

## HOW MY CREW DOES "BU"!

Various Perspectives and Various Initiatives in Various Jurisdictions



















# BUPRENORPHINE BY EMS FOR OPIOID WITHDRAWAL- A COMMUNITY HARM REDUCTION INTERVENTION

DR. DAVID MIRAMONTES MD FAEMS FAEMS EMT-P
EMS MEDICAL DIRECTOR SAN ANTONIO FIRE DEPARTMENT

UT HEALTH SAN ANTONIO

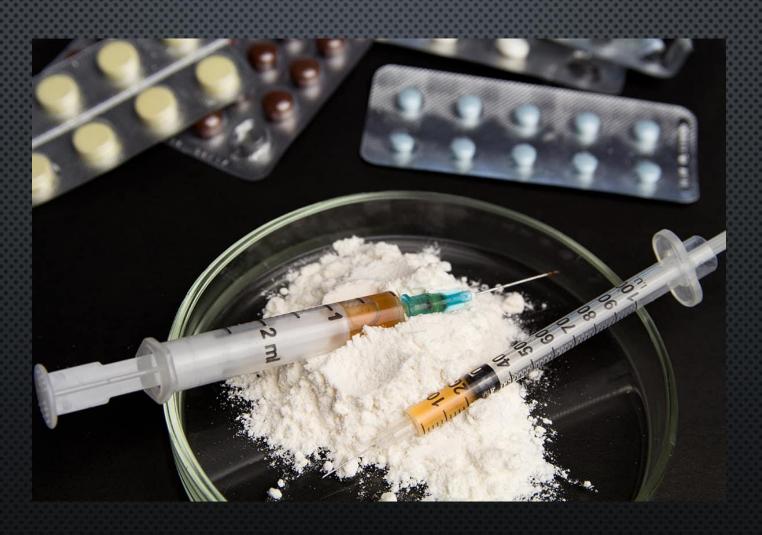


SAN ANTONIO FIRE DEPARTMENT

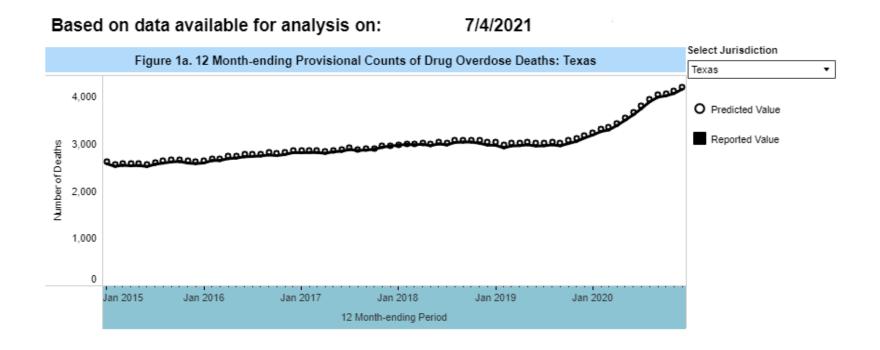




## THE PROBLEM

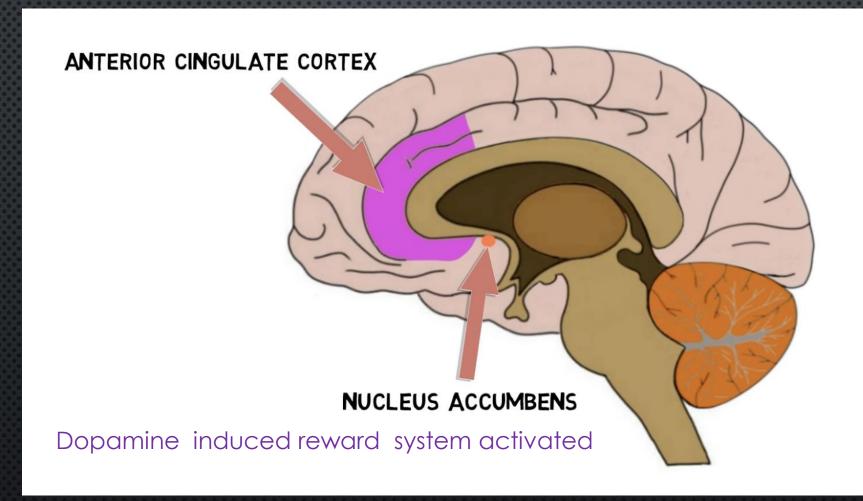


#### 12 Month-ending Provisional Number of Drug Overdose Deaths

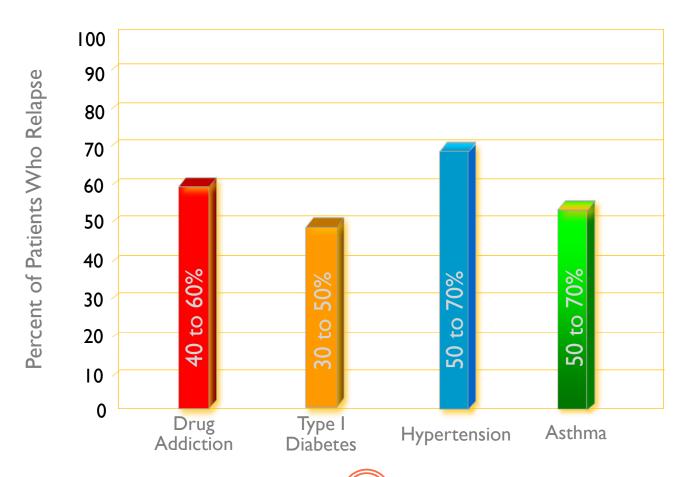


## OPIOID OVERDOSE DEATHS IN TEXAS: 2020

## Emotional Pain" blunted in Pre-Frontal Cortex



## Relapse Rates Are Similar for Drug Addiction & Other Chronic Illnesses



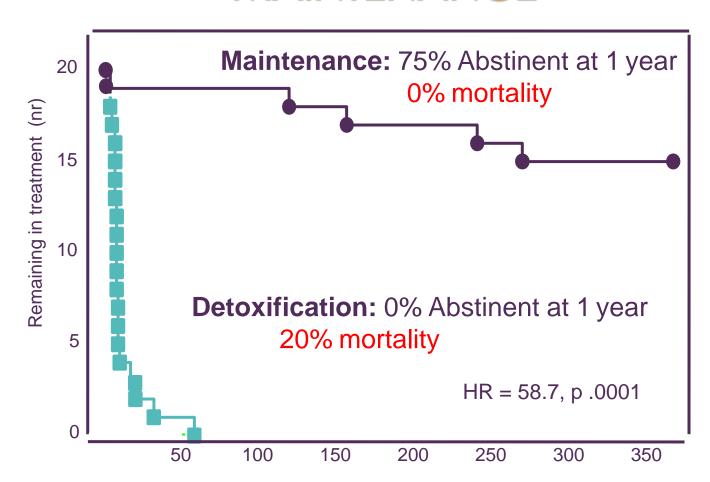
#### WHAT IS HARM REDUCTION?

