Electronic ASAM Assessments for Substance Use Disorders: **Innovative Pilots**

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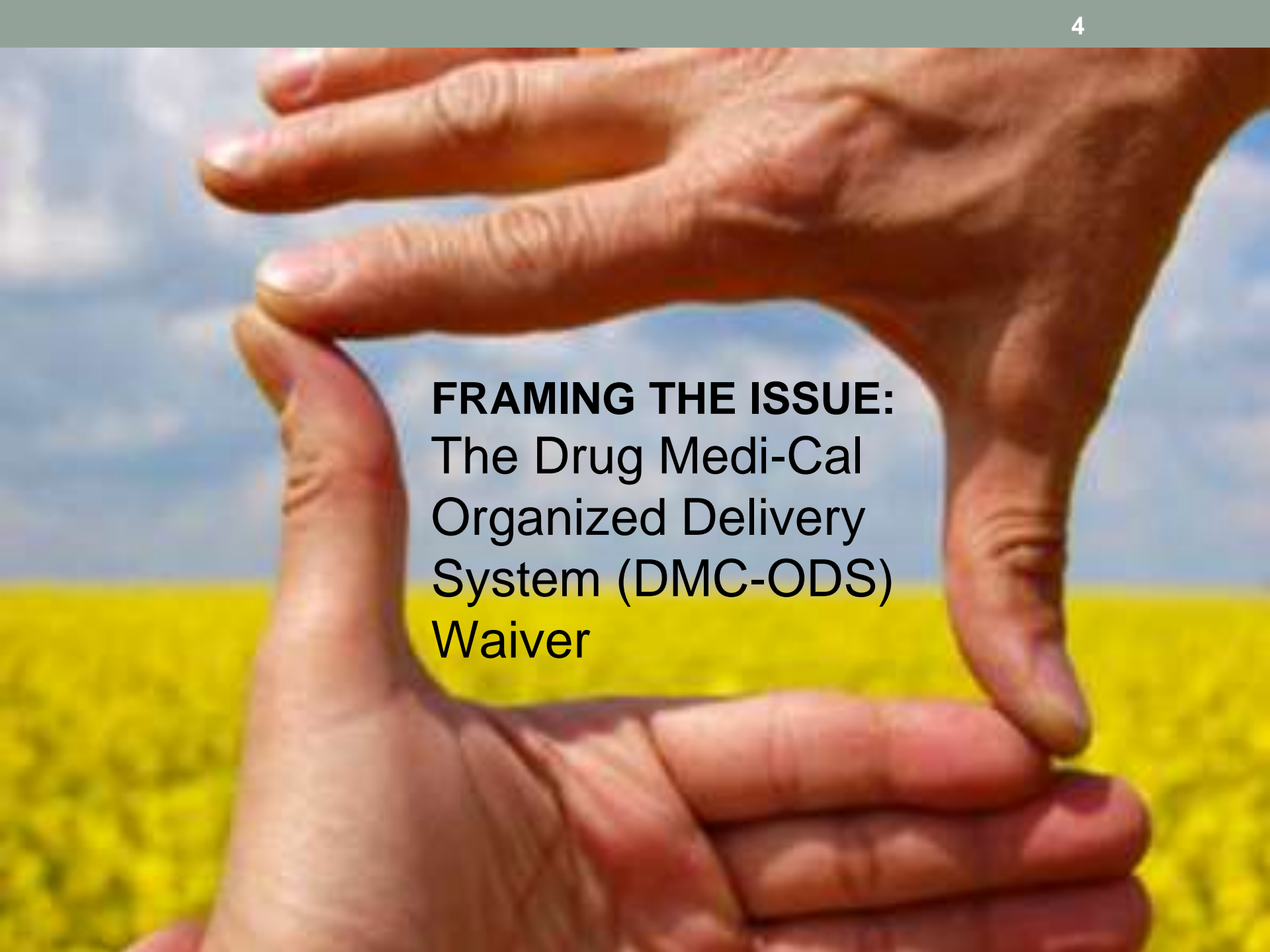
Outline

- Framing the Issue
  - Background on the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver

- Electronic ASAM Assessment & Screener – An Overview

- ASAM CONTINUUM^{TM} Pilot

- ASAM Triage Tool Pilot

- Summary – Lessons Learned

Polling the Audience

- How many in here are in the SUD / MH / physical health field?

- How many people in the room have heard of the ASAM Criteria before?

- How many people have used electronic assessment tools in the past?

- How many have heard of the ASAM CONTINUUM™ or Triage Tool?

