

Title Position Statement on Use of Multiple Levels of Substance Detoxification

Category Position Statements

Sub-Category Position Statements

Committee Review Date 5/7/2014 7:00 PM

Body

Effective Date: 7/24/2007

Date of Approval by Committee: 08/06/2020

Date Updated in Database: 12/10/2020

The MHN provider network has two different levels of inpatient detoxification (also called medically managed withdrawal) programs, acute and subacute. The majority of subacute detox programs are part of Substance Use Disorder (SUD) residential treatment facilities. As such, these subacute detox programs do not have the capacity to provide emergency medical interventions, which could be needed for certain members who have increased risk of medical complications during substance withdrawal. Alcohol and sedative/hypnotic/anxiolytic withdrawals may be associated with serious medical complications of DT's, seizures and even fatalities without the appropriate medical management. Below we differentiate acute from subacute detox and what we require of each to safely provide substance detoxification services to our members.

Acute detoxification programs:

1. Acute inpatient detoxification (ASAM 4.0 WM) is an organized service delivered by medical and nursing professionals that provides for 24-hour medically directed evaluation and withdrawal management in an acute care inpatient setting.
2. Services are delivered under a defined set of physician-approved policies and physician-managed procedures or medical protocols.
3. Under this level of care, 24 hours nursing care and observation is provided.
4. The patient is seen daily by a physician. The physician is available 24 hours a day.
5. This level of care is recommended for patients at high risk of withdrawal complications such as seizures, delirium tremens, or complications due to underlying medical problems. These services may be rendered in an acute care general hospital or an acute care psychiatric hospital or licensed substance use disorder treatment facility with access to the full services of an acute care general hospital, an acute addiction treatment unit in an acute care general hospital.

Subacute detoxification programs:

1. Subacute detoxification at a Rehab facility (ASAM level 3.7 WM) is also an organized service delivered by medical and nursing professionals that provides for 24-hour medically directed evaluation and withdrawal management. In this setting, 24 hours nursing care is provided with 24 hour on-call physician oversight. The member is seen by the physician within 24 hours of admission.
2. For ASAM 3.7 WM, an appropriately licensed chemical dependency specialty center with appropriately trained medical and nursing staff, with 24 hours on call physician availability, and life support equipment.
3. Patients at higher risk of withdrawal complications should be referred to an acute detoxification facility (ASAM 4.0 WM).
4. Specific effort is made before admission to rule out a history consistent with prior withdrawal related seizures, delirium tremens, evidence of dementia, history of Grand Mal Epilepsy, pregnancy, uncontrolled comorbid medical conditions or organ failure.
5. A subacute facility providing detoxification services would need to call an ambulance in the event of a medical emergency, as the full resources of a medically monitored inpatient detoxification service are not offered at this level of care.
6. At the ASAM 3.7 WM level of care, services are delivered under a defined set of physician-approved policies and physician-managed procedures or medical protocols. These levels of care provide care to patients whose withdrawal signs and symptoms are sufficiently severe to require an inpatient setting as well as daily nursing care services with physician monitoring. 1
7. For ASAM 3.5 Rehabilitation level of care, an appropriately licensed organized free standing service that may be delivered by appropriately trained staff, who provide 24-hour supervision, observation and support for patients who are intoxicated or experiencing withdrawal. Physician coverage is available on-call 24 hours per day. The ASAM 3.5 Rehabilitation level of care is designed explicitly to safely monitor patients' withdrawal without the need for ready on-site access to medical personal. These programs need to have established clinical protocols to identify patients who are in need of medical services beyond the capacity of the facility and to transfer such patients to more appropriate levels of care. They are staffed by appropriately credentialed personnel who are trained and competent to implement physician-approved protocols for patient observation and supervision, including knowledge of the signs and symptoms of alcohol and other drug intoxication and withdrawal states. The detoxification protocol is designed explicitly to safely monitor patients' withdrawal without the need for ready on-site access to medical personal.
8. The ASAM 3.2 WM level of care offers social setting detoxification that emphasizes peer and social support rather than medical and nursing care. This level provides care for patients whose intoxication/withdrawal signs and symptoms are sufficiently severe to require 24-hour structure and support; however the full resources of medically monitored ASAM 3.7 WM or medically managed ASAM 4.0 WM are not necessary. Protocols are in place to determine when a patient requires transfer to a

higher level of care for nursing and medical interventions. The protocols are developed and supported by a physician knowledgeable in addiction medicine.

