BEHAVIORAL HEALTH & HOMELESSNESS
STATEWIDE UNIFIED RESPONSE GROUP
(BHHSURG)

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  Treatment Matching in Addictive Disorders: The ASAM Criteria and the ASAM Continuum Project: Their Place in the Management of Addictive Disorders

Treatment Matching in Addictive Disorders:
The ASAM Criteria and the ASAM Continuum Project - Their Place in the Management of Addictive Disorders

Bill Haning, MD

Honolulu, HI 03 August 2020

- Title: Treatment Matching in Addictive Disorders: *The ASAM Criteria and the ASAM Continuum Project: Their Place in the Management of Addictive Disorders*
- Learning Objectives: By the conclusion of this presentation, attendees will:
  - Correlate their knowledge of the developmental model of recovery (Prochaska, DiClemente, Norcross) with a developmental model of therapy (Stephanie Brown, *Treating the Alcoholic)*
  - Recognize and be capable of applying the elements comprising the *ASAM Criteria* to management of substance use disorders (SUDs)
  - Distinguish between the *ASAM Criteria* and the Continuum Project

Haning – Intro to ASAM Criteria & Continuum

- The slides that follow are proprietary to the American Society of Addiction Medicine.
- I am employing a section of those used normally as part of a course in SUD diagnosis, treatment, and placement, normally 8 hrs. in length.
- This will possibly be the driest presentation that I give, on any subject, in this, my 72nd year on the planet.
- A PDF of all slides will be provided, for the attendees use only. If you wish to have or modify a PPT of any part of it, please contact the folks named on the last slide, Bill Liu & company at ASAM.

Haning – Intro to ASAM Criteria & Continuum

- I confess to being the President-Elect of ASAM
- I have no financial relationship or benefit, material or otherwise, in the Continuum and Criteria.
- This presentation was solicited by the DoH State of Hawaii BHS Branch, in support of the Alcohol and Drug Abuse Division.
  - (getting near time for a name change, guys…)
- It is clearly in the interest of ASAM to advocate for their sponsored placement algorithm. Before today's session is over, we should discuss alternative programs.

Haning – Intro to ASAM Criteria & Continuum

- Why create an algorithm?
- Standardize bases (sic) for intervention, referral, and care.
- Arguably to create a uniform standard for reimbursement.
- Assure a framework sturdy enough to accommodate changes in best practices.
- Not negligibly, to reduce paperwork.

Haning – Intro to ASAM Criteria & Continuum

- What exists?
- Mostly diagnostic algorithms, pegged to DSM5 or to ICD; but these do not define a treatment course.
- In the absence of any tools that would efficiently work to these ends, the ASAM Criteria were first developed.
- The main competitor in the marketplace is the GAIN. I've included their website below. They're the only validated clinical decision support system (logic based system) that encompasses a full biopsychosocial assessment.
- https://gaincc.org/instruments/ - An offshoot of Chestnut Health
- Today is about one model. We need to set aside more time if we are to examine competitive qualities of others.

ASAM American Society *of* Addiction Medicine

Introduction to *The ASAM Criteria*

Describe the underlying principles and concepts of *The ASAM Criteria*.

Learning Objectives

At the end of this module, you will be able to:

1. Describe the underlying principles and concepts of the ASAM Criteria.
2. Identify the six dimensions of the ASAM Criteria's multidimensional patient assessment.
3. Understand how level of care placement and treatment priorities are generated based on risk assessment.
4. Understand the levels of care in the care continuum and their importance in a chronic care model of addiction treatment

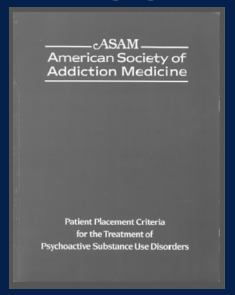
The ASAM Criteria is the most widely used and comprehensive set of guidelines for placement, continued stay and transfer of patients with addiction and co-occurring conditions.

The Evolution of *The ASAM Criteria*

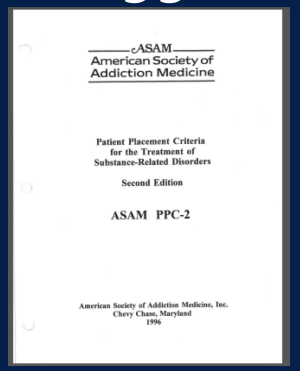
Then and Now

For the least intensive and safe level of care that meets the patient's multi-dimensional needs for optimal treatment outcome.

