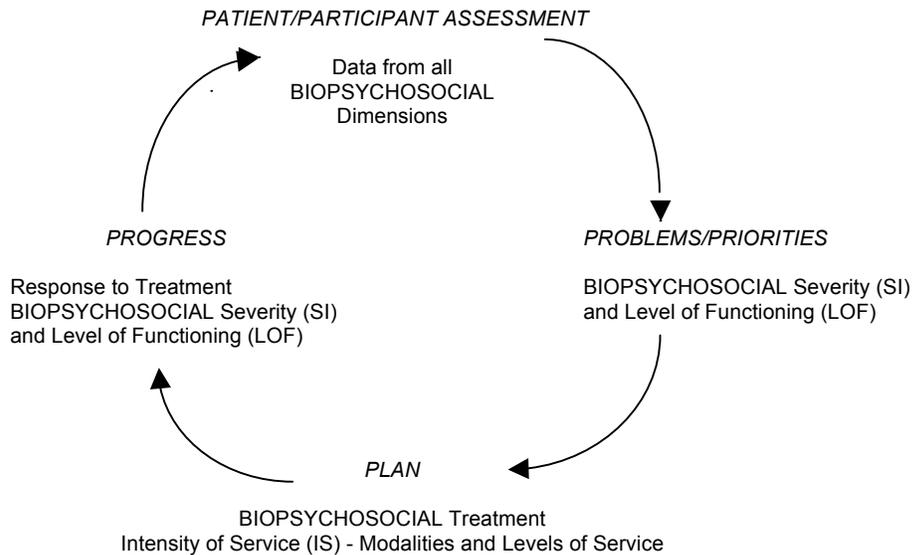


How to Effectively Communicate Patient Assessment Information to Managed Care

David Mee-Lee, M.D. Davis, CA
(530) 753-4300; Voice mail: (916) 715-5856
davidmeelee@gmail.com www.changecompanies.net
www.trainforchange.net www.tipsntopics.com
www.ASAMCriteria.org www.instituteforwellness.com

Breakout Session April 18, 2017 2 PM-3 PM Des Moines, IA
40th Annual Governor's Conference on Substance Abuse

A. Individualized, Clinically-driven Treatment



1. Assessment of Biopsychosocial Severity and Function (*The ASAM Criteria* 2013, pp 43-53)

The common language of six ASAM Criteria dimensions determine needs/strengths:

