

MEDICATION ASSISTED TREATMENT
COMMUNITY OF PRACTICE

Application of ASAM Criteria for MAT Practices

August 8, 2019



Disclosures

No individuals in a position to control content for this activity have any relevant financial relationships to declare.

WELCOME & INTRODUCTIONS

Purpose of MAT CoP

To promote and support the successful implementation of an integrated MAT approach in healthcare settings.



MAT CoP Resources

- **MAT Google Group**

To join discussions about MAT program development, email Adelaide Murray at adelaide_murray@jsi.com.

- **Resources & Tools**

Resources to support implementation of MAT programs can be accessed on the Center for Excellence website:

<http://nhcenterforexcellence.org/resources/community-of-practice-resources/>

- **MAT Technical Assistance**

Submit requests to the Center for Excellence:

<http://nhcenterforexcellence.org/center-services/request-ta/>

Medication Assisted Treatment (MAT) Resources

- MAT Community of Practice (CoP)**
The CoP intends to promote and support the successful implementation of an integrated MAT approach in healthcare settings.
Opportunities include:
 - Group Meetings
 - In-person meetings every other month 2:00pm-4:30pm at the NH Hospital Association, 125 Airport Road, Concord, NH
 - 2019 Meetings: February 14, April 11, June 13, August 8, October 10, December 12
 - Clinical Case Conference Calls
 - Resources & Tools
 - Includes past meeting materials available on the NH Center for Excellence website (<https://nhcenterforexcellence.org/resources/community-of-practice-resources/medication-assisted-treatment-cop-resources/>)
 - Discussion Group
 - Email-based Google Group to share resources and join discussions
 - Technical Assistance

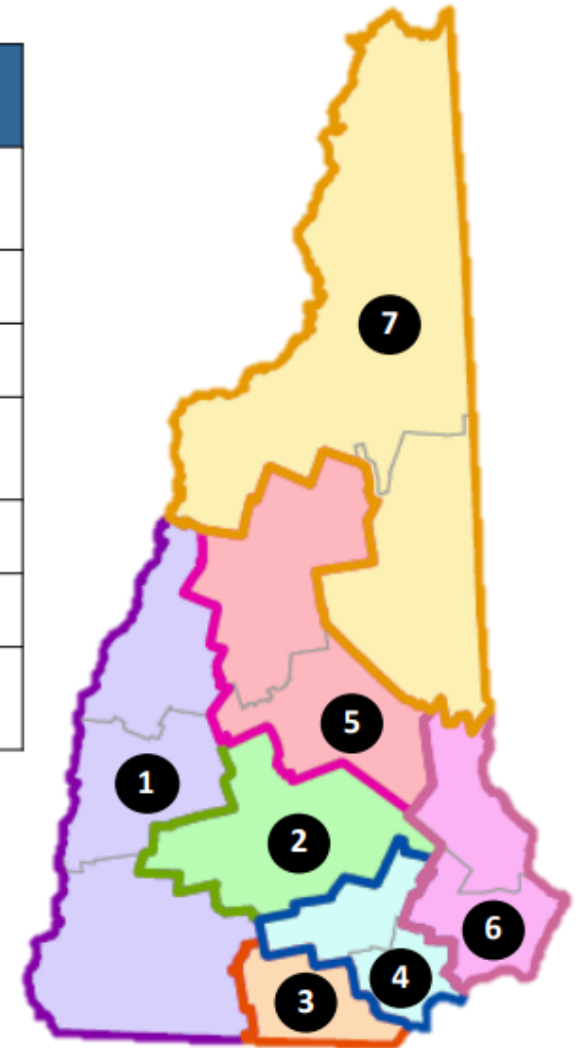
Interested? Contact Adelaide Murray at adelaide_murray@jsi.com
- MAT Guidance Document**
Compilation of best practice recommendations and resources for the implementation of MAT (<https://nhcenterforexcellence.org/resources/reportsplanspublications/mat-best-practice-guidance-document-second-edition/>)
- MAT Quality Planning Tool**
Tool to assess MAT program development and implementation and to inform continual quality improvement. (http://vjuw049k2mx3a7mwzlhvvas-wpengine.netdna-ssl.com/wp-content/uploads/2018/04/FINAL_MAT_Quality_Planning_Tool_3-30-18.pdf)
- Buprenorphine Waiver Training**
Free 8-hour in-person training for physicians interested in seeking their waiver to prescribe buprenorphine for the treatment of opioid use disorders. For physician assistants and nurse practitioners the eight-hour training counts toward the required 24-hour waiver requirement. More information can be found on the NH Medical Society website (<https://www.nhms.org/>)

