# Michigan EMS Opioid Response &

# MODA Project

Michigan Overdose Data to Action

Anthony Pantaleo, BAS Paramedic I/C
Michigan Dept of Health & Human Services
Bureau of EMS, Trauma, & Preparedness

## Michigan Overdose Data to Action

#### **EMS Programs**

- Data
- Community Paramedic follow-up programs
- QRT EMS integrated follow-up programs
- EMS Naloxone Leave Behind
- OUD and Stigma education outreach

#### **MDHHS** Collaboration

- Epidemiology Surveillance
- Overdose Fatality Review
- QRT programs
- Strategy and Planning

#### Michigan EMS System

#### 83 Counties

59 Medical Control Authorities (MCA)

# 10 million population

Wayne 1.8m

Keweenaw 2,100

#### 807 EMS Agencies

Non-Transport 526 Transport 281

# 29,000 Licensed providers

MFR EMT AEMT Paramedic

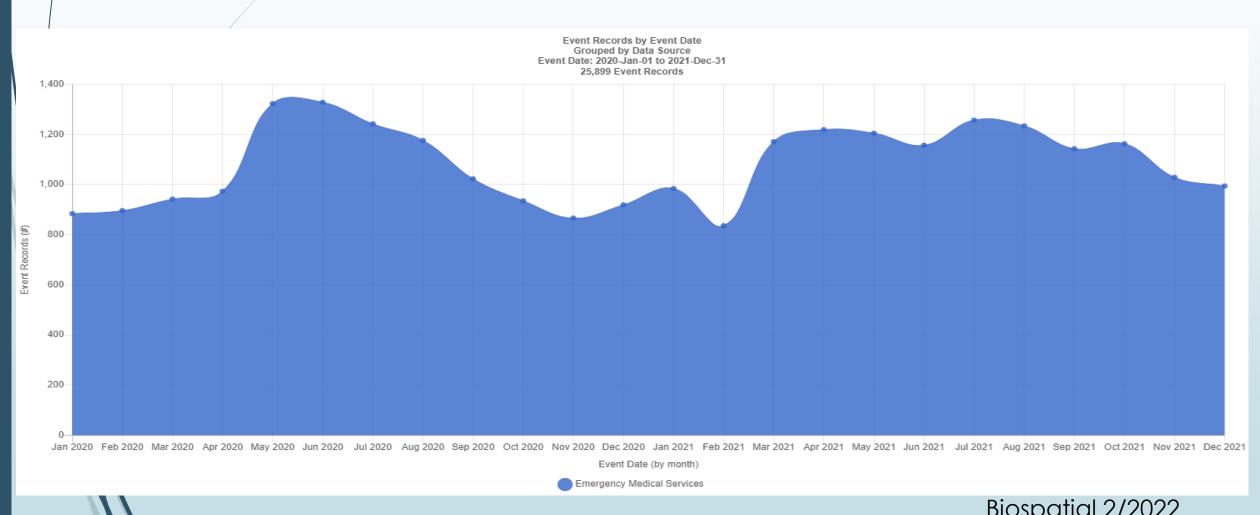
#### Michigan EMS Data

- Required for all agencies transport and non-transport
- Due by 15<sup>th</sup> of the following month
  - Most agencies are near real time or daily
    - 72.4% within 24 hours
    - 18.63% 2-7 days
    - 5.07% 8-30 days
    - 3.86% >30 days
  - 17 different ePCR vendors
- All data submitted to MiEMSIS and to Biospatial
  - MI definition used in Biospatial
    - Some false positives with other pathologies ie: diabetics, other AMS, cardiac arrest

