OREGON OFFICE of RURAL HEALTH

OPPORTUNITY Just knock.

The EMS Buprenorphine Roadmap and Rural EMS Agencies

Dre Cantwell-Frank, NRP, Bridge Center
Emily Henke, MPH, Oregon Public Health Institute (OPHI)

September 11, 2026

Joan Field, EMT-I, CP-C, CHW
OREGON OFFICE OF RURAL HEALTH, RURAL EMS

The mission of the Oregon Office of Rural Health is to improve the quality, availability and accessibility of health care for rural Oregonians.

The Oregon Office of Rural Health's vision is to serve as a state leader in providing resources, developing innovative strategies and cultivating collaborative partnerships to support Oregon rural communities in achieving optimal health and well-being.

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Just a reminder: these educational webinars are offered through the
ORH Rural EMS Supplement (FLEX) Grant | Visit our website
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Webinar Logistics

- Audio will be muted for all attendees at the beginning of the webinar.
- **However**, this is meant to be an interactive session with discussion, so feel free to raise your hand and unmute, and you can also post your question or comment in the chat.
- We encourage you to leave your camera on; it helps us feel connected!
- Presentation slides and recordings will be posted shortly after the session at: https://www.ohsu.edu/oregon-office-of-rural-health/emergency-medical-services-programs.

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In remembrance of September 11, we honor those who lost their lives, the loved ones they left behind, and the heroes who responded with extraordinary courage.
May we be guided by compassion, unity, and service to one another.
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EMS Buprenorphine in Oregon

Dre Cantwell-Frank & Emily Henke

Month 2026

BRIDGE
Treatment. Equity. Connection.

OPHI OREGON PUBLIC HEALTH INSTITUTE

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Bridging emergency care and community health to create an integrated system that improves health and equity.

OPHI OREGON PUBLIC HEALTH INSTITUTE

A flexible and responsive partner to government, healthcare, and communities.

PUBLIC HEALTH INSTITUTE

Bridge and OPHI are programs of the Public Health Institute.

Emily Henke

Executive Director at Oregon Public Health Institute

Dre Cantwell-Frank

National Program Director & EMS Program Director and Principal Investigator at The Bridge Center

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Oregon Public Health Institute (OPHI) is a nonprofit organization that has served Oregon communities since 1999. OPHI builds bridges between communities and institutions, working to ensure that public health systems are responsive to the needs and leadership of Oregonians.

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The Bridge Center at the Public Health Institute (PHI) works across the health care system to expand access to low-barrier health care, and to advance health equity. Our programs span the health care continuum, across emergency & community-based settings.

Agenda

1. **What is EMS Buprenorphine?**
   Clinical basics, the withdrawal window, and why the field is a real point of care

2. **What can we do?**
   The project, five ways your agency can engage, and the timeline

3. **Questions & Discussion**
   Drop questions in the chat as they come up and we will discuss at the end

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The Bridge Center is building on our country's guarantee of 24/7 emergency care to offer treatment where people are, promote equity, and connect patients to ongoing care.

