

Levels of Care

Discuss Issues Around Identifying Patients
Who Need More Support and Review
Options to Operationalize Patient
Evaluation

Addiction Treatment Starts Here: Primary Care

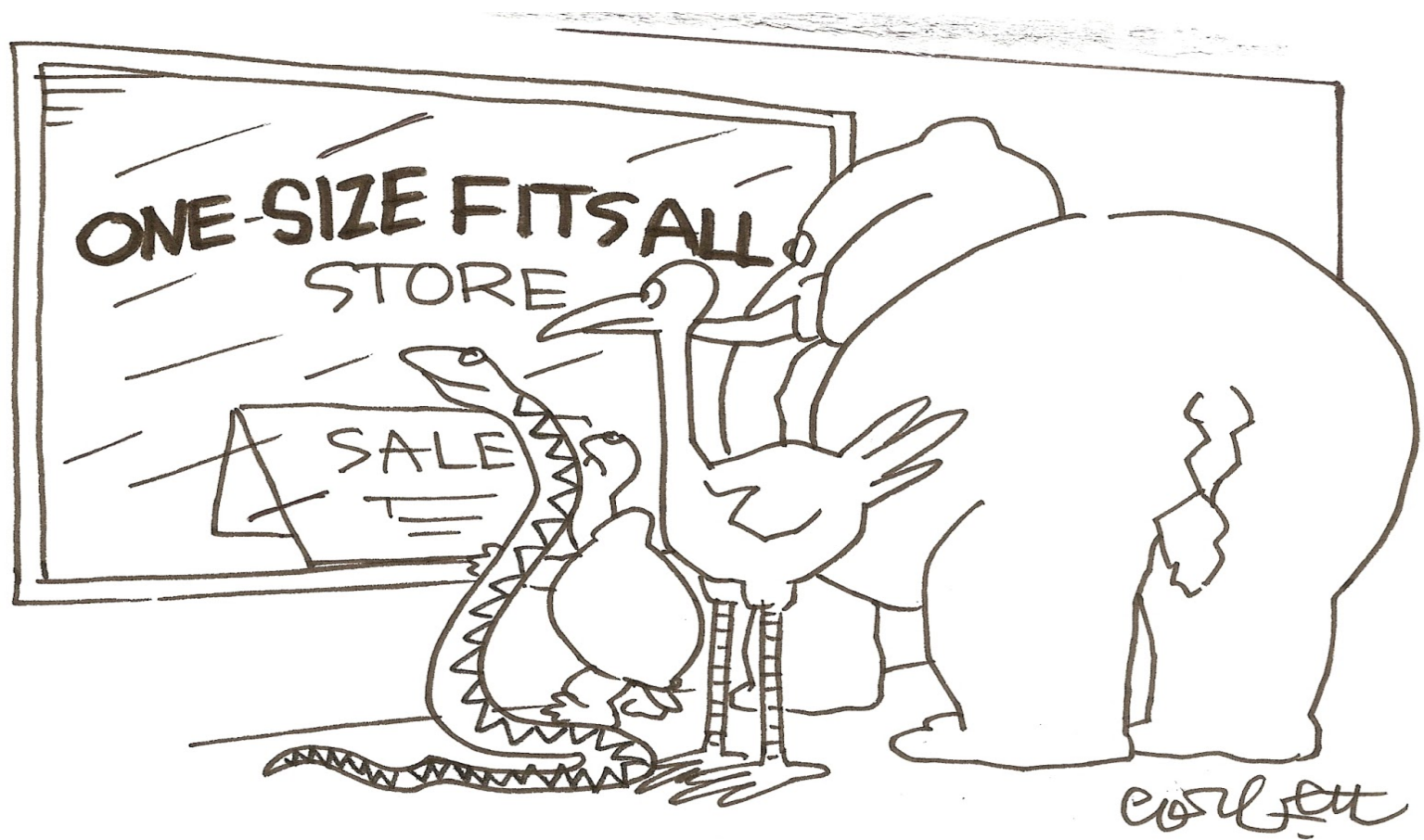
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April 11, 2019

