ASAM CRITERIA AND CONTINUUM® RESEARCH SLIDES

ASAM CONTINUUM®
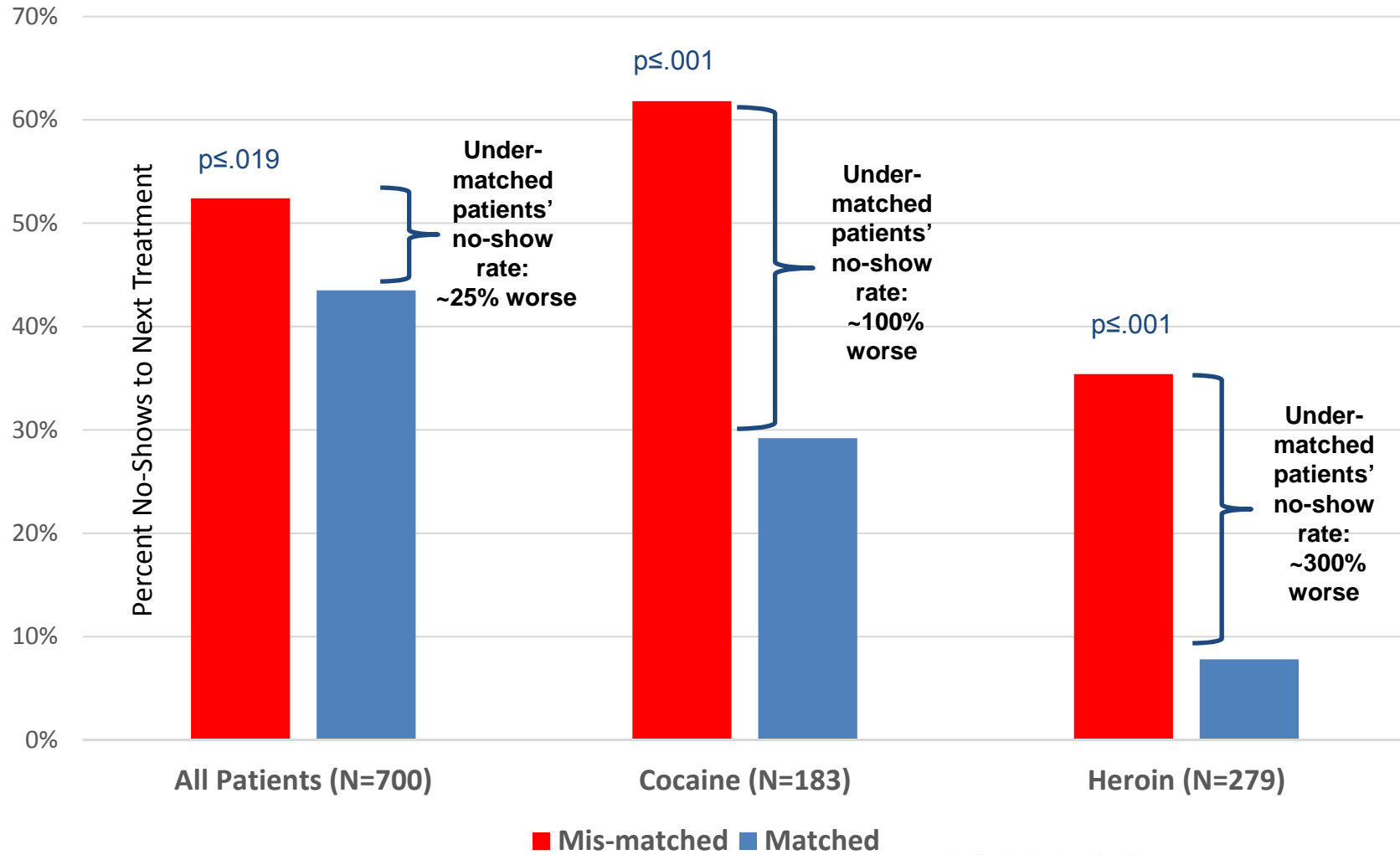THE ASAM CRITERIA DECISION ENGINE

