Update for FICEMS on the Opioid Crisis

June 20, 2018
1. Latest National-level NEMSIS Data on EMS Naloxone Administrations
2. EMS Evidence-based Guideline for the Suspected Opioid Overdose Patient
3. National EMS Scope of Practice Model – November 2017 Update
4. CMS Letter to State Medicaid Directors on Opportunities for Health IT Support related to the Opioid Crisis
Rate of Naloxone Administrations by EMS per 1,000 EMS Patient Encounters in the U.S., 2012 – 2016 by quarter

Data from the National Highway Traffic Safety Administration, National EMS Information System, National EMS Database
NEMSIS Version-2-Standard Data
Rate of Naloxone Administrations by EMS per 1,000 EMS Patient Encounters in the U.S., 2017 – 2018 by quarter

Data from the National Highway Traffic Safety Administration, National EMS Information System, National EMS Database NEMSIS Version-3-Standard Data
Number of Naloxone Administrations per Patient Administered Naloxone by EMS in the U.S., 2012 – 2016 by quarter

Data from the National Highway Traffic Safety Administration, National EMS Information System, National EMS Database NEMSIS Version-2-Standard Data
Number of Naloxone Administrations per Patient Administered Naloxone by EMS in the U.S., 2017 – 2018 by quarter

Data from the National Highway Traffic Safety Administration, National EMS Information System, National EMS Database NEMSIS Version-3-Standard Data
EMS Evidence-based Guideline for the Suspected Opioid Overdose Patient

1. CMS, NIDA, CDC, and NHTSA, with SAMHSA, coordination, funded an AHRQ **systematic review**, awarded to Oregon Health Sciences University.

   AHRQ published the finalized Systematic Review online **November 27, 2017**

   OHSU published a summary of the Systematic Review in Annals of Internal Medicine online **November 28, 2017**

2. Development of EMS **EBG** for Suspected Opioid Overdose patient awarded to NASEMSO in collaboration with ACEP and NAEMSP for 18-month period of performance; expected to be completed in **March 2019**
National EMS Scope of Practice Model – Update Project

1. Developed emergency update process; opiate antagonist used as test case
2. Opiate antagonists added to Emergency Medical Responder and Emergency Medical Technician Licensure Levels, effective November 1, 2017
3. Opiate antagonist emergent update incorporated into National EMS Scope Practice Model, posted online at EMS.gov in December 2017
CMS Letter to State Medicaid Directors on Opportunities for Health IT Support related to the Opioid Crisis

1. June 11, 2018 letter from the Center for Medicare and Medicaid Services to State Medicaid Directors, provides guidance to States on funding opportunities for support of health IT related to combating the opioid crisis

2. Opportunity for States to use 90/10 Medicaid funding to design, develop, and implement health IT systems; and 75/25 Medicaid funding for ongoing support of established health IT systems

Office of Emergency Medical Services

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(202) 366-5440
EMS Licensure Levels Authority to Administer Opiate Antagonists as of December 1, 2017

All Existing Levels Authorized (49 States & DC)

Only AEMT and Paramedic Authorized (1)
The President’s Commission on Drug Addiction and the Opioid Crisis

- **Recommendation 15:** ONDCP and DEA; increase electronic prescribing for controlled substances

- **Recommendation 16:** Federal Government work with states; incorporate overdose and naloxone administration data into PDMPs

- **Recommendation 20:** Federal effort; strengthen data collection activities enabling real-time surveillance of the opioid crisis at the national, state, local, and tribal levels

- **Recommendation 30:** White House; develop a national outreach plan for the Fentanyl Safety Recommendations for First Responders

- **Recommendation 43:** NHTSA; review National Emergency Medical Services (EMS) Scope of Practice Model with respect to naloxone, and disseminate best practices for states that may need statutory or regulatory changes to allow Emergency Medical Technicians (EMT) to administer naloxone, including higher doses to account for the rising number of fentanyl overdoses
Fentanyl Safety Recommendations for First Responders

“Protecting First Responders on the Frontlines of the Fentanyl Epidemic” working meeting organized and hosted by DHS Office of Health Affairs (OHA), in collaboration with NHTSA’s Office of EMS was held on September 6 – 7, 2017

ONDCP published Recommendations online in November 2017

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**Fentanyl Safety Recommendations for First Responders**

- For the purposes of this document, fentanyl, related substances, and synthetic opioids (herein after referred to as fentanyl¹) includes fentanyl analogues (e.g., acetylfentanyl, acrylfentanyl, carfentanil, furanyl/fentanyl), novel synthetic opioids (e.g., U-47700), and other drugs that may be laced with these substances.

- The abuse of drugs containing fentanyl¹ is killing Americans. Misinformation and inconsistent recommendations regarding fentanyl¹ have resulted in confusion in the first responder community.

