

ASAM CONTINUUM™
THE ASAM CRITERIA DECISION ENGINE

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More information about the computer-guided assessment.



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Find answers to commonly asked questions.



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Presented by The American Society of Addiction Medicine



Knowledge Base Categories

IA Training



| Frequently Asked Question | Response |
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| 1. What is ASAM’s CONTINUUM® – The ASAM Criteria Decision Engine? | ASAM CONTINUUM provides counselors, clinicians and other treatment team members with a computer-guided, structured interview for assessing and caring for patients with addictive, substance-related and co-occurring conditions. The decision engine is based on The ASAM Criteria® and uses research-quality questions (including tools such as the ASI, CIWA and CINA instruments) to generate a comprehensive patient report, that details DSM substance use disorder diagnoses, severity and imminent risks as well as a recommended level of care determination. |
| 2. How do The ASAM Criteria and CONTINUUM work together? | Refer to the video: http://asamCONTINUUM.org/knowledgebase/video-what-is-ASAM-CONTINUUM-and-how-is-it-built-from-asams-criteria/ |
| 3. What is the difference between the ASAM Criteria and ASAM’s CONTINUUM? | The <i>ASAM Criteria</i> is the most widely used and comprehensive text of guidelines for treating patients with addiction. ASAM’s CONTINUUM is a software which guides clinicians through an ASAM Criteria assessment and assists them with determining appropriate level of care placement. ASAM’s CONTINUUM and The ASAM Criteria should be used in tandem—the text provides background and guidance for proper use of the software, and the software enables comprehensive, standardized evaluation. With CONTINUUM, clinicians can easily conduct a comprehensive biopsychosocial patient risk and needs assessment along all six ASAM Criteria Dimensions while determining the ASAM Criteria Levels of Care recommendation. |
| 4. Can I purchase the ASAM CONTINUUM Triage, or CO-Triage®, separately? | Yes. During the integration process, both tools are incorporated into the EMR platform, however subscriptions need to be purchased separately. |
| 5. Can the ASAM CONTINUUM be used to assess adolescents? | ASAM is in the process of developing a continuum for use in adolescents. However, the ASAM CONTINUUM is being used now by clinicians to assess treatment needs in adolescent populations. ASAM suggests that users conducting assessments with adolescents modify ASAM’s CONTINUUM using their clinical judgement, as some questions may be interpreted differently based on adolescent patient needs. The final reports from the ASAM CONTINUUM can also be interpreted as needed to be appropriate for adolescents. Changes made to your electronic health record platforms such as modifications to software functionality or assessment questions would be at the discretion of your current EHR company to provide other adolescent options as needed. |
| 6. What is the difference between the CO-Triage and ASAM CONTINUUM? | <p>ASAM CONTINUUM can be purchased directly through FEI Systems or through an authorized third-party distributor.</p> <p>ASAM is working with several health technology companies (typically companies that offer electronic health records systems) on a non-exclusive basis to offer ASAM’s CONTINUUM to the providers. A list of ASAM authorized CONTINUUM sellers is available on the sales tab of the CONTINUUM website.</p> |

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| 7. Is there a license requirement? | Yes, you are required to purchase a license. A purchase of 25 licenses or more comes with a discount |
| 8. How much does ASAM CONTINUUM cost? | <p>There is an initial integration fee of \$4000. This integration fee includes 25 hours of customer support from FEi Systems</p> <p>The suggested retail price of CONTINUUM is \$65.00 per end-user per month. Resellers of CONTINUUM may charge up to \$70.00 per end-user per month.</p> |
| 9. How can the ASAM CONTINUUM be purchased? | <p>ASAM CONTINUUM can be purchased directly through FEI Systems or through an authorized third-party distributor.</p> <p>ASAM is working with several health technology companies (typically companies that offer electronic health records systems) on a non-exclusive basis to offer ASAM's CONTINUUM to the providers. A list of ASAM authorized CONTINUUM sellers is available on the sales tab of the CONTINUUM website.</p> |
| 10. How do I know if the ASAM CONTINUUM is the right product for my organization? | Please visit the training tab located in the Knowledge Base section of the ASAM CONTINUUM website. |
| 11. Are the training modules free? | All modules located in the Knowledge Base are free. |
| 12. Is the ASAM CONTINUUM demo free? | Please visit the Knowledge Base to view a free walkthrough of the ASAM CONTINUUM. If you have questions after viewing the walkthrough, please contact ASAM CONTINUUMsupport@feisystems.com |
| 13. Is ASAM CONTINUUM a standalone product? | Yes, the ASAM CONTINUUM and CO-triage can be accessed through FEi Systems shared site. For more information, please contact ASAM CONTINUUM@feisystems.com |
| 14. What if I don't have an EHR? | FEi Systems also provides a streamlined stand-alone tool to access ASAM's tools and can discuss this option further with interested customers. |
| 15. Does the ASAM CONTINUUM work with all EHRs? | <p>Please review the Sales tab of the ASAM CONTINUUM website to see a list of authorized distributors.</p> <p>If CONTINUUM is not integrated with your EHR, please discuss your interest in CONTINUUM with your EHR representative. ASAM and FEi Systems can provide further technical and integration information to interested EHRs.</p> |

