Non-Fatal Overdose Patient Journey Task Force
Summary Document
10/5/2023

Overview:

The objective of this project is to understand Maine's substance use disorder continuum of care as it pertains to those who experience non-fatal overdoses and who interact with EMS as a result. Through a collaborative data surveillance effort called the Non-Fatal Overdose Patient Journey Task Force (Task Force), the intended focus will be on identifying and analyzing trends in EMS data, specifically focusing on those who interact with EMS for non-fatal and fatal overdose events paired with their non-overdose, comorbid emergency interactions. We expect that taking a longitudinal and deeper look at a patient's EMS history will help identify factors that precede or are associated with overdose events, i.e.: how a patient interacts with care and on associated social determinants of health. Importantly, we may be able to expose potential opportunities to shift patient trajectories, and to intervene before a potentially fatal overdose event occurs.

Data Access

Through an MOA, all EMS incident data for fatal and nonfatal overdose-related calls 2010-2022, including non-overdose related EMS interactions for the overdose-involved population will be shared between Maine EMS and The University of Maine's Margaret Chase Smith Policy Center. Although the MOA leaves the option for sharing this data, the data shared currently does not include PII and PHI. The MOA ends 12/31/2023 and the Task Force is asking to extend this data access to continue the project.

Benefits:

Better Data Leads to Better Planning: Understanding what leads and/or contributes to an overdose event can help identify upstream care that can change the trajectory of the patient's care and journey.

More Efficient Allocation and Use of Resources: Understanding the continuum of care and patient journey of those who use drugs will help Maine become more effective in utilizing budgetary resources, including EMS resources.

Less Strain on Emergency Systems: If data-backed and properly resourced prevention and harm reduction activities are implemented and patient trajectories are shifted before an overdose event involving EMS occurs, this will potentially lessen the burden on emergency systems overall.

Data Sharing with Maine EMS: Information and insights from this study can help improve SUD response efforts by EMS Clinicians, including EMS Administration and Dispatch systems, EMS Clinician education, as well as communication with stakeholders who collaborate with Maine EMS in SUD response.

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