

Using the CURE Mnemonic to Determine Level of Assessment in Capacity Evaluations

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We are often confronted with complex situations prompting a request for a capacity evaluation. You may be in a setting where you frequently receive several formal and informal referrals from the treatment team. You may also be new to capacity evaluations and trying to determine how *in-depth* to go or what counts as *enough* data to collect. For example, evaluating a patient's capacity to consent to an annual flu shot may look different than evaluating a patient's capacity to consent to an upcoming surgical procedure with complicated aftercare expectations. To assist with determining what form your capacity evaluation may take (level of formality, level of comprehensiveness, measures to use, triaging against other competing referrals), use the CURE mnemonic to conceptualize the case. In this approach, you consider the **C**omplexity of the situation, the **U**rgency of the request, the **R**isks involved to the patient, and the **E**nvironment, such as available or potential supports (see Table 1).

Importantly, we may be in certain clinics or find ourselves in certain situations where we are not able (or it is not needed) to perform what we believe to be a full evaluation. However, a determination of a patient's decisional or functional capacity is still needed by the treatment team to determine next steps. Based on your conceptualization of the various contextual factors surrounding a case, consider what level of assessment is warranted. Consider the "levels of assessment" offered below to further guide your capacity approach. Regardless of approach taken, it is important to incorporate current best practices on performing evaluations. Even if the approach is considered informal, this does not mean lacking structure or attention to relevant functional elements. Rather, you may not be able to administer a range of standardized measures, but you perform your interview with attention to the important elements (such as those outlined in the *Assessment of Older Adults with Diminished Capacity: A Handbook for Psychologists* or the VHA EES Assessment of Decision Making Handout Series).

Table 1. CURE

Contextual Factor	Considerations	Example
Complexity	<p>How complex is the capacity question and immediate situation prompting the concern?</p> <p>More complex situations may require additional data points.</p>	<p>Low – A person with an early stage of dementia wishing to complete an advance directive.</p> <p>High – A person with a more progressed dementia and confusion on a medical unit wanting to change their advance directive to a non-family member who suddenly appeared.</p>
Urgency	<p>How quickly is a capacity determination needed from you?</p> <p>Urgent situations often do not allow for more comprehensive types of evaluations.</p>	<p>Low – A person with dementia wanting to continuing making a small charitable donation to their favorite charity in the next few months.</p> <p>High – A person with dementia on a fixed income discovered to be writing large checks to a suspicious organization, now unable to pay some bills.</p>
Risk	<p>How much risk is involved in the capacity question at hand?</p> <p>Higher concerns of risk, such as to one’s life, often calls for clear documentation on the discussion with the patient, as well as additional data from other team members.</p>	<p>Low – A person with dementia wanting to obtain a standard immunization.</p> <p>High – A person with dementia wanting to stop taking their antipsychotic medication.</p>
Environment	<p>Given the situation, what supports are already in place or can be offered to allow this person the highest level of functioning/autonomy possible?</p> <p>Resources may take the form of family, friends, community agencies, technological devices, environmental modifications, etc.</p>	<p>Low – A person with dementia who will be returning home from hospitalization to a family environment and supportive services already in place.</p> <p>High – A patient with dementia wanting to discharge from the hospital and return home, but refuses to allow supportive services to be established.</p>

Levels of Assessment

Formal & Comprehensive

A Veteran in a CLC rehabilitation unit is facing a complex medical situation and potential unsafe living environment. You are asked to determine medical decision making, financial capacity, and independent living before the team proceeds with discharge.

Formal & Abbreviated

A Veteran in HBPC is showing signs of decline and the team is wondering if assistance with medical decision making and finances are needed. Considering complexity, urgency, and risk, you focus on whether they can appoint a health care proxy at this time.

Informal or Bedside

A Veteran with a history of altered mental status wants to discharge against medical advice from a medical unit. Unwilling to engage in testing, you conduct an interview with the patient at bedside focused on the four components of medical decision making.

Consultation

A Veteran attending her primary care appointment is showing signs of worsening cognition. The PCP wonders how to determine if she can consent to starting new medications with side effects. You offer guidance on conceptualization and questions to ask.

1. Formal and Comprehensive

Features

- Standardized evaluation of values, mood, cognition, decision making, and functional skills (as applicable).
- Interview with collateral informants (may include family, treatment team members, etc.).
- Designed to address several types of capacity questions (perhaps a consent capacity and an executional capacity).

Pros and Cons

- Designed to provide the most comprehensive amount of data available to understand the patient's background, values, and current level of functioning.
- Information collected allows for personalized recommendations of how the team/family can interact with the patient and support their functioning.
- Relies on standardized measures of cognition, functioning, and decision making, allowing for multiple domains to be tested
- Can be a burden to patient and requires a high level of patient engagement
- May be challenging to do in certain clinical settings (e.g., ER, ICU)

2. Formal and Abbreviated

Features

- Standardized evaluation of the capacity most applicable to the situation.
- Interview with collateral informants, focused on the most important capacity question to answer at this time
- Shortened approach due to time constraints and/or urgent need
- Relies on and incorporates assessments/data from other clinicians

Pros and Cons

- Use of standardized measures
- Can quickly focus on the most pressing capacity question
- May limit greater conceptualization of the patient's overall functioning

3. Informal or Bedside Evaluation

Features

- May be primarily interview based, focused on the relevant functional elements of the capacity in question as a guiding structure (i.e., Understanding, Appreciation, Reasoning, Expressing a Choice).
- Focused consultation with available collateral informants
- May incorporate select standardized measures

Pros and Cons

- Quickly assess what is primarily needed for the moment
- May be less overwhelming to the patient
- May require less extended engagement from the patient who is unable to sustain longer sessions
- May lack standardization found on formalized capacity measures
- May lack enough data to make confident decisions about other areas of capacity in question
- May lack data to make larger recommendations (or find supports) to promote autonomy

4. Consultation

Features

- Consulting with referring provider on how to conceptualize capacity, recent research
- Providing consultation on relevant state statutes and organizational policies
- Offering direct guidance about how to approach, types of questions to ask, and documentation
- Offering direct guidance on how to support the patient's functioning based on information shared during the consultation (e.g., if we know someone has reduced attention abilities, how can we alter our communication approach to promote the patient's involvement to the extent possible?)

Pros and Cons

- Shares best practices on capacity evaluations with peers or colleagues in other disciplines, allowing for other professionals to gain understanding and appreciation of capacity evaluations.
- Facilitates development of interprofessional collaboration
- Extends challenges of performing capacity evaluations to other providers who are learning to gain this competency