

# ASAM, LOCG and other four-letter words: How evidence-based tools positively impact care delivery

Vanessa Venezia Heuer, MD

# Key Learning Points

---

- Review of Level of Care Guidelines (LOCG)
- Applying clinical criteria and guidelines
- Discussion of relationships and Person-Centered Care (PCC)
- Expectations for Alaska

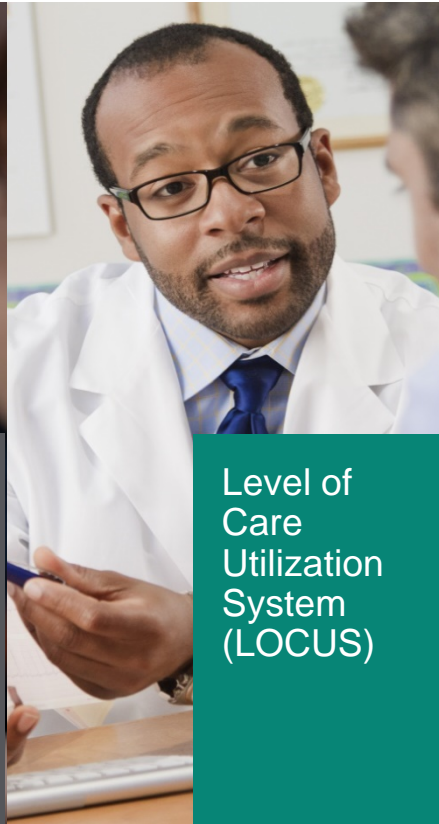


# Guideline Review

# Guideline Origin



American Society of Addiction Medicine (ASAM) Criteria



Level of Care Utilization System (LOCUS)



Child & Adolescent Service Intensity Instrument (CASII)



Early Childhood Service Intensity Instrument (ECSII)

