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

Attendee	Attendee
☒Bill Liu	☒Dr. Sara Salek
☒Grace Clark	George Orras
☒Nailah Harrell	Gregory Gale
☒Dr. David Gastfriend	Jennifer Nye
☒Dr. George Orras	Julie Henderson
☒Julia Kissel	Kyle Lininger
☒Lauren Prole	Mark Shen
☒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

Agenda:

1. Overview of ASAM CONTINUUM implementation in Arizona
2. Review ASAM CONTINUUM Steering Committee objectives and goals
3. Discuss EHR integrations and standardization of data elements across vendors
4. Discuss provider minimum qualifications for initial rollout (level of education/training required)
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

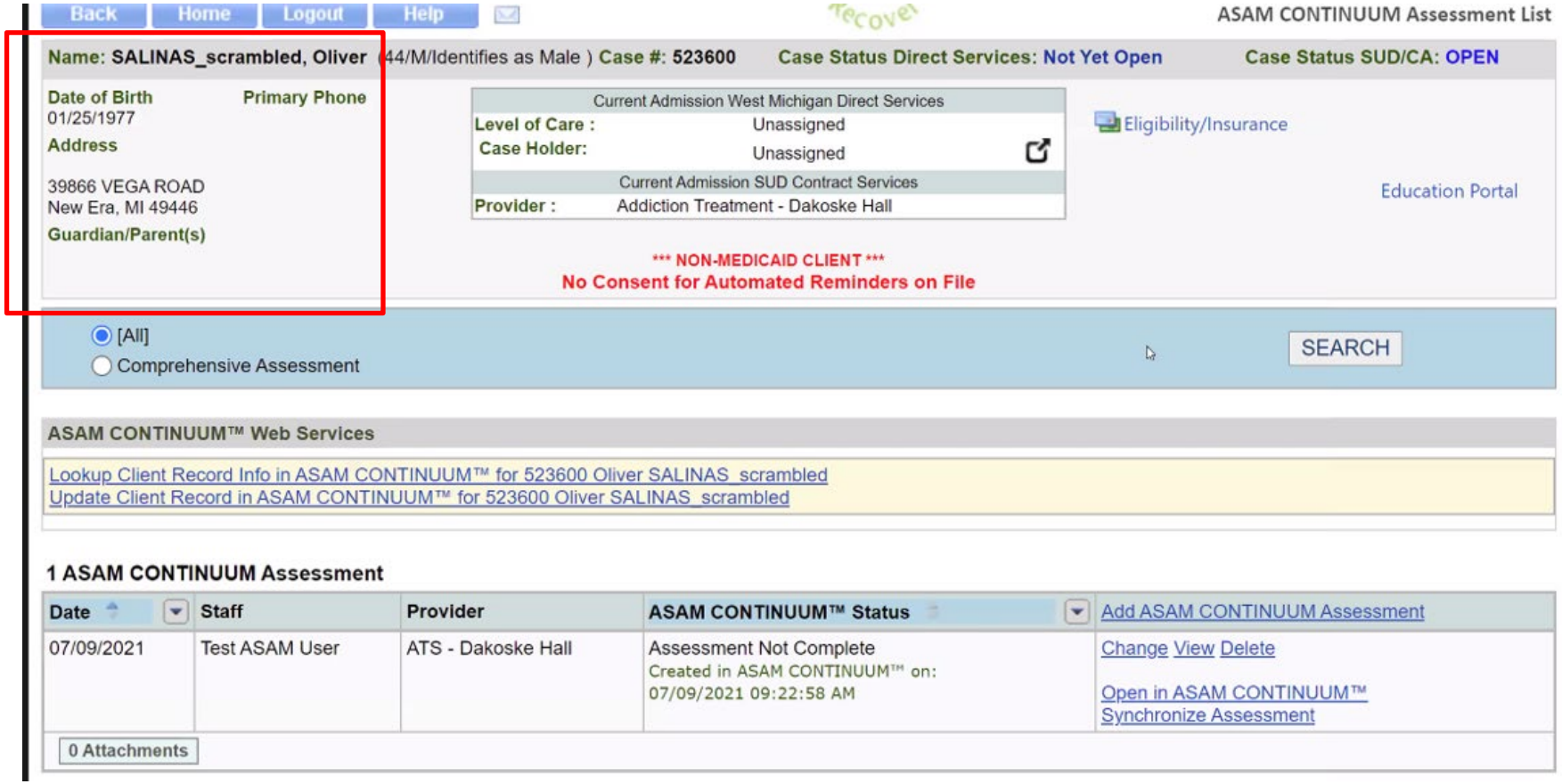
- Goal: standardize clinical and technical operations across EHRs to promote consistency in provider experience and gathering of consistent data across the state
- CONTINUUM will be integrated directly into EMR systems across the state (e.g. Nextgen). This will allow for retrieval of data collected in 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

