



ASAM Patient Placement Criteria
Oversight and Revision
May 2011

To facilitate oversight of the ASAM Patient Placement Criteria (ASAM PPC), ASAM's Board of Directors has authorized a review process, executed by the Steering Committee of the Coalition for National Clinical Criteria, which has been in existence since the publication of the first edition of the ASAM PPC in 1991. The Steering Committee includes representatives of major organizations that are stakeholders in addiction treatment and therefore interested in applicability and validity of the PPC. This Steering Committee meets by teleconference every other month to receive and address feedback from these stakeholders' constituencies concerning the PPC and to seek their advice about any problems or new directions for the PPC. Collaboration with those representatives is active and continues to increase. (Full roster of members and their affiliations and Minutes of meetings are available on request).

The ASAM Patient Placement Criteria (ASAM PPC) text was first published in 1991 as an expert clinical consensus criteria set developed by an interdisciplinary workgroup.

Research beginning in 1994 under the leadership of David Gastfriend, M.D. at Harvard Medical School made the ASAM PPC the most researched and nationally accepted placement criteria in addiction treatment (Gastfriend, 2004). The U.S. federal government, through NIAAA, NIDA and CSAT, contributed about \$6 million to its research validation from 1994-2006. This involved systematic conversion of each decision rule to one or more research quality, quantitative question and response item sets, and an algebraic algorithm to calculate the results of the PPC decision tree through computerized software. This allowed the PPC-1 to undergo testing for feasibility, reliability and predictive validity.

Changing service configurations in the field were recognized over the years between 1991 and 1995. These included the growth of ambulatory detoxification, the need to integrate opioid maintenance treatment into rehabilitation and growing distinctions in subspecialty services for medical and psychiatric needs. To address these needs, the PPC text was revised in 1996 and published as the PPC-2 through a similar interdisciplinary committee expert consensus process.

Based on emerging research data and continuing changing needs in the field, the PPC were again revised and published in 2001 as the PPC-2R through expert clinical consensus. The PPC-2R was then analyzed, computerized and tested in a study funded by the federal government of Belgium, in collaboration with Harvard Medical School. This study, which was presented to the International Society of Addiction Medicine in 2004, demonstrated the feasibility and predictive validity of the PPC-2R.

During this period, a decision was made that future revision should be driven primarily by two factors: 1) empirical data that indicate opportunity for improved predictive validity rather than by anecdotal input or face validity, and 2) treatment system changes. This is similar to the process that the American Psychiatric Association follows to revise the Diagnostic and Statistical Manual of Mental Disorders (DSM), in which any changes are made based on research data.

In 2006 the Steering Committee's review of ongoing research and policy data indicated that there was a need for changes in the PPC-2R criteria set, not in the current assessment dimensions or levels of care or criteria as currently written, but rather in terms of pharmacologic modalities. To address this need, therefore, a PPC-2R Supplement was published in 2010 to delineate criteria for the use of pharmacotherapies for Alcohol Use Disorders and specifically for detoxification (Dimension 1) and relapse (Dimension 5): The ASAM Patient Placement Criteria: PPC Supplement on Pharmacotherapies for Alcohol Use Disorders (Eds: Fishman MJ, Mee-Lee D, Shulman GD, Kolodner G, Wilford BB (2010). Lippincott Williams & Wilkins Philadelphia, PA).

Beginning in 2009, the PPC-2R began a three-year empirical evaluation, funded by the regional government of central Norway, with updates being presented from this multi-site study to the Steering

Committee for review and consideration of future needs. This evaluation is examining specific decision rule changes that may be needed to improve predictive validity.

The next step in the PPC updating process is that ASAM is beginning work on a PPC-2R Text Revision to coincide with the publication of the DSM-5 that will incorporate the changes in diagnostic criteria that are anticipated with that volume.

Additional recent references on the ASAM PPC:

Gastfriend DR (2004): *Addiction Treatment Matching: Research Foundations of the American Society of Addiction Medicine (ASAM) Criteria*. The Haworth Medical Press, Binghamton NY.

Mee-Lee D (2006): "Development and Implementation of Patient Placement Criteria" in "New Developments in Addiction Treatment". *Academic Highlights. J Clin Psychiatry* 67:11: 1805-1807.

Mee-Lee D, Gastfriend DR (2008): "Patient Placement Criteria", Chapter 6, pp79-91 in Galanter M, Kleber HD (eds), *Textbook of Substance Abuse Treatment 4th Edition*. American Psychiatric Publishing, Inc. Washington, DC.

Mee-Lee D, Shulman GD (2009): "The ASAM Placement Criteria and Matching Patients to Treatment", Chapter 27 in Section 4, *Overview of Addiction Treatment in "Principles of Addiction Medicine"* Eds: Ries RK, Miller S, Fiellin DA, Saitz R. Fourth Edition. Lippincott Williams & Wilkins, Philadelphia PA. pp 387-399.

Gastfriend DR, Mee-Lee D (2010): "Patient Placement Criteria", Chapter 4, pp 99-123 in Marc Galanter & Herbert D. Kleber (eds) *Psychotherapy for the Treatment of Substance Abuse Treatment 4th Edition*. American Psychiatric Publishing, Inc. Washington, DC.