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| 16. How can I become a distributor? | Please visit the Developer and Distributor page of the CONTINUUM website for more details. |
| 17. Is there training or certification requirement to purchase CONTINUUM? | No, purchase of CONTINUUM licenses does not require training or certification. |
| 18. Who can conduct the assessment? | The ASAM CONTINUUM and CO-Triage are computer-guided, structured-interview tools that assist clinicians and non-clinicians in conducting expert level biopsychosocial assessments. Clinicians for whom assessment is within the scope of their practice can conduct a CONTINUUM assessment. Non-clinicians, with training and supervision, can conduct a CO-Triage assessment. ASAM does not require specific credentials to use the tool when conducting assessments, however, states or other regulatory bodies may have specific requirements around who is considered qualified to conduct an assessment. |
| 19. Will the ASAM CONTINUUM be released in another language? | <p>The ASAM CONTINUUM is currently only available in English.</p> <p>The ASAMCONTINUUM platform has been programmed such that it can be readily translated into other languages. In fact, ASAM's CONTINUUM was successfully tested in Norway and translations have been made into French and Norwegian. ASAM, the CONTINUUM developer, will be conducting surveys to determine what languages it will be translated in. To request a specific translation, please contact ASAM.</p> |
| 20. What is the benefit of using the software? | <ul style="list-style-type: none"> - Improved patient outcomes (30% better patient retention) - Streamline and more easily secure revenue through care authorization |
| 21. Does CO-Triage come with CONTINUUM? | No, CO-Triage requires a separate license. |
| 22. How long does it take for the ASAM CONTINUUM to be integrated? | The length of integration varies, based on the EHR technical department and degree of integration that is desired. In most cases integration can take up to 30 days. |
| 23. How long does it take to give the CO-Triage assessment? | After training and a learning curve the CO-Triage assessment typically takes about 10 minutes to complete. |
| 24. How long does it take to give the ASAM CONTINUUM assessment | After training and a learning curve of 15-20 cases, the ASAM CONTINUUM assessment was independently found to take the average clinician about 60 minutes to complete. The first time an assessment is completed it might take two hours as users begin to navigate the tool. The assessment is designed to be easily broken up into separate sessions. Training in streamlining is important for efficiency. |
| 25. How many assessments can a user give? | Users can conduct an unlimited number of assessments once they have access to the ASAM CONTINUUM. |

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| 26. How does ASAM CONTINUUM interview improve the treatment retention process? | Research has demonstrated that when patients are matched to treatment with ASAM CONTINUUM, they are more likely to engage in treatment. More than half of patients incorrectly matched to treatment dropped out, compared to about only a third of patients who were matched with the ASAM CONTINUUM. |
| 27. I don't want to go through a third-party vendor, can I purchase CONTINUUM directly from ASAM? | Yes. FEi Systems provides a streamlined, stand-alone database to access ASAM's tools and can discuss this option further with interested customers. Please contact FEi Systems for further information. |
| 28. Will patient misrepresentation affect the level of care recommendation? | Yes. The ASAM CONTINUUM and CO-Triage require a clinical relationship and process. It is possible for misrepresentation to confound any clinical process, however, the thoroughness and multiple perspectives obtained through the ASAM CONTINUUM structured interview are designed to reduce this risk. Furthermore, interviewers are prompted to consider patient comprehension and misrepresentation in each major section of the interview process and to rate these parameters. |
| 29. How would I adapt the ASAM CONTINUUM for adolescent use in the juvenile justice world? | The interviewer should consider how to adapt and modify questions, responses, and the Report outputs from the ASAM CONTINUUM and CO-Triage for adolescents and juvenile justice populations. Although they were not designed or validated in these populations, the tools nevertheless offer a structure and depth that may be useful in the clinical assessment process |
| 30. Can the ASAM CONTINUUM be used in criminal justice settings? | The ASAM CONTINUUM is being adapted for use in criminal justice populations and a fully-implemented version is anticipated to launch by late 2020. |
| 31. Does the ASAM CONTINUUM ease the billing process? | <p>ASAM's CONTINUUM can reduce your staff's utilization review burden, improve payment authorization, and save patient worry. Programs in the product beta test and demonstration project phases reported substantial numbers of hours saved per patient on prior authorization and utilization review—with both commercial and public payers.</p> <p>Reports from the ASAM CONTINUUM assessments can be submitted for the utilization review process to indicate level of care recommended based on the ASAM-endorsed ASAM Criteria assessment through ASAM's CONTINUUM.</p> <p>Other key ways that the ASAM CONTINUUM can assist with the billing and utilization review process are:</p> <ul style="list-style-type: none"> • Organizing all critical information for effective managed care evaluations • Tracking progress of individuals as they move along the ASAM Criteria continuum of care • Assessing effectiveness of treatment with quantitative outcomes • Evaluating consistency of practice • Identifying gaps in treatment • Reporting on access to care issues and other needs in the health system |

