

Challenges and Opportunities in Implementing the ASAM Criteria

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Disclosure Information

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- ◆ I have no commercial interest to declare. I am an employee of RTI International, a nonprofit research institute.



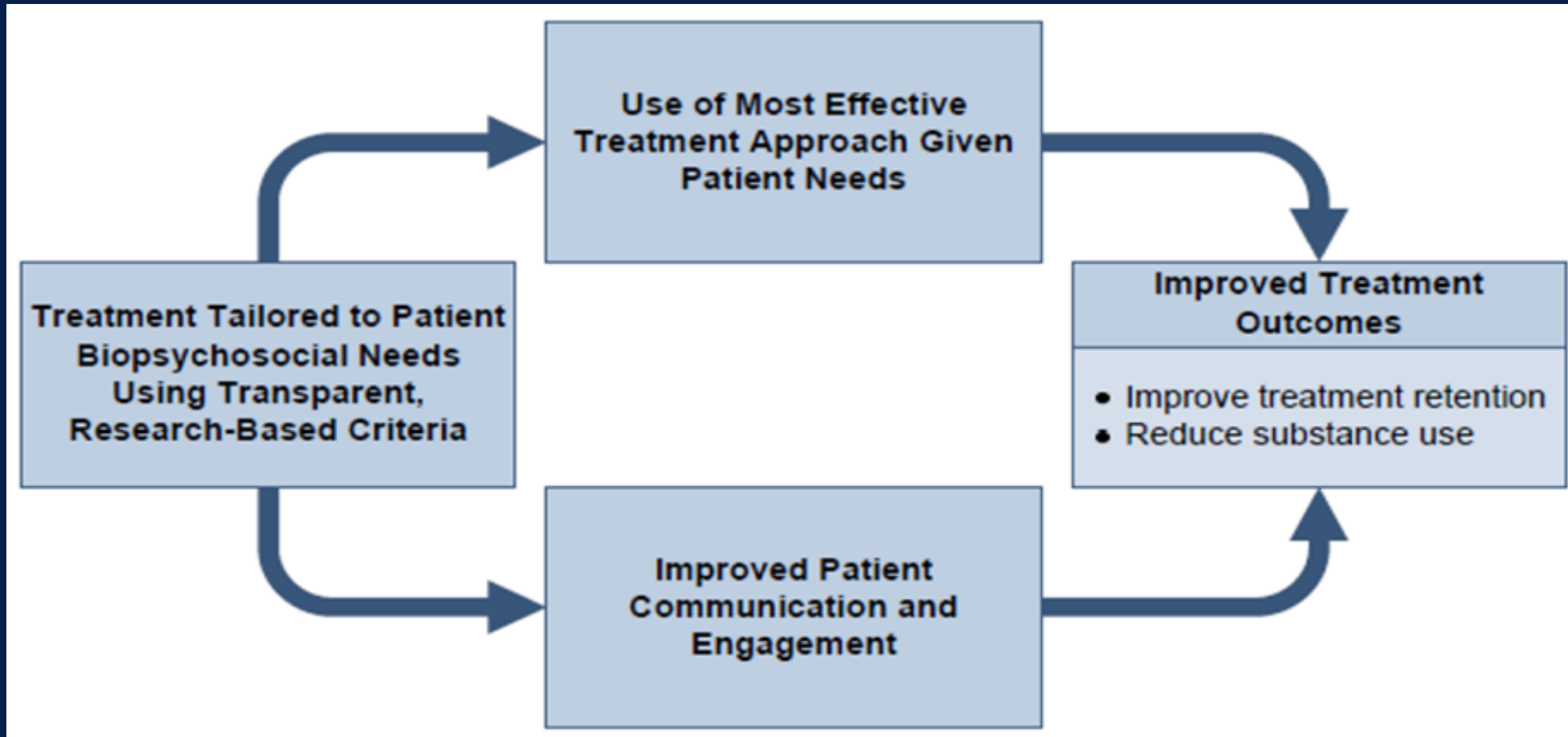
Learning Objectives

- ◆ Learn about patient, clinician, and health system experiences implementing the ASAM criteria
- ◆ To identify opportunities to improve ASAM intake assessment and decision criteria

PCORI-Funded Study of ASAM Criteria Implementation in California

- ◆ Aim 1. To test whether county implementation of ASAM criteria results in better treatment retention and outcomes than decision-making based on clinical judgment alone.
- ◆ Aim 2. To test whether ASAM criteria implementation leads to better patient information and experiences with intake.
- ◆ Aim 3. To understand differences with ASAM-based assessment and Continuum.

