Improved outcomes, managed care reform and the unification of the field

The ASAM CRITERIA and Addiction Treatment Matching

David R. Gastfriend MD

Chief Architect, CONTINUUM[™] – *The ASAM Criteria Decision Engine*



American Society of Addiction Medicine

Disclosure of Relevant Financial Relationships

Name	Commercial Interests	Relevant Financial Relationships: What Was Received	Relevant Financial Relationships: For What Role	No Relevant Financial Relationships with Any Commercial Interests
David Gastfriend	Recovery Search, Inc	Royalty	Pres. & CEO	
	Alkermes, Inc	Shareholder, Consultant	Former VP, Sci. Communications	

Addiction assessment: A sorry state of affairs

- Non-standard, "intuitive", then "find out the rest later..."
- Managed Care wants more data: Telephone tag (90 min 3 days)
- Most insurers' medical necessity criteria are Proprietary
- Absent precision & validity, emphasis is on cost, not quality
- 1991: ASAM Patient Placement Criteria...a teaching tool
- States create their own Criteria (CASAM, MASAM, NYSAM,...)
- "ASAM" in Major US MCO: ~50% of cases were denials
 - on appeal: ~50% reversed; on review ~50% reversed again!
- By 2000s, SAMHSA & CSAT called on ASAM for a standard

Advances in Treatment Matching

Modality Matching: many studies, e.g., Project MATCH – but few findings (Gastfriend & McLellan, Med Clin NA, 1997)

Placement Matching: Multiple studies; ASAM model – consistent signals (Gastfriend, Addiction Treatment Matching, Haworth Press, 2004)

Support:

- NIDA: Validation R01-DA08781 & K24-DA00427
- NIAAA: PPC-2R Assessment Software SBIR grant R44-AA12004
- CSAT: Access to Recovery Initiative grant 270-02-7120
- Belgian National Fund for Scientific Research
- Belgian American Educational Foundation
- Central Norway Health Trust /Rusbehandling Midt-Norge
- SAMHSA: Open Behavioral Health IT Architecture Program

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.haworthpress.com



www.ASAMcriteria.org

ASAM Patient Placement Criteria



ASAM PLACEMENT CRITERIA

LEVELS OF	1. OUTPT	2. INTENSIVE	3. MED	4. MED
OF CARE		OUTPT	MON INPT	MGD INPT
CRITERIA				
Intoxication/ Withdrawal	no risk	minimal	some risk	severe risk
Medical			monitoring	
Complications	no risk	manageable	required	required
Psych/Behav				24-hr psych. & addiction
Complications	no risk	mild severity	moderate	Tx required
		cooperative	high resist.,	_//////////////////////////////////////
Readiness		but requires	needs 24-hr	
For Change	cooperative	structure	motivating	
		more symptoms,	unable to	
Relapse	maintains	needs close	control use in	
Potential	abstinence	monitoring	outpt care	
			danger to recovery,	
		less support.	logistical	·/////////////////////////////////////
Recovery		w/ structure	incapacity	
Environment	supportive	can cope	for outpt	

ASAM PPC Decision Rules – Mr. D.

- Mr. D. is a 41 y/o MWM unemployed carpenter, referred by his wife, a nurse, who, after a recent relapse, will soon throw him out if he continues his daily 6-pack habit and Percocet.
- His history includes no prior withdrawal symptoms, but + major depression with suicidal ideation, intermittent prescribed opiates for low back injury, & alcoholism in his father.
- He would now accept treatment, including abstinence from any opiates, restarting his antidepressant, & attending some AA meetings.

ASAM PPC Decision Rules – Mr. D.



