

# **Stanford Domains Assessment**

Adapted by Alan Glaseroff MD from tools used at CareOregon in Portland, OR and Humboldt Del Norte IPA in Humboldt County, CA

## Access to Care

### List options:

- 0=Adequate access to care
- 1=Some limitations: refer to barriers above
- 2=Difficulties in accessing care: refer to barriers above
- 3=No adequate access to care: refer to barriers above

Success Matrix: Medical and mental health insurance benefits, access to "close" provider, translation services, providers willing to see client

## Experience with Provider(s)

### List options:

- 0=No problem with health care providers
- 1=Negative experience with providers (either personally or family member)
- 2=Dissatisfaction or distrust: multiple providers for same condition
- 3=Repeated major conflicts with providers, distrust of doctors: Frequent ER visits/admissions: Preferred provider out of plan

Success Matrix: Collaborative, mutually acceptable doctor-patient relationship: client satisfied with care: Adherence to treatment plan/interventions

## Getting Needed Services

### List options:

- 0=Practitioners and health care settings readily accessible: money for RX and medical equipment
- 1=Some difficulties in getting appts / needed services
- 2=Routine difficulties in getting in coordinating / getting appts / services
- 3=Inability to coordinate / get appts / needed services
- Success Matrix: Capable of getting appt, minimized appt conflicts and number of visits: Able to buy/get meds, equipment, needed services: Appropriate referrals

## Coordination of Care

### List options:

- 0=Complete provider communication with good coordination of care
- 1=Limited provider communication and coordination of care: Has PCP that coordinates medical and mental health services
- 2=Poor provider communication and coordination of care: no routine PCP
- 3=No communication and coordination of care among providers: evidence of ER use for non-urgent health needs

Success Matrix: All providers involved in care and are aware of and coordinating services they are providing with others working with the patient. Record system interconnectivity

## Medical Home, Medical Services Risk

### List options:

- 0=No risk of impediments to coordinated physical and mental health
- 1=Mild risk of impediments to care such as insurance restrictions, distance to services, limited provider communication, or coordination
- 2=Moderate risk of impediments to care, such as potential loss of insurance, inconsistent providers, communication barriers, poor care coordination
- 3=Severe risk of impediments such as little or no insurance, resistant to communication, disruptive processes that lead to poor coordination

Success Matrix: Stable access and support for health needs from trusted providers: widespread communication among providers for the foreseeable future

## Medical Neighborhood Total

- Formula:  
{2109100115;;0}+{2109100116;;0}+{2109100117;;0}+{2109100118;;0}+{2109100119;;0}

Domain - Social Support

## Home Environment

### List options:

- 0=Stable housing: able to maintain independent living
  - 1=Stable housing with support of others (family, facility, other)
  - 2=Unstable housing (no support, living in a shelter, etc)
  - 3=No satisfactory housing: immediate change necessary
- Success Matrix: Safe and consistent living situation

## Job & Leisure

### List options:

- 0=Works/performs household duties AND participates in leisure activities
  - 1= Works/performs household duties: NO participation in leisure activities
  - 2= Hasn't worked/performed household duties for 6 months, but still participates in leisure activities
  - 3= Hasn't worked/performed household duties for 6 months; NO participation in leisure activities
- Success Matrix: Economic stability and participation in leisure activities.

## Social Support

### List options:

- 0=Assistance readily available
  - 1=Assistance generally available: possible delays
  - 2=Limited assistance available
  - 3=No assistance available at any time
- +
- Success Matrix: Social and living situation that allows support for chronic and acute health needs.