To locate your IDN by your city or town visit:

<https://cpasnh.mslc.com/map>

Illustrative IDN	Regional Public Health Networks (RPHN) Included	# of Medicaid members
1. Monadnock, Sullivan, Upper Valley	Greater Monadnock, Greater Sullivan County, Upper Valley	21,550
2. Capital	Capital Area	15,520
3. Nashua	Greater Nashua	19,110
4. Derry and Manchester	Greater Derry, Greater Manchester	34,900
5. Central and Winnepesaukee	Central NH, Winnepesaukee	15,230
6. Seacoast and Strafford	Strafford County, Seacoast	25,440
7. North Country and Carroll	North Country RHPN, Carroll County RHPN	15,300

Providers in each IDN region are encouraged to work together to form one IDN, particularly in less populated parts of the State.



Note: pending final approval by CMS and subject to change



Objectives

1. Identify the six dimensions of ASAM criteria.
2. Interpret the ASAM criteria for application in an MAT practice.
3. Practice utilizing ASAM criteria for treatment planning in an MAT practice setting.

CARE PLANNING TO ADDRESS PATIENT NEEDS

Molly Rossignol, DO

UNDERSTANDING ASAM CRITERIA

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American Society of Addiction Medicine (ASAM) Criteria

- Patient driven lengths of stay
- Non program/curriculum driven treatment
- Discharge begins at intake
- Continuum of care versus “graduating” treatment
- Complete dimensional assessment
- Continuing assessment



ASAM Criteria 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

ASAM CRITERIA DIMENSIONS

Assessment Considerations

Dimension 1: Acute Intoxication or Withdrawal Potential

- Risks associated with the patient's current level of intoxication or withdrawal
 - Is the person intoxicated and planning to drive/bike?
- Substance use history
 - How much, how often, how, and how long
- Current withdrawal symptoms, withdrawal history
- CIWA, COWS score
- Assessment of multidimensional interaction
- Consider patient for withdrawal management services

Dimension 2: Biomedical Conditions and Complications

- Current physical illness
- Chronic medical conditions
- Pregnancy
- Multidimensional interaction (*special attention to dimension 1*)

Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications

- Current emotional, behavioral, or cognitive conditions that could interfere with treatment
- Chronic conditions
- Relation of symptoms to SUD
- Mental health history
- Treatment history
- TBI History*
- Monitor Symptoms
- Multidimensional interaction

Dimension 4: Readiness to Change

- Mental health and SUD assessment
- Patient's level of awareness of their relationship between negative consequences and substance use
- Patient's readiness, willingness, ability to change addictive behavior
- Patient's goals for treatment
- Multidimensional interaction

❖ *More readiness to change equals a lower severity rating*

Dimension 5: Relapse, Continued Use, Continued Problem Potential

- Both SUD and mental health disorder assessment
- Strengths, coping skills, ability to manage craving, impulse control
- Understanding relapse versus continued use
- Relapse History
 - Thoughts, internal dialogue preceding relapse
 - Relapse does not mean a more intense level of care
 - Continued use could mean a less intense level of care
- Patient's awareness of cues/triggers
- Multidimensional interaction

Dimension 6: Recovery Environment

- Both SUD and mental health disorder assessment
- Threats to patient's safety or engagement in treatment
- Resources available to help with a successful recovery
- Transportation, childcare, housing or employment issues
- Mandates that influence treatment motivation
- Spirituality
- Multidimensional assessment

