

# The ASAM Criteria

Maintaining Fidelity to Evidence-Based Criteria

*ASAM Annual Conference, Orlando, Florida  
April, 2019*



**ASAM** American Society of  
Addiction Medicine

# AN OVERVIEW OF ASAM'S EFFORTS TO SUPPORT FIDELITY TO THE ASAM CRITERIA



**ASAM** American Society of  
Addiction Medicine

# Maintaining Fidelity to Evidence-Based Criteria

April 4<sup>th</sup>, 2019

## Disclosure Information

Paul H. Earley, MD, DFASAM

Georgia Professionals Health Program, Inc. – Salary – President

Earley Consultancy, LLC – Consulting Fee – Training and Education

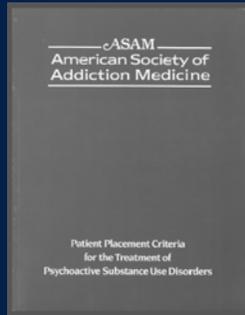
DynamiCare, Inc. – Salary – VP of Medical Affairs



**ASAM** American Society of  
Addiction Medicine

# Evolution of the ASAM Criteria

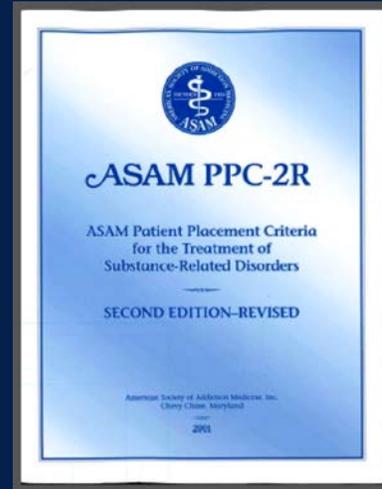
1991



1996



2001



2013



For the least intensive & restrictive care that meets the patient's multi-dimensional needs for optimal treatment outcome



**ASAM** American Society of Addiction Medicine

# The ASAM Criteria: Forty Years of Clinical and Research Experience

1980s: The Cleveland Criteria

1990s  
NAATP  
Criteria

1990s:  
Research  
foundation  
, PPC-1 &  
PPC-2

2001:  
PPC-R:  
Expansion  
that  
considers  
other  
disorders

2013:  
PPC  
renamed  
ASAM  
Criteria  
with  
new text

PPC is the Patient Placement Criteria



**ASAM** American Society of  
Addiction Medicine

# The ASAM Criteria

## Forty Years of Clinical and Research Experience

- ◆ 1999 – Initial computerization and research at MGH/Harvard
- ◆ 2000-2005 – Additional treatment matching studies using the computerized version of the PPC
- ◆ 2000 - First Commercial Version of the PPC built with assistance from a NIAAA SBIR Grant.
- ◆ 2003 - Research in Belgium and Norway begins, validating the product internationally.
- ◆ 2004 -ASAM assumes ownership of the software product

