

ASAM Presentation: Criteria Integration Options

October 19th 2022



ASAM American Society of
Addiction Medicine

*The ASAM Criteria
Assessment Tools*



ASAM American Society of
Addiction Medicine

ASAM Criteria Paper Assessment (Dimension 1)

- The ASAM Criteria Assessment Interview Guide
- The ASAM Criteria Co-Triage
- The ASAM Criteria CONTINUUM

THE ASAM CRITERIA ASSESSMENT INTERVIEW GUIDE

Adult

- Publicly available standardized version of the *ASAM Criteria* assessment
- Assists clinician in organizing and collecting patient information along all six dimensions, including co-occurring conditions
- Does *not* include decision support logic and will not output a level of care recommendation
- Free to all clinicians (in paper format) and options available to build into the EHR



Slide 5

BLO Julia

Bill Liu, 2022-10-18T21:06:25.191

JKO 0 [@Bill Liu] adding a couple options for you to decide what will be best to show... let me know if there was another section you wanted to highlight and i can add a screenshot of the section

Julia Kissel, 2022-10-19T13:05:31.903

BLO 1 I actually think all 3 might be useful to have. Perhaps move each individual one to its own slide?

Bill Liu, 2022-10-19T13:53:01.802

ASAM Criteria Paper Assessment (Dimension 1)

Please circle the intensity and urgency of the patient's CURRENT needs for services based on the information collected in Dimension 1:

SEVERITY RATING - DIMENSION 1 (Acute Intoxication and/or Withdrawal Potential)

For guidance assessing risk, please see Risk Rating Matrices in *The ASAM Criteria*, 3rd ed.:

- For alcohol, see pages 147-154
- For sedatives/hypnotics, see pages 155-161
- For opioids, see "Risk Assessment Matrix" on page 162

► **Note:** Stimulant withdrawal from cathinones (bath salts) or high dose prescription amphetamines can be associated with intense psychotic events needing higher level of care

<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3 Severe	<input type="checkbox"/> 4 Very Severe
<ul style="list-style-type: none"> • No signs of withdrawal/intoxication present 	<ul style="list-style-type: none"> • Mild/moderate intoxication • Interferes with daily functioning • Minimal risk of severe withdrawal • No danger to self/others 	<ul style="list-style-type: none"> • May have severe intoxication but responds to support • Moderate risk of severe withdrawal • No danger to self/others 	<ul style="list-style-type: none"> • Severe intoxication with imminent risk of danger to self/others • Difficulty coping • Significant risk of severe withdrawal 	<ul style="list-style-type: none"> • Incapacitated • Severe signs and symptoms • Presents danger, i.e., seizures • Continued substance use poses an imminent threat to life
	Withdrawal management (WM) follow up for controlled or mild symptoms	Prioritize the link to medical WM services	Urgent, high risk or severe WM needs, high need of support 24-hours/day	Emergency Department-imminent danger

Alcohol
 Opioids
 Benzodiazepines
 Stimulants: _____
 Other: _____
 Other: _____

Additional Comments:

ASAM Criteria Paper Assessment (Co-Occurring)

8. I am going to read you a list of mental health symptoms and behaviors that might be concerning to some people. Can you tell me if any of these have been bothering you in the last 30 days? Also, if you have these symptoms, please let me know if they happen only when using or withdrawing from alcohol or other drug use. (Please include symptoms observed by interviewer, even if patient is not aware)

MOOD	PAST 30 DAYS	Only when using or withdrawing from alcohol or other drugs	Notes:
Depression/Sadness	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of pleasure/interest	<input type="checkbox"/>	<input type="checkbox"/>	
Hopelessness	<input type="checkbox"/>	<input type="checkbox"/>	
Irritability/Anger	<input type="checkbox"/>	<input type="checkbox"/>	
Impulsivity	<input type="checkbox"/>	<input type="checkbox"/>	
Interviewer observation: Pressured speech	<input type="checkbox"/>	<input type="checkbox"/>	
Feeling unusually important/Grandiosity	<input type="checkbox"/>	<input type="checkbox"/>	
Racing thoughts	<input type="checkbox"/>	<input type="checkbox"/>	
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	
Anxiety/Excessive worry	<input type="checkbox"/>	<input type="checkbox"/>	
Thoughts that you cannot stop if you want to/Obsessive thoughts (Not including thoughts about using substances)	<input type="checkbox"/>	<input type="checkbox"/>	
Behaviors that you cannot stop if you want to/Compulsive behaviors (Not including using substances)	<input type="checkbox"/>	<input type="checkbox"/>	
Flashbacks	<input type="checkbox"/>	<input type="checkbox"/>	
Psychosis- Include interviewer observation	<input type="checkbox"/>	<input type="checkbox"/>	
Paranoia (e.g., feeling like you are being watched or followed)	<input type="checkbox"/>	<input type="checkbox"/>	
Delusions, feeling you were especially important in some way, or that you were receiving special messages, or that people were out to harm you (false beliefs inconsistent with culture)	<input type="checkbox"/>	<input type="checkbox"/>	

