



Meeting Information	
Date, Time & Location:	Friday, June 17, 2022 at 12:00PM
Meeting Facilitator(s):	Bill Liu and Dr. Salek

Attendee	Attendee
<input checked="" type="checkbox"/> Bill Liu	<input checked="" type="checkbox"/> Dr. Sara Salek
<input checked="" type="checkbox"/> Grace Clark	George Orras
<input checked="" type="checkbox"/> Nailah Harrell	Gregory Gale
<input checked="" type="checkbox"/> Dr. David Gastfriend	Jennifer Nye
<input checked="" type="checkbox"/> Dr. George Orras	Julie Henderson
<input checked="" type="checkbox"/> Julia Kissel	Kyle Lininger
<input checked="" type="checkbox"/> Lauren Prole	Mark Shen
<input checked="" type="checkbox"/> Kimla Wille	Monika Weldon
Aaron Goldman	Sarah Swonder
Amy Meyertholen	
Annette Lusko	
April Rhoads	
Bobbie Erke	
Bryan Colby	
Colleen Meyer	

Agenda:

1. Introductions
 - a. Sara Salek
 - i. AHCCCS
 - b. Bill Liu
 - i. Senior Director of Health Technology
 1. Oversees all CONTINUUM
 - ii. ASAM introductions
 1. Nailah Harrell and Grace Clark
 - c. David Gastfriend
 - i. Lead researcher on ASAM Criteria software
 - ii. Science Team lead
 - d. FEI Systems
 - i. Kimla Wille – not at the meeting today but will be introduced to the committee in the future
 - e. Introductions of committee members



2. Overview of ASAM CONTINUUM implementation in Arizona
3. Review ASAM CONTINUUM Steering Committee objectives and goals
4. Discuss provider minimum qualifications for initial rollout (level of education/training required)
 - a. Expect the rollout to be progressive, not all at once
 - i. Starting with early adopters
 - b. What does rollout look like? What are the challenges?
 - i. BHPs can provide internal expertise and rollout to other BHPs once they've been trained and have had practice conducting assessments
 - ii. BHTs might need additional supervision
 1. Can brainstorm that additional supervision if that's the case
 2. Questions written in language to pull data from patient beyond what BHT might be trained in
 - iii. More burden up front to work through multidimensional assessments
 1. Tradeoff result meant to be better for the patient
 2. The cost is to change workflow but downstream there will be more progress made
 - c. How will this impact more traditional outpatient program sites?
 - i. Outpatient programs generally intake patients with less severity
 - ii. Transition won't be perfect but will be an improvement
 - d. Advanced skills sessions are offered as well as office hours to work through any issues once users begin conducting assessments
5. Discuss EHR integrations and standardization of data elements across vendors
 - a. Essential variables document
 - i. Communicated to any technical vendor
 - ii. Describes how the workflow will look within the EMR
 - iii. Created to provide tangible data to help inform decisions
 - iv. Different levels of integration including a 'key essential set' all the way to a 'complete data set'
 - b. High level overview of options 1-4
 - i. Option 1: Pulling back outputs from CONTINUUM
 1. Data can be pulled back into tangible values in an EMR
 - a. CINA, CIWA, ASI scales all can be pulled back
 2. Can analyze patient progress from EHR
 - ii. Option 2: Intermediate dataset
 1. Pulling back full section data
 2. Pulls back more actual questions and responses providing a bigger picture
 - iii. Options 3&4: Comprehensive dataset
 1. All questions and responses throughout each section can be pulled back
 - a. Involves all questions in the question pool (over 1,000 questions)



2. Imports all entered data
 - c. CONTINUUM implemented in 19-20 states with about 6,000 providers
 - i. Taking in close to 10,000 assessments every month
 - d. Going from option to option organically allows for a more beneficial configuration
 - i. By going through this in stages, you can identify any issues
 - e. Providers hoping to have the data from ASAM assessment pulled into a comprehensive assessment
 - i. Some questions do not match comprehensive assessment
 - ii. CONTINUUM meant to generate level of care recommendation not a treatment plan
 - f. Start at option 1 and add on moving forward or begin with option 4 which includes everything?
 - i. What additional information is needed to make that decision?
 1. Having the questions and data on what is needed to automatically populate in in order to generate treatment plan
 2. Must consider more mature integrations vs new integrations
 3. Sharing information
 - a. Integration within health information exchange
 - b. Is pdf generated from CONTINUUM available in health information exchange?
 - c. How is information from EHR shared through a health information exchange?
6. Review ASAM CONTINUUM training course and rollout timeline
 - a. 10/1/2022 implementation date pushed back to 4/30/2023
7. Action Items
 - a. ASAM to confirm sharing of full list of questions from the algorithm
 - i. Bill to confirm internally with ASAM leadership
 - ii. Once confirmed, Bill and Sara form smaller group to look begin process of analyzing CONTINUUM questions to current forms and treatment plans. Goal of analysis will be to see if there is a consolidated standardized service plan that can be implemented using CONTINUUM's data variables
 - b. Members of committee to complete self-paced training ahead of the next meeting (see email below for registration instructions)
 - i. Committee will finalize an implementation plan before rolling out training to full provider base
 - ii. Chrome is the recommended browser for training
 - c. Identify current AZ providers that are already using ASAM CONTINUUM for feedback
 - d. Committee to ultimately determine what level of integration is advisable for initial rollout
 - e. Bill will send slides to committee members
 - f. Bill and Sara to examine health information exchange details. Invite HIE folks to next



