ACCEPT

Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics

Webex link to join from PC, Mac, iOS or Android:
https://uwmadison.webex.com/uwmadison/j.php?MTID=m9548d24d1f61e460d8e7627240e27b72
Meeting number: 2634 427 2183
Password: rwDs6iTcr95 (79376482 from phones)

Join by phone
+1-415-655-0001 US Toll
+1-312-535-8110 United States Toll (Chicago)

Access code: 263 442 72183
For attendance, purposes please text the following code: DOCKEF to 608-260-7097

Session Date: Friday, April 19, 2024

Didactic Topic and Presenter:
A Brief Overview of 4th Edition ASAM Criteria to Connect Adults with Substance Use Disorders to the Best Level of Care

Laura L. Menningen, CSAC, LPC, ICS
Behavioral Health Supervisor – Substance Use
UW Health Behavioral Health and Recovery

Content Experts: Sheila Weix and Joe Galey

- 12:15 PM: Attendance text-in – Introductions
- 12:25 PM: Case Presentation
- Presenter: Jean Riquelme, MD FAAFP - *Clinical Professor, Department of Family Medicine and Community Health*
- 1 PM: Didactic Presentation and Discussion
    - Presenter: Laura L. Menningen, CSAC, LPC, ICS
- 1:15 PM End of Session

Funding for this service was made possible by 435200-G-18-11448-285932-880 from Wisconsin Department of Health Services. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government or the State of Wisconsin.

CONTINUING EDUCATION INFORMATION:

Accreditation Statement

In support of improving patient care, the University of Wisconsin–Madison ICEP is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

Credit Designation Statements

American Medical Association (AMA)

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

American Nurses Credentialing Center (ANCC)

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 ANCC contact hour.

Accreditation Council for Pharmacy Education (ACPE)

The University of Wisconsin–Madison ICEP designates this knowledge-based activity for a maximum of 1.0 hours or 0.1 CEUs of CPE credit. Credit can be earned by successfully completing the activity and the evaluation. Credit will be provided to NABP CPE Monitor within 60 days after the activity completion.

2024 Universal Activity Number (UAN): JA0000358-0000-24-009-L01-P; JA0000358-0000-24-009-L01-T

Continuing Education Units

The University of Wisconsin–Madison ICEP, as a member of the University Professional & Continuing Education Association (UPCEA), authorizes this program for 0.1 continuing education units (CEUs) or 1 hour.

Medication Access and Training Expansion Act (MATE)

This session is designed to meet the requirements outlined in the Medication Access and Training Expansion (MATE) Act. (Click here for more information.) Number of hours: 1

Interprofessional Continuing Education Partnership
UNIVERSITY OF WISCONSIN-MADISON
School of Medicine and Public Health
School of Nursing
School of Pharmacy

Project ECHO®
University of Wisconsin

ECHO ACCEPT
Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics
2022-2024
A Brief Overview of 4th Edition ASAM Criteria to Connect Adults with Substance Use Disorders to the Best Level of Care
4/19/24

Didactic Presenter: Laura L. Menningen, CSAC, LPC, ICS
Case Presenter: Jean Riquelme, MD FAAFP

Provided by the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP)

Intended Audience:

Nurses, Nurse Practitioners, Pharmacists, Physicians, Physician Assistants, Pharmacy Technicians, Psychologists, Social Workers, Patient/Caregivers, Students

Objectives:

As a result of this educational regularly scheduled series, learners as members of the healthcare team will be able to:

- Discuss current/new Levels of Care in the 4th Edition of the ASAM Criteria
- Discuss current/new Dimensions, including sub-dimensions
- Summarize the Algorithm to determine appropriate recommended level of care

Policy on Disclosure

It is the policy of the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP) to identify, mitigate and disclose all relevant financial relationships with ineligible companies* held by the speakers/presenters, authors, planners, and other persons who may influence content of this accredited continuing education (CE). In addition, speakers, presenters and authors must disclose any planned discussion of unlabeled/unapproved uses of drugs or devices during their presentation. For this accredited continuing education activity, all relevant financial relationships have been mitigated and detailed disclosures are listed below.

** **Ineligible companies** are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The ACCME does not consider providers of clinical service directly to patients to be ineligible companies.*

Name	Role	Financial Relationship Disclosures	Discussion of Unlabeled/Unapproved uses of drugs/devices in presentation?	COI completion date
Randall Brown	RSS Chair	Usona Institute (Grant / Contract), multi-disciplinary association for psychedelic studies (Grant / Contract)	Yes	1/29/2024
Nada Rashid	RSS Coordinator	No relevant financial relationships to disclose	No	2/5/2024
Kathleen Maher	RSS Coordinator	No relevant financial relationships to disclose	No	2/6/2024
Ritu Bhatnagar	Planner	No relevant financial relationships to disclose	Yes	2/8/2024
Paul Hutson	Planner	No relevant financial relationships to disclose	Yes	1/29/2024
Susan Mindock	Planner	No relevant financial relationships to disclose	No	1/29/2024
Sheila Weix	Planner	No relevant financial relationships to disclose	No	2/9/2024
Kellene Eagen	Planner	No relevant financial relationships to disclose	No	1/29/2024
Joseph Galey	Planner	No relevant financial relationships to disclose	No	2/13/2024
David Leinweber	Planner	No relevant financial relationships to disclose	Yes	1/20/2024

Laura L. Menningen	Presenter	No relevant financial relationships to disclose	Yes	4/1/2024
Jean Riquelme	Presenter	No relevant financial relationships to disclose	No	4/3/2024

Accreditation Statement

In support of improving patient care, the University of Wisconsin–Madison ICEP is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

Credit Designation Statements

American Medical Association (AMA)

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

American Nurses Credentialing Center (ANCC)

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 ANCC contact hour.

