

AN INTRODUCTION

ASAM

2013



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AMERICAN SOCIETY OF ADDICTON MEDICINE

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ASAM is a professional organization comprised of physicians specializing in the treatment of addiction



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The goals of the Society include

- ~ Defining addiction medicine
- ~ Improving access to treatment
- ~ Improving treatment
- ~ Gaining recognition for this medical specialty

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**AMERICAN SOCIETY OF ADDICTION MEDICINE
PATIENT PLACEMENT CRITERIA
FOR THE TREATMENT OF
SUBSTANCE-RELATED DISORDERS
SECOND EDITION-REVISED
2001**



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ASAM PPC-2R
New version due
2013

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The ASAM PPC has become the most widely used and comprehensive set of guidelines for placement, continued stay and discharge of patients with addictive disorders.

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**PAST
ASSESSMENT & TREATMENT
MODELS**



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ASSESSMENT/TREATMENT MODELS

Diagnosis defined placement



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ASSESSMENT/TREATMENT MODELS

**Assessment tools identified only inpatient or
residential placement needs**



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ASSESSMENT/TREATMENT MODELS

Poor outcomes meant more intensive treatment was needed and the consumer was at fault (treatment resistant)



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ASSESSMENT/TREATMENT MODELS

Placement “program based”

- “One size fits all”
- Typically a single option is available

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PAST ASSESSMENT/TREATMENT MODELS

“Negative consequences”

“Graduation”

“Complete the program”

“Our program is _____ in length”.

“Phases”

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PAST ASSESSMENT/TREATMENT MODELS

CHARTING

“More willing to follow the rules”.

“Compliant in group”.

“Serious and persistent”.

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What is ASAM?



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The ASAM PPC-2r is NOT an assessment instrument.

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All information necessary to properly determine placement decisions is based on screening and assessment that PRECEDES using the ASAM patient placement criteria.

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One of the primary determinants of level of care placement is the potential lethality of the consumers' current condition.



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The Patient Placement Criteria was developed to better coordinate treatment across multiple levels of care and to identify the intensity of the services needed.



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ASAM TERMINOLOGY

Clinically Managed

Length of service

Levels of service

Continued service

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**The ASAM PPC were developed
to:**



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Treat the consumer in the most available, least restrictive level of care possible.

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**Takes a less conservative approach to detoxification
based on recent clinical research**



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Respond to the concerns of public sector treatment programs and managed care organizations



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Develop a method of expanding the levels of care available



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Define commonly used terms in ways that enhance communication among users of patient placement criteria To promote a common clinical service (treatment language)

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Shift from uni-dimensional to multi-dimensional assessment.



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Change program driven treatment to clinically driven services



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Move from fixed length of service to variable length of service



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Move from a limited number of discrete levels of care to a continuum of care



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The service plan should be based on a comprehensive biopsychosocial assessment.

- This includes, whenever possible, a comprehensive assessment of the family.

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Plan should address:

- Problems,
 - Strengths,
 - Priorities,
 - Goals,
 - Methods and/or strategies.
- 

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There should be informed consent including:

- **The risks and benefits of treatment.**
- **Alternative treatments.**
- **The risks and benefits of no treatment.**

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Medical necessity in addiction treatment requires addressing the most severe presentations in all six dimensions.

- **Medical necessity does not refer to a limited focus of addressing only withdrawal, etc.**

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Progress through the levels of service

- Progress in all 6 dimensions must be assessed continuously to ensure comprehensive treatment.

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As treatment progresses, new problems and priorities may be discovered requiring a review of treatment status.



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Always find the level of care that can best address the service plan in the least restrictive environment.



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**Consumers may fail at a particular level of service.
Changing the service plan or level of care should
be based on a reassessment of the service plan
addressing the needs of the consumer.**

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The main factors that interfere with placement decisions.

- Lack of availability of appropriate care.
- Failure of a consumer in a particular level of care.