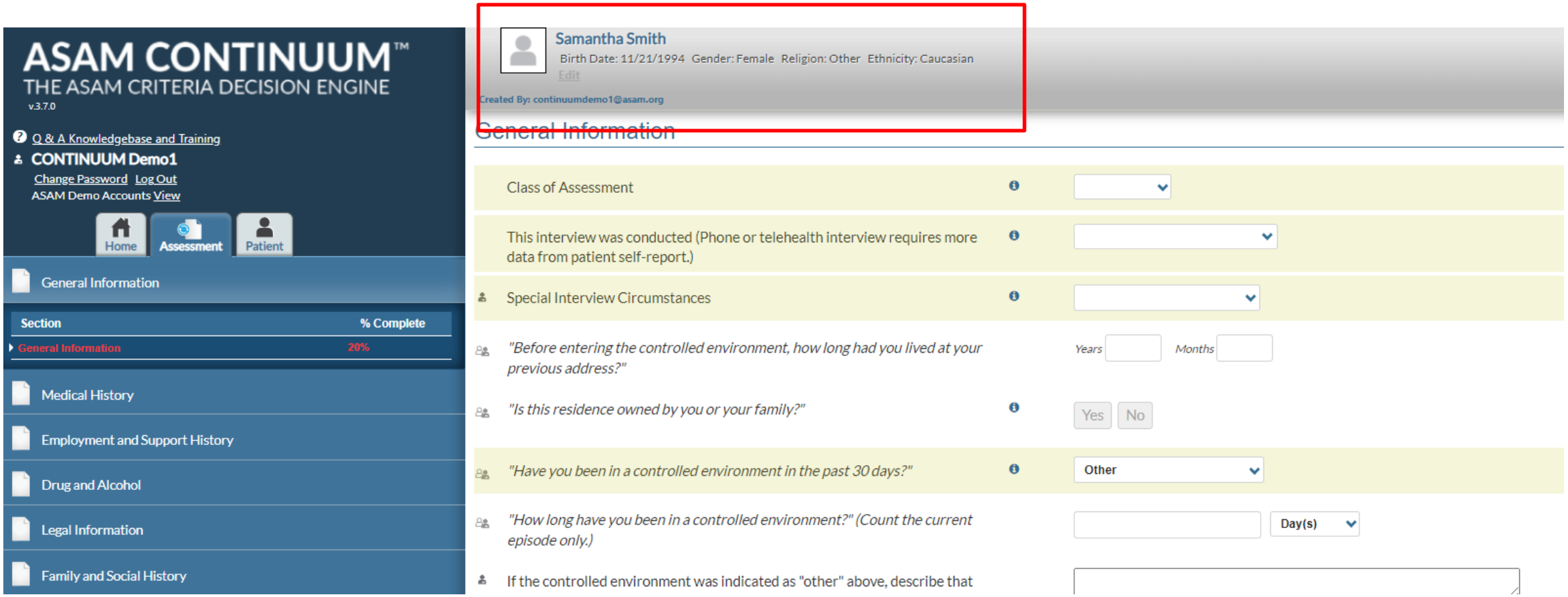
Information Pulled Forward From EHR

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



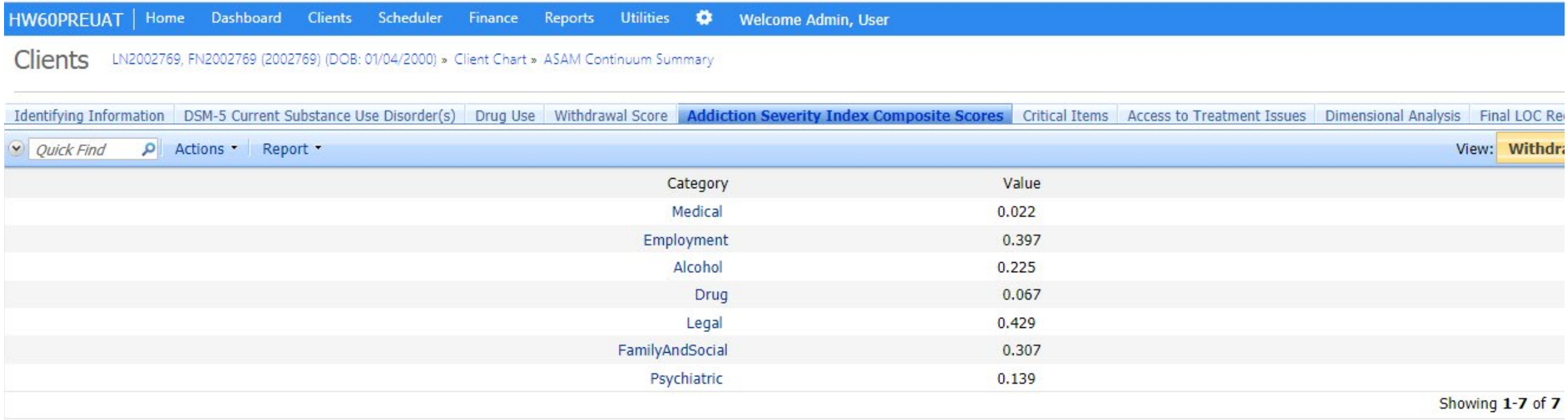