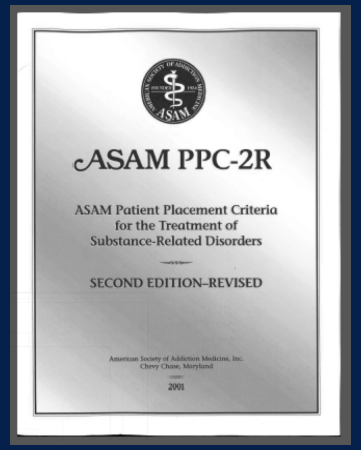
1991



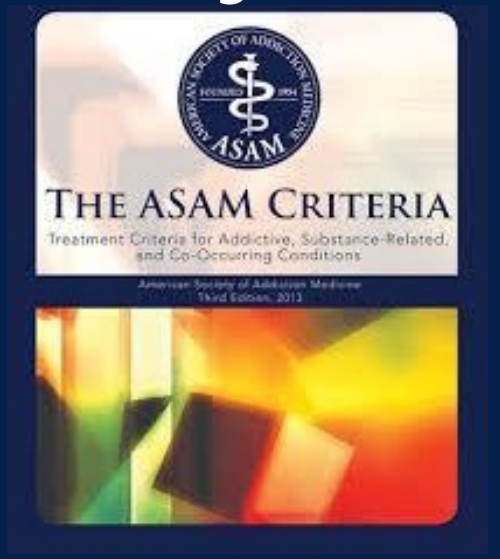
1996



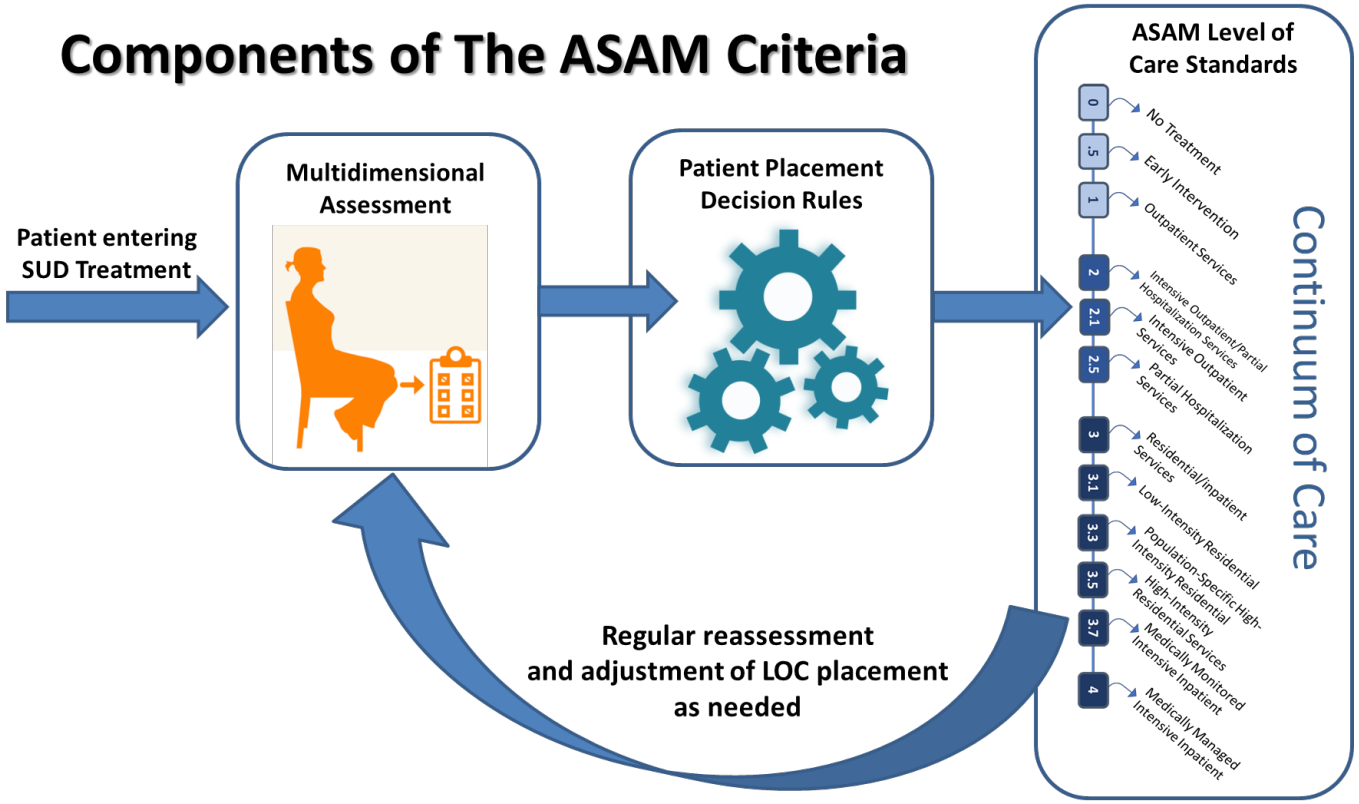
2001



2013



Implementation of The ASAM Criteria can improve the addiction treatment system, but only if it is **implemented comprehensively and effectively**



Components of *The ASAM Criteria*

Guiding Principles and Concepts

The ASAM Criteria

Built on the bio-psycho-social model of addiction

- Moving from one-dimensional to multidimensional assessment

Promoting individualized patient care

- Moving from program-driven to clinically-driven and outcomes-driven treatment
- Moving from a fixed length of service to variable length of service
- Clarifying the goals of treatment

Advancing the chronic care model of treatment

- Moving from a limited number of discrete levels of care to a broad and flexible continuum of care

It is a framework for organizing the addiction treatment system that requires coordination by treatment providers, payers, and policy makers to comprehensively implement.

Evolution of Clinical Care

From Treatment of Complications

- No diagnosis, no continuing care

To an Acute Care Model

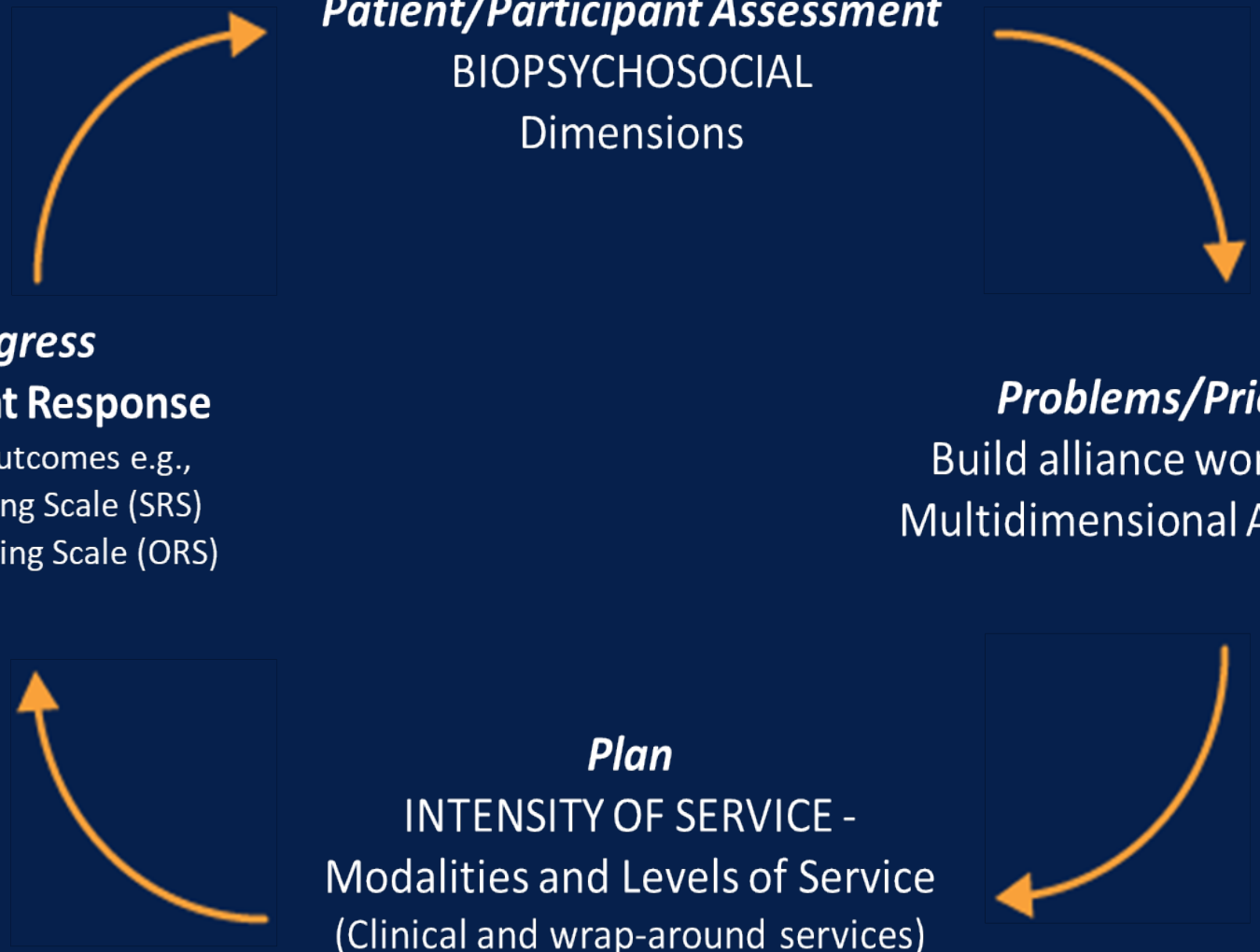
- Fixed length of stay
- Lack of personalization
- Lack of continuing care

