediate change required | 0 | 1 | 2 | 3 |
| | 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 | 0 | 1 | 2 | 3 |
| Health system intensity & relationships | Current organization of care 0=One main provider (medical or MH) 1=More than 1 med. or MH provider / services 2=Multiple medical / MH providers or services 3=Major involv. with other care/service systems | 0 | 1 | 2 | 3 |
| | Patient-clinician (or team) relationships 0=All appear intact and cooperative 1=Most intact; at least 1 conflictual/remote 2=Several adversarial/remote; at least 1 intact 3=Pervasive, active adversarial relationships | 0 | 1 | 2 | 3 |
| Socio-cultural status | Language / communication 0=Fluent in language of provider(s) 1=Some language of provider 2=No language of provider, family transl. avail. 3=No language of provider, no family translator | 0 | 1 | 2 | 3 |
| | Financial resources 0=Fully insured/abundant resources 1=Under-insured*, with other assistance avail. 2=Under-or intermittently-insured; no asst. avail 3=Uninsured, no assistance available | 0 | 1 | 2 | 3 |

Instructions:
As you read charts and listen to the patient, be thinking of the risks for complexity shown on the left.
Ask questions that help you understand what you don't know.
Circle a number that reflects your understanding of complexity in each area.
Outline a plan of action that takes into account the observed pattern of complexity

Plan of action:
General goals:
 (re: both complexity and severity)

Do I need someone in this case with me—and who?

Team / roles required:
 (Who does what—how it adds up)

Patient role (as part of the team):

What provider / team will do today:
 (To act on both complexity & severity)

*Underinsured: Lack of coverage for hospital, medications, mental health; presence of high deductibles /copays



State of affairs / Level of action needed

| | |
|---|---|
| No complexity—with no non-routine care needed | ← |
| No evidence of need to act (beyond routine care) | ← |
| Mildly complex—basic care planning needed | ← |
| Watch / prevent—explore interacting issues | ← |
| Moderately complex—multifaceted plan needed | ← |
| Form a well-integrated plan—set in motion | ← |
| Very complex—intensive care & planning needed | ← |
| Immediate, intensive and integrated action | ← |

With all your ratings in view (the gestalt), decide what level of action is needed in what areas—and incorporate that into your action

Adapted by Peek, Baird, Coleman, & DFMCH faculty with permission from, Frits Huyse, C-L psychiatrist; Dept of General Internal Medicine; Integrated Care, University Medical Centre Groningen, The Netherlands. (Huyse & Stiefel, 2006) Contact: Macaran Baird (baird005@umn.edu)