FRAMING THE ISSUE: The Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver

START-ODS

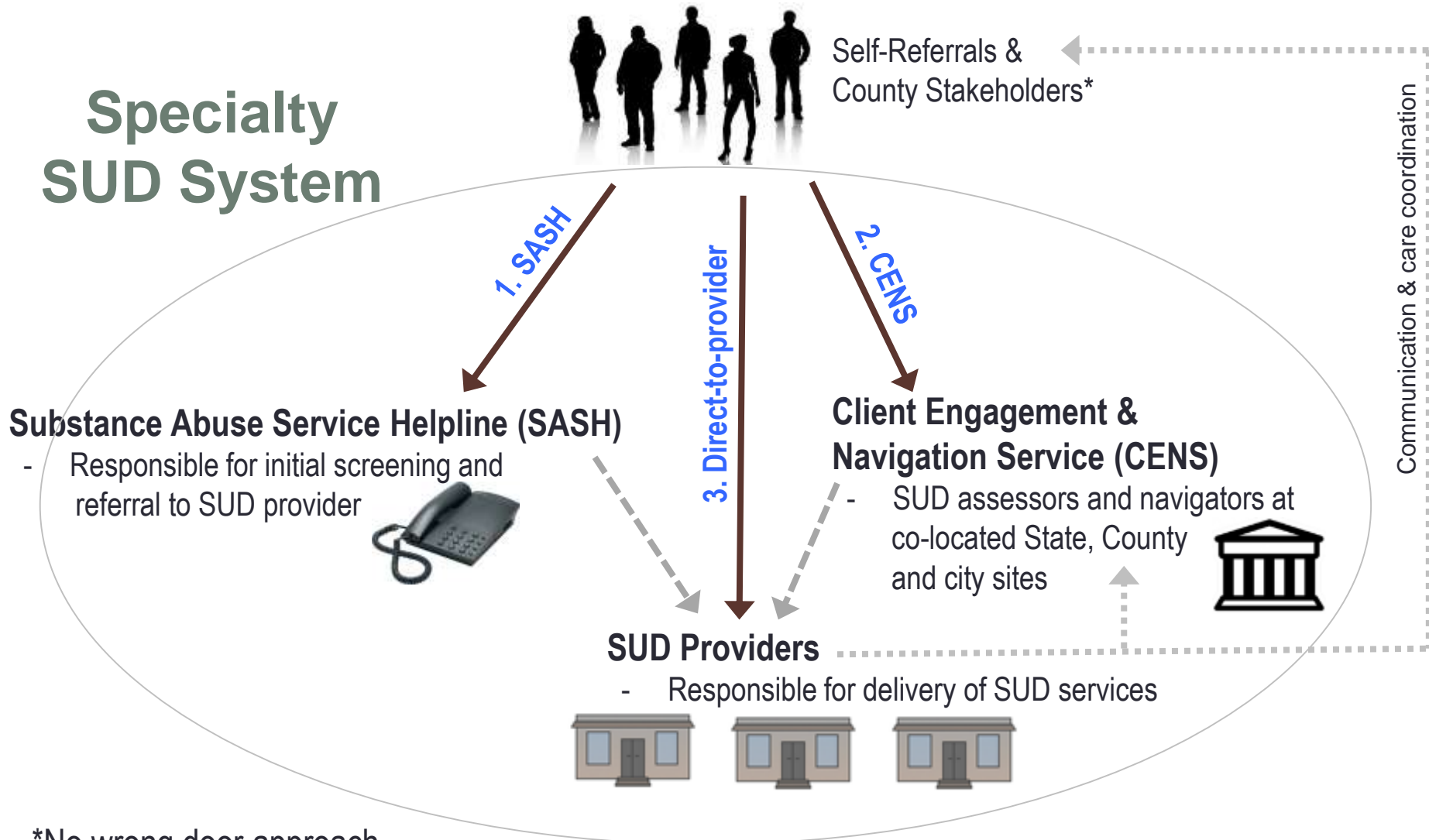## SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT

Los Angeles County's Substance Use Disorder Organized Delivery System

The Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver, known locally as START-ODS, is the greatest opportunity in recent history to design a substance use disorder (SUD) system that has the financial and clinical resources to more fully address the multifaceted needs of SUD patients.

Foundational Principles

- Patient-centered approach to service delivery
- Fuller continuum of SUD care aligned with chronic care model of addiction treatment
- High quality & medically necessary services based on the ASAM Criteria
  - **Key Goal** → Providing the **right service**, at the **right time**, for the **right duration**, in the **right setting**
- Better integrate and coordinate care both within the SUD system and with other health systems (e.g., physical & mental health)

Main Entryways into the Specialty SUD System

Specialty SUD System

Self-Referrals & County Stakeholders*

Communication & care coordination

1. SASH

3. Direct-to-provider

2. CENS

Substance Abuse Service Helpline (SASH)
- Responsible for initial screening and referral to SUD provider

Client Engagement & Navigation Service (CENS)
- SUD assessors and navigators at co-located State, County and city sites

SUD Providers
- Responsible for delivery of SUD services

*No wrong door approach

Necessary Changes to the Specialty SUD System

- **Transition from a largely paper-based SUD system to an electronic, technology-based system to help meet the enhanced requirements of START-ODS and align with health industry standards**
  - Facilitate greater access to services
  - Clinical documentation
  - Utilization management
  - Data collection
  - Billing

- **Leverage technology to better organize and coordinate services both within the SUD system and between other health systems**
  - Sage → Electronic Health Record (EHR) for the specialty SUD system
  - Service & Bed Availability Tool (SBAT) → web-based service locator available to the general public that serves as a dashboard of available specialty SUD treatment services that can be filtered by level of care, available beds, language, service type, and special populations served

