

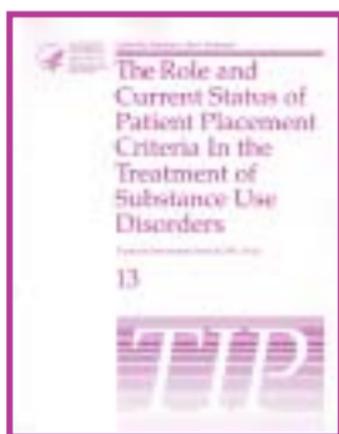
CSAT's
Knowledge Application Program

KAP Keys

For Clinicians

Based on TIP 13

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



KAP KEYS Based on TIP 13

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

Introduction

These KAP Keys were developed to accompany the Treatment Improvement Protocol (TIP) Series published by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration. These KAP Keys are based entirely on TIP 13 and are designed to meet the needs of the busy clinician for concise, easily accessed "how-to" information.

For more information on the topics in these KAP Keys, readers are referred to TIP 13.

Other Treatment Improvement Protocols (TIPs) that are relevant to these KAP Keys:

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**



KAP KEYS Based on TIP 13

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

Biopsychosocial: A holistic approach to assessment and treatment that takes into account a person's medical (biological), psychological, and social needs. This approach reflects the understanding that addiction affects the whole person and is influenced by a wide range of factors.

Bundling: An approach to treatment that ties or "bundles" several treatment services together, often delivering them in a specific treatment setting. Because this approach often overlooks a patient's individual needs and can lead to inappropriate and unnecessary service provision, the current trend is toward unbundling services, a more flexible approach.

Continuum of care: A structure of interlinked treatment modalities and services that is designed so that individuals' changing needs will be met as they move through the treatment and recovery process.

Dual diagnosis: A diagnosis that includes a concurrent substance use disorder(s) and a psychiatric disorder(s).

Eligibility criteria: Factors which determine whether a patient may receive treatment. These include: financial status, insurance coverage, age, severity of illness, geographic location, and whether a patient is a member of a special population.

Intensity of service: The degree or extent to which a treatment or service is provided, which depends on a patient's level of need. Some treatments, for example, medically managed inpatient treatment, are inherently more intensive than other treatments, for example, outpatient treatment or a halfway house. The provision of other services, such as vocational training, can be more or less intense, depending on patient needs. (See level of care.)

Level of care: As used in the ASAM criteria, this term refers to four broad areas of treatment placement, ranging from inpatient to outpatient. Other levels of care within this range, such as therapeutic communities, have been described in other criteria.

Matching: A process of individualizing treatment resources to a patient's needs and preferences based on careful assessment. Matching has been shown to increase treatment retention, and thus improve treatment outcomes. It also improves resource allocation by ensuring that patients receive the appropriate level of care and intensity of services. (See continuum of care, unbundling.)

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Patient placement criteria (PPC): Standards of, or guidelines for, substance abuse treatment that describe specific conditions under which patients should be admitted to a particular level of care (admission criteria), under which they should continue to remain in that level of care (continued stay criteria), and under which they should be discharged or transferred to another level (discharge/transfer criteria). PPC generally describe the settings, staff, and services appropriate to each level of care and establish guidelines based on substance abuse diagnosis and other specific areas of patient assessment.

Placement: Selection of an appropriate level of care, based on assessment of individual needs and preferences.

Setting: A specific place in which treatment is delivered. Settings for substance abuse treatment include hospitals, methadone clinics, community mental health centers, and prisons or jails.

Unbundling: An approach to treatment that seeks to provide the appropriate combination of specific services to match a patient's needs. The goal of unbundling is to provide an array of options for flexible individualized treatment, which can be delivered in a variety of settings.

Uniform Patient Placement Criteria (UPPC): A set of patient placement criteria, not yet developed, that would provide national standards for assessing and treating patients with substance abuse disorders and that would be used by all providers in the public sector and private sector.