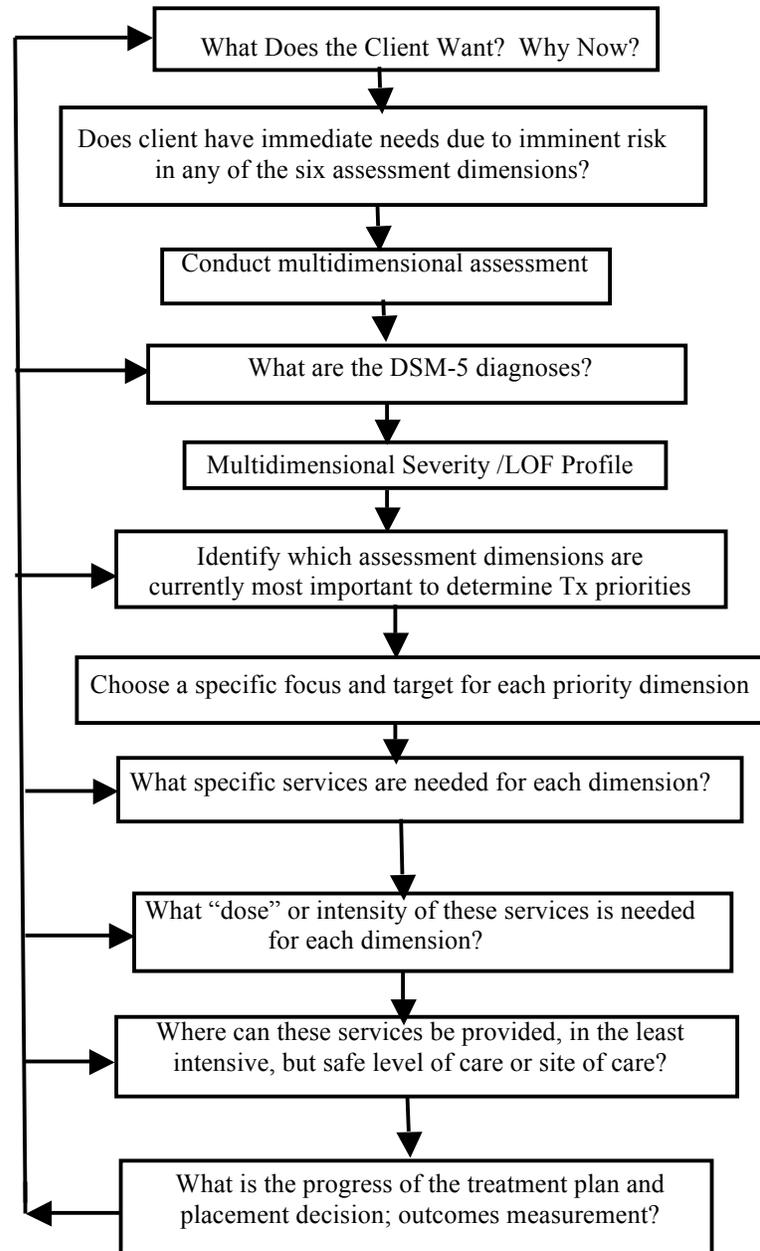
1. Acute intoxication and/or withdrawal potential
2. Biomedical conditions and complications
3. Emotional/behavioral/cognitive conditions and complications
4. Readiness to Change
5. Relapse/Continued Use/Continued Problem potential
6. Recovery environment

2. Biopsychosocial Treatment - Overview: 5 M's

- * Motivate - Dimension 4 issues; engagement and alliance building
- * Manage - the family, significant others, work/school, legal
- * Medication – withdrawal management; HIV/AIDS; MAT - anti-craving anti-addiction meds; disulfiram, methadone; buprenorphine, naltrexone, acamprosate, psychotropic medication
- * Meetings - AA, NA, Al-Anon; SMART Recovery, Dual Recovery Anonymous, etc.
- * Monitor - continuity of care; relapse prevention; family and significant others

3. Treatment Levels of Service (*The ASAM Criteria* 2013, pp 106-107)

- 1 Outpatient Services
- 2 Intensive Outpatient/Partial Hospitalization Services
- 3 Residential/Inpatient Services
- 4 Medically-Managed Intensive Inpatient Services



(The ASAM Criteria 2013, p 124)

4. Assessing Severity and Level of Function (The ASAM Criteria 2013, pp 54-56)

To determine the multidimensional severity or level of function profile, consider each of the six ASAM ASAM Criteria dimensions as regards pertinent assessment data organized under the three H's - History, Here and Now, How Worried Now.

The *History* of a client's past signs, symptoms and treatment is important, but never overrides the *Here and Now* of how a client is presenting currently in signs and symptoms. e.g., if a person has by History had severe alcohol withdrawal with seizures, but has not been drinking Here and Now at a rate or quantity that would predict any significant withdrawal; and as you look at them, they are not shaky or in withdrawal so you are not Worried about severe withdrawal - then there is no significant Dimension 1 severity.

The *Here and Now* presentation of a client's current information of substance use and mental health signs and symptoms can override the *History* e.g., if a person has never had serious suicidal behavior before by History; and in the Here and Now is indeed depressed and impulsively suicidal, you would not dismiss their severe suicidality just because they had never done anything serious before. Especially if you talked with them now and you are *Worried* that they could not reach out to someone if they became impulsive, then the Dimension 3 severity would be quite high.

