

How EMS Can Fight the Opioid Overdose Crisis – Roundtable Session

This matrix & other resources available at www.firstwatch.net/hi/opioids/pinnacle

Data is key to doing most of the things below. Data-driven education, interventions, planning, etc. is far more effective and allows for targeted efforts. For example, general education of the public and other allied professionals about overdoses, Narcan, rehab options, etc. are important, but not as effective as education and planning for specific areas and issues shown by the data. (Location, age and other demographics, etc.)

The table below provides information from each speakers' agency in several program areas listed down the left side.

Things we do	Pro EMS (Massachusetts)	RAA (Virginia)	SCCAD (Missouri)	Trinity (Massachusetts)
Narcan (Public, Other Responders, etc.)	Public Access program in development which includes geocoded location data to help determine how/where public access distribution is done PARK study. Training of Police, Fire & EMS personnel for initial and annual training. Participate PARK study seen in New York Times.	Dosage count used over lots of calls indicates 'bad stuff on the street' well before State labs. Citizen issued Narcan not starting to be more prolific State grant to Responders to issue Narcan for free.	We track Narcan usage through EMR and measure trends among demographics (location, sex, race, age, disposition, place of incident). We also track Narcan as an intervention through FirstWatch to generate an alert to our Mobile Integrated Health team of the overdose event and subsequent consent for referral. This tells them immediately whether or not to look for the consent form and reach out to the patient. Provide Narcan training for our partner police & fire agencies.	Narcan usage is documented in our PCR's. We report by city/by month on Narcan. How much was given and by whom. We are able to show that about 12% of our opioid respiratory arrest calls have a non-medical professional documented as the first giver of Narcan.
Children's Program	No specific program; incorporate training into FTEP for direct notification of Dept. of children and family services.	No program	We hotline directly to Division of Children's Services whenever a child is present in the home of an overdose event.	Project Care provides 1 on 1 follow up with all under 18. IF their parent or sibling has an opioid overdose. Even if the child did not witness it.
Public Health	Since 2009 Pro EMS has regularly submitted FirstWatch data regarding overdose, underage drinking and "hot zones" to public health epidemiologists. This assists in targeting prevention, etc.	Project REVIVE offers one hour training and then a Narcan prescription and NAD equipment. PH lead various Opioid taskforces	We have partnered with our county's public health agency to share data and collaborate on identifying trends and strategies to address the overall problem. We provide quarterly data (see Narcan section).	Our opioid data is used to help public health agencies get grant money. It also helps public health figure out what direction to use those fund in.
Media	Work with media as opportunities arise. Examples PARK study NYT and PBS news hour interview regarding opioid crisis	Work with media as opportunities arise. Took VA Attorney General out for a ride along – witnessed OD first hand – uses that experience to shape law and response	SCCAD developed a STOP Heroin Campaign that includes a presentation and an agency produced video depicting an overdose event through the eyes of paramedics and first responders. https://sccad.com/wordpress/stop-heroin	We have worked with local, regional and international press. TV and newspapers. These project help highlight the work the city, region, and Trinity are doing
Lessons Learned / "Failures"	Community outreach in uniform can create trust issues Recovery Coach fatigue Don't rent a house for HUES Overall system irretrievably broken	Interesting twist in national media – politicians and organizations deciding NOT to treat frequent patients – huge ethics discussion for panel here!	Two main lessons so far: Be cognizant and manage provider compassion fatigue. The more you do, the more at risk you become. This problem is a rabbit hole with seemingly endless tunnels. Strategize among partners, look for gaps, determine level of participation and set boundaries, measure your impact, and adjust as needed.	We underestimated the time impact all our opioid activities would have on management. I would say 25% of my job is opioid related now (I didn't have 25% of my schedule open)
Frequent Users	Monthly meeting with community hospital physician(s), Public Health and Healthcare for the Homeless to review data and plan for care of HUES.	Identified via FirstWatch trigger.	Nothing additional here. See Referrals to Rehab section.	The COOP team does longer term follow up with patients with multiple overdoses.
Referrals to Rehab	Created Cambridge Recovery Coach Access Program. Recovery Coach training for Paramedics, RNs and public health who are then utilized when a referral is received from PD, EMS or local hospitals. Providing connectivity and coaching to clients and providing just in time recovery coaching through all phases of recovery.	See police section also the use of the FirstWatch set up 'High Flyer' alert to identify patients we have administered Naloxone to more than once a referral source also. https://www.virginiarecoveryfoundation.org/	SCCAD reached out and formed a partnership with local treatment centers. Specially trained paramedics follow up with OD patients encouraging them to accept treatment and provide the direct link when patient agrees.	We have a FTE working on the cities opioid outreach team. The team's goal is to reach out to all overdose patients with 72 hours. The teams will coordinate rehab and transport for the patient.