## "YOU CAN'T HELP SOMEONE IF THEY ARE DEAD"

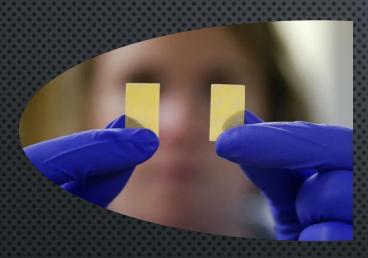
- PREVENTION OF DEATHS FROM OVERDOSE
- Decrease Infections and Wounds from IVDA
- HEALTHIER PREGNANCY
- Decrease use of 911 resources for Opioid Calls
- TREATMENT OF OUD BENEFITS:
  - LOWERS HIV AND HEP C- LESS USE SHARED NEEDLES
  - CRIME REDUCTION
  - ACCESS TO PRIMARY HEALTHCARE AND CANCER SCREENING
  - PATIENTS RETURN TO SCHOOL/WORK ENVIRONMENTS



# TREATMENT RETENTION: BUPRENORPHINE DETOXIFICATION VS. MAINTENANCE



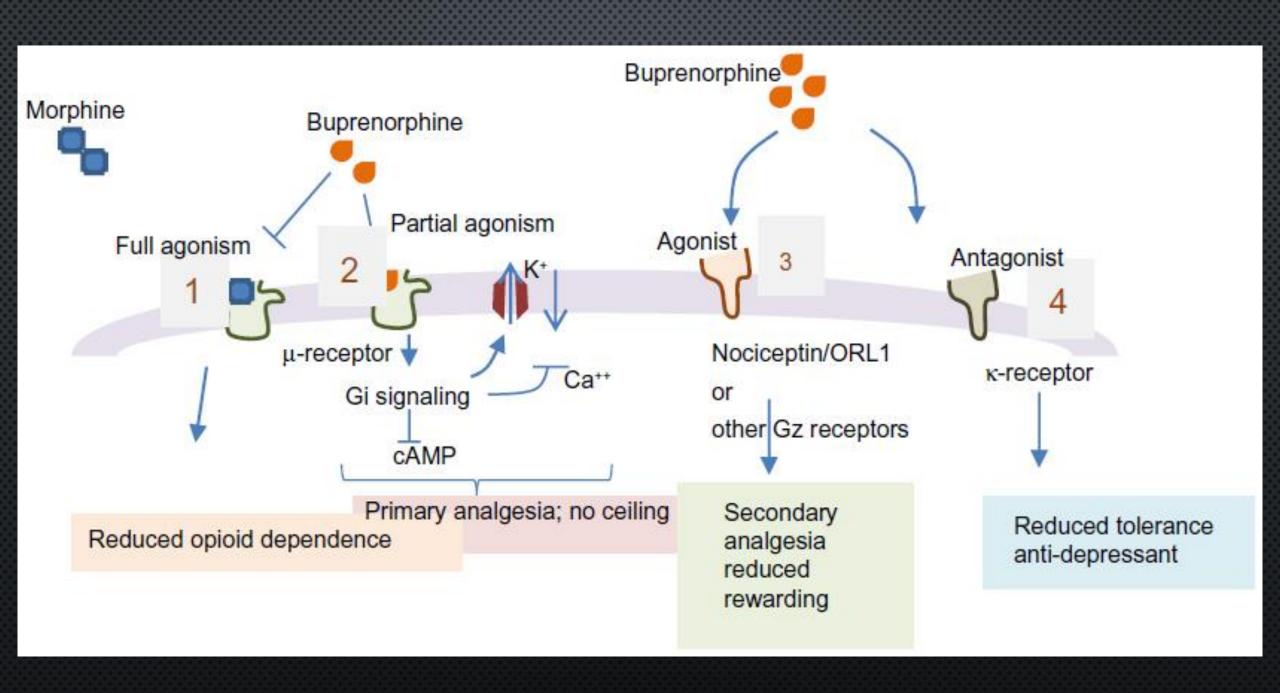
## BUPRENORPHINE AND NALOXONE SUBLINGUAL FILM

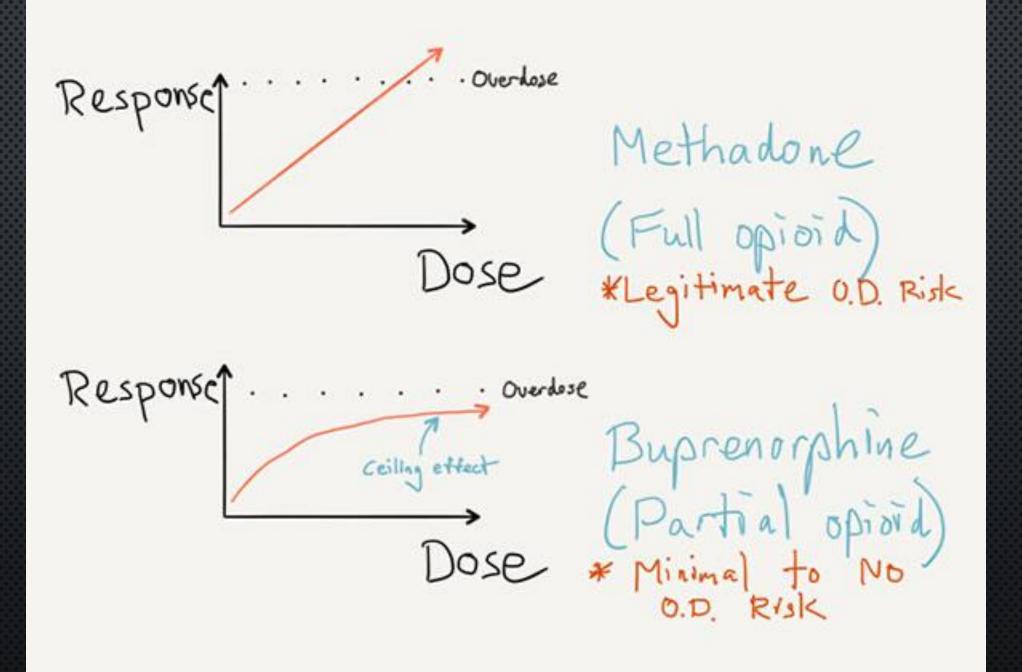












## SAFD MAT PROTOCOL (BUPRENORPHINE)

- BASIC PHYSICAL ASSESMENT AND VITALS
- COWS SCORE >8? (we go lower if high risk OD)
- LAST USE HEROIN >24 HRS or Methadone>3 days?



- ZOFRAN 8 MG ODT
- BENDRYL 25-50 MG PO
- Acetaminophen 975 mg PO
- IMMODIUM 2 TABS PO PRN
- BUPRENORPHINE 16 24 or 32 MG SL STRIPS
- IF LESS 24 HRS LAST USE ---CAN USE CLONIDINE 0.2 PO Q12 HRS.



