

Every year, 2.5 million Americans enter addiction treatment, but many are placed into programs that are not appropriate for their needs. The world's leading medical society in this field, the American Society of Addiction Medicine (ASAM), created *The ASAM Criteria* to standardize placing patients in addiction treatment, reduce costs and improve outcomes. *The ASAM Criteria* textbook of decision rules is endorsed by most states and has shown effectiveness in 10 studies. NIH-funded researchers at Harvard Medical School implemented these decision rules as a structured counselor interview and quantitative algebraic algorithm, resulting in reliable and valid level-of-care treatment recommendations. ASAM, with the help of the U.S. Substance Abuse and Mental Health Administration (SAMHSA), has produced a web-based ASAM clinical assessment for states, insurers and providers. This new standard clinical decision-support system (CDSS), designed for use by intake clinicians is called **CONTINUUM - The ASAM Criteria Decision Engine<sup>TM</sup>**. Managed care companies and healthcare systems have shown wide-spread interest in adopting **CONTINUUM**<sup>TM</sup>.

The expert consensus-based algorithm in **CONTINUUM** recommends the optimal clinical outcome with the least restrictive and most efficient care. Compared to patients who were matched to a lower level of care than recommended, properly matched patients drank, on average, half as often after treatment, and had significantly better engagement, longer retention, more dimensions of addiction improvement and used about half as many hospital bed-days per year.

The predictive validity and alpha testing of **CONTINUUM** was completed in Norway in 2011-2013. Beta testing in routine treatment was conducted across Milwaukee County in 2013. A 2014 national demonstration phase followed across twenty treatment systems throughout the U.S. In all three phases, the Software received high marks for: ease of use, a rapid learning curve, improvement in the clinical assessment process and faster and higher likelihood managed care reimbursement – with both public and commercial payers. Systems were able to implement **CONTINUUM** across all adult levels of care, even achieving mandated use across all clinicians. ASAM, a 501(3)(c) medical specialty society, coordinates oversight for **CONTINUUM** with a diverse coalition of stakeholders, for the benefit of patients, providers and society.

In mid-2015, **CONTINUUM** emerged as a potential suitable and low-cost component for state Medicaid programs to propose to the U.S. Centers for Medicare & Medicaid Services (CMS) for service delivery innovations ("1115 Waiver"). A letter issued to state Medicaid directors stated (July 27, 2015, SMD # 15-003; "RE: New Service Delivery Opportunities for Individuals with a Substance Use Disorder"): "the assessment for all SUD services, level of care and length of stay recommendations must be performed by an independent third party that has the necessary competencies to use ASAM Patient Placement Criteria." **CONTINUUM** provides the necessary competencies for that external third party review.

A Harvard Business School case study indicated that the software can become the nationwide, standard approach by which patients undergo addiction treatment evaluation, placement and periodic re-evaluation. **CONTINUUM** is poised to reform telephonic prior authorization and utilization review. The software will eventually:

- Incorporate point-of-service INStant Treatment Authorization for Reimbursement (INSTAR<sup>TM</sup>)
- Facilitate point-of-care supervision and continuing education in real-time and log it
- Help evaluate the 14,000 US addiction treatment programs for licensure and accreditation
- Enable needs assessment and pay-for-performance management of treatment system contracting
- Integrate with existing and future clinic management software and electronic health records

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