Evolution of Clinical Care

Goal

- Chronic care model
- Personalized
- Feedback informed
- Measurement based

Feedback-Informed Treatment




01
MULTIDIMENSIONAL ASSESSMENT
02
SEVERITY AND RISK RATING
03
PATIENT PLACEMENT


01
MULTIDIMENSIONAL ASSESSMENT
02
SEVERITY AND RISK RATING
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PATIENT PLACEMENT

INTAKE AND ASSESSMENT

- DSM/ICD Diagnoses
- Multidimensional Assessment and Risk Ratings

RISK ASSESSMENT AND PATIENT PLACEMENT

- Identify the Most Critical Problems
- Risk Ratings for Each Dimension
- Cross-Dimensional Risk Analysis

Identify least intensive, "safe" level of care

REGULAR REASSESSMENT

- Patient Progress
- Repeat Cross-Dimensional Risk Analysis
- Repeat Risk Assessment

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

ASAM Criteria Assessment

The Six Dimensions

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional, Behavioral or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse/Continued Use, Continued Problem Potential
6. Recovery Environment


01
MULTIDIMENSIONAL ASSESSMENT
02
SEVERITY AND RISK RATING
03
PATIENT PLACEMENT

Risk Assessment - The 3 H's

HISTORY

What is the history of the client's past signs and symptoms, and what treatment they have had?

HERE AND NOW

What is going on now with their current signs and symptoms and information?

HOW WORRIED NOW

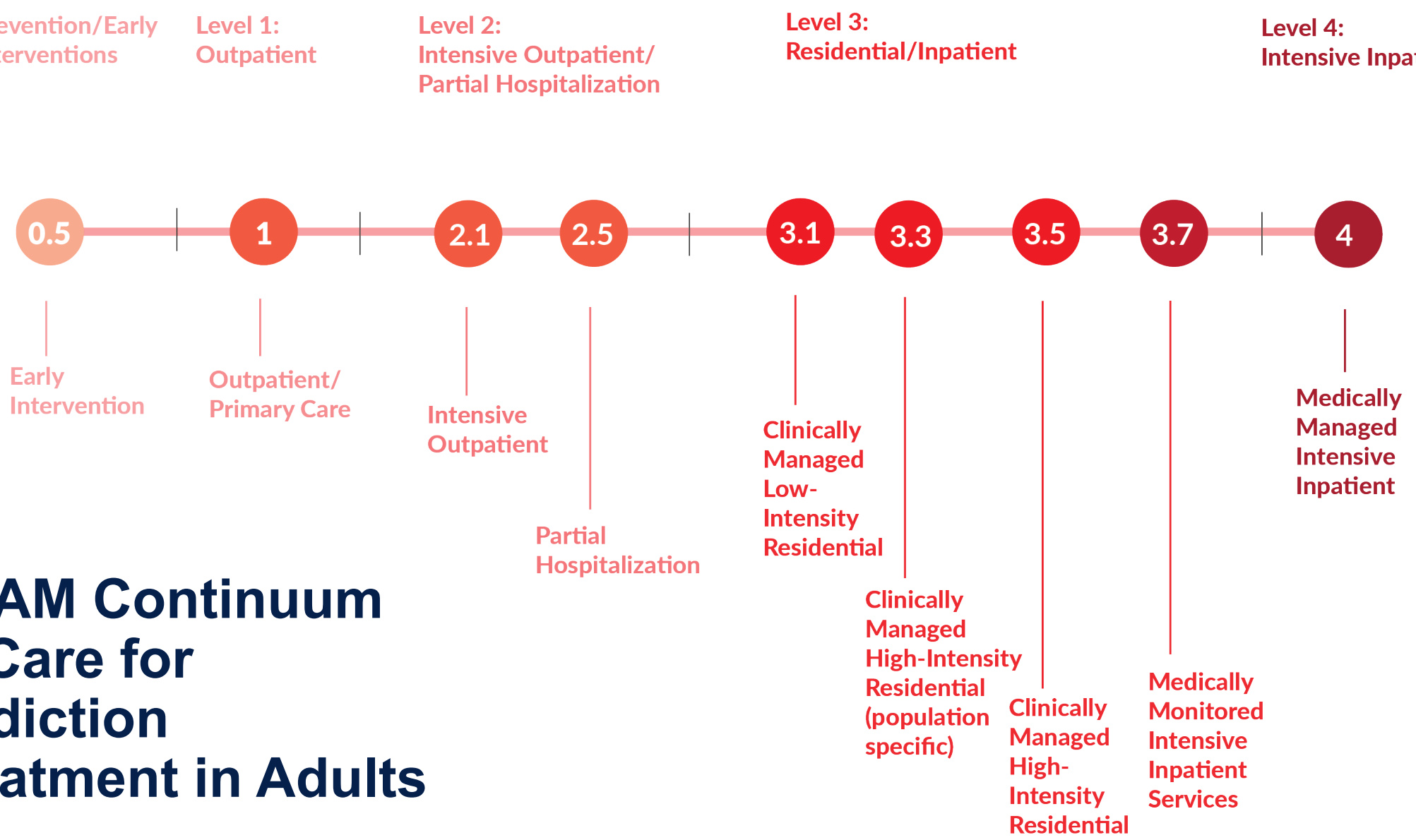
What do you have to do now and how worried are you about the immediate needs of this client?

