Innovative EMS Response to Overdoses: Beyond Naloxone

National Association of State EMS Officials
February 25, 2021
TASC’s Center for Health and Justice

COSSAP TTA Provider for
First Responder Led Diversion Initiatives

Website: www.centerforhealthandjustice.org
Panelists

• Mary Hedges, Program Manager, National Association of State EMS Officials

• Will Mueller, Assistant Fire Chief, Colerain Township Department of Fire and EMS

• Gene Hern, MD, MS, Medical Director, GMR, Contra Costa, Department of Emergency Medicine, Highland Hospital

• Tim Seplaki, Chief, EMS Data and Intelligence, New Jersey Department of Health, Office of Emergency Medical Services
Learning Objectives

After the panel presentation participants will be able to:
• Identify a variety of non-traditional responses by EMS agencies to the overdose epidemic.
• Explain how a Quick Response Team (QRT) can add to the care EMS can provide to those with opioid use disorder.
• Describe the benefits of expanding the role of EMS in responding to substance use disorder.
Quick Response Team

Colerain Township Department of Fire and E.M.S.

Will Mueller – Assistant Fire Chief
Colerain Township Department of Fire and EMS
Hamilton County, Ohio
Discussion Points

• Discuss statistical data and the scope of the epidemic specific to Colerain Township.

• Define a Quick Response Team (QRT)

• Discuss the QRT response model

• Review QRT response model efficacy and other operational data.
Statistical Data: Painting the Picture

- 14th Largest Community in the State of Ohio
- 43.2 Square Miles
- 58,499 residents
- 23,000 Households
- 5 Fire Stations
- 160 Fire Department Personnel
- Fire Department Staffing: 33 personnel
- 54 Law Enforcement Personnel
What is a Quick Response Team?
QRT Response Model

- Firefighter/Paramedics each specially trained as:
  - Tactical Paramedics
  - Defense
  - CDCA Certified

- Law Enforcement Personnel
  - CDCA Certified
  - Supply Reduction

- Social Worker/Addiction Counseling Expert
  - Triage
  - Assessment
Deployment

- Overdose incident kicks off a chain reaction of events
  - EMS/Law Enforcement Response
  - Narcan/Recovery Packet Distribution
  - QRT meets weekly to pull overdose responses from police reporting database
  - QRT conducts door-to-door follow-ups
  - On-site assessment (medical and recovery)
    - Narcan Distribution
Program Efficacy and Operational Data

- QRT has been operational since July 2015
- Approximately 550 “Overdose Follow-up” investigations
- The QRT and Addiction Services Council professionals have succeeded in connecting “face-to-face” with 379 of those follow ups. (69%)
Program Efficacy and Operational Data

- 72% (272) success rate in getting individuals entering into treatment.

- Repeat overdoses are down from 22% in 2016 to 6% to date in 2020.

- Overdose responses to date in 2021 have been reduced by a little over 43% since 2017 (peak).
Moving Forward

“You can’t go back and change the beginning, but you can start where you are and change the ending.”

~ Clive Staples Lewis
4 Pillars of Innovation
Contra Costa County, California

Gene Hern, MD, MS
Medical Director, GMR, Contra Costa
Dept. of Emergency Medicine, Highland Hospital
Oakland, California
Breaking Down Silos Across Agencies

- EMS
- Public Health
- Overlap in Goals to change outcomes
- Key players
  - 911 Transport Medical Director
  - Local EMS Agency Medical Director
  - Public Health Medical Director
4 Potential Pillars to Address Opioid Use Disorder (OUD)

- Public Access Narcan
- Warm Handoff to Public Health Resources
- Overdose Receiving Centers
- EMS initiated 1st dose MAT
Narcan Distribution Project

- Naloxone (Narcan) distribution program
  - Initiated and conducted by EMS providers
  - Based on Project Friend in SF
  - The 911 transport agency
    - Identifying and distributing naloxone
    - Patients
    - Family members
    - Bystanders
  - Once they have identified high-risk situations or situations where an opioid use disorder may be present.
Warm Handoff to Public Health

- A referral of 911 patients to a public health outreach coordinator/intervention team
- A data linkage between the 911 transport provider and the public health agency
- 911 PCR -> First Watch at Local EMS Agency -> Trigger sent to Public Health SUN (Substance Use Navigator)
- The public health agency SUN then contacts the patient to further assist enrollment in medication assisted treatment programs within the county
Warm Handoff to Public Health

- These programs would not only be accessible to underserved patients
- Also information for patients who have existing health insurance through private insurers as well
- Referrals to multiple MAT programs in various health plans
  - Private Insurance
  - Self Pay
  - Medi-Cal, ACA
Overdose Receiving Centers

- Based on existing EMS “Receiving Center” model
  - Trauma, Stroke, Heart Attack

- Risk of dying from OD similar to MVA or GSW
  - 14.2 (OUD) per 100k vs 11.9 (MVA) and 12.2 (GSW)

- Authorizes EMS to take to ED where Integrated OUD program exists
  - Cal Bridge Program site in Contra Costa County (~80 around state)
  - Not required but suggested
ADMINISTRATIVE DIRECTIVE
No. 20-CLN-005

To: Contra Costa County EMS Providers

From: Dr. David Goldstein, EMS Medical Director

Date: March 30, 2020

Subject: Destination Considerations for Patients with Opioid Withdrawal
Beginning **April 1st 2020**, all patients that are experiencing symptoms of opioid withdrawal, including those patients that have received Naloxone after suspected opioid overdose, should be transported to **CCRMC Emergency Department** for initiation of Buprenorphine and link to outpatient treatment unless they elect another ED or refuse transport.
EMS initiated 1st dose MAT

- Based on the Pioneering work of Dr. Carroll and others in Camden, New Jersey
- State of New Jersey Health Officer allows Buprenorphine to be given by Paramedics after Naloxone
- EMS Evaluates patients with COWS score 7 or greater
- Contra Costa County, California Pilot Study Began in Sept 2020
- Patient eligible either post Naloxone or pure withdrawal symptoms
How Will it Work?

