

# Assessments Matter: Improving Patient Experience, Placement and Outcomes

ASAM Virtual, 2021

Tami L. Mark, PhD

Howard Padwa, PhD

Katherine Treiman, PhD



# Disclosure Information

## **Tami Mark, PhD**

- Senior Director, RTI International
- No Disclosures

## **Howard Padwa, PhD**

- Research Scientist, UCLA Integrated Substance Abuse Programs
- No Disclosures

## **Katherine Treiman, PhD**

- Senior Scientist, RTI International
- No Disclosures

# Learning Objectives

- Stimulate research, discussion, and best practices in addiction treatment assessments
- Share recent findings from a study that aimed to determine:
  - The effect of county adoption of the ASAM criteria on substance use and retention
  - How patients experience intake assessments and how that influences outcomes
  - Some of the benefits and limitations of a computerized version of ASAM (Continuum)

# Session Agenda

1. Study Methods
2. ASAM-based assessments effects on outcomes
3. Insights from patient interviews
4. ASAM-based assessments versus Continuum decision engine

# Funding and Collaborators

## Funder:

Patient-Centered Outcomes  
Research Institute

## IRB:

New England Institutional Review and  
University of California Los Angeles

## Collaborators:

- California Departments of Health  
Care Services and Public Health
- County Behavioral Health  
Departments
- Providers
- Patients

## Researchers:

- Katherine Treiman
- Howard Padwa
- Jesse Hinde
- Alan Barnosky
- Kristen Henretty
- Janice Tzeng
- Marylou Gilbert
- Vandana Joshi
- Darren Urada
- Betselot Wondimu
- PCORI Patient and Provider  
Advisory Board

# Data Sources



Survey of over 1000 patients shortly after they completed an initial assessment and 30 days later (12/1/2018 – 7/31/19))



Interviews with patients and providers (2019)



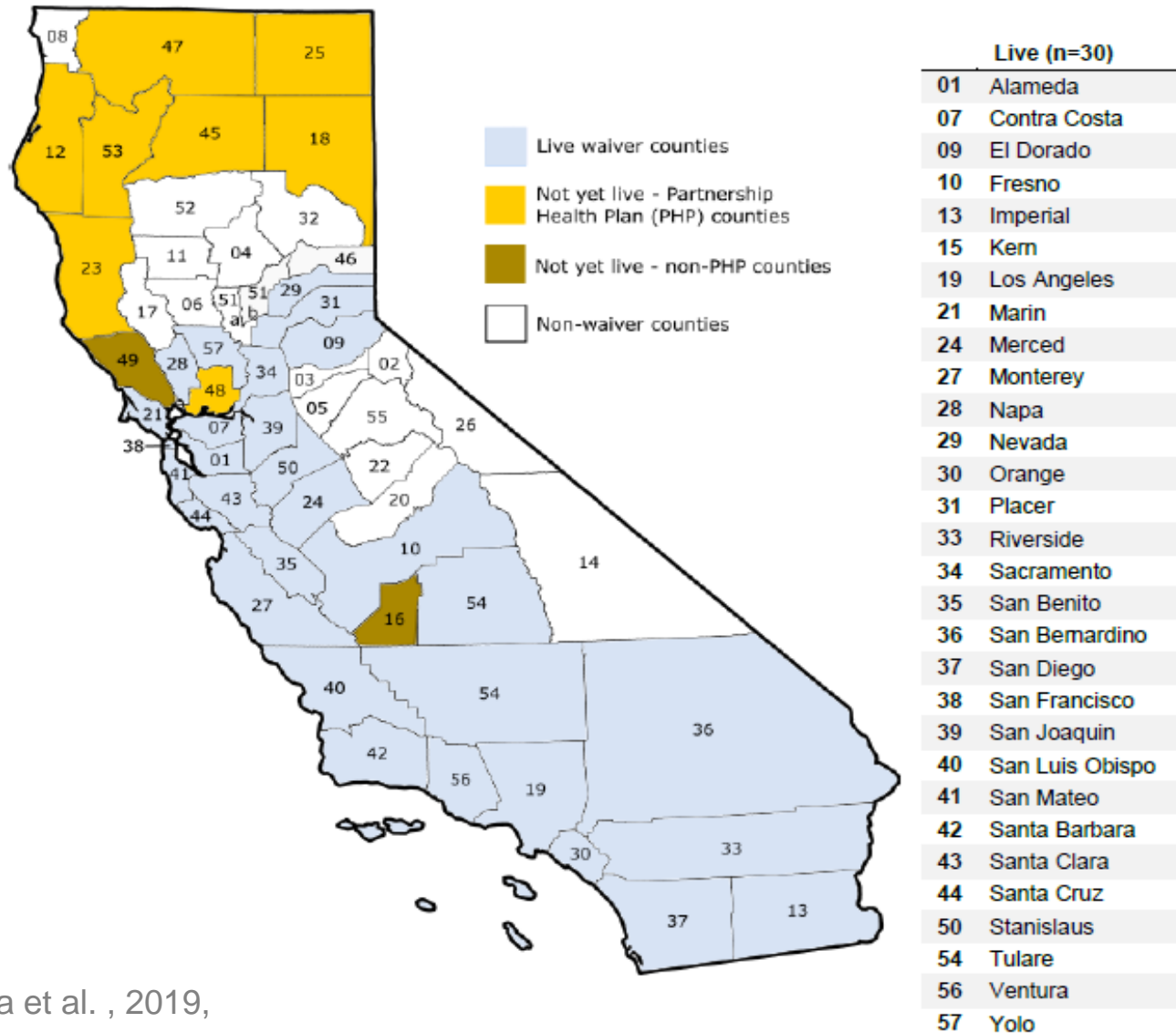
Review of the different assessment instruments used by each California county (2017)



Analysis of California Outcomes Monitoring Systems (CalOMS) data (2015/2016 versus 2017/2018)

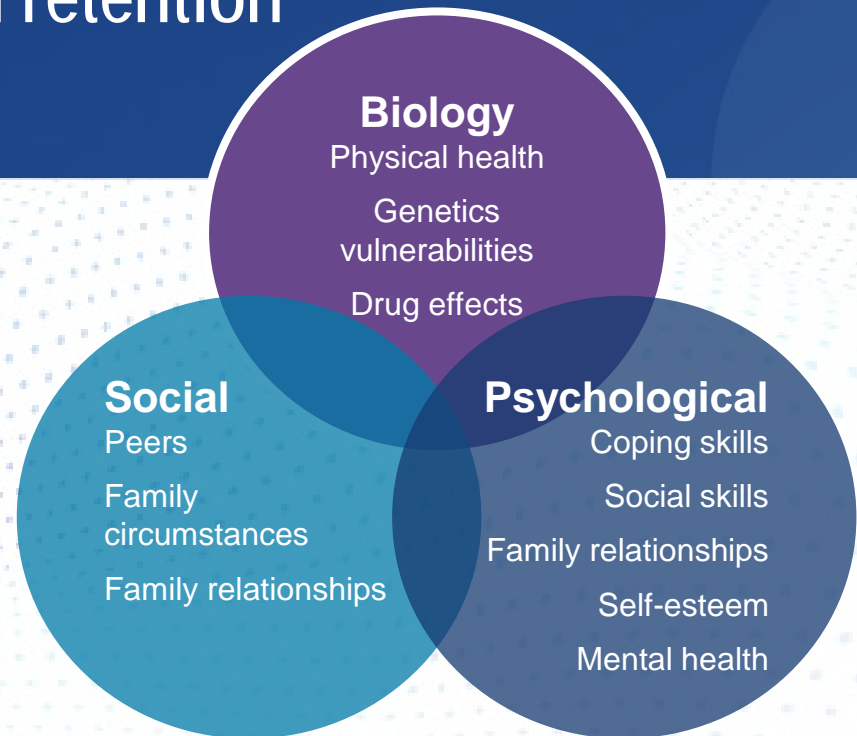
# California Medicaid SUD Demonstration

Figure 1. Map of live California counties in the DMC-ODS waiver as of July 1, 2019.<sup>1</sup>