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Public Outreach	Participate in weekly community outreach program with PD Present and participate at regular community stakeholder meetings	Part of public outreach and advice with partners	See Media & Regional Task Forces sections. SCCAD presents at many of the county schools (and St. Louis County) on the issue and has reached thousands of students. Each year the pinnacle event is our Teen Drug Summit, hosted by CRUSH. SCCAD also provides education and intra-nasal Narcan doses for those at risk of experiencing or witnessing an overdose through a partnership with NCADA and the Missouri Institute for Mental Health. http://mohopeproject.org/ https://www.mimh.edu/projects/missouri-heroin-prevention-and-education-project-mo-hope/	Businesses and the opioid crisis. We created a 20 minute presentation for general business owners and workers regarding the opioid crisis. Terminology, signs and symptoms and what to do are included.
Regional Task Forces	Monthly	Key member of local and regional Taskforces. Also a presenter on EMS data at State Task force meetings	SCCAD participates in CRUSH (Community Resources United to Stop Heroin), a county coalition of schools, law enforcement, treatment providers, NCADA, and EMS to address the growing epidemic. http://sccmo.org/1541/CRUSH	We are part of 4 regional task forces. We are the main provider for non-opioid usage data. We have helped frame the issues in our areas of operation. We feel we have also helped show how valuable EMS data can be
Provider Safety (Carfentil)	Provide continuous safety training as conditions change to respond to opioid crisis.	Currently many stories and 'advice' sources. Taken time to research appropriate guidance to providers to offer balanced approach and not over hype risk as some outlets have done	See Law Enforcement.	
Law Enforcement	Supply overdose data to CPD Participate in weekly multi-discipline community outreach Work with CPD on community outreach projects with all community partners	Response to OD prompts PD response. Patient is then contacted by detective for referral into the Virginia Recovery Program a 501c3 charity to fund rehab – to date 50 people enrolled	LE is an active partner in our Substance Use Recovery Response Team. When our paramedics refer into our overdose referral program, if the MIH paramedic has any safety concerns about meeting up with the patient they can request a LEO assist and provide force protection. The participating LE agencies have agreed to not run or enforce outstanding warrants on our patients when we are meeting for linking to treatment (they will not ignore any observed criminal activity).	We assist law enforcement with grant support. LE turn our monthly opioid reports in as their monitoring program so they can get free Narcan from the State and county. Our data also played a supporting role in getting over a million dollars for opioid work
Share Data	Pro has been sharing overdose data including demographical and geocoded locations to partner agencies since 2009	RAA uses CAD and FirstWatch data to identify trends. Also able to advise on Narcan dosage as surrogate for 'strength' of opioid	See Public Health section. We also partner with the Missouri Institute for Mental Health and share quarterly data (see #1). https://www.mimh.edu/projects/missouri-heroin-prevention-and-education-project-mo-hope/	
Research	Research opportunities with regard to HUES, recovery coaching and recovery status. Data collection for recovery center management being implemented PARK Study Work with local and state epidemiologists to continuously improve data collection	Use MPH Candidate interns and Med Student Interns to research & work towards peer review publications soon	Both our Overdose Referral Program and Public Access to Narcan programs have data gathered and reported regularly.	The COOP team is working with Umass Lowell on long term opioid abuse follow up. Our data is a key part of that.
Medical Examiner / Deaths	Provide all requested data to office of chief medical examiner regarding potential opioid related deaths.	Scrutinize ME list to develop intelligence on patients, their social habits and their frequency as 911 patients – very usable intelligence	Indirect involvement. Public health has been our conduit to the ME's office and provides coordination between our overdose data and the ME's death reports.	
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