MGH-Harvard ASAM Criteria Validity Study

Gastfriend, et al. *Supported by NIDA grants # R01-DA08781 & K24-DA00427*

- Randomized controlled trial (RCT) in 3 cities in eastern MA

- Tested matched v. mismatched assignments with PPC-1

- Compared Levels II (IOP) & III (Residential)

- Outcomes: No-show to step-down care

- Balanced for gender, ethnicity (N=700)

- Used <u>computerized algorithm</u> with blinded raters, patients, treaters

  – Based on instruments with known reliability

  – B.A. level interviewers achieved inter-rater reliability of 0.77 (ICC)

Under-Matching Worsens No-Show to Treatment

From Inpatient Detox to Either Residential Rehab or Day Treatment:
All Patients, High Frequency Cocaine Users and Heroin Users

Percent No-Shows to Next Treatment

p≤.019

p≤.001

p≤.001

Under-matched patients' no-show rate: ~25% worse

Under-matched patients' no-show rate: ~100% worse

Under-matched patients' no-show rate: ~300% worse

All Patients (N=700)   Cocaine (N=183)   Heroin (N=279)

■ Mis-matched ■ Matched

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Bed-Day Utilization Over 1 Yr. in the VA

Predictive Validity
of the ASAM Patient Placement Criteria
for Hospital Utilization

Estee Sharon, PsyD
Chris Krebs, MA
Winston Turner, PhD
Nitigna Desai, MD
Gregory Binus, MD
Walter Penk, PhD
David R. Gastfriend, MD