Accreditation Council for Pharmacy Education (ACPE)

The University of Wisconsin–Madison ICEP designates this knowledge-based activity for a maximum of 1.0 hours or 0.1 CEUs of CPE credit. Credit can be earned by successfully completing the activity and the evaluation. Credit will be provided to NABP CPE Monitor within 60 days after the activity completion.

2024 Universal Activity Number (UAN): JA0000358-0000-24-009-L01-P; JA0000358-0000-24-009-L01-T

Continuing Education Units

The University of Wisconsin–Madison ICEP, as a member of the University Professional & Continuing Education Association (UPCEA), authorizes this program for 0.1 continuing education units (CEUs) or 1 hour.

Medication Access and Training Expansion Act (MATE)

This session is designed to meet the requirements outlined in the Medication Access and Training Expansion (MATE) Act. (Click here for more information.) Number of hours: 1

Case Presentation

Jean Riquelme, MD FAAFP

Clinical Professor

Department of Family Medicine and Community Health

Funding for this service was made possible by 435200-G-18-11448-285932-880 from Wisconsin Department of Health Services. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government or the State of Wisconsin.

Accreditation Statement:

In support of improving patient care, the University of Wisconsin–Madison ICEP is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

Credit Designation Statements

Accreditation Council for Pharmacy Education (ACPE)

The University of Wisconsin-Madison ICEP designates this live activity for a maximum of 1 hour of knowledge-based CE credit. Credit can be earned by successfully completing this live activity. Pharmacists and Pharmacy Technicians should claim only the credit commensurate with the extent of their participation in the activity. CE credit information, based on verification of live attendance, will be provided to NABP within 60 days after the activity completion.

Pharmacists and Pharmacy Technicians must enter their NABP number in their profile in order to receive credit.

2022 Universal Activity Number (UAN) : JA0000358-9999-22-002-L01-P

American Medical Association (AMA)

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

American Nurses Credentialing Center (ANCC)

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 ANCC contact hour.

UW Continuing Education Credits

The University of Wisconsin–Madison ICEP, as a member of the University Professional & Continuing Education Association (UPCEA), authorizes this program for 0.1 CEUs or 1.0 hour

POLICY ON FACULTY AND SPONSOR DISCLOSURE

It is the policy of the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP) to identify, mitigate and disclose all relevant financial relationships with ineligible companies* held by the speakers/presenters, authors, planners, and other persons who may influence content of this accredited continuing education (CE). In addition, speakers, presenters and authors must disclose any planned discussion of unlabeled/unapproved uses of drugs or devices during their presentation. For this accredited continuing education activity, all relevant financial relationships have been mitigated and detailed disclosures are listed below.

* Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

For this educational activity there are no reported conflicts of interest

Case Introduction

- 51 year old male-identified immigrant from the Dominican Republic with opioid use disorder, multiple treatment interruptions for incarceration. Incarceration has led to withdrawal, relapse. His detentions are generally related to his gambling. Meets criteria for Gambling Disorder (DSM IV and V criteria).

- Primary question for discussion: Special considerations for treatment of co-occurring diagnoses considering the psychoneurobiology of both disorders?

Medical & Behavioral Health Diagnosis:	Current Medications:
• Opioid use disorder • Gambling disorder • Tobacco use, continuous • Marijuana use, intermittent • Alcohol use disorder, moderate, in sustained remission • Suicidal ideation • PHQ=6 • GAD=4 • CSRA=4	• None

Substance Use

- History: Started with use of alcohol and marijuana around age 11. Court-ordered alcohol rehab age 30 after DUI led to MVA with injury to third party.
- Opioid use disorder diagnosed age 44 after arrest for intent to distribute prescription opioids. Had been on methadone in Minnesota, changed to buprenorphine in various forms when moved to Wisconsin age 46, multiple treatment sites, interrupted 5-6 times due to detention and/or incarceration. When on MAT is abstinent except for marijuana and tobacco.