- You as a first responder (law enforcement, fire, rescue, and emergency medical services (EMS) personnel) are increasingly likely to encounter fentanyl¹ in your daily activities (e.g., responding to overdose calls, conducting traffic stops, arrests, and searches).

- This document provides scientific, evidence-based recommendations to protect yourself from exposure.

**WHAT YOU NEED TO KNOW**

- Fentanyl¹ can be present in a variety of forms (e.g., powder, tablets, capsules, solutions, and rocks).
- Inhalation of airborne powder is MOST LIKELY to lead to harmful effects, but is less likely to occur than skin contact.
- Incidental skin contact may occur during daily activities but is not expected to lead to harmful effects if the contaminated skin is promptly washed off with water.
# Pediatric Opiate Antagonist Administrations by EMS
## 2012 - 2015

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On March 10, 2016 sent a letter to the Director of the Office of National Drug Control Policy

The letter outlined several FICEMS planned actions to respond to the nation’s opioid overdose epidemic
It is the intent of FICEMS that EMS systems be fully integrated and coordinated with community-wide efforts to plan and respond to opioid overdoses. In order to support positive medical outcomes the administration of narcotic antagonists, such as naloxone, by emergency responders should be coordinated with EMS system physician medical directors.”
“FICEMS will assess the viability of developing an evidence based guideline for the prehospital management of patients suffering from opioid overdose.”

- In September 2014 NASEMSO, with NHTSA and HRSA funding support, published a national model clinical guideline for managing opioid poisoning/overdose patients.

- In April 2016 CMS, NIDA, CDC, and NHTSA, with SAMHSA, coordination, funded an AHRQ systematic review (i.e.: literature synthesis).

- AHRQ has awarded the systematic review to Oregon Health Sciences University.

- NHTSA is planning to complete the evidence based guideline in 2017.
“CDC, NHTSA, and other agencies will continue to examine opportunities for collaborative research related to the EMS response to the opioid overdose epidemic.”

With the support of CDC and the FDA, the NHTSA/OEMS has designed a retrospective study to examine the effect of state policy changes that authorized additional levels of EMS practitioners to administer naloxone.

Began analysis in July 2017 with final results expected this fall.
“NHTSA and the National Center for Disaster Medicine and Public Health (NCDMPH) will host a workshop on the use of electronic learning management systems (eLMS) by EMS systems. One focus of the workshop will be the use of eLMS to efficiently deliver training to EMS personnel on naloxone administration and other lifesaving interventions”

- On **April 4, 2016** NHTSA and NCDMPH met with NASEMSO’s Education and Professional Standards Council

- Follow up workshop in Albuquerque in **September 2016**
NHTSA Planned Actions & Updates

- NHTSA requested advice from the statutory **National EMS Advisory Council (NEMSAC)** on whether NHTSA should publish an interim addendum to the National EMS Scope of Practice Model recommending administration of narcotic antagonists be included in the EMR and EMT scopes of practice.
  - In **April 2016**, NHTSA submitted a request for advice to the NEMSAC
  - A NEMSAC subcommittee is reviewing the question, gathering information and will provide recommendations to the full NEMSAC
  - Beginning **May 2016**, the NEMSAC subcommittee has been holding biweekly meetings to draft a report in response
  - On **September 7 and 8 2016**, the NEMSAC will deliberate the subcommittee’s draft recommendation
Additional Efforts (cont.)

- CDC Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality State Grants
  - Closing Date **June 27, 2016**
  - Eleven States expected to be awarded
  - $11,550,000 in estimated total program funding

- Three Strategies for Applicants:
  - Increase the timeliness of aggregate nonfatal opioid overdose reporting (focus on ED and EMS data)
  - Increase the timeliness of fatal opioid overdose and associated risk factor reporting
  - Disseminate surveillance findings to key stakeholders working to prevent or respond to opioid overdoses
Keys to an Effective EMS Response

- Public Health Surveillance
- Prevention
- Measurement & Evaluation
- Public Safety, EMS and Community Coordination
- Rehabilitation
- Effective & Evidence-based Patient-Care
  - Includes Naloxone
Additional Efforts (cont.)

- **Comprehensive Addiction and Recovery Act (CARA) of 2016**
  - Signed into law on **July 22, 2016**
  - CARA includes **authorization** for:
    - HHS led Inter-Agency Task Force on **best practices for pain management**, in coordination with VA, DoD, and DEA
    - DOJ led Opioid Abuse Grant Programs for States, local governments, and Indian tribes which can be used to provide **training and resources for first responders**
    - HHS led Opioid Overdose Reversal Medication Access and Education Grant Program for States
    - Examining Opioid Treatment Infrastructure Act
    - **Veteran Emergency Medical Technician Support Act**
Additional Efforts

- In **August 2016**, **EMS Focus Webinar** on the role of EMS and syndromic surveillance in combating the opioid overdose epidemic.
Emergency Medical Services
National EMS Information System

- 47,055 drug overdose deaths in 2014 (CDC)
- 28,647 deaths involved opioids (CDC)

- EMS personnel administered naloxone 152,993 times to patients of all ages in 2014
It is the intent of FICEMS that EMS systems be fully integrated and coordinated with community-wide efforts to plan and respond to opioid overdoses. In order to support positive medical outcomes the administration of narcotic antagonists, such as naloxone, by emergency responders should be coordinated with EMS system physician medical directors.”
“FICEMS will assess the viability of developing an evidence based guideline for the prehospital management of patients suffering from opioid overdose.”