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| 32. How does the ASAM CONTINUUM look in my software | A full demo of the ASAM CONTINUUM can be accessed at <INSERT LINK>. Appearances may vary based on the EMR vendor and technological set up of the user. |
| 33. Who I contact if I have technical issues with my software? | If you're accessing ASAM CONTINUUM or CO-Triage through your EMR vendor, contact them directly. If the issue cannot be resolved, it will be routed to FEi Systems. All other customers should contact FEi Systems directly at continuumsupport@feisystems.com . |
| 34. Can you tell me if and how the ASAM CONTINUUM incorporates questions and assessments related to sexual history and gambling? | <p>The ASAM CONTINUUM specifically prompts the Interviewer to assess risks for sexual abuse in the course of the interview. As in any clinical assessment process, if further detail emerges, the Interviewer is empowered to gather this information and it should be recorded in further depth in the Comments box at the end of the Family and Social History section.</p> <p>Gambling Disorder is not specifically assessed or diagnosed in the ASAM CONTINUUM or CO-Triage, as it does not directly participate in guiding Level of Care decision-making. Gambling behavior is, however, an important concern for some patients, and ASAM's CONTINUUM does prompt the Interviewer to probe for any behaviors that may adversely impact readiness for recovery and risk for continued use or relapse to substance use. If such behaviors include gambling, the Interviewer is empowered to indicate this in the Comments box at the end of multiple sections. Appropriate places for gambling problem comments may include the Drug and Alcohol, Employment, Legal Information, Family and Social History, and/or Psychological sections. These comments will appear in the Narrative Report print-out.</p> |
| 35. Is ASAM CONTINUUM designed to allow for before and after treatment measures to know where patients have grown and what they need to continue working on? | Yes. The ASAM CONTINUUM is designed for repeat assessment over time. Statistical information before vs. after treatment can be obtained from the DSM-5 diagnostic calculations, the Addiction Severity Index Subscale Composite Scores, and the withdrawal scores. More detailed views of pre- vs. post-treatment may be derived from individual items or groups of items, compared over time. |
| 36. Can the ASAM CONTINUUM be integrated with our online web application? | Yes. Please refer to the developer and distributor section of the ASAM CONTINUUM website. |
| 37. How has the ASAM CONTINUUM been tested? | Multiple controlled studies were conducted with the earlier versions of the ASAM Criteria Software on which ASAM's CONTINUUM is based. Several of these papers are found in Addiction Treatment Matching: Research Foundations of the American Society of Addiction Medicine (ASAM) Criteria , by D. R. Gastfriend, The Haworth Medical Press, Binghamton NY 2004. Alpha testing was done for three years in ten centers across Norway. Beta Testing was conducted in Milwaukee County in their Central Intake Centers. The National Demonstration Project tested the software for six months in real-world, routine clinical practice with twenty systems across the US. |
| 38. Can the ASAM CONTINUUM be integrated into speech software? | ASAM has not yet developed this capability, however, if your system is potentially interested in supporting this development, please contact ASAM. |

