IMPACT REPORT, APRIL 2024

EMS Bridge

Engaging Emergency Medical Services in Preventing Overdose Deaths

BRIDGE
Treatment. Equity. Connection.

THE PROBLEM

Overdose Deaths Remain at an All Time High

In California, overdose deaths have more than doubled since 2018.[1]

Emergency medical services (EMS) are frequently called to respond to overdoses. Responders have saved countless lives by treating patients with naloxone. But what happens after the ambulance departs?

According to one study, nearly 10% of patients treated by EMS for overdose die within a year.[4]

THE OPPORTUNITY

EMS Can Do More to Prevent Overdose Deaths

Many 911 patients treated for an overdose or withdrawal symptoms have an underlying opioid use disorder (OUD) that puts them at high risk for a future, potentially fatal, overdose. However, there is clear evidence that buprenorphine, a medication for OUD, lowers death rates by 66%.[2] By starting patients on buprenorphine in the field, EMS can expand their scope of practice to provide a life-saving intervention.

This is a tremendous opportunity for emergency medical responders: In a study of people who died from unintentional overdose, 30% utilized EMS in the year preceding their death.[3]

THE EMS BRIDGE MODEL

Steps to Preventing Overdose

- EMS personnel assess patient eligibility and treat with buprenorphine. Buprenorphine is a safe and effective addiction medication that reduces withdrawal symptoms, relapse, and overdose risk.
- CA Bridge hospitals are opioid receiving centers that provide specialized OUD care rooted in harm reduction. According to program data, patients transported to a CA Bridge hospital are more than twice as likely to be retained in treatment at 30 days compared to patients transported to other hospitals.

Buprenorphine Administration in the Field

Leave-Behind Naloxone

Transport to a CA Bridge Hospital

Warm Handoff to Ongoing Care

- EMS personnel leave naloxone kits with patients and other community members to use in future emergency situations to reverse overdoses.
- Patients are connected to trained navigators who provide clinical and social support to ensure patients receive ongoing care and treatment.

EMS BRIDGE IMPACT

Since our inception in 2020, we have:

Made a real difference in patients' lives

Screened
2,000+
patients for OUD

Treated
220
patients with buprenorphine in the field

Connected
55
of the 220 patients to follow-up care

Demonstrated that EMS-administered buprenorphine is feasible and safe

In the EMS Bridge pilot program in Contra Costa County, we collected data on the first 100 patients who were administered buprenorphine by EMS. Findings demonstrated safety and efficacy in getting patients into treatment.[5]

- Precipitated withdrawal was rare, occurring 1% of the time.
- 26% of patients were connected with a follow-up appointment, and 24% had an active buprenorphine prescription 30 days after discharge from the ED.

Catalyzed a change in the standard of care

California has moved rapidly to embrace the EMS Bridge model.

- In 2022, the Emergency Medical Directors Association of California made buprenorphine part of local optional scope.
- In 2023, the requirement for paramedics to call a base physician for approval before administering buprenorphine was removed to encourage EMS use of buprenorphine without delay.
- In 2023, the California Department of Health Care Services provided funding to five LEMSAs to launch EMS Bridge programs.

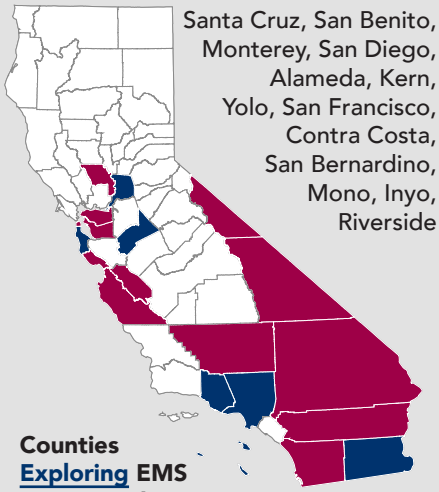
Our work is also changing EMS care at the national level. We presented to the National Highway Transportation Safety Association and the White House Office of National Drug Control Policy, opening the door for EMS Bridge to serve as a blueprint for future federal policy.

EMS Bridge has provided resources to support EMS buprenorphine programs in Seattle, Salt Lake City, Milwaukee, and Cleveland.

EMS buprenorphine is available to over a third of California residents.

We led this expansion by providing protocols and guidance to counties and training 1,300 emergency medical responders to administer buprenorphine.

Counties Implementing EMS Buprenorphine Programs



Santa Cruz, San Benito, Monterey, San Diego, Alameda, Kern, Yolo, San Francisco, Contra Costa, San Bernardino, Mono, Inyo, Riverside

Counties Exploring EMS Buprenorphine Programs

San Mateo, Sacramento, Stanislaus, Imperial, Ventura, Los Angeles

Bring EMS Bridge to Your Community

Our goal is for all EMS agencies in California to implement the EMS Bridge model by 2026. We provide training, technical assistance, and resources to get you started.

Contact us to request assistance for your community, and visit our website to access additional information and resources.

bridgetotreatment.org/ems-bridge

Endnotes

1 California Department of Public Health. *California Overdose Surveillance Dashboard*. Retrieved March 27, 2024, from https://skylab.cdph.ca.gov/ODdash/.
2 Larochelle, M. R., et al. (2018). Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study. *Annals of internal medicine*.
3 Elizabeth H. Barefoot, et al., (2021) Opportunities for Emergency Medical Services Intervention to Prevent Opioid Overdose Mortality. *Prehospital emergency care*.
4 Weiner S.G., et al. (2022) One-Year Mortality of Opioid Overdose Victims Who Received Naloxone by Emergency Medical Services. *Substance abuse*.
5 Glenn, M., Carroll, G., Hern, G. (2024, January 8-13). *Treating Opioid Use Disorder in the Field* [Conference Presentation]. NAEMSP 2024 Annual Meeting, Austin, TX, United States.

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