#### TEXAS TARGETED OPIOID RESPONSE

#### **FY 2022: SAFD TTOR Patients and Referrals**



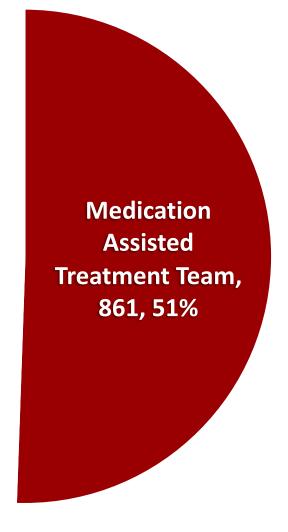
Total

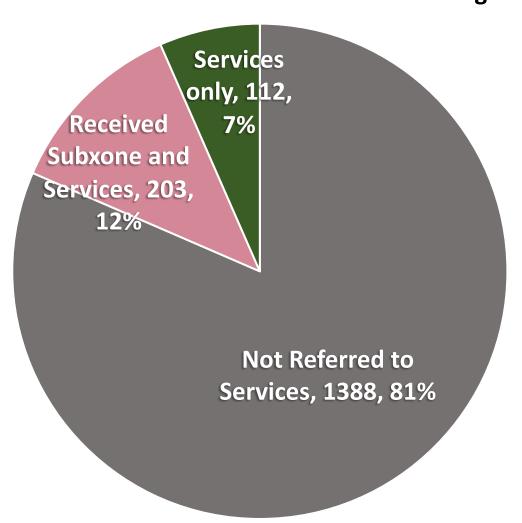
3480

**Overdoses** 

**Patients Admitted to TTOR Program = 1703** 

**Patients Referred to Services from TTOR Program** 





110k Team

842, 49%



## **SAFD Retention Rate-FY24**

Variable	Measure
Mean Length of Stay	107 Days
30 Day Retention	83%
60 Day Retention	67%
90 Day Retention	50%





## MILWAUKEE COUNTY

JUST THREE (BIG) STEPS... AND WHICH IS MOST IMPORTANT

Ben Weston, MD, MPH, FAEMS

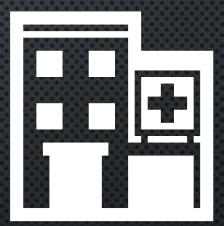
Chief Medical Director Milwaukee County EMS @BenWWeston















## The first hours.

## Buprenorphine can last > 24 hours















## **Don't** be deterred

## Take the first step





#### Patient Care Goals

- 1. Identify patients for EMS buprenorphine treatment
- Offer harm reduction kit, informational brochure, MIH referral for opioid withdrawal patients refusing transport

#### Patient Presentation:

#### Inclusion Criteria

Patient experiencing opioid withdrawal secondary to either:

- a) Naloxone administration following opioid overdose
- b) Period of abstinence from opioid use

Patient willing to share name AND date of birth

Adult age 18 or older

Exclusion criteria

Pregnant

Methadone use within the past 72 hours

Patient lacks decision-making capacity

#### Patient Management:

Supportive treatment, counseling, option for buprenorphine

<u>Do not delay</u> other appropriate emergency treatment for patients presenting with abnormal vital signs plus symptoms of distress Medications:

Consider giving pt some water to moisten mucous membranes Buprenorphine

Initial Dose: 16 mg SL

After 10 mins symptoms remain:

Second Dose: 8 mg SL

Max total 24 mg SL

Ondansetron PRN nausea or vomiting

ODT: 15-30 kg: 4 mg >30 kg: 8 mg

Acetaminophen PRN pain management

Single adult dose: 1g PO

#### Signs and Symptoms of withdrawal

Tachycardia, gastrointestinal distress, hot and cold flashes, poor concentration, diaphoresis, rhinorrhea, restlessness, piloerection

#### \*\*\*While you can offer guidance and alternative options to transport, you CAN NOT refuse transport for any patient\*\*\*

Decision-Making Capacity indicates an individual who is alert and oriented, has the capacity to understand the circumstances surrounding his/her illness or impairment as well as the possible risks associated with refusing treatment and/or transport, and can communicate their decision.

Opioid Alert: During full report to EMSCOM, indicate 'Opioid Alert BUP+' if pt received buprenorphine or 'Opioid Alert BUP-' if pt did not receive buprenorphine

Harm Reduction Kit may include the following: naloxone, fentanyl test strips, opioid use disorder information and treatment resources

#### Documentation:

Medical decision-making

Details of overdose and/or withdrawal

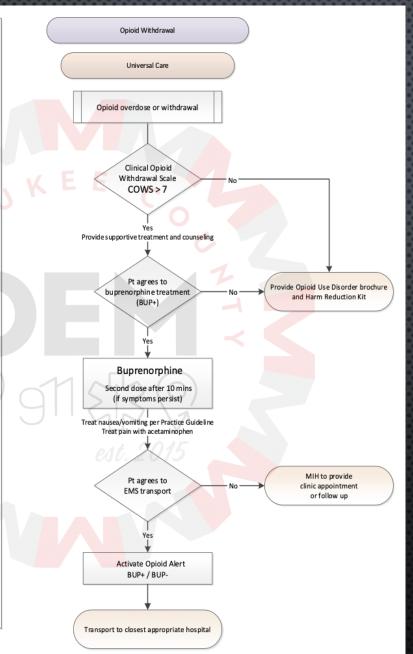
COWS score

Acceptance or refusal of buprenorphine and transport

#### Quality Assurance:

Pt agrees to buprenorphine treatment (BUP+)\_

Pt has decision-making capacity









## Thank you

Ben Weston, MD, MPH, FAEMS

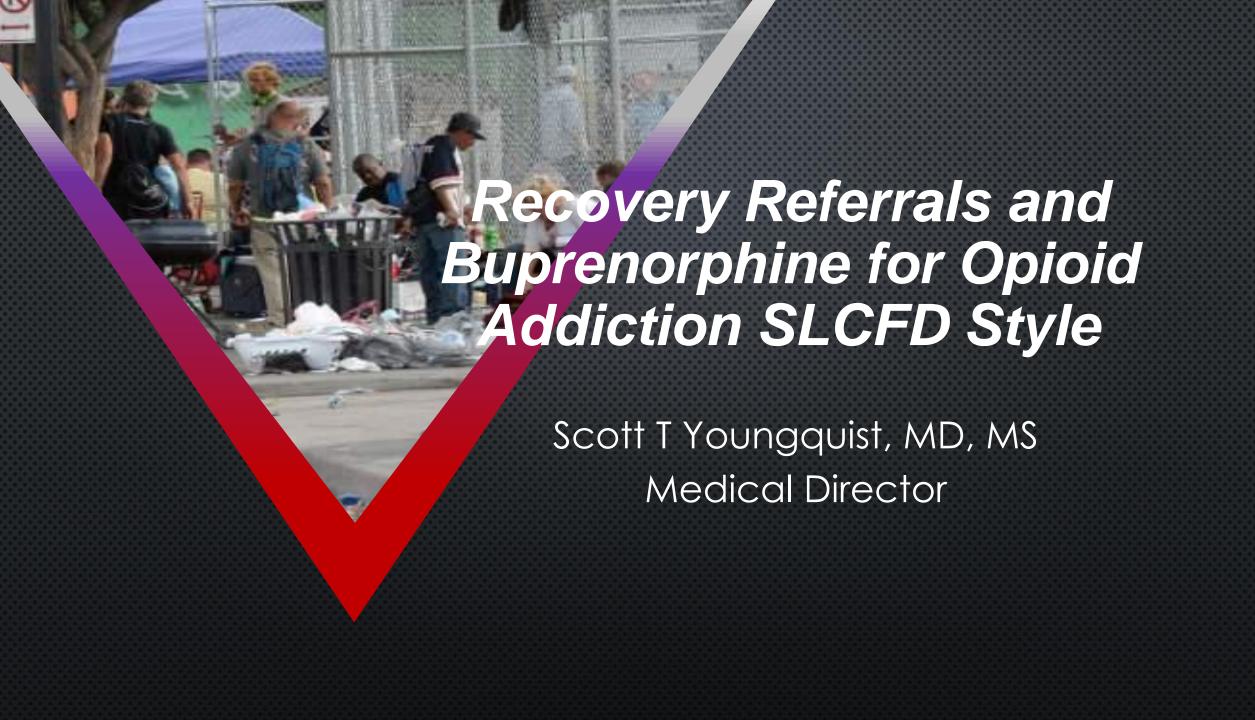
Chief Medical Director Milwaukee County EMS