The Bridge Model

Treatment First

Patient Navigation

Culture of Care

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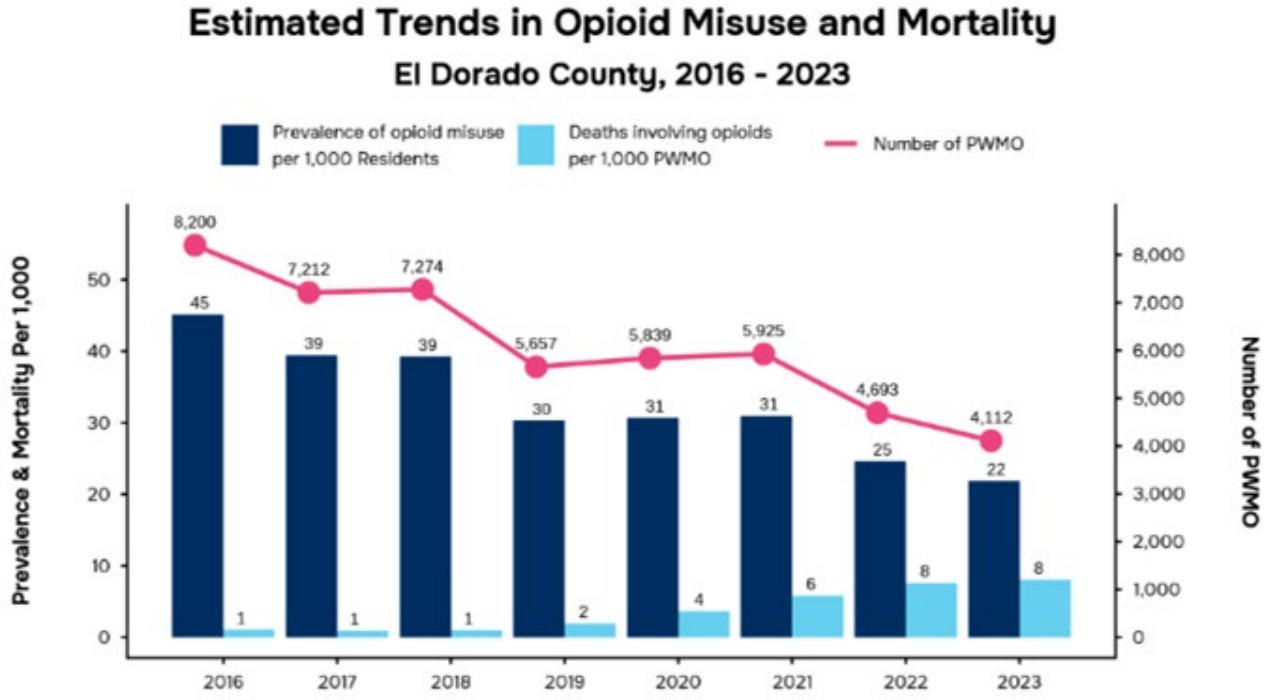
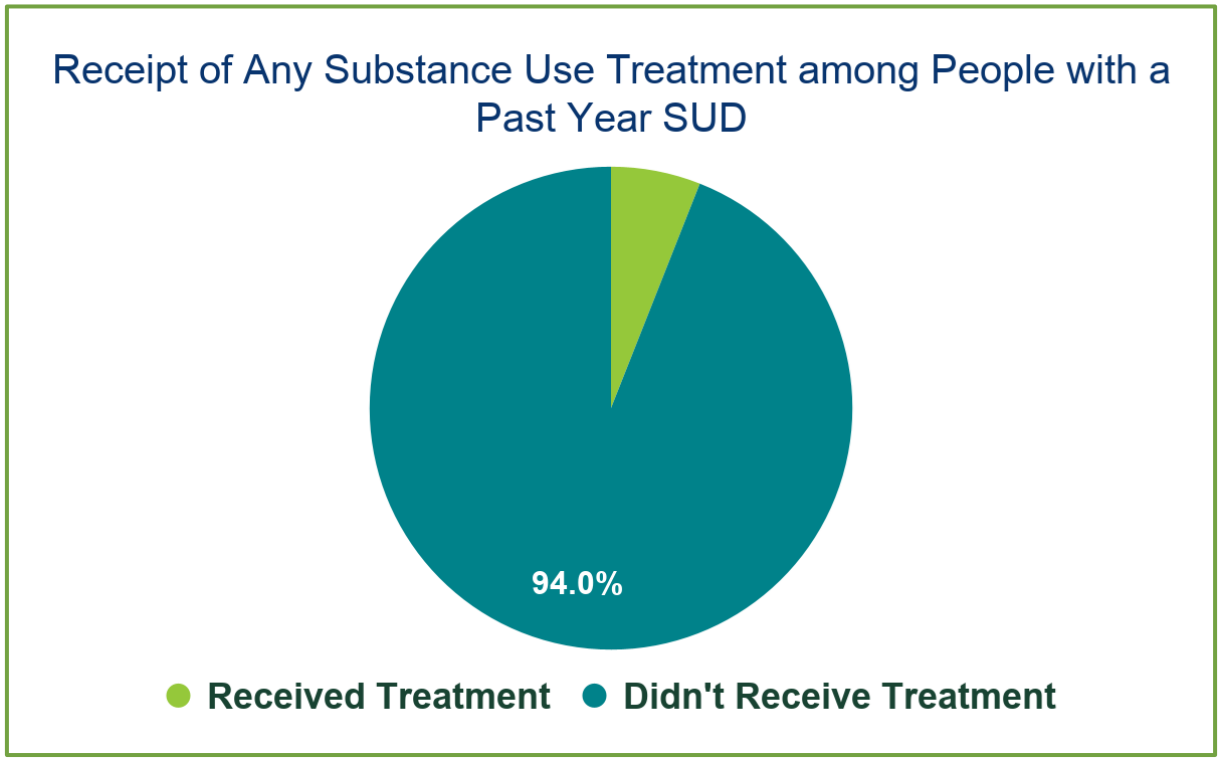
Overdose is Our #1 Public Health Problem