# ELECTRONIC ASAM ASSESSMENT & SCREENER – AN OVERVIEW

Electronic ASAM Assessment: ASAM CONTINUUM™

- **ASAM CONTINUUM™ Software**
  - *FULL* web-based ASAM assessment that covers ALL 6 ASAM dimensions
  - Standardized, computer-guided, structured interview
  - Validated computer algorithm uses information gathered during interview to confirm medical necessity and appropriate ASAM level of care (LOC), in conjunction with the counselor/LPHA's clinical opinion
  - 60 – 120 min, depending on the client
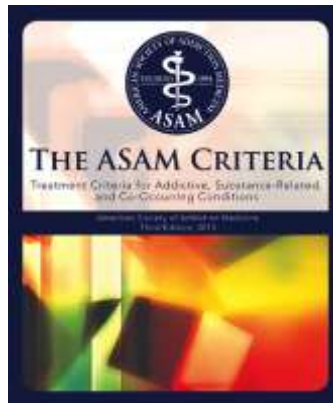
6 ASAM Dimensions
1. Acute intoxication and/or withdrawal potential
2. Biomedical conditions and complications
3. Emotional, behavioral, or cognitive conditions and complications
4. Readiness to change
5. Relapse, continued use, or continued problem potential
6. Recovery/living environment

Johnathan Wesley
Birth Date: 06/17/1980 Gender: Male Religion: Other Ethnicity: Caucasian
Edit

Created By: gastfriend@gmail.com

👤 Category of final disposition (i.e., where the patient is actually being sent to treatment):

Level 3.7 - Medically Monitored Intensive Inpatient Treatment

👤 Reason for final disposition (i.e., where the patient is actually being sent different from Recommende

Clinician disagrees with ASAM Criteria recommendation

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, clin
Court or other mandated treatment is different or blocks PPC-2R recommendation
Patient rejects any treatment at this time
Patient eloped
Clinician disagrees with ASAM Criteria recommendation
Not known

NOTE: This provisional rec
individual provider assessr
(including FEi Systems) ass
ensue from the use of this i
many clinical tools that det
which may be available in a
levels and modalities of car

Comments:

This is a Demo Site do not enter any actual PHI.

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Electronic ASAM <u>Screener</u>: ASAM Triage Tool

- **ASAM Triage Tool**
  - *BRIEF* web-based ASAM screener that covers ALL 6 ASAM dimensions
  - Compilation of ~20 questions from the ASAM CONTINUUM™
  - Standardized, computer-guided, structured interview
  - Computer algorithm uses information gathered during interview to determine an appropriate *provisional* ASAM LOC, <u>in conjunction with the counselor/LPHA's clinical opinion</u>
  - 10 – 20 min, depending on the client

- **<u>Important Note</u>:** Assessment tools are only tools. They should augment but NOT replace sound clinical judgment by counselors and clinicians

ASAM Triage Tool

System Design – Important Considerations

Clinical Needs

- **Need valid (accurate/reliable), efficient, and feasible ASAM-based tool that performs a comprehensive, multi-dimensional assessment that considers the whole person (SUD, physical health, mental health, environmental, etc).**

- **Use of comprehensive, standardized software that considers dozens of factors when making level of care determinations can save time and effort, and help to ensure necessary/appropriate services and address health disparities by making level of care recommendation process more objective and reducing provider and treatment biases.**

Upfront investments in good assessments

⬇

Downstream efficiencies and improvements

System Design – Important Considerations

Clinical Needs (cont'd)

- **Providing SUD care at the appropriate level of care is associated with better treatment outcomes, whereas under- or over-treatment can result in sub-optimal outcomes (Magura et al, 2003).**

- **Ultimately, a good SUD assessment should result in improved SUD and health outcomes.**

According to prior studies by ASAM (Gastfriend, 2017), compared to treatment as usual, the ASAM CONTINUUM™ resulted in:

- 25% - 300% reductions in no shows to next level 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 step-down

System Design – Important Considerations

Administrative Needs

- Managed care entities need to review and preauthorize/authorize certain services.
- **A validated tool that offers LOC recommendations can significantly reduce the back-and-forth between SUD providers and administrative entities by providing a LOC standard that both sides can agree on.**

Workforce Development Needs

- Given that SUD counselors comprise 70 – 90% of California's specialty SUD workforce and focus on SUD during their training, using a standardized, validated, and comprehensive tool such as the ASAM CONTINUUM™ may have the secondary benefit of training counselors on conducting comprehensive biopsychosocial assessments.
- **<u>Training as a Secondary Benefit</u> → Over time, the implementation of a standardized, validated, and comprehensive assessment tool may upgrade the knowledge of the workforce system wide.**

ASAM CONTINUUM™ PILOT

Aims of the Pilot

- **Assessment Duration**
  - Time requirements
  - Do training or experience make a difference?

