



Opioid Use Disorder Support Program

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Leading cause of accidental death since 2011

2/3 involve
opioids

Oct 2020-2021, increase in OD deaths by 100,000

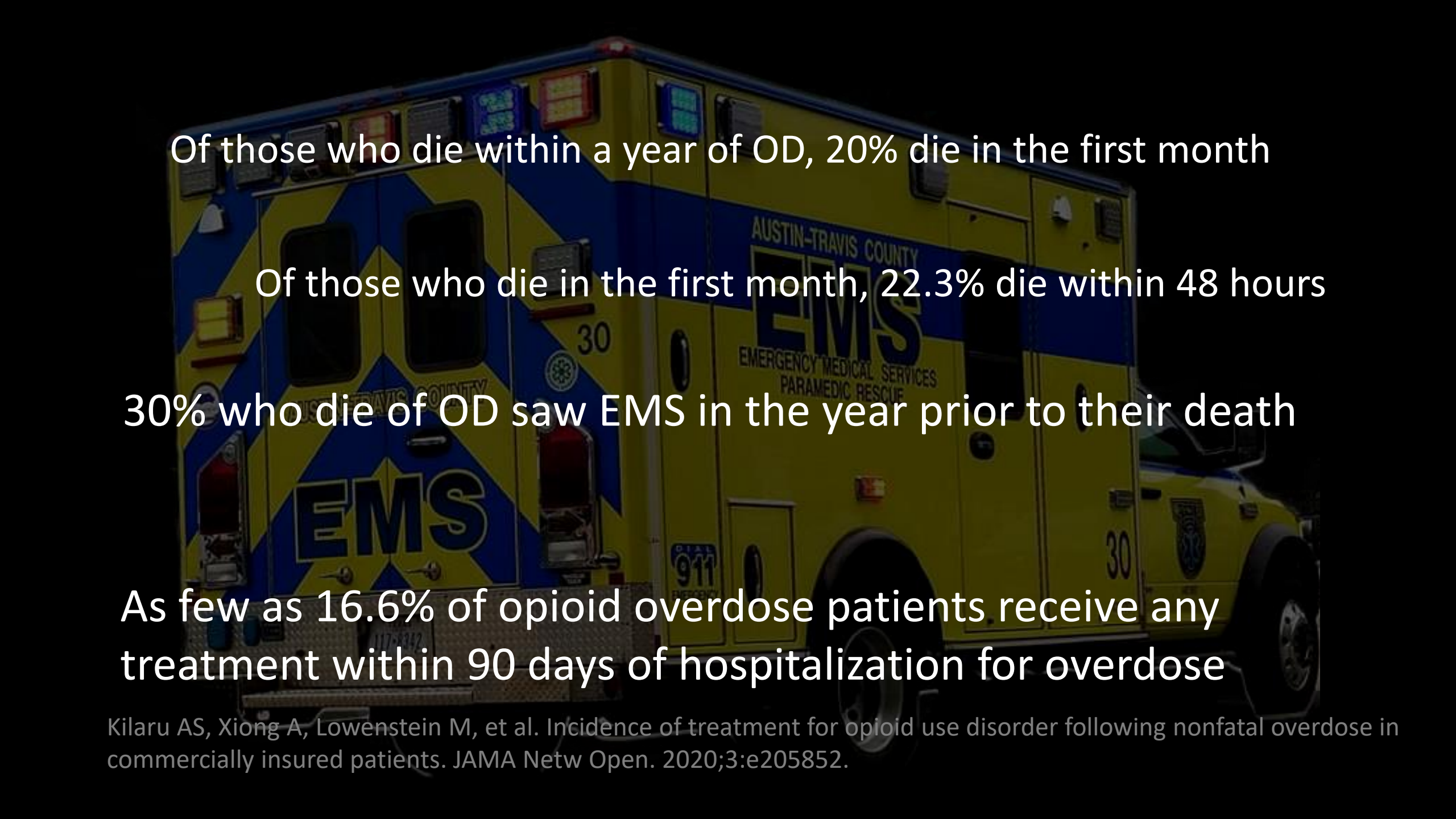
Opioid-related EMS runs:

2018: 91,065

2019: 144,802

2020: 242,904

5.5% 1 year mortality after nonfatal OD



Of those who die within a year of OD, 20% die in the first month

Of those who die in the first month, 22.3% die within 48 hours

30% who die of OD saw EMS in the year prior to their death

As few as 16.6% of opioid overdose patients receive any treatment within 90 days of hospitalization for overdose

Kilaru AS, Xiong A, Lowenstein M, et al. Incidence of treatment for opioid use disorder following nonfatal overdose in commercially insured patients. *JAMA Netw Open.* 2020;3:e205852.