ASAM PLACEMENT CRITERIA

Dimension	Levels:	Out- patient	Opioid Treatme Prograi	l ent T m Pa	Day reatment artial Hos	Residential H Rehabilitation (N p. N	lospital Aedically Ianaged)
	0.5	1	OTP		2.1, 2.5	3.1, 3.3, 3.5, 3.7	4
1.Intox/WD		Sub-le	vels:	Withdra	awal Ma	nagement (L-1, 2.5, 3.2, 3	3.7, 4)
				Biomec	lical En	nanced (L-3.7)	
2.Biomedical				Co-Occ	urring I	Disorders Capable (L-2, 3	3)
				Co-Occ	urring I	Disorders Enhanced (L-2	:, 3)
3.Emot'l/Behav'l							
4.Readiness							
5. Relapse Potential							
6.Environment							

MGH-Harvard ASAM Criteria Validity Study

Gastfriend, et al. Supported by NIDA grants # R01-DA08781 & K24-DA00427

- Randomized controlled trial (RCT) in 3 Cities in Eastern MA
- Tested matched v. mismatched assignments with PPC-1
- Compared Levels II (IOP) & III (Residential)
- Outcomes: No-show to step-down care
- Balanced for gender, ethnicity (N=700)
- Used <u>computerized algorithm</u> with blinded raters, patients & treaters
 - Based on instruments with known reliability
 - B.A. level interviewers achieved inter-rater reliability of 0.77 (ICC)

Under-Matching Worsens No Show to Treatment

From Inpatient Detox to Either Residential Rehab or Day Treatment: All patients, High Frequency Cocaine Users and Heroin Users



ASAM in Patients with + Comorbid Symptoms (Angarita et al., JAM 2007)

Supported by NIDA grants # R01-DA08781 & K24-DA00427

Original Article

No-Show for Treatment in Substance Abuse Patients with Comorbid Symptomatology: Validity Results from a Controlled Trial of the ASAM Patient Placement Criteria

Gustavo A. Angarita, MD, Sharon Reif, PhD, Sandrine Pirard, MD, Sang Lee, BSc, Estee Sharon, PsyD, and David R. Gastfriend, MD

Purpose: Mismatched placement, according to the American Society of Addiction Medicine's (ASAM) Patient Placement Criteria (PPC), promotes no-shows to treatment; however, little is known about the impact on patients with psychiatrically comorbid substance use disorder.

Methods: In a multisite trial, public-sector treatment-seeking adults (N = 700), following a computer-assisted ASAM PPC-1 structured interview, were blindly scored and randomly assigned to Level-ofsupportive environment as predictors of treatment no-shows (odds ratios = 2.69, P < 0.05; 3.27, P < 0.05; 5.32, P < 0.001; and 3.12, P < 0.05, respectively).

Key Words: substance use disorder, no-shows, ASAM levels of care, treatment matching criteria, co-occurring disorders

(J Addict Med 2007;1: 79-87)

ASAM in Patients with + Comorbid Symptoms (Angarita et al., JAM 2007)

No-show rates: Comorbids vs. Non-Comorbids, by Matching Status



Matching Status

PPC-2R Validity at 1-Month in Belgium (Ansseau et al., unpublished)

- Programs in 4 LOCs, naturalistically rated 201 subjects
- Recruited in equal proportions from the 4 LOCs
- Assessed by trained psychologists
- Outcomes: 1 month, 5-point global rating scale
- Assessors, patients, programs, & raters all blind
- Results: Adequate matches (n = 140) were significantly better than mismatches (n = 27) (p<0.05)

ASAM-PPC 1 Validity at 3 Months in NYC

(Magura et al., Am J Add'n 2003) Supported by NIAAA grant R01-AA10863

Predictive Validity of the ASAM Patient Placement Criteria for Naturalistically Matched vs. Mismatched Alcoholism Patients

Stephen Magura, PhD, CSW Graham Staines, PhD Nicole Kosanke, PhD Andrew Rosenblum, PhD Jeffrey Foote, PhD Alexander DeLuca, MD Priti Bali, BA

Stephen Magura, Graham Staines, Nicole Kosanke, Andrew Rosenblum, and Priti Bali are affiliated with the Institute for Treatment and Services Research, National Development and Research Institutes (NDRI), New York, NY.

Inffray Footo was affiliated with the Smithers Treatment Conter Of I. I. D.