More people under age 45 die from drug overdose than from any other cause.

People who Misuse Opioids are at an 8X Higher Risk of Dying From Overdose TODAY Than 5 Years Ago



Fewer than **1 in 17** people with SUD receive treatment.

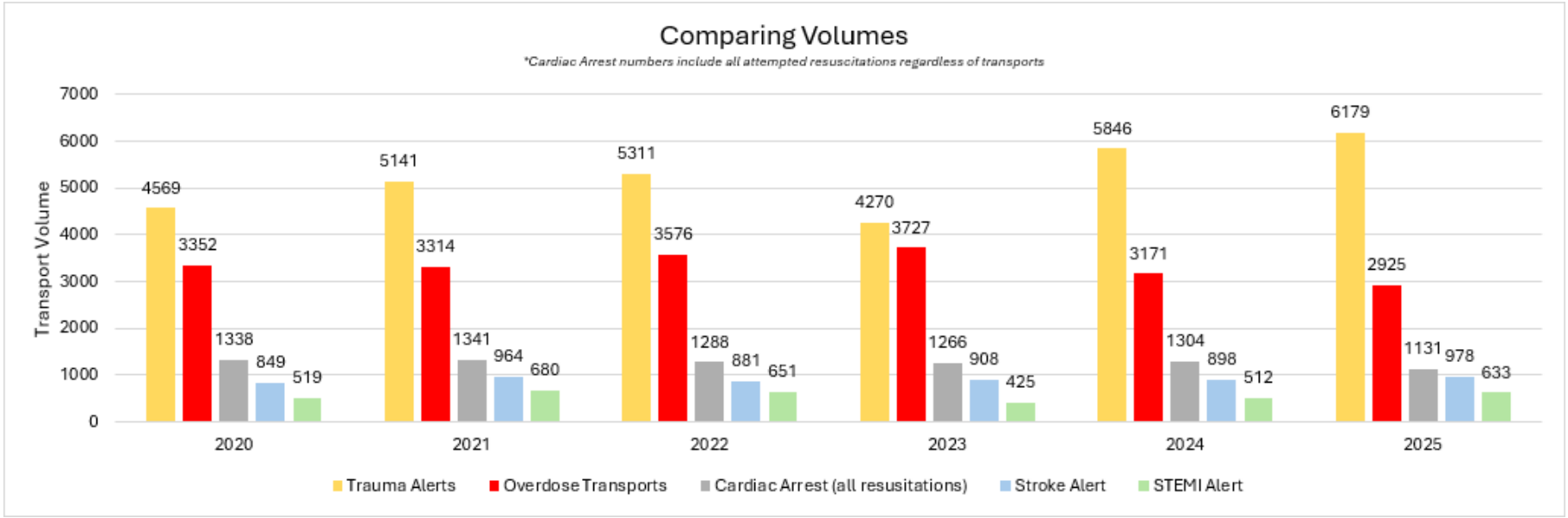


Substance Abuse and Mental Health Services Administration. (2022). *Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health* (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report

Why is this an EMS problem?


Non transport rates for overdose survivors have increased by
44%
30%
of people who die due to overdose have had at least 1 interaction with EMS in the year preceding their death.

