

Making Patient Placement Decisions & Writing Clinical Justifications Using ASAM Patient Placement Criteria

A Two Day Workshop

Research on the evidence based practice of making patient placement decisions, also known as choosing a level of care, and matching clients to treatment indicates that mismatching clients to treatment, either under treating or over treating has been demonstrated to decrease a client's successful engagement of treatment (Magura, et. al., 2002), and lead to poorer treatment outcomes (Magura et. al., 2002; McKay et. al., 2000). It is imperative that assessors and case managers learn how to make informed and accurate patient placement decisions, and be able to write clear, concise and clinically defensible justifications for their decisions.

Goal:

To develop and/or enhance the knowledge and skills required to make more informed and accurate patient placement decisions, and write clear, concise clinical justifications for those decisions utilizing Uniform Patient Placement Criteria (UPPC) e.g., American Society of Addiction Medicines Patient Placement Criteria (ASAM-PPC).

Objectives:

- Identify at least one rationale for using uniform patient placement criteria (UPPC) e.g., American Society of Addiction Medicines Patient Placement Criteria (ASAM-PPC) to make patient placement decisions.
- Identify at least two benefits of using uniform patient placement criteria (UPPC) e.g., American Society of Addiction Medicines Patient Placement Criteria (ASAM-PPC) to make patient placement decisions.
- Differentiate between Uniform Patient Placement Criteria and Conceptual Frameworks.
- Identify the key components of ASAM's Patient Placement Criteria.
- Identify the general characteristics used to differentiate between the various levels of care along the continuum of care.
- Identify and differentiate between the levels of care, along the level of care continuum used for the treatment of substance abuse disorders.
- Differentiate between general criteria used to guide level of care recommendations. e.g., outpatient versus intensive outpatient, intensive outpatient versus inpatient residential, inpatient clinical residential versus 1 - 28 Day Inpatient, 1 - 28 Day inpatient versus Medically Managed Detoxification.

- Identify and differentiate between ASAM's six dimensions of assessment.
- Identify the ASAM dimension(s) that are most directly informed and influenced by specific sections of standard assessment instruments e.g., standard bio-psycho-social, the ASI, CASI and GAIN.
- Identify clinical information /symptoms that correspond to each of ASAM's Dimension's assessment considerations / definitions.
- Identify, analyze and interpret the necessary clinical information to formulate a dimension risk rating for each of ASAM's six dimensions.
- Synthesize risk ratings for each of ASAM's Six dimensions to formulate a level of care recommendation.
- Write a clinical justification for risk ratings in each of ASAM's six dimensions.
- Write a clinical justification for a patient placement decision, a.k.a., level of care recommendation.
- Identify two common errors often made when writing clinical justifications.

Organizational Outcomes:

Organizations employing staff who successfully complete this workshop and transfer their newly acquired knowledge and skills back to their workplace should see an improvement in the accuracy of patient placement decisions made, and the clinical justifications for them. As a result of improved matching of clients to treatment, organizations could also see an increase in the initiation, engagement and retention rates of clients in treatment.

Career / Professional Relevancy:

The knowledge and skills required to make informed and accurate patient placement decisions, and to write clear, concise clinical justifications is a much needed and marketable skill to put on ones resume. Approximately 30 states use to varying degrees the American Society of Addiction Medicines (ASAM) Patient Placement Criteria (PPC), to guide patient placement decisions (Mee-Lee, 2005), and as many as 40 states have utilization review mechanism that involves matching clients to appropriate levels of care utilizing some form of Uniform Patient Placement Criteria (Gregoire, 2000). In addition, many treatment providers are becoming approved providers of substance abuse treatment for various insurance carriers. Many, if not all of these carriers require clinicians to be able to make informed and accurate patient placement decisions, and to be able to write clear, concise and clinically defensible justifications for those decisions.