Source: Urada et al. , 2019,

# The effect of county adoption of the ASAM criteria on substance use and retention

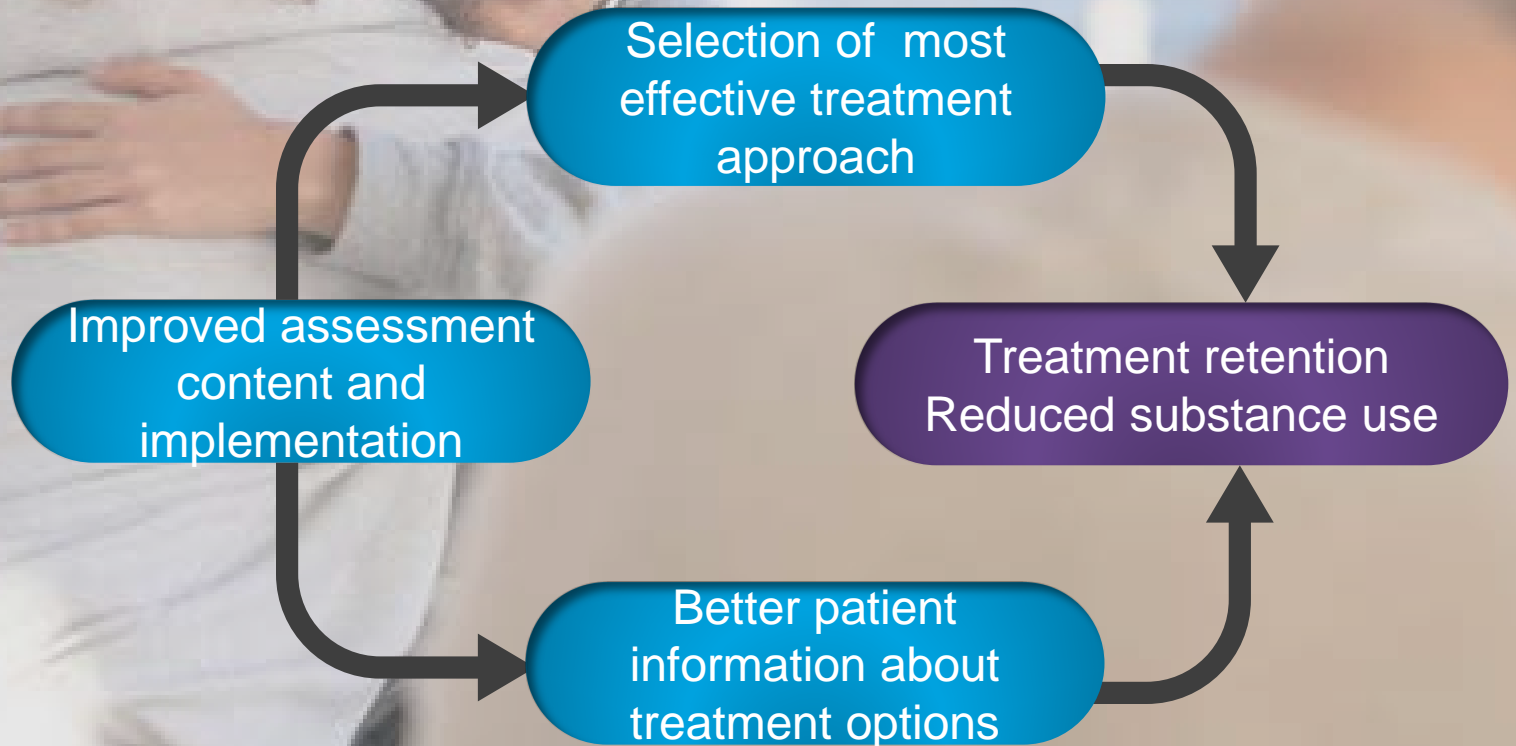




# What are the Goals of an Intake Assessment?

- Determine appropriate level of care decision-making
- Inform treatment planning
- Establish rapport and start to build trust with client
- Help client understand treatment options, gain insight into their condition, and think about treatment goals

# Why Might Assessments Matter?



# ASAM criteria were design to

Move	From 1 dimensional to multidimensional assessments
Develop	Patient-centered service plans
Guide	Providers and payers to make objective decisions about level of care placements.

Source: Mee-Lee, ed. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, 3rd ed. 2013.

