

# Improving Care with Standardized Triage, Assessment, Placement & Utilization Review

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**AIMS:** Most U.S. states require the ASAM Criteria for medical necessity in addiction treatment.

Now, healthcare reform, parity and CMS's payment reforms mandate a new national standard for comprehensive clinical assessment, reliability, and valid placement and utilization review (UR).

**METHODS:** CONTINUUM™ is the standard, ASAM-endorsed implementation of ASAM's Criteria (2013).

This computer-guided, structured interview prompts intake clinicians to ask and input a biopsychosocial assessment. Its decision engine yields a recommended ASAM Level of Care for placement & subsequent UR. Los Angeles' (pop'n: 10.1 m) Substance Abuse Prevention & Control (SAPC) program tested feasibility, training needs & impact on intakes & patient engagement. Massachusetts conducted a similar pilot.

- This web application captures: patient clinical characteristics (DSM-5, ASI-5, CIWA-Ar, CINA), assessment duration, completion rates, placements, reasons for discrepant placements, & satisfaction.
- CONTINUUM Triage™ is a derivative product of CONTINUUM, commissioned by LA DPH and also used in MA. This 20-question, computer-guided, structured interview (10 min, phone or in-person) determines the provisional level of care in which to complete the patient's CONTINUUM comprehensive assessment.
- LA Participants: 27 counselor assessors in a convenience sample, assigned to training (N= 11) vs untrained (16) cohorts; 14 were females; mean age=47 years.
- Total number of patient assessments conducted by all counselors: 493 (mean = 18 assessments/counselor)
- A focus group was convened to obtain direct qualitative data from the counselors.

**RESULTS:** Both pilots successfully demonstrated feasible implementation. In LA County, training substantially streamlined the duration of CONTINUUM assessments: after a fairly linear learning curve of 15-20 cases, clinicians averaged ~60 min/assessment (vs. ~90 min untrained). The MA Pilot of Triage in Opioid Urgent Care Centers found successful adoption in all 3 centers, with clinician perceptions of improved professionalism, better data organization, and a strong preference for the computerized version vs. paper.

