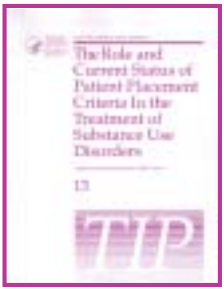
Quick Guide

For Administrators

Based on TIP 13

The Role and Current Status of Patient Placement Criteria in the Treatment of Substance Use Disorders



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Quick Guide

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Based on TIP 13

The Role and Current Status of Patient Placement Criteria in the Treatment of Substance Use Disorders

This Quick Guide is based almost entirely on information contained in TIP 13, published in 1995 and based on information updated through approximately 1993. No additional research has been conducted to update this topic since publication of the original TIP.

WHY A QUICK GUIDE?

This Quick Guide was developed to accompany *The Role and Current Status of Patient Placement Criteria In the Treatment of Substance Use Disorders,* Number 13 in the Treatment Improvement Protocol (TIP) Series published by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Sevices Administration. This Quick Guide is based entirely on TIP 13 and is designed to meet the needs of the busy administrator for concise, easily accessed "how-to" information.

The Guide is divided into five sections (see ***Contents***) to help readers quickly locate relevant material.

Terms related to placement criteria are listed on page 30 in the ***Glossary***. Some of them are used in this Quick Guide; others are included to enable administrators to talk knowledgeably with their staff and others.

For more information on the topics in this Quick Guide, readers are referred to TIP 13.

WHAT IS A TIP?

The TIP series has been in production since 1991. This series provides the substance abuse treatment and related fields with consensus-based, field-reviewed guidelines on topics of substance abuse treatment.

TIP 13, *The Role and Current Status of Patient Placement Criteria In the Treatment of Substance Use Disorders*

- Addresses the concerns of a broad range of readers including program administrators, clinicians, counselors, social workers, medical personnel, mental health workers, and policymakers
- Lists numerous resources for further information
- Provides a reference on the status of patient placement criteria in the treatment of substance abuse disorders

See the inside back cover for information on how to order TIPs and other related products.

INTRODUCTION

Nearly all substance abuse treatment programs are influenced by some form of managed care in its broadest sense. Virtually no payment system—public or private—is free from eligibility, admission, or discharge criteria. Lack of a single consistently applied set of criteria has led to gaps in service in both public and private systems.

In recent years, the substance abuse treatment field has begun the process of standardizing patient placement criteria (PPC). The goal is to establish uniform patient placement criteria (UPPC), accepted by all providers in the field, that can accurately assess the severity of a client's problems in three areas: medical, psychological, and social.

Carefully developed UPPC will lead to effective placement of clients in appropriate levels of care. Such criteria can also be used as a basis for making decisions about moving clients through the continuum of treatment services as treatment progresses or relapse occurs.

Advantages of UPPC

- UPPC can help alleviate the high cost of undertreatment by ensuring patients get all the treatment they need based on continued stay criteria rather than arbitrary monetary or time limitations.
- UPPC can alleviate the high cost of overtreatment by ensuring that patients get only the treatment they need, based on assessed needs and established criteria.
- Common definitions of levels of care, common standards of assessment, and common standards for continued stay and discharge can establish the same framework for public and private programs.

It is not the purpose of TIP 13 nor this Quick Guide to write uniform patient placement criteria. Rather these documents lay the groundwork for developing UPPC and summarize the implications it will have on assessment, treatment, outcomes monitoring, and research.

For more detailed information, see TIP 13, pp. 1–4.

THE ROLE OF PPC IN A MANAGED CARE ENVIRONMENT

Recommended Characteristics of Uniform Criteria

PPC plays an important role in matching placement to cost-conscious, effective treatment. Both payers and providers may accept patient placement criteria, assuming those criteria

- Accurately describe their levels of care
- Have validity regarding recommended placement level
- Are easy to use in real-time clinical decision-making
- Include reliable and objective tools and language
- Encourage positive treatment outcomes in the least restrictive environment

Without uniformity, there are no common definitions of care, no common language, and no capacity to effectively perform and compare the essential research.