# Six ASAM Assessment 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

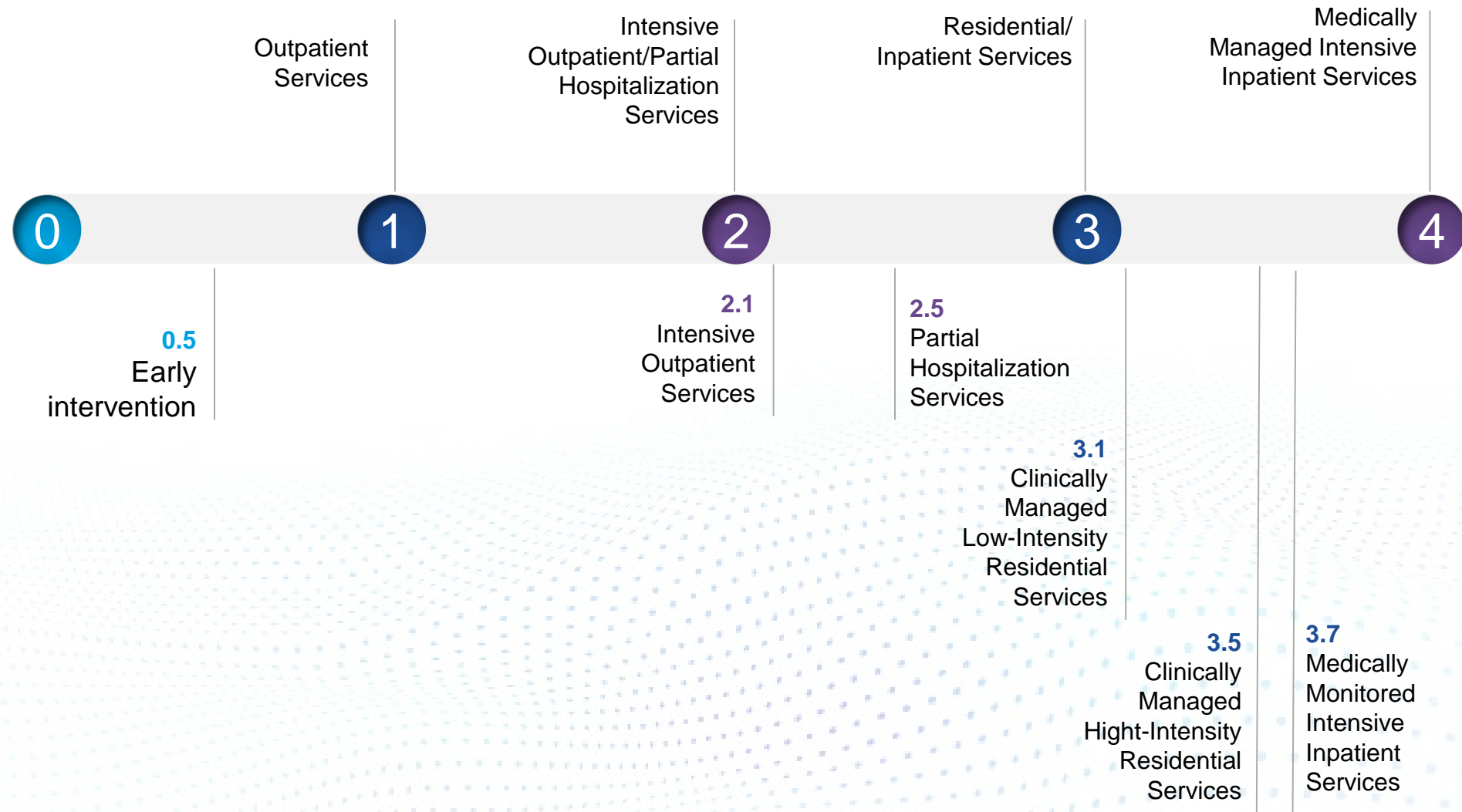
5

Relapse, Continued Use or Continued Problem Potential

6

Recovery and Living Environment

# Levels of Care



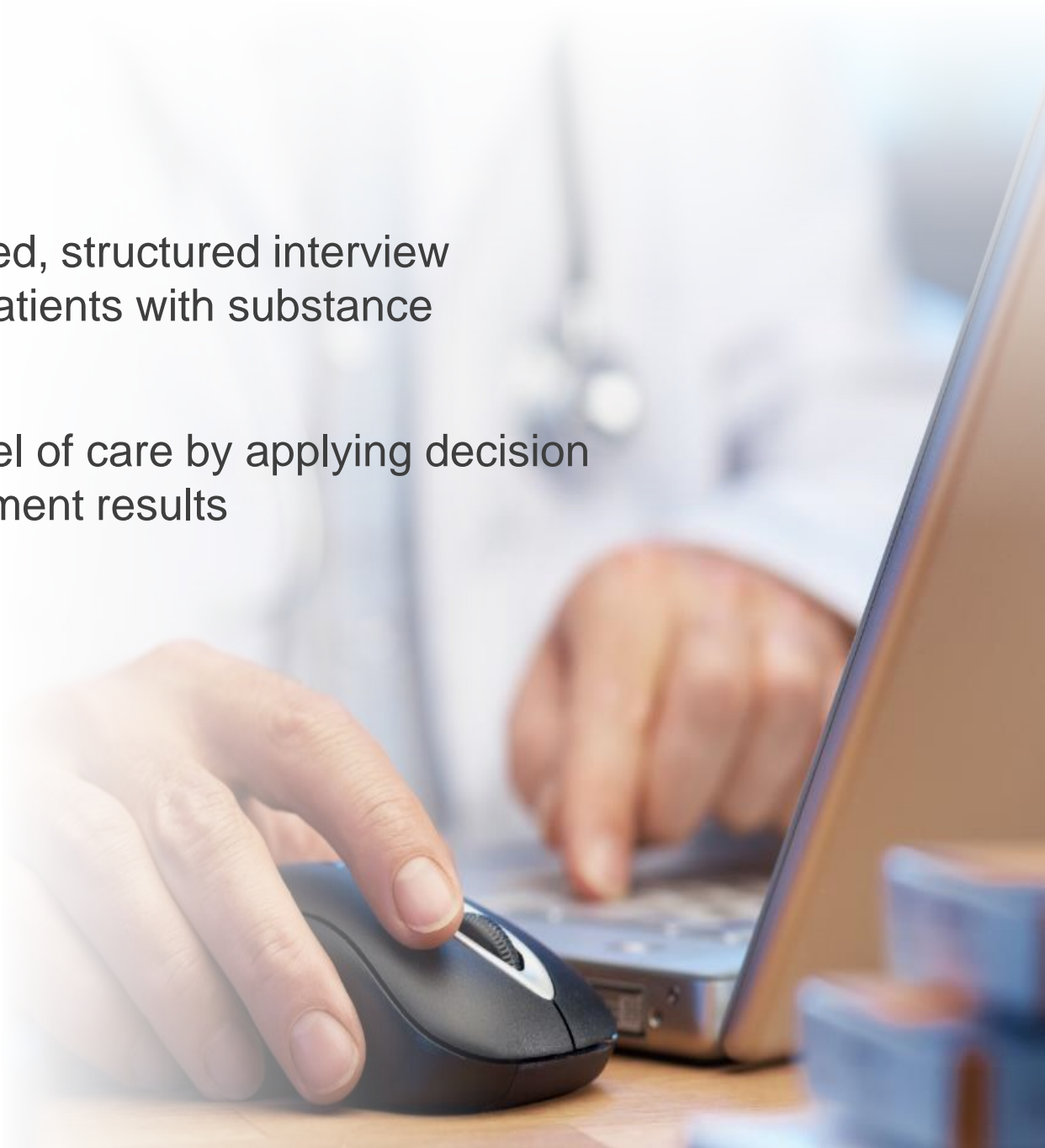
# Assessment → Level of Care Matching

## Dimension 2: Biomedical conditions and complications

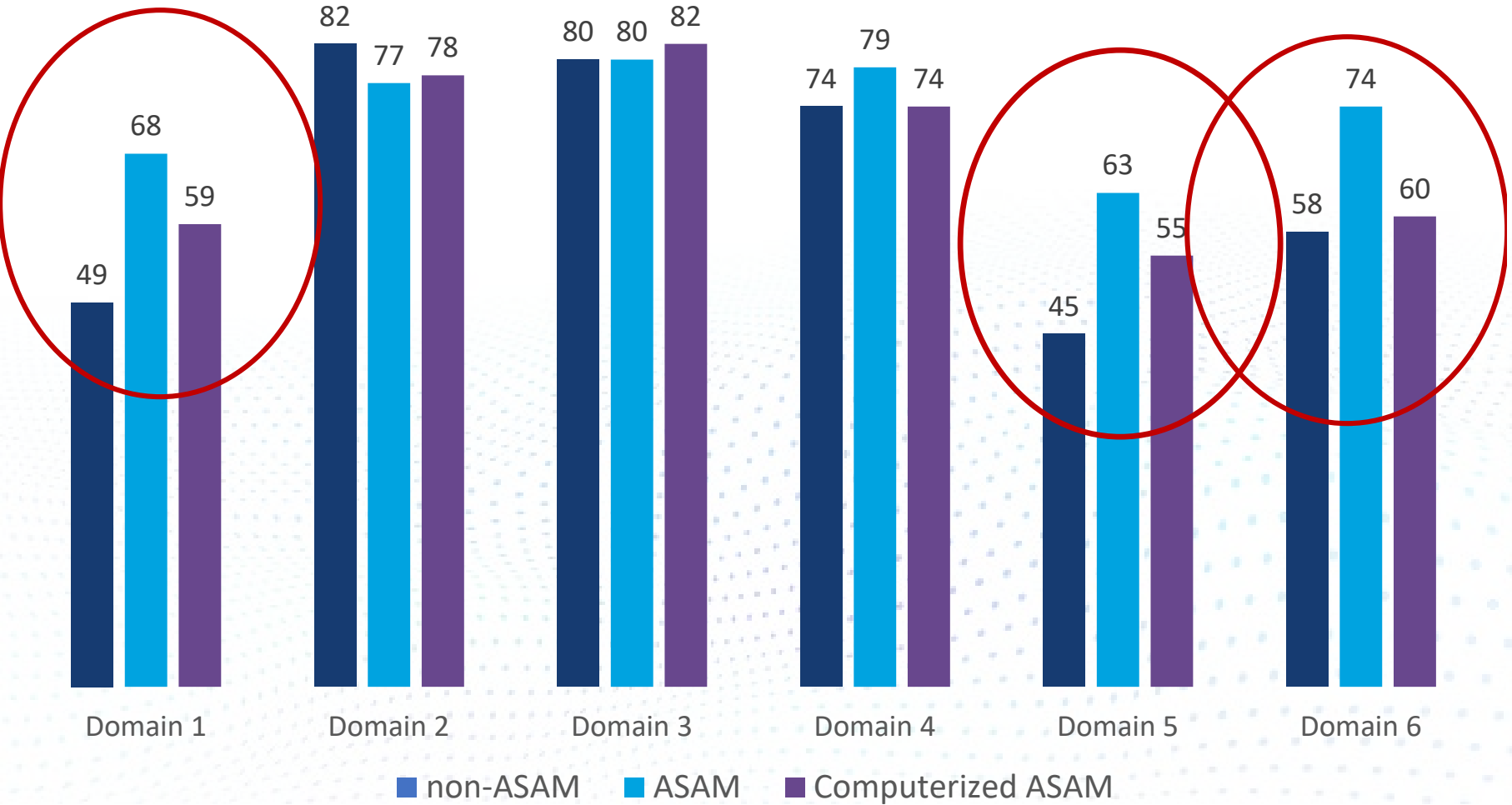
Risk Rating	Level of Care
0 No biomedical problems	No immediate biomedical services needed
1 Mild to moderating physical discomfort	Low intensity biomedical
2 Biomedical problems that interfere with recovery that patient neglects	Moderately high biomedical services including case management
3 Serious medical problems that patient neglects but which are stable	Moderately high biomedical including medical and nursing monitoring
4 Patient is incapacitated with severe medical problems	High intensity biomedical services including 24-hour medical and nursing close observation

# ASAM Continuum

- Computer-guided, structured interview for assessing patients with substance use disorders
- Determines level of care by applying decision logic to assessment results



Patients Provided Continuum or ASAM-based assessments more likely to be asked about withdrawal symptoms, recovery environment and relapse potential.





# Analysis of Patient Surveys Reveal

- **Patients** who said they were asked about all 6 biopsychosocial dimensions, either using ASAM-based assessments or Continuum-based assessments, were more likely to still be in treatment after 30 days and to report not using substance at 30 days.

# Analysis of CalOMS Reveals

- Counties that adopted ASAM-based assessments had **greater improvement in retention** in residential treatment than counties that did not adopt ASAM-based assessments. **No differences** in retention in outpatient settings or substance use at discharge.



# Insights from Patient Interviews

# Assessments Elicited Strong Feelings – Both Positive and Negative

## Positive feelings:

- Assessment was cathartic
- Helped patients gain insight into their situation (e.g., need for treatment, their triggers, and their recovery supports)
- Patients felt encouraged

*When I was answering the questions, it made me realize that my life was definitely unmanageable, and that I needed a lot of help.*

*As much as it really sucks when you pull that Band-aid off...you need to let things out...that's why it was good for me."*

## Assessments Elicited Strong Feelings (cont.)

### **Negative feelings:**

- Assessment was emotionally draining at a time when they felt vulnerable
- Questions about personal life, painful experiences in the past felt invasive and not necessary.
- Reluctance to discuss sensitive topics with someone they just met because of distrust, shame, fear of being judged

*Some of the questions were invasive. The information they were looking for was...some of it I didn't feel comfortable with.*

*Hitting sensitive subjects when you're just getting into treatment, it's hard.*

*It's like you don't know this person, and you give them a lot of information about yourself.*

# Timing of Comprehensive Assessment is a Challenge

- Some patients were in “bad shape” both mentally and physically
- Difficult to engage in lengthy and personal conversations

*When people come in, they're so irritated they just want to be in that detox room. They're beat up. They just wanna eat... Timing. I feel like would be a really big thing. When somebody comes in, they're not gonna want to [do it – they're sick, and they're throwing up, or they're tired. They haven't slept.*