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**FURTHER PRINCIPLES GUIDING
THE DEVELOPMENT OF
THE ASAM PPC**



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**The ASAM Patient Placement
Criteria address three areas**



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INITIAL PLACEMENT



CONTINUED STAY

and/or

REFERRAL



DISCHARGE

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SIX ASSESSMENT DIMENSIONS



SIX DIMENSIONS

Dimension I

- Acute Intoxication and/or Withdrawal Potential

Dimension II

- Biomedical Conditions and Complications

Dimension III

- Emotional, Behavioral or Cognitive Conditions and Complications

Dimension IV

- Readiness to Change (**Treatment Acceptance/Resistance**)

Dimension V

- Relapse, Continued Use, or Continued Problem Potential

Dimension VI

- Recovery/Living Environment
- 

FIVE LEVELS

Level 0.5

- Early Intervention

Level I

- Outpatient Treatment

Level II

- Intensive Outpatient/Partial Hospitalization

Level III

- Residential/Inpatient Treatment

Level IV

- Medically Managed Intensive Inpatient Treatment

Opioid Maintenance Therapy
Detoxification Services

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**6 DIMENSIONS
EXAMINED**



6 DIMENSIONS

Dimension I

- Acute Intoxication and/or Withdrawal Potential

Dimension II

- Biomedical Conditions and Complications

Dimension III

- Emotional, Behavioral or Cognitive Conditions and Complications

Dimension IV

- Readiness to Change (**Treatment Acceptance/Resistance**)

Dimension V

- Relapse, Continued Use, or Continued Problem Potential

Dimension VI

- Recovery/Living Environment



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Dimension I

- Acute Intoxication and/or Withdrawal Potential

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Dimension I Five variations of detox services

- I-D Ambulatory Detox wo on-site monitoring
- II-D Ambulatory Detox w on-site monitoring
- III-D Residential/Inpatient Detoxification
- III.2-D Clinically Managed Res/IP Detox
- III.7-D Medically Monitored Res/IP Detox

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Level I-D

Level II-D

Level III.2-D

Level III.7-D

Level IV-D

“D” designates a detoxification service

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Level I-D

- Ambulatory detoxification without extended on-site monitoring
 - Organized outpatient service
 - May be delivered in an office setting, healthcare or addiction treatment facility or in a patient's home
 - Trained clinicians provide medically supervised evaluation, detoxification & referral services in regularly scheduled sessions
 - Services should be delivered under a defined set of P&P and/or medical protocols

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Level II-D

- Ambulatory detoxification with extended on-site monitoring
 - Organized outpatient service.
 - May be delivered in an office setting, healthcare or addiction treatment facility.
 - Trained clinicians provide medically supervised evaluation, detoxification & referral services in regularly scheduled sessions.
 - Essential to this level of care is the availability of appropriately credentialed and licensed nurses who monitor patients over a period of several hours each day of service.

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Level III.2-D

- Clinically managed residential detoxification
 - Sometimes referred to as “social setting” detox.
 - Organized service that may be delivered by appropriately trained staff who provide 24 hour supervision, observation, & support for consumers who are intoxicated or experiencing withdrawal.
 - Characterized by peer & social support.
 - Relies on established clinical protocols to identify patients in need of medical services beyond the capacity of the facility in order to transfer such consumers to the appropriate level of care.

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Level III.7-D

- Medically monitored inpatient detoxification
 - Two distinct parts to this level. The first is Level III-D, or Residential/Inpatient Detoxification.
 - The “residential” level has been synonymous with rehabilitation services.
 - Detoxification services & the “inpatient” level of care have been synonymous with acute inpatient hospital care.

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Level III.7-D

- The second part is defined by the following:
 - Organized service delivered by medical & nursing professionals, which provides for 24 hour medically supervised evaluation & withdrawal management.
 - A permanent facility with inpatient beds & services that are delivered under a defined set of physician-approved P&P or clinical protocols.
 - 24 hour observation, monitoring & treatment available.

and

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Level III.7-D

- Medically monitored inpatient detoxification
 - Provides care to consumers whose withdrawal is sufficiently severe to require 24 hour inpatient care.
 - Sometimes provided through an overlap with Level IV-D as a step-down service.
 - The full resources of an acute general hospital or a medically managed inpatient treatment program are not necessary.

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Level IV-D

- **Medically managed intensive inpatient detox**
 - Organized service delivered by medical & nursing professionals, which provides 24 hour medically directed evaluation and withdrawal management in an acute care inpatient setting.
 - Provides care to consumers whose withdrawal is sufficiently severe to require primary medical and nursing care services.
 - 24 hour observation, monitoring & treatment are available.
 - Specially designed for acute medical detoxification.