# Holistic approach

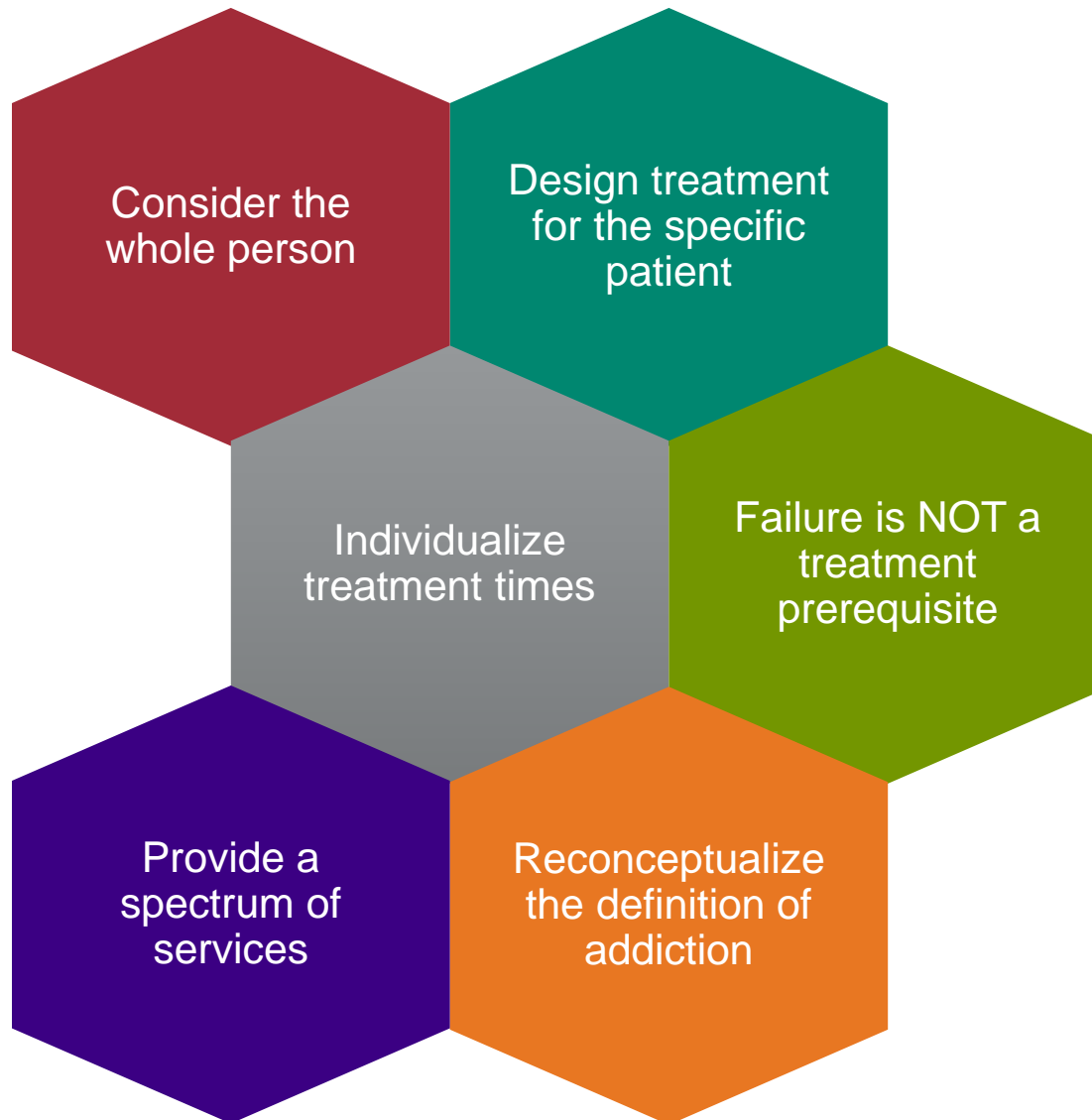
---



# Guideline Application

# Guiding Principles of ASAM

---



# ASAM dimensions



## 1: Acute Intoxication and/or Withdrawal Potential

- Current withdrawal symptoms
- Past history of serious, life-threatening withdrawal



## 2: Biomedical Conditions/Complications

- Current health problems
- Medication interaction, abnormal labs



## 3: Emotional/Behavioral/Cognitive Conditions and Complications

- Presence of other psychiatric diagnosis, symptoms or behaviors
- Mental status and level of functioning



## 4: Readiness to Change

- Coerced, mandated, required assessment/treatment
- Motivation factors for treatment



## 5: Relapse/Continued Use/Continued Problem Potential

- Potential relapse triggers/relapse plan
- Past treatment results



## 6: Recovery Environment

- Immediate threats to safety, well-being, sobriety
- Availability and utilization of support systems



# LOCUS Dimensions



## 1: Risk of Harm

- Acute suicidal or homicidal thinking
- Change from baseline and ability to care for self



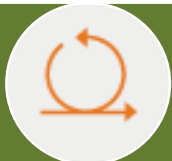
## 2: Functional Status

- ADLs-hygiene, self care
- Changes in work, home or school functioning and social interactions



## 3: Medical, Addictive, and Psychiatric Co-Morbidity

- Medical conditions which have the potential to affect the BH condition
- Substance use contributing to BH condition



## 4: Recovery Environment-Level of Stress

- Discord in interpersonal relationships
- Financial or housing stressors
- Legal problems, OCS involvement



## 5: Treatment and Recovery History

- Past treatment results
- Explores length of response post treatment



## 6: Engagement and Recovery Status

- Readiness/ Stage of change
- Explores independent use of resources

# Identify Services Needed

---

## Discharge

- Recipient has fulfilled their treatment goals

## Transfer

- Recipient may be able to achieve their goals with a different type of treatment
- Recipient achieved their treatment goals, but developed new challenges that can be addressed in a different type of treatment.