# The Assessor's Communication Skills and Approach are Critical

## **Assessor:**

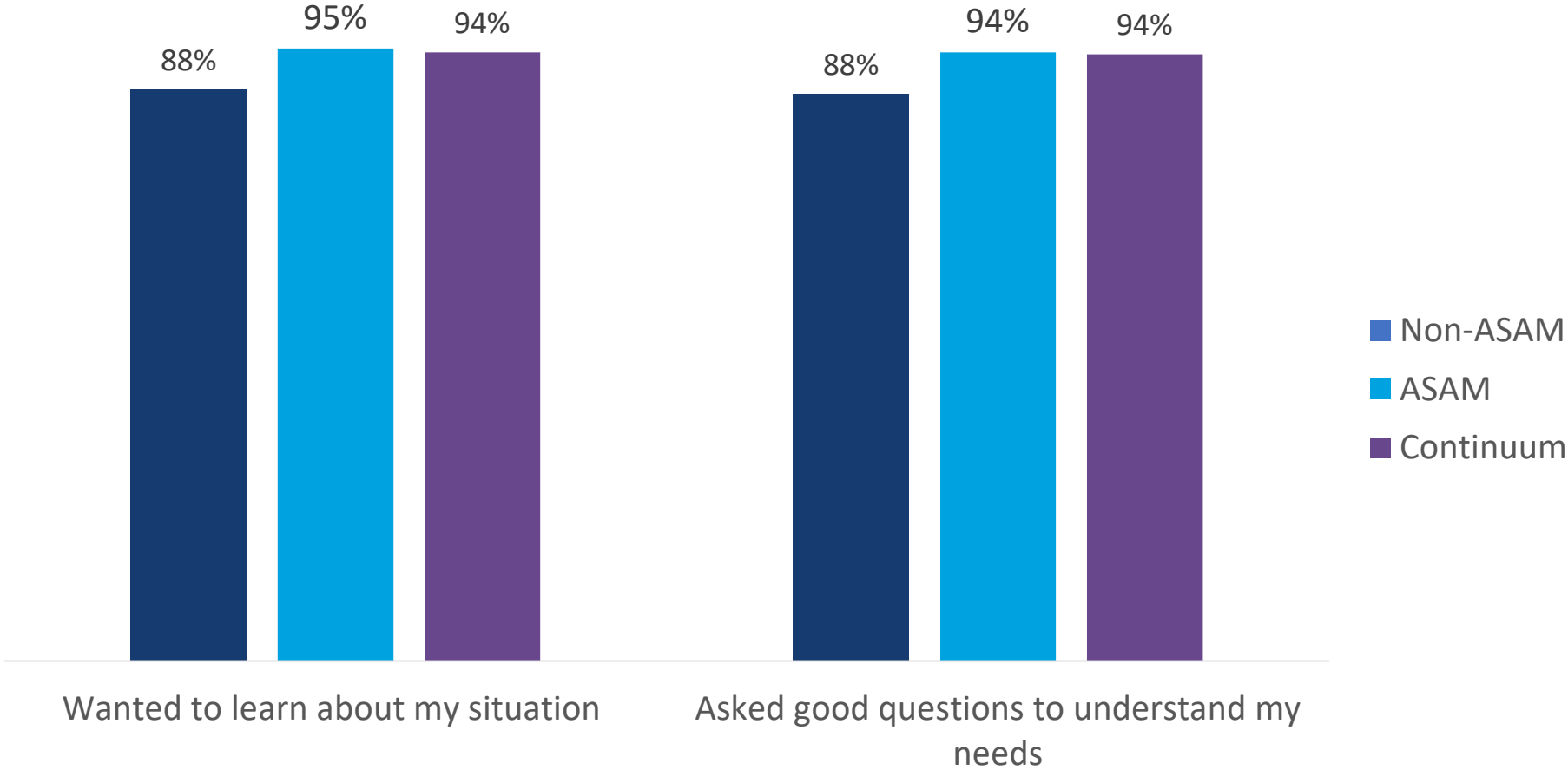
- Shows genuine interest in them as a person, rather than treating them like “just another addict”
- Is non-judgmental
- Is attentive and focused during the assessment
- Helps them feel comfortable and supported during the assessment

*I know you're on my side and I can tell you personal information, instead of just talking to someone who I feel doesn't care.*

*It's good to know that someone is listening to what you're saying...it's not like they are just writing everything down just for the record. It's like they are actually listening to you.*

# Association Between Assessment Type and Client's Perceptions

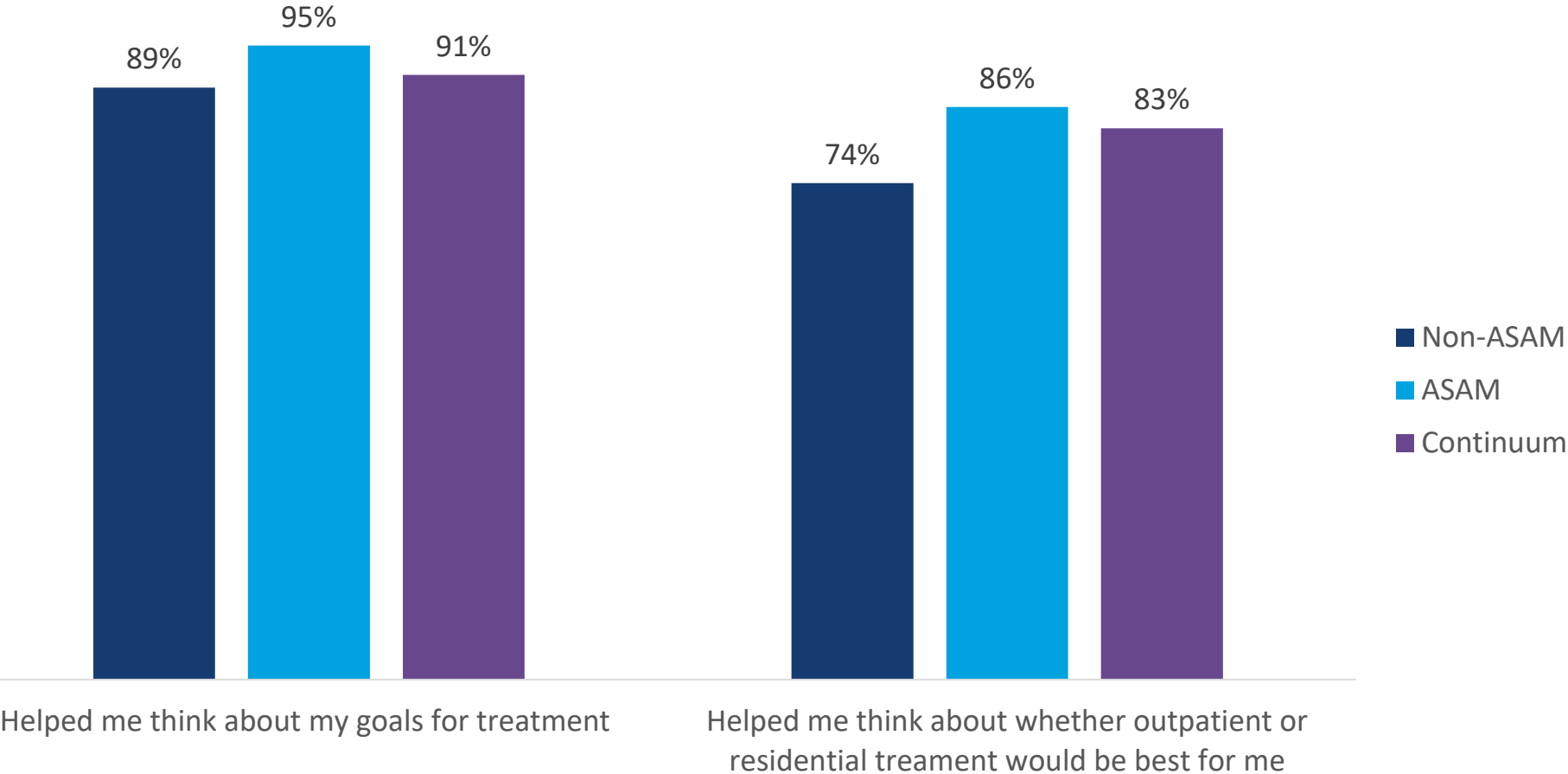
The person doing the assessment...