@BenWWeston

beweston@mcw.edu









## WORKFLOW <u>DURING</u> CHAT HOURS

Patient Desires Transport?

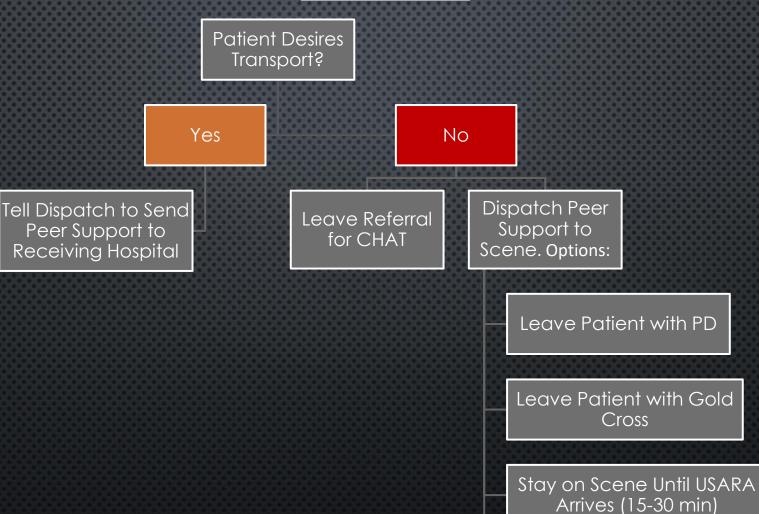
Yes

No

Tell Dispatch to Send Peer Supprot to Receiving Hospital

Leave on Scene with CHAT

## WORKFLOW <u>OUTSIDE</u> CHAT HOURS

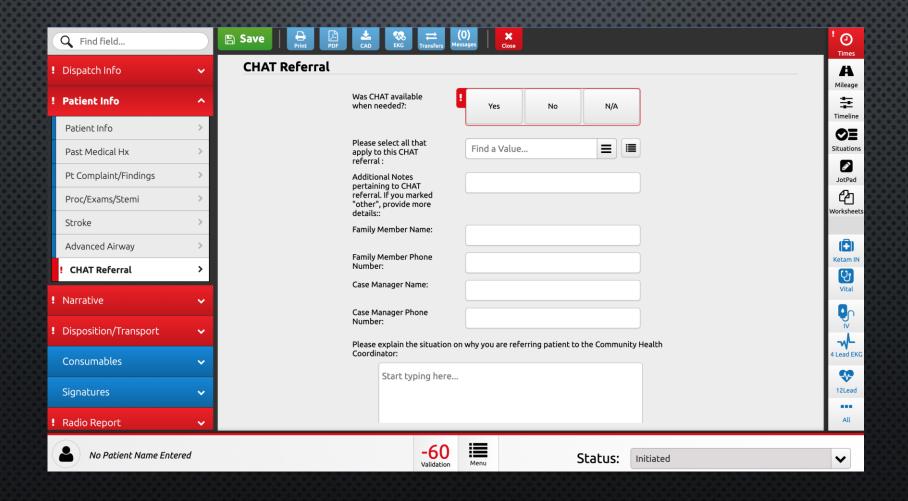


Leave Patient Alone to Wait for Peer Support

### PATIENTS WHO DECLINE ADDICTION SERVICES

REFER TO SOCIAL WORKERS FOR NEXT DAY FOLLOW UP. SOCIAL WORKERS WILL TRY TO ATTEMPT TO RE-ENGAGE THEM AND THE PATIENT MAY CHANGE THEIR MIND.

### AFTER HOURS REFERRALS







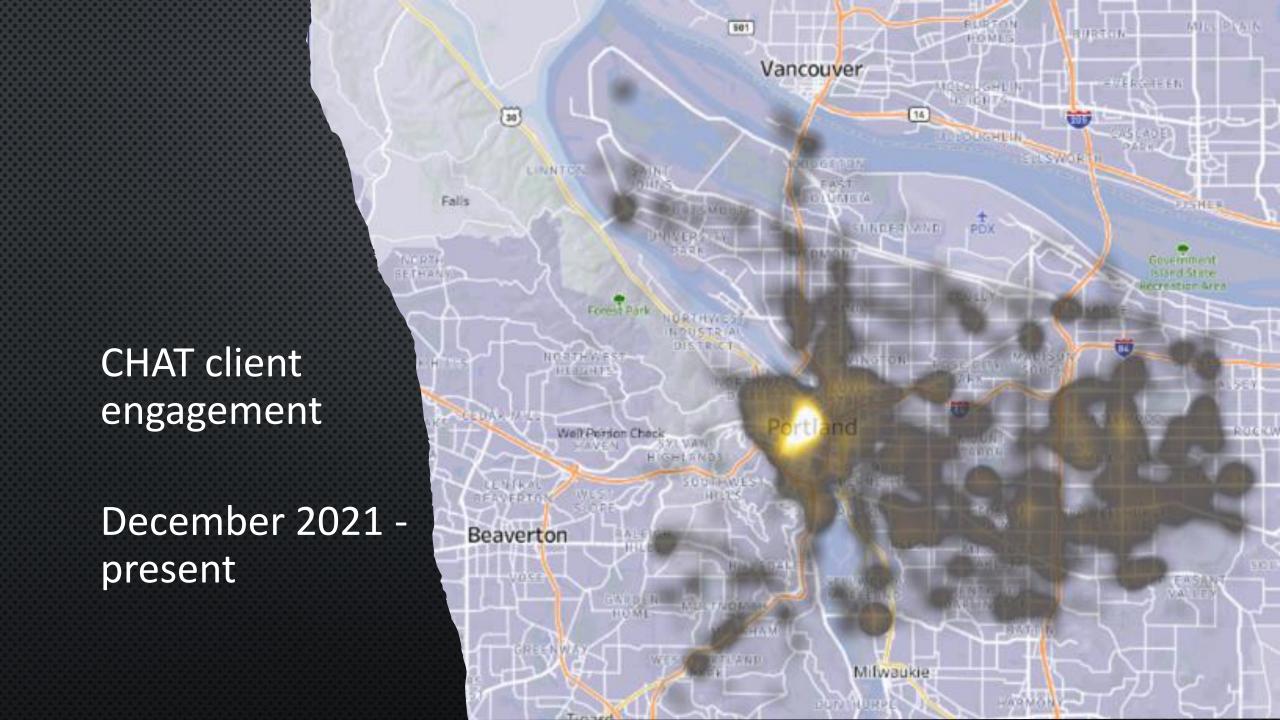








# CHAT MOUD PILOT COLLABORAT ION



## OVERDOSE RESPONSE INNOVATION

**OVERDOSE RESPONSE TEAM (ORT) PILOT** 

- Began January 2024 to address high volume of OD calls
- PF&R's FIRST SINGLE-ROLE PARAMEDIC RESPONSE TEAM (PARAMEDIC + EMT)
- Medication for Opioid Use Disorder (MOUD)
   Pilot began January 2024