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Original evaluation assessment

- Is there a risk for withdrawal?

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Added evaluation criteria

- Avoidance of the potentially hazardous consequences of discontinuation of alcohol and other drugs of dependence
- Facilitation of linkage and timely entry to:
 - Continued medical,
 - Addiction and/or mental health treatment,
 - Self-help recovery.
- Promotion of dignity and easing of discomfort during withdrawal process

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Further evaluation criteria

- What risk is associated with the current level of intoxication?
- What is the risk for severe withdrawal symptoms or seizures?
 - Previous withdrawal history
 - Amount, frequency, chronicity and discontinuation of alcohol and other drug use.

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The first edition of the ASAM Patient Placement Criteria only addressed inpatient detox services.

- Usually Level IV
- Possibly Level III.

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However, it was recognized that a detox service could be “unbundled” from other treatment services and provided separately.

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The ASAM PPC-2R now match the severity of illness identified in Dimension I with five distinct levels of detoxification service

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This requires a sufficiently comprehensive biopsychsocial assessment as well as linkage to non-detox related services.

The intent is to avoid the problem of alcohol & other drug dependent consumers repeating cycles of recovery and relapse in acute care facilities (revolving door syndrome).



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The patient should always be placed in the level of care appropriate to the most acute problem.



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It is important to remember the intensity of detoxification services does not have to match the intensity of other treatment services.



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Dimension II

- **Biomedical Conditions and Complications**

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Assessment consideration:

- Are there other physical illnesses or conditions (other than withdrawal) that need to be addressed because they create risk of complicate treatment?

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Assessment consideration:

- Are there chronic or acute conditions that affect treatment?
- All problems must be identified and addressed

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Examples:

- Chronic Pain
- Diabetes
- Pregnancy

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Dimension III

- Emotional, Behavioral or Cognitive Conditions and Complications

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Dimension III includes:

- Psychiatric conditions
- Psychological or emotional/behavioral complications
 - Known or unknown origin
- Poor impulse control
- Changes in mental status
- Transient neuropsychiatric complications

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Dimension III includes:

- ADD & ADHD
- Impaired cognition
- Dementia

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Are there current psychiatric illnesses or psychological, behavioral, emotional or cognitive problems that need to be addressed because they either create risk or complicate treatment?

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Are these conditions acute or chronic

Are there chronic conditions that affect treatment?



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Do any emotional, behavioral or cognitive problems appear to be an expected part of an addictive disorder, or do they appear to be autonomous?

- If connected to the dependency, are they severe enough to warrant specific mental health treatment?

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In assessing co-occurring disorders a disorder should be considered secondary only if there is improvement as a result of stabilization in the other disorder.

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Dimension IV

- Readiness to Change

(Treatment Acceptance/Resistance)



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The consumer's awareness of a need to change and the level of commitment to and readiness for change indicate the degree of cooperation with treatment as well as the degree of awareness of the relationship between alcohol and other drug use and negative consequences.

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Resistance to treatment is not unexpected and does not automatically exclude a consumer from receiving treatment.



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Resistance to treatment could create a situation in which a lower level of care would be indicated



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The degree of readiness to change helps determine the setting for and intensity of the motivating strategies needed.



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Acceptance/resistance to treatment is most subject to greater variation in interpretation