What works

Only buprenorphine or methadone reduces mortality

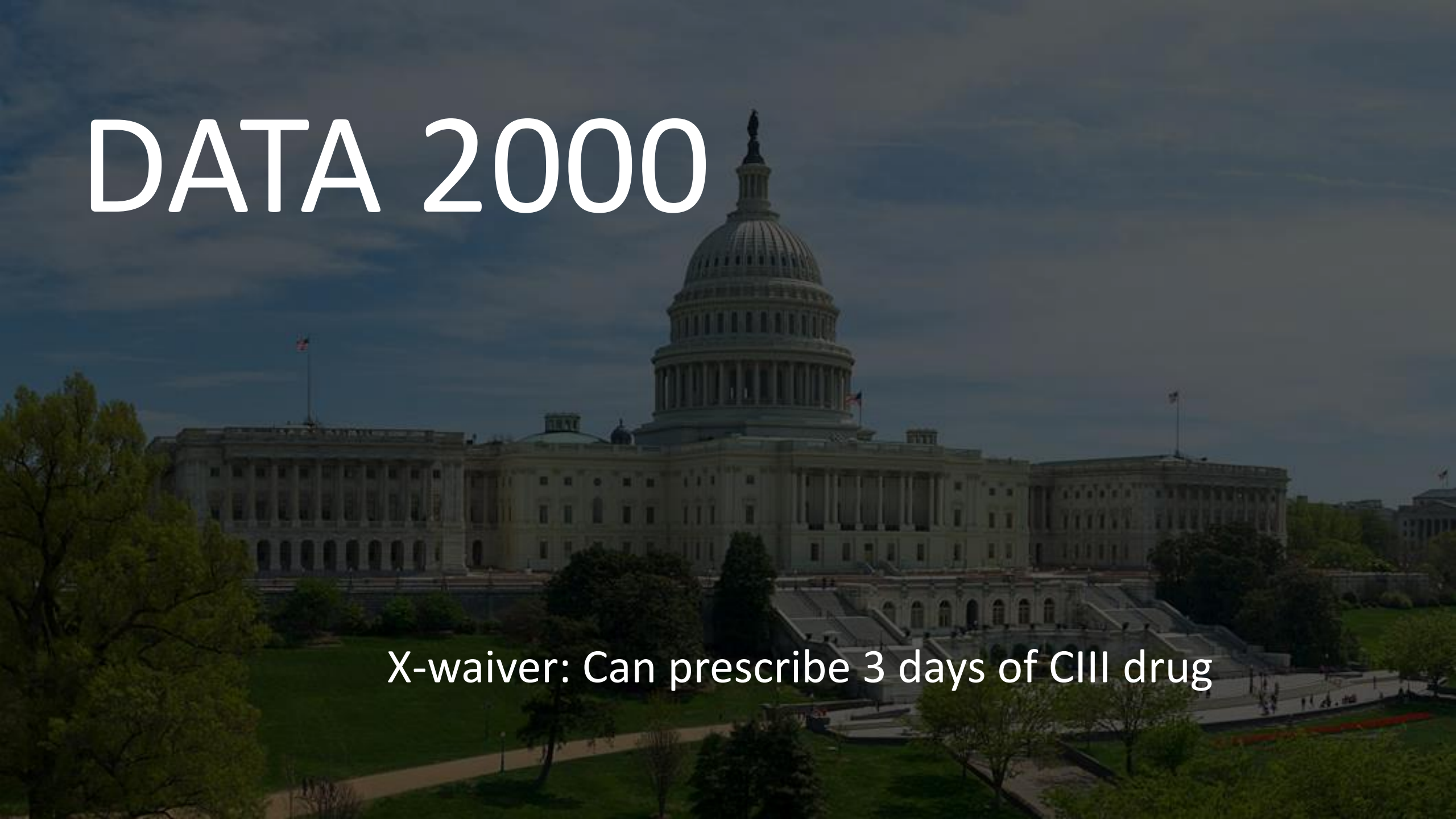
ED buprenorphine program: 49% retention at 30 days