ASAM Criteria Validity at 3 Months in NYC

(Magura et al., Am J Add'n 2003)

Alcohol use by naturalistic Levels of Care & mismatching (N=219)



Bed-Day Utilization over 1-Yr in the VA

(Sharon et al., JAD 2003) Supported by NIDA grants # R01-DA08781 & K24-DA00427

Predictive Validity of the ASAM Patient Placement Criteria for Hospital Utilization

Estee Sharon, PsyD Chris Krebs, MA Winston Turner, PhD Nitigna Desai, MD Gregory Binus, MD Walter Penk, PhD David R. Gastfriend, MD

SUMMARY. We tested the validity of the ASAM Patient Placement Criteria (PPC) using the first complete and reliable computerized imple-

Bed-Day Utilization over 1-Yr in the VA

Bedford MA VA, N = 97 (Sharon et al., JAD 2003)

Bed-day Use Pre- vs. Post-Naturalistic L-III Placements



Predictive Validity: The Norwegian Study

Stallvik M, Gastfriend DR, Nordahl HM Funded by the Central Norway Health Trust

- Prospective, double-blind, multi-site (n=10) naturalistic design
- N= 261, naturalistically placed by counselors across 3 counties
- Baseline (BL) interview & 3 mo. follow-up (F/U)
- Independent raters used ASAM Criteria Software 2nd Ed.-Rev.
- Outcomes at 3 Month Follow-Up:
 - 1) Dropout 2) Drug use frequency
 - 3) ASI Composite Score Changes
 - 4) Recommended level of care at F/U

3-mo Drop-Out, Improvement & Stepdown Need



Naturalistic Match Status – According to ASAM Software

Conclusions

- The ASAM Criteria Software decision rules show *face validity*
- Technology provides good *reliability & feasibility*
- Comparison to other instruments shows good *concurrent validity*
- **Predictive validity** overall & with heroin, cocaine & comorbidity
- Valid for undermatching, AND for *overmatching*
- Predictive validity:
 - in multiple cultures/systems: public/VA; MA/NYC; Belgium/Norway
 - at multiple time-frames: immediate, 30-d, 90-d & 1-year
 - with multiple outcomes:
 no-show, global improvement, substance use,
 step-down readiness, rehospitalization

Addiction assessment: A Sea Change

Three laws end discriminatory, firewalled, fee-for-service models

- The Affordable Care Act
- The Parity Act
- The Health Information Technology Act

Change is HERE for payers, programs and clinicians:

- Parity REQUIRES published medical necessity criteria
- SUD managed care UR will become equitable
- Clinicians will be able to use the ASAM Criteria to definitively describe patient needs and reform UR

Stakeholders in the Health IT Revolution



ASAM Criteria – Health Services Research

- National Treatment Center Study 450 programs (U. of GA)
- >70% of respondents using ASAM Criteria by 1996
- Single-level programs: 34% 42% less likely than multi-levels (p<.01)
- Dual diagnosis capable programs:
 3.4 times more likely to adopt (p ≤.01)
- Programs closing within 24 mos. were less likely to be ASAM adopters in 1996 (p<.05)
- Programs closing within 6 mos. even lower baseline adoption



Predictors of ASAM Criteria Adoption

(Chuang et al., JAM 2009)

ORIGINAL ARTICLE

Factors Associated With Use of ASAM Criteria and Service Provision in a National Sample of Outpatient Substance Abuse Treatment Units

Emmeline Chuang, BA, Rebecca Wells, PhD, Jeffrey A. Alexander, PhD, Peter D. Friedmann, MD, and I-Heng Lee, MA

Abstract: Standardized patient placement criteria such as those developed by the American Society of Addiction Medicine are increasingly common in substance abuse treatment, but it is unclear what factors are associated with their use or with treatment units' provision of related services. This study examined these issues in the context of a national survey of outpatient substance abuse treatment units. Regressions using 2005 data revealed that both public and private managed care were associated with a greater likelihood of using American Society of Addiction Medicine criteria to develop client treatment plans. However, only public managed care was (ASAM) created the first professional consensus-driven, publicly released set of standardized patient placement criteria (PPC), which have become known as the ASAM-PPC. These guidelines, subsequently revised in 1996 and 2001 to accommodate new developments in the field, are currently the most prominent in substance abuse treatment.⁴ Approximately, 30 state systems and a significant number of managed care companies, covering well over 50 million people, currently use the ASAM criteria when making decisions on what type of addiction treatment to authorize.⁵

Predictors of ASAM Criteria Adoption

(Chuang et al., JAM 2009)