ASAM CO-TRIAGE®

- Computer-guided provisional referral tool designed to generate an initial level of care placement for individuals with alcohol and substance use problems and co-occurring conditions
- Assists clinicians with identifying broad categories of treatment need along the six ASAM Criteria dimensions.
- Intended to direct patients to a preliminary level of care placement (L1, 2, 3 ,4) where a comprehensive ASAM CONTINUUM assessment can be conducted.
- Designed for both non-medical and medical settings



ASAM CONTINUUM[®]

- A standardized, research-validated, computer-guided, structured interview for assessing patients with addictive, substance-related, and co-occurring conditions.
- Allows clinicians to conduct a comprehensive biopsychosocial patient risk and needs assessment
- Explores all six ASAM Criteria dimensions
- Decision logic outputs recommendation for the least intensive, but appropriate, *ASAM Criteria* level of care recommendation.



ASAM CONTINUUM CIWA Instrument Screen

ASAM CONTINUUM™
THE ASAM CRITERIA DECISION ENGINE

v.3.14.0

[Q & A Knowledgebase and Training](#)

CONTINUUM Demo1
[Change Password](#) [Log Out](#)
[ASAM Demo Accounts View](#)

[Home](#) [Assessment](#) [Patient](#)

Drug and Alcohol

Section	% Complete
Used Substances	100%
Alcohol Use	0%
Other Opioid Use	0%
CINA Scale for Opioids	0%
CIWA Sedative and Alcohol Scale	0%
Drug Consequences	0%
Addiction Treatment History	0%

[Terms and Conditions](#) [Customer Data](#)

Mac

Name: Mac Jones DOB: 02/03/1998 Gender Identity: Male (Cisgender) Pronouns: They/Them Race: White Ethnicity: Not Hispanic or Latino Religion: Nonreligious

[Edit](#)

[Update Patient Info](#) [Print](#)

Created By: continuumdemo6@asam.org

CIWA Sedative and Alcohol Scale

"Do you feel sick to your stomach? Have you vomited?" Mild nausea with no vomiting CIWA01

"Please raise your arms straight out in front of you and spread your fingers apart." (Touch your fingertips to the patient's fingertips on both hands and observe.) No tremor CIWA02

Paroxysmal Sweats: Observation: No sweat visible CIWA03

Anxiety: *"Do you feel nervous?"* (Observe) Moderately anxious, or guarded, so anxiety is inferred CIWA04

Tactile Disturbances: *"Have you had any itching, pins and needles sensations, any tingling, numbness, or drowsy feelings?"* Very mild itching, pins and needles, burning or numbness CIWA06

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Slide 10

BLO

Julia

Bill Liu, 2022-10-18T21:06:29.676

ASAM CONTINUUM Psychological Section - Suicidality

"Serious thoughts of suicide, i.e., that you would be better off dead, or wanting to hurt yourself?"

"In your lifetime?" ASp08L

0	1	2	3	4
Not at all	Slightly (Low risk of death & low need for discovery / rescue e.g., taking non-lethal dose of pills)	Moderat... (Some risk with probable recovery or discovery / rescue)	Consider... (Risk of death but also likely discovery / rescue)	Extremely (Taking action with high likelihood of completi... & death)

"Thoughts of how you might hurt yourself?"

"In your lifetime?" ASp08aL

0	1	2	3	4
Not at all	Slightly (Low risk of death & low need for discovery / rescue e.g., non-lethal dose of pills swallowed)	Moderat... (Some risk with probable recovery or discovery / rescue)	Consider... (Risk of death but also likely discovery / rescue)	Extremely (Action taken with high likelihood of completi... & death)

"Attempted suicide?"

"In your lifetime?" ASp09L

0	1	2	3	4
Not at all	Slightly	Moderat...	Consider...	Extremely

Question Examples:

- "In your lifetime?"
- "In the last month?"
- "In the last 24 hours?"
- "Was this problem in the last 24 hours related to using drugs or alcohol?"