There are a variety of treatment models to ensure quality while conserving health care resources. Clinicians must focus on matching patients with appropriate and specific treatment. The success

of clinically driven treatment relies on an accurate diagnosis that must take into account the severity of addiction. This can result in

- Placement of patients in the correct level of care
- Movement to less intensive or more intensive levels of care when appropriate
- Matching patients individually to a variety of treatment models at all case levels

Development of Patient Placement Criteria

The addiction treatment field needs

- Uniform criteria to guide proper patient placement
- Guidelines to promote the establishment of effective individualized treatment modalities
- Data regarding outcomes to continually improve both the criteria and the guidelines

Assessment Follows Theory

Attitudes about assessment across the country are important. The many and varied beliefs that exist must give way to a common standard if the addiction field is to uniformly offer quality care. The biopsychosocial definition (one that takes into account biological, psychological and social perspectives) of addiction provides a framework for creating uniform assessment standards.

Biopsychosocial Perspective on Addiction

Understanding addiction as a biopsychosocial illness in its origins, expression, and treatment has four important results.

1. Promoting the integration of different perspectives on the illness
2. Explaining and preserving common clinical dimensions
3. Necessitating multidimensional assessment
4. Promoting effective matching of the patient with individually prescribed treatment

Biopsychosocial Treatment and Matching

- To achieve cost-conscious addiction treatment, the next step, after a unified model of addiction and assessment of severity is agreed upon, is to define the biopsychosocial treatment to match the patient's clinical severity.
- Biopsychosocial treatment of substance abuse depends on the availability of a comprehensive system of levels of care, a range of treatment modalities within those levels, and a continuum of care.
- Patient placement criteria are a necessary but not a sufficient determinant of patient-treatment matching.

- Once a patient is placed in an appropriate level of care, selection of the specific assessment-based modalities, eventually guided by empirically based practice guidelines, complete the individualized treatment.

Levels of Care

The State of Minnesota, the Institute of Medicine and the American Society of Addiction Medicine (ASAM) have all established levels of care.

- By Minnesota standards, patients are placed in a particular level of care, ranging from residential treatment to outpatient treatment, based on their level of chemical involvement and other criteria.
- The Institute of Medicine defines four levels of care: inpatient, residential, intermediate, and outpatient.
- The ASAM patient placement criteria describes four levels of care and describes the intensity of service: outpatient treatment, intensive outpatient treatment/partial hospitalization, medically monitored intensive inpatient treatment, and medically managed intensive inpatient treatment.

Modalities of Treatment

- Biomedical modalities focus on improved detoxification regimens and treating substance abuse with medications.
- Psychological treatment modalities range from addiction counseling to psychodynamic and cognitive–behavioral treatment modalities.
- Sociocultural treatment modalities include the community reinforcement approach, family therapy, therapeutic communities, vocational rehabilitation and various other techniques.

Implications

The "retooling" of the addiction treatment system necessary to promote individualized treatment requires a shift that has broad implications. If the shift occurs successfully

- The substance abuse treatment field will develop one uniform set of clinically-based placement criteria.
- Public- and private-sector programs will develop a single system of comprehensive care that can be matched with the placement criteria.
- Programs will expand their continuums of care to provide multiple levels of care with flexible lengths of stay.

- Payers will reimburse and fund all levels of care to allow patients to be placed in and move among the most efficient and effective settings.
- Clinicians will become more skilled at comprehensive assessment and have a broader knowledge of placement criteria and treatment modalities.
- Patients will receive care that is not only more cost efficient but more cost effective.
- As patients receive treatment in the least intensive yet safe setting, they can test recovery skills in situations as close to "real world" conditions as possible and minimize reentry problems.

Characteristics of a Comprehensive Set of Patient Placement Criteria

Client Characteristics

- Age, gender, ethnic, and cultural background
- Severity and course of illness, experiences with previous treatment
- Relapse potential
- Need for medical or addiction treatment or pharmacological, psychiatric, familial, and social employment
- Need for legal services

- Attitude toward entering and continuing treatment
- Effects of environmental and social influences, such as living situation, family support, and susceptibility to abuse or neglect

Service Characteristics

- Intensity of services
- Intensity of environmental support
- Availability of medical services
- Variety of professional disciplines involved
- Availability of services specific to cultural background, age, sex, or disabilities
- Program elements
- Discharge planning
- Patient-to-staff ratio

For more detailed information, see TIP 13, pp. 5–9.