- More than half (57%) of programs routinely use ASAM
- Public managed care significantly associated with use of PPC (OR 1.010, p<.05)
- Private managed care significantly associated with use of PPC (OR 1.024, p<.05)
- CARF accreditation significantly associated with use of PPC (OR 3.187, p<.01)
 Note: CARF tends to focus on rehabilitation & behavioral health standards (vs. JCAHO, which is hospital-oriented)

Case Study: CRC Health

- Operates 145 sites treating 30,000 people
- Largest behavioral health provider in U.S.
- Devotes significant resources to payer approval
- Each center has 3-5 FTEs dedicated to UR
- ~20% of cases are contested by payers
- ~30% of MD time is lost interacting w/payers
- If this administrative time is reduced only slightly, the ASAM Software could yield substantial savings.



Beta Testing: Milwaukee County

N= 7 counselors, daily use over 6 months in Central Intake Units

- *"…overwhelmingly positive, very user friendly"*
- *"already use ASAM & ASI, but not as consolidated or organized as the software a big plus from the Central Intake Staff"*
- "no challenges in the learning curve very easy to use"
- "very comparable duration (~2 hrs) vs. the prior approach; the Software does not add to the time"
- "a deeper look into the patient & what's going on"
- County would like to expand County-wide (~30 Intake Counselors)
- Would like Recovery Support Services & Mental Health modules

🗲 🤿 C 🖌 💾 https://nationaldemonstr	ation.asamcriteriasoftware.com/interview/DrugAndAlcoholSection/AlcoholUse/Edit/181080
🏢 Apps 🚺 Suggested Sites Web Slice Gallery 🚞	ASAM Criteria 📋 Imported From IE 🌓 ADT Pulse(TM) Inter
ASAM-CS <u>Change Password Log Out</u> DRG <u>Edit</u>	Religion: Protestant Ethnicity: Caucasian Edit
Home Assessment Patient	In the past year, think about your use of alcohol.
General Information Medical History Employment and Support History Drug and Alcohol	* "Do you need to use more alcohol to get the same feelings you used to by using less? Or do you get less of a high by using the same amount? (Tolerance indicates either need for increased dose for same effect or reduced effect with same dose.)"
Section % Complete Used Substances 100% Alcohol Use 18.2%	"Do you ever get physically sick when you stop using alcohol? (Indicates characteristic physical or psychological withdrawal symptoms.)"
CIWA Sedative and Alcohol Scale 0% Addiction Treatment History 20% Legal Information 20% Family and Social History 20%	When you are using alcohol, do you ever feel that you don't stop when you want to or feel that you should? Indicates substance often taken in larger amounts or over longer period than was intended."
Psychological	
Interview Completion	< Prev Next >



CIWA Sedative and Alcohol Scale

- "Do you feel sick to your stomach? Have you vomited?"
- Tremor: Arms extended and fingers spread apart. Observation:
- Paroxysmal Sweats: Observation:
- "Anxiety: Ask, Do you feel nervous? Observation:"
- "Tactile Disturbances: Ask, Have you any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling under your skin? Observation:"

	~
No nausea and no vomiting	
Mild nausea with no vomiting Intermittent nausea with dry heaves	
Constant nausea, frequent dry heaves and vomiting	~
	~
	×



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Cancel

Addiction Treatment History

88	"Have you had any previous treatment for alcohol or other drug use problems?"	Alcohol only
8 <u>8</u>	<i>"How many times in your life have you been treated for alcohol use problems?"</i>	5
2	"Counting the times in your life you have been treated for alcohol use problems, how many of these were withdrawal management only?"	5
82	"Have you usually left withdrawal management before you were advised to, in the past?"	Yes No
82	"After withdrawal management, have you usually entered continued treatment?"	Yes No
Re	"How many days have you been treated in an	



Religion: Protestant Ethnicity: Caucasian Edit

"How strong is your desire to use any drug right now?"



- "Have your addiction symptoms increased recently? How...? (Ask about any items below not mentioned by the patient) Have you had more craving, risk behaviors, more frequent use, increased amount of substance or have you used a more rapid route of administration?"
- "Do you feel you are likely to continue using or, if not using, that you are in danger of relapsing? How soon...? Do you feel at risk, even if you have had some treatment previously?"
- "Do you have any concerns about pursuing treatment...? Would anything possibly hold you back, such as money, insurance, schedule, attending groups, having to take medicines, drug tests, or drinking or drug-using friends?"