## Social Relationships

### List options:

- 0=No social disturbance
  - 1=Mild social dysfunction: interpersonal issues
  - 2=Moderate social dysfunction such as not able to initiate or maintain
  - 3=Severe social dysfunction: disruptive or in isolation
- +

Success Matrix: Social skills that will lead to connectedness/personal relationships

## Social Support Risk

### List options:

- 0=No risk for or need for changes in living situation, social relationships and support or job/leisure
  - 1=Mild risk
  - 2=Risk of need in the foreseeable future
  - 3=Risk now --> intervene
- +
- Success Matrix: Financial resources to meet basic needs, appropriate and consistent living arrangements, personal support with optimized relationships for the foreseeable future

## Social Support Total Score

- Formula:  
{2109100108;;0}+{2109100109;;0}+{2109100110;;0}+{2109100111;;0}+{2109100112;;0}
- +

## Engagement / Coping / "Change Talk"

### List options:

- 0=Ability to manage stresses/life and health challenges
- 1=Restricted coping skills, such as need for control, illness denial, irritability
- 2=Impaired coping skills such as, non-productive complaining or substance abuse but without serious impact on medical condition, mental health, or social situation
- 3=Minimal coping skills -> destructive behaviors, such as substance dependence, psychiatric illness, self-mutilation, suicide attempts

Success Matrix: Stress reduction and problem solving capabilities: reduction in substance misuses/abuse/dependency; treatment that controls mental health symptoms. Willingness and demonstrated change behaviors

## Adherence/Resistance to Treatment

### List options:

- 0=Interested in receiving treatment and willing to actively participate/cooperate
  - 1=Some ambivalence but willing to cooperate with treatment
  - 2=Considerable resistance and non-adherence: hostility or indifference to providers and/or treatments
  - 3=Active resistance to important medical care
- Success Matrix: Documented adherence associated with health stabilization and/or outcome improvement

## Mental Health History

### List options:

- 0=No history of mental health problems/conditions
  - 1=History of mental health problems/conditions now resolved: no effects on daily function
  - 2=Mental health conditions with clear effects on daily function (needing medications, therapy, day treatment, etc.)
  - 3=Psychiatric admissions and or persistent effect on daily function
- Success Matrix: Screening and follow-up for potential recurrent psychiatric symptoms in place: support structure for mental condition treatment and follow-up by appropriate providers in place

## Mental Health Symptoms

### List options:

- 0=No mental health symptoms
- 1=Mild symptoms (problems with concentration/feeling tense, etc.) that do not interfere with current function
- 2=Moderate mental symptoms (anxiety, signs of depression, mild cognitive impairment) that interfere with functioning
- 3=Severe psychiatric symptoms and or behavioral disturbances (violence, self-inflicted harm, delirium, criminal behavior, psychosis, mania)

Success Matrix: Mental health symptoms improvement/stabilization: appropriate mental health provider involvement: social/environmental support in place: mental health symptoms do not interfere with general medical treatment/outcomes

## Self Management & Mental Health Risk

### List options:

- 0=No mental health concerns
- 1=Risk of mild worsening of mental health symptoms such as stress, anxiety, feeling blue, substance abuse
- 2=Moderate risk of mental health disorder requiring additional mental health care: moderate risk for treatment resistance/non-adherence
- 3=Severe risk for psychiatric disorder requiring frequent ED visits and/or inpt admissions: risk of treatment refusal for serious disorder

Success Matrix: Stabilized mental conditions: ready access and availability of services: health improvement associated with consistent treatment adherence: reduction in client "crisis" (personal, social, health)

## Self Management Total

- **Formula:**  
{2109100122;;0}+{2109100123;;0}+{2109100124;;0}+{2109100125;;0}+{2109100126;;0}
- **Synonyms:** SELF MANAGEMENT TOTAL
- **Row type:** Custom Formula
- **Value type:** Nume

## Domain - Medical Status

### Chronicity

#### List options:

- 0=Less than 3 months of physical symptoms/dysfunction: acute health condition
  - 1=More than 3 months/dysfunction or several periods of less than 3 months
  - 2=A chronic disease
  - 3=Several chronic diseases
- +
- Success Matrix: Patient understands illnesses and participates in treatments: patient personally engages in illness stabilization

