

IMPLEMENTING THE ASAM CRITERIA

An overview of ASAM's criteria and CONTINUUM – The ASAM Criteria Decision Engine™
Ohio Department of Mental Health and Addiction Services



Why are we here?

- Support Ohio clinicians
- Ohio Administrative Code Rule 5122-27-06 requires MHAS certified providers of addiction services treatment to assess client level of care utilizing ASAM Criteria
- More than 30 states require ASAM's criteria



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Implementing ASAM's Criteria

Assessment

- Wherever a patient enters treatment, they receive a comprehensive assessment matched to their individualized need

Treatment Setting

- Treatment services, setting, staff are clearly defined, and patients are matched to a setting fitting their unique needs



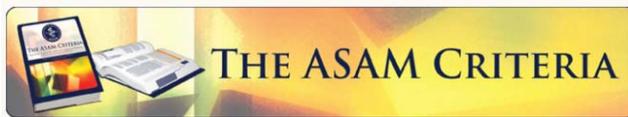
Introduction: Presenters



ASAM American Society of
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Focused eHealth Innovations



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Overview of *The ASAM Criteria* (2013)

David Mee-Lee, MD, FASAM

Chief Editor,

The ASAM Criteria

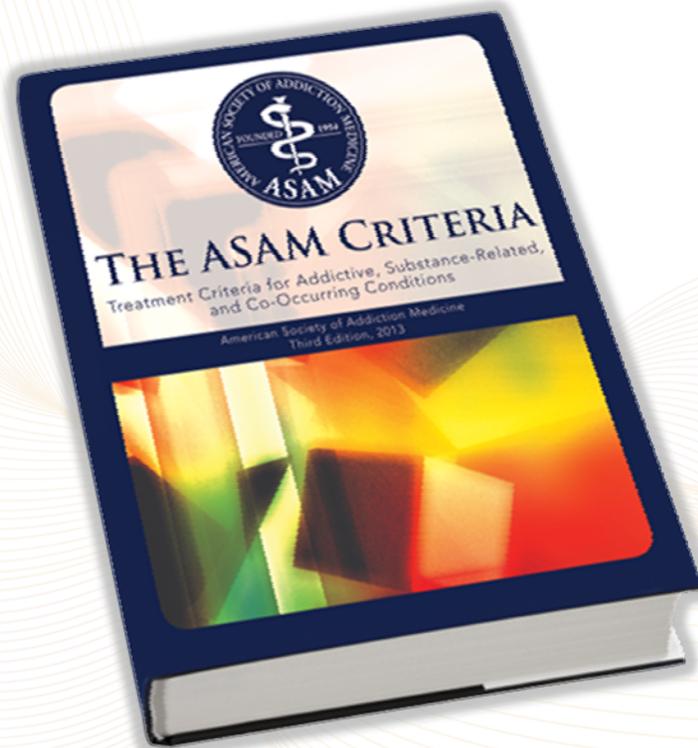
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www.changecompanies.net
www.ASAMCriteria.org
www.asamcontinuum.org
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The ASAM Criteria for the Treatment of Addictive,
Substance-Related, and
Co-Occurring Conditions (2013)



ASAM Criteria Background

- Historical and current development of *The ASAM Criteria*
 - Collaborative consensus process
 - Experienced clinical experts and researchers as Editors
 - Coalition of stakeholders (Coalition for National Clinical Criteria, est. 1992) — ASAM and addiction physicians not the sole stakeholders

(*The ASAM Criteria*, 2013, pp. 1-2)



ASAM Criteria Background

- Previous Editions
 - *Patient Placement Criteria* (1991)
 - *Patient Placement Criteria-2* (1996)
 - *Patient Placement Criteria-2R* (2001)



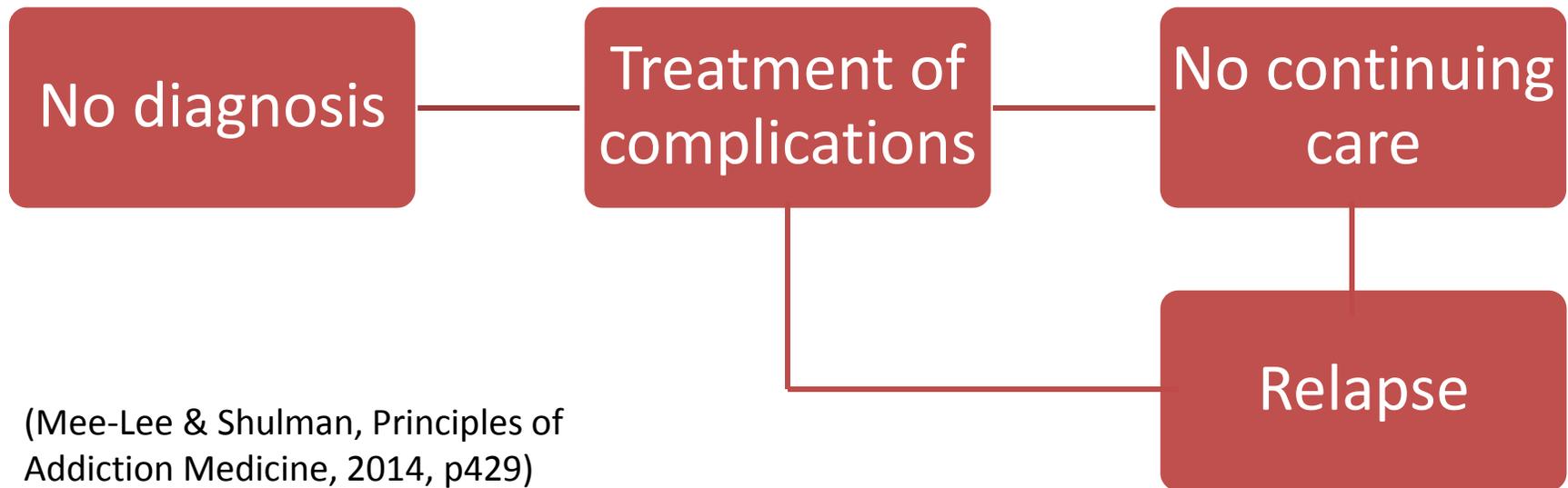
Goal of *The ASAM Criteria*:

To unify the addiction field around a single
set of criteria



Generations of Clinical Care

1. Complications-driven Treatment

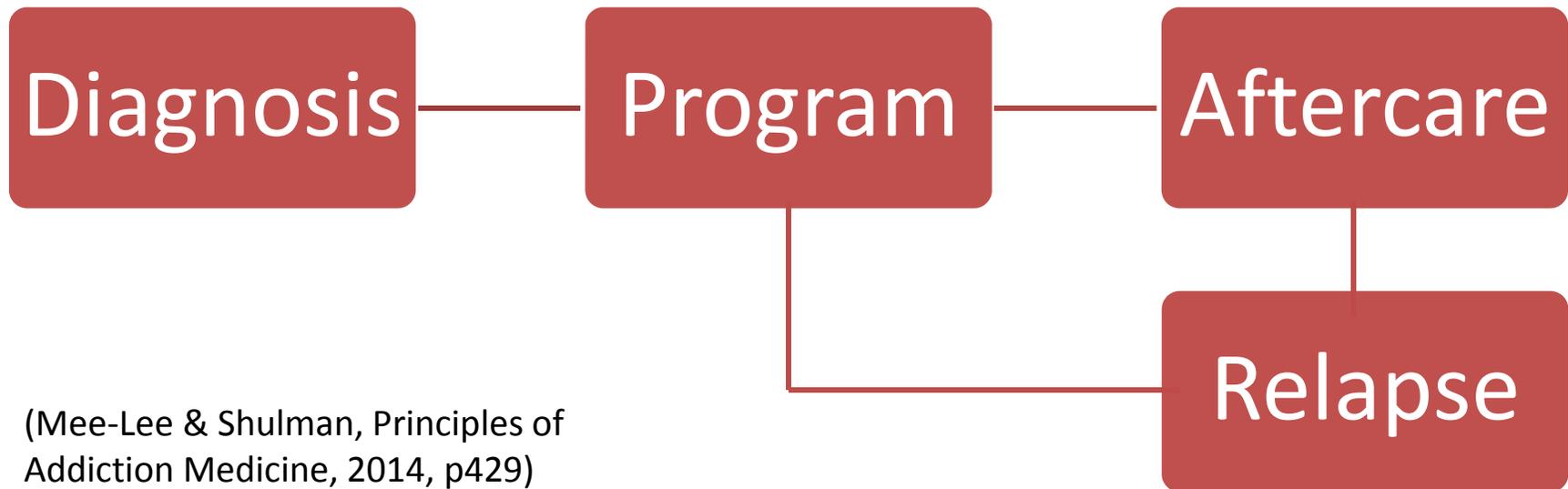


(Mee-Lee & Shulman, Principles of Addiction Medicine, 2014, p429)