No
 Increased thoughts or craving
 More risk taking behaviors but not use
 Relapsed; but to less use than when using before
 Increased use or more acute route of administration than before

Y

Save Next > Cancel



Religion: Protestant Ethnicity: Caucasian Edit

"How strong is your desire to use any drug right now?"



- "Have your addiction symptoms increased recently? How...? (Ask about any items below not mentioned by the patient) Have you had more craving, risk behaviors, more frequent use, increased amount of substance or have you used a more rapid route of administration?"
- "Do you feel you are likely to continue using or, if not using, that you are in danger of relapsing? How soon...? Do you feel at risk, even if you have had some treatment previously?"
- "Do you have any concerns about pursuing treatment...? Would anything possibly hold you back, such as money, insurance, schedule, attending groups, having to take medicines, drug tests, or drinking or drug-using friends?"

No; has been fully participating in all recommended treatments No; open to fully participating in any recommended treatments Passive or some hesitations Resists important components Rejecting or obstructs plan with many contingencies



Religion: Protestant Ethnicity: Caucasian Edit

- "Have you been emotionally abused during the past 30 days?"
- "Have you been physically abused during the past 30 days?"
- "Have you been sexually abused during the past 30 days?"
- "Who is the person (or persons) with whom you have had contact during the past 4 months and who has been most important to you?"
- "Have you recently neglected/abused family members?"
- "How much help will this person (or these persons) need to assist in your treatment and recovery and how likely is it that he/she/they







Next

Cancel

Trouble with your attitude or holding onto relationships with others?



Serious thoughts of suicide, i.e. that you would be better off dead, or wanting to hurt yourself?

In your lifetime?	0				
	Not at all	Slightly	Moderately	Considerably	Extremely
boughts of how you might	burt yourself?				
noughts of now you might	nurt yoursen:				
In your lifetime?	0				
	Not at all	Slightly	Moderately	Considerably	Extremely
ttempted suicide?					
In your lifetime?	0				
in jour mounter					

Dynamically driven report with variable content regions.



ID: 123456789 DOB: Jan 01, 1990 Gender: Female

for improver over or complete subcomes that may ensue from the use of this instrument. Consider your

ren improper bare of algebra obtained use may on the immunit case in the instructions. Consumptions patient's result activity, using the instrument is one of many disinal basis haid domining represe the others may not encompass all looks and types of services which may be available in a changing haidh case fold, therefore, the others may not be which (reduce the all looks and modeling of ser-

Patient: Jane Jones

Admission Date: Jun 08, 2012 at 10:00am Assessment Begun: Jun 08, 2012 at 10:30 am Assessment Ended: Jun 09, 2012 at 11:00 pm

quademain: Items using a clinical concensus algorithm. This instrument is not a replacement for realindividual provider assument, and sound clinical judgment. ASAM assume no direct or indirect lability. (PB350

reason is displayed here, e.g. pre authorization, continuing care, discharge, admission etc.

Interviewer: Frenk Eurter

ASAM Critera Report DD8: Jan 1, 1990 DD8

Interviewer: Frank Furter Gender: Female Assessment Stort: Jun 08, 2012 at 10:30 am

Assessment End: Jun 09, 2012 at 11:00 pm

DIAGNOSTIC SUGGESTIONS

△ IMMINENT RISK OF WITHDRAWAL – STATUS

The patient has a history of harm to herself or others, with a relative chronic, historical risk of 6 on a scale 0.0 (title or no risk) to 6 (vey strong risk), Jane Jones is courrently at risk of harming herself or others, with a relative current risk level of 7 on a scale 0.0 (title or no risk) to 8 (very strong risk). Regarding her breadth of harm, Ms. jones indicated that the risks of harm exist in 4 out 0.7 areas, including demonstrating violent behaviors to self or others, being vulnerable to self-harm or to be victimized by another, having a history of psychotic decompensation, and the fact that the abuse or neglect will worsen without removing them from the family, at least temporarily.

Jane Jones endorsed items in the PPC-2R instrument that indicate the probability of the following diagnoses and chemical use history.