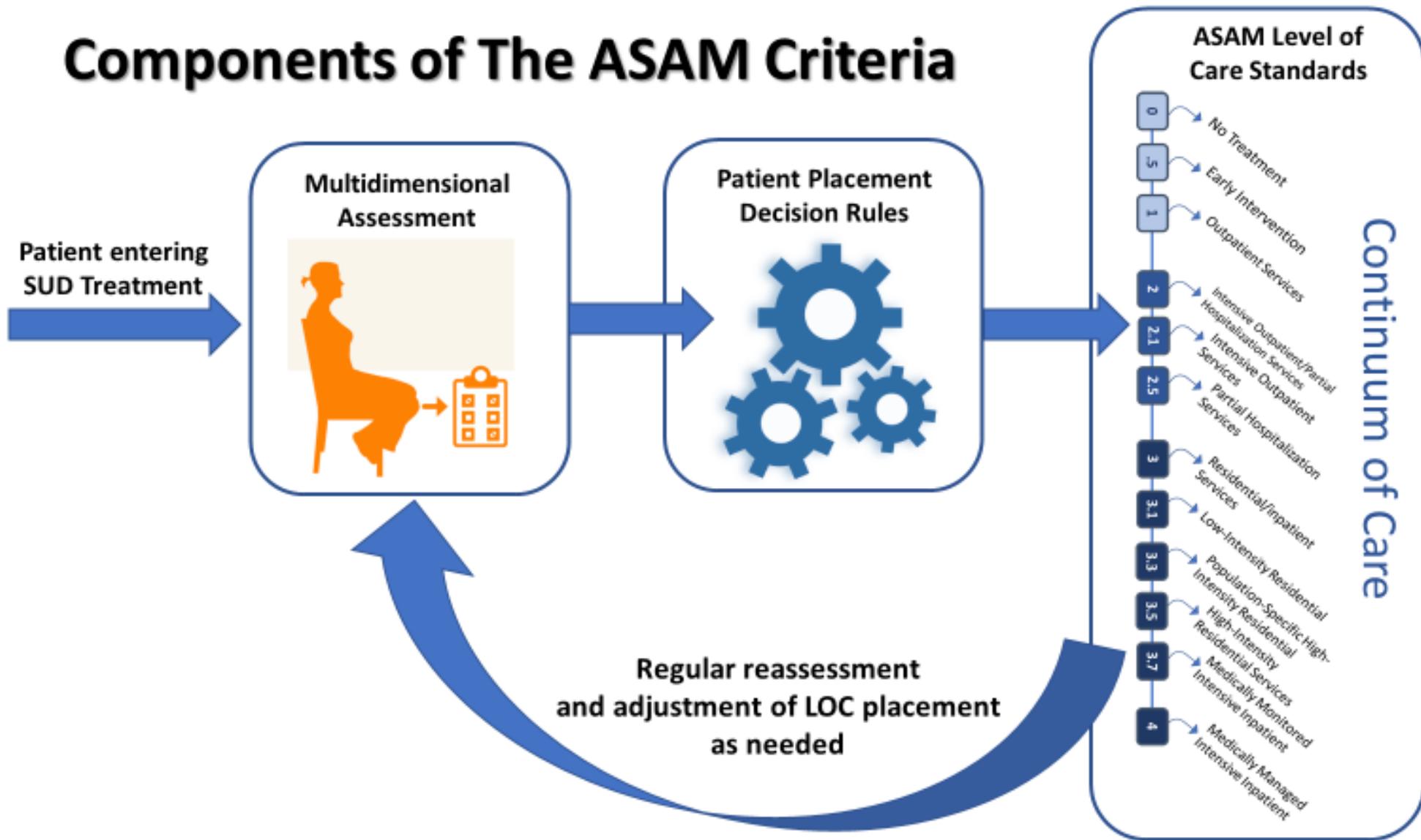


# The ASAM Criteria — wide adoption & validation



**ASAM** American Society of Addiction Medicine

# Components of The ASAM Criteria





# Level of Care Certification

- ◆ Validating & Improving Treatment Services
  - ◆ Launches Summer 2019
  - ◆ Delivered in partnership with CARF International
  - ◆ Will be the first program of its kind to independently assess and verify treatment programs' ability to deliver services with fidelity to *The ASAM Criteria*
  - ◆ CARF personnel will conduct in-person program surveys to verify the presence of ratable elements sufficient to satisfy the proprietary scoring methodology



# Level of Care Certification

(continued)

- ◆ Validating & Improving Treatment Services
  - ◆ Will initially cover residential programs at Levels 3.1, 3.5, and 3.7 of *The ASAM Criteria*
  - ◆ Unlike accreditation, Level of Care certification will differentiate between the many Levels of Care available for addiction treatment
  - ◆ All certified programs will be listed in a searchable online database
  - ◆ Patients and payors will be able to find programs equipped to deliver evidence-based treatment
  - ◆ Treatment programs will receive recognition for their commitment to helping patients



# ASAM Criteria Training

- ◆ Launches Summer 2019
- ◆ Comprehensive suite of competency-based learning activities
- ◆ Will help multiple audiences ensure appropriate use of *The ASAM Criteria* by treatment practitioners and systems across the United States