- Consequences of Substance Use:
  - Social/occupational/educational: Incarcerated once for possession, once for intent to distribute. Driver's license suspended.
  - Physical (including evidence of tolerance/withdrawal): generally suffers withdrawal when in custody. Due to treatment interruptions will use street opioids while waiting to re-enter MAT

Gambling

- Started games of chance in grade school
- Collected bets for a “syndicate” in high school
- Currently prefers casino gambling but also participates in sports betting, primarily futbol, baseball
- Estimates he has bet 200/365 days a year, on at least something, both in jail and out of jail
- Unable to quantify his losses; has worked since age 13 and is broke

DSM-IV	DSM-5
Name: Pathological Gambling	Name: Gambling Disorder
Disorder Class: Impulse-Control Disorders Not Classified Elsewhere	Disorder Class: Substance-Related and Addictive Disorders
A. Persistent and recurrent maladaptive gambling behavior as indicated by **five** (or more) of the following:	Persistent and recurrent problematic gambling behavior **leading to clinically significant impairment or distress**, as indicated by the individual exhibiting **four** (or more) of the following **in a 12-month period**:
1. is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)	4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
2. needs to gamble with increasing amounts of money in order to achieve the desired excitement	1. SAME
3. has repeated unsuccessful efforts to control, cut back, or stop gambling	3. SAME
4. is restless or irritable when attempting to cut down or stop gambling	2. SAME
5. gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression)	5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
6. after losing money gambling, often returns another day to get even ("chasing" one's losses)	6. SAME
7. lies to family members, therapist, or others to conceal the extent of involvement with gambling	7. SAME
8. has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling	DROPPED
9. has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling	8. SAME
10. relies on others to provide money to relieve a desperate financial situation caused by gambling	9. SAME

Social History:	Family History:
• Social Factors/History: Has been working as school bus driver but failed most recent CDL due to high blood pressure, no follow up. Lives with former girlfriend and her current partner and their adult children. • Education/Literacy: Has no identified home country, no legal residence. Moved to US age 22. Fluent in English, Spanish and Haitian Creole. • Income source: cash work; friends; his local community includes other immigrants, former jail buddies and his "gambling crew"; anticipates jail time for failure to pay fines;states he would never sell his medication	• No family history of substance misuse, but no contact with family since childhood

Patient strengths & protective factors:	Risk factors:
• Successful opioid abstinence when under treatment	• Financial pressures which may result in further jail time • Suicidal ideation

Patient Goals & Motivations for Treatment

- Patient feels confident of managing opioid use under treatment model. He is fearful of withdrawal and relapse when not under treatment
- Patient sees the connection between the consequences of his gambling and his access to treatment but not sure how to mitigate the risk. Open to suggestions.

Proposed Diagnoses

- Opioid use disorder
- Gambling disorder
- Suicidal ideation

Discussion:

Primary questions: Is there a pharmacological treatment for both OUD and GD?

Secondary questions:

How best to address suicidality?

Conceptual question:

Best approach to dual diagnosis: neurobiology or teleology?

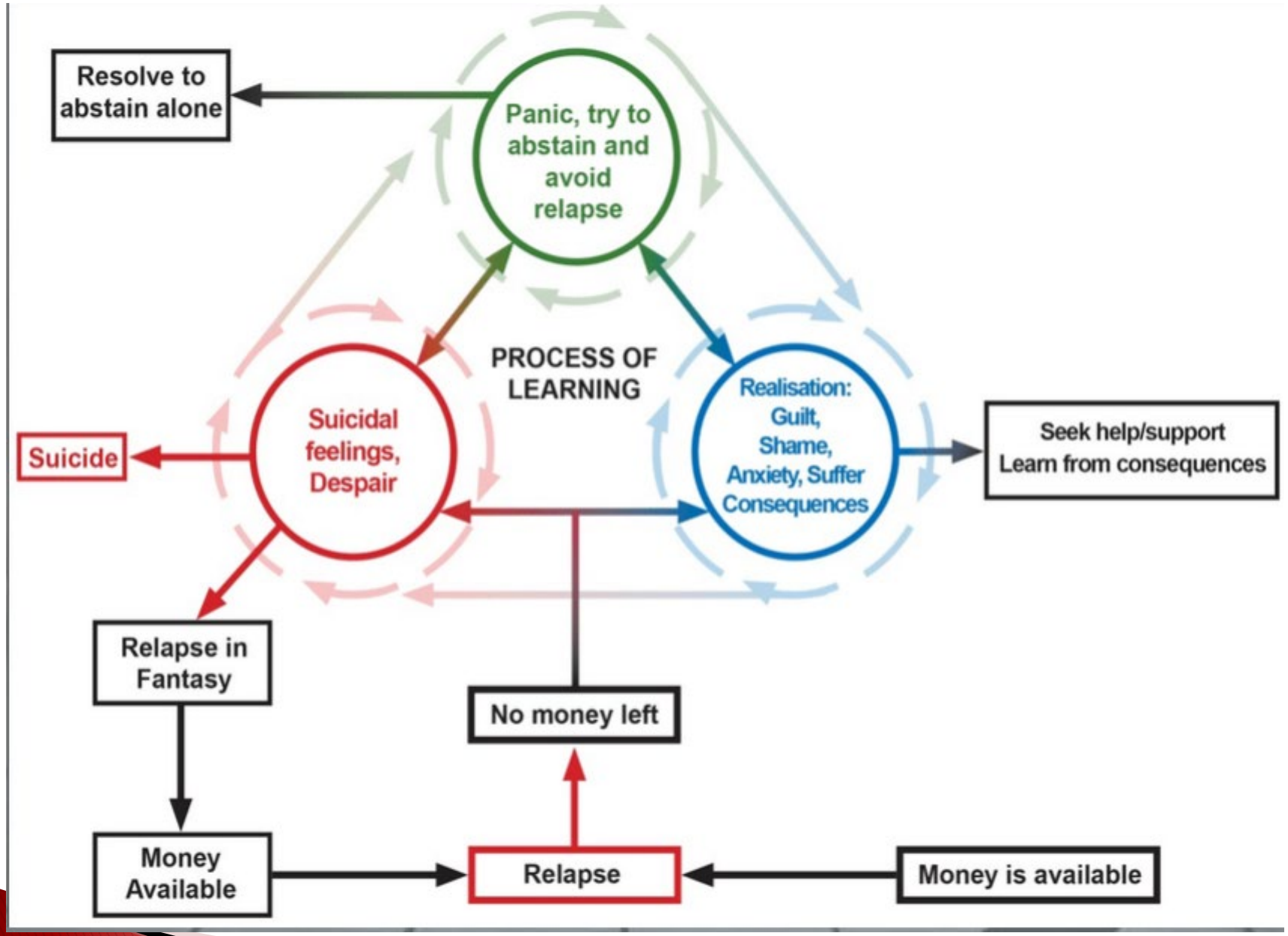
Commonalities between Pharmacological Addictions and Gambling (McCown & Chamberlain, 2000, p. 17)