ASAM Criteria Risk Rating

- 0** - This rating would indicate a **non-issue or very low risk issue**. The patient would present no current risk and any chronic issues would be mostly or entirely stable.
- 1** - This rating would indicate a **mildly difficult issue, or present minor signs and symptoms**. Any existing chronic issues or problems would be able to be resolved in a short period of time.
- 2** - This rating would indicate **moderate difficulty in functioning**. However, even with moderate impairment, or somewhat persistent chronic issues, relevant skills, or support system may be present.
- 3** - This rating would indicate a **serious issue or difficulty coping within a given dimension**. A patient presenting at this level of risk may be considered in or near “imminent danger”
- 4** - This rating would indicate **issues of utmost severity**. The patient would present with critical impairments in coping and functioning, with signs and symptoms, indicating an “imminent danger” concern.

**See handout for easier reading of Risk Rating*

ASAM Levels of Care

Level 0.5	Early Intervention
Level 1	Outpatient Services
Level 2	Intensive Outpatient / Partial Hospitalization Services
Level 3	Residential / Inpatient Services
Level 4	Medically-Managed Intensive Inpatient Services

Early Intervention – Level 0.5

- For individuals with known risk of developing a SUD, but do not currently meet diagnostic criteria for any SUD
- Provides education, screening, identifies risk factors, helps individuals see consequences of continued use

Outpatient Services – Level 1

- Organized services in a wide variety of settings
- Professionally directed evaluation treatment and recovery service
- Regularly scheduled meetings

Intensive Outpatient – Level 2.1

- Organized services delivered day or evening hours to accommodate work, childcare schedules
- Provides patients the opportunity to apply skills learned as they learn them
- Regular consultation with psychiatric, medical and medication management
- 9 or more hours a week for adult, 6 or more hours a week for adolescent

Partial Hospitalization Services - Level 2.5

- Direct access to psychiatric, medical, and lab services when warranted
- Provides 20 or more hours/week of services

Clinically-Managed Low Intensity Residential – Level 3.1

- Transitional living / Halfway House
- 24-hour structure with available trained staff
- Minimum of 5 hours of clinical services per week

Clinically Managed Population Specific High Intensity Residential Services – Level 3.3

- Adult Level of Care only
- 24-hour care with trained professionals to stabilize imminent risk
- Less intense to accommodate the needs of patients unable to benefit from a more intense application of treatment
- Typically for patients with developmental disabilities or TBI

Clinically-Managed High Intensity Residential - Level 3.5

- 24-hour care with trained professionals to stabilize imminent risk
- Patients must be able to tolerate and benefit from intense milieu or therapeutic community

Medically-Monitored Intensive Inpatient Treatment – Level 3.7 Adult Criteria

- 24/7 nursing care and physicians available
- Similar to level 3.5 but with in-house access to acute medical or psychiatric care
- For individuals with significant problems in Dimension 1, 2, or 3

Medically Managed Intensive Inpatient Services – Level 4

- 24/7 nursing care and daily physician care for severe, unstable problems in dimension 1, 2, 3
- Counseling services are available
- Although a SUD diagnosis is needed, patients acute needs are addressed

Opioid Treatment Services (OTS)

- Agonist medications
- Antagonist medication
- Can be bundled into other services
- Opioid Treatment Programs
- Office-Based Opioid Treatment
- Pages 296-299 ASAM; 2013 Text

References

- *Mee-Lee, David (2013). The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions. Chevy Chase, MD: American Society of Addiction Medicine, Inc.*
- *Miller, W. R., & Rollnick, S. (2013). Motivational Interviewing: Helping People Change, 3rd Edition (Applications of Motivational Interviewing) (3rd ed.). New York, NY: The Guilford Press.*

QUESTIONS?



CASE STUDY PRACTICE

CoP Meeting Schedule

Location: NH Hospital Association

From: 2:30pm – 4:30pm

October 10

December 12

Final Thoughts

- Utilize Google Group for questions, event/resource sharing, and discussion!
- 2 CEUs and CNEs available
- Please hand in your evaluation!

Thank you for coming!

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