# Copyright and Permissions

- ♦ *Integrity Protection*
  - ♦ *The ASAM Criteria* is playing a critical role in national efforts to advance treatment standards for addiction care
  - ♦ ASAM has to ensure integrity and prevent misunderstanding misuse of *The ASAM Criteria* by some treatment providers and payers
  - ♦ Beginning this spring, *The ASAM Criteria* copyright and permissions process will be updated to include agreements that will enable parties to publicly reference their use of *The ASAM Criteria*
  - ♦ Agreements with States and other public entities will be free
  - ♦ Fees for providers will be modest, enough to cover the costs associated with ensuring reliable and consistent representation of the use of *The ASAM Criteria*



# ASAM/CARF LEVEL OF CARE CERTIFICATION PROGRAM



**ASAM** American Society of  
Addiction Medicine

ASAM/CARF LoC Certification Program  
April 4, 2019  
Disclosure Information

Michael Johnson, M.A., C.A.P.  
No Disclosures



# Why Certification?

- *The ASAM Criteria* is nation's most widely used and comprehensive set of guidelines for addiction treatment, but there is currently no verification of its implementation.
- Accurately differentiate between levels of care to help patients and payors alike.
- Highlight treatment programs that have evidence-based policies and procedures.



# Regulatory and Industry Alignment and Support

- ◆ H.R. 6 – SUPPORT for Patients and Communities Act
- ◆ Section 1115 SUD waiver
- ◆ 30+ states require *The ASAM Criteria* in rules/regulations
- ◆ 50 million+ Americans covered by insurers utilizing *The ASAM Criteria*



# Certification, Licensing & Accreditation

## What's the Difference?

### Accreditation

- Earned by an entire organization, program or agency
- Assessment to determine if the organization's processes and procedures are directed to producing positive outcomes in the lives of the persons served
- Granted by a non-governmental outside organization for a time-limited period



#### Voluntary or Involuntary?

Can be voluntary or mandated

### Licensing

- Mandatory process by state government primarily for public safety and well-being of consumers.
- Process of review allows individuals, facilities, programs, organizations or agencies to meet a minimal level of competency
- Granted by state governmental agencies for a time-limited period



#### Voluntary or Involuntary?

Involuntary

### Certification

- Earned by an individual or program to demonstrate the capability to deliver a specialized service or Level of Care
- Process to ensure that an individual or program has met certain requirements to provide services
- Granted by a non-governmental outside organization or professional organization for a time-limited period



#### Voluntary or Involuntary?

Typically voluntary

*\* sometimes regulatory bodies require certification to provide specific services*

# Assessing ASAM Level of Care Delivery

## SERVICE CHARACTERISTIC CATEGORIES

In *The ASAM Criteria*, the following categories of service characteristics will deliver example and appropriate information for each withdrawal management level of care:



Examples of Service Delivery and Settings



Support Systems



Staff



Therapies



Assessment/Treatment Plan Review



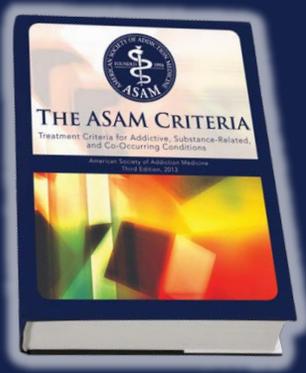
Documentation

# ASAM Criteria LoC Certification Milestones

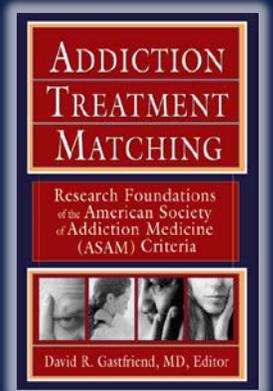
- ◆ Final draft certification elements completed – Nov 2018
- ◆ Initial Pilot of certification elements – Feb 2019
- ◆ Phase II pilots – Anticipated in June-July 2019
- ◆ Roll Out Late Summer 2019



