Workshop Session 3A: Implementing the ASAM Criteria 4th Edition: An Overview of the What & the How

The collective struggle of healthcare systems to engage in timely and sustained implementation of the ASAM criteria and other EBPs has been well documented. Implementation science helps us to understand the key ingredients of effective implementation and sustainment, and shows that didactic education is necessary but clearly not sufficient to ensure implementation success.

The NIATx model for improvement has emerged during the last twenty years as a highly effective toolbox for implementation and improvement of EBPs. The partnership between the NIATx Foundation and The Change Companies / Train for Change moves us toward a focused sequence of tested process tools for ASAM implementation (walk-through, flow chart, nominal group technique, data-driven PDSA cycles, etc.). This union of the "What" and "How" of ASAM and NIATx employs diverse teams that choose. Implement, and sustain change strategies that get results.

Plan and teaching method:

Using the NIATx Change Charter worksheet, participants will be divided into "change teams" of five to seven individuals. Efforts will be made to ensure diversity of experience is represented within the teams by quickly grouping attendees according to work role criteria. Following a brief introductory lecture regarding NIATx as a vehicle for implementing ASAM criteria, participants will be led through a rapid simulation that will include the following elements:

- 1. Simulated walk-through and flow charting of a selected area of concern from an ASAM Criteria checklist.
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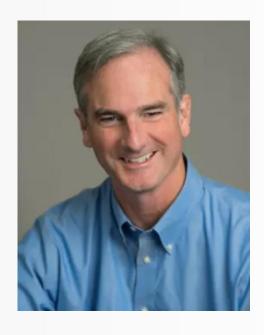
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NATORAL 2024

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Implementing the ASAM Criteria 4th Edition: An Overview of the What & the How



Todd Molfenter
President
The NIATx Foundation



Scott Boyles
Senior National Training Director
Train for Change

ASAM Criteria
Implementation: The
What & The How





The ASAM Criteria

is the most widely used and comprehensive set of standards for level of care recommendations, continued service, and care transitions for individuals with addiction and co-occurring conditions.

FOURTH EDITION

THE ASAM CRITERIA

Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions



VOLUME :

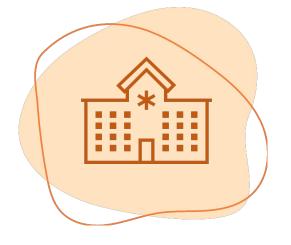
PURPOSE OF THE ASAM CRITERIA

- To promote individualized and holistic treatment planning
- Guide clinicians and care managers in making objective decisions about patient admission, continuing care, and movement along the continuum of care.

SUPPORTING EFFECTIVE IMPLEMENTATION



CLINICIANS



TREATMENT PROGRAMS



POLICY MAKERS



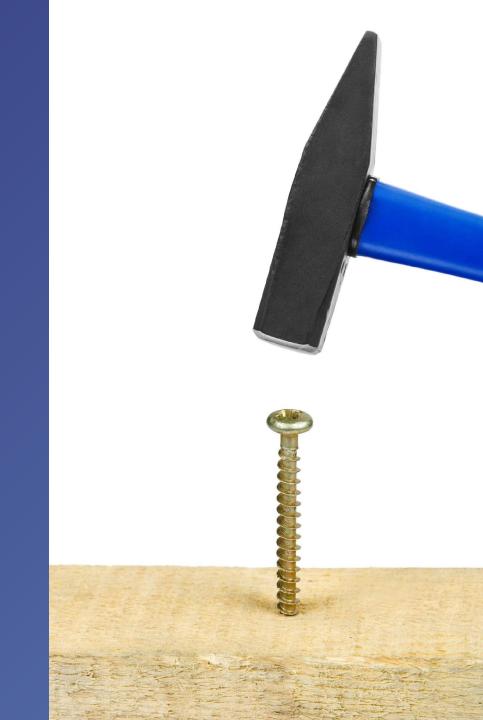
PAYERS

ASAM CRITERIA® IMPLEMENTATION GUIDE

ASAM CRITERIA IMPLEMENTATION GUIDE

- Guides programs to more effectively implement The ASAM Criteria
- Uses the evidence-based NIATx model for process improvement
- Partnership with NIATx and The Change Companies

TRAINING Does Not Equal IMPLEMENTATION





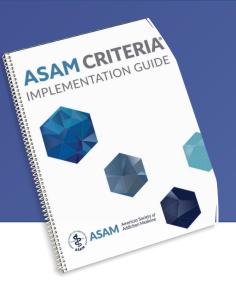
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ADOPT the practice vs.
ADAPT the practice



THE ASAM CRITERIA IMPLEMENTATION GUIDE WHY?