### Symptoms Severity / Condition Factors

#### List options:

- 0=No physical symptoms or symptoms resolve with treatment
  - 1=Mild symptoms which do not interfere with current functioning
  - 2=Moderate symptoms which interfere with current functioning
  - 3=Severe symptoms leading to inability to perform many functional activities
- +
- Success Matrix: Stabilized illness parameters with appropriate support for continued treatment in place: activated illness progression prevention measures: rehabilitation for functional impairment and appropriate level of personal/equipment support and residential care

### Diagnostic / Therapeutic Challenges

#### List options:

- 0=Clear diagnosis and or uncomplicated treatments
  - 1=Clear differential diagnosis and/or diagnosis expected with clear treatments
  - 2=Difficult to diagnose and treat: physical cause/origin and treatment expected
  - 3=Difficult to diagnose or treat: other issues than physical causes interfering with diagnostic and therapeutic process
- +

Success Matrix: Clinical services available to the patient that control symptoms and prevent disease progression likely to be consistently delivered for the foreseeable future

## Utilization Factors

List options:

- 0=No unscheduled/elective admission: no ED use (past 12 months)
- 1=Elective admission (1): no ED use or < 2 visits in 12 months
- 2=Multiple elective and/or emergent admissions >2 & <4: ED visits >2 & <4 in 12 months
- 3=Frequent elective and/or emergent admissions >4: multiple ED visits > 4 in 12 months

Success Matrix: Clinical services available to patient: adherence to preventative screening measures. Patient actively participates in wellness activities to the best of their ability

## Medical Status Total

- Formula: {2109100129;;0}+{2109100130;;0}+{2109100131;;0}+{2109100132;;0}

### Domain Scoring

- **Level 1:** total score less than 20 Impact: Minimal involvement: focus areas wellness, health maintenance/coaching, patient education, placement assistance, etc. Time involvement: days or less. Clinical Example: recent inpatient stay with rapid recovery anticipated, minimal follow-up care: resolved illness or mental health illness/issues
- **Level 2:** total score 21-27 Impact: brief involvement: focus area disease management, patient education, placement assistance, referrals, return to work, community resources, etc. Time involvement: days to weeks. Clinical example: coming out of recent high cost healthcare activity, recent inpatient stay with anticipated persistent need for support to prevent delayed/pronged recovery or poor outcome
- **Level 3:** total score 28-34 Impact: standard care management involvement: patient needs in multiple domains, action plan development indicated by variable scores or 2 or 3, assistance to patient to understand illness and health system, assistance with providers, referrals, placement, systematic development and completion of action plan. Time involvement: weeks to months. Clinical example: persistent use of inpatient and outpatient services, poorly treated mental health co morbidity in the face of medical and or mental illness/needs, chronic general medical illnesses
- **Level 4:** total score 35 or greater. Impact: extended care management involvement as in Level 3 however problems are persistent, complex, and multiple with long-term high service use or anticipated risk for: patient needs in multiple domains, action plan development indicated by variable scores of 2 or 3, assistance to patient to understand illness and health system, assistance with providers, referrals, placement, systematic development and completion of action plan. Time involvement: months or longer. Clinical example: complex, concurrent physical and mental conditions with high service use

# Stanford Domain Assessment

Stanford Hospital and Clinics (Epic 2010) - Doc Flowsheet

0300	
<b>Domain: Medical Neighborhood</b>	
Access to care	2
Getting Needed Services	2
Experience with providers of care	2
Coordination of Services	2
Medical Neighborhood Score	8
<b>Domain: Self Management</b>	
Engagement, Coping, and "Change Talk"	
Adherence to Treatment	
Mental Health History	
Mental Health Symptoms	3
Self-Management and MH Risk	3
Self-Management Score	11
<b>Domain: Social Support</b>	
Home Environment	1
Job and Leisure	1
Social Support	2
Social Relationships	3
Social Risk	3
Social Risk Score	10
<b>Domain: Medical Status</b>	
Chronicity	
Severity of symptoms	2
Diagnostic and Therapeutic Challenges	0
Utilization Factors	2
Medical Status Score	4
<b>OTHER</b>	
Domain Total	33
Domain Level	3

Appearance in our test system