Shorter ED LOS by 40% (8.4 vs. 5.1h)

Wakeman SE, Laroche MR, Ameli O, et al. Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder. *JAMA Netw Open*. 2020

Kaucher KA, Caruso EH, Sungar G, Gawenus L, Hurlbut K, Sanchez DC, Broderick K. Evaluation of an emergency department buprenorphine induction and medication-assisted treatment referral program. *Am J Emerg Med*. 2020 Feb;38(2):300-304. doi: 10.1016/j.ajem.2019.158373. Epub 2019 Jul 30. PMID: 31387811.

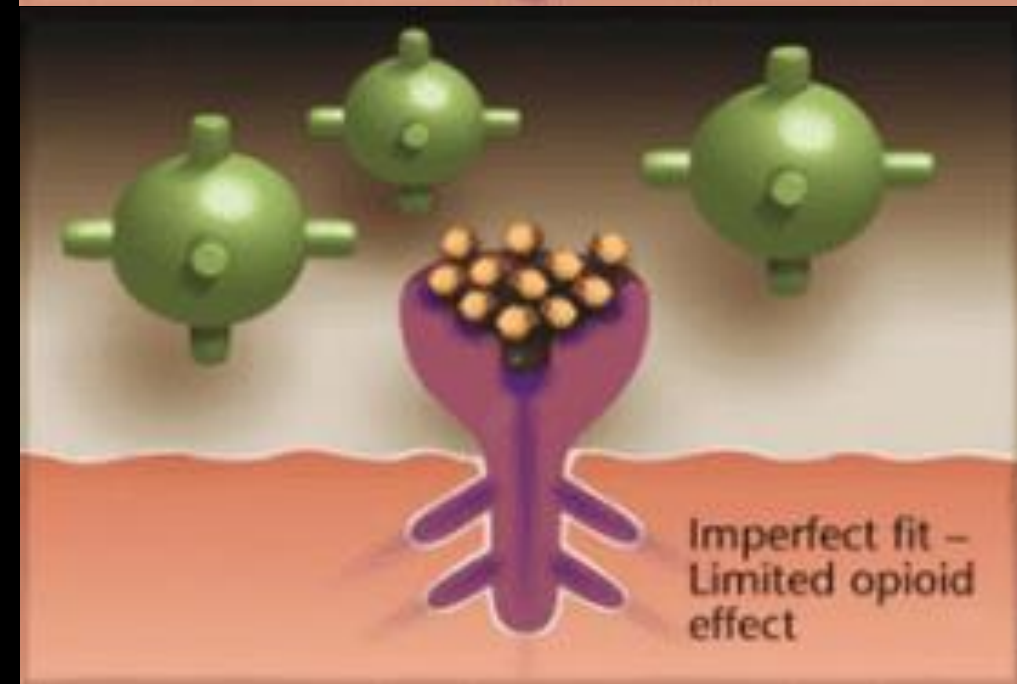
DATA 2000



X-waiver: Can prescribe 3 days of CIII drug

Buprenorphine

- Partial agonist
- High receptor affinity



ED buprenorphine program

Treatment retention after 30 days

Referral: 37%

Brief intervention and referral: 45%

Buprenorphine and referral: 78%

D'Onofrio G, O'Connor PG, Pantalon MV, et al. Emergency Department-Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence: A Randomized Clinical Trial. *JAMA*. 2015

PHARMACIST: PLEASE DISPENSE
WITH MEDICATION GUIDE
PROVIDED SEPARATELY

30 TABLETS

ED buprenorphine program

Days of illicit opioid use

Referral: 5.4 days to **2.3 days**

Brief intervention and referral: 5.6 days to **2.4 days**


Buprenorphine and referral: 5.4 days to **0.9 days**

D'Onofrio G, O'Connor PG, Pantalon MV, et al. Emergency Department–Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence: A Randomized Clinical Trial. *JAMA*. 2015

PHARMACIST: PLEASE DISPENSE
WITH MEDICATION GUIDE
PROVIDED SEPARATELY

Rx only
30 TABLETS

Barriers and Gaps

A photograph of a homeless encampment. In the foreground, a woman in a black uniform and sunglasses stands near a woman sitting on a cot. A large green tent is the central focus. To the right, another person is bent over a cot. The background shows more tents and a building.