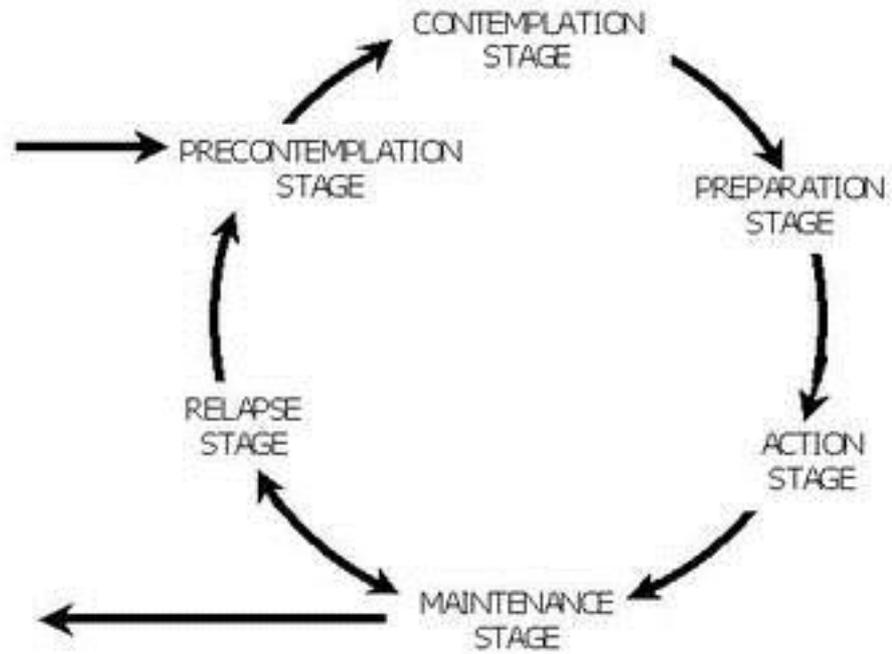
- Clinician and program ideology
- Clinician knowledge and skill in engagement
- Availability of a variety of motivational strategies
- Availability of a variety of levels of service
- Degree of commitment to consumer-centered, participatory service planning.

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Stages of Change



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Dimension V

- Relapse, Continued Use, or Continued Problem Potential

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Assignment of a level of care after a relapse should be based on both:

- History
- Assessment of the current problem
 - Type of substance
 - Length of episode

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It should never be assumed the consumer automatically requires a higher level of care than the one at which the relapse occurred.



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Relapse

- Must be understood through the sequence:
 - History of relapse
 - Acute properties of the alcohol or other drugs
 - Conditioned responses that may mediate the above
 - Learned responses that may mediate the above
 - Personality traits that may mediate the above

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Assessment must address

- Is the consumer in immediate danger of continued mental health distress or alcohol or other drug use?
 - Does the consumer have any recognition of, understanding of or coping skills needed to prevent relapse?
 - How aware is the consumer of “triggers”?
 - How aware is the consumer of coping strategies to address urges to use?
- 

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Dimension VI

- Recovery/Living Environment



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Assessment considerations include:

- Do any family members,
- Significant others,
- Living situations,
- Work or school situations,
 - pose a threat to the consumers safety or engagement in treatment?

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Assessment considerations include:

- Does the consumer have supportive friendships,
- Does the consumer have financial resources,
- Does the consumer have educational resources,
- Does the consumer have vocational resources,
 - that can increase the likelihood of successful recovery?

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Assessment considerations include:

- Are there legal,
- Are there vocational,
- Are there social service,
- Are there criminal justice,
 - mandates that may enhance the consumers motivation for engagement in treatment?

FIVE LEVELS DEFINED

Level 0.5

- Early Intervention

Level I

- Outpatient Treatment

Level II

- Intensive Outpatient/Partial Hospitalization

Level III

- Residential/Inpatient Treatment

Level IV

- Medically Managed Intensive Inpatient Treatment

Opioid Maintenance Therapy
Detoxification Services



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The levels are also identified through decimals (.1 through .9) to better express the gradations of intensity within each level of care

Allows for improved precision and better inter-rater reliability by focusing on five broad levels of service.

