

Overview and principles of complex care

What is complex care?

Complex care is a growing field that seeks to improve health and well-being for individuals with complex health and social needs — those who have multiple chronic physical and behavioral health conditions and functional limitations combined with social barriers, such as homelessness and unstable housing, food insecurity, lack of transportation, and more, that are rooted in or exacerbated by systemic problems such as racism and poverty. Individuals with complex health and social needs are a diverse group with needs that span the medical, functional, behavioral, and social spheres.¹ Complex needs can appear and change throughout a person's life cycle — from childhood to end of life.²⁻⁴

Many individuals with complex needs repeatedly cycle through multiple systems — including healthcare, social services, behavioral health, and criminal justice — without deriving lasting benefit from those interactions.¹ This cycling and lack of coordination leads to ineffective service provision; the exacerbation of existing illnesses, conditions, and emotional difficulties; mental and physical health issues; and financial costs to individuals, health and social systems, and communities.⁵⁻⁷

Other individuals with complex needs avoid or do not have access to needed services due to barriers including political and funding decisions, systemic racism, homophobia, transphobia, immigration status, and poverty.⁸⁻¹¹ Missing much-needed care and services causes underlying conditions to worsen and increases the likelihood of poor outcomes and high costs for systems and individuals.¹²⁻¹³

Complex care seeks to serve individuals with complex needs in meeting their own health and well-being goals by coordinating and/or integrating a wide range of services and supports. Complex care works at individual and systemic levels to address the root causes of poor health that defy existing boundaries among sectors, fields, and professions.¹ It builds on years of efforts by the fields of social work, nursing, community health, palliative care, behavioral health, and disability advocacy. Additionally, it aligns with recent trends within healthcare to address social drivers/determinants of health and promote health equity, and seeks to create payment models that support those initiatives.¹⁴⁻¹⁷

Complex care providers include members of teams or individual practitioners that are working in programs dedicated to coordinating and providing services for people with complex needs. Complex care training is also for healthcare, behavioral health, and social service practitioners who may not work in dedicated complex care programs, but who regularly encounter people with complex needs.

Complex care efforts exist in many settings, ranging from primary care clinics and health plans to community-based organizations and social service agencies. The models that these teams or individuals deploy are diverse, including community-based care management, integrated primary and behavioral healthcare, as well as more targeted services like supportive housing and reentry programs. No matter what population they serve, what setting they work in, or what their profession is, all complex care providers engage in ongoing, wellness-driven interactions with people with complex health and social needs.

Complex care principles

The **Blueprint for Complex Care** (*Blueprint*) identified five principles of complex care. Although many are not unique to complex care, taken together they describe a unique approach to care delivery.

Complex care is:

- **Person-centered:** Individuals' goals and preferences guide all aspects of care. Care delivery is designed around the whole person, their needs, and their convenience. Practitioners develop authentic healing relationships with individuals and are sensitive to the ongoing impact of adverse life experiences and trauma.
- **Equitable:** Complex care seeks to improve health equity by addressing the consequences of systematic issues such as poverty and racism. Individuals with complex needs and their communities have valuable insights into the structural barriers that affect their lives and should be thought of as partners in developing solutions.
- **Cross-sector:** In order to address individuals' array of needs, complex care works at the systems level to break down the silos dividing fields, sectors, and specialties. Cross-sector collaboration is critical to create the systemic changes necessary to provide whole-person care.
- **Team-based:** Complex care is delivered through interprofessional, non-traditional, and inclusive teams. These teams incorporate peers, community health workers, the individuals themselves, and families whom the individual chooses to include, in addition to health, behavioral health, and social service practitioners.
- **Data-driven:** Timely, cross-sector data are freely shared across all care team members and are used to identify individuals with complex needs, enable practitioners to effectively meet the needs of individuals, and evaluate success.

Complex care core competencies

The introduction of the **Core competencies for frontline complex care providers** in October 2020 was a major step forward in defining the practice of complex care. These core competencies outline the necessary knowledge, skills, and attitudes for delivering complex care. As complex care is delivered by a wide range of practitioners in diverse settings and locations using disparate models, the competencies are meant to provide a common baseline and language.

The complex care core competencies are divided into six domains. They are:

- Human complexity and context
- Personal and professional commitment and ethics
- Person-centered, relationship-powered care
- Integrated team collaboration
- Diverse information management
- Systems complexity and context