WELCOME

How EMS Can Reduce Opioid Overdoses
Today

- Federal Initiatives to Address the Epidemic
- New Hampshire Safe Stations and Mobile Integrated Healthcare Approach
- New Orleans EMS: Data Collection and Sharing
- New Orleans Public Health Partnership with EMS
- Q&A

Today’s Speakers

- Jeremy Kinsman, MPH, EMT
  - ASPPH Public Health Fellow with NHTSA Office of EMS
- Nick Mercuri, MHA, NRP, RN
  - Bureau Chief of EMS for the State of New Hampshire
- Jeffrey Elder, MD
  - Director and Medical Director of New Orleans EMS
- Joseph Kanter, MD
  - Medical Director for the New Orleans Health Department
- Noah Smith, MPH, EMT
  - NHTSA Office of EMS
National Overview of the Opioid Overdose Epidemic

Jeremy Kinsman, MPH, EMT
ASPPH Public Health Fellow with the NHTSA Office of EMS

In the U.S. in 2014

42,055 Drug Overdose Deaths

3,505 per Month

115 Everyday

5 per Hour
In the U.S. in 2014

28,647 Opioid Overdose Deaths

- 2,387 per Month
- 78 Everyday
- 3 per Hour

Rise in Overdose Deaths in the U.S. since 1999

CDC, National Center for Health Statistics, National Vital Statistics System
Rise in All Opioid Deaths in the U.S. since 1999

CDC, National Center for Health Statistics, National Vital Statistics System

Drug Overdose Mortality Rates in the U.S. from 1999-2014

Year: 1999

Data from the CDC, National Center for Health Statistics, CDC Wonder Online Database
A Statewide Effort to Combat Opioid Overdose Deaths in New Hampshire

Nick A. Mercuri, MHA, NRP, RN
Chief, Bureau of EMS

Identification & EMS Expansion

- Increasing naloxone use & 911 calls
  - 15% increase from 2012-2013
  - 45% increase from 2013-2014
- Medical Control Board Expansion
  - Before change, only ALS providers could administer naloxone
  - In May 2014, expanded to all providers
    - 5,200 providers could now administer
    - Established education requirements
      - Online naloxone module and didactic skills
NH Law & Rule Changes

- Governor’s Taskforce
  - Expanded naloxone availability
    - HB 271 expanded prescriptions and removed restrictions on possession and administration
  - EMS Recommendations
    - Expanded naloxone to all first responders
    - Created Law Enforcement License in 2015
      - 89 licensed

Naloxone Training & Distribution

- Collaboration with DHHS – 2015
  - Naloxone distribution to community health centers
    - 4,898 kits distributed (8-12-16)
  - Education on naloxone use to community
    - Train-the-trainer programs
    - Law Enforcement training
Mobile Integrated Healthcare

- Rule change allowed MIH in 2015
- SafeStation program
  - Redirection of stable patients
- Community care
- Hands only CPR and naloxone

SAFE STATION
As of August, 2 2016

- Number of requests at NPO for Safe Stations: 202
- Number of participants placed within the Hope System: 117*
- Number of participants transported to Hospitals: 28
- Number of participants reconnected with family: 26*
- Number of participants who left voluntarily: 20*
- Average length of Time MIPO Company "Not Available": 13 minutes
- Number of UNIQUE participants: 248
- Number of REPEAT participants: 34
- Age Range of Participants: 18-60

* these numbers are always behind and are pending updates from NDOH for NH Recovery and/or Serenity Place

Collaboration and Data

- Reporting Tools
  - Monthly reporting on naloxone
  - Department of Health & Human Services
  - Information and Analysis Center
Collaboration and Data

EMS and Public Health Collaboration In New Orleans

Jeffrey Elder, MD
Director and Medical Director for New Orleans EMS

&

Joseph Kanter, MD
Medical Director for the New Orleans Health Department
In August 2014, guidance released by the state of Louisiana authorized training/administration of naloxone by first responders. New Orleans EMS Medical Director authorized naloxone training for EMR/EMT providers in the City of New Orleans (Fire first response and 3rd service EMS agency). In January 2016, through word-of-mouth via paramedics, EMS noted an increase in opiate overdoses over a 3-4 day period.

Reviewed data on EMS naloxone use: Averaged 2 uses per day, increased to an average of 5 uses per day with a max of 10 administrations per day. Heat mapping provided a quick view of where naloxone was being administered in the city.
NOEMS and NOHD

- EMS data was shared with the New Orleans Health Department, who engaged hospitals to review opiate related ED cases
- NOHD issued a public health alert in conjunction with EMS
- NOHD issued a standing order to allow an increased use of naloxone by the public

NOEMS and NOHD

- Educated the community on the signs of an opioid overdose and how to use naloxone
- Instituted better data collection networks with hospitals to compare with EMS data
- Louisiana House Bill No. 1007 effective June 5, 2016 authorized direct distribution of naloxone to lay persons throughout the state without the need for a prescription
NOEMS and NOHD in Summary

- Hospital data is complicated
  - Chief complaints, alternate diagnoses

- EMS data is complicated
  - CAD data/trigger vs patient care report data

Federal EMS Efforts to Address the Opioid Overdose Epidemic
Federal Efforts to Improve Patient Care

- Recognized a need for an **evidence-based guideline** (EBG) for the opioid overdose patient

- In **April 2016**, CMS, NIDA, CDC and NTHSA, 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 **EBG in 2017**

Federal Efforts to Improve EMS Education

- **Electronic Learning Management Systems (eLMS)**
- **NHTSA and the National Center for Disaster Medicine and Public Health (NCDMPH) Workshop exploring eLMS**
  - **eLMS training for 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**
Additional Prehospital-Related Federal Efforts

- **Comprehensive Addiction and Recovery Act (CARA) of 2016**
  - Signed into law on **July 22, 2016**

- CARA includes *authorization* for:
  - 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
EMS personnel administered naloxone 152,993 times to 126,484 patients of all ages in 2014
Rise in Naloxone Administrations by EMS Practitioners in the U.S. from 2012-2015 by month

Trends in Drug Overdose Mortality & Naloxone Administrations by EMS Practitioners in the U.S. for 2012-2014 by month
Trends in Opioid Overdose Mortality & Naloxone Administrations by EMS Practitioners in the U.S. for 2010-2014 by month

NHTSA, National EMS Information System, National EMS Database

Emergency Medical Services
Opportunities for Collaboration

Health Care

Public Safety

Public Health

EMS

NEMSAC Meeting Sept. 7-8 in DC

Should NHTSA immediately revise the National EMS Scope of Practice Model to add the administration of narcotic antagonists to the Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT) scopes of practice?

If so, what supporting materials would States need to implement a change in their scope of practice?

Register: https://ems.gov/nemsac-meetings.html
Email: nemsac@dot.gov

Questions?

EMS Focus