Generations of Clinical Care

2. *Diagnosis-driven Treatment*

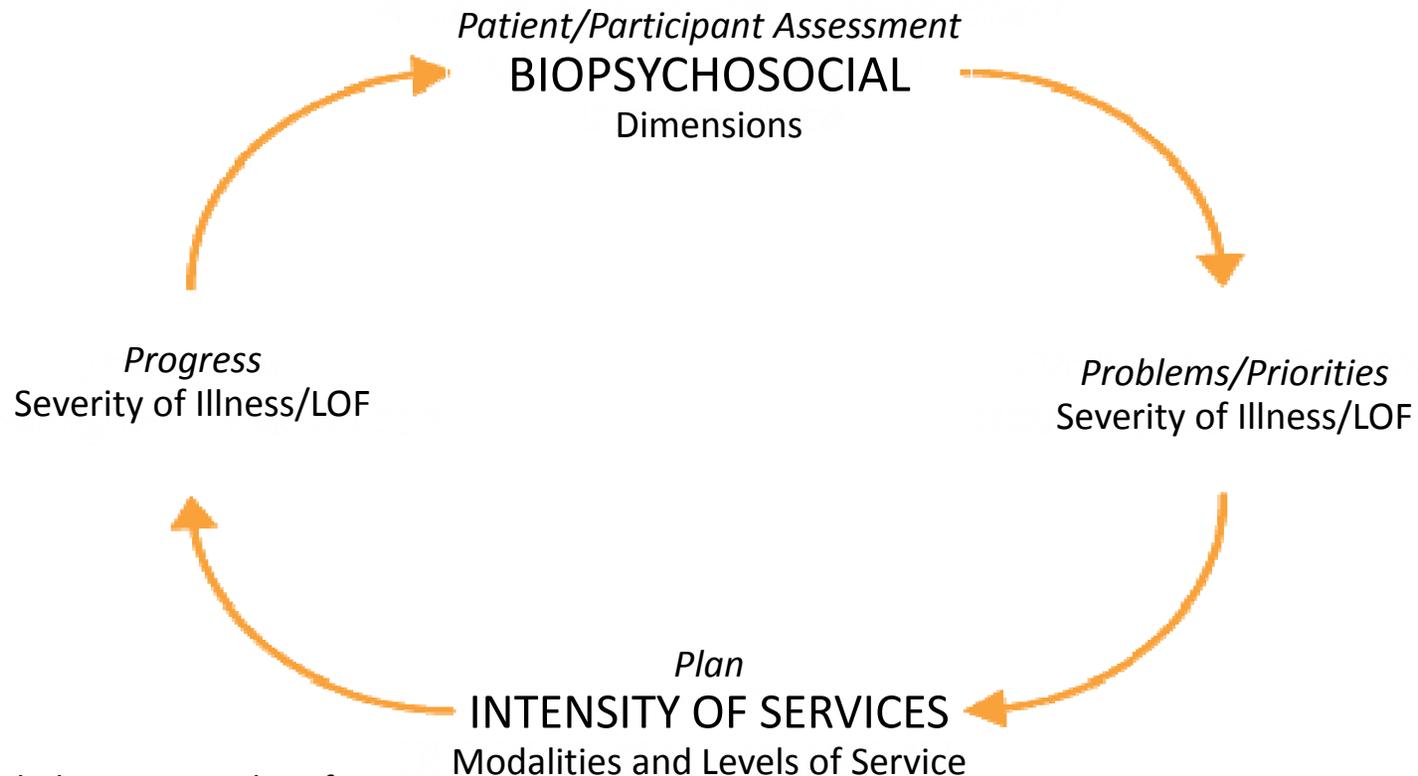


(Mee-Lee & Shulman, Principles of Addiction Medicine, 2014, p429)



Generations of Clinical Care

3. Individualized, Clinically-driven treatment



(Mee-Lee & Shulman, Principles of
Addiction Medicine, 2014, p429)



Multidimensional Assessment

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical conditions and complications
3. Emotional/Behavioral/Cognitive conditions and complications
4. Readiness to change
5. Relapse/Continued Use/Continued Problem potential
6. Recovery Environment

(The ASAM Criteria, 2013, pp. 43-53)



Biosychosocial Treatment

Treatment Matching - Modalities

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



Treatment Levels of Service

I → 1 Outpatient Treatment

II → 2 Intensive Outpatient and Partial Hospitalization

III → 3 Residential/Inpatient Treatment

IV → 4 Medically-Managed Intensive Inpatient Treatment

(The ASAM Criteria, 2013, pp.106-107)



Level 0.5 and OMT

Level 0.5: Early Intervention Services - Individuals with problems or risk factors related to substance use, but for whom an immediate Substance-Related Disorder cannot be confirmed

Opioid Maintenance Therapy (OMT) - Criteria for Level I Outpatient OMT, but OMT in all levels → **Opioid Treatment Program (OTP)** with **Opioid Treatment Services (OTS)** = antagonist meds (naltrexone) and Office-Based Opioid Treatment (OBOT) – buprenorphine

(The ASAM Criteria, 2013, pp.179,290)



Detoxification → Withdrawal Management Services for Dimension 1

I-D → 1-WM - Ambulatory Withdrawal Management
without Extended On-site Monitoring

II-D → 2-WM - Ambulatory Withdrawal Management
with Extended On-Site Monitoring

(The ASAM Criteria, 2013, pp.132-134)



Withdrawal Management Services for Dimension 1 (cont.)

III.2-D → 3.2- WM- Clinically-Managed Residential
Withdrawal Management

III.7-D → 3.7- WM - Medically-Monitored Inpatient
Withdrawal Management

IV-D → 4-WM - Medically-Managed Inpatient
Withdrawal Management

(The ASAM Criteria, 2013, pp.133-141)



Level I and II → Level 1 and 2 Services

Level I → 1 Outpatient Treatment

Level II.1 → 2.1 Intensive Outpatient Treatment

Level II.5 → 2.5 Partial Hospitalization

(The ASAM Criteria, 2013, pp.184-208)



Level III → Level 3 Residential/Inpatient

Level III.1 → 3.1- Clinically-Managed, Low Intensity Residential Treatment

Level III.3 → 3.3- Clinically-Managed, Medium Intensity Residential Treatment → Clinically Managed *Population-Specific High Intensity* Residential Treatment (Adult Level only)

(*The ASAM Criteria*, 2013, pp.222-234)



Level III → Level 3 Residential/Inpatient(cont.)

Level III.5 → 3.5- Clinically-Managed, Medium/High Intensity Residential Treatment

Level III.7 → 3.7- Medically-Monitored Intensive Inpatient Treatment

(The ASAM Criteria, 2013, pp.244-265)



Level IV → Level 4 Services

Level IV → Level 4 Medically-Managed Intensive Inpatient

(The ASAM Criteria, 2013, pp.280)



Co-Occurring Capable (COC) Programs

- **Routinely** accept co-occurring disorders
- Can meet needs if psychiatric disorders sufficiently stable; independent functioning so mental disorders do not interfere with addiction treatment and vice versa
- Address co-occurring disorders in policies, procedures, assessment, treatment planning, program content, and discharge planning

(*The ASAM Criteria*, 2013, pp.26 - 29)



Co-Occurring Capable (COC) Programs (cont.)