Patient

- The withdrawal “gap”
- Lost to follow up
- Lack of resources
- Cost
- Transportation
- Stigma

Provider

- Lack of training
- Need for waiver
- Logistical or insurance barriers
- Stigma

EMS initiated buprenorphine programs

- Camden, NJ
- 28 patients enrolled, 3 described
- Treatment retention:
 - 2/3 at 30 days

Carroll GG, Wasserman DD, Shah AA, Salzman MS, Baston KE, Rohrbach RA, Jones IL, Haroz R. Buprenorphine Field Initiation of ReScue Treatment by Emergency Medical Services (Bupe FIRST EMS): A Case Series. *Prehosp Emerg Care*. 2021 Mar-Apr;25(2):289-293.

EMS initiated buprenorphine programs

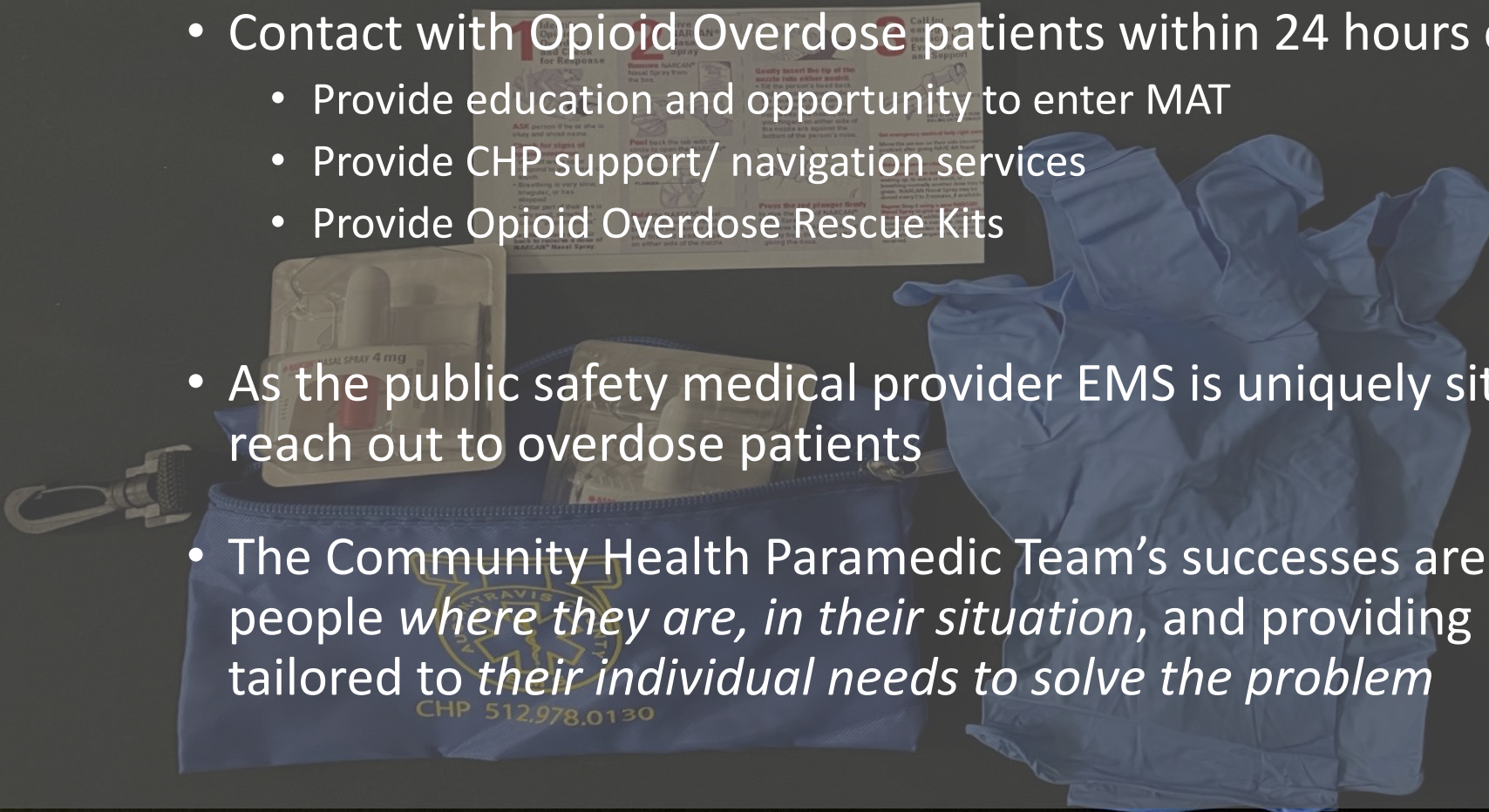
- Oakland, CA
- 36 patients enrolled, all but one transported to ED
- Treatment retention:
 - 50% at 7 days
 - 36% at 30 days