CONTINUUM Interface Demographics Example



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



Option 2: Intermediate Dataset

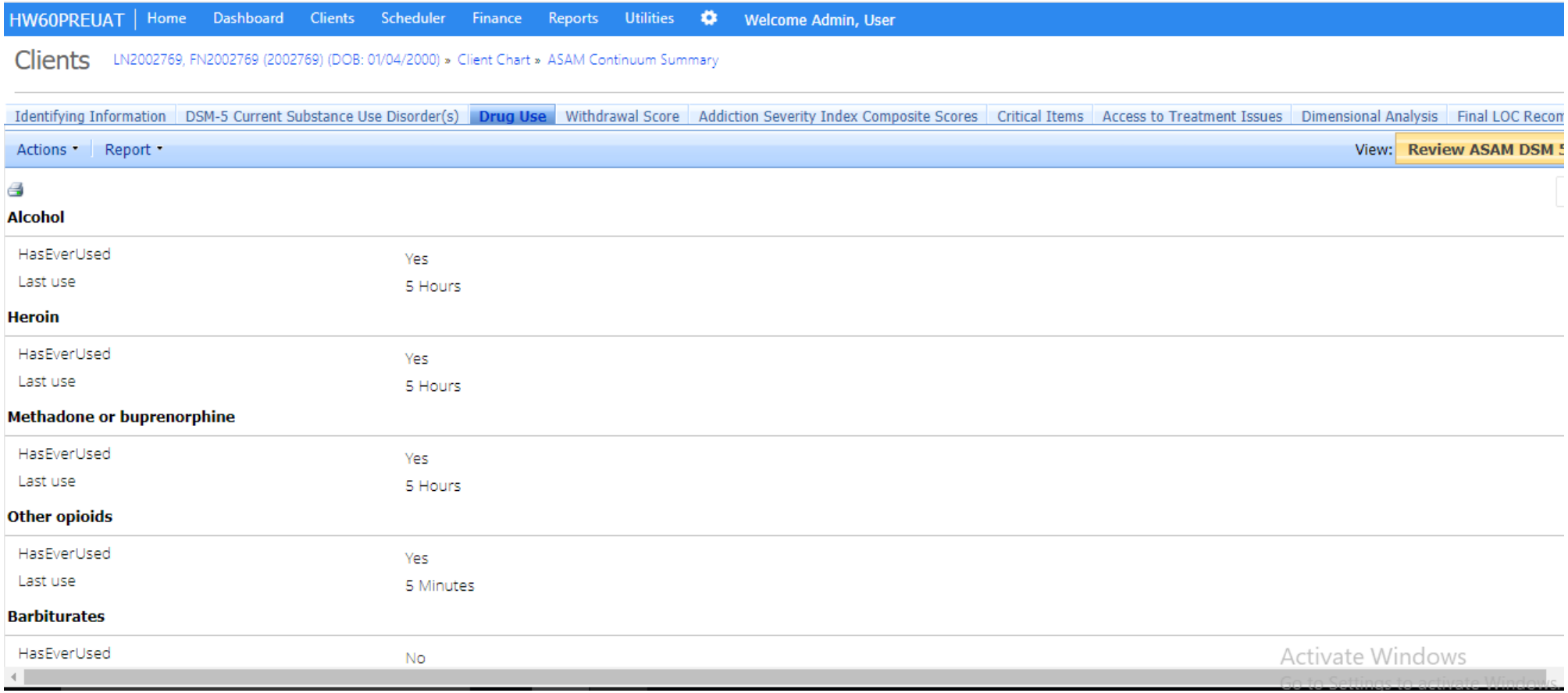
All of the above, plus:

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

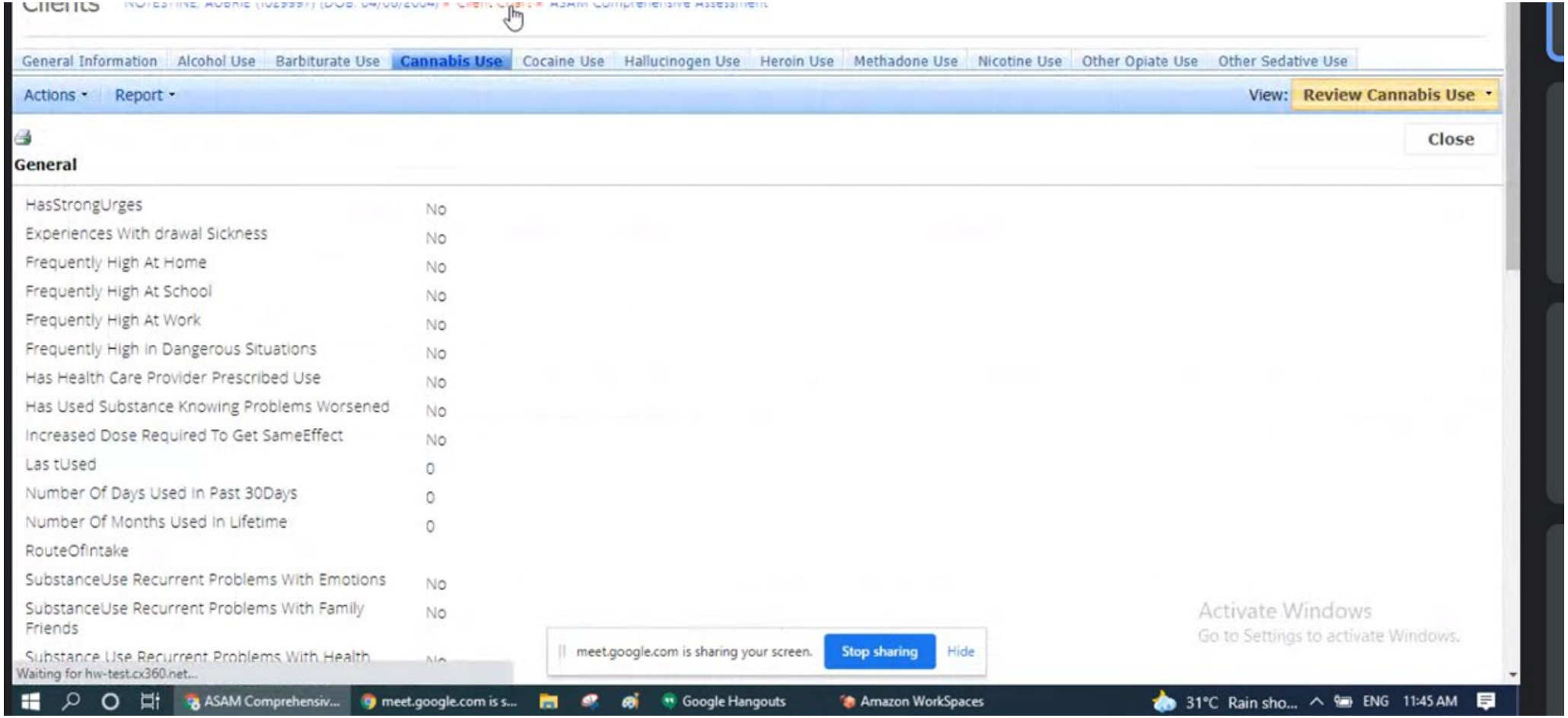


Option 3: Comprehensive Dataset

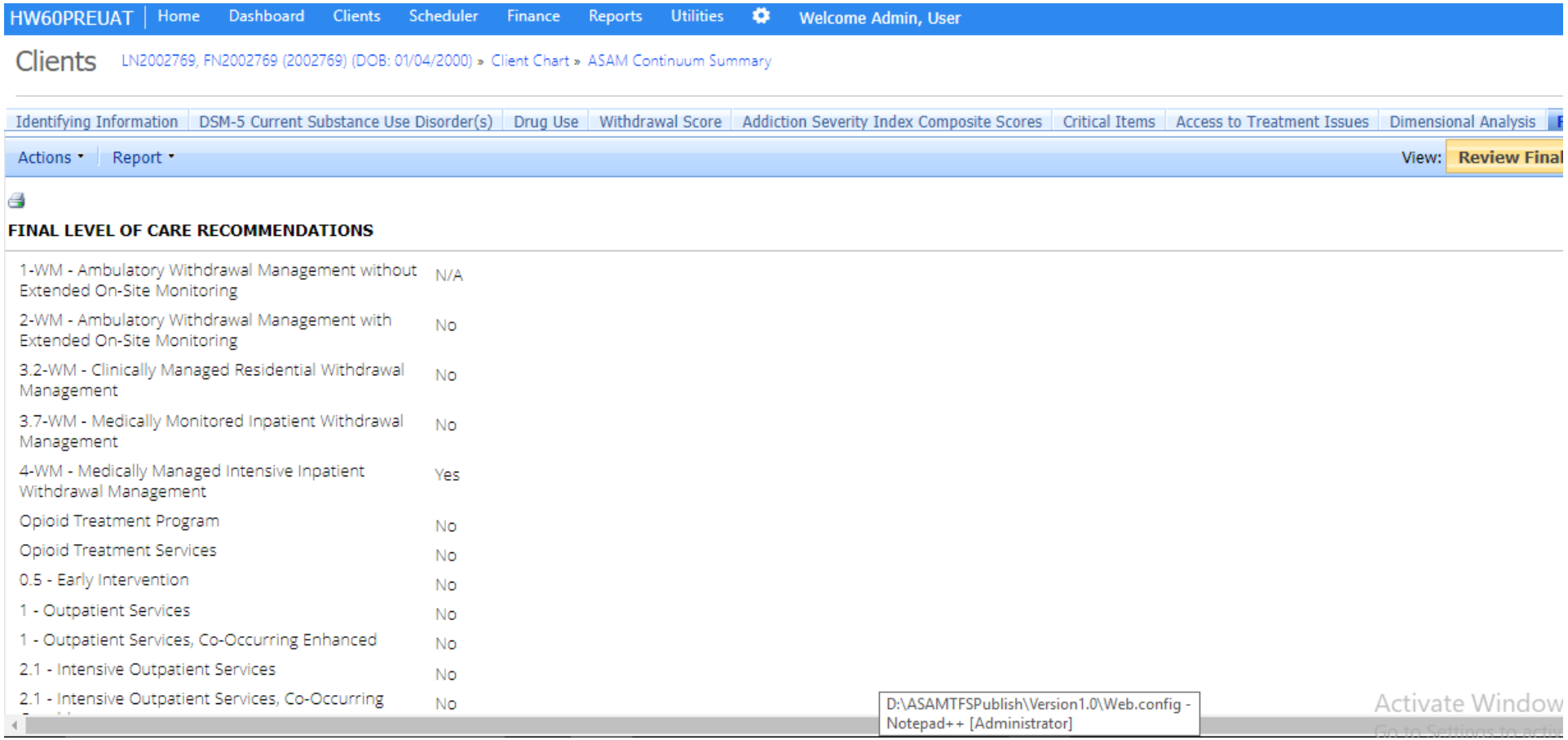
All of the above, plus:

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

Option 3 Example



Key Output: Final Level of Care Recommendation



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