- Have arrangements for **coordination and collaboration** with mental health services and addiction services
- Can provide **psychopharmacologic or addiction** monitoring and **psychological or addiction** assessment/consultation on site; or well-coordinated off-site

(The ASAM Criteria, 2013, pp.26 - 29)



Co-Occurring Enhanced (COE) Programs

- Can accommodate **unstable**/disabled needing specific psychiatric, mental health support, monitoring and accommodation necessary to participate in addiction treatment
- Not so acute/impaired to present severe danger to self/others, nor need 24-hour, psychiatric supervision

(The ASAM Criteria, 2013, pp.29)



Co-Occurring Enhanced (COE) Programs (cont.)

- Psychiatric, mental health and also addiction treatment professionals. **Cross-training** for all staff. Relatively high staff to patient ratios; close monitoring of instability and disability
- **Policies, procedures**, assessment, treatment and discharge planning accommodate co-occurring disorders

(The ASAM Criteria, 2013, pp.29)



Co-Occurring Enhanced (COE) Programs (cont.)

- **COD-specific**, mental health symptom management groups incorporated in addiction treatment. Motivational enhancement therapies more likely (particularly in outpatient settings)
- Close **collaboration/integration** with addiction and mental health program for detox and crisis back-up services and access to addiction and mental health case management and continuing care

(The ASAM Criteria, 2013, pp.29)



Complexity Capable (CC) Programs

- Concept of “co-occurring capability” has evolved to address **more than just mental health and addiction**
- Individuals and families with **multiple co-occurring needs** are an expectation, not an exception. They not only have substance use and mental health issues, they frequently have general medical issues, including HIV and other infectious disease issues, legal issues, trauma issues, housing issues, parenting issues, educational issues, vocational issues and cognitive/learning issues.
- These individuals and families are culturally and linguistically diverse. In short, these are people and families who are characterized by “**complexity**” tend to have poorer outcomes and higher costs of care.

(The ASAM Criteria, 2013, pp.29 - 30)



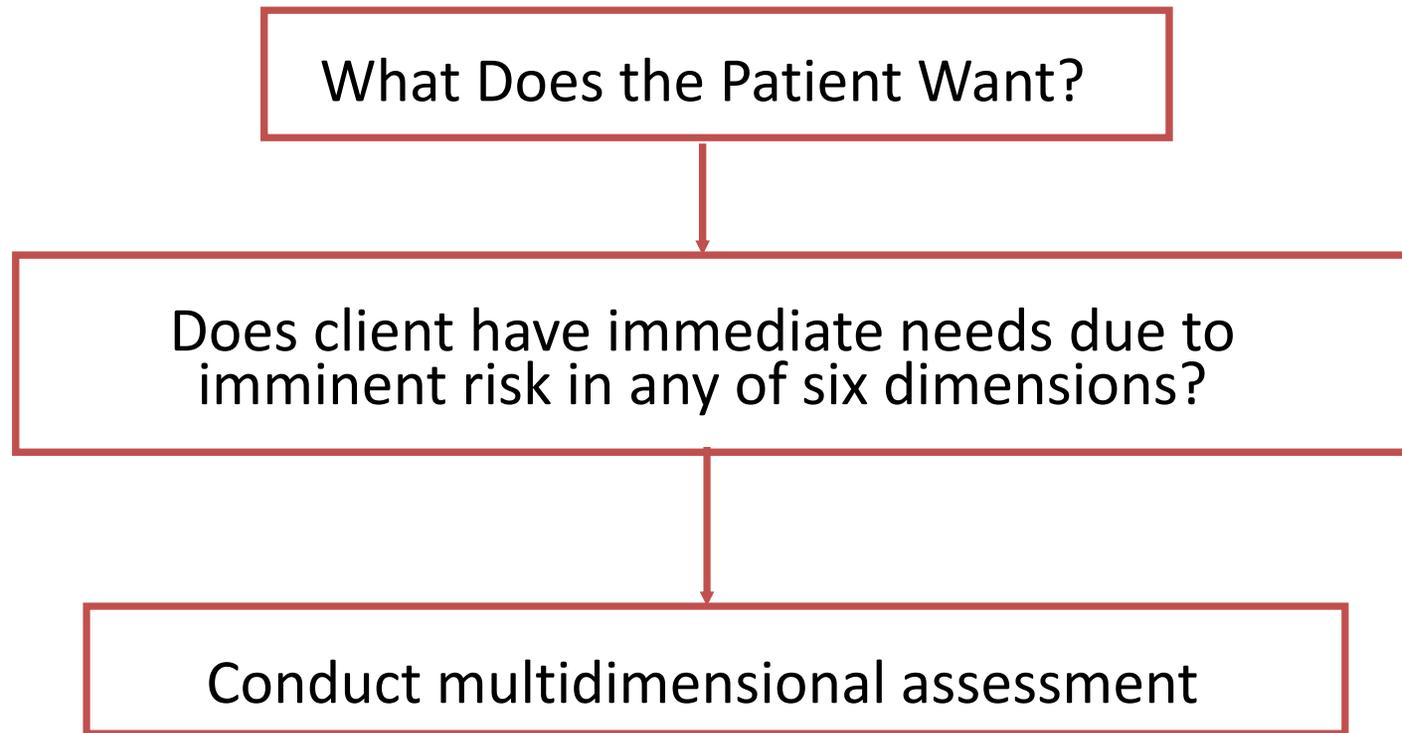
Complexity Capable (CC) Programs (cont.)

- In general medical world, some patients who are high utilizers of service and those with poorer overall outcomes are those with “multiple chronic conditions.” But even these conceptualizations often look only at multiple diagnosed medical/surgical conditions and do not address range of psychosocial issues that can complicate people’s lives. These psychosocial issues also complicate provision of services and successful results of care.
- **Patient-Centered Healthcare Homes** have been conceptualized—and implemented—to recognize the multidimensional, biopsychosocial needs of patients and to address the complex needs of patients and families.

(The ASAM Criteria, 2013, pp.29 - 30)