Severity and Risk Ratings

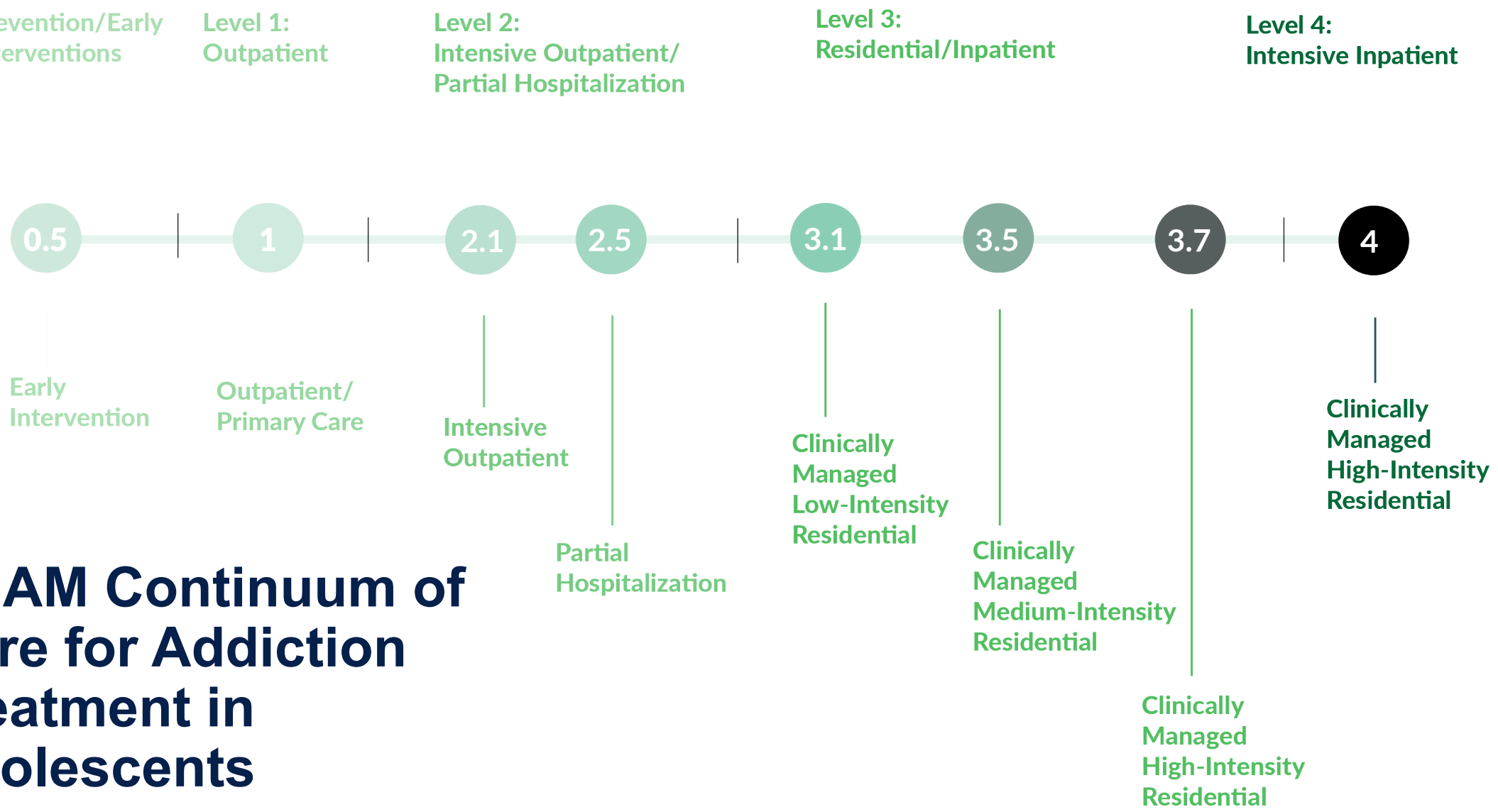
RISK RATING			
	4	This rating would indicate issues of **utmost severity**. The patient would present with critical impairments in coping and functioning, with signs and symptoms, indicating an **"imminent danger"** concern.	HIGH
	3	This rating would indicate a **serious issue** or difficulty coping within a given dimension. A patient presenting at this level of risk may be considered in or near "imminent danger"	MODERATE
	2	This rating would indicate **moderate difficulty** in functioning. However, even with moderate impairment, or somewhat persistent chronic issues, relevant skills, or support system may be present.	
	1	This rating would indicate a **mildly difficult issue**, or present minor signs and symptoms. Any existing chronic issues or problems would be able to be resolved in a short period of time.	LOW
	0	This rating would indicate a **non-issue or very low risk issue**. The patient would present no current risk and any chronic issues would be mostly or entirely stable.	


01
MULTIDIMENSIONAL ASSESSMENT
02
SEVERITY AND RISK RATING
03
PATIENT PLACEMENT

ASAM Levels of Care



ASAM Continuum of Care for Addiction Treatment in Adults



ASAM Continuum of Care for Addiction Treatment in Adolescents

WM Levels

LEVEL 1-WM
Ambulatory Withdrawal Management without Extended On-Site Monitoring

LEVEL 2-WM
Ambulatory Withdrawal Management with Extended On-Site Monitoring

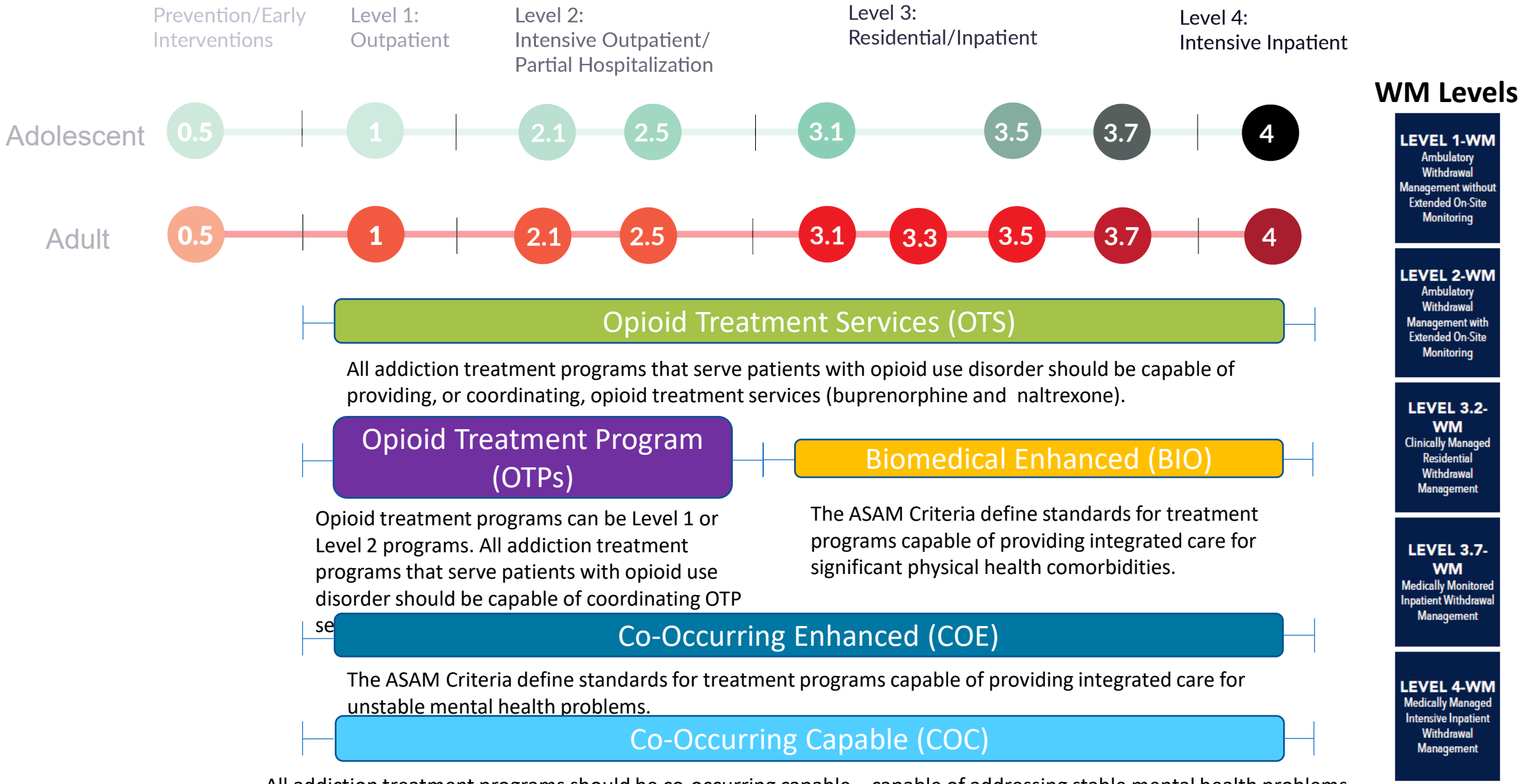
LEVEL 3.2-WM
Clinically Managed Residential Withdrawal Management