- **Satisfaction with ASAM CONTINUUM™**

- **Clinical Knowledge Acquisition**
  - Increased knowledge of SUD assessment and diagnosis principles

- **Level of Care Determination**
  - Match between ASAM CONTINUUM™ recommended LOC & clinical recommendation → ***Preliminary data is still being analyzed.**

Measures

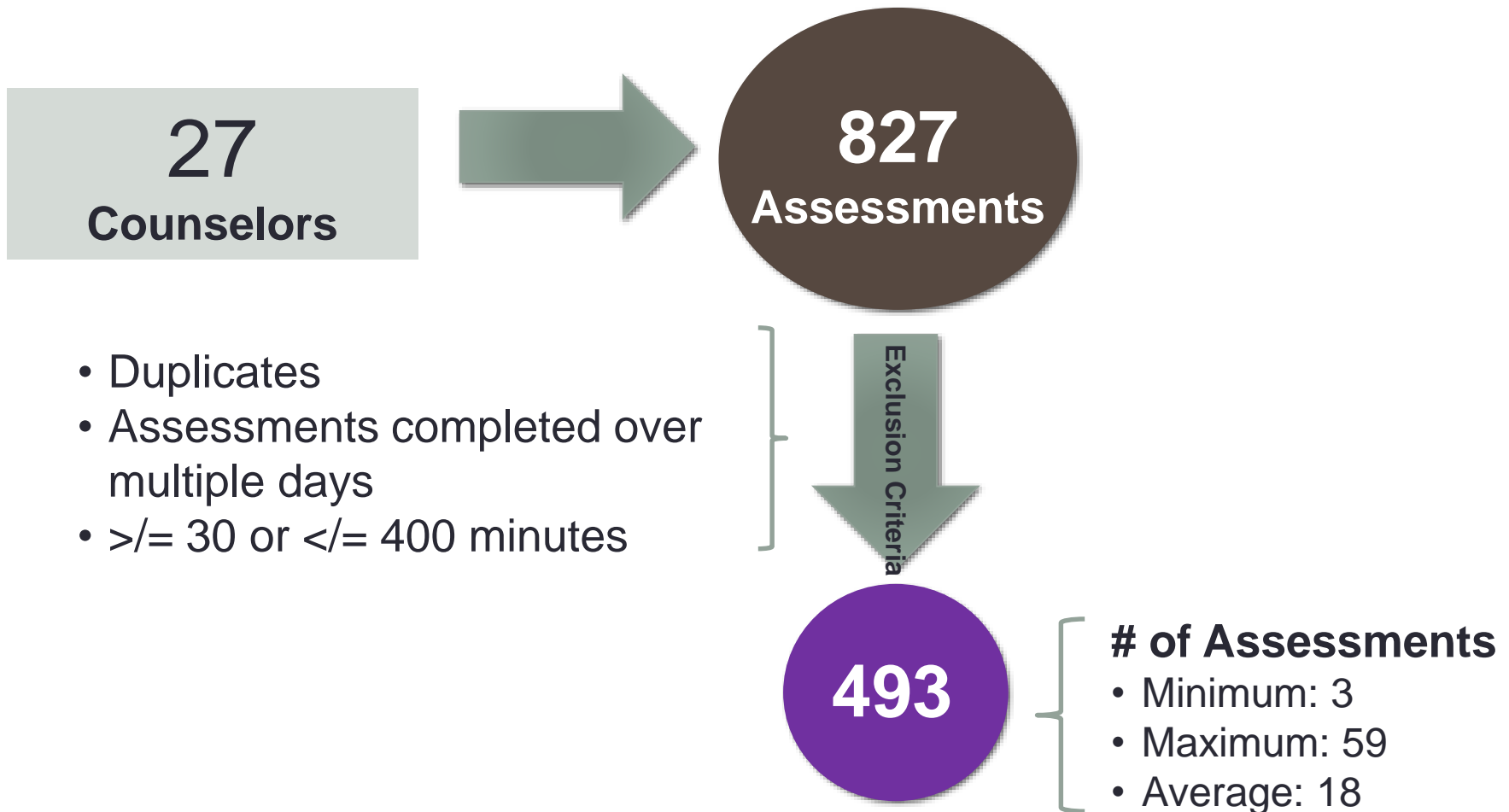| Measures	Description
Pilot Project Questionnaire	Demographic information, ASAM training/assessment experience, Professional status, years of experience in SUD treatment
CONTINUUM™ Knowledge Pre-Post Test	15-item test to measure the knowledge of SUD assessment and diagnosis principles
CONTINUUM™ Satisfaction Survey	20-item survey designed to measure attitudes about ASAM CONTINUUM™ utility and satisfaction

Participant Characteristics

Participant Characteristics	Overall (n=27)
Female	14
Mean Age	47
Race/Ethnicity	
Latino/Hispanic	14 (52%)
White	7 (26%)
African American	3 (11%)
Asian	2 (7%)
Other	1 (4%)
Education Level	
High school or less	11 (41%)
Associate Degree	7 (26%)
Bachelor Degree	7 (26%)
Master's Degree	1 (4%)

Participant Characteristics	Overall (n=27)
Professional Status	
Registered Intern/Counselor	6 (22%)
Certified Counselor	20 (74%)
Licensed Clinician	1 (4%)
Years at Current Job	4.3
Years of Experience in SUD	8.4
<5 years	10 (37%)
5 years and more	16 (59%)
Training Group	
Trained	11 (41%)
Not trained	16 (59%)