1. While legislative and geographical variances may exist, at a minimum these programs should include:
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 - A thorough substance use evaluation must be performed in order to assess an individual's withdrawal potential. Assessment should include not only the all of the substances used, including age at onset of use, amounts, routes, frequency, changes in patterns of use, and periods of abstinence. In addition, the medical history should include past withdrawal experiences, complications, and possibility of seizures.
 - Nursing assessment within 8 hours and nursing staff observation 24 hours/day (ASAM 3.7 and 4.0).
 - Medical history and physical examination within 24 hours.
 - Psychosocial assessment within 48 hours.
 - Toxicology screen within 4 hours, subsequent as clinically indicated.
 - Able to arrange for appropriate laboratory and toxicology tests, as needed.
 - Vital signs every 2 to 4 hours.
 - Clinical assessment at least 1 time/day.
 - 24 hour nursing care for both acute (ASAM 4.0 WM) or subacute) and (ASAM 3.7 WM) levels of care.
 - Daily physician visits (for ASAM 4.0).
 - 24 hour on-call physician availability (for ASAM 3.5, 3.7 and 4.0).
 - Acute inpatient detoxification (ASAM 4.0 WM) is generally characterized by its emphasis on medical management of members with co-morbid medical conditions or high risk of complications (DT's, seizures).
 - Psychiatric consult as needed.
 - Neurologic/ Neuropsychiatric consult as needed.
 - In ASAM 3.5, 3.7, and 4.0 facilities, that supervise self-administered medications, there must be appropriately licensed or credentialed staff and policies and procedures in accordance with state and federal law. The staff must assure that the patients are taking medications according to physician prescription and legal requirements.
 - ASAM 3.5 and 3.7 should provide daily clinical services to assess and address needs of each patient including medical services, individual and group therapies, and withdrawal support are part of the treatment program. Subacute residential detoxification is generally characterized by its emphasis on peer and social support.
 - Discharge plan initiated on admission.
9. Ambulatory (outpatient detoxification):

1. Detoxification can also be done on an outpatient basis, usually as part of a chemical dependency partial hospital or intensive outpatient program, and while legislative and geographical variances may exist, at a minimum these programs should include:1,2
 - Programs are staffed by physicians and nurses, who are essential to the type of service being offered; however, they need not be present at all times (in states where physician assistants or nurse practitioners are licensed physician extenders, they may perform the duties designated for a physician).
 - Medical history, physical examination, and medical clearance on first day or prior to start of treatment, specifically ruling out a history consistent with prior withdrawal related seizures, delirium tremens, evidence of dementia or organ failure.
 - Substance use evaluation, initial on the first day, subsequent as needed.
 - Nursing assessment on the first day.
 - Psychosocial assessment on the first day or prior to start of treatment.
 - Clinical assessment each visit.
 - Toxicology screen initial within 4 hours, subsequent as needed (random drug screens should be part of any outpatient detox and/or treatment program).
 - Discharge plan initiated on admission.
 - Medical consultation is readily available in emergencies.
 - Access to psychiatric consultation.
 - Direct affiliation with other levels of substance use care, as well as, general and psychiatric services (levels of care).
 - ASAM 2 WM Ambulatory WM with Extended On-Site Monitoring, is an organized outpatient service, which may be delivered in an office setting, a health care or addiction treatment facility by medical and nursing professionals who provide evaluation, WM management and referral services.
 - ASAM 1 WM Ambulatory WM without Extended On-Site Monitoring is an organized outpatient service, which may be delivered in an office setting, a health care or addiction treatment facility or in a patient's home by trained clinicians who provide medically supervised evaluation, WM management and referral services.

1 ASAM Levels of Care Criteria, Second Edition Revised; ASAM 2013.

2 Chemical Dependency & Dual Diagnosis, Adult & Adolescent 2016 InterQual Level of Care. McKesson Health Solutions.

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