How Worried Now you are as the clinician, counselor or assessor determines your severity or level of function (LOF) rating for each ASAM dimension. The combination of the three H's: History; Here and Now; and How Worried Now guides the clinician in presenting the severity and LOF profile.

B. Communicating with Managed Care

1. Case Presentation Format (*The ASAM Criteria* 2013, pp 119 -126)

Before presenting the case, please state why you chose the case and what you want to get from the discussion

I. Identifying Client Background Data

Name
Age
Ethnicity and Gender
Marital Status
Employment Status
Referral Source
Date Entered Treatment
Level of Service Client Entered Treatment (if this case presentation is a treatment plan review)
Current Level of Service (if this case presentation is a treatment plan review)
DSM Diagnoses
Stated or Identified Motivation for Treatment (What is the most important thing the clients wants you to help them with?)

First state how severe you think each assessment dimension is and why (focus on brief relevant history information and relevant here and now information):

II. Current Placement Dimension Rating (See Dimensions below 1 - 6)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

(Give brief explanation for each rating, note whether it has changed since client entered treatment and why or why not)

This last section we will talk about together:

III. What problem(s) with High and Medium severity rating are of greatest concern at this time?

Specificity of the problem
Specificity of the strategies/interventions
Efficiency of the intervention (Least intensive, but safe, level of service)

2. Continued Service and Discharge Criteria (*The ASAM Criteria* 2013, pp 299-306)

After the admission criteria for a given level of care have been met, the criteria for continued service, discharge or transfer from that level of care are as follows:

Continued Service Criteria: It is appropriate to retain the patient at the present level of care if:

1. The patient is making progress, but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue to work toward his or her treatment goals;
or
2. The patient is not yet making progress but has the capacity to resolve his or her problems. He or she is actively working on the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue to work toward his or her treatment goals;
and/or
3. New problems have been identified that are appropriately treated at the present level of care. This level is the least intensive at which the patient's new problems can be addressed effectively.

To document and communicate the patient's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the patient's existing or new problem(s), the patient should continue in treatment at the present level of care. If not, refer the Discharge/Transfer Criteria, below.

3. Discharge/Transfer Criteria: It is appropriate to transfer or discharge the patient from the present level of care if he or she meets the following criteria:

1. The patient has achieved the goals articulated in his or her individualized treatment plan, thus resolving the problem(s) that justified admission to the current level of care;
or
2. The patient has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to the treatment plan. Treatment at another level of care or type of service therefore is indicated;
or
3. The patient has demonstrated a lack of capacity to resolve his or her problem(s). Treatment at another level of care or type of service therefore is indicated;
or
4. The patient has experienced an intensification of his or her problem(s), or has developed a new problem(s), and can be treated effectively only at a more intensive level of care.

To document and communicate the patient's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the existing or new problem(s), the patient should be discharged or transferred, as appropriate. If not, refer to the Continued Service criteria.

4. Working Effectively with Managed Care (*The ASAM Criteria* 2013, pp 119 -126)

- * Clinical discussion, not game playing - Improve communication between consumers, clinicians, providers payers, managed care, utilization reviewers and care managers
- * Use Case Presentation Format to concisely review the biopsychosocial data and focus the discussion
- * Follow through Decision Tree to Match Assessment and Treatment/Placement Assignment to guide the clinical discussion
- * Identify where the points of disagreement are: severity rating; priority dimension or focus of treatment; service needs; dose and intensity of services; placement level
- * Offer alternative clinical data: severity rating and rationale; priority dimension or focus of treatment; service needed; dose and intensity of services; placement level
- * Appeal if still no consensus

5. Dealing with “Resistant” Providers/Payers Who Are at Different Stages of Change

- Individualized Staff Development Plans based on what the clinician wants
- Individualized Agency Development Plans – expectations for progress and change
- Individualized Payer Development Plan – reaching consensus on criteria, “Medical Necessity”, design of Benefit Plans
- Incentives and leverage to facilitate continuing change and development

C. **Gathering Data on Policy and Payment Barriers** (*The ASAM Criteria* 2013, p 126)

- ^ Finding efficient ways to gather data as it happens in daily care to promote systems change.