committee meeting

- g. Follow up 1hr30min meeting a month from now
 - i. Bill will send out a doodle to the group to decide on a date and time

ASAM CONTINUUM Steering Committee: Arizona

June 17, 2022



ASAM American Society of
Addiction Medicine

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5. Review ASAM CONTINUUM training course and rollout timeline



Arizona ASAM CONTINUUM Implementation

- ASAM CONTINUUM is a comprehensive biopsychosocial assessment that operationalizes all six dimensions of *The ASAM Criteria* and outputs appropriate level of care recommendations
- CONTINUUM will be integrated directly into EMR systems across the state (e.g. Nextgen). This will allow for retrieval of data collected in a standardized fashion from CONTINUUM to be displayed and used in EMR system
- Arizona will implement CONTINUUM to standardize the SUD assessment process and replace existing comprehensive biopsychosocial assessments
- CONTINUUM will meet AHCCCS requirements for use of a standardized assessment and audit requirements
- Providers will be trained using ASAM's self-paced 8-hour course. Continuing education credits are offered upon completion of the training courses



Steering Committee Objectives and Goals

1. Identify providers who have already implemented the CONTINUUM in their BH practice in order to understand challenges and strengths to advise further provider implementation;
2. Identify which provider settings are ideal for CONTINUUM implementation (eg, outpatient clinic, residential, crisis, etc.);
3. Finalize level of CONTINUUM EHR integration decisions necessary to meet clinical needs;
4. Standardize clinical and technical operations across EHRs to promote consistency in provider experience and gathering of consistent data across the state;
5. Establish a phased ASAM CONTINUUM roll-out within the provider system based on several factors including EHR integration readiness;
6. Finalize training requirements for staff conducting the ASAM CONTINUUM assessment by evaluating the 8-hour self-paced ASAM training module and consider in-person or live virtual trainings with ASAM CONTINUUM clinical experts.



EHR Technical Integrations

- Goal: standardize clinical and technical operations across EHRs to promote consistency in provider experience and gathering of consistent data across the state
- CONTINUUM will be integrated directly into EMR systems across the state (e.g. Nextgen). This will allow for retrieval of data collected in a standardized fashion from CONTINUUM to be displayed and used in EMR system
- Technical information flows bi-directionally:
 - Patient demographic data are passed from the EHR into the CONTINUUM interface
 - Final output scores generated from CONTINUUM can be pulled back into the EHR for the next functions in the clinical workflow



ASAM CONTINUUM Workflow

**Access or
Create**

Patient Record
in your EHR

Interview

Patient using
CONTINUUM

Submit

Completed
Interview

View

Final
Reports





Information Pulled Forward From EHR

1. Patient demographics:
 - a. Provider Patient ID (not required)
 - b. Patient Name
 - c. Patient DOB
 - d. Gender
 - e. Preferred Pronoun (not required, but if not sent the default = Gender)
 - f. Religion (not required)
 - g. Ethnicity (not required)
 - h. Other Gender Identify (not required)
 - i. Sex at Birth (not required)



Patient EHR Demographics Example

[Back](#) [Home](#) [Logout](#) [Help](#) 

 ASAM CONTINUUM Assessment List


Name: SALINAS_scrambled, Oliver (44/M/Identifies as Male) **Case #:** 523600 **Case Status Direct Services:** Not Yet Open **Case Status SUD/CA:** OPEN

Date of Birth
01/25/1977
Address
39866 VEGA ROAD
New Era, MI 49446
Guardian/Parent(s)

Primary Phone

Level of Care : Unassigned
Case Holder: Unassigned
Provider : Addiction Treatment - Dakoske Hall

Current Admission West Michigan Direct Services
Current Admission SUD Contract Services

 Eligibility/Insurance
[Education Portal](#)