Hern HG, Lara V, Goldstein D, Kalmin M, Kidane S, Shoptaw S, Tzvieli O, Herring AA. Prehospital Buprenorphine Treatment for Opioid Use Disorder by Paramedics: First Year Results of the EMS Buprenorphine Use Pilot. Prehosp Emerg Care. 2022 May 13:1-9

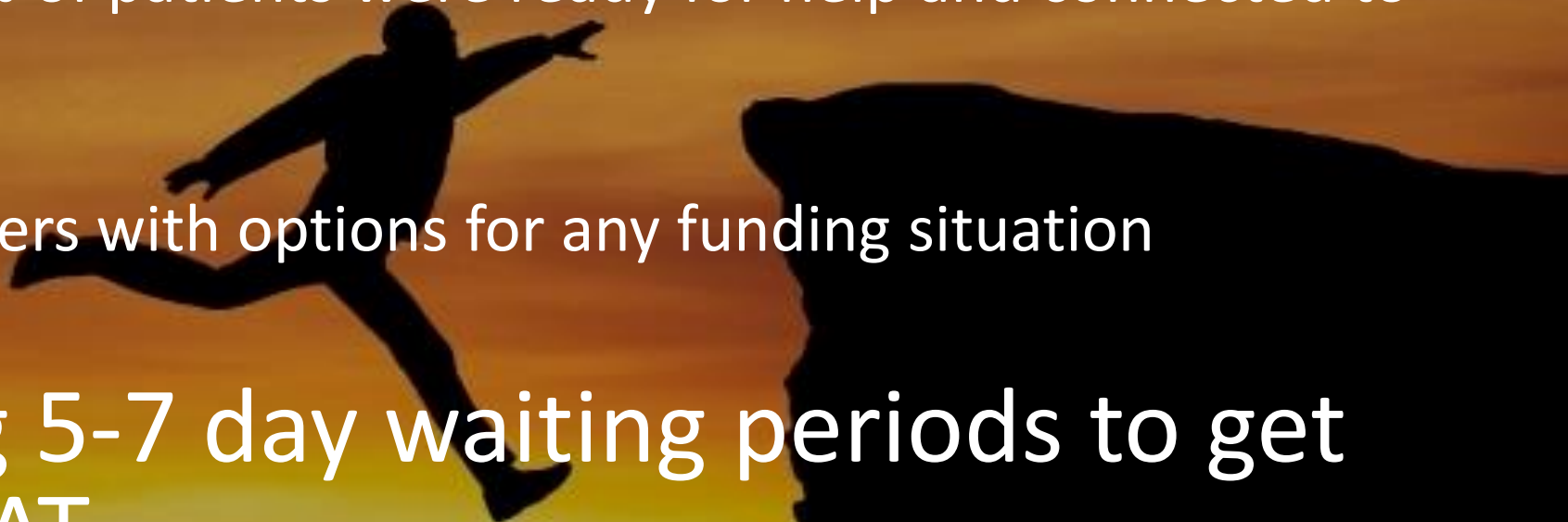


Opioid Use Disorder Support Program

- Began in 2018 as Opioid Emergency Response Program
 - Contact with Opioid Overdose patients within 24 hours of event
 - Provide education and opportunity to enter MAT
 - Provide CHP support/ navigation services
 - Provide Opioid Overdose Rescue Kits
 - As the public safety medical provider EMS is uniquely situated to identify and reach out to overdose patients
 - The Community Health Paramedic Team's successes are rooted in meeting people *where they are, in their situation*, and providing holistic services tailored to *their individual needs to solve the problem*