Comparison of Overdose Volume to STEMI, Stroke, Trauma, Cardiac Arrest



- 6,096 suspected overdoses over The past 2 years
- More ODs than STEMIs + Strokes + Cardiac Arrest Combined

The 1-Year mortality of people who receive primary percutaneous coronary intervention (PCI) post-STEMI

7.3%

Doost Hosseiny A, Moloi S, Chandrasekhar J, Farshid A. Mortality pattern and cause of death in a long-term follow-up of patients with STEMI treated with primary PCI. *Open Heart*. 2016;3(1):e000405. doi:https://doi.org/10.1136/openhrt-2016-000405

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15.2%

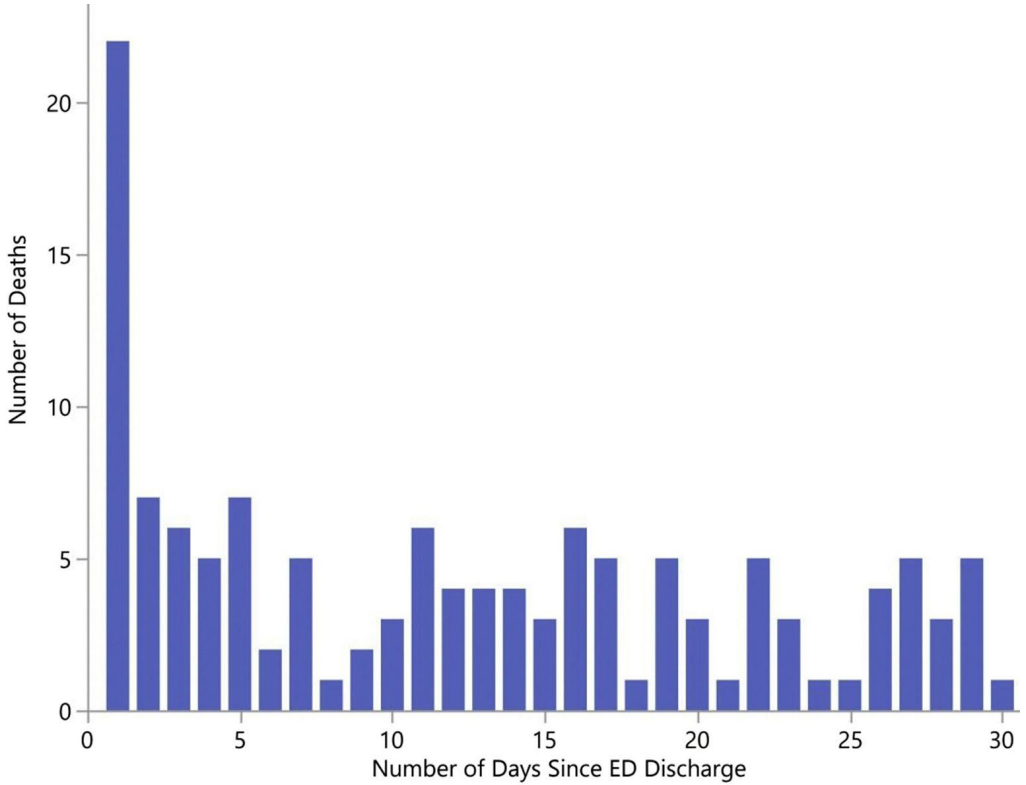
of patients treated by EMS with naloxone died within one year.

Weiner SG, Baker O, Bernson D, Schuur JD. One Year Mortality of Patients Treated with Naloxone for Opioid Overdose by Emergency Medical Services. Substance Abuse. 2022;43(1):99-103. doi:10.1080/08897077.2020.1748163

OUD is an Emergency

Significant increased mortality risk post-ED discharge

- 20% of patients who died did so in the first month
- 22% of those who died in the first month died within the first 2 days



Weiner et al., 2019

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Naloxone *is not* a treatment for OUD.

- Studies show that up to 30-45% of patients who receive naloxone by EMS experience withdrawal.
- But, withdrawal after naloxone only lasts about 30-60 minutes.

"Golden Hour" For Buprenorphine in The Post-Overdose Patient

→ **Consider the post-overdose patient with the same time-sensitive urgency as STEMI, stroke, and trauma patients.**

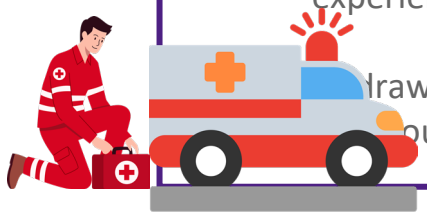
American Society of Addiction Medicine (ASAM), National Practice Guidelines for the Treatment of Opioid Use Disorder 2020, Page 33
Vandergrift et al, Precipitated Withdrawal Induced by Prehospital Naloxone Administration, Prehospital Emerg Care
Kestler A, et al, Impact of Administering Buprenorphine to Overdose Survivors Using Emergency Medical Services, Annals of Emergency Medicine, 2022

Narcan administered (half life ~90 mins)

EMS is in the unique window to offer buprenorphine

Studies show that up to 30-45% of patients who receive naloxone by EMS experience withdrawal.