Symptoms of Behavior	Alcohol & Other Drugs	Compulsive Gambling
Cravings	Yes	Yes
Denial of problem's severity or existence	Yes	Yes
Disruption of families	Yes	Yes
Effects on specific neurotransmitters	Yes	Unknown
High relapse rate	Yes	Yes
Loss of control	Yes	Yes
Lying to support use/activity	Yes	Yes
Preoccupation with use/activity	Yes	Yes
Progressive disorder	Yes	Yes
Tolerance developed	Yes	Yes
Used as a means of escaping problems	Yes	Yes
Withdrawal symptoms common	Yes	Yes

Differences OUD vs GD

- Long term consequences primarily physical/ primarily financial
- Gambling has no saturation or overdose point
- The effects of gambling behavior vs substance use behavior are less predictable and have different reinforcement pathways as a consequence
- Gamblers expect gambling to solve their gambling problem (“chasing” behavior) ; substance users do not expect the substance to solve their substance problem
- There is no approved pharmacological tx for GD


TCA
abc



Andrew Schreier DHS 2022

Opioid Agonist Treatment for Gambling Disorder

- Opioid Antagonists for Pharmacological Treatment of Gambling Disorder: Are they Relevant? Victorri-Vigneau et al *Current Neuropharmacology* 2018 16 (10)

- Treating gambling disorder with as needed administration of intranasal naloxone: a pilot study to evaluate acceptability, feasibility and outcomes Castren et al *BMJ* 2018 9 (8)

A Brief Overview of 4th Edition ASAM Criteria to Connect Adults with Substance Use Disorders to the Best Level of Care

Laura L. Menningen, CSAC, LPC, ICS
Behavioral Health Supervisor – Substance Use
UW Health Behavioral Health and Recovery
lmenningen@uwhealth.org

Funding for this service was made possible by 435200-G-18-11448-285932-880 from Wisconsin Department of Health Services. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government or the State of Wisconsin.

Accreditation Statement:

In support of improving patient care, the University of Wisconsin–Madison ICEP is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

Credit Designation Statements

Accreditation Council for Pharmacy Education (ACPE)

The University of Wisconsin-Madison ICEP designates this live activity for a maximum of 1 hour of knowledge-based CE credit. Credit can be earned by successfully completing this live activity. Pharmacists and Pharmacy Technicians should claim only the credit commensurate with the extent of their participation in the activity. CE credit information, based on verification of live attendance, will be provided to NABP within 60 days after the activity completion.

Pharmacists and Pharmacy Technicians must enter their NABP number in their profile in order to receive credit.

2022 Universal Activity Number (UAN) : JA0000358-9999-22-002-L01-P

American Medical Association (AMA)

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

American Nurses Credentialing Center (ANCC)

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 ANCC contact hour.

UW Continuing Education Credits

The University of Wisconsin–Madison ICEP, as a member of the University Professional & Continuing Education Association (UPCEA), authorizes this program for 0.1 CEUs or 1.0 hour

POLICY ON FACULTY AND SPONSOR DISCLOSURE

It is the policy of the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP) to identify, mitigate and disclose all relevant financial relationships with ineligible companies* held by the speakers/presenters, authors, planners, and other persons who may influence content of this accredited continuing education (CE). In addition, speakers, presenters and authors must disclose any planned discussion of unlabeled/unapproved uses of drugs or devices during their presentation. For this accredited continuing education activity, all relevant financial relationships have been mitigated and detailed disclosures are listed below.

* Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

For this educational activity there are no reported conflicts of interest

Disclaimer:

I am not a trainer for ASAM, Train for Change, nor Hazelden Betty Ford Foundation.

There are no conflicts of interest to report.