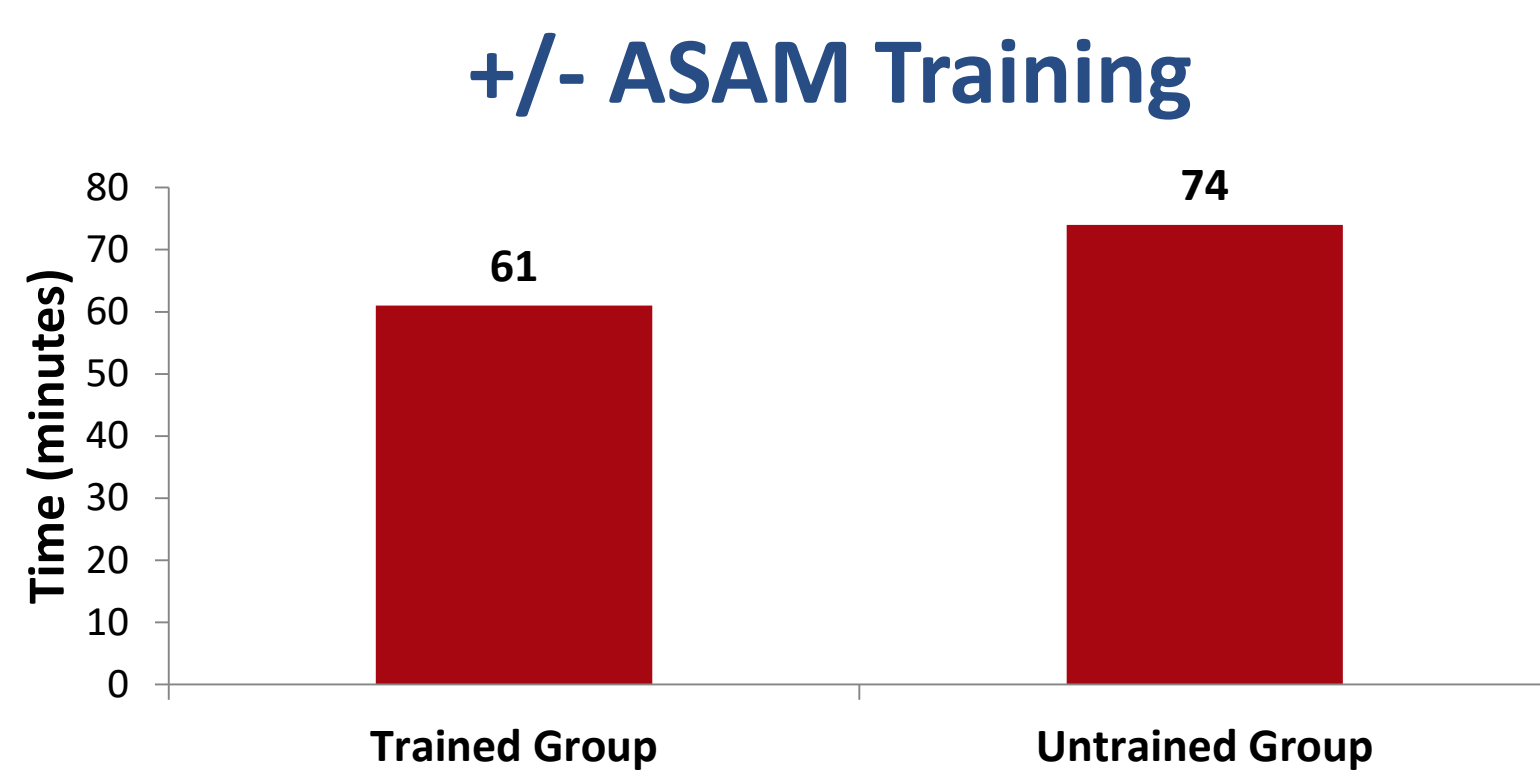
**CONCLUSIONS:** Prior studies have demonstrated in various populations that multiple SUD outcomes are improved when patients are matched to care according to ASAM's CONTINUUM.

Adoption by the U.S. county & state Medicaid is underway, due to the U.S. Center for Medicare & Medicaid Services' 1115 Waiver program. These 2 large-scale public systems reported good feasibility & adoption, as well as important approaches for introducing these tools into large-scale, routine, clinical care.