LEVEL 3.7-WM
Medically Monitored Inpatient Withdrawal Management

LEVEL 4-WM
Medically Managed Intensive Inpatient Withdrawal Management

Withdrawal Management Levels of Care

- Assessment of the level of care placement for withdrawal management is separate from the determination of level of care placement for treatment
- Withdrawal management alone is NOT treatment for addiction. Withdrawal management should always be provided in conjunction with comprehensive addiction treatment.
- Patients who need withdrawal management may receive concurrent or consecutive treatment


Prevention/Early Interventions
Level 1: Outpatient
Level 2: Intensive Outpatient/ Partial Hospitalization
Level 3: Residential/Inpatient
Level 4: Intensive Inpatient
Adolescent
0.5
1
2.1
2.5
3.1
3.5
3.7
4
Adult
0.5
1
2.1
2.5
3.1
3.3
3.5
3.7
4
Opioid Treatment Services (OTS)
All addiction treatment programs that serve patients with opioid use disorder should be capable of providing, or coordinating, opioid treatment services (buprenorphine and naltrexone).
Opioid Treatment Program (OTPs)
Biomedical Enhanced (BIO)
Opioid treatment programs can be Level 1 or Level 2 programs. All addiction treatment programs that serve patients with opioid use disorder should be capable of coordinating OTP se
The ASAM Criteria define standards for treatment programs capable of providing integrated care for significant physical health comorbidities.
Co-Occurring Enhanced (COE)
The ASAM Criteria define standards for treatment programs capable of providing integrated care for unstable mental health problems.
Co-Occurring Capable (COC)
All addiction treatment programs should be co-occurring capable – capable of addressing stable mental health problems.
WM Levels
LEVEL 1-WM
Ambulatory Withdrawal Management without Extended On-Site Monitoring
LEVEL 2-WM
Ambulatory Withdrawal Management with Extended On-Site Monitoring
LEVEL 3.2-WM
Clinically Managed Residential Withdrawal Management
LEVEL 3.7-WM
Medically Monitored Inpatient Withdrawal Management
LEVEL 4-WM
Medically Managed Intensive Inpatient Withdrawal Management

Dimensional Risk Analysis and Patient Placement

Patient Placement

Cross Dimensional Risk Analysis

Risk	Dimension 1	Dimension 2	Dimension 3	Dimension 4	Dimension 5	Dimension 6
LOW						
HIGH						

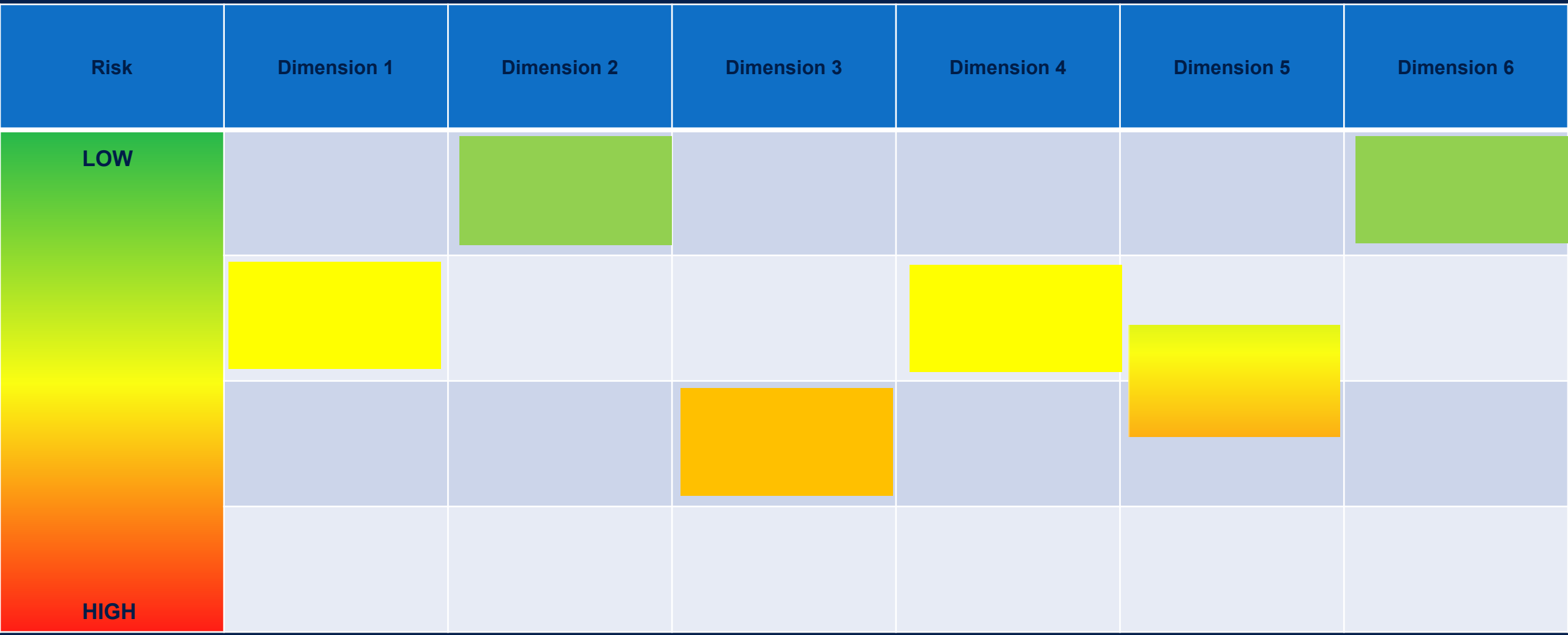
Clinical Vignette

Patient 1

A patient with moderate opioid use disorder is experiencing substance induced depression but is able to motivate himself to attend a day program. He has a very supportive family including a non-substance using spouse and strong extended family support.