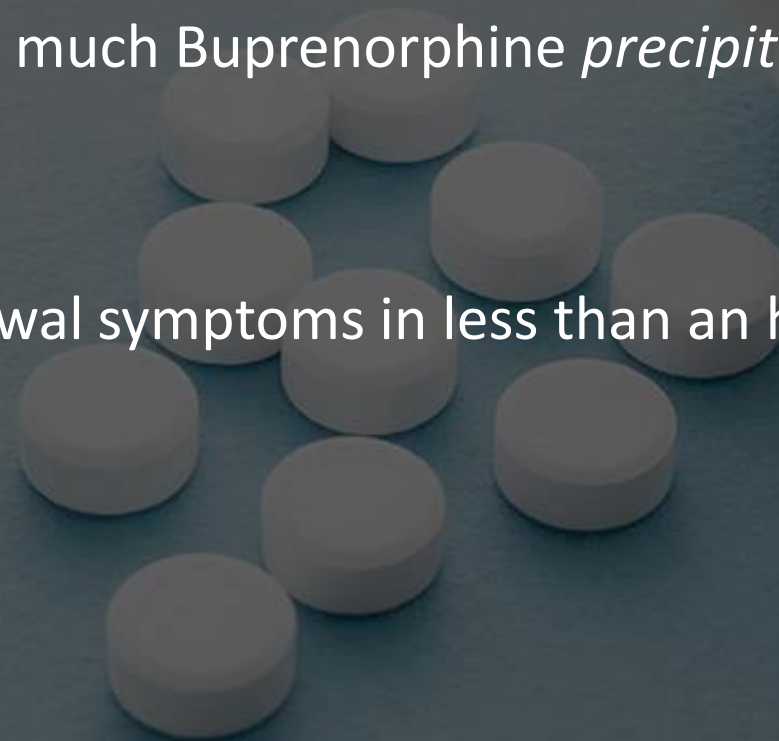


The OUD-Support Program – The Gap...

- In the first year, 20% of patients were ready for help and connected to MAT
 - Variety of MAT centers with options for any funding situation
 - Experiencing 5-7 day waiting periods to get started in MAT
 - Patients overdosing and dying waiting for their intake
- 
- A silhouette of a person in mid-air, jumping across a gap between two dark, jagged rock formations. The background is a warm, orange and yellow sunset sky. The person's arms are outstretched, and their legs are in a jumping motion, symbolizing overcoming a challenge or bridging a gap.