# THE ASAM CONTINUUM<sup>®</sup> STANDARD



**ASAM CONTINUUM<sup>®</sup>**  
THE ASAM CRITERIA DECISION ENGINE



**ASAM** American Society of  
Addiction Medicine

# Maintaining Fidelity to Evidence-Based Criteria

April 4<sup>th</sup>, 2019

## Disclosure Information

David Gastfriend, MD, DFASAM

Chief Architect, ASAM CONTINUUM – The ASAM Criteria Decision Engine®

Chief Medical Officer, DynamiCare Health™

Scientific Advisor – Treatment Research Institute

*Consultant and/or other disclosures:*

*ASAM (Royalty), Alkermes Inc. (Shareholder), BioCorRx (Advisor)*

*DynamiCare Health (Employee, Shareholder)*



**ASAM** American Society of  
Addiction Medicine

# Making Budgets Go Further & Outcomes Better

## ASAM CONTINUUM<sup>®</sup> :

(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



# ASAM CONTINUUM<sup>®</sup> Research Validation

- ◆ The ASAM Criteria Software decision rules show *face validity*
- ◆ Technology: good *reliability* (.77 ICC) & *feasibility* (60 min mean duration)
- ◆ Comparison to other instruments shows good *concurrent validity*
- ◆ *Predictive validity* overall & with heroin, cocaine & comorbidity
- ◆ Valid for undermatching, AND for *overmatching* (2 studies)
- ◆ 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



# ASAM CONTINUUM<sup>®</sup> User Interface

Left side:  
Navigation panel

Right side:  
Interview panel

The screenshot displays the ASAM CONTINUUM user interface, which is divided into two main sections: a navigation panel on the left and an interview panel on the right.

**Navigation Panel (Left Side):**

- ASAM CONTINUUM<sup>®</sup> THE ASAM CRITERIA DECISION ENGINE**
- Question and Answer Knowledgebase**
- David Gastfriend**  
Change Password Log Out  
ASAM-David
- Home** **Assessment** **Patient**
- General Information**
- Medical History**
- Employment and Support History**
- Drug and Alcohol**
- Legal Information**
- Family and Social History**
- Psychological**
- Interview Completion**
- Review**
- | Section | % Complete |
|---------|------------|
| Review  | 0%         |
- [Terms and Conditions](#)

**Interview Panel (Right Side):**

- Alex Smith**  
Birth Date: 03/01/2016 Gender: Female Religion: Catholic Ethnicity: Caucasian  
[Edit](#)
- Created By: ykidane@asam.org** [Print](#)
- through with referral in 30 days?**
- Following this patient interview, what is the motivation for recovery at this time?**
- For this patient, what is the likelihood of maintaining total abstinence in 90 days?**
- For this patient, what is the likelihood of involvement in treatment in 90 days?**
- Category of final disposition (i.e., where the patient is actually being sent to treatment)**  
  - Not applicable (patient agrees)/or No Answer
  - Final disposition is, or is expected to be, same as recommended by ASAM Criteria
  - Different treatment selected due to patient choice
  - Recommended program is unavailable in geographic region
  - Lack of physical access (e.g. transportation, mobility)
  - Conflict with job/family responsibilities
  - Patient lacks insurance
  - Patient has insurance but insurance will not approve recommended treatment
  - Program available but lacks opening or wait list too long
  - Program available but rejects patient due to patient characteristic(s), e.g. attitude, behavior, clinical status
  - Court or other mandated treatment is different or blocks ASAM Criteria recommendation
  - Patient rejects any treatment at this time
  - Patient eloped
  - Clinician disagrees with ASAM Criteria recommendation**
  - Not known
- Sub-category of final disposition (i.e., where the patient is actually being sent to treatment)**
- Reason for final disposition (i.e., where the patient is actually being sent to treatment), if different from recommended**
- Was patient referred to a biomedically enhanced program?**  Yes  No

**Navigation:** [< Prev](#) [Save](#) [Next >](#) [Cancel](#)

# ASAM CO-Triage<sup>®</sup>: Provisional Assessment

For provisional SUD referral, in conjunction with clinical judgement

- ◆ Guided by LA DPH SAPC: ~20 Questions, based on CONTINUUM
- ◆ Quickly direct patients to ASAM Level(s)
- ◆ In-person OR by phone – 10 min.
- ◆ Engage & improve follow-thru to care
- ◆ Report conveys patient's needs to referrals
- ◆ Data imports into CONTINUUM<sup>™</sup> for Comprehensive Evaluation
- ◆ Successful adoption throughout Massachusetts & LA County

