



**ASAM** American Society of  
Addiction Medicine

## **ASAM CONTINUUM - The ASAM Criteria Decision Engine™**

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Every year, 6 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, created [The ASAM Criteria](#) to standardize placing patients in addiction treatment, reduce costs and improve outcomes. *The ASAM Criteria* are endorsed by most states and has shown effectiveness in 10 studies. ASAM, with the help of the U.S. Substance Abuse and Mental Health Administration, has produced a web-based version for states, insurers and providers. This new standard implementation is a computerized structured interview and clinical decision-support system for use by intake clinicians, called the **ASAM CONTINUUM™**. Managed care companies and healthcare systems have shown wide-spread interest in adopting the **ASAM CONTINUUM™**.

This expert consensus-based algorithm 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. NIH-funded researchers at Harvard Medical School demonstrated that these decision rules could be:

- Converted into a structured counselor interview
- Implemented in a quantitative algebraic algorithm
- Reliable and valid in outputting precise level-of-care treatment recommendations

The predictive validity and alpha testing 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 the **ASAM CONTINUUM™** across all adult levels of care, even achieving mandated use across all clinicians. ASAM, a 501(c)(3) medical specialty society, coordinates oversight for **ASAM CONTINUUM™** with a diverse coalition of stakeholders, for the benefit of patients, providers and society.

In mid-2015, the **ASAM CONTINUUM** emerged as a 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 Waivers”) according to a letter issued to state Medicaid directors (July 27, 2015, SMD # 15-003; “RE: New Service Delivery Opportunities for Individuals with a Substance Use Disorder”). **CONTINUUM** precisely facilitates *“the assessment for all SUD services, level of care and length of stay recommendations...performed by an independent third party that has the necessary competencies to use ASAM Patient Placement Criteria.”* The **ASAM CONTINUUM** algorithm provides the necessary competencies for that external third-party review. A new CMS policy now continues the 2015 waiver for delivery innovations (“November 1, 2017, SMD # 17-003; “RE: [Strategies to Address the Opioid Epidemic](#)”)

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 reevaluation. The ASAM CONTINUUM has the potential to reform telephonic prior authorization and utilization review.

For references/info: <http://asamcontinuum.org/contact/> • 301.656.3920

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