**HealthConnection Clinic Complexity Assessment Tool (AMPS)**

**AN INTRODUCTION**

To operationalize a holistic approach to care, clinicians need a reasonably concrete way to identify and measure complexity (Peek, 2011). Assessing patient complexity provides a more expansive understanding of a patient’s health and life situation. This matters in the context of HealthConnection because the Clinic serves a population labeled as “highly complex” often with a history of challenging patient-provider relationships (e.g., the “difficult” patient that’s been recently “fired” by their GP). Such patients are often described as “over-serviced but underserved.” The clinician needs some way of defining just how a patient is complex – and then what to do about it – as a routine part of their work. The Complexity Assessment Tool (also known as AMPS - Attachment, Medical, Psychiatric, Social) was developed to address this need. This introduction briefly outlines the value of measuring complexity in a standardized, consistent way, and describes how the tool was originally developed.

**Why a complexity tool?**

In assessing complexity using AMPS:

- a clinician can identify both medical and non-medical factors that interfere with care and improved health
- a care team can use complexity scores to help develop a care plan tailored to the individual’s needs, highlighting any additional medical, mental health, and/or community services required

Using a standardized method to assess complexity:

- helps us assess with reasonable confidence whether a patient meets clinic eligibility criteria
- provides consistency across multiple clinicians when measuring complexity
- supports a common understanding of the degree or type of complexity faced by a patient
- serves as a signpost for the current state of affairs for a patient
- allows us to measure change in complexity over time, which in turn can help evaluate whether or not interventions/actions taken to address patient needs have been effective

A rating scale of 0 to 3 is used to measure degree/level of complexity. The rating describes the “current state of affairs” as perceived by the clinician, which can, in turn, help identify level of action needed:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Current State</th>
<th>Level of Action Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No complexity</td>
<td>No concerns</td>
</tr>
<tr>
<td>1</td>
<td>Mildly complex</td>
<td>Easily managed with ongoing care; watch/prevent – explore interacting issues</td>
</tr>
<tr>
<td>2</td>
<td>Moderately complex</td>
<td>Form a well-integrated/multi-faceted plan and set in motion (usually with some kind of team)</td>
</tr>
<tr>
<td>3</td>
<td>Very complex</td>
<td>Immediate, intensive, and integrated action may be needed</td>
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**Background to Tool Development**

An expedited literature review on patient complexity and its measurement was completed by members of the Clinic Steering Committee. The review found published research in this area to be scant. Of note, however, was work completed on the Minnesota Complexity Assessment Method (MCAM), developed by the Department of Family Medicine and Community Health at the University of Minnesota Medical School. MCAM was used to guide the development of AMPS as it too is intended for use by the primary care clinician to guide their assessment of potentially complex patients; to identify disease-related and other barriers to improved health; and to craft care plans to meet patient needs.

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Early research on MCAM use by physicians suggests:

- it is easy to use;
- promotes an enhanced understanding of the patient’s situation;
- allows for more efficient team conferences;
- improves the training of residents; and,
- facilitates the development of better, individualized care plans.

Feedback from patients further suggest the dialogue generated by the MCAM approach strengthened their belief that providers fully understood their health situation, including the severity of their symptoms, and the emotional, occupational, social, and economic stresses they face.

Several domains from the original MCAM are not included in AMPS as they were deemed to be irrelevant to our local context. AMPS developers also expanded the tool to include an Attachment domain. Psychiatric/Mental Health and Addictions and Social domains were also expanded in AMPS.

Canadian-based research guided development of the social determinants of health indicators (e.g., poverty, social support) included in AMPS (Brcic, et al., 2011). An original version of AMPS was used by HealthConnection staff when the Clinic first opened its doors in July 2013. A working group including members of the clinical team and steering committee continued to review and refine the tool, leading to its current version (dated June 2014).

The following mottos, taken from an article presented by one of the developers of MCAM ( Peek, 2011), are included here as they can serve as reminders that speak equally to all clinicians:

- **Most difficult patients started out merely as complex**
- **Patients, clinicians and families can’t do their part in care plans they don’t understand or embrace**
- **The right kind of time at the beginning of a case saves time over the life of the case**
- **Patient resistance is usually a sign of a problem in approach, negotiation, or timing**
- **There is no need to make the patient give up their medical conception of the problem as a condition for working together**
- **Healthcare relationship problems interfere with health care treatments**
- **Hold the baton until you are sure the next person has it and knows he or she has it**
- **Groom patients for referral – make sure patients can say why they are going to the next clinician**

References and other Relevant Articles*

- Article presented by C.J. Peek from the University of Minnesota Medical School (Peek has been instrumental in the MCAM) called *Seven Habits for providing behavioral healthcare in coordination with primary care clinicians.* (2011)
- PowerPoint by Macaran A. Baird of the U. of Minnesota called *Assessing Patient Complexity: a linked educational and clinical intervention.* (No date noted)
- Service Delivery Innovation Profile on the AHRQ Health Care Innovations Exchange: *Point of Care Complexity Assessment Helps Primary Care Clinicians Identify Barriers to Improved Health and Craft Integrated Care Plans.* (Last updated January 2014)

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