PLACEMENT SUMMARY

Level of Care/Service Indicated - Insert the ASAM Level number that offers the most appropriate level of care/service that can provide the service intensity needed to address the client’s current functioning/severity; and/or the service needed e.g., shelter, housing, vocational training, transportation, language interpreter	
Level of Care/Service Received - ASAM Level number -- If the most appropriate level or service is not utilized, insert the most appropriate placement or service available and circle the Reason for Difference between Indicated and Received Level or Service	
Reason for Difference - Circle only one number -- 1. Service not available; 2. Provider judgment; 3. Client preference; 4. Client is on waiting list for appropriate level; 5. Service available, but no payment source; 6. Geographic accessibility; 7. Family responsibility; 8. Language; 9. Not applicable; 10. Not listed (Specify):	
Anticipated Outcome If Service Cannot Be Provided – Circle only one number - 1. Admitted to acute care setting; 2. Discharged to street; 3. Continued stay in acute care facility; 4. Incarcerated; 5. Client will dropout until next crisis; 6. Not listed (Specify):	

© David Mee-Lee, M.D. 2010 davidmeelee@gmail.com 916.715.5856

Ann

DSM-5 Diagnosis: Alcohol Use Disorder, severe; and Cannabis Use Disorder, moderate; Major Depression

Ann, a 32-year-old white, divorced female, came in for assessment for the first time ever. She has been abstinent for 48 hours from alcohol and reports that she has remained so far up to 72 hours during the past three months. When she has done this she states she has experienced sweats, internal tremors and nausea, but has never hallucinated, experienced D.T.’s or seizures.

She states she is in good health except for alcoholic hepatitis for which she was just released from the hospital one week ago. Her doctor referred her for assessment. She smokes up to 3 or 4 joints a day, but stopped yesterday. In addition to the above, Ann describes two past suicide attempts using sleeping pills, but the most recent attempt was three years ago and she sees a psychiatrist once a month for review of her medication. She takes Prozac for the depression and doesn’t report abuse of her medication.

Ann reported that she lives in a rented apartment and has very few friends since moving away after her divorce a year ago. She is currently unemployed after being laid off when the supermarket she worked at closed. She has worked as a waitress, check-out person and sales person before and says she has never lost a job due to addiction.

Ann appears slightly anxious, but is not flushed. She speaks calmly and is cooperative. Ann shows awareness of her consequences from chemical use, but tends to minimize it and blame others including her ex-husband who left her without warning. She doesn’t know much about alcoholism/chemical dependency, but wants to learn more. She has one son, age 11, who doesn’t see any problems with her drinking and doesn’t know about her marijuana use.

Tracy

A 16-year-old young woman is brought into the emergency room of an acute care hospital. She had gotten into an argument with her parents and ended up throwing a chair. There was some indication that she was intoxicated at the time and her parents have been concerned about her coming home late and mixing with the wrong crowd. There has been a lot of family discord and there is mutual anger and frustration between the teen and especially her father. No previous psychiatric or addiction treatment.

The parents are both present at the ER, but the police who had been called by her mother brought her. The ER physician and nurse from the psychiatric unit who came from the unit to evaluate the teen, both feel she needs to be in hospital given the animosity at home, the violent behavior and the question of intoxication. Using the six ASAM assessment dimensions, the biopsychosocial clinical data is organized as follows:

Dimension 1, Intoxication/Withdrawal: though intoxicated at home not long before the chair-throwing incident, she is no longer intoxicated and has not been using alcohol or other drugs in large enough quantities for long enough to suggest any withdrawal danger.