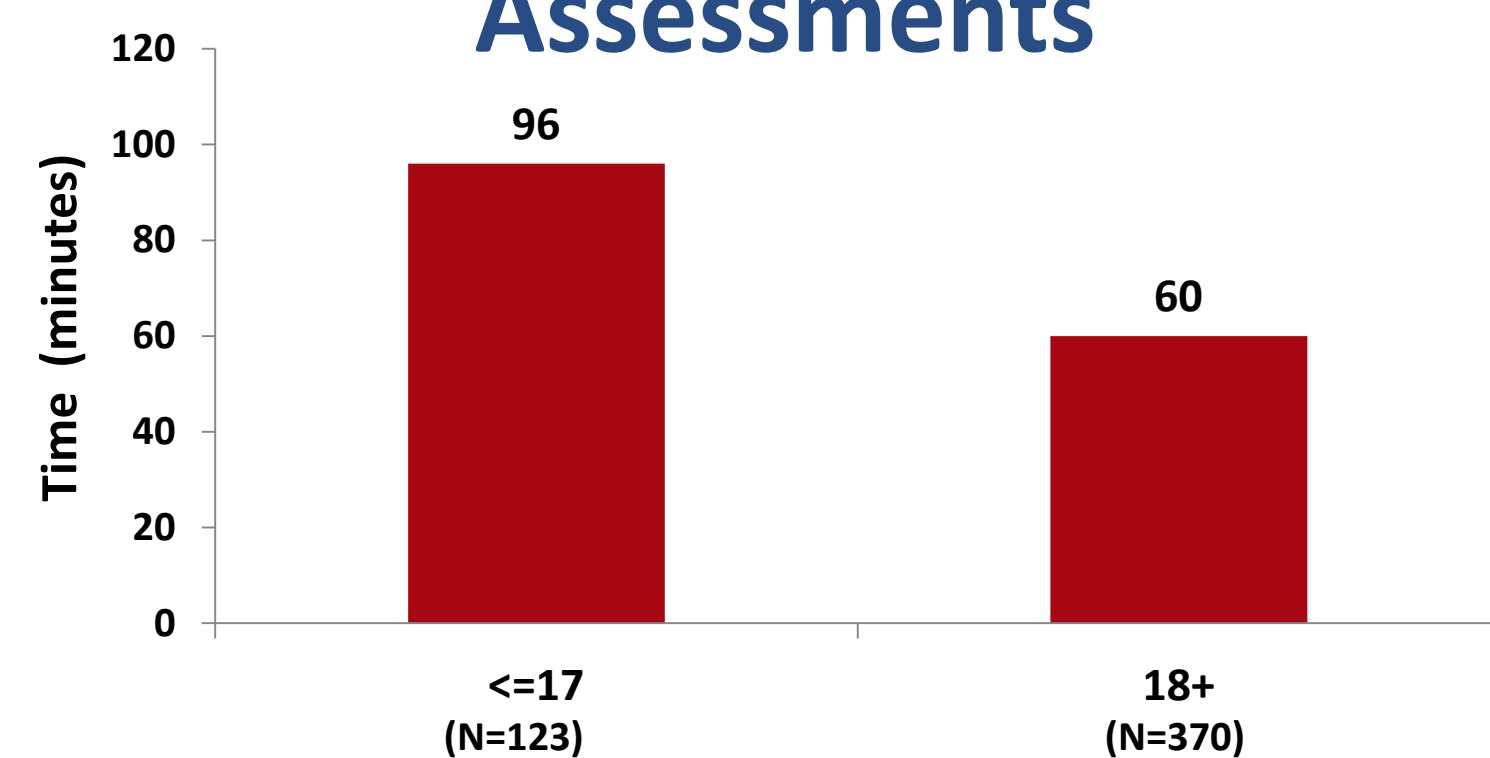
*The ASAM CONTINUUM Los Angeles pilot was developed and conducted by the LA County Dept. of Public Health Substance Abuse Prevention & Control (SAPC) and UCLA LA County Evaluation Service (LACES).*