Objectives

- Examine options to determine whether patients are appropriate for outpatient buprenorphine
- List the indicators of patients on MAT who need additional support
- Explore facilitators and barriers to MAT
- Review options to operationalize patient evaluation

Levels of care



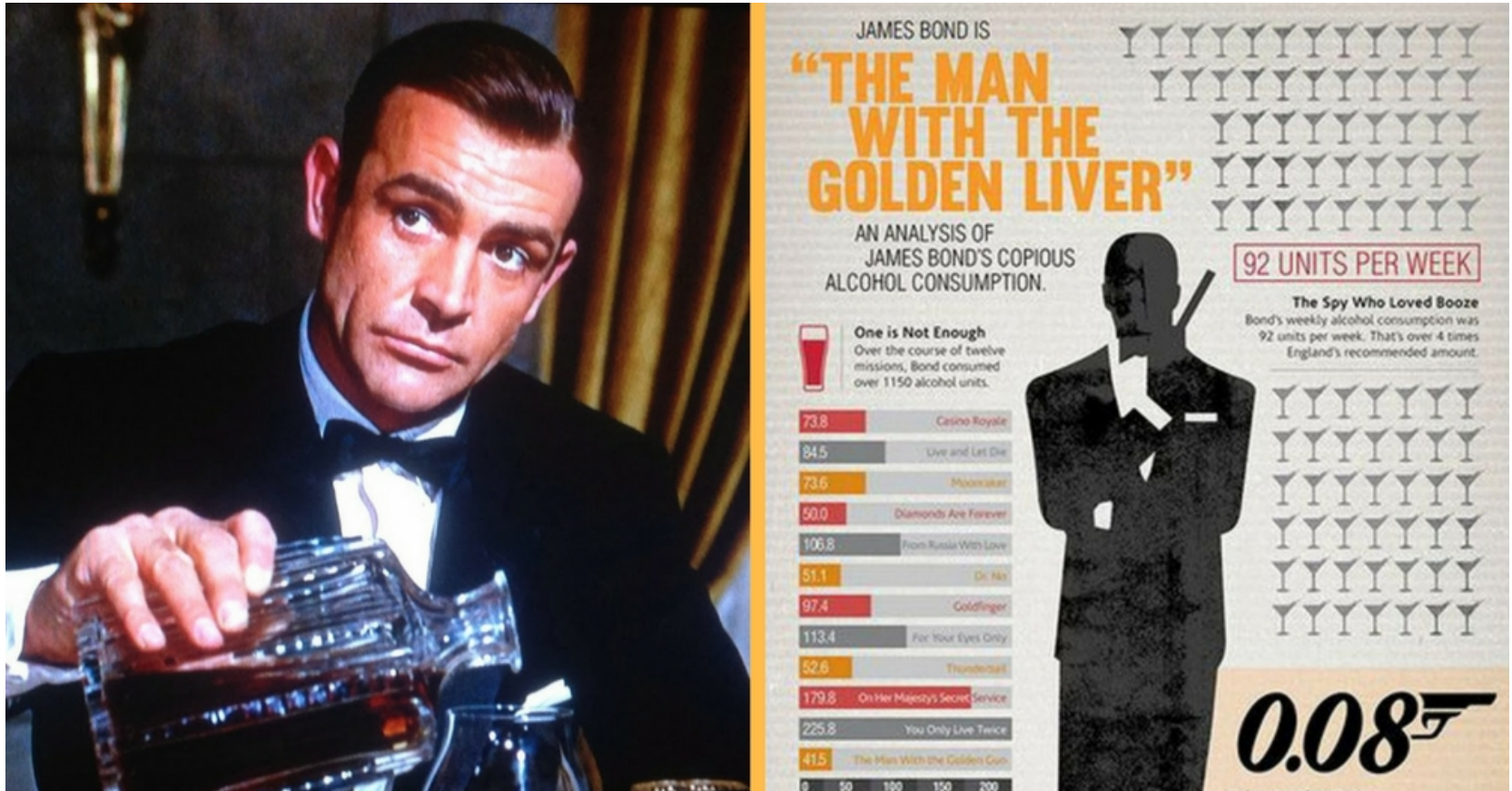
Levels of Care



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Levels of care

- The point is that each patient will need something different.
- How do you determine where each person lands?