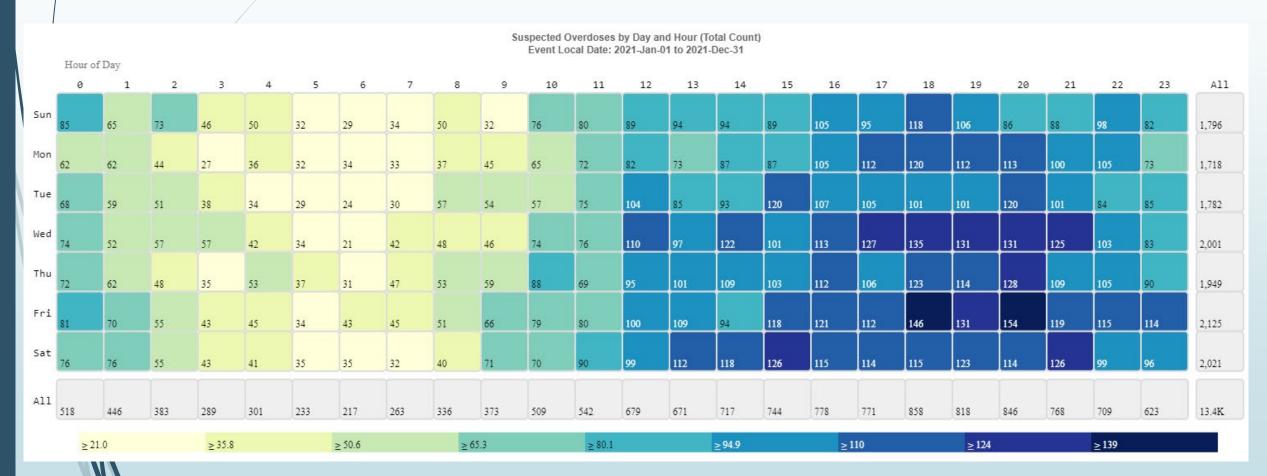
## Michigan Overdose Data

- 2021 EMS Reported Non-Fatal Opiate Overdoses
  - **■** 13,392 cases
  - All 83 Counties reported at least 1 overdose
  - 9,943 patients received Naloxone (74%)
  - 87% of cases transported to ED

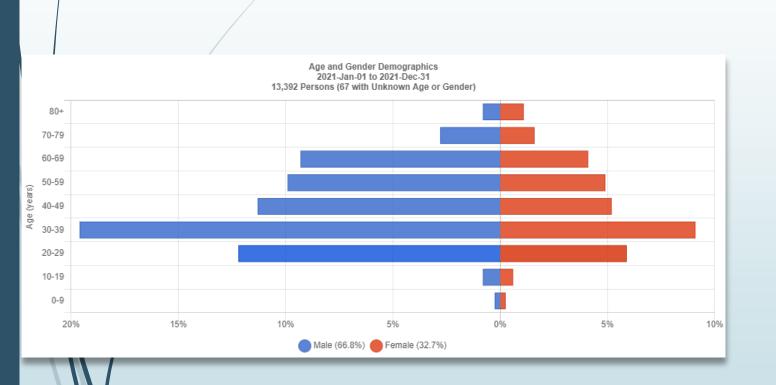
# Monthly Trends 2020 & 2021

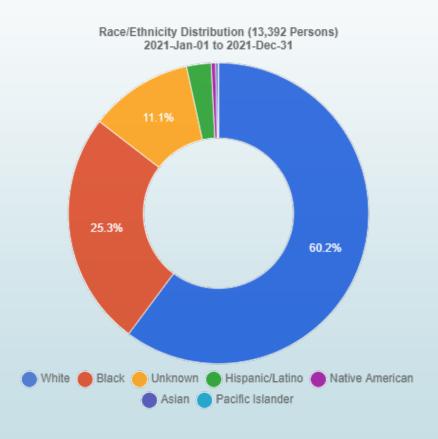


#### Days & Times



#### Age & Racial Demographics





#### MODA Dashboard

- Public Facing data dashboard
  - ED & EMS data
  - Disparities
  - Naloxone portal order requests
  - MAPS
  - Buprenorphine & SUD Treatment
  - Suspected overdose deaths
- https://www.michigan.gov/opioids/0,9238,7-377-94655---,00.html

## Epidemiology Surveillance

- Data surveillance trends
- Alerts for EMS, MCA's, local health departments, etc.
- Noticeable trends
  - Increased opiate overdoses with cocaine & methamphetamines
  - Multiple patient overdose incidents