## Quantitative Findings: LA County

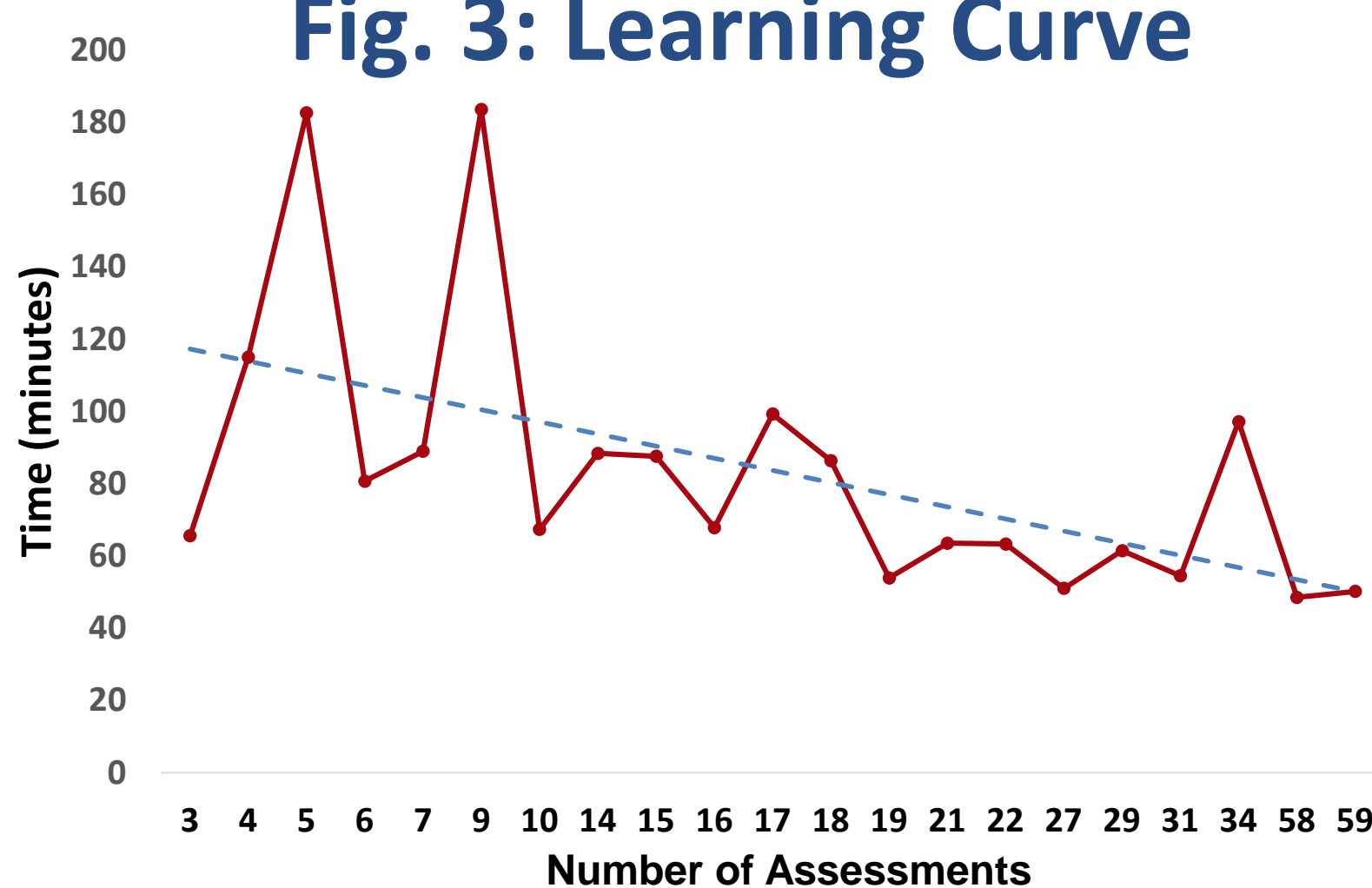
**Fig. 1: Assessment Duration**



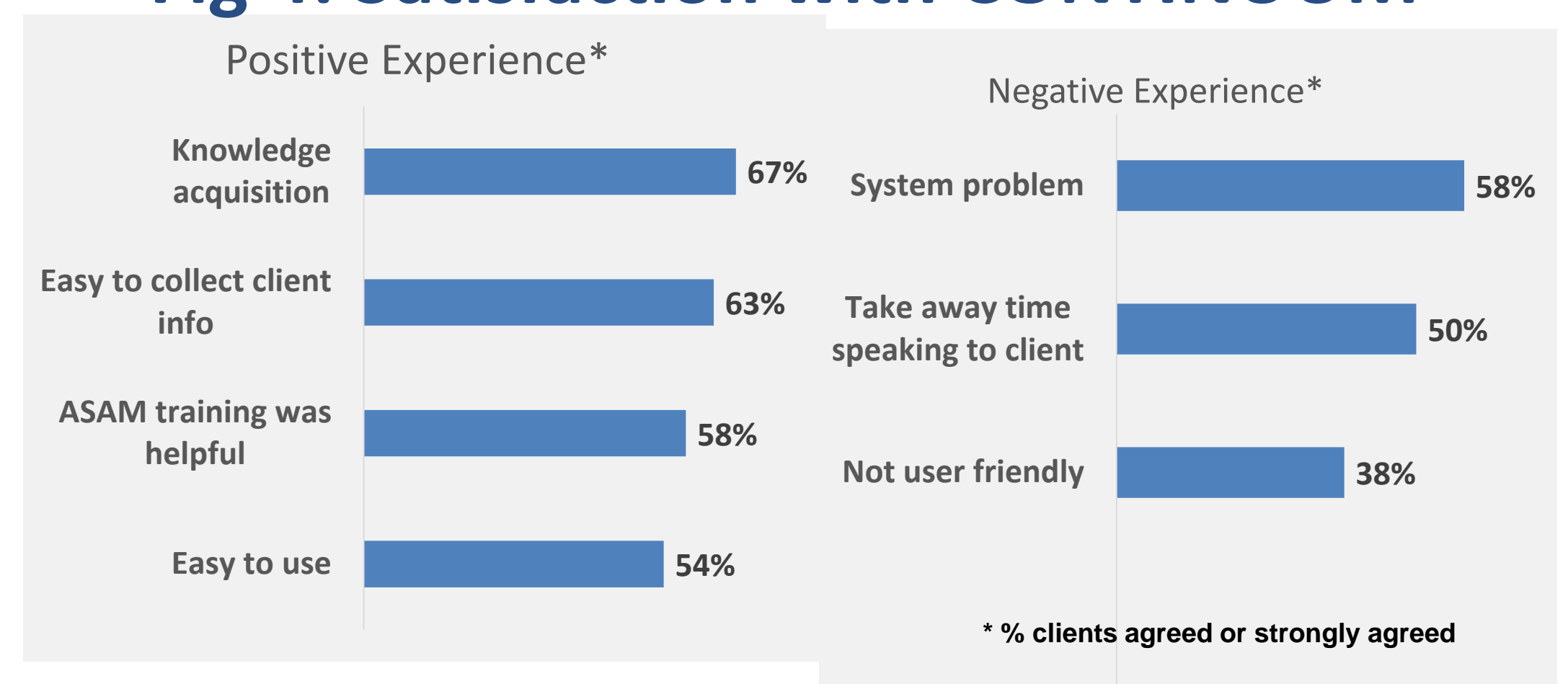
**Fig. 2: Duration by # of Assessments**



**Fig. 3: Learning Curve**



**Fig 4: Satisfaction with CONTINUUM**



## Qualitative Findings: Prior Studies

- Alpha Test (Norway): Patients like to read the screens
- Beta Test (Milwaukee): Improved quality of care, without process of care being longer than before
- National Demonstration Project (20 sites across the U.S.):
  - Systems were able to implement across all adult LOCs
  - Detoxes started with just Med & Alc/Drug questions
  - Systems achieved mandated use across all clinicians
- Good ease of use & learning curve (~5-10 cases)
- Improved clinical assessment & patient engagement (MI effect)
- Faster & more successful MCO approval – public & commercial

## Qualitative Findings: LA County Focus Group

- **Respondents:** 27 program staff (directors, assessors)
- Collected a lot of good information, less chance of error due to bias
- *“Improved my knowledge of...the kind of direct questions and expanding...to narrow down a particular issue...”*
- Many stated “assessment was very long” some reported they saw the benefit... helped the providers get to know the client better.
- *“I also see the engagement piece. So now I make it a wrap session. I go with it now and I used to complain.”*
- *“...Rapport building, you've asked so many questions that you already bonded”*
- Requests: narrative report & a 2-part interview process

## REFERENCES

- Gastfriend DR (2004). *Addiction Treatment Matching: Research Foundations of the American Society of Addiction Medicine (ASAM) Criteria*. The Haworth Medical Press, Binghamton NY 2004.
- Stallvik M, Gastfriend DR, Nordahl HM (2015). Matching patients with substance use disorder to optimal level of care with the ASAM Criteria software. *J Subst Use* 20:389-98.

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