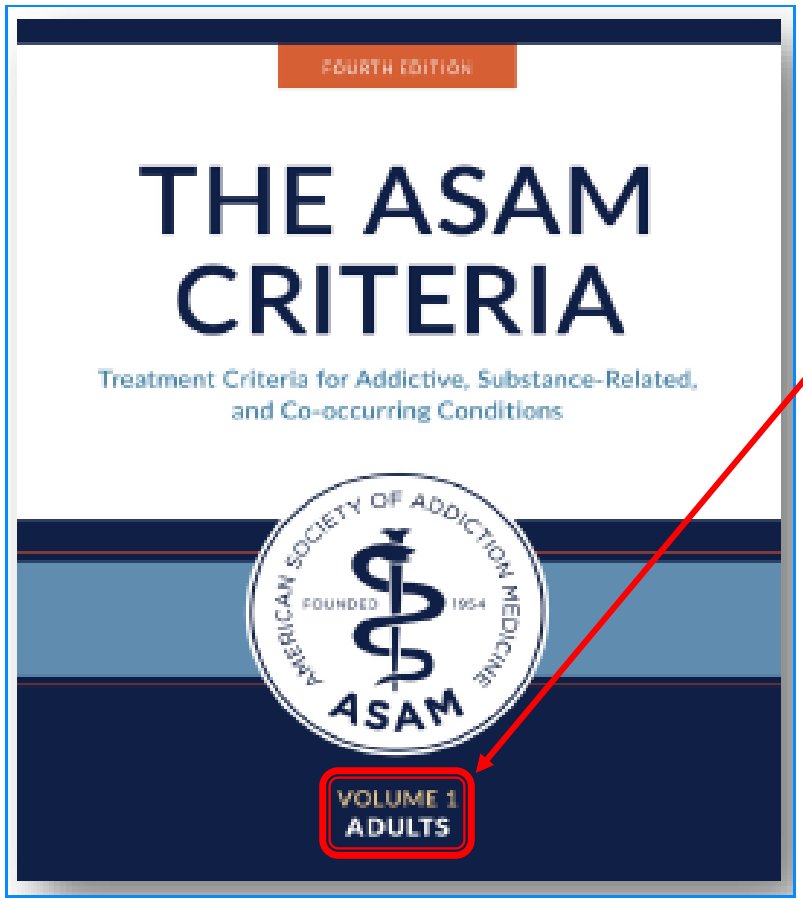
Overview

The ASAM Criteria is designed to help match patients with substance use disorders to treatment services at the least intensive level of care in which they can be treated safely and effectively.

This brief presentation will provide a high-level overview of the 4th Edition of the ASAM Criteria, including updated levels of care and modified dimensions.

Objectives:

1. Discuss current/new Levels of Care
2. Discuss current/new Dimensions, including sub-dimensions
3. Summarize the Algorithm to determine appropriate recommended level of care



The 4th Edition of ASAM was released in late 2023.

This edition focuses solely on adults, whereas the 3rd edition (2013) covered both adults and adolescents.

4th Edition Volume II for adolescents is currently being finalized.

Waller RC, Boyle MP, Daviss SR, et al, eds. *The ASAM Criteria: Treatment Criteria for Addictive substance-Related, and Co-occurring Conditions, Volume 1: Adults*. 4th ed. Hazelden Publishing; 2023

NOTE:

There is no identified date for the state of WI or nationally to begin using 4th Edition vs 3rd Edition.

It is recommended that you consider using "4th Edition" or "3rd Edition" as an adjective to identify which criteria you used when communicating your ASAM recommendation to others.

What is the ASAM Criteria?

"The ASAM Criteria defines national standards for placement, continued service, and transfer of patients with addiction and co-occurring conditions. . .[to] provide a framework for organizing addiction treatment systems and a foundation for state and national efforts to advance the quality of addiction care." – The ASAM Criteria 4th Ed.; pg. 3

The ASAM Criteria was first developed in 1991, and was updated in 1996, 2001, and 2013 before the 4th Edition was released late in 2023.

These guidelines have been updated over the years to ". . .ensure that they are in line with evolving research and clinical best practices. . .based on input from clinicians. . . policymakers. . .and health insurance companies. . .[and] driven by advances in medicine and research. . ." – The ASAM Criteria 4th Ed.; pg. 10

What is different in 4th Ed?