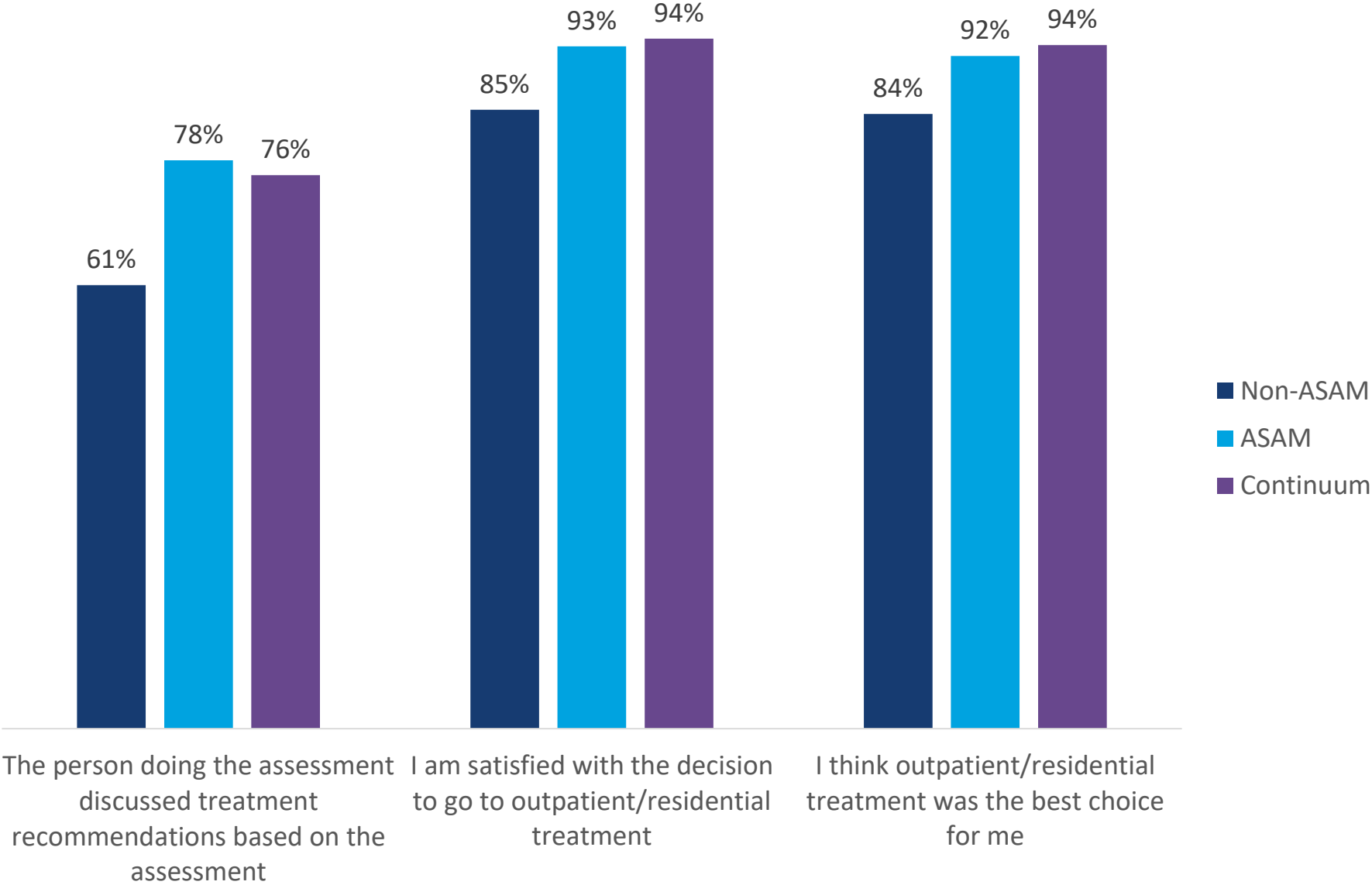


# Association Between Assessment Type and Whether Assessment Was Helpful

The assessment...



# Association Between Assessment Type and Treatment Decision



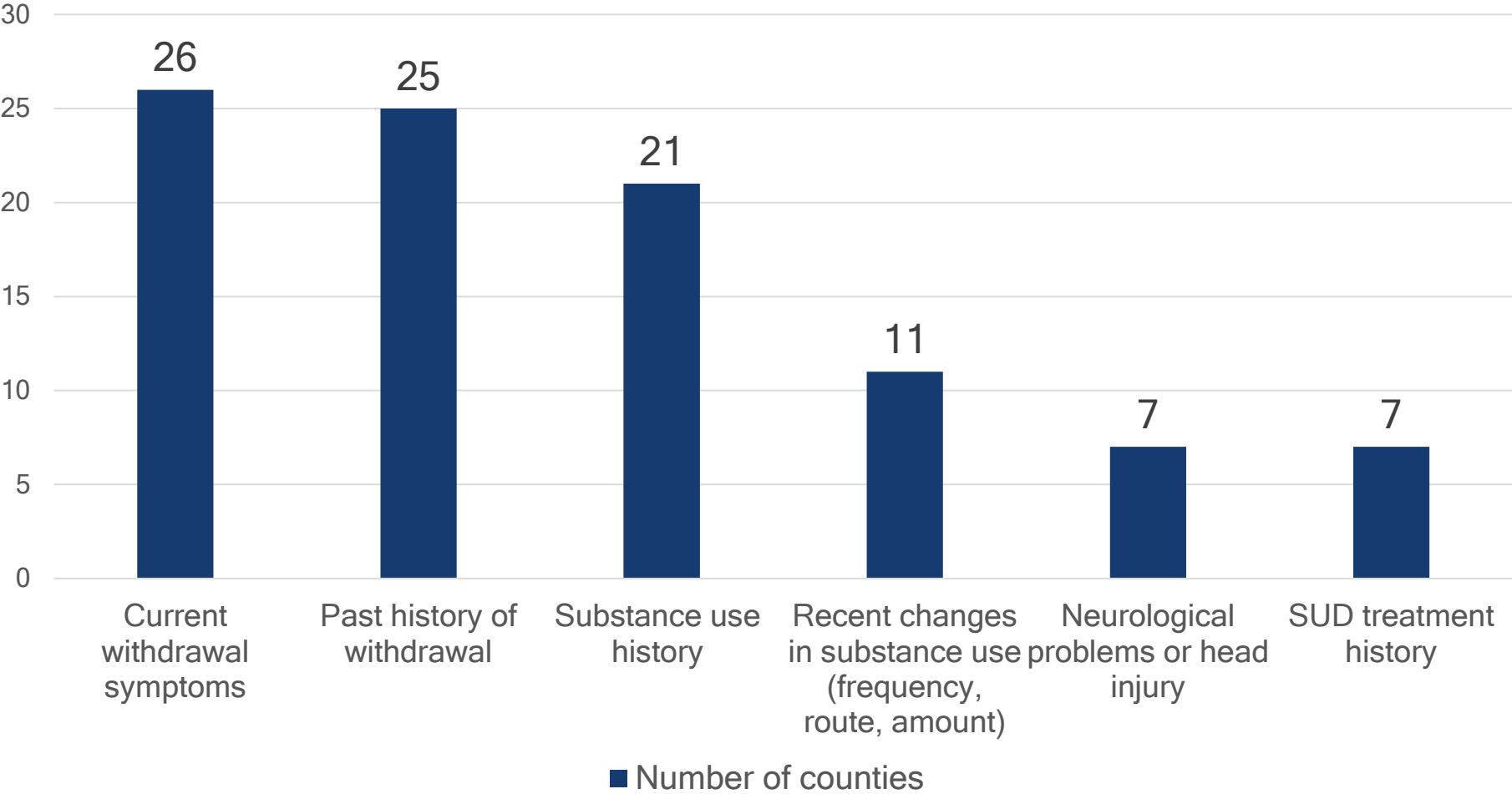


Continuum has the benefit of consistency, but  
the challenge of length

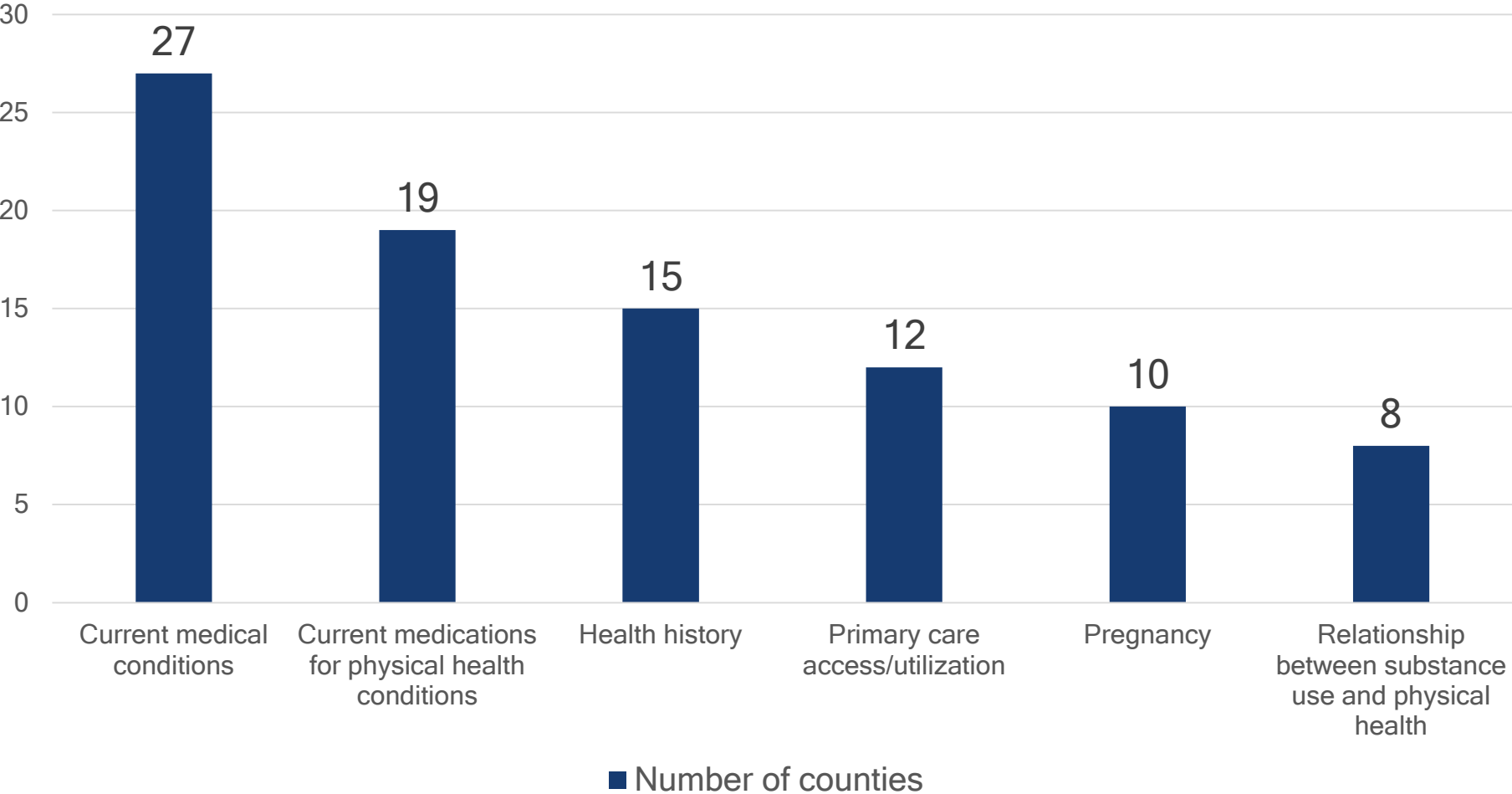
# What's in an ASAM-Based Assessment?