**OVERDOSE SUPPORT TEAM (OST)** 

- Began February 2024 to support ORT in the field (RN + Peer Support)
- SUPPORTS ORT TEAMS GETTING BACK IN-SERVICE
- SUPPORTS MOUD PILOT





## WHAT DOES MOUD IN EMS LOOK LIKE? IN EMS LOOK LIKE?



RESPOND TO 911 CALL FOR OVERDOSE



IF OPIOID OVERDOSE, PATIENT IS GIVEN NARCAN BY EITHER BYSTANDER OR EMS PROVIDER IF NEEDED



SUBOXONE OFFERED TO PATIENT (INFORMED CONSENT)



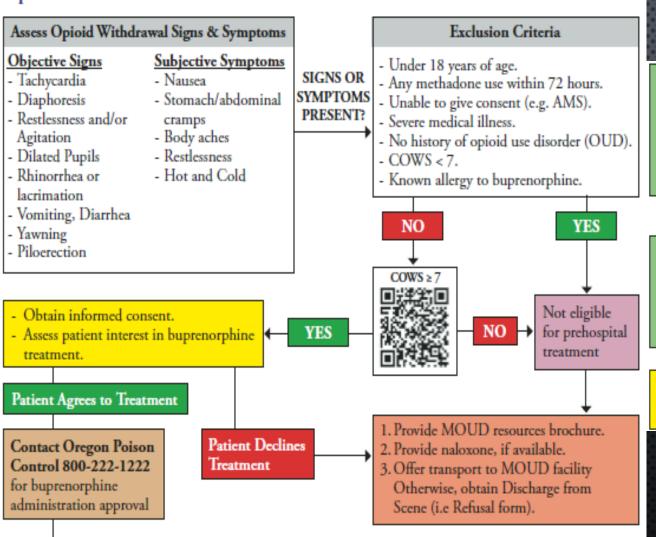
TRANSPORTATION ARRANGED
TO MOUD CLINIC,
ACCOMPANIED BY CHAT
PERSONNEL

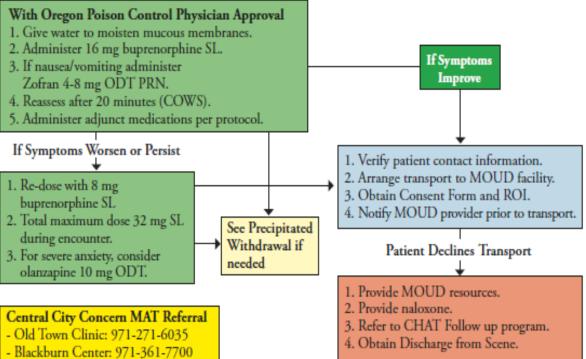


REFER TO CHAT AFTERCARE
TEAM FOR FOLLOW UP FOR 90
DAYS

## EMS Buprenorphine Protocol

#### Opioid Withdrawal: Adult Medical Treatment Guideline





## Aftercare team



Registered Nurse, EMT, Paramedic, community health worker, and peer support specialist



Partner with Central City Concern for continued MOUD treatment, social support, and wrap around services.



Maintain frequent contact and follow up for 90 days after the first 9-1-1 call.



Robust data collection, chart reviews and CQI

## WHAT DOES THE AFTERCARE TEAM DO?

Connect with the client in person

Assist in arranging appointments, including transportation

**HRSN** screening

Identify physical and behavioral health needs – create a care plan and assign multidisciplinary team members

Provide peer support and accompany individuals to appointments as needed

Collaborate with MOUD clinic patient navigators

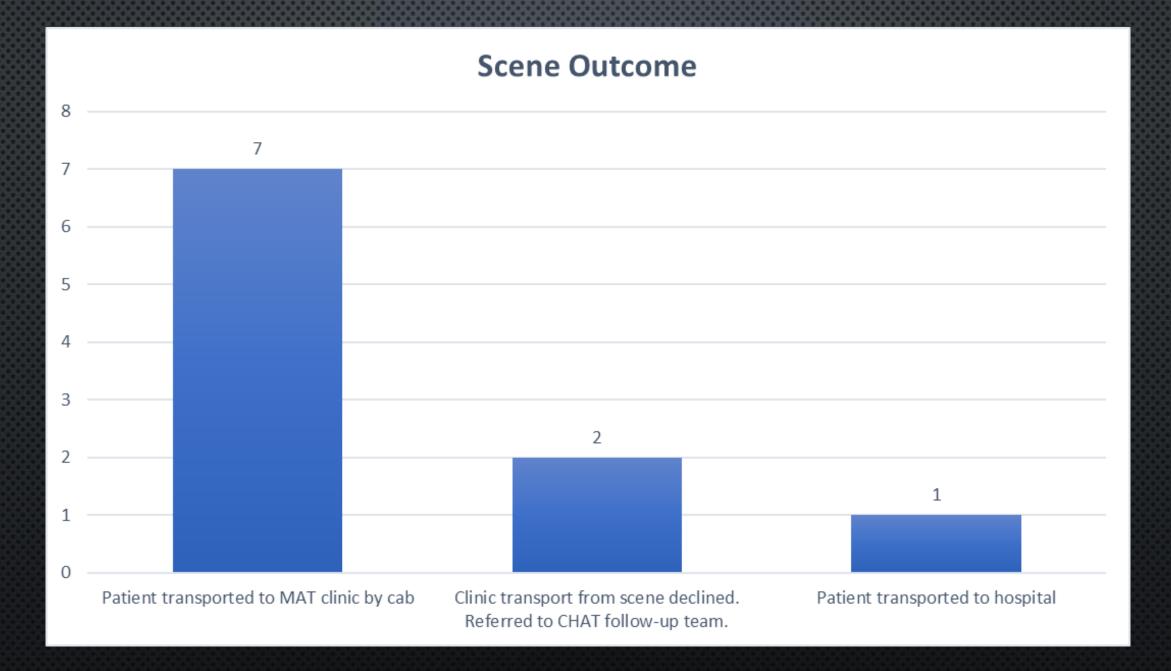
Assist with additional buprenorphine administration as needed