BUILDING SUPPORT FOR ADOPTING UPPC

Benefits of Adopting UPPC

- Effectively implemented, UPPC can provide a common framework for matching patients to the levels of care that best address their needs.
- Once established within a continuum of treatment options, uniform placement standards can help balance the sometimes competing needs for quality and cost effectiveness.
- An additional result will be a more empirically sound database to use in researching and evaluating treatment content, system gaps, treatment needs of special populations, and geographic distribution of services.

Improving Assessments

- Can be used to take into account the various dimensions of patient care and to look at the whole person
- Can become a positive force that assists providers in looking at the broad range of treatment options
- Will guarantee that assessment addresses the components necessary for successful treatment

- Will require physicians to focus on observable measures of the severity of illness
- Will provide for the development of more precise screening and assessment instruments

Improving Treatment Planning

- Because of a thorough assessment that identifies the patient's strengths and needs, the clinician will be able to make better decisions about the level and models of treatment.
- Continued stay criteria will address why the patient is staying in treatment and what outcomes are expected.
- Patients can be more effective partners in their own treatment when the problems being addressed and the desired outcomes are clearly articulated.

Economic Benefits

Some managed care systems are finding that patients are placed into a particular level of care for treatment services simply because it is available. For instance, some rural communities with scarcity of social services find themselves paying for higher cost residential substance abuse treat ment services than are clinically necessary because they are the only ones present in their area. This is neither cost effective nor beneficial to the patient. When implemented, UPPC can

- Clarify when communities are making inappropriate clinical decisions
- Point to the need for more economic choices in resource allocation
- Promote more efficient contracting for services independent of the availability of treatment slots
- Alter less effective treatment paths that can result from established referral relationships or other nonclinically based referrals
- Provide research opportunities that could furnish a firm scientific basis for treatment choices

Economic Benefits for Providers

- Financial payoffs for implementing UPPC are more likely to occur over time as the continuum of care becomes more cost effective and patient care and outcomes improve.
- Uniform criteria will allow treatment providers to focus on a single set of criteria that is clinically relevant. Staff time and paper work related to admission, continued stay, and payment arrangements will decrease in proportion to the number of funders.
- UPPC will help prepare public providers who receive their funding from the State to receive third-party reimbursements and become more competitive with private programs.

- The most clear-cut economic necessity for programs to adopt UPPC occurs in States where licensing regulations include such requirements. Treatment providers are not reimbursed for treatment public-sector clients if those clients were not assessed and placed according to the State's PPC.

Establishing a Common Language

Uniform criteria can bring stability and consistency to the substance abuse treatment field, allowing diverse disciplines and organizations to work together. Once implemented, they can provide a common agenda, a common language, and shared expectations about treatment across different service providers, payers, policy makers and others. In addition to standardizing terminology, UPPC can provide a common basis for understanding the immediate and long-range needs of patients in treatment. They constitute a framework for a variety of groups to use as they engage in a collaborative planning process, especially when more than one system is involved (such as the criminal justice system or human services).

Special Considerations

- Not all areas will have the array of levels of care described in the criteria. In some cases, criteria can be adapted to fit the available resources.

- No set of criteria is likely to address the needs of every client. The implementation of criteria must allow for flexibility on the part of clinicians to deviate from the levels of care to address the needs of the individual client.
- Care must be taken to ensure creativity in program development is not stifled by PPC. The substance abuse treatment field is continually seeking ways to improve programs, and criteria should not force providers to fit molds or adhere to rigid descriptions of programs.

UPPC as an Element in Outcome Evaluation

UPPC, when implemented in conjunction with an outcomes monitoring system, provide several avenues for the improvement of treatment, as they

- Allow for valid comparisons between programs because common language is used to describe each level of care
- Provide feedback on where the UPPC are being uniformly applied
- Provide feedback on criteria validity based on the outcomes of clients with certain characteristics who are placed in a specified level of care

ATTENTION: In rural and other areas where there are limited treatment options, use of UPPC can document the number of clients who would be referred to a specific option if it were available, Such documentation, used in conjunction with information from the Federal minimum date requirements and waiting lists can stimulate reallocation and development of resources.