- Helps programs improve quality of care in manageable increments aligned with each program's unique goals and challenges.
- Uses the ASAM Principles and the ASAM Criteria Checklist to describe characteristics that should be common to all treatment programs and serves as parameters...
- The ASAM Criteria functions as a model for the expected specifics of care and care delivery.

THE ASAM CRITERIA IMPLEMENTATION GUIDE WHY? (Cont.)

- Helps programs improve patient management by streamlining patient admission and continuing care criteria with ASAM criteria.
- Enhances bottom line by reducing treatment and continuing care denials due to ASMA criteria-related issues.

ASAM PRINCIPLES CHECKLIST

Principle 1

Admission into treatment is based on patient need rather than prerequisites.

Principle 2

Treatment plans are individualized based on patient's needs and preferences.

Principle 3

Patients receive a multidimensional assessment that incorporates their lived experience, identity, preferences and context.

Principle 4

Care is interdisciplinary,
evidence based,
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Principle 5

Patients move along a clinical continuum of care based on the outcomes of provided care.

Principle 6

Informed consent and shared decision making accompany all treatment decisions.

ASAM CRITERIA CHECKLIST

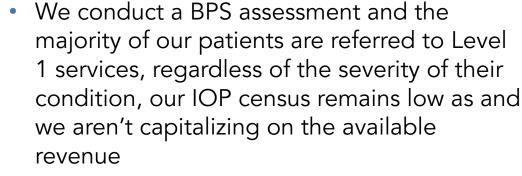
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- We have a formal biopsychosocial assessment using *The ASAM Criteria* and want to build on this so *The ASAM Criteria* supports clinical decision making, treatment planning, and patient progress through the care continuum.

- Staffing, services, and therapies are determined by internal policies or external requirements other than *The ASAM Criteria*.
- ☐ Some staffing, services, and therapies are based on The ASAM Criteria level of care standards, and we would like to meet all standards for our level of care.
- We meet *The ASAM Criteria* standards for our current level of care but would like to add a level of care to our services.
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ASAM PRINCIPLES CHECKLIST (NIATx Perspective)

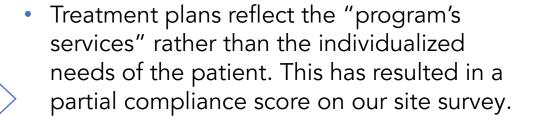
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 Concerns around client engagement. High no-show rates and a pattern of patients who only attend 1-2 sessions.

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NIATx as the vehicle for leveling up

HOW to improve





ENGINEERING & ORGANIZATIONAL CHANGE

- 1 | All work is a process
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NIATx CHANGE LEADERSHIP ACADEMY

10 Modules Sequence

01 | Create a Change Team

Who can we gather to work on improvement?

02 | Review The NIATx Principles and define your Big Aim

What outcome do we seek? What needs Improving?

03 | Do a Walk Through

How does it feel to the customer?

04 | Draw a Flow
Chart

What does the process look like?

05 | Define Your Focused Aim

What is our targeted goal?

06 | Do a Nominal Group Technique

What change strategies might work?

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How will we make the change?

08 | Create a Data Plan

How will we measure the change?