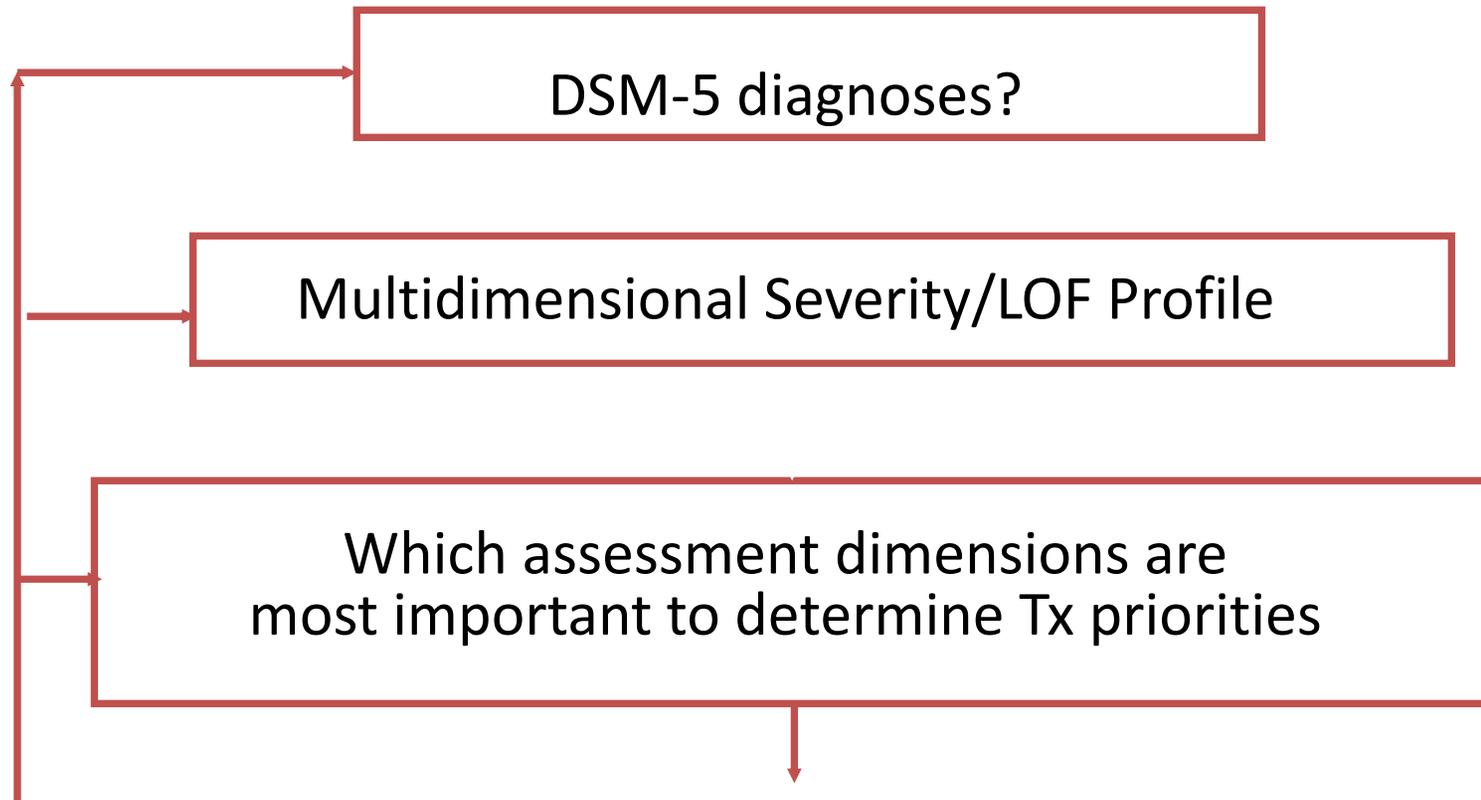
Focus Assessment and Treatment



(The ASAM Criteria, 2013, p124)



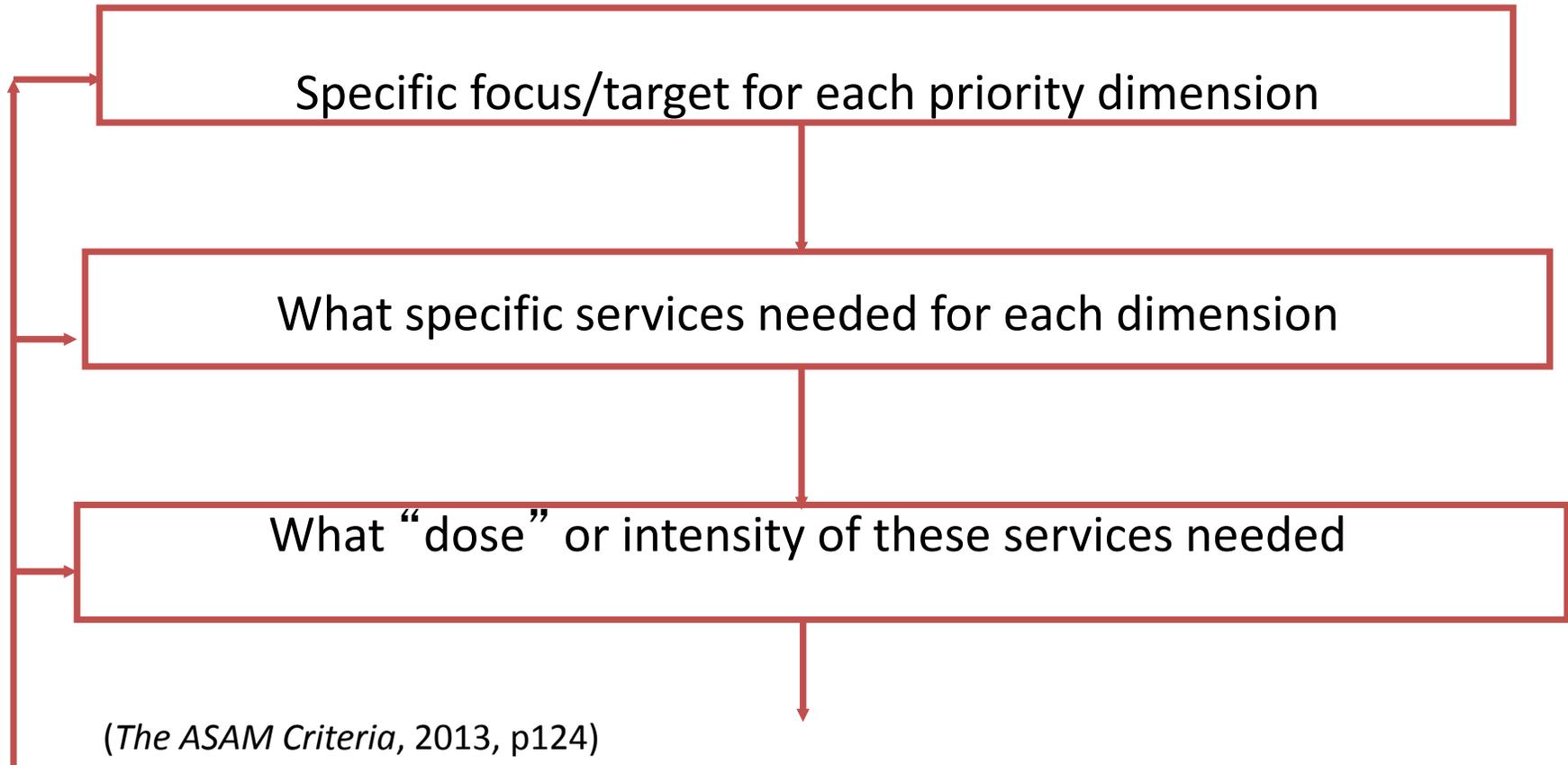
Focus Assessment and Treatment (cont.)



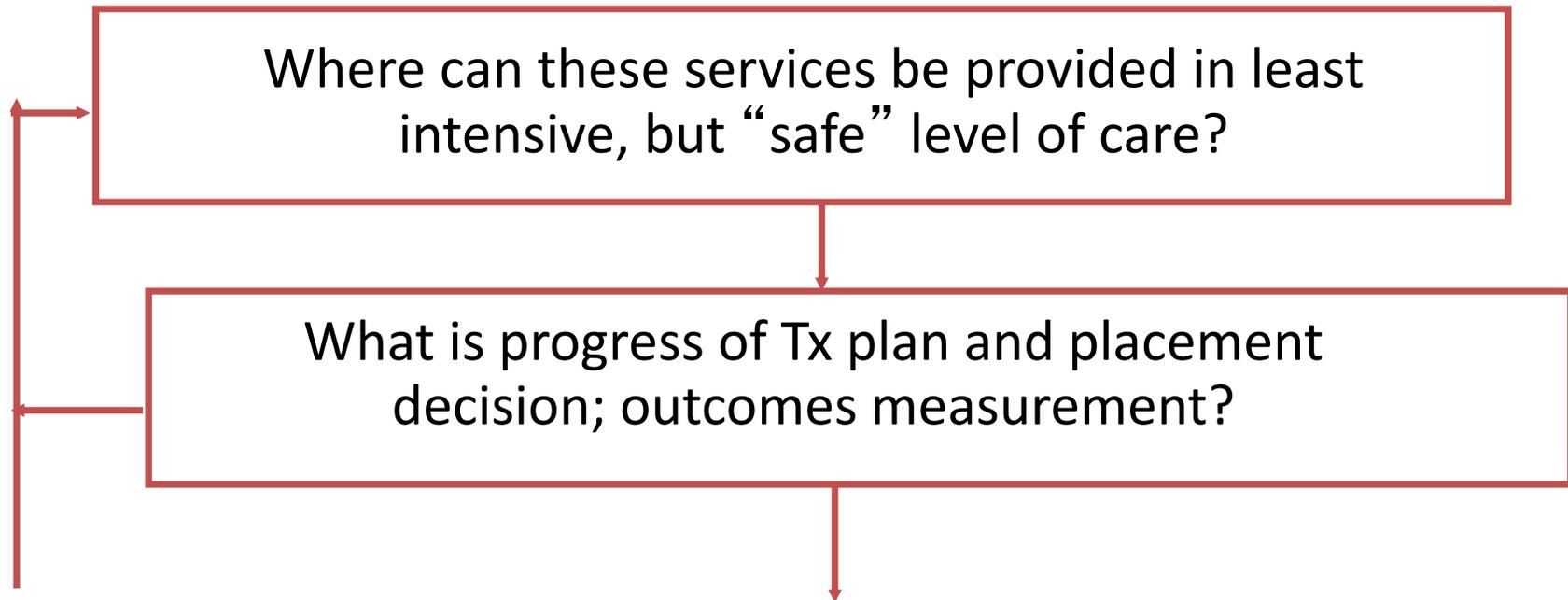
(*The ASAM Criteria*, 2013, p124)



Focus Assessment and Treatment (cont.)