FIVE LEVELS

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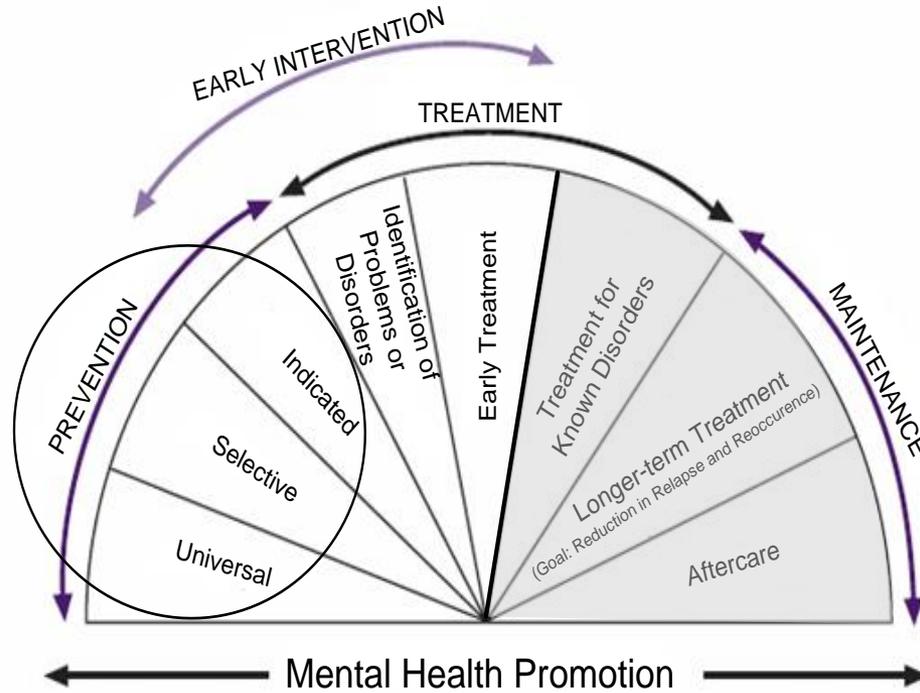
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Level 0.5 Early Intervention

- “A service for specific individuals who, for a known reason, are at risk of developing substance-related problems or for those for whom there is not yet sufficient information to document a substance use disorder.”

0.5 EARLY INTERVENTION

INSTITUTE OF MEDICINE INTERVENTION SPECTRUM



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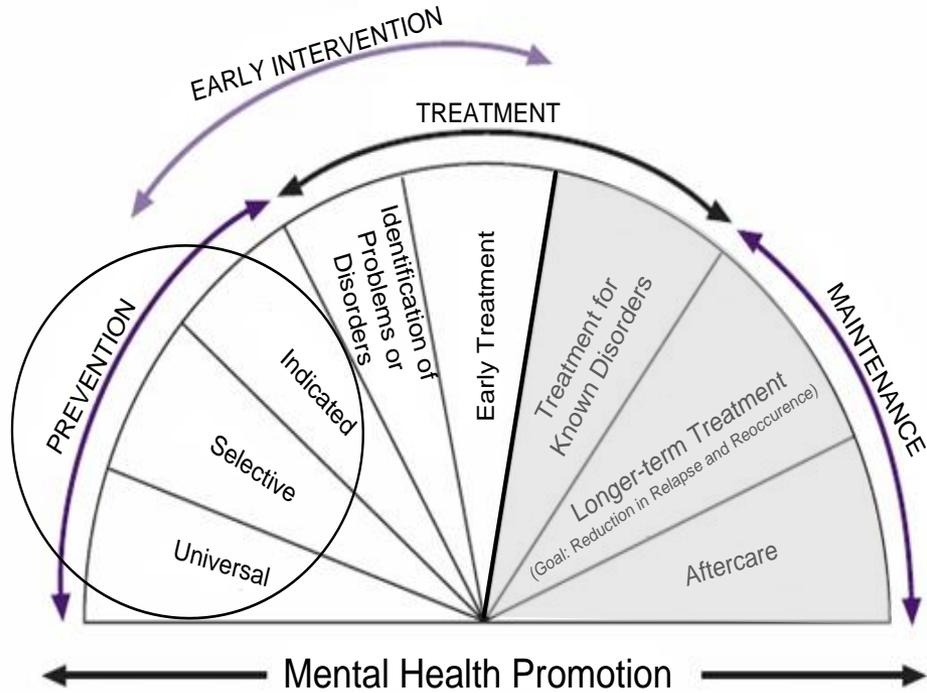
0.5 Early Intervention

Prevention and Early Intervention are different.

Primary prevention is not sufficiently clinical to support development of a separate level of care.

