

ASAM Criteria-based Standardized Recommendations and Discrepancies with Actual Referrals

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INTRODUCTION

- In a US drug epidemic, *quality improvement* is vital.
- Matching patients to optimal levels of care (LOCs) for multidimensional needs can improve clinical outcomes
- In this naturalistic observation analysis, patients were assessed in central intakes, call centers, crisis centers, etc. using *The ASAM Criteria* (3rd Ed.) CO-Triage and were given a provisional LOC recommendation.
- Discrepancies between ASAM LOC recommendations & actual LOC placements might indicate service gaps & guide better system design & quality of care.

METHODS

- CO-Triage is a 24-item, 10-min., structured interview & branched-tree decision assistance software that uses the 6 dimensions of *The ASAM Criteria*.
- We analyzed de-identified clinical data from all computer-assisted brief assessments completed nationwide in September 2023 to explore:
 1. The proportions of computer-generated provisional LOC recommendations
 2. Discrepancies in actual or planned placements vs. recommended LOCs
- The following major ASAM LOCs were considered:
 - L0.5-Prevention/Early Intervention
 - L1-Outpatient
 - L2-Intensive Outpatient/Partial Hospitalization
 - L3-Residential/Inpatient
 - L4-Intensive Inpatient (e.g., hospital) care
 - LOTS-Opioid Treatment Services (including all Medications for Opioid Use Disorder - MOUD).

RESULTS

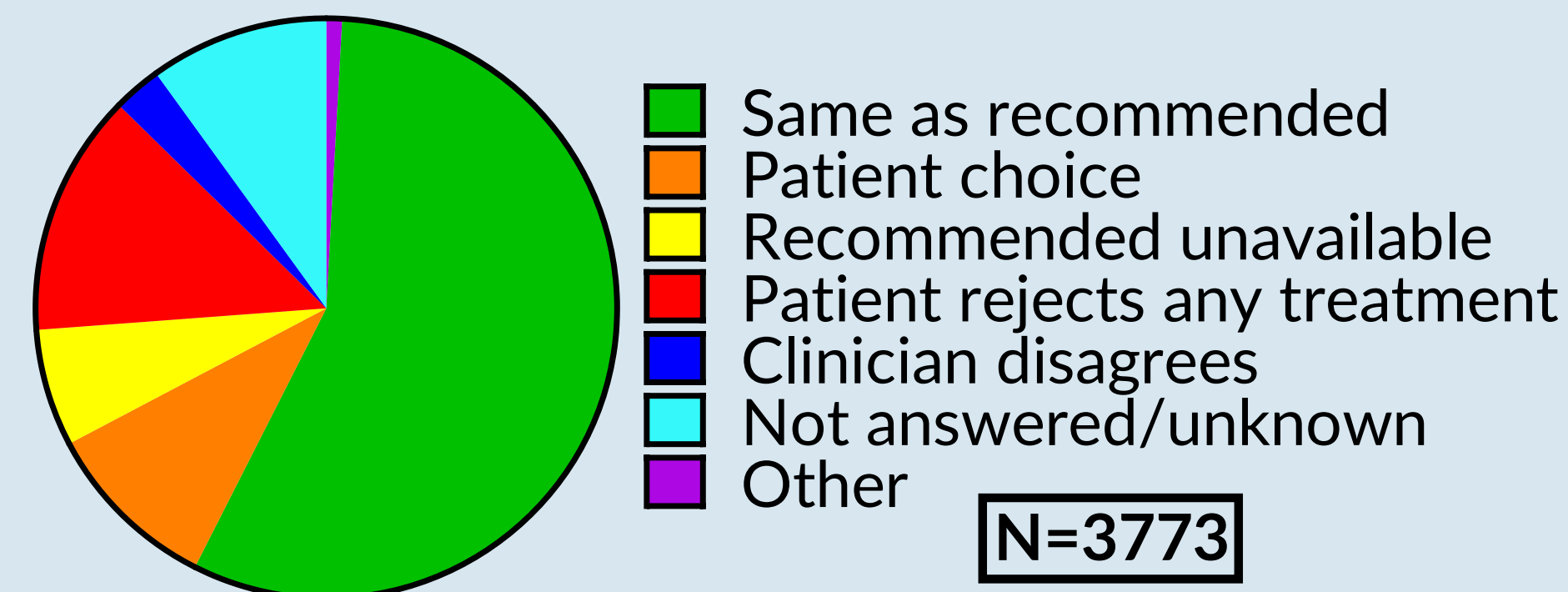
- In a 1-mo. sample, 376 interviewers used 18 EHRs in 34 states.
- Of 5,025 assessments, 4,775 (95.0%) were complete.
- Of those, 3,773 (79.0%) noted the patient's actual or referred LOC.

LOC	L0.5	L1	L2	L3	L4	LOTS
% Recommended	19.0	27.2	24.3	24.0	0.9	29.7
% Actual/referred	1.3	29.2	6.2	23.1	0.3	35.7

The sum of the percentages can exceed 100% because LOTS recommendations can occur with other LOCs

- Recommended & actual LOCs were similar for Levels 1, 3, 4, & OTS
- BUT...a large discrepancy was found for patients needing Level 2

Reason for Discrepancy Between Actual & Recommended LOC



- Agreement: Clinicians reported the final referral *to be the same* as CO-Triage recommended in the majority (56.6%) of cases.
- Interviewers disagreed with recommendations in 2.7% of cases
- Leading reasons for discrepant referrals: “Patient rejects any treatment” (13.5%), “Patient choice” (9.8%), & “Treatment unavailable in geographic region” (6.6%).
- Leading LOC Disagreement: Among patients with discrepant referrals *due to patient choice*, half (50.5%) were referred to L2.
 - Also, *when interviewers disagreed* with CO-Triage, the largest proportion (35.6%) disagreed with L2 recommendations.
- Direction: 52.5% of L2-recommended patients were *referred to a less intensive LOC* (20.5% to more intensive LOC).

CONCLUSION

- Pattern of recommended LOCs: LOCs were *evenly distributed* across all LOCs except L4. This was expected as patients needing hospitalization may be less likely to visit a central intake or screening center.
- Interviewer Disagreement Rates: Interviewers disagreed with *The ASAM Criteria* in <3% of cases.
- Level 2 Underutilization: Compared to CO-Triage recommendations, actual or planned referrals *under-utilized L2* due to patient preference & access obstacles.
- Risks: Do retention & clinical outcomes suffer if higher acuity patients pursue lower intensity LOCs (i.e., L1)?
- Needs: These large-scale results may signal needs for:
 - System Change, i.e., better geographic access to L2
 - Treatment Planning, e.g., motivational interviewing to improve patient readiness for more intensive L2 care, & Care Navigation to solve treatment barriers (e.g., caregiver burdens, transportation challenges).
- Implications: Real-world data have a degree of noise, but large-scale service discrepancy studies may offer meaningful signals for resource & care improvement.

AFFILIATIONS & DISCLOSURES

1. Quality and Science, American Society of Addiction Medicine (ASAM)
2. Chief Architect, ASAM CONTINUUM; Chief Medical Officer, DynamiCare Health, Inc.
 - A. Nothing to disclose
 - B. BioCorRx, Farella Braun+Martel LLP, for US District Court for No. CA., DynamiCare Health, IntentSolutions, RecoverySearch, Ritten Software, & Titan Pharmaceuticals

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