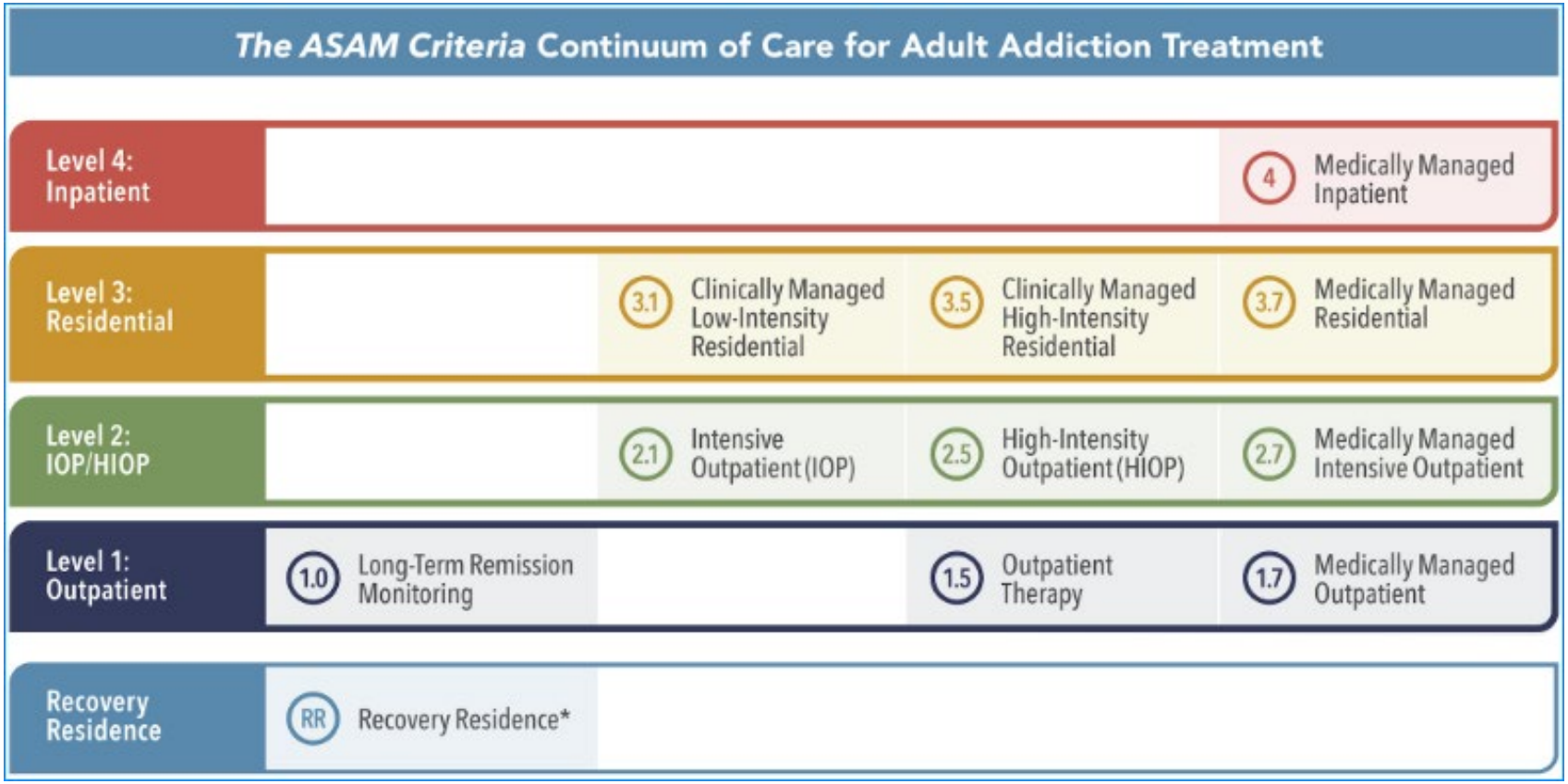
- Sub-levels of care have been slightly modified
- Dimensions 4-6 have been modified
- More emphasis on sub-dimensions to aid in identifying level of care

Overall Levels of Care

- Level 1 – Outpatient
- Level 2 – Intensive Outpatient [IOP/HIOP]
- Level 3 – Residential
- Level 4 – Medically Managed Inpatient

We assess to recommend the least intensive level that can safely and effectively manage patient needs.

Levels of Care:



The ASAM Criteria 4th Ed.; pg. 19

The .7's

The primary goal in these levels of care is to provide medical and psychiatric stabilization and promote engagement in ongoing addiction treatment. – The ASAM Criteria 4th Ed.; pg. 104

These levels are for withdrawal and medical management, and driven by medical issues or risks in Dimensions 1, 2, and/or 3. All medically managed programs will have a medical director: qualifications include at least 2 years documented experience in specialty addiction treatment (Level 1), or board certified in addiction medicine or addiction psychiatry (Levels 2-4).

Level 1 – Outpatient

- **1.0 Long-Term Remission Monitoring**
  - For patients with a DSM 5-TR sustained remission diagnosis modifier
  - Provides recovery management checkups at least quarterly
  - Unclear if insurance will cover this level of care
- **1.5 Outpatient Therapy** – Level 1 in 3rd Ed
  - For patients with milder SUD's, or as step-down from more intensive levels of care
- **1.7 Medically Managed Outpatient**
  - For patients who have uncomplicated intoxication, withdrawal, or addiction medication needs

Level 2 – IOP/HIOP

Typically driven by concerns in Dimensions 4 and 5, often exacerbated by concerns in Dimension 3

- **2.1 Intensive Outpatient** (IOP) - provides minimum 9-19 hours of structured clinical services per week, frequency of services at least three days per week
- **2.5 High-Intensity Outpatient** (HIOP) – previously known as partial hospitalization (PHP), provides minimum 20 hours of structured clinical services per week
- **2.7 Medically Managed Intensive Outpatient**
  - Typically driven by acute issues in Dimensions 1, 2, and/or 3

Level 3 – Residential

- **3.1 Clinically Managed Low-Intensity Residential**
  - For patients with a moderate likelihood of engaging in SUD with significant risk of serious harm or destabilizing loss and requires residential structure and 24-hour clinically managed support
  - Provides 9-19 hours of clinical services per week