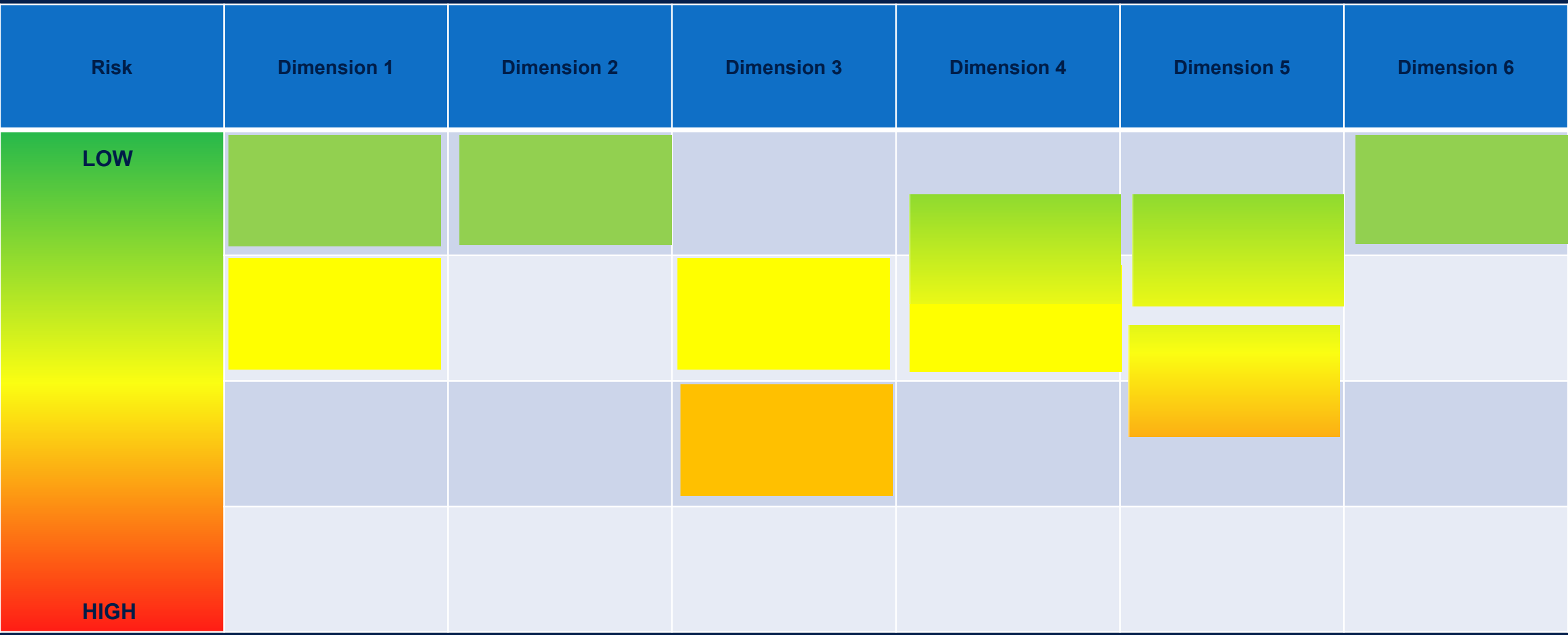
Patient Placement

Cross Dimensional Risk Analysis



Patient Placement

Cross Dimensional Risk Analysis – Follow up



Withdrawal Management

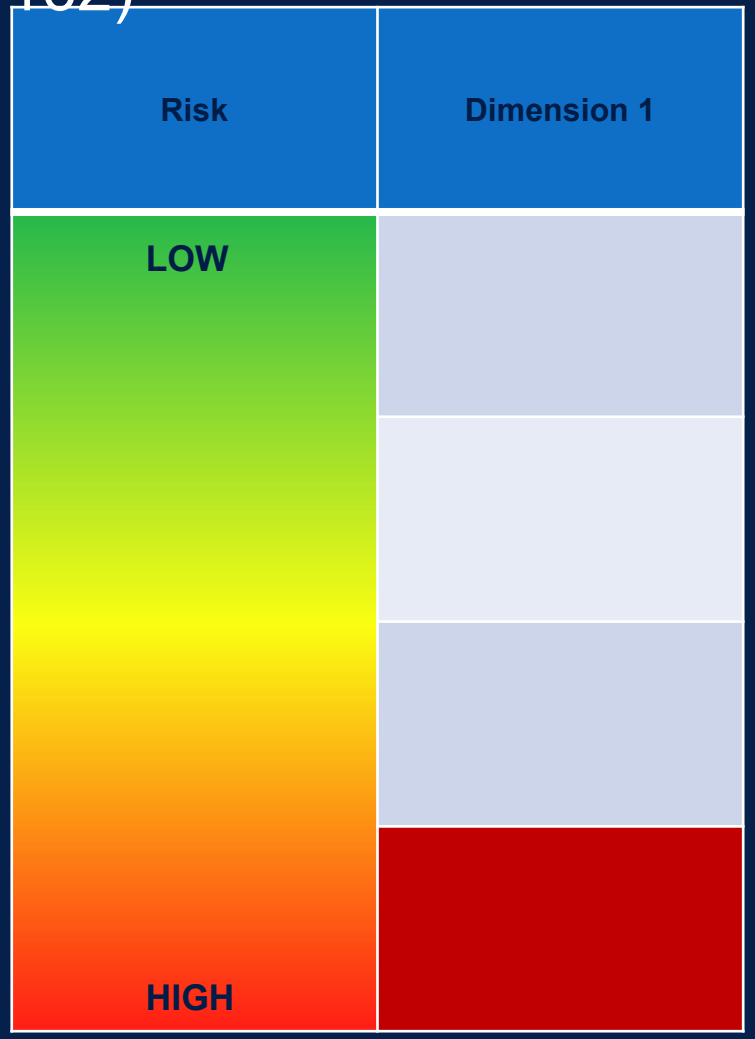
Withdrawal Management Services
Dimension 1