ASAM Criteria

- How many of you have heard of the ASAM criteria?
- How many of you know them?



AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1	DIMENSION 1	Acute Intoxication and/or Withdrawal Potential Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	Biomedical Conditions and Complications Exploring an individual's health history and current physical condition
3	DIMENSION 3	Emotional, Behavioral, or Cognitive Conditions and Complications Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	Readiness to Change Exploring an individual's readiness and interest in changing
5	DIMENSION 5	Relapse, Continued Use, or Continued Problem Potential Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	Recovery/Living Environment Exploring an individual's recovery or living situation, and the surrounding people, places, and things

ASAM Criteria

Feel better about yourselves now?

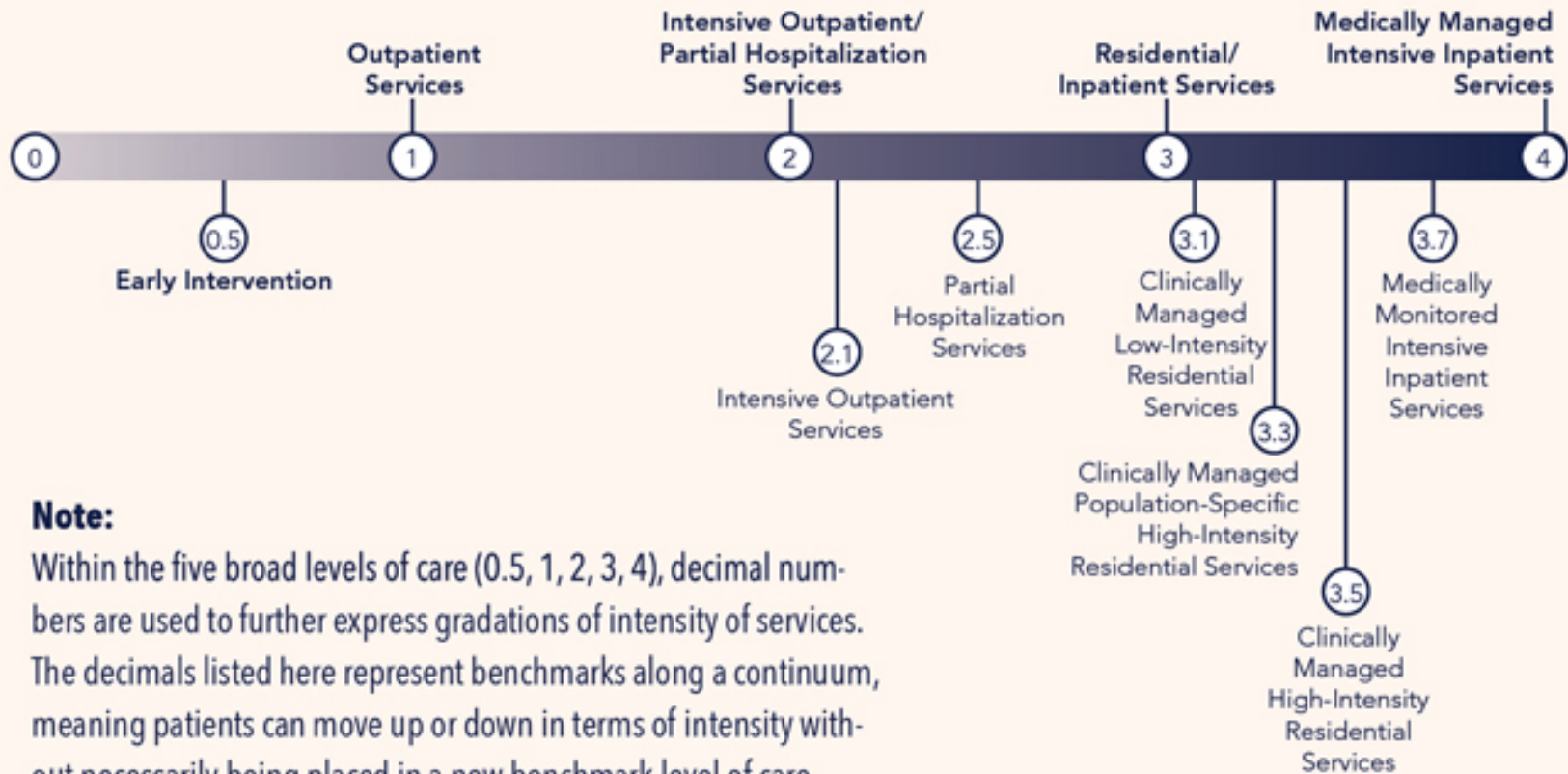


Continuum of care

So, if you think of the previous part in terms of assessment from your SOAP note, then the next step is planning, as in, how do you best situate the patient in terms of their needs for care?



REFLECTING A CONTINUUM OF CARE



Note:

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

What's available to your patients?

- Partial hospitalizations?
- Inpatient detoxification?
 - For opiates?
 - For alcohol / benzos?



I HAVE REMOVED ALL UNNECESSARY COMPLEXITY

LEAVING ONLY INCOMPREHENSIBILITY

quickmeme.com

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How to operationalize the evaluations?

- How do you do this on an outpatient basis?
- Our clinic actually isn't following ASAM criteria, but instead a similar set of questions (CSAT GPRA Client Outcome Measures for Discretionary Programs) that are attached to a grant.
- As the program has grown, we've tried to increase staffing at a similar rate, but staffing/support lags behind.
- We have a program manager who is working on this.
- Ongoing trainings for staff, etc. 42 CFR



OBOT Stability Index