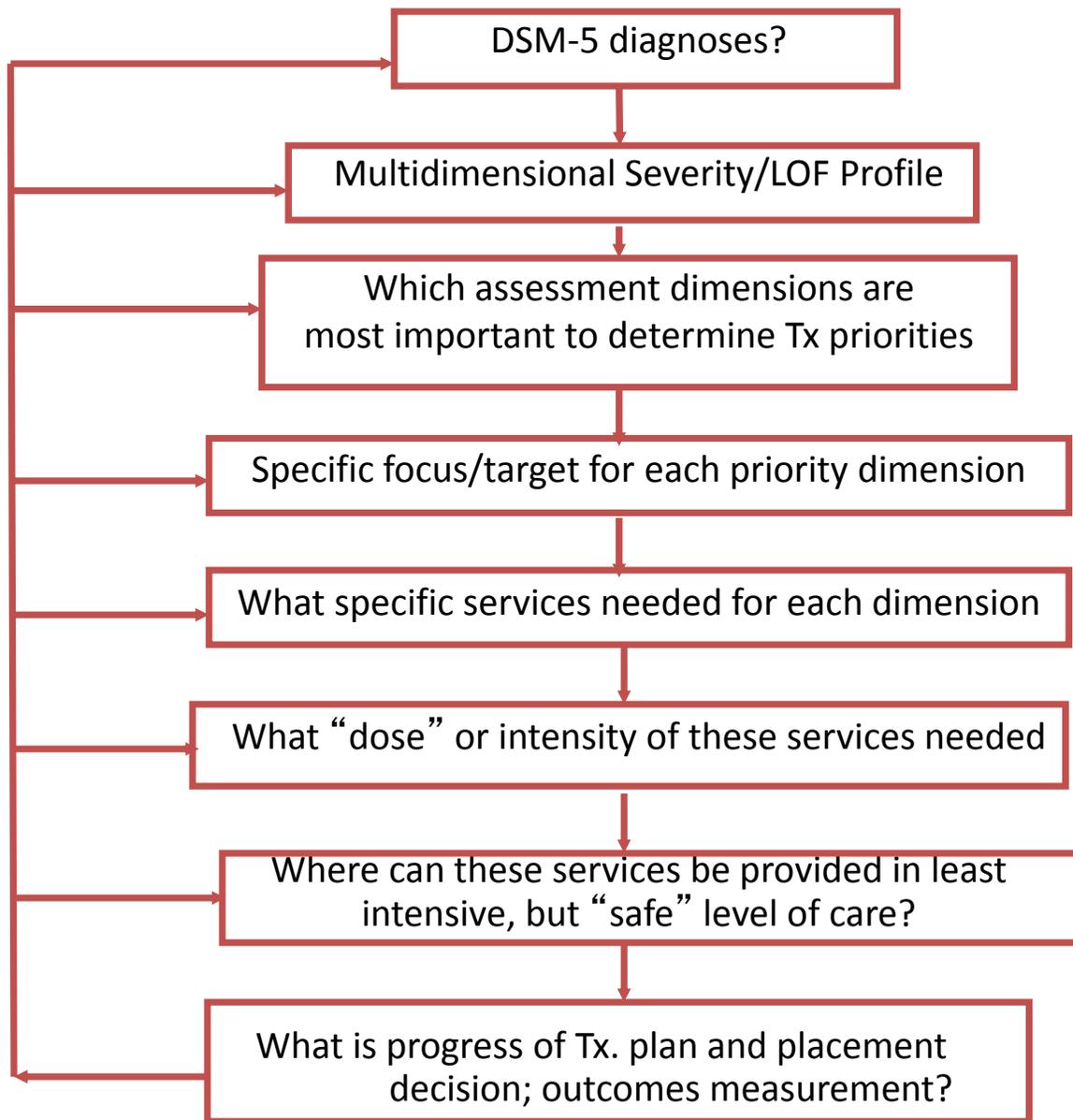


Focus Assessment and Treatment (cont.)



(The ASAM Criteria, 2013, p124)





(The ASAM Criteria, 2013, p 124)



Ann

DSM-5 Diagnosis: Alcohol Use Disorder; Cannabis Use Disorder; Major Depression

Ann, a 32-year-old white, divorced female. She has been abstinent for 48 hours from alcohol and reports she has remained so for up to 72 hours during the past three months. (Dimension 1, Acute Intoxication/Withdrawal Potential; Dim. 5, Relapse, Continued Use, Cont. Problem Potential)

When she has done this she states she has experienced sweats, internal tremors and nausea, but has never hallucinated, experienced D.T.'s or seizures. (Dimension 1, Acute Intoxication/Withdrawal Potential)

Ann states she is in good health except for alcoholic hepatitis for which she was just released from the hospital one week ago. Her doctor referred her for assessment. (Dim. 2, Biomedical Conditions & Complications; Dim. 4 Readiness to Change)

She smokes up to 3 or 4 joints a day, but stopped yesterday. (Dim. 5) In addition, Ann describes 2 past suicide attempts with sleeping pills, most recent attempt was three years ago and she sees a psychiatrist once/month for review of her medication. She takes Prozac for depression and doesn't report misuse of her medication. (Dimension 3, Emotional, Behavioral, Cognitive Conditions and Complications)