Benchmark Withdrawal Management Levels of Care for Adults

Level of Withdrawal Management for Adults	Level	Description
Ambulatory Withdrawal Management without Extended On-Site Monitoring (Outpatient Withdrawal Management)	1-WM	Mild withdrawal
Ambulatory Withdrawal Management with Extended On-Site Monitoring (Outpatient Withdrawal Management)	2-WM	Moderate withdrawal
Clinically Managed Residential Withdrawal Management (Residential Withdrawal Management)	3.2-WM	Moderate withdrawal requiring 24-hour support
Medically Monitored Inpatient Withdrawal Management	3.7-WM	Severe withdrawal requiring 24-hour nursing care, physician visits as needed
Medically Managed Intensive Inpatient Withdrawal Management	4-WM	Severe, unstable withdrawal requiring 24-hour nursing care and daily physician visits

Risk Assessment Matrix

Withdrawal (ASAM Criteria pg. 162)



RISK ASSESSMENT MATRIX FOR OPIOID WITHDRAWAL SYNDROME

RISK RATING	WITHDRAWAL MANAGEMENT SERVICE NEEDS & INTERVENTIONS	LEVEL OF CARE & SETTING
0 (MINIMAL/NONE)	A risk rating of 0 in Dimension 1 indicates that the patient is fully functioning and demonstrates good ability to tolerate and cope with the discomfort of withdrawal. **Service Needs** A risk rating of 0 in Dimension 1 indicates that no immediate intoxication monitoring or management, or withdrawal management services are needed. It does not affect the overall placement decision. **Treatment Interventions** At this level of risk, there is no need to initiate new professional services specifically for problems in Dimension 1.	For the patient with a risk rating of 0 in Dimension 1, the determination of level of care or setting is guided by the risk rating in other dimensions.
1 (MILD)	Occasional yawning, slight pupillary dilation, rhinorrhea, chills, mild anxiety. **Service Needs** • Daily monitoring. • Measurement of blood alcohol level. Urine screen for drugs. **Treatment Interventions** • Implementation of symptom-triggered withdrawal management protocol using long-acting opioids or non-opioid medications.	1-WM 3.2-WM
2 (MODERATE)	Frequent yawning, mild piloerection, abdominal cramps, nausea, loose stools, body aches, mild elevation of blood pressure or pulse, moderate sweating, anxiety, tremulousness, restlessness, irritability. **Service Needs** • Hourly monitoring until improvement begins, then every 2 to 3 hours. **Treatment Interventions** • Implementation of symptom-triggered withdrawal management protocol using long-acting opioids or non-opioid medications.	2-WM
3 (SIGNIFICANT)	Vomiting, diarrhea, observable tremor, mild fever, moderate elevation of blood pressure or pulse, significant anxiety, sweating, restlessness, body aches, pupillary dilation, piloerection. **Service Needs** • Hourly monitoring until improvement begins, then every 2 to 3 hours. **Treatment Interventions** • Implementation of symptom-triggered withdrawal management protocol using long-acting opioids or non-opioid medications.	2-WM 3.7-WM
4 (SEVERE)	Debilitating vomiting and diarrhea, agitation, gross tremor, fever, severe elevation of blood pressure or pulse. **Service Needs** • 24-hour monitoring – hourly or more frequent until improvement begins, then every 2 to 3 hours. **Treatment Interventions** • Implementation of symptom-triggered withdrawal management protocols using long-acting opioids or non-opioid medications.	4-WM

Treatment Planning

The 5Ms of Treatment Planning

Considerations in Treatment Planning

1. Motivate – Dimension 4
2. Manage – All Six Dimensions
3. Medication – Dimensions 1, 2, 3, 5 - MAT
4. Meetings – Dimensions 2, 3, 4, 5, 6
5. Monitor – All Six Dimensions

Treatment Planning Principles

- Treatment plans should be personalized based on the patients needs and strengths – based on the multidimensional assessment.
- Treatment planning should maximize each patient's opportunities to benefit from the program's service offerings.
- Each patient served should have a significant and active role in the treatment planning process, helping define their goals and determine the direction of his or her plan.

Treatment Planning

Treatment plans should include:

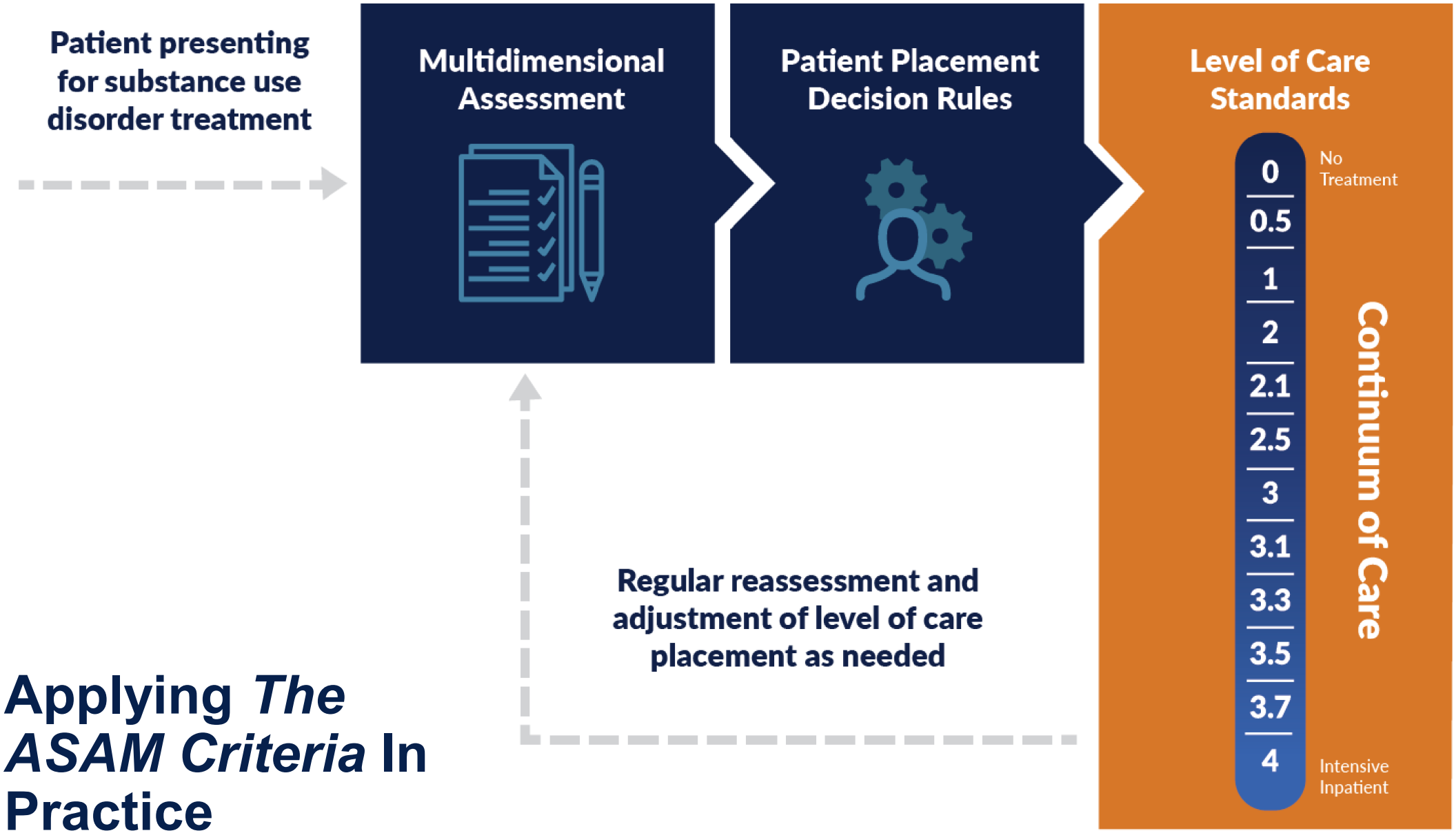
- The level(s) of care the patient is in
- Problem statements based on the issues identified in the biopsychosocial assessment and reflecting the patient's concerns
- Measurable short-term goals that are reasonable to achieve during treatment in the current level(s) of care
- Steps to support achievement of those goals
  - Clear and definable action items
  - Target date for action