1) Was the patient's previous urine drug screen positive for illicit substances? <input type="checkbox"/> Yes <input type="checkbox"/> No
2) If YES to #1 or if the patient was recently started on buprenorphine, does the patient have fewer than four consecutive weekly drug-free urine drug screens? <input type="checkbox"/> Yes <input type="checkbox"/> No
3) Is the patient using sedative-hypnotic drugs (e.g. benzodiazepines) or admitting to alcohol use? <input type="checkbox"/> Yes <input type="checkbox"/> No
4) Does the patient report drug craving that is difficult to control? <input type="checkbox"/> Yes <input type="checkbox"/> No
5) Does the patient endorse having used illicit substances in the past month? <input type="checkbox"/> Yes <input type="checkbox"/> No
6) Does the query of the Vermont Prescription Monitoring System (VPMS) show evidence of the unexplained, unadmitted, or otherwise concerning provision of controlled substances? <input type="checkbox"/> Yes <input type="checkbox"/> No
7) Did the patient report their last prescription as being lost or stolen? <input type="checkbox"/> Yes <input type="checkbox"/> No
8) Did the patient run out of medication early from his/ her last prescription? <input type="checkbox"/> Yes <input type="checkbox"/> No

SCORING:

If NO to all, the patient is "stable" can be seen monthly for prescriptions and urine drug screens.

If YES to any of the above, the patient is "unstable" and needs to be seen weekly for prescriptions and urine drug screens.

Additionally, if YES to 1-6, the patient should be referred for addiction services.

How are you determining placement of patients?



Indicators that patients need additional support

- Persistently missing appointments, late, urine drug screens with unexpected results.
- Withdrawal symptoms that are not appropriate for outpatient care. History of seizures.
- Homelessness.
- Meds repeatedly lost or stolen.
- Previous psychiatric or medical hospitalization related to intoxication/withdrawal.
- Inability to achieve enough stability in current environment.