Other Benefits

- The establishment of UPPC will result in better communication between managed care organizations and treatment providers, as both entities will be using the same criteria for placement, continued stay, and discharge decisions.
- UPPC can bring a greater degree of consistency and stability to the patient placement process.
- UPPC can be viewed by courts as reflecting generally accepted medical practice, especially as the criteria become wide spread.

Things to Keep in Mind

- The implementation of criteria must allow for flexibility on the part of clinicians to deviate from the levels of care to address the needs of individual clients.

- A rigid bureaucratic use of UPPC could result in placement that could discount the treatment provider's knowledge of the client.
- The criteria must be revised regularly to incorporate new findings or they will become outdated.

ATTENTION: It is frequently the cost-effectiveness argument that most persuasively convinces stakeholders of the value of UPPC, while improved patient care is viewed almost as a byproduct. For this reason, it is important to establish universal standards of care that serve to balance quality and cost-effectiveness.

Concerned Stakeholders

- State substance abuse treatment agencies and policymakers
- Consumers and their families
- Managed care companies and other public and private funders
- Other health care providers, mental health professionals, benefits administrators and consultants, criminal and juvenile justice personnel, social service providers, and community advocates
- Professional societies
- State legislators

- Employers
- Labor leaders and union representatives
- Utilization reviewers
- Medical ethicists
- Individuals and groups who conduct research
- Leaders representing minority groups
- The general public

Support from the Substance Abuse Treatment Field

- Not all providers will react the same way to a proposal to implement uniform criteria. Those providers who have initiated the use of patient placement criteria in their programs will be valuable resources. However, other providers have not yet considered the use of PPC and have not had the opportunity to examine the possible benefits of systemwide implementation.
- The most compelling reason for providers to support UPPC will be providers' enhanced ability to consistently provide thorough assessments, make appropriate placement determinations, and monitor clients' progress through the course of treatment.
- It is important that personnel in public programs appreciate that UPPC may eventually reduce the time required for proper placement

decisions by providing an easily accessible framework for moving patients into and through a continuum of substance abuse treatment.

- Treatment providers and other professionals who fear that reallocation of resources will result in decreased funding for their own programs may see the redistribution of funds due to UPPC as a drawback rather than a benefit.

For more detailed information, see TIP 13, pp. 23–30.

IMPLEMENTATION STRATEGIES

Linking PPC to Licensing Regulation

Licensure requirements can be established by statute or rule and can include a requirement that a program adopt UPPC in order to obtain or retain a license. Some States have already implemented these sorts of regulations.

Linking PPC to Funding

One of the strongest arguments in favor of UPPC is the reality that every funding source a substance abuse treatment facility has to deal with may have different and/or conflicting criteria for eligibility, admission, and continued stay. Massachusetts linked placement criteria to the procurement process, so that vendors agreed to participate in the development of PPC in their agencies as a condition for funding. Another method is to require programs to have PPC in place in order to obtain Medicaid approval.

ATTENTION: It is recommended that States develop a central directory identifying resources, levels of care, program availability, and detailed information about the programs, including specialized services and outcome data.

Wraparound Services

A central resource directory can lead to referrals to wraparound services which are often tied to programs. Wraparound services are an important adjunct to substance abuse treatment and can be key to successful treatment, though they are not usually considered treatment services in a clinical sense. The value of these services lends support to the concept that "medical necessity" is a broad multidimensional concept that goes beyond the narrow focus of physical and psychiatric severity.

Points about wraparound services

- Wraparounds assist patients in learning to deal with real-life problems during treatment.
- Wraparound services can be divided into two categories: those whose absence prohibits access to treatment (childcare and transportation) and those that are important to positive treatment outcomes (primary health care, legal aid, mental health services, etc.).
- A barrier to obtaining needed wraparound services can arise if receiving a certain type of treatment makes a patient ineligible for needed services.
- Since placement decisions may affect eligibility for wraparounds, the personnel making these

decisions should identify ways to maximize support from other community agencies.

The relationship between eligibility criteria and patient placement criteria

- Eligibility criteria establish whether patients can get into the systems of care that are governed by UPPC.
- The Federal Government requires States to set aside a portion of their Federal funds for certain types of programs or for services to a special population.
- Programs established to serve special populations are often limited to a specific level of care. Program specialization tends to override PPC, particularly for clients who fit well into the niche described by the specialization.
- Rigid eligibility requirements will interfere with the implementation of UPPC.
- Eligibility and patient placement criteria should be merged.

