What Using The ASAM Criteria Really Means: Organized Delivery Systems Change

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ASAM PPC-2R
ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders
SECOND EDITION—REVISED
American Society of Addiction Medicine, Inc.
Chevy Chase, Maryland
2001

www.ASAMCriteria.org
Generations of Clinical Care

1. Complications-driven Treatment

- No diagnosis
- Treatment of complications
- No continuing care
- Relapse

Generations of Clinical Care

2. Diagnosis-driven Treatment

Diagnosis → Program → Aftercare

Relapse

CD Residential Clients by Number of Days in Placement
April 2010 - September 2010
Generations of Clinical Care

3. Individualized, Clinically-driven Treatment

Patient/Participant Assessment → BIOPSYCHOSOCIAL Dimensions → Progress → Problems/Priorities → Plan → Intensity of Service — Modalities and Levels of Service

Mee-Lee, David (2001)
4. Client-directed, Outcome-informed Feedback-informed Treatment
Underlying Concepts (cont.)

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)
Underlying Concepts (cont.)

*Treatment Matching - Modalities*

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

*Treatment Levels of Service*

0.5 Early Intervention

1 Outpatient Treatment

2 Intensive Outpatient and Partial Hospitalization

3 Residential/Inpatient Treatment

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 (continued)

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.224-265)
Level IV → Level 4 Services

Level IV → Level 4 Medically-Managed Intensive Inpatient

(The ASAM Criteria, 2013, pp.280)
Focus Assessment and Treatment

What Does the Client Want?

Does client have immediate needs due to imminent risk in any of six dimensions?

Conduct multidimensional assessment

(The ASAM Criteria, 2013, p124)
Focus Assessment and Treatment (cont.)

- DSM-5 diagnoses?
- Multidimensional Severity/LOF Profile
- Which assessment dimensions are most important to determine Tx priorities

(The ASAM Criteria, 2013, p124)
Focus Assessment and Treatment (cont.)

Specific focus/target for each priority dimension

What specific services needed for each dimension

What “dose” or intensity of these services needed

(The ASAM Criteria, 2013, p124)
Focus Assessment and Treatment (cont.)

Where can these services be provided in least intensive, but “safe” level of care?

What is progress of Tx plan and placement decision; outcomes measurement?

(The ASAM Criteria, 2013, p124)
DSM-5 diagnoses?

Multidimensional Severity/LOF Profile

Which assessment dimensions are most important to determine Tx priorities

Specific focus/target for each priority dimension

What specific services needed for each dimension

What “dose” or intensity of these services needed

Where can these services be provided in least intensive, but “safe” level of care?

What is progress of Tx plan and placement decision; outcomes measurement?

(The ASAM Criteria, 2013, p124)
Data to Identify Gaps

• Systems issues cannot change quickly. Each incident of inefficient or inadequate care can be a data point that promotes systems change

• Finding efficient ways to gather data as it happens in daily care of clients can provide hope, direction for change

(The ASAM Criteria, 2013, p. 126)
Data to Identify Gaps (cont.)

PLACEMENT SUMMARY

<table>
<thead>
<tr>
<th>Level of Care/Service Indicated</th>
<th></th>
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<tbody>
<tr>
<td>Level of Care/Service Received</td>
<td></td>
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</tbody>
</table>

(The ASAM Criteria, 2013, p. 126)
Data to Identify Gaps (cont.)

PLACEMENT SUMMARY

Reason for Difference - Circle only one number -- 1. Level of care or Service not available; 2. Provider judgment; 3. Client preference; 4. Client is on waiting list for appropriate level/service; 5. Level of care or Service available, but no payment source; 6. Geographic inaccessibility etc.

(The ASAM Criteria, 2013, p. 126)
Data to Identify Gaps (cont.)

PLACEMENT SUMMARY

Anticipated Outcome If Service Cannot Be Provided- Circle only one number -- 1. Admitted to acute care setting; 2. Discharged to street; 3. Continued stay in acute care facility; 4. Incarcerated; 5. Client will dropout until next crisis; 6. Not listed (Specify):

(The ASAM Criteria, 2013, p. 126)