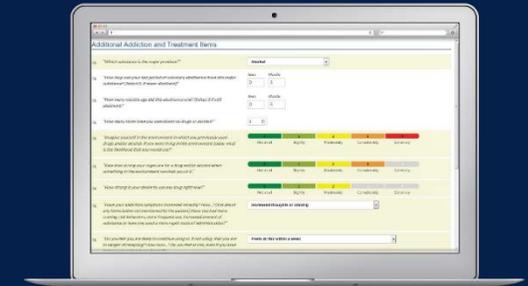
The screenshot displays the ASAM CO-Triage assessment form. At the top, it includes the patient's name (Mara Taylor), admission date (12/28/2017 10:53 AM), and assessment date (12/28/2017 10:53 AM). The form is titled "CO-Triage" and "The ASAM Criteria Referral Tool". It contains a table of questions and answers, followed by several sections for clinical observations and recommendations.

| Questions   | Answers  |
|---|--|
| 1) Does interview suggest screening?  | Yes  |
| 2) What help with substance problem? (if self or other)   | Yes, substance problem of self   |
| 3) Relationship to identified patient? (Identify patient setting, the relationship) Willing to learn how to help identified patient?  |  |
| 4) Primary substance(s) for which help sought? Name of other drug(s)  | Marijuana or cannabis<br>none  |
| Comments:   | nothing  |
| Observation 1: Behavior, Orientation, etc., or Current Program  |  |
| 5) Ability stop using alcohol/drug for several days at a week or longer. (If need to consider day?)   | Need every day DR use  |
| Comments:   |  |
| Observation 2: Risk Reduction, and/or Withdrawal Potential  |  |
| 6) Willingness to engage in treatment? (ASAM level of care, if treatment not ASAM level of care, specify ASAM level of care, but not of care pro. & psych. support services needed or other supports needed for care & treatment) | ASAM level of care, if treatment not ASAM level of care, specify ASAM level of care, but not of care pro. & psych. support services needed or other supports needed for care & treatment |
| Comments:   |  |
| Observation 3: Medical Conditions and Disabilities  |  |
| 7) Any medical problems this day? Name of other medical problem(s)  | Eschovag/Throat Other:<br>none   |



# ASAM CONTINUUM®: Comprehensive Assessment

- ◆ Substance Use Disorders: DSM-5 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 Capable, Enhanced Sub-levels



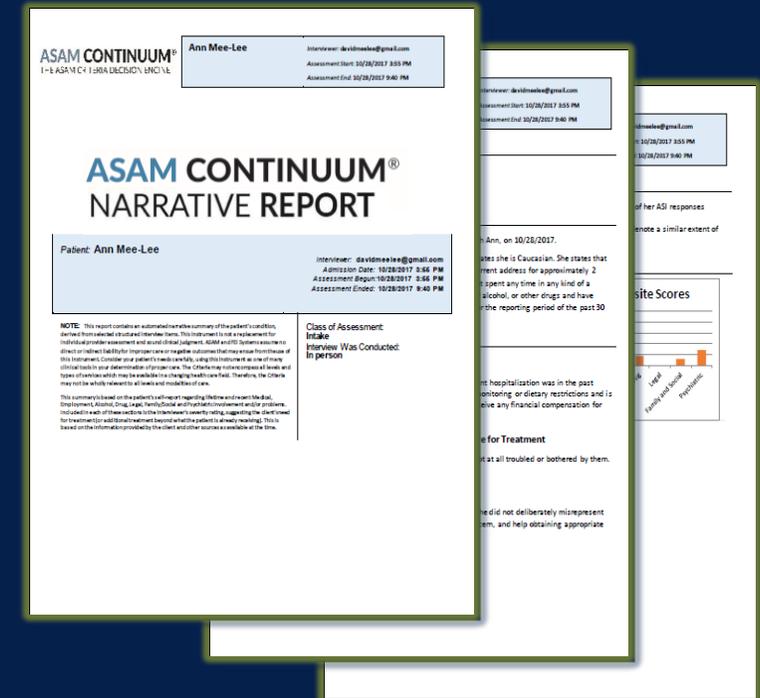
# ASAM CONTINUUM<sup>®</sup>: Design & Operation