ATTENTION: Urban systems handling large numbers of patients are likely to have more comprehensive assessment systems than smaller rural systems, which may depend on informal evaluations by public health or criminal justice personnel to place patients in treatment.

Staffing and Training Considerations for Assessors

When UPPC are being implemented, it will be necessary for intake and assessment workers to be thoroughly trained in the use of the criteria. While the training of these personnel may be the highest priority, all staff must be trained. The training must include

- Information on the benefits of UPPC, both for the delivery system and for individualized patient care
- Specific skills in assessment, the application of placement criteria, and documentation
- Assessment and placement issues for special populations

Training will probably be the most expensive aspect of UPPC implementation. It is also true that programs and individual professionals have a responsibility for continuing education. Existing program budgets for training of personnel can defray some of the expense.

ATTENTION: Adoption of UPPC will probably lead to the development of more instruments that match agreed upon assessment dimensions.

For more detailed information, see TIP 13, pp. 31–40.

FUTURE DIRECTIONS

Immediate Task for Developing Consensus Among Stakeholders

- Accumulate and analyze data on the effectiveness of PPC
- Continue to familiarize treatment providers with information on PPC
- Develop criteria which are relatively easy to use and implement
- Include all stakeholder groups in the consensus process

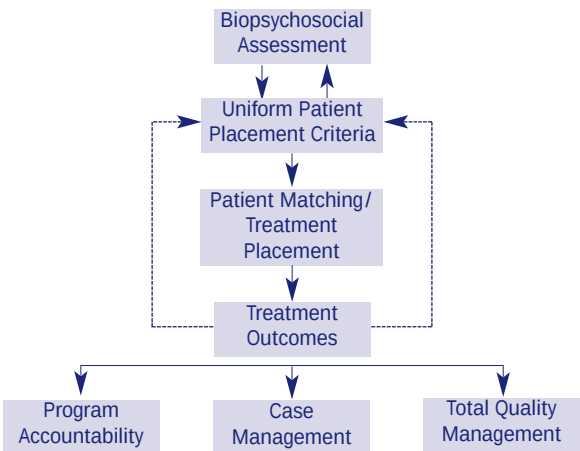
Feedback Loops

In effect the criteria and the structure they provide to the placement and treatment process create the possibility for establishing several ongoing feedback loops, allowing researchers to ask precise questions and design appropriate studies. There are several other areas where careful research can improve treatment and cost effectiveness.

- *Assessment*: Important data about patient population might be lost if assessments are not conducted according to criteria.
- *Resource management*: This will provide invaluable date for needs assessment and resource management within agencies across systems.

- *Outcome research and quality improvement*: One way that UPPC will greatly improve the quality of treatment outcomes research is by improving the capability to describe research samples. Researchers will be able to focus on and compare specific samples and subsamples of patients with a similar severity of illness and with specific needs profiles. All research can then be fed back into the process of reviewing criteria.

Interaction Between UPPC and Assessment, Treatment, and Outcomes



For more detailed information, see TIP 13, pp. 41–50.

ETHICAL AND LEGAL ISSUES

With respect to documenting and supporting substance abuse treatment decisions based on UPPC, the following recommendations are made:

- Every provider who makes an entry in a patient's records should do so with the understanding that it will be reviewed and scrutinized by the insurer or third-party payers.
- Providers in facilities that have adopted patient placement criteria must learn to speak the language of the criteria—the evaluation forms, progress notes and other components of the patient's record must relate specifically to the criteria that use the same terminology.
- The patient record should include specific illustrations to demonstrate that a patient has been assessed on a specific dimension outlined in the criteria and the ongoing attention is focused on that area—include specific examples of observed patient behavior, statements, or history that clearly indicate treatment resistance.
- Before making an entry, providers should review previous entries—conflicting or inconsistent entries damage credibility of the entire record.

- While a "defensive" or "patient welfare" approach to recordkeeping is prudent, the integrity of patient records should not be compromised by misstatements or alterations.

For more information, see TIP 13, pp. 51–55.