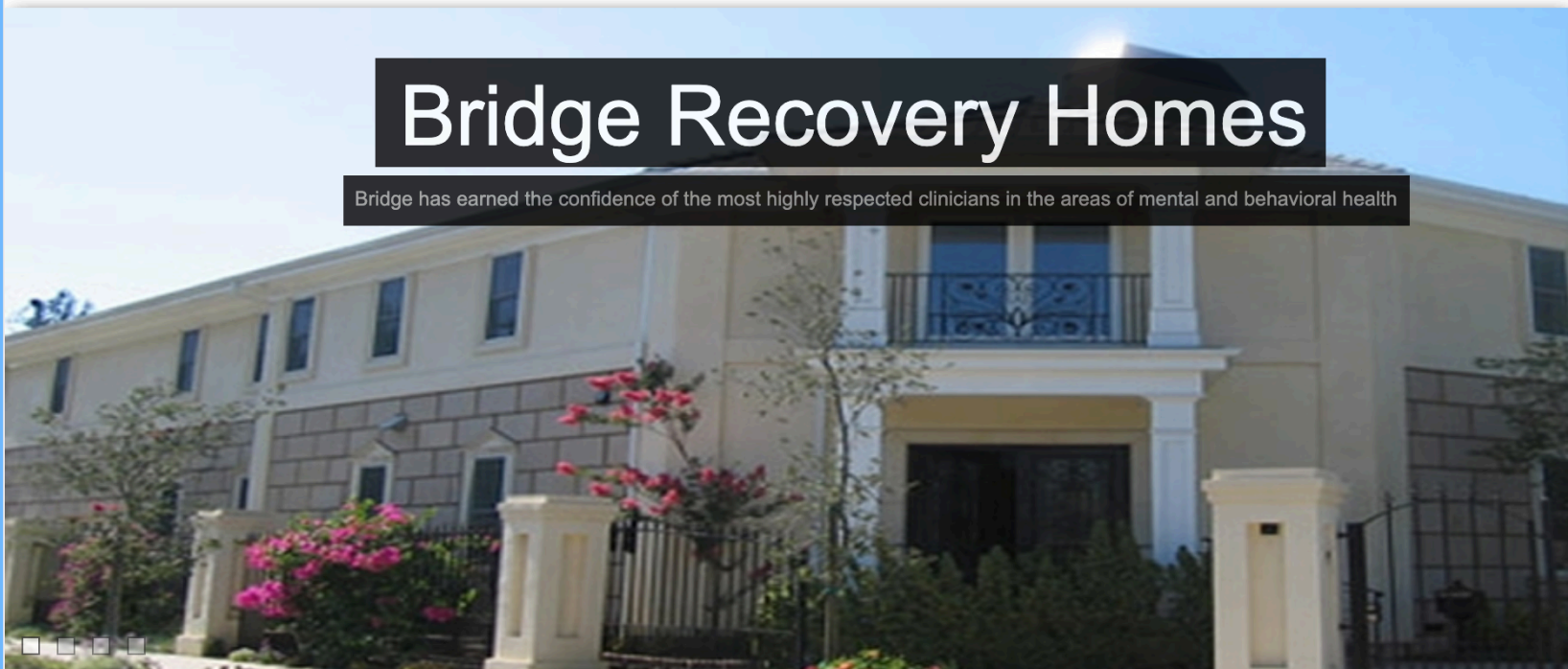


Transforming Lives,
One Day, One Step, One Heart At A Time.



Bridge Recovery Homes

Bridge has earned the confidence of the most highly respected clinicians in the areas of mental and behavioral health



WHY CHOOSE BRIDGE?

For a decade, Bridge has helped to rebuild and transform countless lives in

THE BRIDGE PROGRAM?

Our uniquely designed program is individually tailored to meet each client's

WHAT MAKES BRIDGE UNIQUE?

With a premier residential program specializing in psychiatric rehabilitation and

WHAT IS EXPECTED FROM ME?

Our tested structure is effective to achieve long-term, stable rehabilitation and

What do you do if the patient isn't interested in a different level of care?



It's hard to get patients into other levels of care

- Not so hard to recognize who needs higher level of care
- Admissions?
- Or if it's a patient that would be appropriate for clinically managed high-intensity residential services – no beds available, or patient doesn't make it to their intake, or they have too many comorbidities, or they're banned from that facility, or no insurance.



Facilitators

- Staff
- Providers
- Team
- Behavioral health!
- Connections to other clinics, facilities



What are your facilitators?



Barriers

- EHR
- Time
- Knowledge
- Bureaucracy
- Lack of connections



What are your barriers?



Further talking points?

- Perinatal patients
- Mobile MAT
- Adolescents