- ◆ Counselor-ready expert structured interview
- ◆ Implements every adult admission decision rule in ASAM 2013
- ◆ Clinically oriented: Highly branched, i.e., individualized
- ◆ Uses open- & closed-ended questioning
- ◆ Patient-centric questioning: allows skips, per patient need
- ◆ Operationalizes complex phenomena: craving, motivation, trajectory
- ◆ Guides assessment of relationship abuse, psych Sxs, suicidality
- ◆ Allows for “gray-zone” recommendations
- ◆ Allows clinician to disagree



# ASAM CONTINUUM®: Summary Report

- ◆ DSM-5 SUDs Diagnoses & Criteria
- ◆ Withdrawal Scores: CIWA-Ar & CINA (EtOH/BZs, opioids)
- ◆ Addiction Severity Index (ASI) Composite Scores
- ◆ Risks, Access, & Support Needs/Capabilities
- ◆ ASAM Dimensional Admission Criteria
- ◆ ASAM Level of Care recommendations
  - ◆ All adult admission levels & sub-levels
  - ◆ Including WM, BIO, COC, COE
- ◆ May provide more than 1 final LoC
  - ◆ Use least intensive LoC that meets patient needs

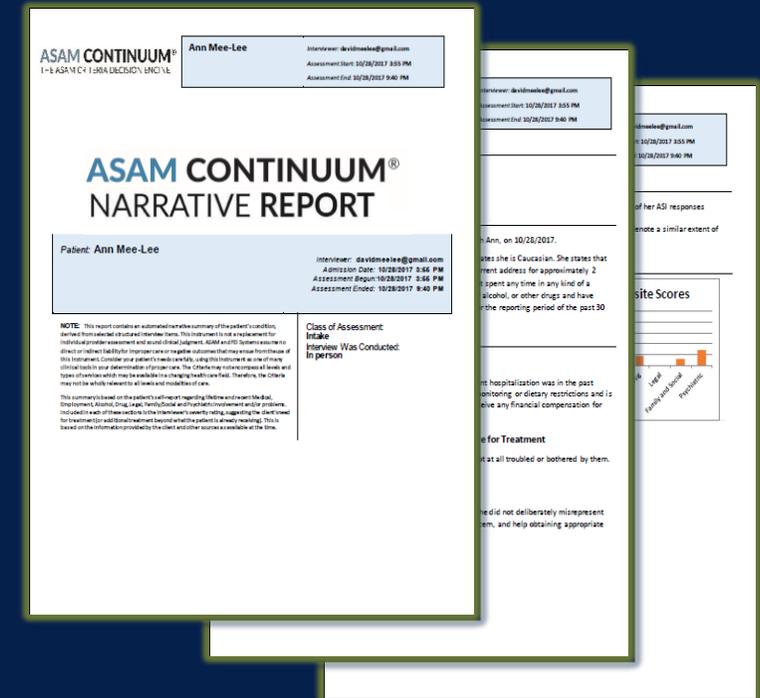


# ASAM CONTINUUM®: Biopsychosocial Narrative Report

- ◆ Multi-page final report, chart-ready, & for transmittal to referral sites
- ◆ Automatically available upon interview completion