0.5 EARLY INTERVENTION

INSTITUTE OF MEDICINE INTERVENTION SPECTRUM



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0.5 Early Intervention

DUI educational services such as the ADSAC Courses are an example of this level of care

Interim services are another example



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Level I Outpatient Treatment

- Professionally directed evaluation, treatment and recovery services.
 - Regularly schedules sessions following a defined set of procedures or protocols.
 - Interventions should be multi-dimensional
- 

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Level I Outpatient Treatment

- Expanded to allow greater access to:
 - Co-occurring consumers
 - Unmotivated consumers
 - Those previously turned away as in denial or not ready for treatment
 - **pre-contemplation**
 - **Those with high severity in Dimension IV but, not in other dimensions**
 - **Dimension IV Readiness to Change**

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Level I Outpatient Treatment

- Service intensity for this level can range from one hour per month to eight hours weekly

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Level II Intensive Outpatient/Partial Hospitalization

- A program
- An organized outpatient service
- For appropriately selected consumers
- Provides essential educational and treatment components
- Allows skill development in “real world” environments

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Level II Intensive Outpatient/Partial Hospitalization

- Programs will have the capacity to arrange for:
 - Medical consultation
 - Psychiatric consultation
 - Psychopharmacological consultation
 - Medication management
 - Twenty-four hour crisis service

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Intensive Outpatient Programs

- Four to eight weeks in length
- Can address consumers referred directly from detox
- Nine to fifteen hours weekly
 - Matrix Model

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Level II Partial Hospitalization

- Service intensity is typically twenty hours weekly or more
 - Medical & Psychiatric consultation
 - Psychopharmacological consultation
 - Daily monitoring and clinical management
 - Medication management
 - Twenty-four hour crisis service

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Level III Residential/Inpatient Treatment

- Organized service staffed by treatment professionals
- Planned regimen of care
- Twenty-four hour live-in setting

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Level III Residential/Inpatient Treatment

- Encompasses four types of programs

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Level III Residential/Inpatient Treatment

- Level III.1 Clinically Managed Low-Intensity Residential Treatment
 - Level III.3 Clinically Managed Medium-Intensity Residential Treatment
 - Level III.5 Clinically Managed High-Intensity Residential Treatment
 - Level III.7 Medically Monitored Inpatient Treatment
- 

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Level III Residential/Inpatient Treatment

- Provides consumers a safe and stable environment to develop recovery skills

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Level III Residential/Inpatient Treatment

- Level III.1 through III.5 should be seen as fluid and not “hard” separations

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Level III Residential/Inpatient Treatment

- Level III.1 through III.5 should have minimal problems with Dimensions 1 and 2. Dimension 3
- Axis I should be fairly stable, Axis II can be less stable.

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Level III Residential/Inpatient Treatment

- Level III.1 through III.5 should have more significant problems with Dimensions 4, 5 & 6.

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Level IV Medically Managed Intensive Inpatient Treatment

- Planned regimen of twenty-four hour medically directed care and treatment

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Level IV Medically Managed Intensive Inpatient Treatment

- This level provides treatment to consumers requiring primary biomedical, psychiatric and nursing care.

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Opioid Maintenance Therapy

- A separate and distinct service
- Opioid Treatment Programs
 - Methadone & buprenorphine
 - Physicians office-based services
- Outpatient level of care
 - Includes both ambulatory detox & maintenance

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APPLICATIONS



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Inter-rater Reliability



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The consumer should be seen as entering the continuum of care at a specific point – not entering a treatment program



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LEVEL 4

Inpatient

LEVEL 3

Residential

LEVEL 2

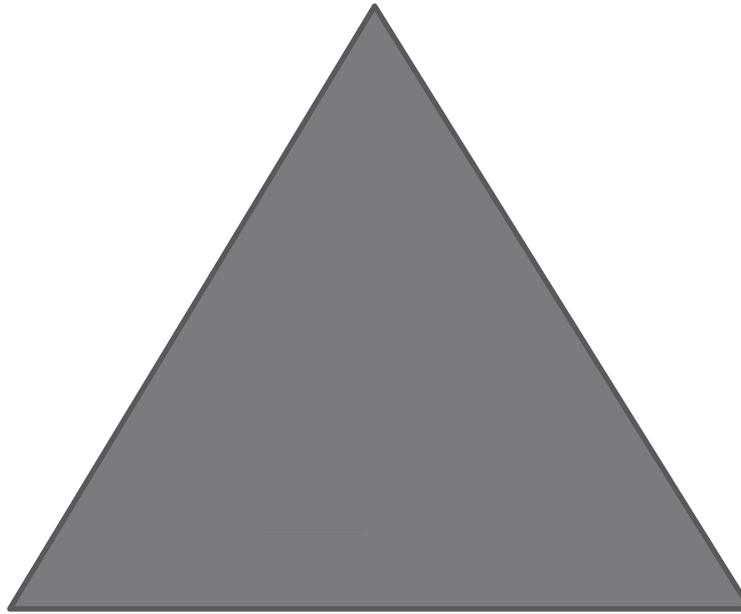
IOP

LEVEL 1

OP

LEVEL 0.5

ED



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**ADOLESCENT
PATIENT
PLACEMENT CRITERIA**



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ADOLESCENT PPC

Dimensions will most often focus more on Mental Health issues than on Substance Use disorders.