SUMMARY. We tested the validity of the ASAM Patient Placement Criteria (PPC) using the first complete and reliable computerized imple-
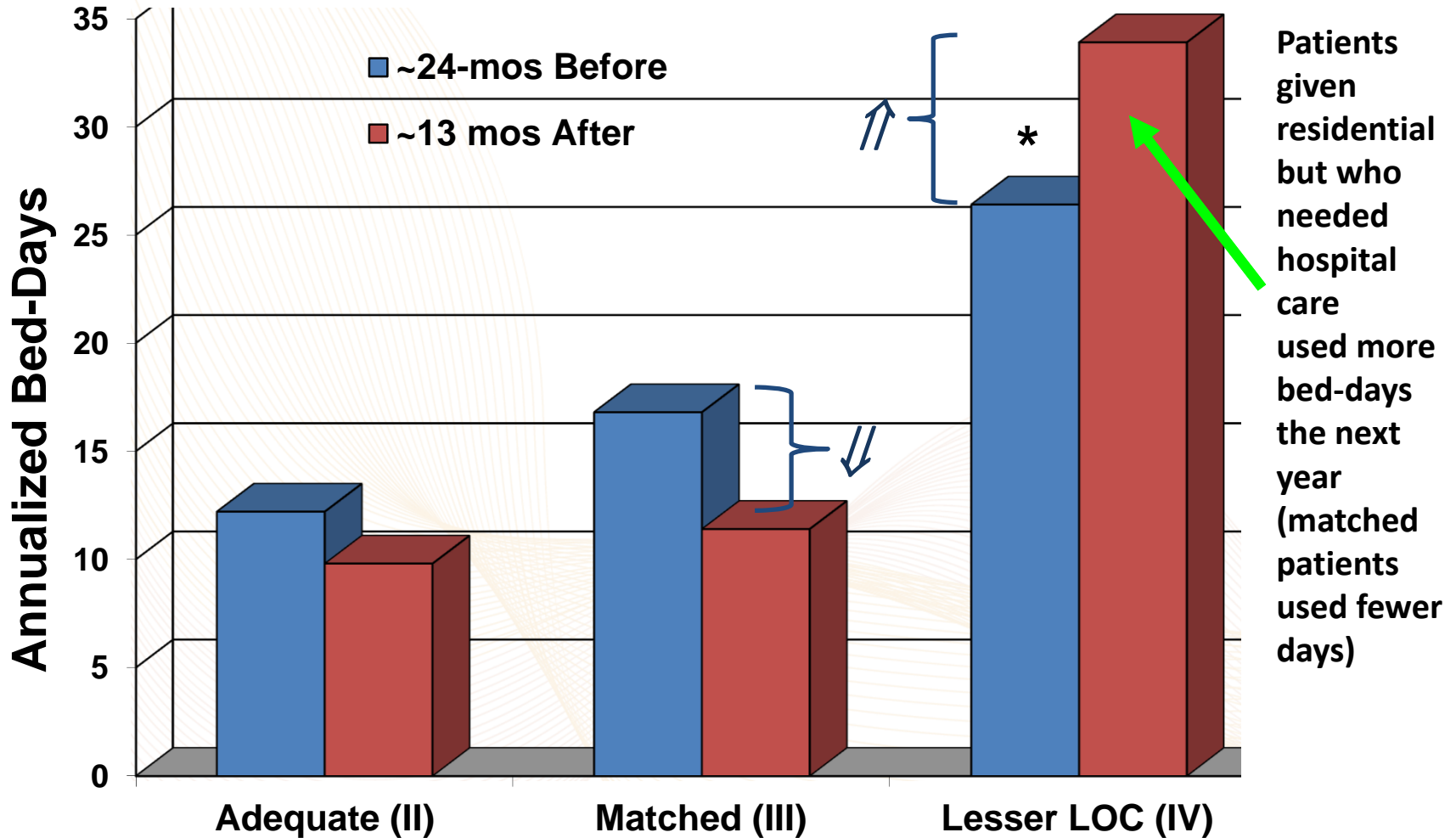
Estee Sharon is affiliated with the Addiction Research Program, Department of Psychiatry, Massachusetts General Hospital and Harvard Medical School, Boston, MA, and the Edith Nourse Rogers Memorial Veterans Hospital, Bedford, MA.
Chris Krebs, Nitigna Desai, Gregory Binus, and Walter Penk are affiliated with the Edith Nourse Rogers Memorial Veterans Hospital, Bedford, MA.

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Bed-Day Utilization Over 1 Yr. in the VA

Bedford MA VA, N = 97 (Sharon et al., JAD 2003)

Bed-day Use Pre- *vs.* Post-Naturalistic L-III Placements

Patients given residential but who needed hospital care used more bed-days the next year (matched patients used fewer days)

Legend:
- ~24-mos Before
- ~13 mos After

X-axis: Adequate (II), Matched (III), Lesser LOC (IV)

Y-axis: Annualized Bed-Days (0 – 35)