# EMS Harm Reduction Strategies

- Naloxone Leave Behind Program
- Community Paramedic follow-up programs
- QRT EMS integrated follow-up programs

# Keweenaw Houghton Marquette Schoolcraft Allegan B Eaton Ingham Live ston Calhoun Jacon Was Kalamazóc

# Leave Behind Naloxone

- Yellow Has considered / discussed
- Black Adopted
- Red MCA voted to not adopt

#### The Protocol

- Indications
  - ►MCA Optional
  - ■Patient >18
    - Received naloxone and improved
    - Has an OUD
- Does not preclude other treatment protocols or transport to ED



#### Michigan PROCEDURES

Naloxone Leave Behind Protocol (Optional)

Section 7-x

#### Naloxone Leave Behind Protocol (Optional)

MCA Selection for Naloxone Leave Behind Protocol				
□ MFR	□ ЕМТ	□ EMT/S	☐ Paramedic	

- Indications
  - A. Patients over age 18 who have received naloxone **and** had improvement in condition
  - B. Patients over age 18 with opioid use disorder

\*NOTE: Providing a naloxone kit does not preclude other treatment protocols nor the need for transportation to an emergency department. Oxygenation, ventilation, and then restoration of a patient's respiratory drive are the primary goals. Transport to an emergency department is preferred.

Procedure

#### The Procedure

- Not appropriate if
  - Altered mental status
  - Intentional OD
  - Suicidal/homicidal or selfharm ideations
- → If Transported
  - can be provided to friends/family
  - Can provide to patient at the hospital
- If transport refused
  - Contact Med Control



#### Michigan PROCEDURES

Naloxone Leave Behind Protocol (Optional)

Section 7-x

#### Naloxone Leave Behind Protocol (Optional)

MCA Selection for Naloxone Leave Behind Protocol					
☐ MFR	□ ЕМТ	☐ EMT/S	□ Paramedic		

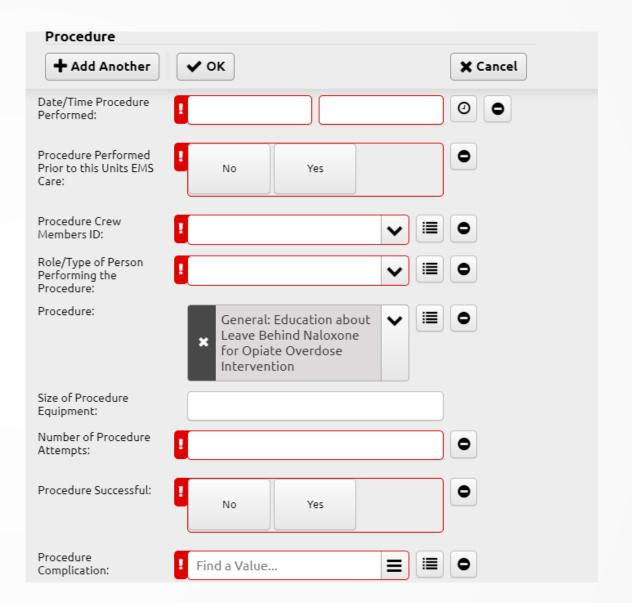
- . Indications
  - A. Patients over age 18 who have received naloxone **and** had improvement in condition
  - B. Patients over age 18 with opioid use disorder

\*NOTE: Providing a naloxone kit does not preclude other treatment protocols nor the need for transportation to an emergency department. Oxygenation, ventilation, and then restoration of a patient's respiratory drive are the primary goals. Transport to an emergency department is preferred.

Procedure

#### Documentation

- Procedure:
- SNOMED code: 718021000
  - General: Education about Leave Behind Naloxone for Opiate Overdose Intervention
- ePCR vendors need to add for providers to access



# Challenges

- Stigma
- ePCR Documentation compliance
- Staffing

#### Contact Information

- Anthony Pantaleo, BAS Paramedic I/C
- pantaleoa@michigan.gov
- **517-614-7792**