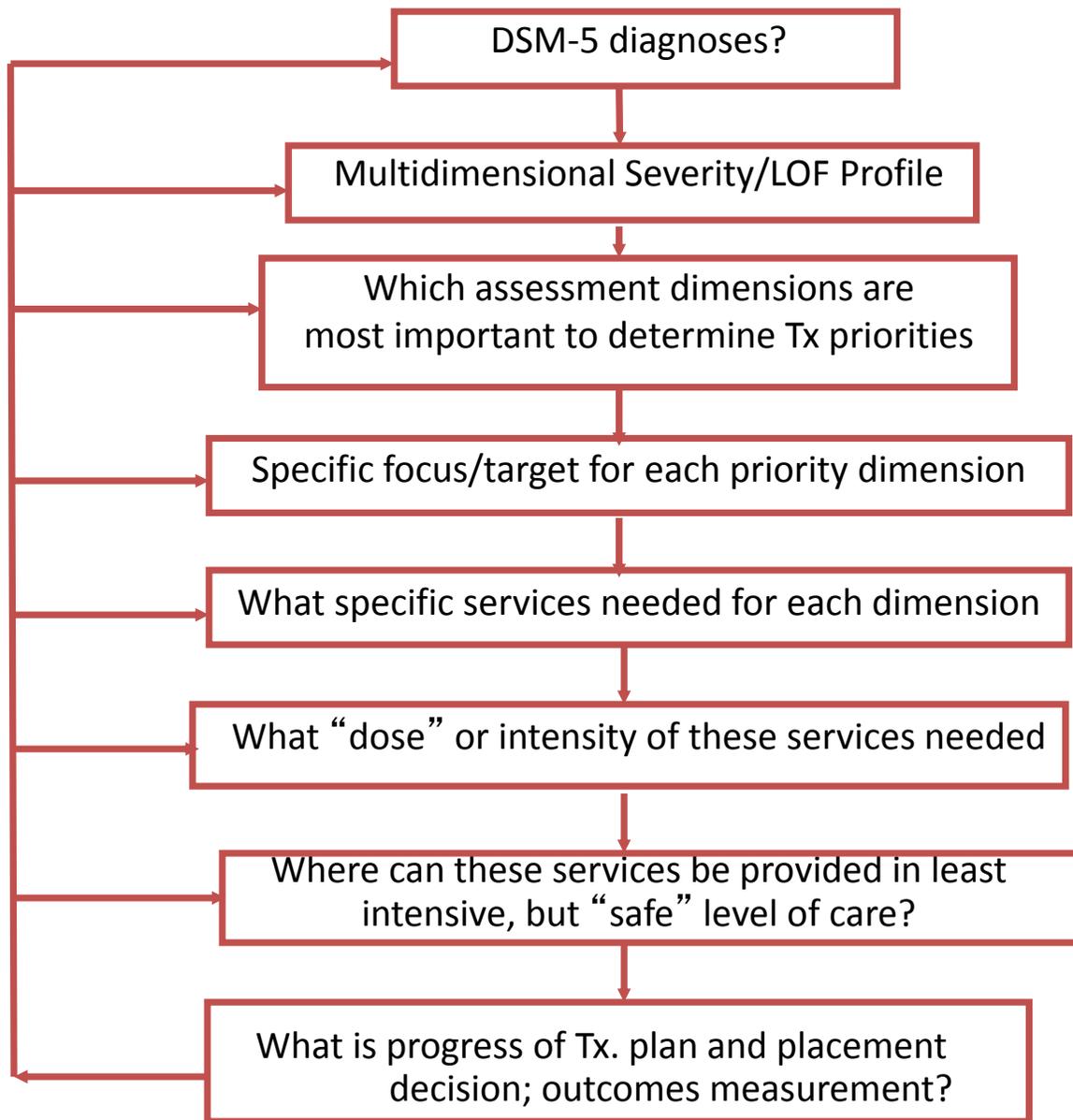


Ann (cont.)

Ann reported that she lives in a rented apartment and has very few friends since moving away after her divorce a year ago. She is currently unemployed after being laid off when the supermarket she worked at closed. She has worked as a waitress, check-out person and sales person before and says she has never lost a job due to addiction. (Dimension 6, Recovery Environment)

Ann appears slightly anxious, but is not flushed. (Dimension 1, Acute Intoxication/Withdrawal Potential) She speaks calmly and is cooperative. (Dimension 3, Emotional, Behavioral, Cognitive Conditions and Complications) Ann shows awareness of her consequences from substance use, but tends to minimize it and blame others including her ex-husband who left her without warning. She doesn't know much about addiction, but wants to learn more. (Dim. 4 Readiness to Change) She has one son, age 11, who doesn't see any problems with her drinking and doesn't know about her marijuana use. (Dimension 6, Recovery Environment)





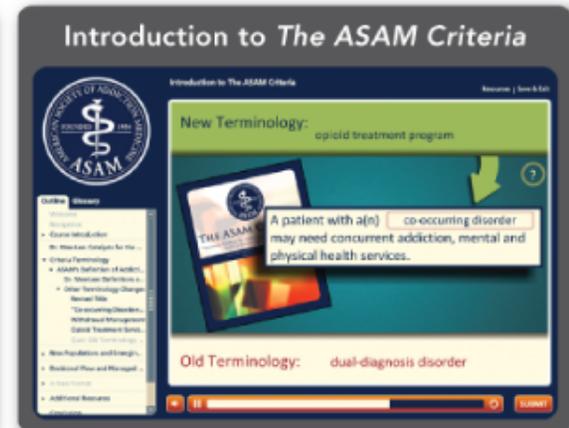
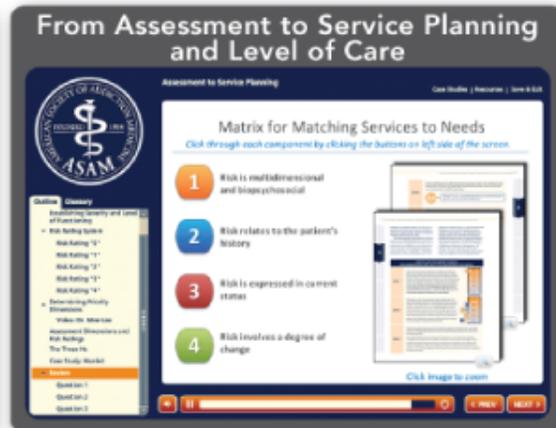
(The ASAM Criteria, 2013, p 124)