ASAM CONTINUUM^{TM} PILOT FINDINGS

27
Counselors

827
Assessments

- Duplicates
- Assessments completed over multiple days
- >/= 30 or </= 400 minutes

Exclusion Criteria

493

# of Assessments
- Minimum: 3
- Maximum: 59
- Average: 18

Tool Administration Duration

Mean Time (minutes) to complete the
ASAM CONTINUUM™ Assessment

	Overall Mean N = 493	First Assessment N = 27	Last Assessment N = 27
	69	93	86
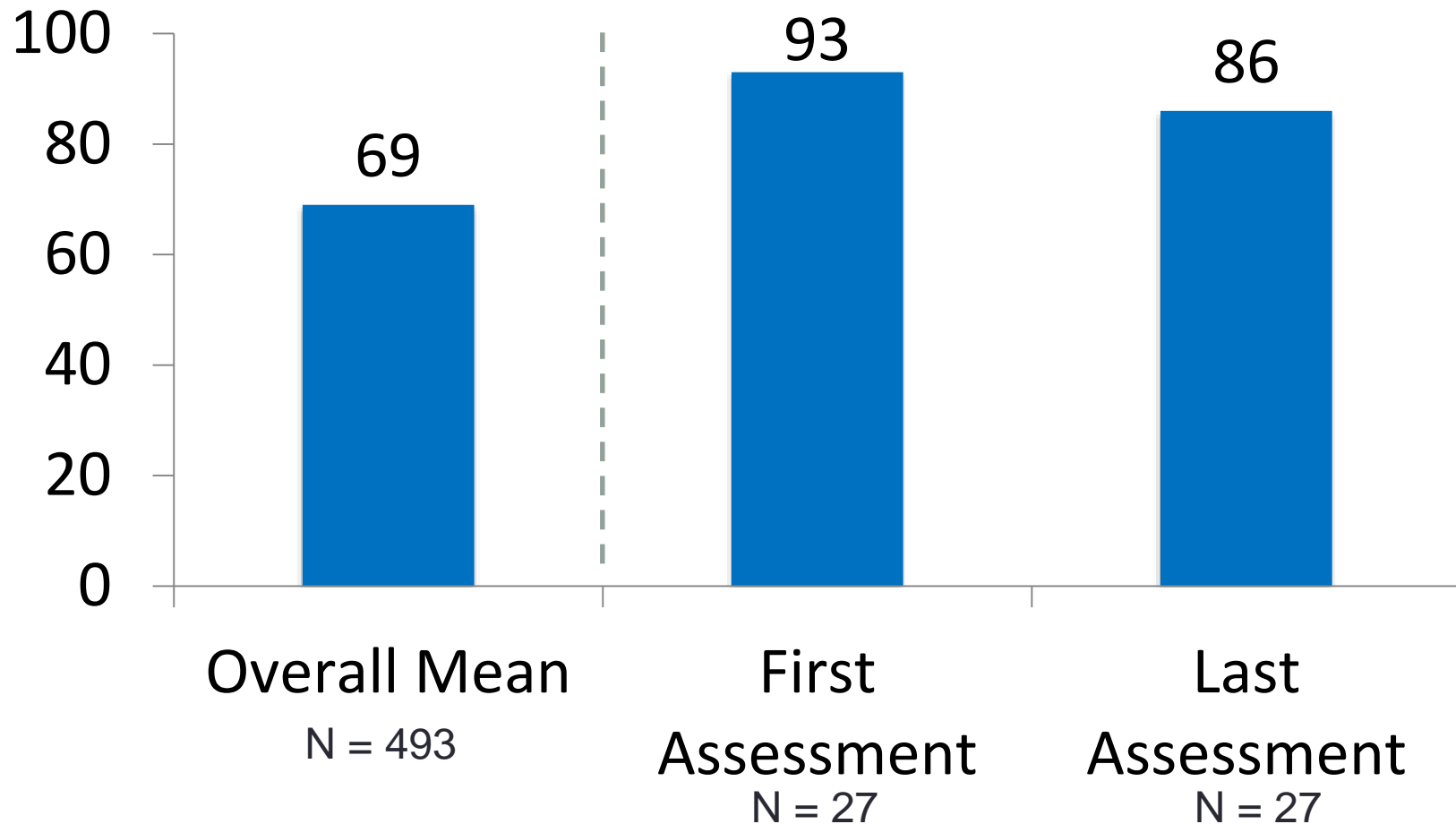
Tool Administration Duration (cont'd)