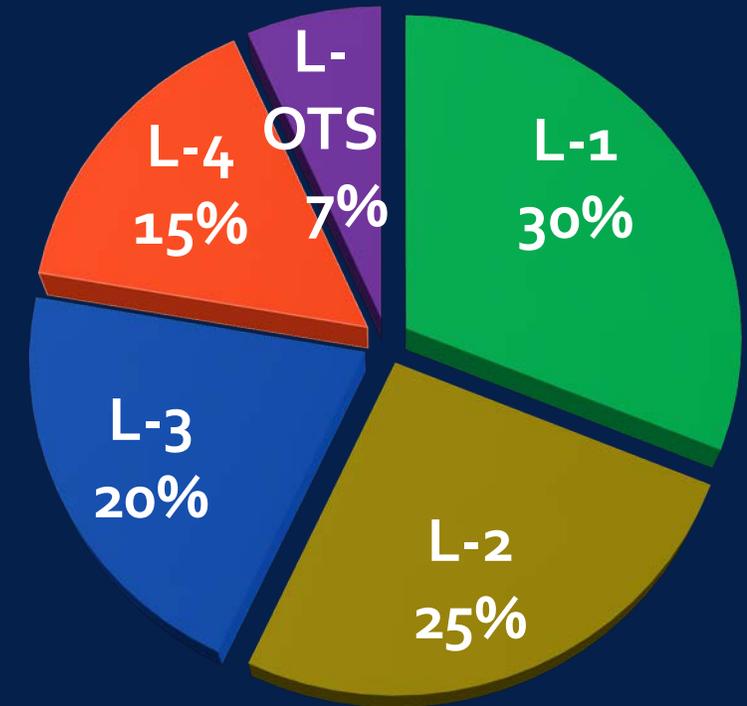
## Includes:

- ◆ Identifying & General Information
- ◆ Medical, Employment, Alcohol/Drug, Family/Social, & Psychiatric Sections
- ◆ Patient Perception Ratings Graphic
- ◆ Addiction Severity Index Scores
- ◆ Detailed Problem List of ASAM Dimensions 1-6



# ASAM's National Clinical Database

- ◆ >50,000 assessments; ~4,000 added each month
- ◆ >92% of completed cases generate a Level of Care recommendation
- ◆ LoC Distribution: 1 > 2 > 3 > 4 > OTS
- ◆ Reasons for Discrepant Placement :
  - ◆ 25% Patient Choice
  - ◆ 22% Clinician Disagrees
  - ◆ 10% Other (insurance, access, etc.)
  - ◆ 4% Mandated (Justice System)



# Implications & Opportunities

- ✓ Opioid Epidemic Ready:  
Indicates need for Opioid Treatment Services
- ✓ Parity-Ready: Publicly available medical necessity criteria
- ✓ ACA Ready: For ACO, Health Home & population health
- ✓ CMS 1115 Waiver Ready: Facilitates 3<sup>rd</sup> party UR review
- ✓ STR/SOR Ready: Facilitates required outcome data reporting
- NEXT...Longitudinal behavioral monitoring
  - ...Needs assessment
  - ...Instant prior authorization & UM
  - ...Alternative payment models: outcomes-based, P4P
  - ...Criminal Justice Version: in the works



# ASAM CONTINUUM<sup>®</sup>: Research Citations

1. Angarita GA, Reif S, Pirard S, Lee S, Sharon E, Gastfriend DR (2007). No-show for treatment in substance abuse patients with comorbid symptomatology: Validity results from a controlled trial of the ASAM Patient Placement Criteria. *J Addict Med* 1:79-87
2. Baker SL, Gastfriend DR. Reliability of multidimensional substance abuse treatment matching: Implementing the ASAM Patient Placement Criteria. *J Add Dis* 22(supplement 1):45-60, 2003
3. Gastfriend DR. *Addiction Treatment Matching: Research Foundations of the American Society of Addiction Medicine (ASAM) Criteria*. Binghamton NY: Haworth Medical Press, 2004, pp. 1-170
4. Gastfriend DR, Lu SH, Sharon E (2001). Placement matching: challenges and technical progress. *Subst Use & Misuse*, 35: 2191-2213
5. Hoopfer S, Ryan M, Lucena A, Gastfriend E (2011). ASAM PPC Assessment Software Business Plan. Harvard Business School Volunteer Consulting Organization. July 26, 2011. pp. 1-30
6. Magura S, Staines G, Kosanke N, Rosenblum A, Foote J, DeLuca A, Bali P (2003). Predictive validity of the ASAM Patient Placement Criteria for naturalistically matched vs. mismatched alcoholism patients. *American Journal on Addictions*, 12(5) 386-397
7. Sharon E, Krebs C, Turner W, Desai N, Binus G, Penk W, Gastfriend DR (2003). Predictive Validity of the ASAM Patient Placement Criteria for Hospital Utilization. *Journal of Addictive Disease* 22(supplement 1):79-93
8. Stallvik M, Gastfriend DR. Predictive and Convergent Validity of the ASAM Criteria Software in Norway. *Addiction Research & Theory* 2014, 22(6):515-523 (doi:10.3109/16066359.2014.910512)
9. Stallvik M, Gastfriend DR, Nordahl HM. Matching patients with substance use disorder to optimal level of care with the ASAM Criteria software. *Journal of Substance Use*, 20:389-98
10. Stallvik M, Nordahl HM (2014). Convergent Validity of the ASAM Criteria in Co-Occurring Disorders. *J Dual Diagnosis*, 10:68-78