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| <p>39. How is Nicotine Use Disorder addressed in the ASAM CONTINUUM?</p> | <p>Nicotine Use Disorder, according to DSM-5, is a formal, diagnosable substance use disorder. ASAM therefore specifically calls for Nicotine Use Disorder to be treated – usually with a service intensity of Level 1 Withdrawal Management (L-1WM). (This recommendation is a clinical issue and is provided independent of reimbursement considerations or service availability. Of course, if the patient has other concurrent substance use disorder issues or mental health issues, then those will necessitate additional services or a more intensive level of care.)</p> |
| <p>40. What is the best way for large systems to launch ASAM's CONTINUUM to users for successful adoption?</p> | <p>Large systems have used a variety of approaches to introduce the ASAM CONTINUUM software program into routine use by public treatment programs. The successful systems have used the Progressive Roll-out method. This is a grassroots engagement strategy that avoids top-down mandates that risk eliciting resistance to change.</p> <p>The Progressive Roll-out involves (1) assigning an agency official, trade association or external consultant team to (2) solicit and identify lead programs in each region. These are volunteer programs that are interested in pioneering new approaches (often in order to distinguish themselves competitively and establish their status as models in the region).</p> <p>Within each of these lead programs, (3) volunteer staff are invited to be the first to train on and use the software. These individuals are given formal training and followed up with in supervision. After 2 to 3 months, these individuals have passed the learning curve and are efficient and skilled in the use of the software with patients.</p> <p>(4) This also allows time to determine if regional service differences or population needs require interpretation, further training, or modification of software.</p> <p>(5) Once these pioneer users are comfortable, it becomes easy to add the remaining users within those systems. By having these pioneer providers and their programs present to other programs in the regions, either through mini-conferences, workshops, or in-service presentations, the remaining programs in the region can be brought aboard.</p> <p>Similarly, in each of those second phase programs, (6) volunteers are invited to be trained and are given two to three months to adapt their skills before (7) offering the system to the remaining staff.</p> <p>Using this Progressive Roll-out approach, large systems have been able to achieve comprehensive adoption by all intake clinicians and all levels of care.</p> <p>Suitable groups for directing the progressive rollout can include internal agency work groups (including clinical directors, provider liaisons, implementation managers, etc.), or state-wide professional societies or trade associations. Financial management or payer agencies, such as Medicaid or regional managing entities, are better suited for directing the utilization review adoption of CONTINUUM recommendations rather than the Progressive Roll-out, since the latter is a clinical training process best served by prior educational in-service relationships with treatment providers</p> |

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| 41. How does the ASAM CONTINUUM incorporate the ASI composite scores to measure change in patient outcomes? | The ASAM CONTINUUM internally calculates the Addiction Severity Index (ASI) composite scores for all 7 subscales: Medical, Employment, Alcohol, Drug, Legal, Family/Social and Psychological. These scores, on a 0 – 1.000 scale, may be compared at one timepoint vs. another to yield a change over time measure. EHR developers are given the instructions (API code) to access these ASI scores, so that the change scores can be calculated within the EHR for clients. |
| 42. The customer does not have blood pressure and heart rate information. From a clinical perspective what should be entered into ASAM CONTINUUM to not affect the assessment outcomes and to allow her to complete the assessment | In ASAM CONTINUUM, blood pressure & heart rate are required assessments for determining need for withdrawal management. Programs seeking to establish quality care should introduce these measures into their process (especially since inexpensive and reliable tools are readily available). In the absence of these basic health measures, if patients believe that their values are essentially normal, some programs choose to insert a normal value as a proxy (e.g., 120/80 for blood pressure and 72 for heart rate). This avoids adversely impacting withdrawal scores and the Level of Care determination and permits completion & scoring of the assessment. Some systems may not accept this practice, however, since values are being entered into the record that have not been ascertained. ASAM is working on a solution to this, which will require expert vetting, revision of the decision logic of the algorithm, changes in program coding, and testing. This work may be completed in the Fall of 2019. |
| 43. If the program has homeless clients, what should they enter into the assessment? | CO-Triage & ASAM's CONTINUUM do not specifically ask about homelessness as a state or report this, per se. Instead, the tools assess the functional impact of housing or homelessness on the patient's risk for continued use or relapse. The ASAM Criteria 2013 edition specifies the importance of determining if the "living...environment is not supportive of good mental health functioning", specifically, whether "the patient is unable to cope with continuing stresses caused by homelessness". Thus, for example, one homeless patient who can find safe sleeping quarters & food (whether in a shelter or elsewhere) may tolerate Level 2 care, while another homeless person may clearly need Level 3 care. The mere state of homelessness alone is not prescriptive, however, as to the patient's needs. Further details on homelessness and how it affects the patient should be entered into the Comment box at the end of the Family and Social History section. These comments will be printed in the Narrative Report print-out. |
| 44. What level of expertise is needed to use ASAM CONTINUUM? | ASAM's CONTINUUM and CO-Triage are computer-guided, structured-interview tools that assist clinicians and non-clinicians in conducting expert level biopsychosocial assessments. Clinicians for whom assessment is within the scope of their practice can conduct a ASAM CONTINUUM assessment. Non-clinicians, with training and supervision, can conduct a CO-Triage assessment. ASAM does not require specific credentials to use the tool when conducting assessments, however, states or other regulatory bodies may have specific requirements around who is considered qualified to conduct an assessment. |