ASAM CONTINUUM Psychological section - Suicidality

👤 "In the last month?"
 ASp08M

0	1	2	3	4
Not at all	Slightly (Low risk of death & low need for discovery / rescue e.g., taking non-lethal dose of pills)	Moderat... (Some risk with probable recovery or discovery / rescue)	Consider... (Risk of death but also likely discovery / rescue)	Extremely (Taking action with high likelihood of completi... & death)

👤 "In the last 24 hours?"
 ASp08D

0	1	2	3	4
Not at all	Slightly (Low risk of death & low need for discovery / rescue e.g., taking	Moderat... (Some risk with probable recovery or discovery / rescue)	Consider... (Risk of death but also likely discovery / rescue)	Extremely (Taking action with high likelihood of completi... & death)

👤 "Was this problem within the last 24 hours related to using drugs or alcohol?"
 ASp08U

- Not related to use
- Symptoms are likely related to active substance use or intoxication
- Symptoms are likely related to substance withdrawal
- Unknown

👤 "Thoughts of how you might hurt
 ASp08U

ASAM CONTINUUM: DSM-5 SUD Diagnosis

ASAM CONTINUUM™
THE ASAM CRITERIA DECISION ENGINE

Name: Henry W
Provider Patient ID:
ASAM CONTINUUM Assessment

Interviewer: continuumdemo1@asam.org
Assessment Start: 3/18/2022 2:22 PM EST
Assessment End: 3/18/2022 4:10 PM EST

DIAGNOSTIC FINDINGS

DSM-5 DIAGNOSIS: SUBSTANCE USE DISORDER(S)

Drug	<input checked="" type="checkbox"/> Criteria Met with severity based on 11 criteria	🕒 Last Use	⚠️ Imminent Risk Of Withdrawal
Alcohol	Severe 9	2 days ago	<input checked="" type="checkbox"/>
Nicotine products	Moderate 5	1 hour ago	<input checked="" type="checkbox"/>

Specific Problematic Substance(s)

Alcohol	(whatever is on sale, usually vodka 1 pt a day)	
	<u>DSM-5 Criteria Met</u>	<u>DSM-5 Criteria Description</u>
	01	Often taken in larger amounts or longer than intended
	02	Persistent desire or unsuccessful efforts to cut down or control
	03	A great deal of time is spent to obtain, use, or recover
	04	Craving, or a strong desire or urge to use
	06	Continued use despite persistent or recurrent problems

ASAM CONTINUUM Reports: Co-Occurring Conditions

ASAM CONTINUUM™
THE ASAM CRITERIA DECISION ENGINE

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ASAM CONTINUUM Assessment

Interviewer: continuumdemo1@asam.org
Assessment Start: 3/18/2022 2:22 PM EST
Assessment End: 3/18/2022 4:10 PM EST

Please refer to Appendix for more details regarding [Dimensional Analysis definitions](#).

FINAL LEVEL OF CARE RECOMMENDATIONS

The patient should be considered for each of the following services. The treatment team should consider his history carefully and provide the patient with the level of care and services that best suit his presentation.

1. Henry may require initial treatment in a Level 3.7-WM -- medically monitored inpatient withdrawal management program.
2. Henry meets the criteria to be admitted to a Level 3.7 medically monitored intensive inpatient Co-Occurring Enhanced program as he appears to have active co-occurring emotional, behavioral, or cognitive needs and/or risks that may need further evaluation and treatment or treatment revision.

ASAM CONTINUUM: Critical Items

ASAM CONTINUUM™
THE ASAM CRITERIA DECISION ENGINE

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Interviewer: continuumdemo1@asam.org
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Assessment End: 3/18/2022 4:10 PM EST

GAF SCORE

<u>Score Range</u>	<u>Patient Score</u>	<u>Description</u>
50 - 41	50	Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).

CRITICAL ITEMS

The following critical medical/addiction item(s) were noted while completing this assessment:

1. The interviewer was unable to assess whether there is a reemergence of acute symptoms that can be safely addressed only in a medically-monitored setting. Further assessment by a medical professional is recommended.

The following critical psychological/psychiatric item(s) were noted in this assessment:

1. He has attempted suicide during his lifetime.

ASAM CONTINUUM Psychological Section (Summary Report)

ASAM CONTINUUM™
THE ASAM CRITERIA DECISION ENGINE

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ASAM CONTINUUM Assessment

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Assessment End: 3/18/2022 4:10 PM EST

DIMENSIONAL ANALYSIS

Dimension 1 - Acute Intoxication and/or Withdrawal Potential

In Dimension 1, the patient's needs regarding withdrawal can be met at: Level 3.7-WM.