Screen for OHP eligibility/Medicare coordination

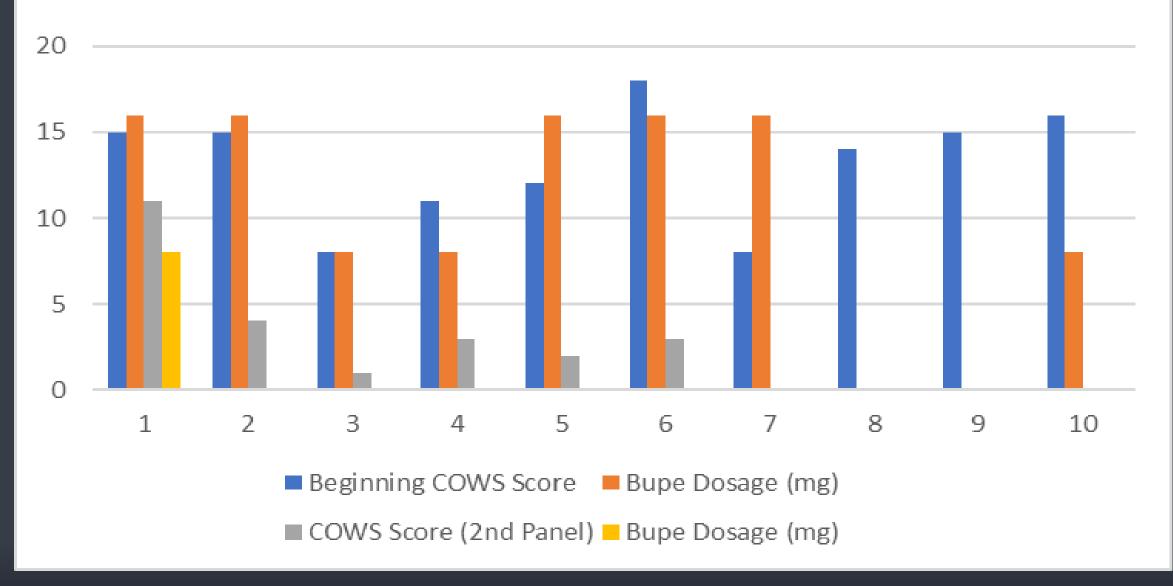
**Collect lots of data!** 

## PRELIMINARY DATA: DEMOGRAPHICS

- TOTAL PATIENTS: 10
- SELF-IDENTIFIED GENDER
  - MALE: 7
  - FEMALE: 3
- AVERAGE AGE 36 YEARS
- SELF-IDENTIFIED RACE
  - 9 WHITE
  - 1 Native American or Alaska Native
- Houseless 8