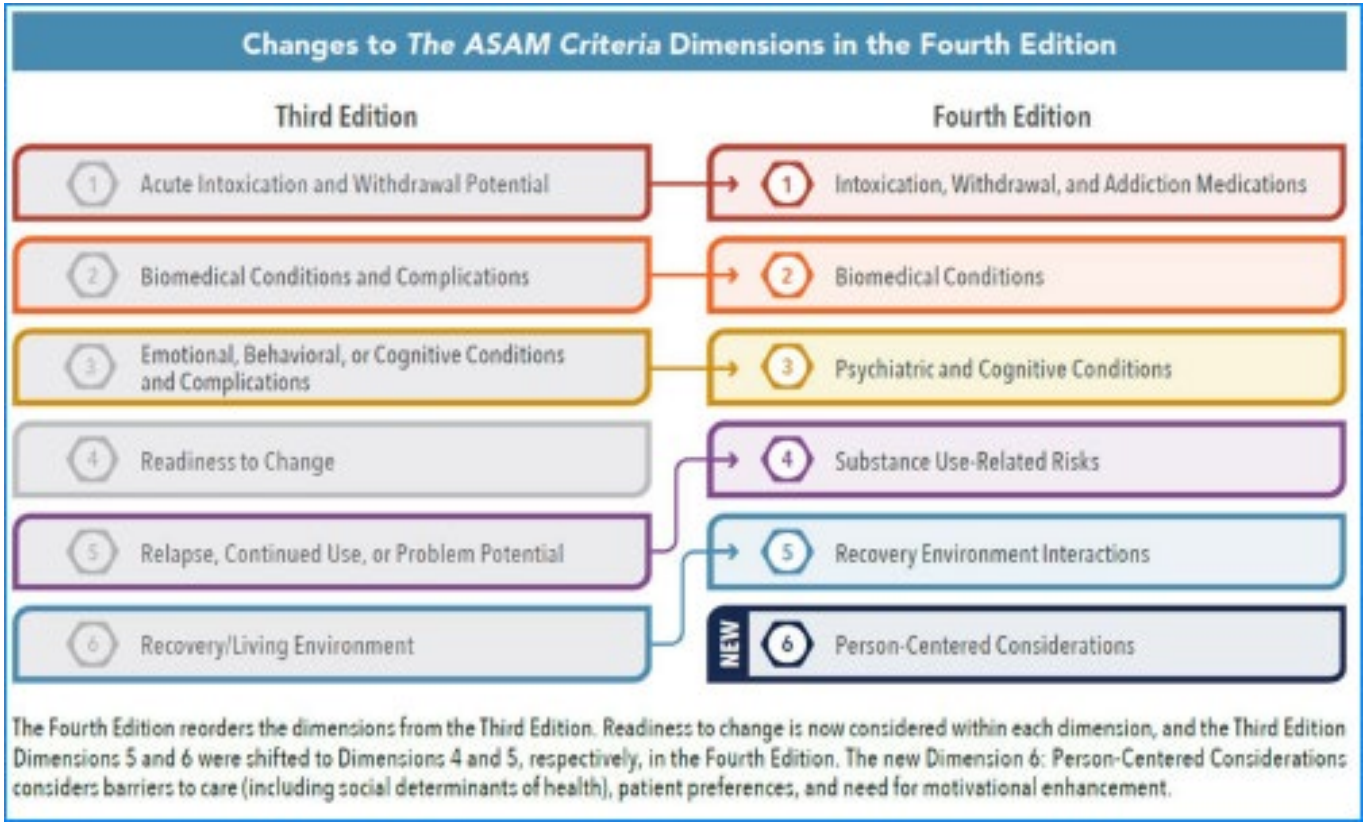
- **3.5 Clinically Managed High-Intensity Residential**
  - For patients with a high likelihood of engaging in SUD with significant risk of serious harm or destabilizing loss and requires 24-hour supervision and clinically managed support
  - Provides at least 20 hours of clinical services per week

- **3.7 Medically Managed Residential**
  - For patients experiencing acute intoxication, withdrawal, medical and/or active psychiatric concerns, or addiction medication (initiation or titration)

Level 4 – Medically Managed Inpatient (hospital)

- Mostly delivered in a general hospital, due to lack of specialty Level 4 programs in most areas of the country
- Treats patients with signs/symptoms that are severe enough to require primary medical management and nursing care
- Primary focus is on acute medical management vs clinical management (therapist, social worker, etc)

The 6 dimensions 3rd Ed.→4th Ed.



