
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 Medicas 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

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Fig. 1: Assessment Duration

Fig. 2: Duration by # of Assessments

Fig. 3: Learning Curve

Fig 4: Satisfaction with CONTINUUM

Positive Experience*

Negative Experience*

Knowledge acquired

Easy to collect client info

ASAM training was helpful

Easy to use

% clients agreed or strongly agreed

Quality 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
• Getexts 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 (M1 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 longer, but...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 actually explain.”
• “…Rapport building, you’ve asked so many questions that you already bonded)”
• Requests: narrative report & a 2-part interview process

REFERENCES