Changes in Mean Time (minutes) to Complete the ASAM CONTINUUM™ Assessment for Trained & Untrained Participants
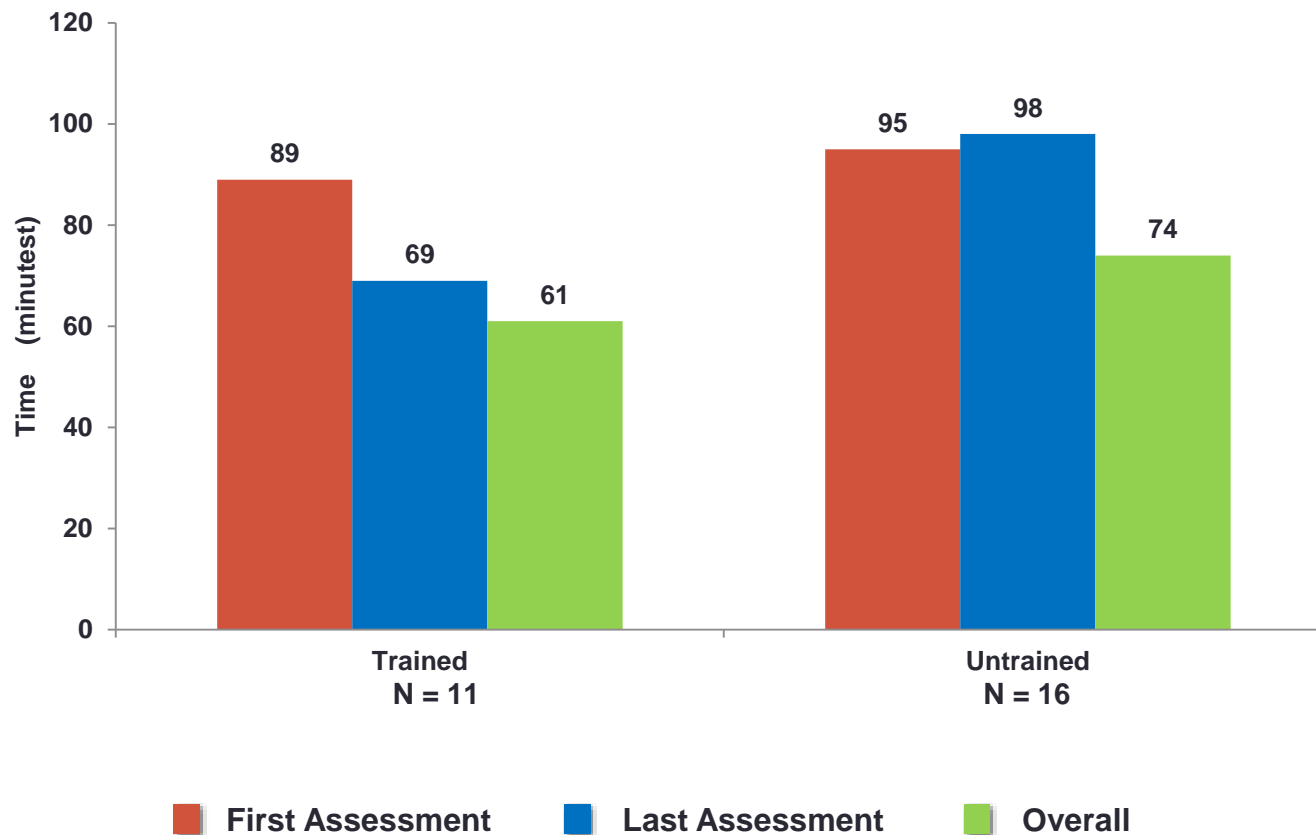
Association between Practice/Experience and Assessment Duration
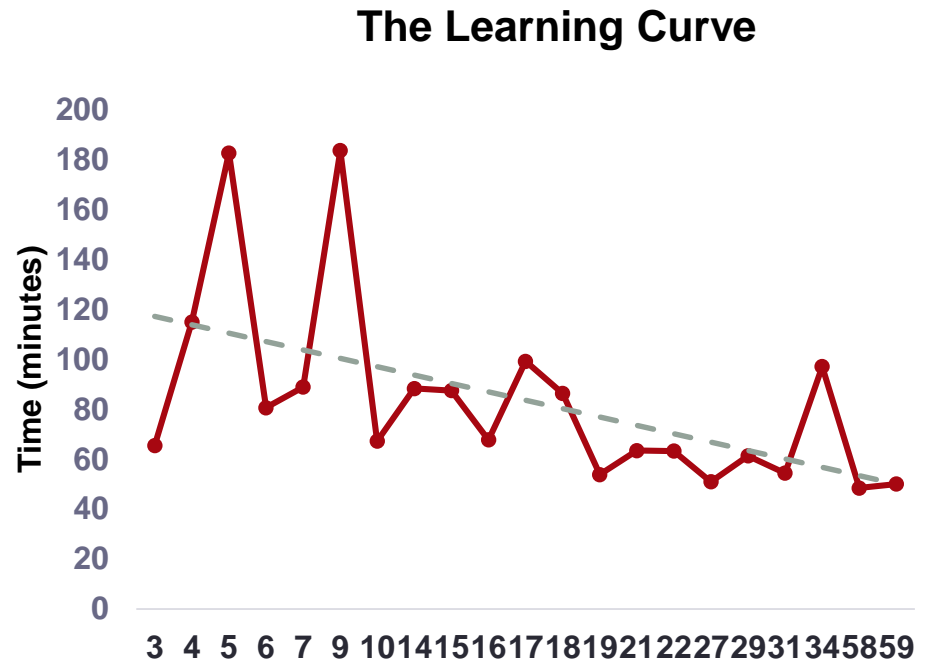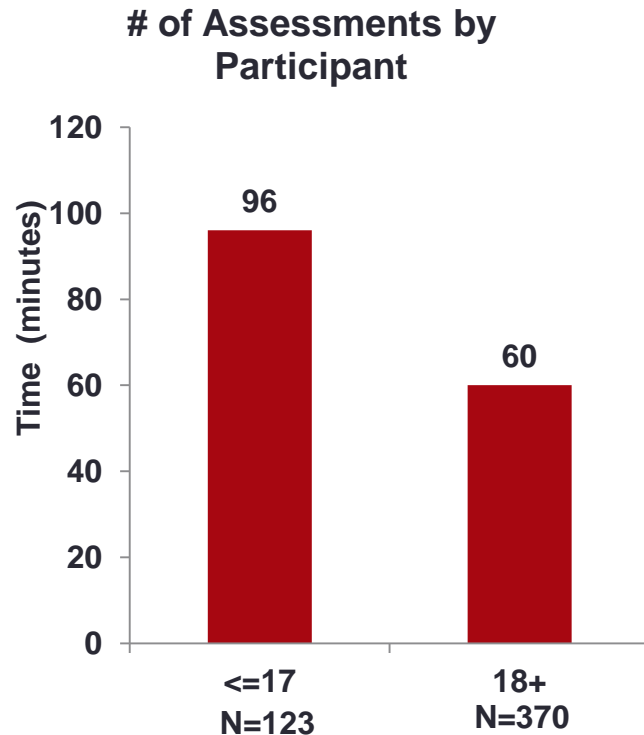
Satisfaction with ASAM CONTINUUM™