Treatment Planning

Treatment plans should include:

- Services the patient will engage in
  - Purpose
  - Frequency of service
  - Responsible provider
- How success will be measured
- Timeline

Applying *The ASAM Criteria* In Practice



Payer or Managed Care Implementation

Greater standardization and objectivity

Multidimensional Assessment

Patient Placement Decision Rules

ASAM Level of Care Standards

Follow The ASAM Criteria Standards in Utilization Review

Coverage and billing models to support full use of The ASAM Criteria

Limited License to Use The ASAM Criteria in Utilization Review (UR) Decisions

Disclaimer that the UR program is not endorsed by or affiliated with ASAM*

Require Programs to use of a validated multidimensional assessment and ASAM Criteria decision rules to make patient placement recommendations

Disclaimer: Program is not certified as an ASAM LOC or endorsed or affiliated with ASAM*

Require Programs to Follow ASAM LOC Standards

Disclaimer: Program is not certified as an ASAM LOC or endorsed or affiliated with ASAM*

Use ASAM CONTINUUM to automate Utilization Review Decisions

Require ASAM Level of Care Certification

Robust and ongoing ASAM Criteria Training for utilization review staff

* ASAM has authority to take away the right to use the ASAM name

ASAM CONTINUUM and CO-Triage Software

- **ASAM CONTINUUM:** Only validated ASAM Criteria multidimensional assessment tool. A computer-guided, structured interview that operationalizes medical necessity criteria and helps automate utilization review. Meets CMS's 1115 federal waiver standards

- **ASAM CONTINUUM Triage (CO-Triage):** Short, 20 question structured interview that determines a provisional LOC recommendation – provides output where a patient should receive the full ASAM comprehensive assessment.

CONTINUUM Comprehensive Assessment

- CONTINUUM assesses and produces outputs for:
  - DSM-5 Substance Use Disorders: Diagnoses & Criteria
  - CIWA-Ar & CINA withdrawal scores: (alcohol/BZs, opioids)
  - Addiction Severity Index (ASI) Composite Scores
  - Imminent Risk Considerations
  - Access & Support Needs/Capabilities
  - ASAM Level of Care recommendations
    - All adult admission levels and sub-levels
    - Including Withdrawal Management
    - Including Biomedically Enhanced Sub-level
    - Including Co-occurring Disorder Sub-levels (Capable, Enhanced)
  - Tool allows for flexibility in clinical judgement: If actual placement disagrees with Software, the clinician can justify the discrepancy

CONTINUUM: Making Budgets Go Further & Outcomes Better

ASAM's CONTINUUM:
(compared to usual assessment/placement)

- 25% - 300% reductions in no shows to next stage of treatment
- 30% reduction in dropout from treatment
- 3X improvement in addiction severity outcomes at 3 months
- 25% increase in numbers of patients ready for stepdown

Leading to…

- Increased patient flow & revenues
- Decreased staffing demands for incomplete intakes & UR delays

Level of Care Certification Program

- Independently assess and verify treatment programs' **capacity** to deliver services consistent with the Level of Care standards described in The ASAM Criteria

- Will initially cover **adult** residential programs at Levels 3.1, 3.5, and 3.7 of The ASAM Criteria.

ACCREDITATION

Accreditation is a comprehensive quality review of a program and its service delivery and related business practices.

VS

CERTIFICATION

Certification demonstrates a program’s capacity to deliver a specific level of care, thereby differentiating between the many levels of care

ASAM and CARF Partnership

Collaboration to develop the rating elements for certification.

ASAM and CARF roles:

- ASAM offers training and publications to help programs prepare for certification
- CARF accepts applications for certification, conducts program surveys, and issues independent certification decisions

WHY CERTIFICATION?

- Verify implementation of *The ASAM Criteria*
- Support adoption of standards of care to improve the quality of addiction treatment
- Accurately differentiate between levels of care
- Highlight treatment programs that have evidence-based policies and procedures

What Does Certification Address?

Ability to provide care as outlined in *The ASAM Criteria* service characteristic categories:

- Setting
- Staff
- Support Systems
- Assessment/Treatment Planning
- Therapies
- Documentation

Key Takeaways

The ASAM Criteria

- The ASAM Criteria provides a comprehensive set of standards for patient assessment, patient placement, and levels of care across the care continuum.

- A multidimensional assessment addressed the complex biological, psychological and social factors that impact development of, and recovery from, the disease of addiction.

- Multidimensional assessment must encompass all decision rules from the *Criteria,* and should be completed using standardized, validated tools.

Key Takeaways

The ASAM Criteria

- The assessment is used to determine treatment priorities based on risk assessment to guide treatment and service planning.

- The ASAM Criteria define standards for both levels and types of care including adults, adolescents, and withdrawal management levels, along with opioid treatment services, co-occurring capable and enhanced, and biomedical enhanced services.

- Full implementation of the Criteria within the addiction treatment system requires all stakeholders to adhere and use the standardized decision rules to accurately place patients in the most appropriate care.

ASAM Points of Contact

Program	Contact	Email
ASAM Criteria Training	Connor Bellis: Associate Director, Professional Development	cbellis@asam.org
ASAM CONTINUUM & CO-Triage	Bill Liu: Director, Health Technology	bliu@asam.org
ASAM Level of Care Certification Program	Leigh Hause-Alvarado: Director, Quality Improvement	lhausealvarado@asam.org

ASAM

American Society *of*
Addiction Medicine

Questions, comments, complaints, panegyrics, diatribes philippics?

Mahalo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#FlattenTheCurve #TogetherWeCan
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