

# QUALITATIVE ANALYSIS OF REASONS WHY PATIENTS DECLINE ASAM LEVELS OF CARE

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## INTRODUCTION

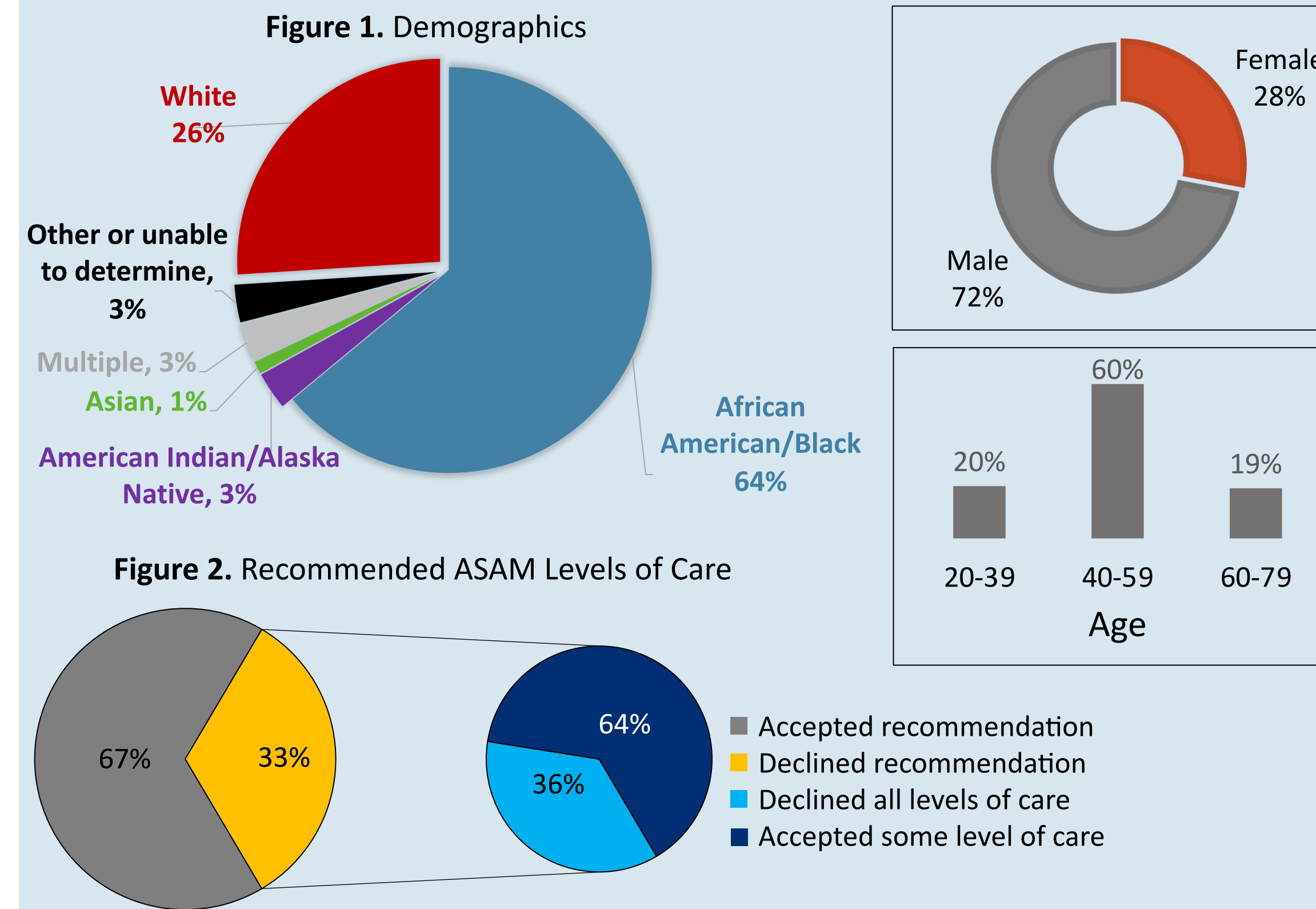
- ASAM guidelines recommend offering though not requiring, engagement in psychosocial treatment in conjunction with medications for addiction treatment (MAT)
- Various studies have identified barriers and reasons as to why patients do not participate in recommended ASAM levels of care which includes stigma and impacts on jobs and daily life<sup>1, 2, 4</sup>
- Cook County Health (CCH) integrated MAT and recovery support services into the primary care setting to reduce these barriers
- **Why does this study matter?** We explore ASAM levels of care most recommended to patients at CCH, patient acceptance of linkages to ASAM levels of care in conjunction with embedded services versus embedded services only, and reasons for declining recommended levels of care

## METHODS

- Qualitative analysis includes IRB-approved study detailing patient intake assessments completed at CCH's ambulatory health centers that provides primary care based MAT and recovery support services between year 2019 to 2021
- Intake assessments include:
  - ✓ Structured data elements evaluating the 6 dimensions of the ASAM criteria to determine an appropriate ASAM level of care
  - ✓ Whether a referral for external SUD psychosocial treatment was accepted and placed
  - ✓ Reasons provided by patients if recommended level of care was declined
- Patients who declined all ASAM levels of care were included in this analysis to identify themes and barriers to care



## RESULTS



**Table 1.** Analysis of documented reasons for declining ASAM levels of care

Reason for declining level of care	n = 118	%
Financial, work, and family obligations	32	27
Prefers recovery coach or counseling	20	16.9
Does not want treatment	18	15.25
Desires to try medication treatment before enrolling in a program	13	11
Will follow-up on referral at a later time	11	9.3
Currently on electronic monitoring	6	5.1
Desires to focus on medical conditions now	4	3.3
"Does not like rules", "feels like jail"	2	1.7
Disabled and immobility issues	2	1.7
Pending parole decision	2	1.7
Wants time to think about it	2	1.7
Desires mental health services and therapy	2	1.7
Meetings are too religiously oriented	1	0.84
Possible relocation soon	1	0.84
Desires to obtain secure housing prior to enrolling	1	0.84
Worried about insurance coverage	1	0.84

## CONCLUSION

- Creating flexible patient-centered treatment opportunities may improve access and engagement
  - 1/3 patients declined recommended ASAM level of care
  - 1/4 of these reasons for declining relate to family, work or financial obligations
- Primary care embedded MAT and recovery care management such as provided by our recovery coaches, can serve as a care choice with potential for later engagement in recommended ASAM level of treatment
- Policies and practices that require patients to participate in ASAM levels of care to access MAT contribute to access challenges and may disproportionately affect vulnerable subpopulations of persons with SUD
- Findings differ from National Survey on Drug Use and Health, where affordability of care was a key theme. This is likely due to Illinois Medicaid coverage and state-funded coverage of ASAM levels of care

## LIMITATIONS

Our study occurred in an Illinois urban safety net setting, and findings may be less applicable in other care settings. Another limitation includes documentation pattern variation across recovery coaches

## AUTHORS & DISCLOSURES

No authors have any disclosures or conflict of interests

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