THE ASAM CRITERIA



ASAM Series eTraining Courses

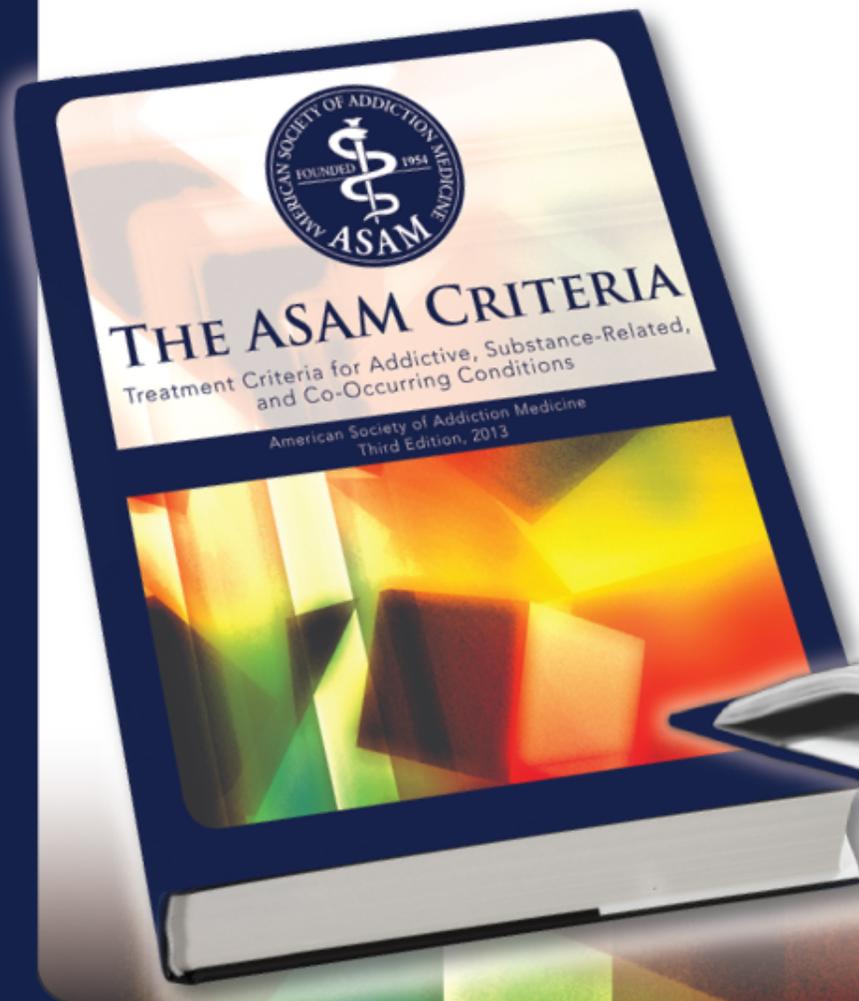


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THANK-YOU

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www.ASAMcriteria.org



Implementing ASAM's Criteria with CONTINUUM™

David Gastfriend, MD, DFASAM

Chief Architect,

CONTINUUM – The ASAM Criteria Decision Engine™



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www.asamcontinuum.org

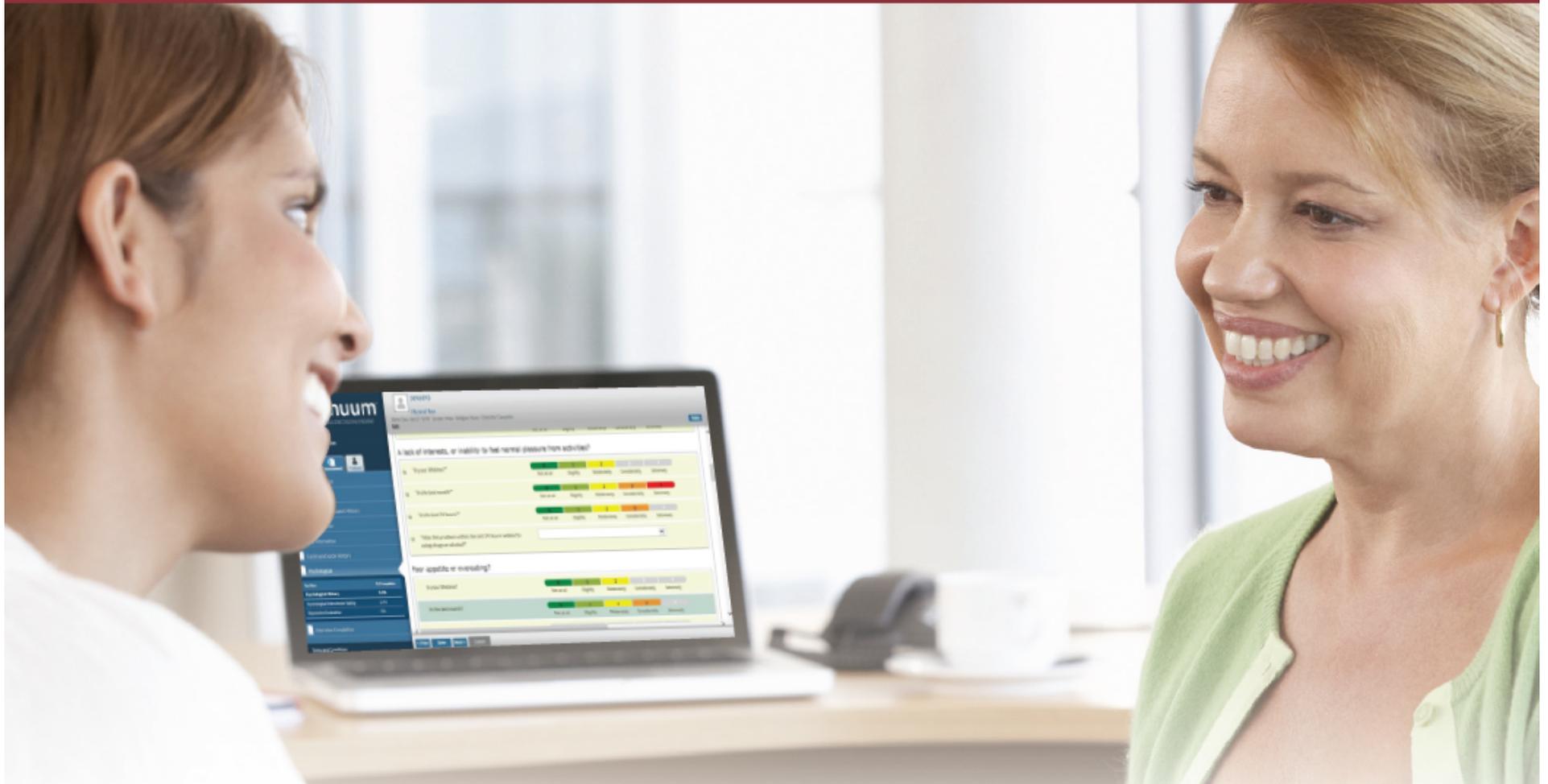
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What is CONTINUUM™?

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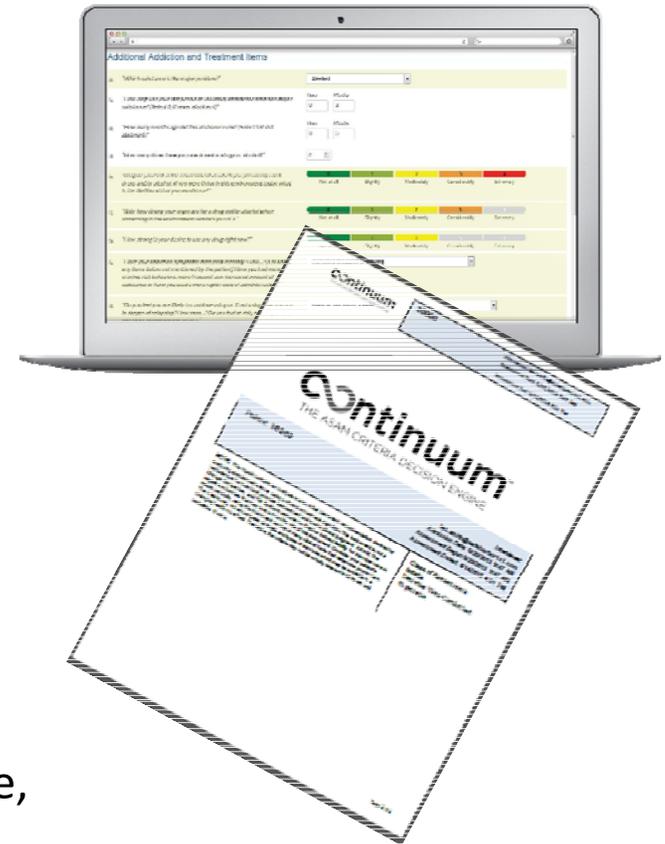


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Streamlined Assessment

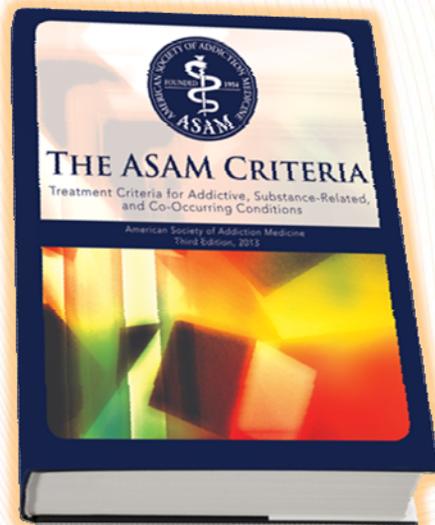
CONTINUUM™ gives you:

- 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)
- Also: If actual placement disagrees with Software, the clinician gets to justify the discrepancy



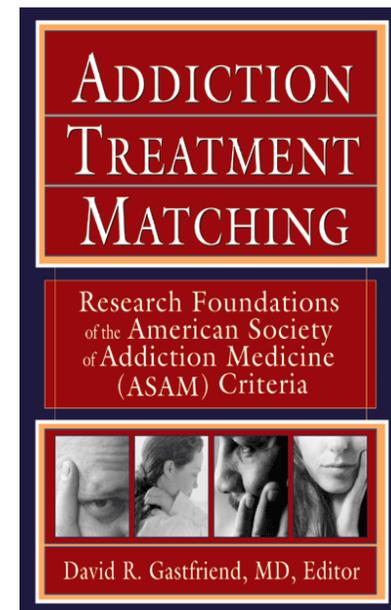
ASAM text: hundreds of decision rules

To place patients in the least intensive & restrictive care that meets the patient's multi-dimensional needs and affords optimal treatment outcome



www.ASAMcriteria.org

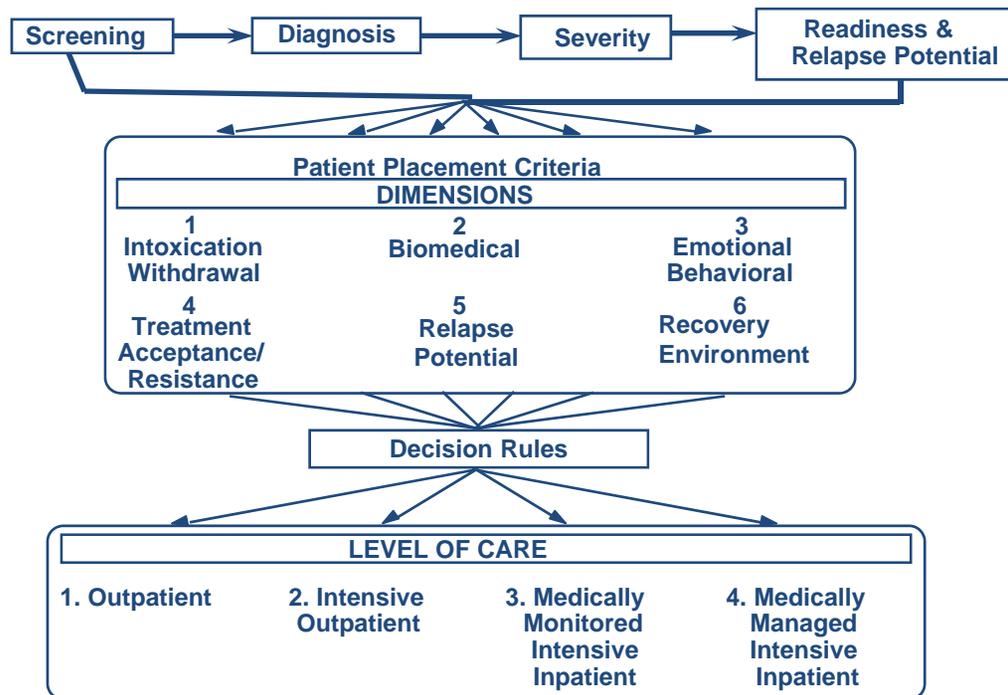
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The ASAM Criteria Logic



What Does CONTINUUM™ Research show?