GLOSSARY

American Society of Addiction Medicine (ASAM): ASAM is an international organization of 3,000 physicians dedicated to improving the treatment of persons with substance use disorders by educating physicians and medical students, promoting research and prevention, and informing the medical community and the public about issues related to substance use. In 1991, ASAM published the first of a set of patient placement criteria that have been widely used and analyzed in the substance abuse treatment field.

Assessment: The process of collecting detailed information about a person's alcohol and other drug use, emotional and physical health, family and social problems, roles and supports, educational and employment status, legal status, and other areas as a basis for identifying the appropriate level and intensity of substance abuse treatment as well as needs for other services.

Client: An individual receiving substance abuse treatment. The terms client and patient are sometimes used interchangeably, although staff in medical settings more commonly use the term patient.

Dimension: A term used in the ASAM patient placement criteria to refer to one of six patient problem areas that must be assessed when making placement decisions.

Healthcare reform: Efforts occurring at the national, State, and local levels to change the delivery of healthcare services to meet three goals: improved access to care, better quality care, and reduced costs goals that are shared by those seeking to implement uniform patient placement criteria.

Instrument: A measurement tool, usually a questionnaire, that is used for gathering information about an individual to aid screening, assessment, diagnosis, and/or clinical decisionmaking.

Managed care: An approach to delivering health and mental health services that seeks to improve the cost effectiveness of care (i.e., improved services at reduced cost) by monitoring service seeking and delivery. Methods include managing the overall delivery of care by selecting providers (for example, health maintenance organizations or other provider networks) and managing treatment decisions by individual providers for individual patients (for example, utilization review).

Modality: A specific type of treatment (technique, method, or procedure) that is used to relieve

symptoms or induce behavior change. Modalities of substance abuse treatment include, for example, inpatient social milieu treatment, group therapy, and individual substance abuse counseling.

Needs assessment: A process by which an individual or system (e.g., an organization or community) examines existing resources to determine what new resources are needed or how to reallocate resources to achieve a desired goal. Use of patient placement criteria can reveal gaps in the continuum of care and can aid in needs assessment at the community and State levels.

Outcomes monitoring: Collection and analysis of data from persons in substance abuse treatment to determine the effects of treatment, especially in relation to improvements in functioning (treatment outcomes monitoring); the same type of process can be performed at the program level to determine whether programs are meeting their goals (program outcomes monitoring). In publicly supported systems, outcomes monitoring will also help to establish accountability for the expenditure of public funds.

Patient: An individual receiving substance abuse treatment. The terms client and patient are sometimes used interchangeably, although persons in

medical settings more commonly use the term patient.

Rationing: The act of limiting treatment or other services to certain individuals or populations, usually due to limited resources.

Third-party payers: Payers for services other than the client or patient who receives the services, including private insurance and public payers such as intermediaries for Medicare and Medicaid.

Utilization review: A method used in managed care approaches in which an outside organization reviews clinical decisions in areas such as hospital admission, length of stay, and discharge, as well as choices regarding placement and treatment modality in order to improve the quality of care and reduce costs.

Wraparound services: Services in addition to substance abuse treatment that are provided to patients to improve retention in treatment and treatment outcomes.

Ordering Information

TIP 13 *The Role and Current Status of Patient Placement Criteria in the Treatment of Substance Use Disorders*

TIP 13-Related Products

KAP Keys for Clinicians based on TIP 13

Quick Guide for Clinicians based on TIP 13

Easy Ways to Obtain Free Copies of All TIP Products

1. Call SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at **800-729-6686**, TDD (hearing impaired) **800-487-4889**
2. Visit CSAT's Web site at **www.csat.samhsa.gov**

Other Treatment Improvement Protocols (TIPs) that are relevant to this Quick Guide:

TIP 8, *Intensive Outpatient Treatment for Alcohol and Other Drug Abuse (1994)* **BKD139**

TIP 11, *Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases (1994)* **BKD143**

TIP 14, *Developing State Outcomes Monitoring Systems for Alcohol and Other Drug Abuse Treatment (1995)* **BKD162**

TIP 20, *Matching Treatment to Patient Needs in Opioid Substitution Therapy (1995)* **BKD168**

TIP 27, *Comprehensive Case Management for Substance Abuse Treatment (1998)* **BKD251**

See the inside back cover for ordering information for all TIPs and related products.

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