Substance Dependence

Drug	Criteria Met based on 7 criteria	① Last Use	△ Imminent Risk Of Withdrawal
Heroin	4	1 hour(s) ago	
Methadone	3	5 day(s) ago	
Dependence other than heroin or methadone	4	1 day(s) ago	
Barbiturate	4	1 hour(s) ago	\bigtriangleup
Non-barbiturates sedative drugs	3	1 hour(s) ago	
Cocaine	5	1 hour(s) ago	\bigtriangleup
Stimulant	4	1 hour(s) ago	\bigtriangleup
Solvents and Inhalant	3	1 hour(s) ago	

MedStar Union Memorial Hospital MedStar Health Facilities MedStar Union Memorial Hospital 201 East University Parkway, Baltimore, MD 21218 410 354 2000 MedStar Union Memorial Hospital MedStar Health Facilities MedStar Union Memorial Hospital 201 East University Parkway, Baltimore, MD 21218 410.334.2000

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Executive Report

Clinical Decision Support: Output

- DSM-IV and 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
 - 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

25 Participating Health IT Vendors*

- BestNotes
- Brain Resource.com
- Caminar
- Cerner
- Compulink
- Computalogic's MethodOne
- DocuTrak
- eHana
- Ensoftek/Dr Cloud
- Foothold Technology
- Lauris / Integrated Imaging
- ManageAttendance
- Meadows Edge

- Medivance
- Orion Systems
- Procomp
- Qualifacts
- Ramsell
- Sigmund Software
- Smart
- Stratus EMR
- The ECHO Group
- TenEleven Group
- Welligent
- WITS

A National Addictions Patient Registry



Implications & Opportunities

- Patient trajectories stepdown, step up, drop out & re-entry
- Episode of Care what is it? Analysis & characterization
- Level of Care Need as a disease staging system?
- Follow-up/reassessment & change over time analysis
- High resolution data for treatment planning
- Multi-factorial patterns of placement discrepancies (proximity, coverage restriction, counselor bias, patient preference, algorithm error)
- Needs assessment for states, counties, insurers
- Casemix analysis & trajectories
 - For planning capitated contracts
 - For controlled clinical trials now can control for Level of Care need
- MediCal & Other Waivers: precise, real-time UR w/detailed data

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850



July 27, 2015 SMD # 15-003 Re: New Service Delivery Opportunities for Individuals with a Substance Use Disorder

Dear State Medicaid Director:

...States should use the ASAM Criteria as they develop a residential or inpatient SUD service continuum...

In order to receive approval...the assessment for all SUD services, level of care and length of stay recommendations must be performed by an independent third party that has the necessary competencies to use ASAM Patient Placement Criteria. Specifically, an entity other than the rendering provider will use the ASAM Criteria.

OPTIONS for States/Counties to propose the 1115 Waiver:

- 1. Managed care organization vendor contract
- 2. ASAM's CONTINUUM™

Addiction assessment: A new, state-of-the-art standard

THE PAST...

- Non-standard, intuitive
- Telephone tag
- Proprietary criteria
- Emphasis on cost, not quality
- 1991: ASAM...a teaching tool
- Each state creates its own Criteria
- Managed Care Study: ~50% of cases reversed
- By 2000s, SAMHSA wants a standard

NOW...

- Standardized, quantitative
- Rapid Prior Authorization
- Public domain criteria
- Emphasis on cost AND quality
- 2015: ASAM...a decision tool
- A single national standard for Criteria
- Managed care: Willing to pilot AUTOMATIC prior authorization
- 2015, SAMHSA has a standard

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

Making Budgets Go Further & Outcomes Better

ASAM's CONTINUUM™:

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

- More admissions/less staff time/lower costs AND better morale
- Better performance on the HEDIS *Engagement* indicator
- Consistently greater improvements in substance use & severity
- Decreases in overall hospital bed-days

<u>Payer/MCO gets</u>: faster, better telephone prior auth & UR data;

- Potentially eliminating phone prior auth AND most UR
- With precise, quantitative, real-time data
- Opportunity for: Determination of Need analyses
- Opportunity for: QI "hotspots" alerts & targeting

For more information:

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www.ASAMcontinuum.org



American Society of Addiction Medicine