Dimension 2, Biomedical Conditions/Complications: she is not on any medications, has been healthy physically and has no current complaints

Dimension 3, Emotional/Behavioral/Cognitive: complex problems with the anger, frustration and family discord; chair throwing incident this evening, but is not impulsive at present in the ER.

Dimension 4, Readiness to Change: willing to talk to therapist; blames her parents for being overbearing and not trusting her; agrees to treatment, but doesn't want to be at home at least for tonight.

Dimension 5, Relapse/Continued Use/Continued Problem Potential: high likelihood that if released to go back home immediately, there would be a reoccurrence of the fighting and possibly violence again, at least with father.

Dimension 6, Recovery Environment: parents frustrated and angry too; mistrustful of patient; and want her in the hospital to cut down on the family fighting

<u>Severity Profile:</u>	<u>Dimension:</u>	1	2	3	4	5	6
	<u>Severity:</u>						

Services Needed:

Site of Care:

LITERATURE REFERENCES

Mee-Lee D, Shulman GD (2014): “The ASAM Criteria and Matching Patients to Treatment”, Chapter 27 in Section 4, Overview of Addiction Treatment in "Principles of Addiction Medicine" Eds Richard K. Ries, David A Fiellin, Shannon Miller, Richard Saitz. Fifth Edition. Lippincott Williams & Wilkins, Philadelphia, PA.,USA. pp 428 -441.

Mee-Lee D, Shulman GD, Fishman MJ, and Gastfriend DR, Miller MM eds. (2013). The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. Third Edition. Carson City, NV: The Change Companies.

For more information on the new edition: www.ASAMcriteria.org

Mee-Lee, David with Jennifer E. Harrison (2010): “Tips and Topics: Opening the Toolbox for Transforming Services and Systems”. The Change Companies, Carson City, NV

Mee-Lee, David (2013): “The ASAM Criteria: Getting Up to Date.” Advances in Addiction & Recovery Fall 2013. Vol.1., No. 3 pp 20-21.

Mee-Lee, David (2013): “The New Edition of the ASAM Criteria: What’s New and Why” Counselor Vol. 14. No.4 pp18-19. August 2013.

Mee-Lee, David (2013): “How to Really Use the New Edition of *The ASAM Criteria*: What To Do & What Not To Do.” Counselor Vol. 14. No.6 pp34-40. December 2013.

Prochaska, JO; Norcross, JC; DiClemente, CC (1994): “Changing For Good” Avon Books, New York.

RESOURCE FOR ASAM E-LEARNING AND INTERACTIVE JOURNALS

E-learning module on “ASAM Multidimensional Assessment” and “From Assessment to Service Planning and Level of Care” – 5 CE credits for each module . “Introduction to The ASAM Criteria” (2 CEU hours) “Understanding the Dimensions of Change” – Creating an effective service plan” – Interactive Journaling “Moving Forward” – Guiding individualized service planning” – Interactive Journaling

To order: The Change Companies at 888-889-8866; www.ASAMcriteria.org

CLIENT WORKBOOKS AND INTERACTIVE JOURNALS

The Change Companies’ MEE (Motivational, Educational and Experiential) Journal System provides Interactive journaling for clients. It provides the structure of multiple, pertinent topics from which to choose; but allows for flexible personalized choices to help this particular client at this particular stage of his or her stage of readiness and interest in change.

To order: The Change Companies at 888-889-8866. www.changecompanies.net.

TRAIN FOR CHANGE Inc™

Train for Change Inc™ is a training and consulting company specializing in customized training on *The ASAM Criteria*, motivational interviewing and other behavioral health modalities. Train for Change Inc™ uses expert trainers to provide training on a variety of evidence-based practices. www.trainforchange.net.

FREE MONTHLY NEWSLETTER

“TIPS and TOPICS” – Three sections: Savvy, Skills and Soul and at times additional sections: Stump the Shrink; Success Stories and Sharing Solutions. Sign up on www.tipsttopics.com and click on “Subscribe”.