09 | Do a PDSA Change Cycle

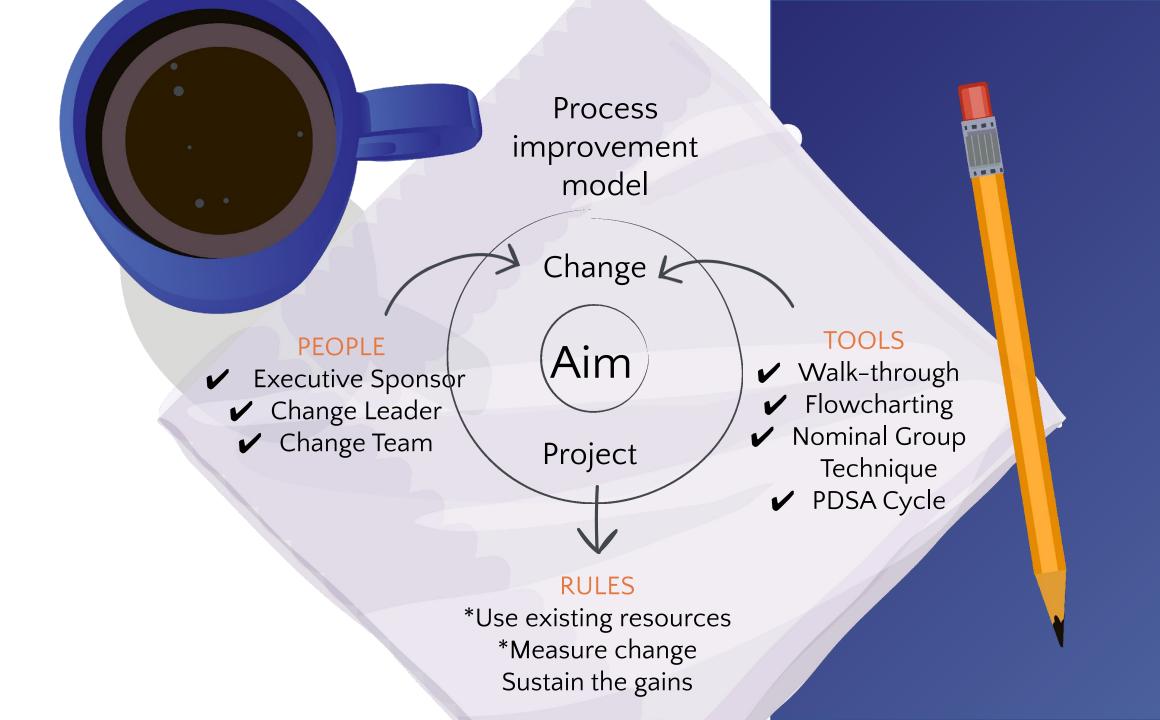
What are the results of our strategy test?

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How do we keep what works, and learn from our experience?

THE 5 NIATX PRINCIPLES

- 1 Understand and involve the customer.
- 2 | Fix key problems that keep the Executive Director awake.
- 3 | Pick a powerful Change Leader.
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ASAM PRINCIPLES CHECKLIST (NIATx Perspective)

Principle 1

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 We conduct a BPS assessment and the majority of our patients are referred to Level 1 services, regardless of the severity of their condition, our IOP census remains low as and we aren't capitalizing on the available revenue

Principle 2

Treatment plans are individualized based on patient's needs and preferences.

 Treatment plans reflect the "program's services" rather than the individualized needs of the patient. This has resulted in a partial compliance score on our site survey.

 Treatment plans don't reflect regular updates and reviews based on the progress or lack thereof on the plans which impacts our ability to delineate the continued stay rational and UR approvals.

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 Concerns around client engagement. High no-show rates and a pattern of patients who only attend 1-2 sessions.

ASAM PRINCIPLES CHECKLIST (NIATx Perspective)

Principle 4

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Principle 6

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 There are no clear policies on how to work with patients who disagree with the LOC recommendations. Counselors have adopted their own subjective processes without standardization across the agency. Each clinician is "using the Criteria" in their own way.

GROUP EXERCISE

Goes with template

- Step 1 | Map the Issue (opportunity identification). Why is this principle important to you or your organization? 2 | Fix key problems that keep the Executive Director awake.
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Project Worksheet

Name of Organization:

1. ASAM PRINCIPLE?	
2. ISSUE you want to address	Example: Reduce admission denials due to improper level of care justification by XX%.
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Other issues <u>raised</u>	
3. What CYCLE of change will you TEST.	Example: Develop an ASAM-influenced template for counselors to determine the level of care (that integrates with existing documentation requirements).
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OVERVIEW OF INSIGHTS FROM THE SESSIONS