Dimension 2 - Biomedical Conditions and Complications

In Dimension 2, the patient's needs regarding biomedical issues can be met at multiple levels, including: Level 0.5, Level 1, Level 2.1, Level 2.5, Level 3.1, Level 3.3, Level 3.5.

Dimension 3 - Emotional, Behavioral or Cognitive Conditions and Complications

In Dimension 3, the patient's needs regarding emotional, behavioral or cognitive conditions and complications can be met at multiple levels, including: Level 2.1-COE, Level 2.5-COE, Level 3.1, Level 3.3, Level 3.3-COE, Level 3.5-COC, Level 3.7-COC.

Dimension 4 - Readiness to Change

In Dimension 4, the patient's needs regarding readiness to change can be met at multiple levels, including: Level 0.5, Level 1, Level 2.1, Level 2.1-COE, Level 2.5, Level 2.5-COE, Level 3.1, Level 3.1-COE, Level 3.5, Level 3.5-COE.

Dimension 5 - Relapse, Continued Use or Continued Problem Potential

In Dimension 5, the patient's needs regarding relapse, continued use or continued problem potential can be met at multiple levels, including: Level 3.1, Level 3.1-COE, Level 3.5, Level 3.5-COE, Level 3.7, Level 3.7-COE.

Dimension 6 - Recovery Environment

In Dimension 6, the patient's needs regarding recovery environment can be met at multiple levels, including: Level 1, Level 2.1, Level 2.5, Level 3.1, Level 3.1-COE, Level 3.5.

ASAM CONTINUUM Psychological Section (Narrative Report)

PSYCHIATRIC SECTION

Serious Emotional and Psychological Problems - Lifetime

Henry has a past history of psychiatric symptoms in his lifetime, including serious problems with depression and anxiety. Henry acknowledges thinking seriously about, and attempting suicide. Henry has a past history of difficulty understanding or concentrating, he does not acknowledge a history of violent behavior. Henry has been prescribed medications for psychological difficulties in his lifetime. He does not have a history of inpatient treatment for psychological or emotional problems, however, he has been treated once on an outpatient basis. He does not receive any financial compensation for a psychiatric disability.

Client Perception of Severity of Emotional and Psychological Problem and Desire for Treatment

Henry has had problems with depression in the past 30 days, and he was moderately depressed at the time of the interview. Although Henry denied experiencing any anxiety in the past 30 days, he was moderately anxious at the time of the interview. Henry has not experienced suicidal ideation in the past 30 days and did not appear to be having suicidal thoughts at the time of the interview. Henry has not attempted suicide in the past 30 days. Henry has had trouble understanding or concentrating in the past 30 days, he was not noticeably having trouble with memory/comprehension at the time of the interview. Henry was not hostile at the time of the interview. Henry did not appear to be experiencing symptoms of a thought disorder at the time of the interview. Henry has not been prescribed psychotropic medications in the past 30 days. Henry experienced psychological or emotional problems on 15 of the past 30 days, and is bothered by them. Obtaining psychological or emotional treatment is of moderate importance to him.

Interviewer Impressions and Recommendations - Psychiatric

ASAM CONTINUUM Software Integration

- ASAM CONTINUUM is currently integrated with 17 EMR companies.
 - To determine integration feasibility with a new EMR, ASAM and the EMR vendor need to meet and review technical integration requirements.
 - Average integration time is determined by the EHR. On average it takes ~200 developer hours and can be completed in 3 – 6 months.
- ASAM will not charge the provider any integration fees. EMR vendor may determine additional costs to integrate the product into their system and may pass charges along to the provider or state.
- ASAM CONTINUUM annual subscription cost: \$504 per user per year (volume discounts available)
- [Research validation](#)
- Contact Bill Liu, bliu@asam.org to discuss first integration steps

Current Integrated EMRs

EMRs with active users	EMRs (integrated with no active users)	EMRs with signed agreements (currently integrating)	EMRs with signed intent
Aegis Treatment Center - Now Pinnacle Health	NextSteps	HIMS - Health Information Management	Civitas
Best Notes		Alleva	Kepro
Credible		Lightning Step	Welligent
CompuLink		AdvancedMD	Kipu
FEI- WITS			Netalytics
MedEz			
Netsmart (Avatar)			
NextGen (owns Topaz)			
Topaz Legacy			
Sigmund			
PCE Systems			
Streamline			
Core Solutions			