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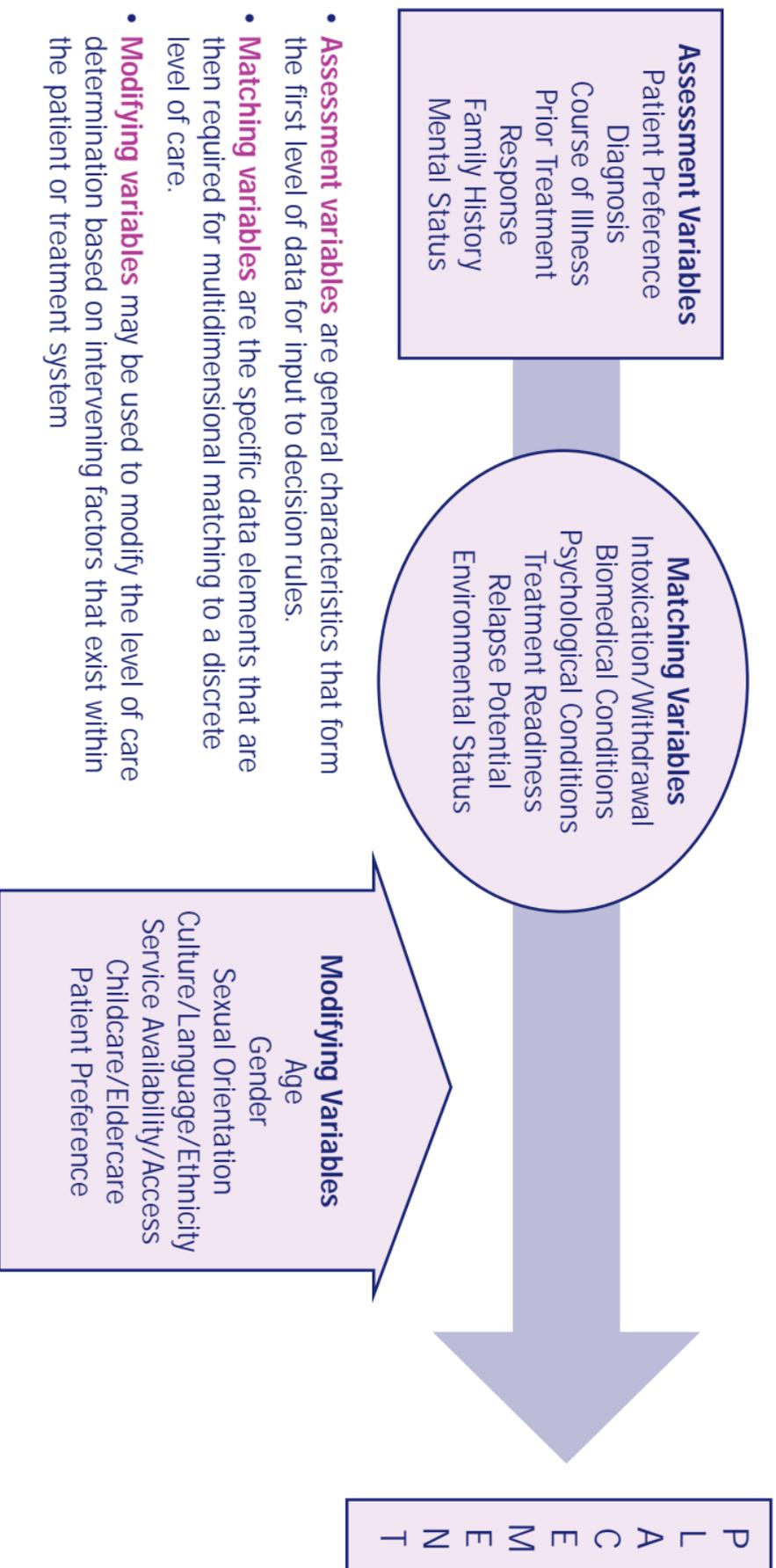
- Promotion of quality, individualized care
- Improved quality of assessment
- More multidimensional treatment plan
- Cost effective treatment
- Eventual economic benefits for providers
- Establishment of a common language
- Treatment outcomes more readily evaluated
- Identification of gaps in the continuum of care
- Identification of the elements to effective programs
- Opportunity for focused research studies on treatment and cost effectiveness
- Establishment of generally accepted practice in the substance abuse treatment field, may prevent litigation



Variables Considered in Assessing and Placing a Client

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- **Assessment variables** are general characteristics that form the first level of data for input to decision rules.
- **Matching variables** are the specific data elements that are then required for multidimensional matching to a discrete level of care.
- **Modifying variables** may be used to modify the level of care determination based on intervening factors that exist within the patient or treatment system

What Issues Must Be Addressed By the UPPC of the Future?

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the Treatment of Substance Use Disorders

An important area that must be considered in the creation of uniform patient placement criteria (UPPC) is the need to keep the criteria flexible and amendable. There are dangers in structuring treatment of any kind according to a defined set of criteria. Treatment must remain flexible to meet patients' individual needs and incorporate evolving modalities of care. Clinicians must remain able to exercise judgment in all cases. In addition, if a single approach to care is widely adopted and strictly adhered to as the "correct" approach, treatment innovation may be stifled. The chief value of any criteria set is the added power it gives providers to identify specific patient needs by means of a consistent and detailed assessment process, and to choose a level of care that will specifically address those needs.

**Future criteria must be flexible and amendable.
Clinicians must remain able to exercise judgment
in all cases.**

To focus on the criteria themselves and forget their goal—placing patients in appropriate levels of care—is to value the rules above the process and to make a rigid approach to the complex biopsychosocial problem of substance abuse and dependence. The principles of the criteria will outlast any single criteria set.

No matter how comprehensive a uniform set of criteria is, individual providers will modify criteria to fit the needs of the specific patients and populations they serve.



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

Within the U.S., there has been just one major approach to treatment, based on the Alcoholics Anonymous 12-Step philosophy and the fixed length of inpatient stay pioneered in Minnesota. This treatment approach, with its inpatient treatment philosophy, has been more commonly used for treating substance abuse than any other approach. This is the treatment model that has been used—in a "one size fits all" approach—for all patients who meet the criteria for treatment.

Today, in the treatment field, there is a movement toward using a variety of treatment models to ensure access to quality treatment and conserve health care resources. Now clinicians must focus on matching patients to appropriate, specific treatment, rather than on placing patients in established programs. The success of clinically driven treatment depends on the importance of an accurate diagnosis. However, it is not only a diagnosis of addiction, but also of the severity of addiction, that must determine the kind of treatment an individual patient should receive. This determination can result in: placement of patients in the correct level of care, movement to less intensive or more intensive levels when appropriate, and matching patients individually to a variety of treatment modalities at all levels of care.

Implicit in this scenario is the existence of many types of treatment programs, such as narcotic addiction treatment, and outpatient and residential settings within a community. Also implicit is the growth of a variety of treatment approaches creatively developed to address underserved populations and less than adequate outcomes.





Ordering Information

TIP 13

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

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

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