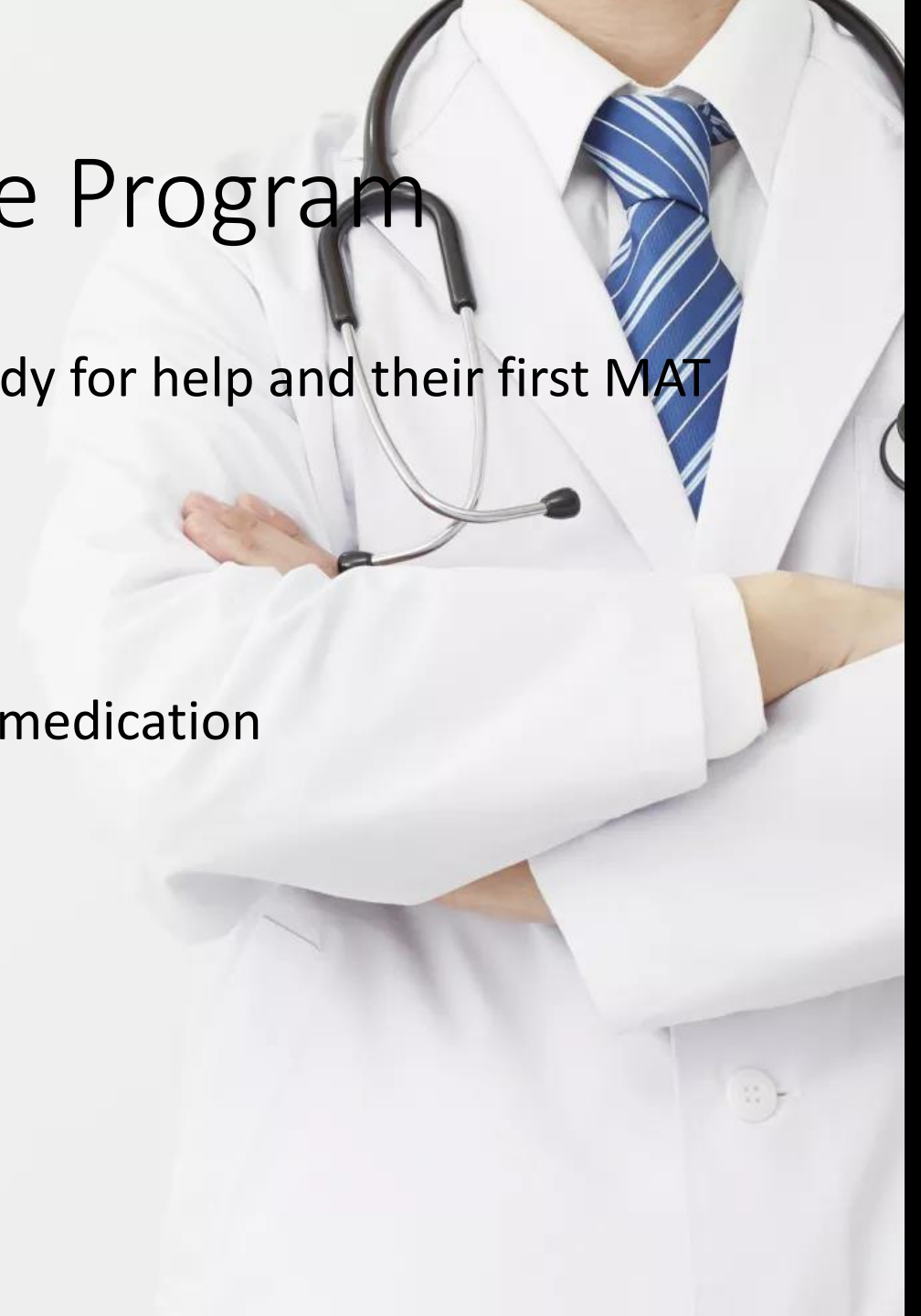
Buprenorphine is the answer

- Safe – it is HARM Reduction
 - Prevents opioid overdose while on it
 - Discourages abuse – taking too much Buprenorphine *precipitates* withdrawal
- Effective
 - Typically relieves most withdrawal symptoms in less than an hour
- Simple and Inexpensive



The Buprenorphine Bridge Program

- A “Bridge” between the time a patient is ready for help and their first MAT appointment
- Goal: 7 days or less in treatment
- No prescriptions – all direct-care delivery of medication
- Connect to MAT with *warm hand-off*
- X-waiver trained MDs and PA
- Initially 100% QA, then random QA monthly



How the program works

- 3 requirements to enter:
 - Patient must remain active/participate in enrollment in an MAT program
 - We're a short-term bridge, not an MAT program
 - Patient must meet a CHP paramedic everyday at a pre-established time/location for their dose
 - Using buprenorphine, not buprenorphine/naloxone – they must take it in front of the paramedic
 - The patient must be in withdrawal to start*
 - COWS score of ≥ 8
- 8 mg dose – re-evaluate in 1 hour

Continuing in the program

- Meet with CHP medic daily
- Establish funding and connect to *best* MAT program for patient
- Connect to mental health, primary care and any other support services needed
- Warm hand-off to MAT / Follow-up to ensure established

Thanks Mike...I had the baby this morning and she's healthy and great...thank you for your help.



Hey Mike! I'm doing really great :) Julia and I are working the program and it's working really really well. I can honestly say I've never felt better in my life. This is the first time in probably 12 years I've been fully sober besides smoking weed. It's the best feeling I feel so clear and fresh and I actually have energy it's amazing. Thank you so much

Thank you for your help, seriously. Also, for getting me out of the seedy situation I was in back there. You sorta saved my whole life that day, without even knowing it. And now I'm sober. My Mom will be grateful to you for forever. She sleeps better knowing she's not going to get an overnight call from the coroner. Thank you so so much. 🍷❤️



I love my job at sanctuary project. Im training for a half marathon in February. Life is amazing. Just an update 🙄

Thank you so much for your help the other day. One dose might not mean a lot to you or a lot of other people but it meant everything to me

Thank you! I actually am happy. And want to be alive. Its amazing

Thank you for seeing something in me no one else did. And believing in me

Thank you so much for this program. Thank you for believing in me to do right in it. I want this crazy sobriety. I have for a while. It's just been so difficult with all those chips stacked against me. You and your team have helped to knock a lot of those down.