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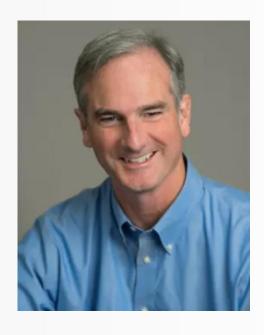
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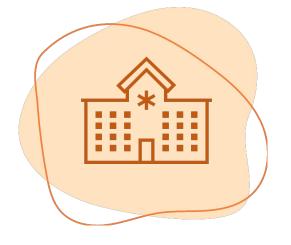
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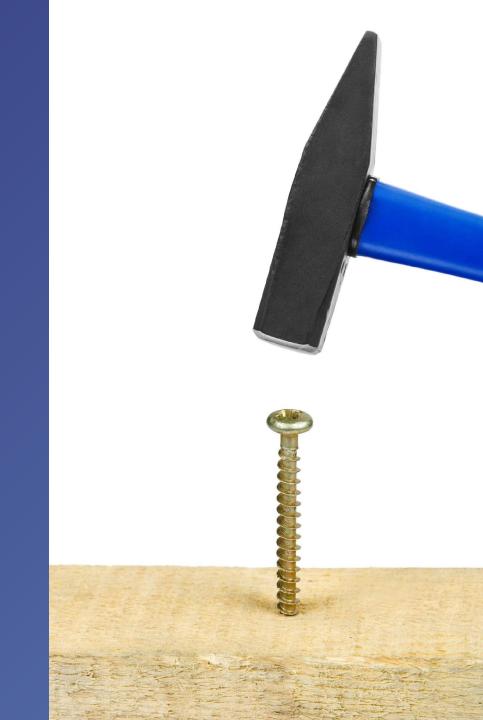
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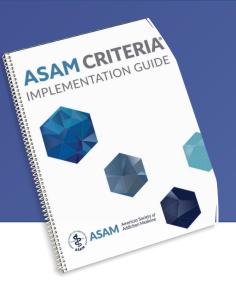
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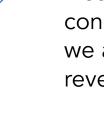
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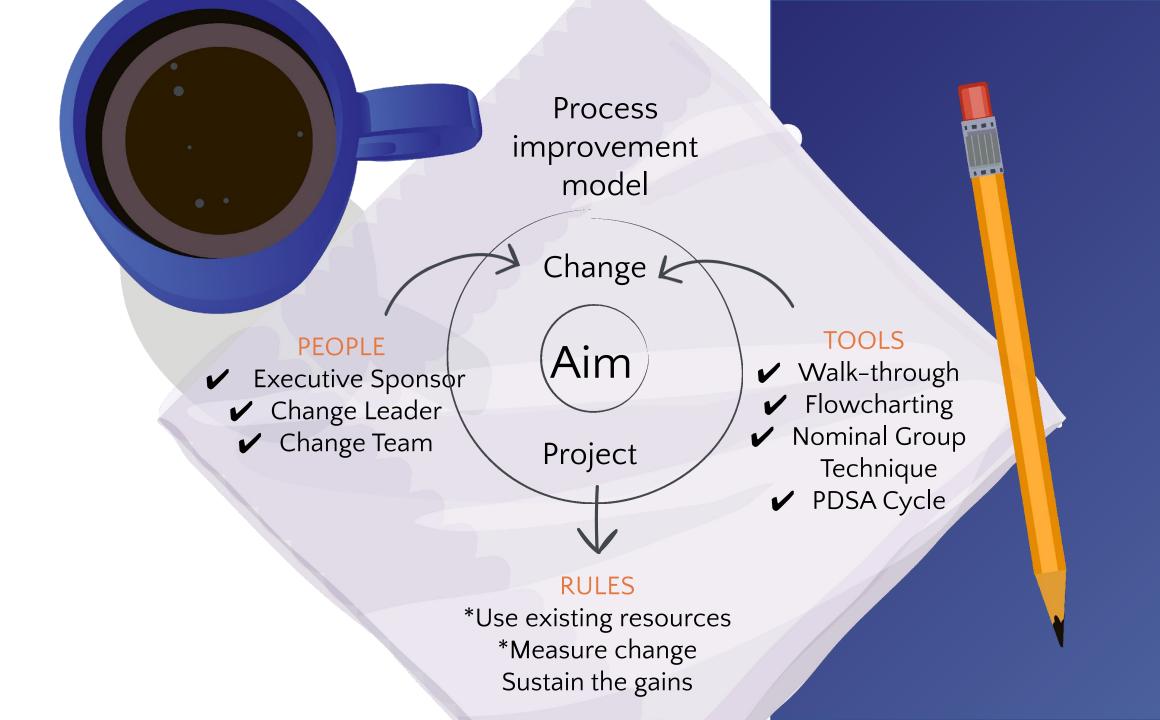
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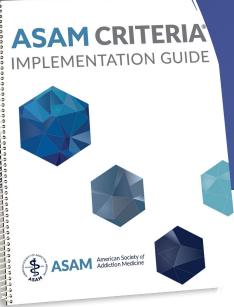
THANK YOU







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www.trainforchange.net/open-events

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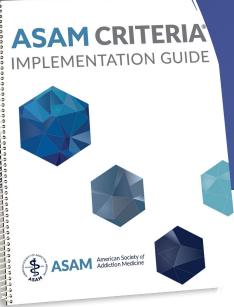
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