# Resources

- ◆ [Gastfriend@gmail.com](mailto:Gastfriend@gmail.com)
- ◆ [www.ASAMcontinuum.org](http://www.ASAMcontinuum.org)
  - ◆ Knowledge base
    - ◆ Webinars
    - ◆ Frequently asked questions
    - ◆ Training videos
    - ◆ Current list of Authorized CONTINUUM<sup>®</sup> Distributors
- ◆ Email: [asamcriteria@asam.org](mailto:asamcriteria@asam.org)



# ASAM CRITERIA: PERMISSIONS AND LICENSING



**ASAM** American Society of  
Addiction Medicine

# Maintaining Fidelity to Evidence-Based Criteria

April 4<sup>th</sup>, 2019

## Disclosure Information

Margaret Jarvis, MD, DFASAM

Geisinger Health Services – Salary – Chief, Addiction Medicine

US Preventive Health, Inc. – Stockholder



**ASAM** American Society of  
Addiction Medicine

# Why license?

- ◆ ASAM strongly supports the expanded use of clinical standards of care, including *The ASAM Criteria*, throughout the addiction treatment system.
- ◆ The recent growth in use of *The ASAM Criteria* (often pursuant to regulatory requirements) has sparked concerns from patients, families, providers and payers about whether *The ASAM Criteria* standards are being implemented effectively [across providers and payers] – concerns which require action



# Permissions Agreements -: what do they do?

- ◆ Restrict the use of The ASAM Criteria brand to those that are mandated to do so, and those that are implementing ASAM endorsed products to support effective implementation of standards (e.g. ASAM CONTINUUM, ASAM Level of Care Certification, ASAM Criteria Training),
- ◆ require a disclaimer that makes it clear that the program is not certified as an ASAM level of care or endorsed by or affiliated with ASAM, and
- ◆ give ASAM the authority to take away the right to use the ASAM Criteria name and to tell organizations that are misrepresenting The ASAM Criteria to cease and desist.



# Permissions Agreements –who can get them?

- ◆ The following types of providers and care delivery organizations are eligible for permission to publish, cite, or market the use *The ASAM Criteria*:
  - ◆ Providers being required to do so by a public entity or payer;
  - ◆ Providers using other endorsed ASAM Criteria related products to support effective implementation (e.g. ASAM CONTINUUM or CO-Triage) and
  - ◆ Providers that have been certified by CARF as an ASAM Level of Care



# Permissions Agreements – who else can market?

- ◆ States, health plans and insurers, and other regulators and payers that wish to require the use of *The ASAM Criteria*;
- ◆ Managed care entities, third-party vendors, and related entities that are required by the regulator or payer to use The ASAM Criteria in their operations; and
- ◆ Publishers or authors who want to reproduce un-modified content from *The ASAM Criteria* (with attribution) in a publication (e.g., book, scholarly journal).



# What will the permissions cost?

- ◆ Annual Fees set by:
  - ◆ Number of patients seen on a randomly selected day (inpatient) or month (outpatient)
  - ◆ Multiplied by a dollar amount per patient
- ◆ Discounts available for programs that are publicly funded and those that are close to margin
- ◆ For “average” program, likely to be about \$500 per year.



# For more information:

- ◆ ASAM Weekly, April 16, 2019



# Special Thanks



**ASAM** American Society of  
Addiction Medicine

# Panel: Question and Answer