## Continued Stay

- When the recipient is making progress and it is reasonable to believe they will continue making progress with their existing treatment

# Examples

# Practice

---

- ❑ Henry is a 23 year old who lives alone.
- ❑ Henry is afraid that he will lose his job if he cannot stop his prescription pain medication misuse.
- ❑ He has tried to quit on his own, but cannot seem to withdraw without using again.
- ❑ Henry drinks one beer daily.
- ❑ Henry does not experience blackouts and there are no legal issues.
- ❑ His Primary Care Physician (PCP) has prescribed Ativan.
- ❑ Henry has been using prescription pain medications in the amount of 6-10 tablets daily over the last year.
- ❑ He began using intravenous (IV) heroin three months ago.
- ❑ Henry completed a SUD Intensive Outpatient Program (IOP) six months ago.
- ❑ He felt the program was helpful and was able to maintain sobriety for one month.
- ❑ Henry did not complete follow-up care, and began to start using again.
- ❑ Henry currently reports periods of depression and anxiety and experiences this during withdrawal.
- ❑ He also reports intermittent suicidal ideation.
- ❑ Henry has had two recent accidental overdoses recently.
- ❑ Henry states that he does not care if he dies. He has no suicide plan.
- ❑ Henry searched the internet for treatment options, both local and out of state
- ❑ Henry calls the number on the back of his insurance card and speaks to a Care Advocate who completes a brief risk questionnaire and provides a list of local in-network treatment programs.

# Practice

---

- Ray is a 31 year old male with a history of opiate use, cocaine use and Post Traumatic Stress Disorder (PTSD).
- The PTSD is related to abuse by Ray's father.
- Ray is using cocaine, snorting and shooting, up to two eight balls a day with opiates.
- Ray is drinking one quart of hard liquor a day; his last use was one week ago.
- He was at another rehab facility last month but said there was drug use in the facility, so he left.
- Ray has not taken psych meds for bipolar disorder for the past three months.
- Ray is homeless.
- His support system includes a pastor and two young children.
- Ray has been in outpatient services and has not progressed at this level of care.
- There is no psychosis.
- Ray is anxious and denies suicidal ideation (SI) and homicidal ideation (HI).
- Ray presented at an in-network facility who is requesting authorization for Substance Use Disorder (SUD) Inpatient (IP) Rehabilitation

# Why use a guideline or tool?

---

- Turns subjective into objective
- Improves inter-rater reliability
- Looks at whole person
- Evidence guides treatment needs and projected outcomes
- Improved forecasting of treatment duration and needs