Theory of ASAM Mechanism of Action



Methods

- ◆ Analysis of CalOMS data
- ◆ Baseline and 1-month follow-up patient survey of patients receiving addiction treatment using ASAM-based assessments or assessment as usual
- ◆ Patient interviews
- ◆ Intake assessor survey and interviews
- ◆ Review of California counties ASAM assessment/criteria instruments

Counties that implemented ASAM had improved retention in treatment

- ◆ Difference-in-difference analysis of the CalOMS data revealed that ASAM (non-Continuum) implementation was associated with a 4.1-percentage point (95% CI, 1.5-6.7 percentage points) increase in retention in treatment in residential settings or an approximately 9% increase in retention over the initial year of implementation (i.e., from a 45% retention rate to a 59.1% rate) (aim 1).



Mark TL, Hinde J, Henretty K, Padwa H, Treiman K. How patient centered are addiction treatment intake processes? *J Addict Med.* 2021;15(2):134-142.

ASAM Patients Reported Receiving More Information

Patients giving ASAM based assessment more likely than were patients in the non-ASAM arms to

- ◆ The intake assessor “discussed what they learned about my addiction”
- ◆ The intake assessor “discussed treatment recommendations.”
- ◆ “Overall, I am satisfied with the decision to go to outpatient/residential treatment,”
- ◆ “Overall, I think outpatient/residential treatment was the best choice for me.”



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Patients reported assessment was intense, emotional experience

- ◆ Intake assessment process evoked strong feelings: positive and negative.
 - ◆ Answering questions was cathartic and gave helpful insights.
 - ◆ Questions were invasive, exhausting, and anxiety provoking.
- ◆ Critical that person conducting the assessment be supportive, nonjudgmental, and attentive.
- ◆ Delay comprehensive assessment because not physically or emotionally ready to complete at intake



Treiman K, Padwa H, Mark TL, Tzeng J, Gilbert M. “The assessment really helps you with the first step in recovery.” What do clients think substance use disorder treatment intake assessments should look like? *Subst Abus.* 2021;42(4):880-887

Quote about timing of assessment

- ◆ “Timing is a really big thing. When somebody comes in, they are not going to want to do it [the assessment] because they are sick, they’re throwing up, and they’re tired. Even if it was just one day later, for me that would have made a big difference.”



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Quotes about intensity of intake questions

- ◆ “When I was answering the questions, it made me realize that my life was definitely unmanageable and I need a lot of help.”
- ◆ “Hitting sensitive subjects when you’re just getting into treatment, it’s hard. It’s hard to sit through it. And you already feel like shit. You already don’t want to be there.”



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Quote about importance of caring assessor

- ◆ “I know you’re on my side and I can tell you personal information, instead of just talking to somebody who I feel doesn’t care.... It really helps when the counselor cares about you. “
- ◆ “It’s good to know that someone is listening to what you’re saying.... It’s not like they are just writing everything down just for the record. It’s like they are actually listening to you.”



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Clinicians highlighted tension between comprehensiveness and patient burden

- ◆ “It covers all bases from A to Z (and) collectively, everything works off each other. There’s an underlying reason why we turn to drugs and alcohol in the first place and getting ‘the whole picture’—including the physical, mental health, and environmental factors that contribute to clients’ substance use—is an essential precondition to effective treatment.”
- ◆ “It’s very long, especially when you have patients who are coming in under the influence. It can be a bit challenging. They start getting **anxious**”

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There is no one ASAM assessment and decision-criteria

- ◆ Analyzed 29 county ASAM assessments and decision criteria
- ◆ All assessments were organized by the 6 ASAM dimensions
- ◆ Some ask 1 -or 2 questions per dimension, while others ask over 20 questions.
- ◆ 8 different algorithms to translate information from assessments into level of care recommendations
- ◆ Stimulated development of free paper-based ASAM criteria assessment interview guide



Padwa H, Mark TL, Wondimu B. What's in an "ASAM-based assessment?" Variations in assessment and level of care determination in systems required to use ASAM patient placement criteria. J Addict Med. 2020;16(1):18-26

Continuum versus paper-based ASAM

- ◆ Continuum advantages
 - ◆ Comprehensive
 - ◆ Consistent criteria for level of care decision
- ◆ Continuum disadvantages
 - ◆ Too long



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Final Takeaways

- ◆ ASAM assessments shifted focus away from just substance use to biopsychosocial dimensions
- ◆ ASAM assessments aimed to generate more consistent understanding of who needs a higher level of care
- ◆ Tension between intake assessments multiple purposes
 - ◆ Level of care decision-making
 - ◆ Treatment planning using comprehensive biopsychosocial information
 - ◆ Patient engagement and information exchange
- ◆ Trying to address all goals in one initial intake session may not be optimal

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