- **We looked at ASAM assessments** being used in 29 of the 30 counties that started the Waiver by July 1, 2019.
- **All used** the ASAM conceptual framework of the six dimensions
- 27 used **5 point risk rating scales**
- **Some asked** one or two questions in a dimension— others asked 20
- **Mix of asking** client directly vs asking clinician to assess

# Dimension 1: Acute Intoxication/Withdrawal Potential

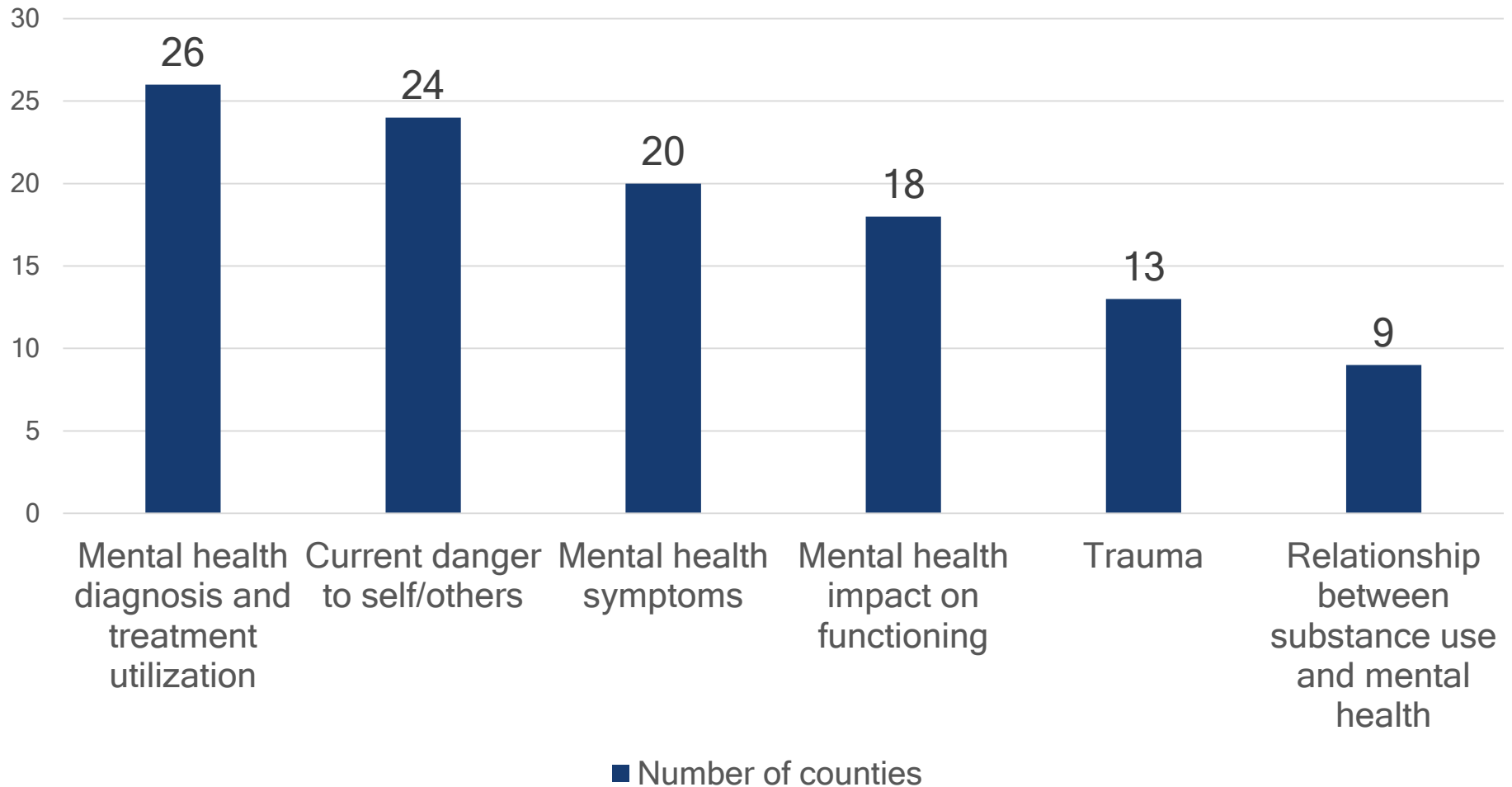


# Dimension 2: Biomedical Conditions and Complications



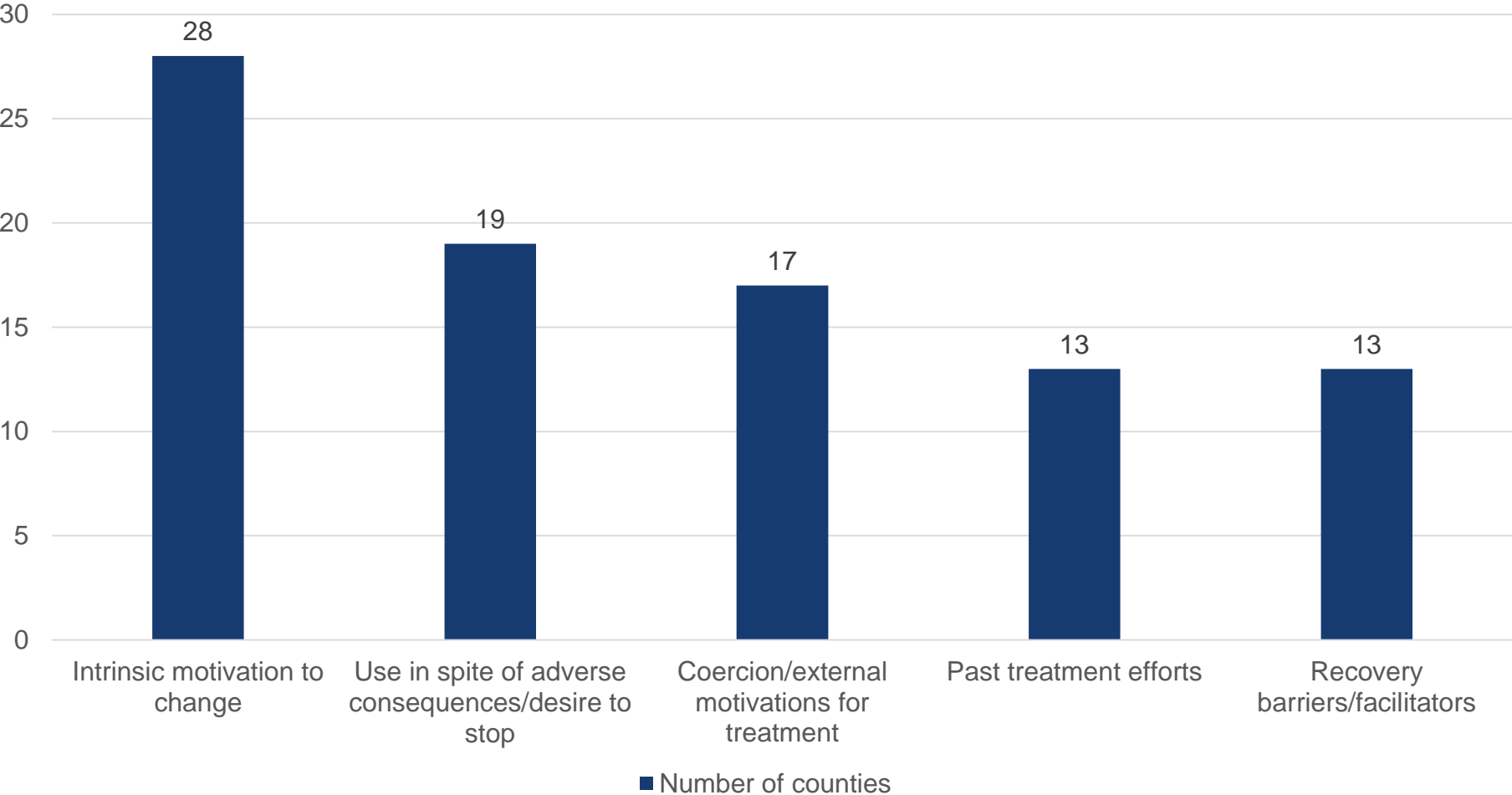
## Dimension 3:

### Emotional, Behavioral, or Cognitive Conditions and Complications



■ Number of counties

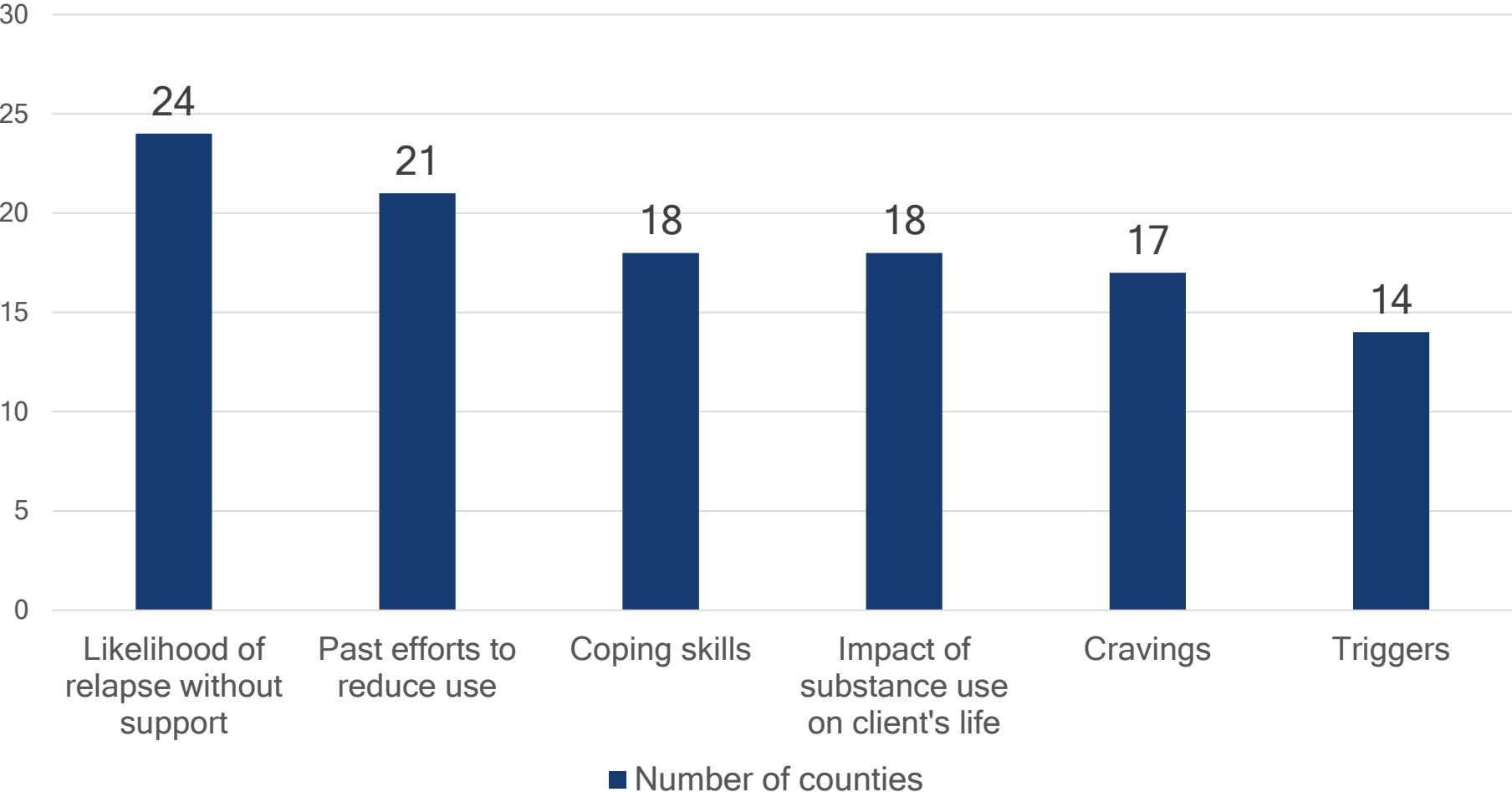
# Dimension 4: Readiness to Change



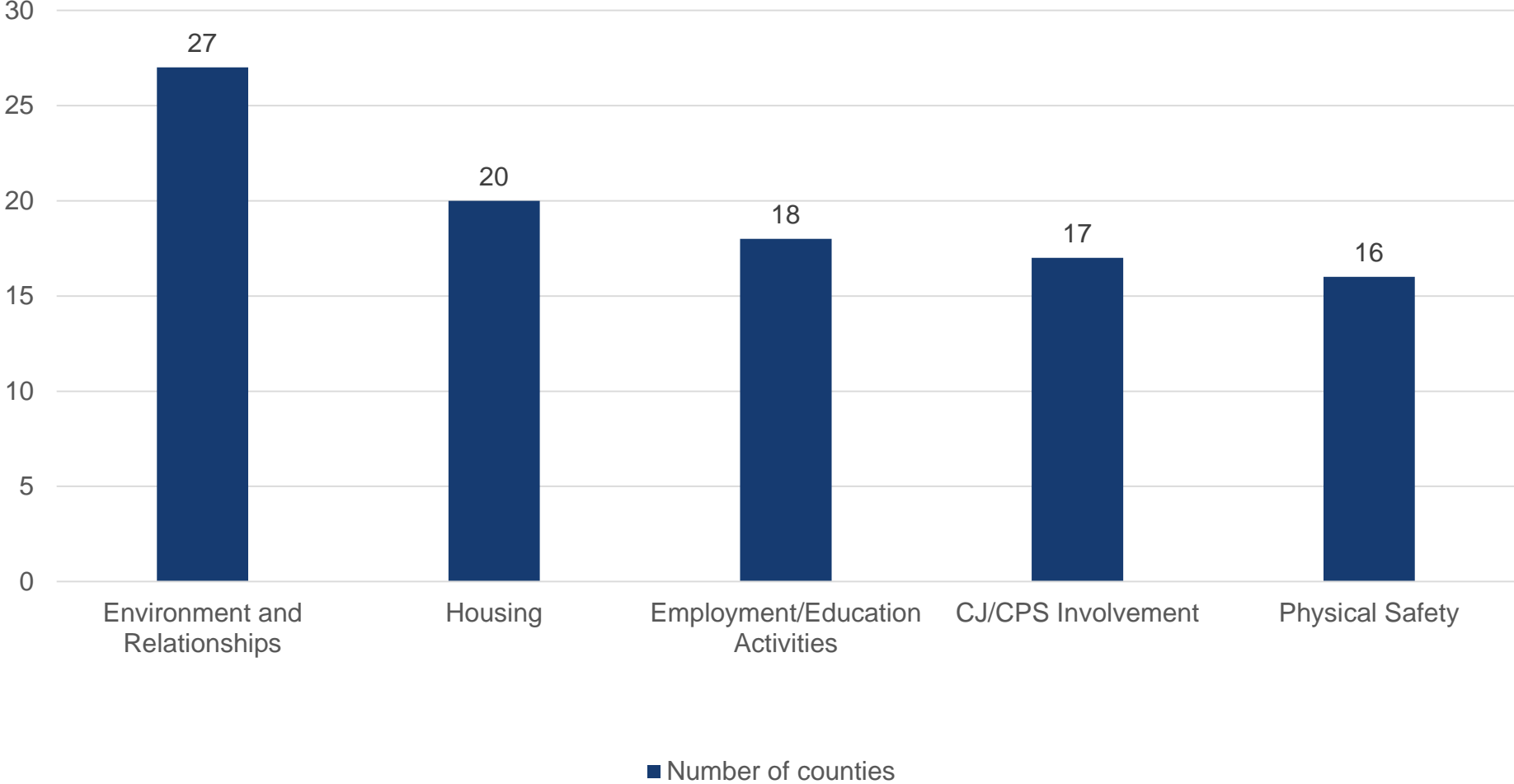


# Dimension 5:

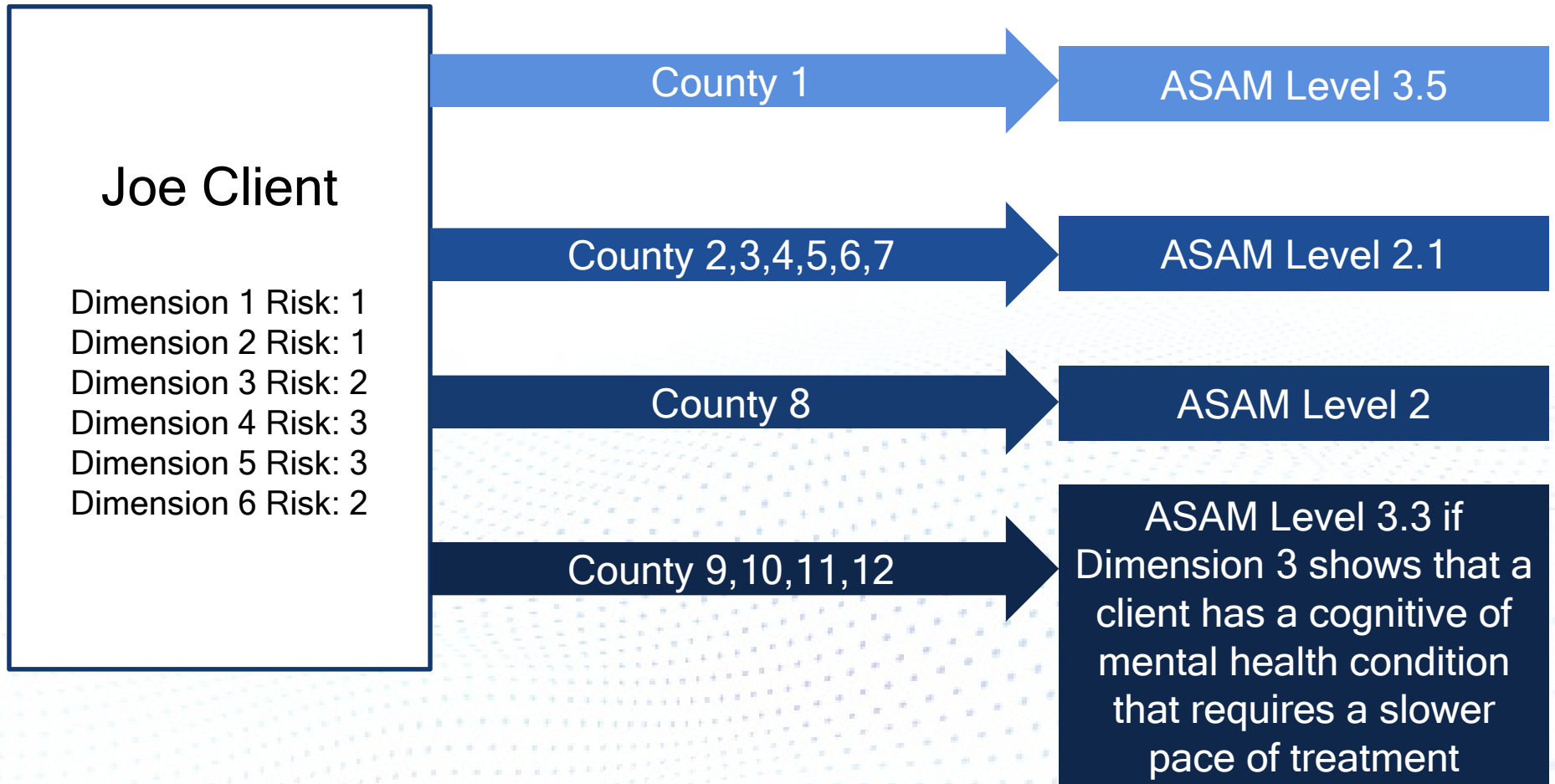
## Relapse, Continued Use, Continued Problem Potential