The ASAM Criteria 4th Ed.; pg. 16

Sub-dimensions – bolded are taken into account when determining level of care:

Dimension 1: Intoxication, Withdrawal, and Addiction Medications

- **Intoxication and Associated Risks**
- **Withdrawal and Associated Risks**
- **Addiction Medications Needs**

Dimension 2: Biomedical Conditions

- **Physical Health Concerns**
- **Pregnancy-Related Concerns**
- Sleep Concerns

The ASAM Criteria 4th Ed.; Figure 1.7, pg. 17

Sub-dimensions, continued:

Dimension 3:

- **Active Psychiatric Symptoms**
- **Persistent Disability**
- Cognitive Functioning
- Trauma-Related Needs
- Psychiatric and Cognitive History

Dimension 4: Substance Use-Related Risks

- **Likelihood of Engaging in Risky Substance Use**
- **Likelihood of Engaging in Risky SUD-Related Behaviors**

The ASAM Criteria 4th Ed.; Figure 1.7, pg. 17

Sub-dimensions, continued :

Dimension 5: Recovery Environment Interactions

- **Ability to Function Effectively in Current Environment**
- **Safety in Current Environment**
- **Support in Current Environment**
- Cultural Perceptions of Substance Use and Addiction

Dimension 6: Person-Centered Considerations

- Barriers to Care
- Patient Preferences
- Need for Motivational Enhancement

The ASAM Criteria 4th Ed.; Figure 1.7, pg. 17

Algorithm Summary:

1. Acute needs about **intoxication, withdrawal, and/or need for addiction medications**
   a. Moderately severe to very severe sx of intoxication or withdrawal indicates a need to determine Levels 2.7, 3.7, or 4.
   b. NOTE: Intoxication alone is *not* a reason to admit a patient to a specific level of care. (The ASAM Criteria 4th Ed.; pg. 214)

Next seven (7) slides: Summary of Chapter 10 of The ASAM Criteria 4th Ed.

Algorithm Summary, continued:

2. **Biomedical conditions**, including physical health concerns as well as pregnancy concerns
   a. Health concerns – assess on continuum of severity, does the patient require IV medications
   b. Pregnancy – assess on continuum of instability: is there a need for fetal monitoring, to nursing care for non-life-threatening concerns, to prenatal care needs

Algorithm Summary, continued:

3. **Psychiatric and cognitive conditions** – assess on continuum of severity and acuity of symptoms
   a. Medically managed care in this dimension is for patients with common, low-complexity mental health concerns (noncomplex depression or anxiety)
   b. Psychiatrically managed care is recommended for patients with more complex or serious mental illness, or uncontrolled or undiagnosed concerns; psychiatrist/advanced practice psychiatric prescriber
   c. Low to moderate acuity and low complexity can likely be managed at Level 1

Algorithm Summary, continued:

4. **Substance use-related risks** – likelihood of engaging in risky use, and/or in risky use-related behaviors
   a. Likelihood of risky use – assess the degree of harm associated with the use, including types of substances, manner of use (injecting, snorting, ingesting), and potential consequences of the use
   b. Likelihood of risky use-related behaviors, such as gambling, risky sexual behaviors, violence, OWI, illegal activities, etc.

c. Harm level continuum includes
   i. Serious harm – serious biomedical (i.e. complications of cirrhosis, pancreatitis, etc), exacerbation of mental health concerns, exposure to or perpetration of violence, risk of injury or death
   ii. Destabilizing loss – possible imminent loss of home, family, freedom (incarceration), or employment
   iii. Negative but not seriously destabilizing consequences, i.e. difficulty establishing or maintaining relationships of various kinds, relationship conflict causing distress, maintain steady employment, financial difficulties (but not to the point of homelessness), etc.

d. Assessment in these should consider imminent likelihood in hours to days, not weeks or months

Algorithm Summary, continued:

5. **Recovery environment interactions** – current environment
   a. Ability to function effectively – managing life activities and responsibilities, interpersonal relationships
   b. Safety – free of any type of abuse (physical, sexual, emotional, economic), and substance use coercion
   c. Support – recovery supports, social support network, sufficient daily structure

Algorithm Summary, continued:

6. **Person-centered considerations** – guides decision making with the patient once level of care recommendation is identified
   a. *Barriers to care* considerations include reliable transportation, childcare, employment or financial, SDOH's
   b. *Patient preferences* – type of services, specific treatment programs based on past experiences
   c. *Need for motivational enhancement* – assess readiness to engage in treatment, in recommended level of care; motivational interviewing strategies needed

To determine level of care recommendation

- Assess Dimensions 1-5 including sub-dimensions to evaluate severity of concerns/needs
- Dimension 6 does not contribute to the level of care recommendation, but guides decision making with the patient once level of care recommendation is identified
- The patient's readiness to change is taken into consideration in all dimensions of the 4th Edition, unlike 3rd Edition which had it as a discrete dimension.

Level of care adjustment

The top priority is to support safety and welfare of the patient.

If the patient is unable or unwilling to attend treatment at the recommended level of care, they may be placed at a different level as agreed upon. If so, documentation should explain why the recommendation and subsequent placement is different.

This has been a fast, high-level overview of the Levels of Care and the Dimensions used to determine those levels, which is described in the first half of the 4th Edition.

The second half of the 4th Edition contains chapters on integrating:

- Co-occurring mental health conditions
- Recovery support services
- Trauma-sensitive practices and culturally humble care
- Telehealth considerations
- Population considerations, including patients with
  - Nicotine/tobacco use
  - Pain
  - Cognitive impairment
  - Criminal justice system involvement
  - Pregnant and parenting
  - Older adults
  - Safety-sensitive occupations (healthcare, transportation, security and first responders, etc)

More comprehensive training opportunities can be found through:

- ASAM - asam.org/asam-criteria
- Hazelden Betty Ford Foundation - discover.hazeldenbettyford.org/
- Train for Change - trainforchange.net/open-events

Questions?