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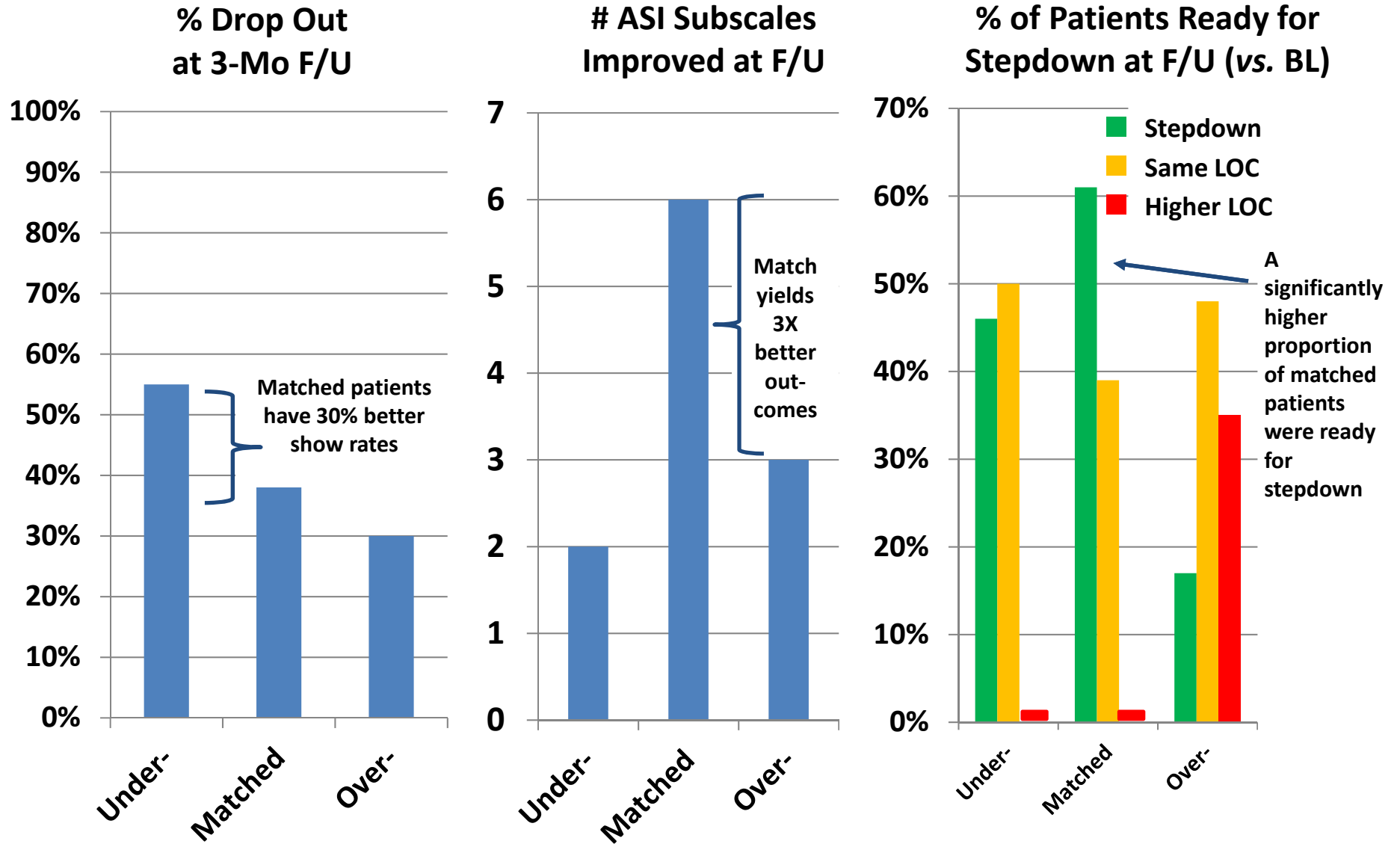THE ASAM CRITERIA DECISION ENGINE

Predictive Validity: The Norwegian Study

Stallvik M, Gastfriend DR, Nordahl HM
Funded by the Central Norway Health Trust

- Prospective, double-blind, multi-site (n=10) naturalistic design

- N= 261, naturalistically placed by counselors across 3 counties

- Baseline (BL) interview & 3 mo. follow-up (F/U)

- Independent raters used ASAM Criteria Software 2nd Ed.-Rev.

- Outcomes at 3 month follow-up:
  1) Dropout
  2) ASI Composite Score Changes
  3) Recommended level of care at F/U

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3-mo Drop-Out, Improvement & Stepdown Need

% Drop Out at 3-Mo F/U

Matched patients have 30% better show rates

 # ASI Subscales Improved at F/U

Match yields 3X better out-comes

% of Patients Ready for Stepdown at F/U (*vs.* BL)

- Stepdown
- Same LOC
- Higher LOC

A significantly higher proportion of matched patients were ready for stepdown

Naturalistic Match Status – According to ASAM Software