Positive Experience*

- Knowledge acquisition — 67%
- Easy to collect client info — 63%
- ASAM training was helpful — 58%
- Easy to use — 54%

Negative Experience*

- System problem — 58%
- Take away time speaking to client — 50%
- Not user friendly — 38%
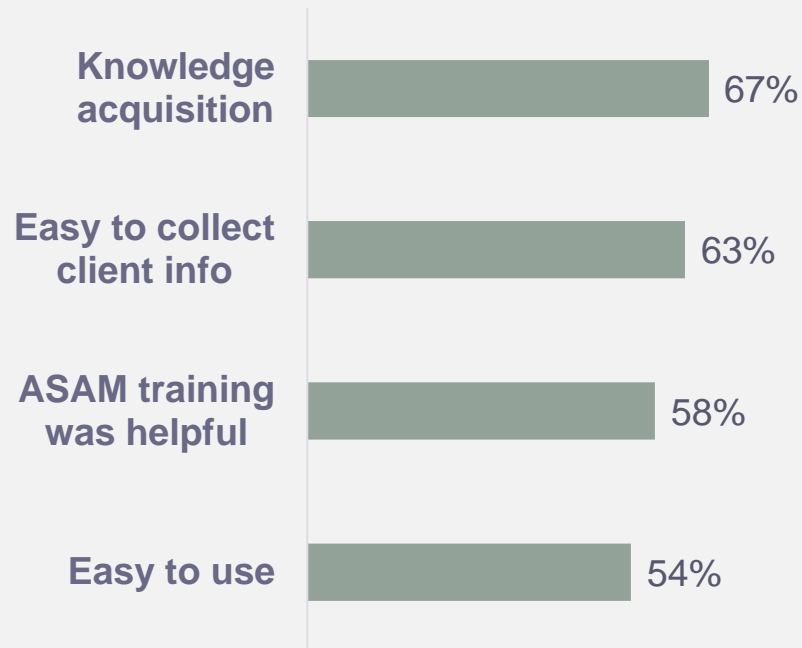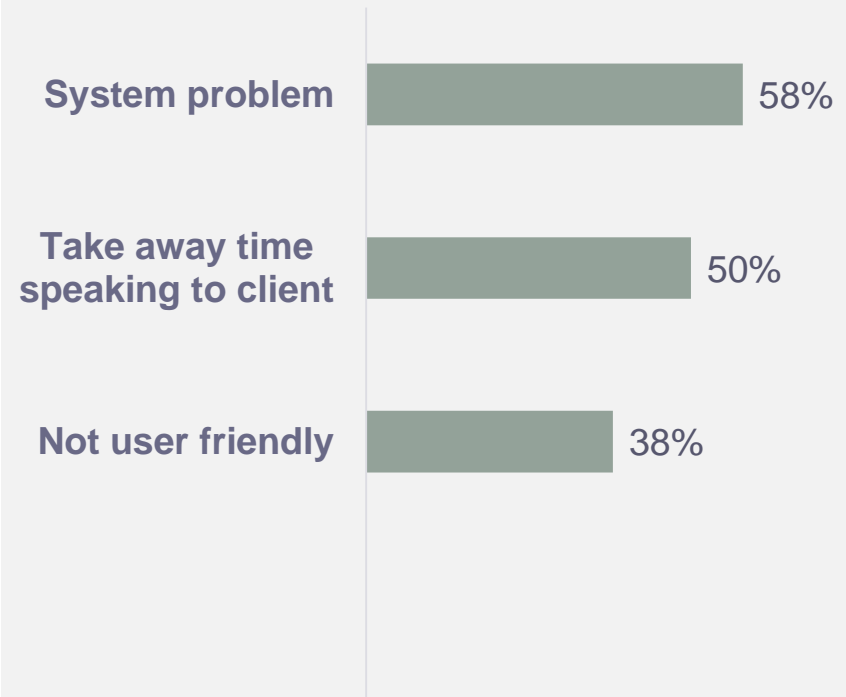
* Percent of staff that agreed or strongly agreed