- Paramedic Assess for Opioid Withdrawal Symptoms
- Either from:
  - Patient receiving Naloxone/Narcan
  - Patient not having used opiates
Emergency Medical Services
Opioid Withdrawal: Adult Medical Treatment Guidelines

Any Exclusion criteria present?
- Under 18 years of age
- Pregnant
- Any methadone use
- Altered mental status and unable to give consent
- Severe medical illness (sepsis, respiratory distress, etc)
- Recent benzodiazepine, alcohol, or intoxicants suspected

Clinical Opioid No
- Unable to comprehend potential risks and benefits for any reason
- Not a candidate for buprenorphine maintenance treatment for any reason

Clinical Opioid Withdrawal Scale (COWS)>7

Signs and Symptoms
- Tachycardic
- Gastrointestinal distress
- Hot and cold flashes
- Poor concentration
- Diaphoresis
- Rhinorrhea
- Restlessness
- Piloerection
- Yawning

Provide supportive treatment
Provide counseling and assess patient interest in buprenorphine
Is patient agreeable to treatment?

Give Medication Assisted Treatment brochure
Yes

Contact Opioid Protocol Physician
Request buprenorphine protocol

With Approval
Give water to moisten mucous membranes
Administer 16mg buprenorphine SL
Reassess after 10 minutes

If symptoms worsen or persist
Redose with 8mg buprenorphine
Total Maximum Dose 24mg

Inform patient Public Health will initiate contact within 72 hours to offer additional treatment

Recommend transport to designated Opioid Receiving Facility Process
EMS initiated 1st dose MAT

- Calls “Base” physician to discuss case
- If MD agrees and authorizes, 1st dose of Buprenorphine given

- Early Data
  - 5 Pilot patients thus far (1 post Narcan, 4 in pure withdrawal)
  - 60% 30 day retention in treatment
Creating a Culture Change:

Incorporating EMS to Combat the Opioid Crisis

Tim Seplaki
Chief, EMS Data and Intelligence
New Jersey Department of Health
Office of Emergency Medical Services
EMS in New Jersey

Tiered Response:

• 23,940 Emergency Medical Technicians (EMTs)
• 1,752 Mobile Intensive Care Paramedics
• 517 Agencies submitting data
• ~ 150,000 Records received monthly

Why are these numbers important???
Drug-Related Deaths in New Jersey

County: All

Total Drug Deaths

Drugs Mentioned in Decedent Toxicology:
- Cocaine
- Fentanyl
- Methadone
- Opioids
- Diazepam

Drug Death Rate per 100,000

Drug Deaths by County of Death

Drugs Death Rate by County of Death

Public Dashboard
Involving EMS To Help Break the Cycle
Involving EMS To Help Break the Cycle
Fostering a Paradigm Shift in EMS

From

To
Substance Use Disorder (SUD)

Where does EMS Fit?

- Building relationships
- Education
- Resources
- Harm Reduction Centers
- Building Resilience
Medication Assisted Treatment (MAT) & EMS

Buprenorphine

- Approved June 2019
- 1 Program
- Over 100 administrations
  - Over Half Refused Transport
  - EMS Refers to 24-hour follow-up
“Five Minutes to Help” Program

- **Online**
  - 1 hr. Intro. Program

- **Classroom**
  - 4 hr. Classroom

- **Instructor**
  - 8 hr. Instructor level
Introduction to Five Minutes to Help

• 1hr. Intro. Program
• 24/7 access
• Available to anyone
• 913 completed in 2020

https://njlmn.njlinacs.net/
Instructor Resources Website

Rutgers School of Public Health
Center for Public Health Workforce Development

NJ Health
New Jersey Department of Health

New Jersey Office of Emergency Medical Services

About Five Minutes to Help
The opioid epidemic facing this country is a well-known, well-documented public health crisis. It is impacting individuals and families by the tens of thousands, and there are likely very few people in New Jersey who do NOT know at least one person...
Building Resilience

Trauma Informed Care

- Harm Reduction Center Awareness
- Compassion Fatigue
- Self Awareness
- Mental Health Awareness
Resources
Moving Forward

- Expand the EMS role in recovery efforts
- Combat compassion fatigue
- Evaluate benchmarks to gauge success
- Incorporate provider wellness programs
Q & A

Have More Questions? Contact the panelists!

• Mary Hedges, hedges@nasemso.org
• Dr. Gene Hern, emergentt@gmail.com
• Assistant Chief Will Mueller, wmueller@colerain.org
• Tim Seplaki, Timothy.Seplaki@doh.nj.gov

To request training and technical assistance, contact CHJ:

Hope Fiori
Center for Health and Justice at TASC
(312) 573-8204
hfiori@tasc.org

or visit the TTA request page on the COSSAP website:
https://www.cossapresources.org/Program/TTA/Request