Senior year at St. Edward's. Rugby team captain. One of your success stories. 11 months and counting!



This is the first day in two years I haven't done heroin and not been violently ill. It also saved me \$80 and I'll be able to get a room out of the cold tonight with that money. Thanks for helping me get on track to get my life back. It helps to talk to someone that understands. You're a lifesaver bro!!! Have a good rest of your day saving people!! Thx man

Just had my appointment with doctor. Went very well! Coolest thing ever! Thank you so much for all your help! This was my biggest worry to deal with once I got to Houston! You saved me a lot of worry! Your program is amazing and so happy it is out there for people like me and everyone! Thank you for caring!:)

"Ever since I can remember I felt I didn't fit in. When I found drugs and alcohol I thought I had found the answer. The drugs were the only consistency in my life, but with that came more loneliness, pain and trauma. All of this led to homelessness and sexual exploitation and left me with nothing and no one. I finally couldn't bare to go on like that.

I knew it was change or die. With the help of a paramedic, who was the only person who believed in me at the time, I was able to get help. Today, I don't feel lost, hopeless or alone. Even my toughest times serve a purpose. I've found gratitude and love today. My family is a part of my life again and I'm working towards a career where I can help others through my experience. And most importantly for the first time I'm truly happy."

Just wanted to say hello to my guardian angel 🙏!!!
Hey Mike! It's Angela
, I wanted to give u a little update on my journey!! I just picked up my 6 months, but also, I'm working outreach with Urban Alchemy & my supervisor is Jay !!!
My life has completely changed, thanks 🙏 to you & this community!! I love you Mike! I hope you are doing well 😊🥰🥰

Hey mike this is Allen I don't know if you remember me or not but you helped me get my first dose of Suboxone and helped me throw the week till my appointment with the obot I have been clean and sober for going on 5 months in sep thank you so much for saving me from that hell I ow you alot I've lost 139lbs and am getting out almost everyday working to the point where I can finally get a job and get off SSI again thank you so much I hope this is still your number

Buprenorphine Bridge Program – the numbers

- Began December 1, 2020
- As of October 25, 2022:
 - 236 patients treated
 - Averaging 4.4 days to hand-off*
 - 1290 doses of buprenorphine administered
= 1290 potential overdoses prevented
- 33% of patients are Self-Referrals

Buprenorphine Bridge Program – the numbers

- **91.9%** success rate at BBP patients starting in MAT programs
- Of those who start, **91.6%** are still active following the first critical 7 days

BONUS developments from the BBP

- MAT programs are reporting that our patients tend to be more successful in treatment
 - CHP medics have been coaching them for several days
- MAT programs in Travis County have reduced their delays to enroll new patients
 - MAT programs refer patients *to* CHP when there is a delay in intake
 - 23% of patients are referred *from* a MAT program
- 2 of our busiest ERs have begun programs to treat patients in withdrawal with buprenorphine and then hand them off to CHP
- Working with Community Care Clinics Street Med team to provide effective MAT care to people experiencing homelessness
 - 44% of our BBP patients are experiencing homelessness

Lessons learned

- The importance of starting with “are you ok?”
- The value of giving a person room to “get there” on their own
- COWs = 8 can almost be reached purely subjectively – look for objective findings
- Benzodiazepine withdrawal and anxiety can both cloud COWS
 - COWS should substantially drop after first 8 mg
 - Rare for a patient to require > 16 mg
- Current fentanyl on the street appears to have varied lengths of bioavailability
 - Even patients who will later require t.i.d. dosing, make it on 16 mg once a day
- Some patients are terrified of buprenorphine/treatment – require education
- Important to verify the patient received their meds, not just Rx

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Austin-Travis County EMS System Office of the Medical Director »
Uncategorized

By Austin-Travis County EMS System Office of the Medical Director

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Description

From the Austin-Travis County EMS System Office of the Medical Director, this blog will cover topics of prehospital care, emergency medicine, tactical medicine, rescue, community paramedicine, disaster response, and public health. Expect to hear medical pearls, the latest research, reviews of anything as it relates to EMS.

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