25%
fewer
no-shows

30% better retention
at 3 months



2 to 3 Times
better multidimensional outcomes
at 3 months

CONTINUUM™ Demonstration



Why Implement ASAM's Criteria With CONTINUUM™?

Validate ASAM Assessment Results

- Regulatory support: Parity / ACA
- Payer/MCO gets: faster, better telephone prior authorizations & UR data
- Potentially eliminating phone prior authorizations AND utilization review
- With precise, quantitative, real-time data^{2,30}
- Opportunity for: Determination of Need analyses

Reduce administrative burden

- Staff Training
- Assessment Standardization
- One easy process

Moves intake effort up front, reducing intake & dropout "churn"

- More admissions/less staff time/lower costs AND better morale

ASAM CONTINUUM and placement

- Improved clinical outcomes

In summary....

Increased patient flow & revenues

Decreased staffing demands for incomplete intakes & UR delays

Future Functionality Examples

Derivative Products

- **Mental Health Version**
 - Physiological symptom inventory
- **Biopsychosocial Narrative Report Generator**
 - Produces a written printable report, suitable for insertion into the patient's chart and meeting accreditation standards
- **Treatment Planner**
 - Produces a written printable report identifying the patient's most important goals for treatment, describing measurable, time sensitive steps towards achieving those goals, and reflecting a verbal agreement between the counselor and client.
- **TEDS Data Collection**
 - Pulls the required information for Federal Data Collection
- **NOMS Module**
 - Produces a written printable report on the 10 measures states must report at client admission and discharge that contribute to six National Outcome Measures.
- **RSS Module**
 - Address the recovery support needs of individuals recovering from addiction and substance use disorders. RSS unleashes the potential for assessing patients, linking patients to needed community resources and provide data to guide government and agency resource allocation and research needs.
- **Withdrawal Management Report**
 - Produces a written printable report that covers
 - Substances Used
 - Withdrawal Scores
 - Medical Risks
 - DSM – 5

THANK-YOU

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www.ASAMcontinuum.org

Extending CONTINUUM™ Through Your EHR



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Using CONTINUUM™ in YOUR EHR Provider Benefits

- No duplicate data entry
 - Population of clients information into CONTINUUM
 - Population of LOC(s) per dimension and final LOC into EHR
- CONTINUUM report
 - Import into your EHR
 - Attach to patient’s clinical record
 - Allow non licensed users to access once saved in EHR

Continuum 10000
mrmiller.ks.smith@uhhospitals.com
Assessment Date: 8/26/2013 9:47 AM
Assessment ID: 4242303 438 PM

DIAGNOSTIC SUGGESTIONS

Possible Non-Substance Use Disorder Psychological Conditions

The patient endorsed items in The ASAM Criteria that indicate the probability that the patient is at the moment of the interview suffering from a major depressive disorder. The patient endorsed items in The ASAM Criteria that indicate the probability that the patient has a history of an anxiety disorder without a true panic disorder. The patient is currently at risk of harming the patient's self or others, with a relative current risk level of 1 on a scale of 0 (little or no risk) to 8 (very strong risk).

The patient endorsed items in The ASAM Criteria instrument that indicate the probability of the following diagnoses and substance use history:

DSM-IV DIAGNOSIS: SUBSTANCE ABUSE AND/OR DEPENDENCE DISORDER(S)

Dependence

Drug	<input checked="" type="checkbox"/> Criteria Met based on 7 criteria	<input type="checkbox"/> Last Use 1 day ago	<input type="checkbox"/> Imminent Risk Of Withdrawal
Alcohol	7	1 day ago	<input checked="" type="checkbox"/>
Other opioids	4	12 hours ago	<input checked="" type="checkbox"/>

Substance abuse

Drug	<input checked="" type="checkbox"/> Criteria Met based on 4 criteria	<input type="checkbox"/> Last Use
None		

Drug use

Drug	<input checked="" type="checkbox"/> In the past:
More than one substance per day	1 day ago
Nicotine products	15 years ago

DSM-5 DIAGNOSIS: SUBSTANCE USE DISORDER(S)

Dependence

Drug	<input checked="" type="checkbox"/> Criteria Met with severity based on 11 criteria	<input type="checkbox"/> Last Use	<input type="checkbox"/> Imminent Risk Of Withdrawal
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Page 2 of 6

CONTINUUM™ Demonstration

EHR Prospective



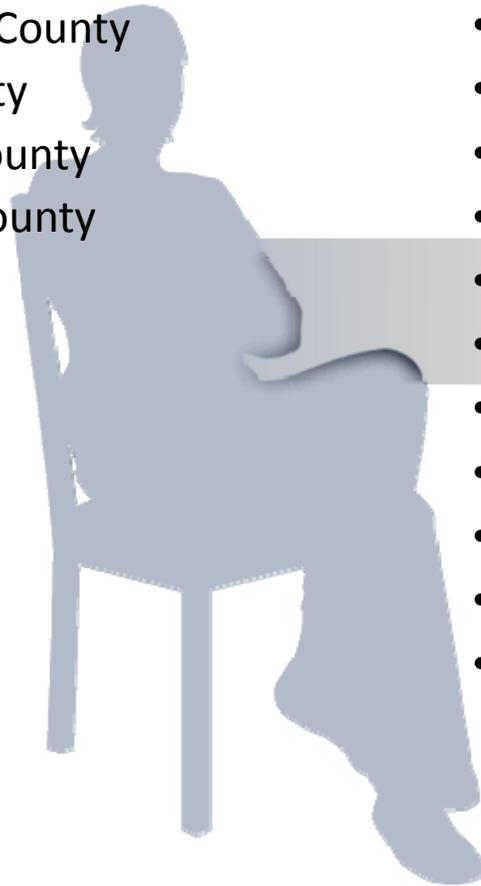
CONTINUUM™ State & County Interest

Implementation Activity

- New Hampshire
- Massachusetts
- San Francisco County
- Sonoma County
- Mendocino County
- Los Angeles County
- Marin County

Active Discussions

- Rhode Island
- Washington DC
- South Carolina
- Washington
- Illinois
- West Virginia
- Indiana
- Missouri
- Puerto Rico
- New York
- New Jersey
- Florida
- California (10 counties)



Authorized Distributors

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And growing!

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- Don't have an EHR? No problem! Contact us at continuumsales@feisystems.com
 - CONTINUUM WITS
- CONTINUUM License \$70 per user per month (\$840 yearly)
 - Perform an unlimited number of assessments
 - Unlimited tool access

Additional Resources

- Visit our website: www.ASAMCONTINUUM.org
- Watch [CONTINUUM™ Training Videos](#)
- What is CONTINUUM and how does it incorporate ASAM's Criteria?
 - <http://asamCONTINUUM.org/knowledgebase/video-what-is-CONTINUUM-and-how-is-it-built-from-asams-criteria/>
- Webinar: A National Assessment Standard for Treatment Planning and Utilization Review
 - <http://asamCONTINUUM.org/knowledgebase/national-assessment-standard/>
- Mock Interview:
 - <http://asamCONTINUUM.org/knowledgebase/video-training-video-series/>
- How to navigate the CONTINUUM Assessment:
 - <http://asamCONTINUUM.org/knowledgebase/video-how-to-navigate-CONTINUUM-in-evaluating-a-patient/>

Thank You!



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Questions and Answers

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 - ASAM Criteria Text
 - Interactive Journals
 - eTraining module series
- www.ASAMcontinuum.org
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