*** NON-MEDICAID CLIENT ***
No Consent for Automated Reminders on File

☒ [All]
☐ Comprehensive Assessment

ASAM CONTINUUM™ Web Services
[Lookup Client Record Info in ASAM CONTINUUM™ for 523600 Oliver SALINAS_scrambled](#)
[Update Client Record in ASAM CONTINUUM™ for 523600 Oliver SALINAS_scrambled](#)

1 ASAM CONTINUUM Assessment

Date	Staff	Provider	ASAM CONTINUUM™ Status	
07/09/2021	Test ASAM User	ATS - Dakoske Hall	Assessment Not Complete Created in ASAM CONTINUUM™ on: 07/09/2021 09:22:58 AM	Add ASAM CONTINUUM Assessment Change View Delete Open in ASAM CONTINUUM™ Synchronize Assessment

0 Attachments



CONTINUUM Interface Demographics Example


ASAM CONTINUUM™
THE ASAM CRITERIA DECISION ENGINE
v.3.7.0

[Q & A Knowledgebase and Training](#)
CONTINUUM Demo1
[Change Password](#) [Log Out](#)
[ASAM Demo Accounts View](#)






[Home](#) [Assessment](#) [Patient](#)

General Information

Section	% Complete
General Information	20%
Medical History	
Employment and Support History	
Drug and Alcohol	
Legal Information	
Family and Social History	

**Samantha Smith**
Birth Date: 11/21/1994 Gender: Female Religion: Other Ethnicity: Caucasian
[Edit](#)
Created By: continuumdemo1@asam.org

General Information

Class of Assessment	<input type="text"/>
This interview was conducted (Phone or telehealth interview requires more data from patient self-report.)	<input type="text"/>
Special Interview Circumstances	<input type="text"/>
 "Before entering the controlled environment, how long had you lived at your previous address?"	Years <input type="text"/> Months <input type="text"/>
 "Is this residence owned by you or your family?"	<input type="button" value="Yes"/> <input type="button" value="No"/>
 "Have you been in a controlled environment in the past 30 days?"	<input type="text" value="Other"/>
 "How long have you been in a controlled environment?" (Count the current episode only.)	<input type="text"/> <input type="text" value="Day(s)"/>
 If the controlled environment was indicated as "other" above, describe that	<input type="text"/>



Option 1: Pulling Back Outputs from CONTINUUM

1. Identifying Information (*Get Assessment Data API*)
2. DSM-5 Current Substance Use Disorder(s)
 - a. **NOTE: Each substance contains the same set of properties**
3. Drug Use (i.e., not meeting DSM-5 criteria)
4. Withdrawal Score
5. Addiction Severity Index Composite Scores
6. Critical Items (Summary Report output list)
7. Access to Treatment Issues (Summary Report output list)
8. CONTINUUM ASAM Level(s) of Care – Final Recommendation
 - a. Levels (0.5, 1, 2.#..., OTP/OTS..., etc.)
 - b. Qualifiers (WM, COC, COE, BIO)
 - c. *Please refer to the Final and Dimensional Care Level Labels document for on screen care level labels*



Option 1 Example

HW60PREUAT Home Dashboard Clients Scheduler Finance Reports Utilities ⚙ Welcome Admin, User									
Clients LN2002769, FN2002769 (2002769) (DOB: 01/04/2000) » Client Chart » ASAM Continuum Summary									
Identifying Information DSM-5 Current Substance Use Disorder(s) Drug Use Withdrawal Score Addiction Severity Index Composite Scores Critical Items Access to Treatment Issues Dimensional Analysis Final LOC Re									
Quick Find 🔍 Actions ▾ Report ▾ View: Withdra									
Category Value									
Medical 0.022									
Employment 0.397									
Alcohol 0.225									
Drug 0.067									
Legal 0.429									
FamilyAndSocial 0.307									
Psychiatric 0.139									
Showing 1-7 of 7									



Option 2: Intermediate Dataset

All of the above, plus:

For each one of the following sections:

1. Medical Section
 2. Employment Section
 3. Drug and Alcohol Section
 4. Legal Section
 5. Family/Social Section
 6. Psychological Section
- The following individual elements:
 - a. Top level query (e.g., in Medical Section: ASm1a)
 - b. Client perception of “How troubled?” (e.g., ASm7)
 - c. Client desire for treatment (e.g., ASm8)
 - d. Interviewer perception of need for treatment (e.g., ASm9)
 - e. Interviewer perception of patient’s misrepresentation (e.g., ASm10)
 - f. Interviewer perception of patient comprehension (e.g., ASm11)
 - g. Interviewer Section Comments (free text)(e.g., ASm12)



Option 2 Example

HW60PREUAT

HomeDashboardClientsSchedulerFinanceReportsUtilitiesWelcome Admin, User

ClientsLN2002769, FN2002769 (2002769) (DOB: 01/04/2000) » Client Chart » ASAM Continuum Summary