### COWS before and after Suboxone



**TOTAL VISITS: 97** 

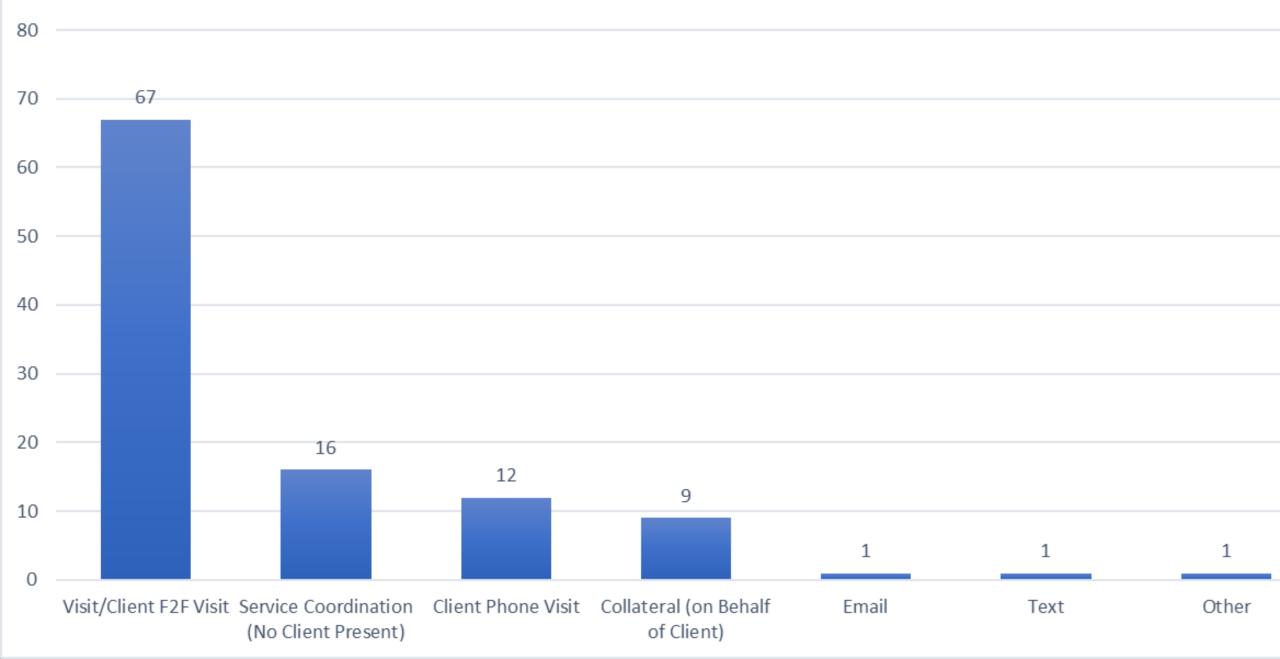
# PRELIMINAR Y DATA FOLLOW-UP TEAM

TIME SPENT ON FOLLOW UP FOR MOUD CLIENTS: 57
HOURS

AVERAGE LENGTH OF TIME SPENT WITH EACH CLIENT AT EACH VISIT: 21 MINUTES

Longest Visit: 5 hours

### **Encounter Type**



# 5 YEARS OF AR-2 THE PFD'S OPIOID RESPONSE UNIT





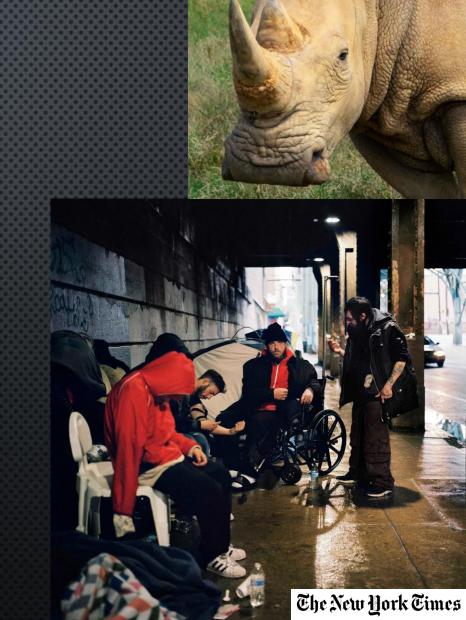


C. CRAWFORD MECHEM, MD
EMS MEDICAL DIRECTOR
PHILADELPHIA FIRE DEPARTMENT

Department of Emergency Medicine
University of Pennsylvania School of Medicine

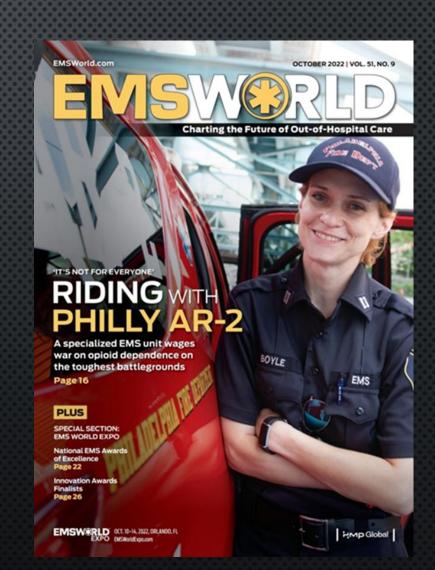
### SOME CONTEXT

- PHILADELPHIA'S OPIOIDS CRISIS
   CONTINUES
- 1413 OD DEATHS IN 2022
- 80% INVOLVED FENTANYL
- 34% INVOLVED XYLAZINE ("TRANQ")
- WE'VE GOT NITAZENES, MEDETOMIDINE-XYLAZINE ("RHINO TRANQ")



### THE PFD'S RESPONSE

- AR-2 ACTIVATED IN 2019
- ALS SQUAD WITH MEDIC, CASE MANAGER
- Based in Kensington
- RESPONDS TO OD CALLS
- WARM HAND-OFFS
- PLACES IN REHAB, OFTEN SAME DAY
- COMMUNITY OUTREACH



### SINCE AR-2'S INCEPTION

### COVID

	2019	<u>2020</u>	2021	2022	2023	2024, Q1
Runs	789	337	735	1054	1314	234
Patients Found	484	255	551	703	945	179
Client Engagements	261	192	223	515	466	120
Linkage to Care Information	239	192	214	458	370	102
Placed in Treatment Facility	128	130	162	440	362	91

Σ= 4463 Σ= 1777 Σ= 1313

# Is AR-2 Helping?

- University of Pennsylvania study
- Presented last month at SAEM's Annual Meeting
- COMPARED 321 MANAGED BY AR-2 WITH 368 BY PFD AMBULANCES IN KENSINGTON (CONTROLS)
- ODDS OF NONFATAL OD DURING 60-DAY FOLLOW-UP WAS 85.3% LOWER IF PATIENT ENGAGED BY AR-2

### REMAINING CHALLENGES

- NOT ENOUGH REHAB FACILITIES
- Not enough wound care options
- NOT ENOUGH MENTAL HEALTH FACILITIES
- Not enough housing
- Not enough funding
- MEANWHILE, THE DRUGS KEEP ON COMING



Xylazine

### NEW MAYOR, NEW PLANS

- CLEAN UP KENSINGTON AVENUE
- CLEAR ENCAMPMENTS
- ELIMINATE OPEN-AIR DRUG SALES, USE
- MORE POLICE, MORE ARRESTS
- FUNDING FROM OPIOID SETTLEMENTS FOR TREATMENT, HOUSING, HOPEFULLY FOR AR-



Cherelle

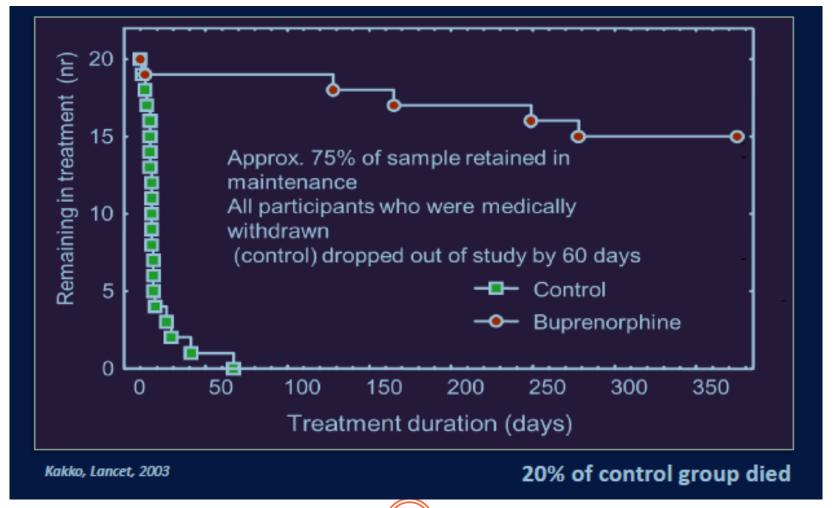


# Florida's CORE Network From Local EMS MIH to Statewide Program

Coordinated Opioid Recovery Network



### Why MAT for Opioid Use Disorder?





### Centralized Addiction Stabilization Center

- Concentration of expertise and resources
- EMS bypass to this facility
- 24/7 EM and Psych
- Collocated with 7 day/week outpatient substance use disorder clinic
- Staffed by Board Certified Psych/Addiction MD
- Funded by taxpayers
- Community Paramedicine care of patients during clinical off hours