- An evidence based guideline (EBG) is the gold standard for EMS clinical care

- For example: An American College of Surgeons EBG is the basis for the White House’s STOP THE BLEED campaign
“FICEMS will assess the viability of developing an evidence based guideline for the prehospital management of patients suffering from opioid overdose”

- In **September 2014** NASEMSO, with NHTSA and HRSA funding support, published a national model clinical guideline for managing opioid poisoning/overdose patients

- In **April 2016** NHTSA, SAMHSA, CMS, CDC and NIDA coordinated funding to AHRQ for a literature synthesis

- **National Association of EMS Physicians (NAEMSP)** has expressed interest in completing the evidence based guideline in 2017
“CDC, NHTSA, and other agencies will continue to examine opportunities for collaborative research related to the EMS response to the opioid overdose epidemic”

- Naloxone re-administration
- Effect of changes in State policy on the frequency of naloxone administration
“NHTSA and the National Center for Disaster Medicine and Public Health (NCDMPH) will host a workshop on the use of electronic learning management systems (eLMS) by EMS systems. One focus of the workshop will be the use of eLMS to efficiently deliver training to EMS personnel on naloxone administration and other lifesaving interventions.”

- On **April 4, 2016** NHTSA and NCDMPH met with NASEMSO’s Education and Professional Standards Council

- Follow up workshop in Albuquerque in September 2016
Should NHTSA immediately revise the National EMS Scope of Practice Model to add the administration of narcotic antagonists to the EMR and EMT scopes of practice?

If so, what supporting materials would States need to implement a change in their scopes of practice?
National EMS Scope of Practice Model (2007)

- Guide for States in developing their Scope of Practice legislation, rules, and regulation

- Represents a “floor” for States to use in developing their own EMS Scopes of Practice
National EMS Scope of Practice Model (2007)

- **Paramedic**
  - Advanced emergency medical care

- **Advanced Emergency Medical Technician (AEMT)**
  - Basic and limited advanced emergency medical care and transportation

- **Emergency Medical Technician (EMT)**
  - Basic emergency medical care and transportation

- **Emergency Medical Responder (EMR)**
  - Initiates immediate lifesaving care
### National EMS Scope of Practice Model (2007)

#### Pharmacological Intervention Minimum Psychomotor Skill Set

<table>
<thead>
<tr>
<th>Emergency Medical Responder</th>
<th>Emergency Medical Technician</th>
<th>Advanced EMT</th>
<th>Paramedic</th>
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</table>
| **Tech of Med Administration**
- Unit dose auto-injectors for self or peer care (MARK I) | Assisted Medications
- Assisting a patient in administering his/her own prescribed medications, including auto-injection | Peripheral IV insertion
- IV fluid infusion
- Pediatric IO | Central line monitoring
- IO insertion
- Venous blood sampling |
| **Tech of Med Administration**
- Buccal
- Oral | Administered Meds
- PHYSICIAN-approved over-the-counter medications (oral glucose, ASA for chest pain of suspected ischemic origin) | **Tech of Med Administration**
- Aerosolized
- Subcutaneous
- Intramuscular
- Nebulized
- Sublingual
- Intranasal
- IV push of D50 and narcotic antagonist only | **Tech of Med Administration**
- Endotracheal
- IV (push and infusion)
- NG
- Rectal
- IO
- Topical
- Accessing implanted central IV port |
| **Administered Meds** | | **Administered Meds**
- SL Nitroglycerine for chest pain of suspected ischemic origin
- SQ or IM epinephrine for anaphylaxis
- glucagon and IV D50 for hypoglycemia
- Inhaled beta agonist for dyspnea and wheezing
- Narcotic antagonist
- Nitrous oxide for pain relief | **Administered Meds**
- Physician-approved medications
- Maintenance of blood administration
- Thrombolytics initiation |
EMS Naloxone Administration by Practitioner Level as of March 1, 2016 *

* State policy information drawn from publically available sources online
The NEMSAC Adoption Process

1. Topic Formulation by NEMSAC
2. Committee Development
3. NEMSAC Deliberation
4. NEMSAC Adoption

Opportunities for Public Input
Next Steps and Further Research

- Using EMS data for real-time syndromic surveillance