# Dimension 6: Recovery/Living Environment



# How Do ASAMs Generate Level of Care Recommendations?



# How Do ASAMs Generate Level of Care Recommendations?

## Joe Client

Dimension 1 Risk: 1  
Dimension 2 Risk: 1  
Dimension 3 Risk: 2  
Dimension 4 Risk: 3  
Dimension 5 Risk: 3  
Dimension 6 Risk: 2

County  
13

ASAM Level 1 or 2 if patient demonstrates “low motivation” in Dimension 4.

Consider if residential is feasible if Dimension 2 indicates low medical stability or need for medical clearance

Consider ASAM 3.1 if patient shows low relapse potential in Dimension 5, or if Dimension 6 indicates that patient only needs a safe living environment and minimal support to achieve recovery

County  
14

ASAM Level 1 if patient shows low motivation to change in Dimension 4

ASAM Level 1 if Dimension 5 shows that patient has used less than 15 of past 30 days and does not feel they will relapse without support

ASAM Level 1 if Dimension 6 problems do not seem to impair the patient’s chances of recovery

# How Do ASAMs Generate Level of Care Recommendations?

**Joe Client**

Dimension 1 Risk: 1  
Dimension 2 Risk: 1  
Dimension 3 Risk: 2  
Dimension 4 Risk: 3  
Dimension 5 Risk: 3  
Dimension 6 Risk: 2

County 15,16,17,18

Can be any level of care

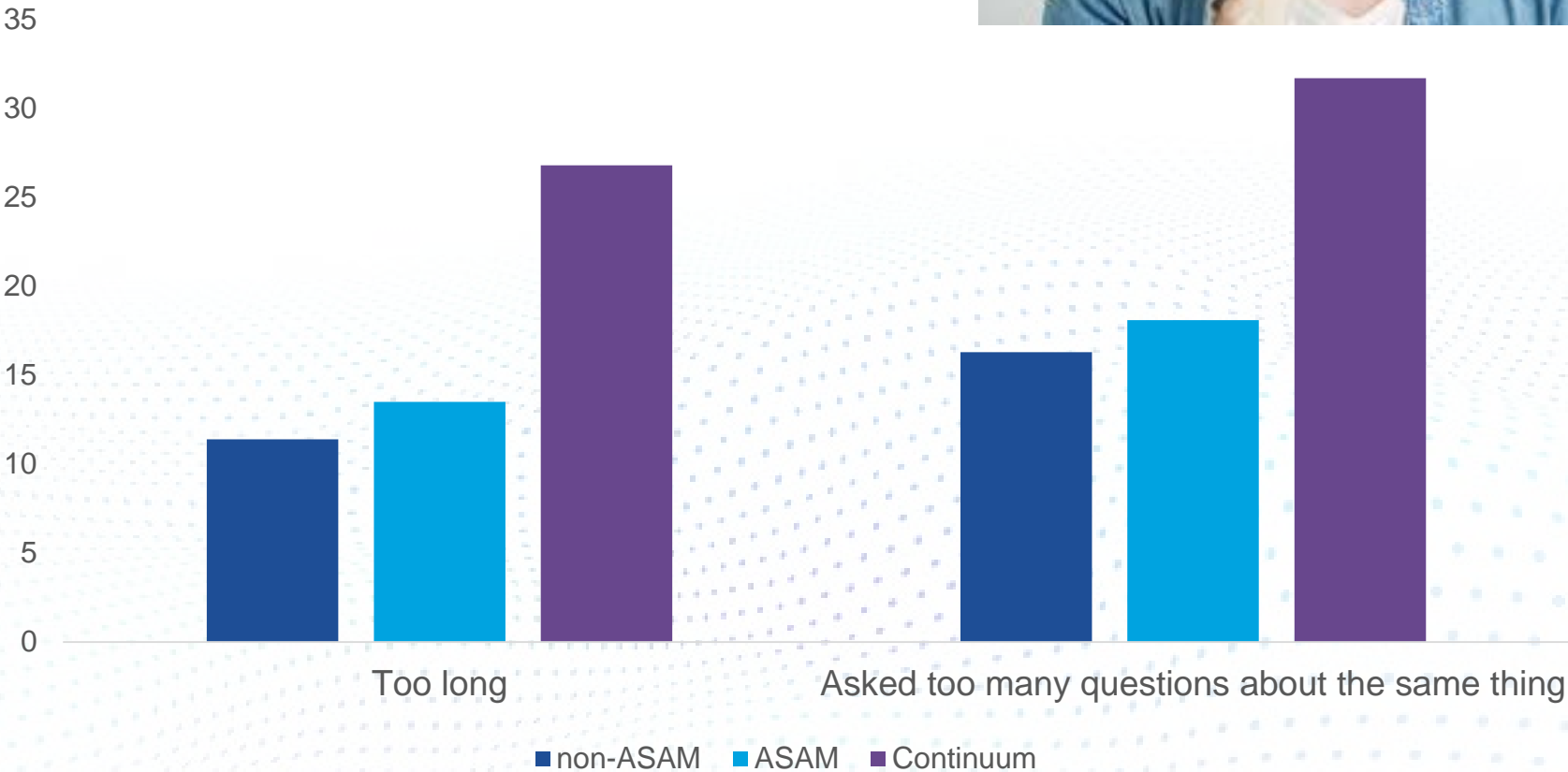
County  
19,20,21,22,23,24,25,26,27,28,29

Can be any level of care

# So What Does This Mean?

- There is variability across counties on what goes into risk ratings in each ASAM dimension
- There is variability in how counties use risk ratings to generate level of care recommendations
- Continuum has the advantage of consistency, which may matter to payers

# On the Other Hand, 25-30% of Patients Said Continuum Was Too Long



# Final Takeaways

- 1 ASAM-based multidimensional assessments capture biopsychosocial dimensions that might be missed
- 2 Asking about all 6 biopsychosocial dimensions is associated with better outcomes
- 3 Patients given ASAM-based multi-dimensional assessments reporting having more information about their treatment options and being better satisfied with their treatment options
- 4 More research is needed to understand how patient experience with intake assessments affect retention and outcomes.
- 5 The Continuum Decision Engine is the benefit of consistency, but the challenge of length. More research is needed to understand whether it improved level of care decisions.



# References

- Mark TL, Hinde J, Henretty K, Padwa H, Treiman K. How Patient Centered Are Addiction Treatment Intake Processes? *J Addict Med*. 2020 Aug 18. doi: 10.1097/ADM.0000000000000714. Epub ahead of print. PMID: 32826618.
- Mee-Lee, ed. *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*, 3rd ed. 2013.
- Padwa H, Mark TL, Wondimu B. What's in an "ASAM-based Assessment?" Variations in Assessment and Level of Care Determination in Systems Required to Use ASAM Patient Placement Criteria. *J Addict Med*. 2020 Dec 30; Publish Ahead of Print. doi: 10.1097/ADM.0000000000000804. Epub ahead of print. PMID: 33395145.
- Treiman K, Padwa H, Mark TL, Tzeng J, Gilbert M. "The assessment really helps you with the first step in recovery." What do clients think substance use disorder treatment intake assessments should look like? *Subst Abus*. 2021 Feb 22:1-14. doi: 10.1080/08897077.2021.1878085. Epub ahead of print. PMID: 33617736.
- Urada, D, Antonini, VP, Teruya, C, Vandana, J, Lee, AB, Iturrios-Fourzan, Tran, E, Huang, D, Vazquez, ME, Drug Medi-Cal Organized Delivery System 2019 Evaluation Report, September 16, 2019

# More Information



**Tami Mark, PhD, MBA**  
Director, Behavioral Health Financing  
and Quality Measurement  
240.636.2410  
tmark@rti.org



**Katherine Treiman PhD**  
Senior Scientist, RTI International  
301-230 4645  
ktrieman@rti.org



**Howard Padwa, PhD**  
Senior Scientist, UCLA ISAP  
Hpadwa@ucla.edu