Focus Group Feedback: Strengths of ASAM CONTINUUM™

- Collects a lot of good information

- Less room for personal biases

- Seems professional

- Improved knowledge on assessment

- Good opportunity for rapport building

Focus Group Feedback: Improvements to ASAM CONTINUUM™

- The inclusion of a narrative report would be helpful

- The length made it difficult to elicit valid information from clients

- Issues with ASAM CONTINUUM™ level of care determination

- Additional topic areas would be helpful:
  - Domestic violence (lifetime experience)
  - The Adverse Childhood Experiences (ACE)
  - Sexual offense (victim or perpetrator)
  - Additional open-ended questions for biopsychosocial

ASAM TRIAGE TOOL PILOT

Aims of the Pilot

- Feasibility of Implementation

- Level of Care Determination match with ASAM CONTINUUM^{TM}
  - 36 Cases were entered into both the ASAM Triage Tool and the ASAM CONTINUUM™ systems and comparisons were made.
  - ***Preliminary data is still being analyzed.**

Focus Group Participant Characteristics

Participant Characteristics	Overall (n=27)
Female	19 (70%)
Mean Age	46 (11.2)
Race/Ethnicity	
Latino/Hispanic	20 (74%)
White	2 (7%)
African American	2 (7%)
Native American	1 (4%)
Other	2 (7%)
Education Level	
High school or less	1 (4%)
Associate Degree	17 (64%)
Bachelor Degree	7 (26%)
Master's Degree +	2 (7%)

Participant Characteristics	Overall (n=27)
Professional Status	
Registered Intern/Counselor	6 (22%)
Certified Counselor	20 (74%)
Licensed Clinician	1 (4%)
Mean Years at Job	8 (6.5)
Years of Experience in SUD	13 (7.5)
<5 years	5 (19%)
5 years and more	21 (81%)
Training Group	
Trained	26 (96%)
Not trained	1 (4%)

ASAM TRIAGE TOOL PILOT FINDINGS

ASAM Triage Tool Time Requirements

- Total triage assessments = 873

- Total assessors = 30
  - Mean assessments per assessor = 29 (sd = 34.8)

- Mean time (minutes) first = 10.5 (sd = 9.8)

- Mean time (minutes) last = 8.4 (sd = 8.7)

- No significant differences in time between first triage and last triage (p = .096)

ASAM Triage Tool – Focus Group Feedback

Benefits

- Easy to Administer
- Useful Summary Reports

Concerns

- Accuracy of the recommended LOC
- Overriding the LOC
- Technical glitches / logistical issues

Focus Group Recommendations

- Review accuracy of algorithm

- Add questions on trauma

- Ensure a paper-based tool is available

- Provide training and technical assistance

SUMMARY – LESSONS LEARNED

Summary – Lessons Learned

- **Given that the ASAM Criteria is also new to many specialty SUD systems, implementing electronic ASAM assessment/screener involves not just getting users familiar with the tools, but with the underlying ASAM Criteria as well → TRAINING**

- **Overall positive experience with electronic ASAM assessment/screener**
  - **ASAM CONTINUUM™**
    - Comprehensiveness of the health assessment
    - Standardization and minimization of potential treatment bias
    - Perceived professionalism of using the tool
    - Perceived administrative benefits from simplified utilization review workflow and process
  - **ASAM Triage Tool**
    - Easy to use and serves its purpose

Summary – Lessons Learned

- **Refinements in the tools are necessary, particularly with respect to the LOC matching.**
  - **Recalibrating Cultural Perceptions**
    - Part of this also requires educating the general public, as most people think of SUD treatment as being in "rehab for 90 days" and envision residential treatment, even when residential treatment may not be necessary
  - **Recalibrating the Tools**
    - ASAM software algorithm is being adjusted to address the issue of cases not resolving to any level of care.
  - **Other Next Steps**
    - ASAM software package being expanded to include a summary report.
    - Single log-in process → Accessing the tools will be made easier with standardized electronic health record (EHR) that will be implemented for most specialty SUD providers in LA County.

Summary – Lessons Learned

- **Provider and Administrative Readiness**
  - Successful implementation requires time, TRAINING, and a capable IT help desk.
    - Secure ID token, login/password problems, staff turnover, etc.

Important Points of Emphasis

- **As with the use of any assessment tool, it will be easier and quicker to use with time and experience.**

- **Assessment tools are only tools and they do NOT replace sound clinical judgment by counselors and clinicians.**
  - Balancing the use of a standardized electronic assessment with the need for clinical flexibility is a learned art, and user judgment should ALWAYS be involved in the decision-making process.

Discussion / Q&A