Levels do not include detoxification or opioid maintenance therapies as these are less common with adolescents

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ADOLESCENT PPC

Level 0.5 More common for adolescents

Level I

Level II IOT 6, not 9, base hours

Level III

Level IV

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**REAL WORLD
CONSIDERATIONS**



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Clinical versus reimbursement considerations



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Unbundling of services



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ASAM criteria and State certification requirements.



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Logistical impediments



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Need for a safe environment

Consider sober living



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Assessment of imminent danger



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Mandated level of care or length of stay



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Interactions across dimensions



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ALWAYS treat the consumer in the
most available, least restrictive
level of care



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ASAM OVER RIDES

Service not available

Provider judgement

Patient preference

On waiting list for appropriate level

No payment resource

Geographic accessibility

Family responsibility/preference

Language

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ADDITIONAL TOOLS

Appendix A

Experimental Matrix for Matching Multidimensional Risk with Type and Intensity of Service Needs - Adult



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ADDITIONAL TOOLS

Appendix B

Experimental Matrix for Matching Multidimensional Risk with Type and Intensity of Service Needs - Adolescent



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ADDITIONAL TOOLS

Appendix C

Dimension 5: Criteria for Relapse, Continued Use or Continued Problem Potential



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ADDITIONAL TOOLS

Appendix D

Clinical Institute Withdrawal Assessment-Alcohol, Revised (CIWA-Ar)
Scale

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The Three “H’s”

HISTORY

HERE AND NOW

HOW CONCERNED AM I



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Lethality

1 Acute Intoxication or Withdrawal Potential

This information comes directly from client substance use history and current use patterns. The clinician must have knowledge of dependency and withdrawal complications from alcohol or various classes of drug.

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Lethality

2) Biomedical Conditions and Complications

This information comes from the medical section of assessment. The question to answer is “Do medical conditions interfere with the clients’ ability to engage in treatment?”

and/or

“Does this condition have the possibility of death if medical treatment is not provided?”

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Lethality

3) Emotional, Behavioral or Cognitive Conditions or Complications.

“Does this client represent a threat to himself or someone else?”

and/or

“Does this client have sufficient cognitive capability to participate in and benefit from treatment (at a sub-acute level of care)?”



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**CONTINUED SERVICE,
REFERRAL
AND
DISCHARGE CRITERIA**



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CONTINUED SERVICE CRITERIA

Retain at the current level if:

- Making progress but, goals have not yet been achieved

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CONTINUED SERVICE CRITERIA

Retain at the current level if:

- Not yet making progress but has the capacity to resolve problems.
- Continued treatment at the present level of service is indicated.

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CONTINUED SERVICE CRITERIA

Retain at the current level if:

- New problems have been identified that are appropriately treated at this level of service.

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The appearance of new problems may require continued services at the same level of care.

- However, new problems & priorities may also be able to be addressed at a less intensive level of care.

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DISCHARGE/TRANSFER CRITERIA

Transfer or discharge if:

- The consumer has achieved the goals articulated in the service plan

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DISCHARGE/TRANSFER CRITERIA

Transfer or discharge if:

- The consumer has been unable to resolve problems at the current level of service. Treatment at another level is indicated.

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DISCHARGE/TRANSFER CRITERIA

Transfer or discharge if:

- The consumer has demonstrated a lack of capacity to resolve identified problems.

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DISCHARGE/TRANSFER CRITERIA

Transfer or discharge if:

- The consumer has experienced an intensification of symptoms.

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Specific problems are identified that justify admission to a particular level of care.

- Resolution of these problems and priorities then determines when a consumer should be moved to a less intensive level of care or discharged.

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