# Relationships and Person-Centered Care

# Introduction to PCC

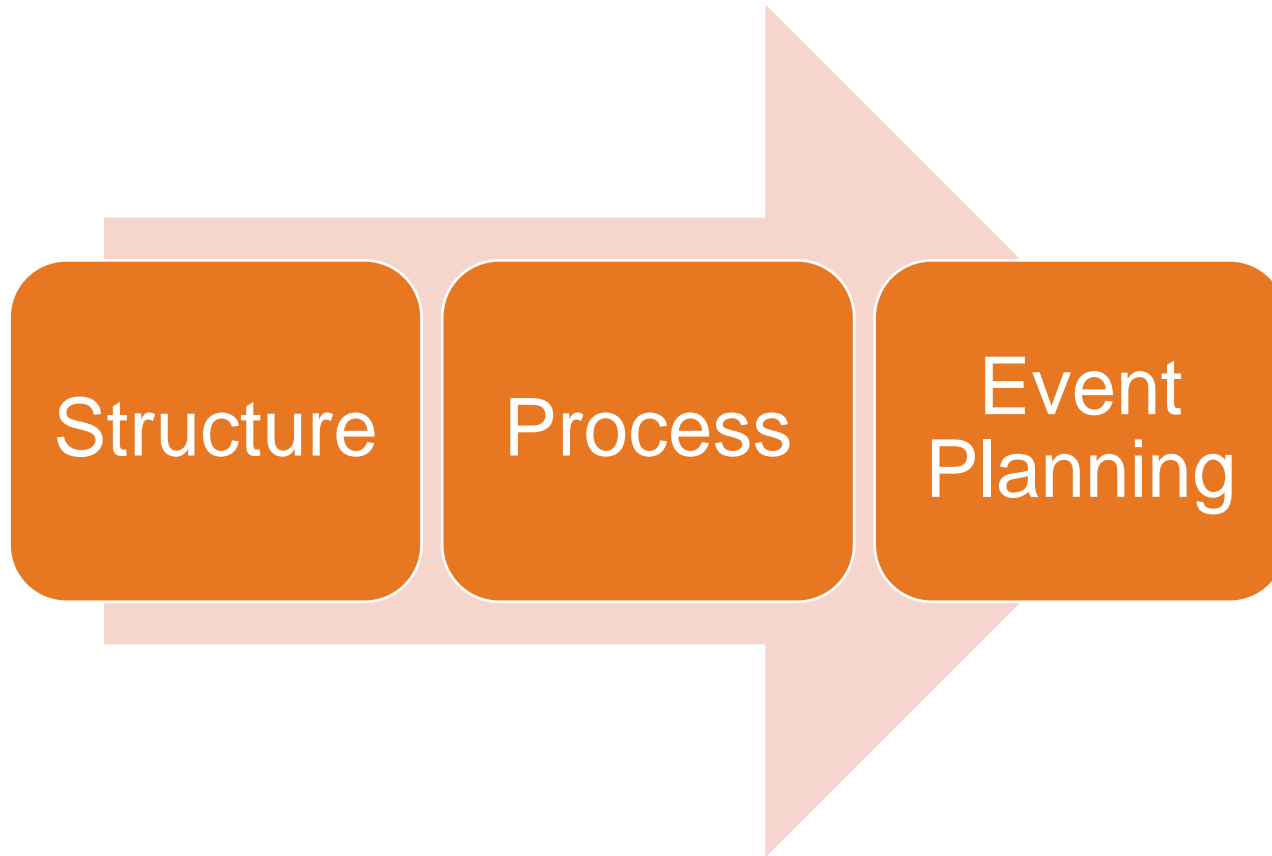
---





# PCC Components

---



# Examples of Person-Centered Thinking Tools

---

**What is working?**

**VS.**

**What is not working?**

Look at the person's perception of their current life versus what they would like it to be

**What makes a good day?**

**VS.**

**What makes a bad day?**

Dig deeper into what is important to the person so the team can focus on supports for specific issues

**Important to?**

**VS.**

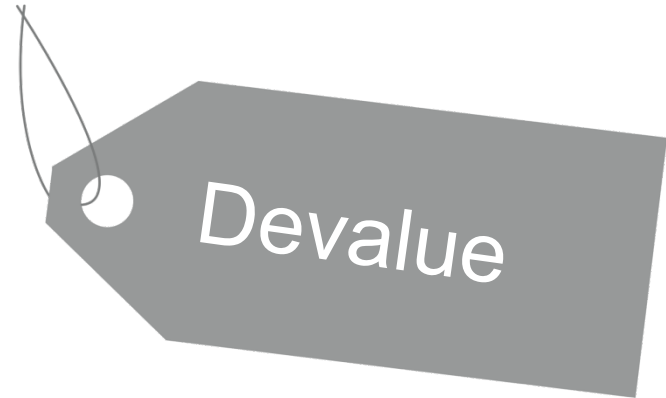
**Important for?**

Understand what's important to the person so resources can be put in place to ensure the person's health and well-being in the community

# Person-First Language

---

Avoid labels and terms that:



# Multidimensional Assessments and PCC



# Multidimensional Assessments and Relationships

---



Consistency



Transparency



Accessibility

# Resources

---

- An Introduction to the ASAM Criteria for Patients and Families

<https://www.providerexpress.com/content/dam/ope-provexpr/us/pdfs/clinResourcesMain/guidelines/optumLOCG/locg/IntroASAM.pdf>

- Adoption of LOCUS/CASII/ECSII for Guidance on Clinical Criteria

<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/Adoption-of-LOCUS-CASII-ECSII.html>



# Conclusion

---