Identifying InformationDSM-5 Current Substance Use Disorder(s)Drug UseWithdrawal ScoreAddiction Severity Index Composite ScoresCritical ItemsAccess to Treatment IssuesDimensional AnalysisFinal LOC Record

ActionsReportView: Review ASAM DSM 5

Alcohol

HasEverUsed

Yes

Last use

5 Hours

Heroin

HasEverUsed

Yes

Last use

5 Hours

Methadone or buprenorphine

HasEverUsed

Yes

Last use

5 Hours

Other opioids

HasEverUsed

Yes

Last use

5 Minutes

Barbiturates

HasEverUsed

No

Activate Windows
Go to Settings to activate Windows.



Option 3: Comprehensive Dataset

All of the above, plus:

1. All Required Question Items & Responses
2. All Optional Question Items & Responses
3. All Comments (free text box entries)



Option 3 Example

CLIENTS [Patient Name] (DOB: 01/01/2000) - Cannabis Use - ASAM Comprehensive Assessment

General Information | Alcohol Use | Barbiturate Use | **Cannabis Use** | Cocaine Use | Hallucinogen Use | Heroin Use | Methadone Use | Nicotine Use | Other Opiate Use | Other Sedative Use

Actions ▾ | Report ▾ | View: **Review Cannabis Use** ▾ | Close

General

HasStrongUrges	No
Experiences With drawal Sickness	No
Frequently High At Home	No
Frequently High At School	No
Frequently High At Work	No
Frequently High In Dangerous Situations	No
Has Health Care Provider Prescribed Use	No
Has Used Substance Knowing Problems worsened	No
Increased Dose Required To Get SameEffect	No
Las tUsed	0
Number Of Days Used In Past 30Days	0
Number Of Months Used In Lifetime	0
RouteOfIntake	
SubstanceUse Recurrent Problems With Emotions	No
SubstanceUse Recurrent Problems With Family Friends	No
Substance Use Recurrent Problems With Health	NA

Waiting for hw-test.cx360.net...

meet.google.com is sharing your screen. [Stop sharing](#) [Hide](#)

Activate Windows
Go to Settings to activate Windows.

ASAM Comprehensive... meet.google.com is s... Google Hangouts Amazon WorkSpaces 31°C Rain sho... ENG 11:45 AM



Key Output: Final Level of Care Recommendation

HW60PREUAT


HomeDashboardClientsSchedulerFinanceReportsUtilities

Welcome Admin, User

ClientsLN2002769, FN2002769 (2002769) (DOB: 01/04/2000) » Client Chart » ASAM Continuum Summary

Identifying InformationDSM-5 Current Substance Use Disorder(s)Drug UseWithdrawal ScoreAddiction Severity Index Composite ScoresCritical ItemsAccess to Treatment IssuesDimensional Analysis

ActionsReportView:Review Final

**FINAL LEVEL OF CARE RECOMMENDATIONS**

1-WM - Ambulatory Withdrawal Management without Extended On-Site Monitoring	N/A
2-WM - Ambulatory Withdrawal Management with Extended On-Site Monitoring	No
3.2-WM - Clinically Managed Residential Withdrawal Management	No
3.7-WM - Medically Monitored Inpatient Withdrawal Management	No
4-WM - Medically Managed Intensive Inpatient Withdrawal Management	Yes
Opioid Treatment Program	No
Opioid Treatment Services	No
0.5 - Early Intervention	No
1 - Outpatient Services	No
1 - Outpatient Services, Co-Occurring Enhanced	No
2.1 - Intensive Outpatient Services	No
2.1 - Intensive Outpatient Services, Co-Occurring	No

D:\ASAMTFSPublish\Version1.0\Web.config - Notepad++ [Administrator]

Activate WindowGo to Settings to activate



CONTINUUM Technical Discussion

- EMR will integrate with ASAM CONTINUUM and pull back output data from assessment. These data can feed into the downstream steps of clinical workflow.
- Discuss provider data requirements, review requirements for how the data from CONTINUUM can be used in clinical workflow
- Discuss strategies to minimize provider disruption and increase buy-in from provider community
- Discuss strategies for standardization of a “minimum” or essential set of data variables for all EMRs
- Review technical level of effort for implementing provider data requirements



Provider Discussion

- Discuss how CONTINUUM will change the provider workflow: CONTINUUM will replace existing comprehensive biopsychosocial assessments currently used
- Review downstream impacts to provider workflow:
 - CONTINUUM will replace the assessment tool. How will this affect the next steps for documentation of progress notes, treatment planning, utilization review requirements, and other forms existing comprehensive assessments are used for?
- What are the minimum provider qualifications for utilizing the tool? E.g. level of education/training