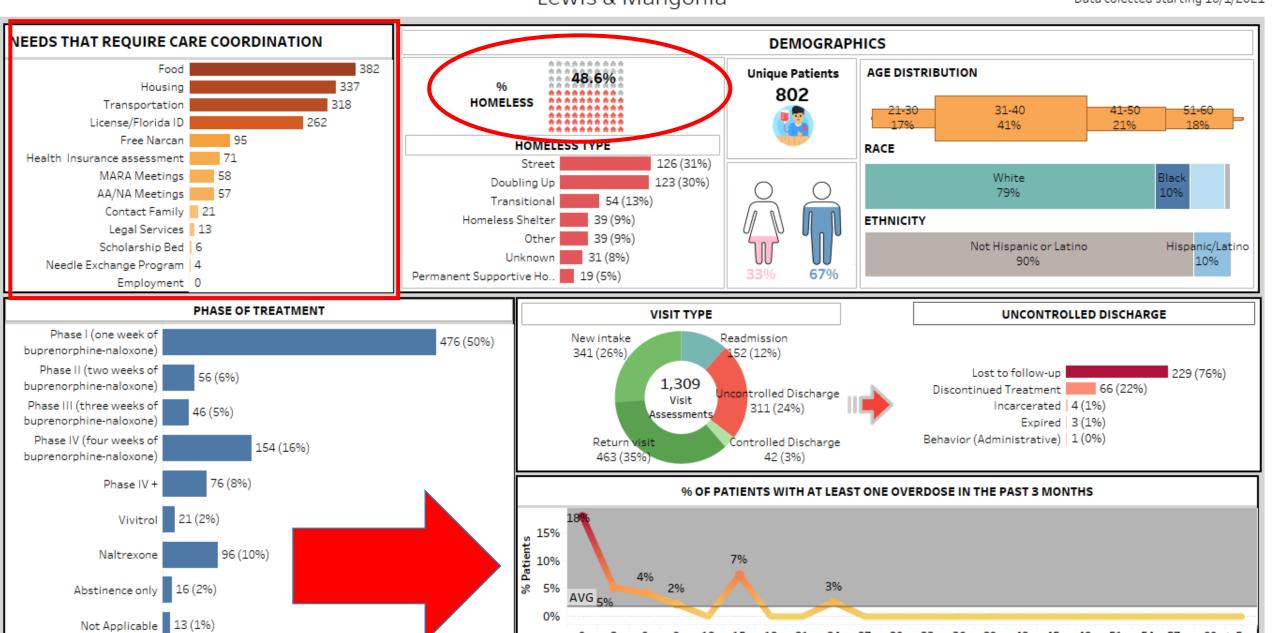




### SUBSTANCE USE DISORDER (SUD) CLINIC Lewis & Mangonia

Start Date 10/1/2021 End date 3/29/2022

Data colected starting 10/1/2021



12 15

18

21 24 27 30 33 36 39 42 45

# The Effects of Treating Chronic Illness





56,

# 3 Years After Beginning Treatment...



We can return patients to good health and healthy lifestyles



# PBCFR OD TRANSPORTS 2017-2023 January 1 – July 31

YEAR	#CALLS	# PATIENTS	%CHANGE/CALLS
2017	2181	2277	
2018	1207	1233	< 45%
2019	1034	1055	< 14 %
2020	1387	1419	> 26%
2021	1238	1265	< 11%
2022	1130	1153	< 9%
2023	956	980	< 15%

Net change 2017-2023 56% reduction in transports

### The CORE Network - A First of its Kind

CORE Network's Connected Care Model aims to eliminate the stigma of addiction and treat substance use disorder as a disease, just like all other chronic diseases, with the same level of continuous and ongoing care.

# CORE CONNECTED CARE MODEL

#### LIFE-SAVING CARE

- •Overdoses connected through 911 taken to specialized hospital.
- Community paramedicine to engage with those at highest risk.

#### **SPECIALIZED STABILIZATION**

- Addiction specialists stabilize patient.
- Hospital connects to sustainable recovery through peer navigators to identify short and long term needs.

#### SUSTAINABLE RECOVERY

- •Medication-assisted treatment.
- Mental health support.
- •Primary care.
- Social services.



# Coordinated Opioid Recovery

A NETWORK OF ADDICTION CARE

2017



### Is The CORE Model Successful?

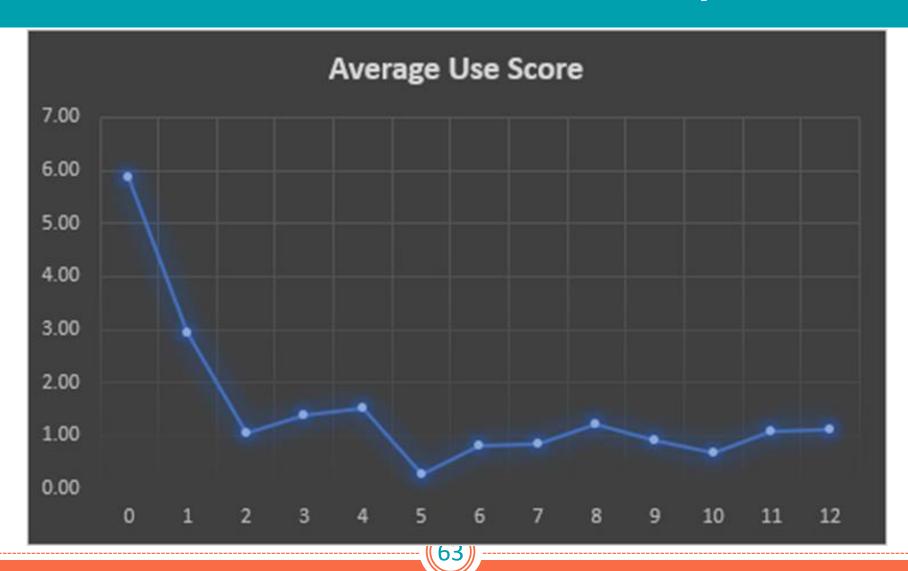
- 9,792 OUD patients served since CORE began
- 4,794 (49%) have received MAT treatment from a CORE receiving clinic
- Compared to a national average MAT treatment of 18%.

Florida: Opioid OD Deaths Since 2022: 12.6% Decrease

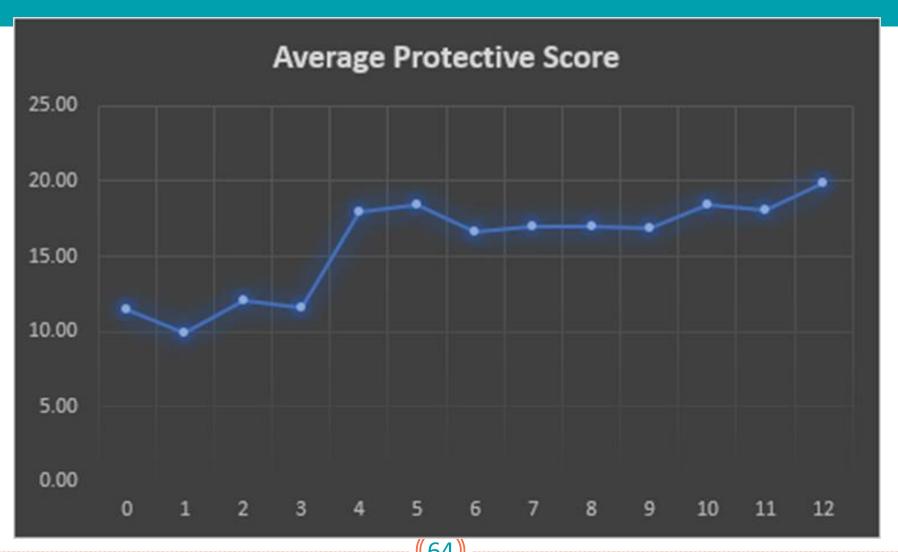
# Is The CORE Model Success Reproducible?



# Is The CORE Model Success Reproducible?



# Is The CORE Model Success Reproducible?



The CORE website is now live, allowing Floridians to find treatment near them – even outside of the CORE network: <a href="https://www.FLCORENetwork.com">www.FLCORENetwork.com</a>



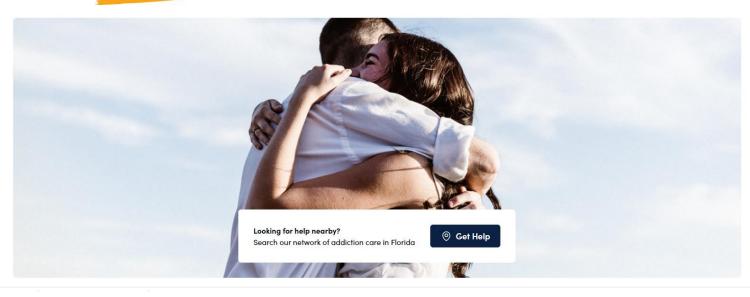


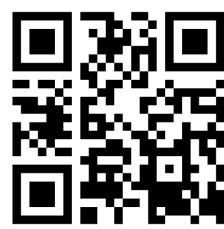
About CORE Network

Connected Care Model N

Frequently Asked Questions

#### HOPE FOR ADDICTION RECOVERY





### Thank You!



# THE END