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
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• 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?
<table>
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<tr>
<th>Dimension</th>
<th>Description</th>
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| 1         | Acute Intoxication and/or Withdrawal Potential  
Exploring an individual’s past and current experiences of substance use and withdrawal |
| 2         | Biomedical Conditions and Complications  
Exploring an individual’s health history and current physical condition |
| 3         | Emotional, Behavioral, or Cognitive Conditions and Complications  
Exploring an individual’s thoughts, emotions, and mental health issues |
| 4         | Readiness to Change  
Exploring an individual’s readiness and interest in changing |
| 5         | Relapse, Continued Use, or Continued Problem Potential  
Exploring an individual’s unique relationship with relapse or continued use or problems |
| 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?
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
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?
   - Yes
   - 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?
   - Yes
   - No

3) Is the patient using sedative-hypnotic drugs (e.g., benzodiazepines) or admitting to alcohol use?
   - Yes
   - No

4) Does the patient report drug craving that is difficult to control?
   - Yes
   - No

5) Does the patient endorse having used illicit substances in the past month?
   - Yes
   - 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?
   - Yes
   - No

7) Did the patient report their last prescription as being lost or stolen?
   - Yes
   - No

8) Did the patient run out of medication early from his/her last prescription?
   - Yes
   - 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.
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**WHAT MAKES BRIDGE UNIQUE?**
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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