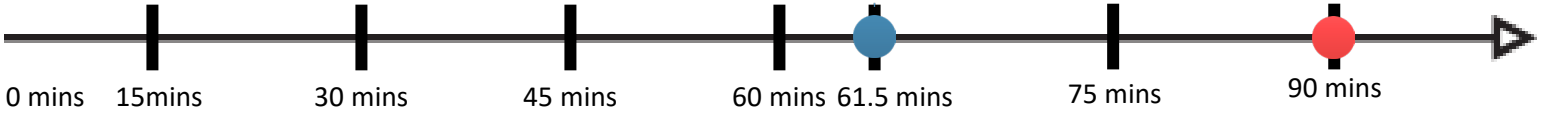
drawal after naloxo
out **30-60 minute**



Emergency department assumes care

Paramedic offers buprenorphine during transport

Stopwatch Starts



Golden Window ~0-60 minutes: EMS can treat withdrawal and administer buprenorphine

After ~90 minutes: Opportunity is lost

Narcan (naloxone) Half-life: ~90 minutes

Benefits of Buprenorphine

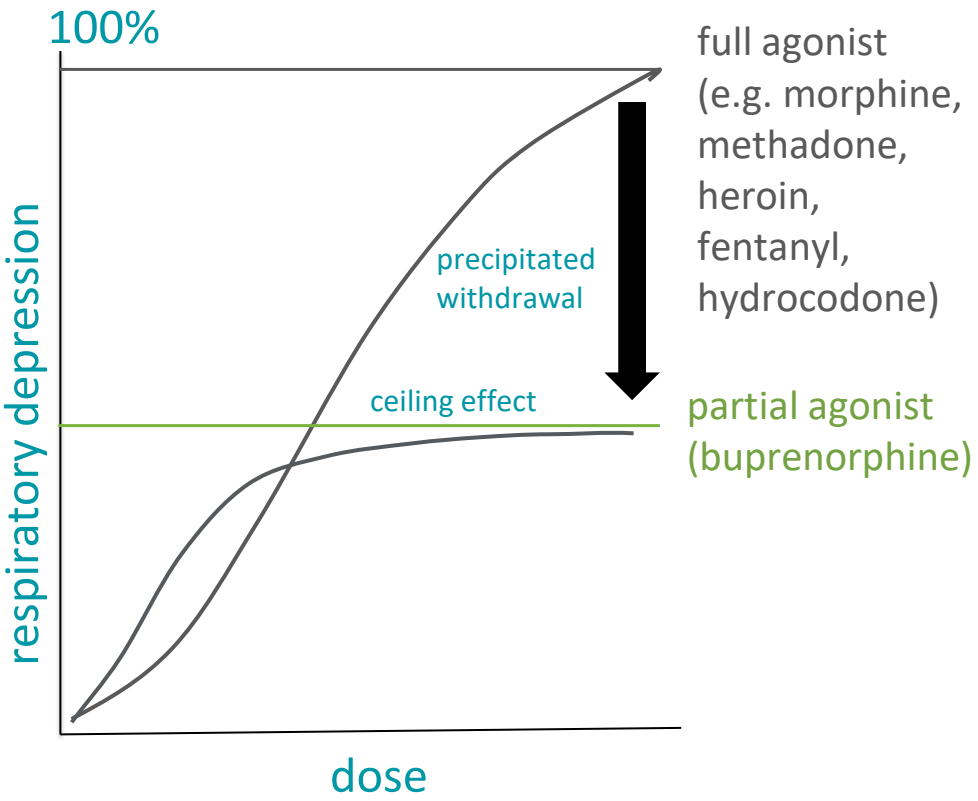
- Treats withdrawal
- Stops cravings and allows for recovery
- Prevents overdose

➔ Like nicotine patches, but for opioid addiction.

➔ Buprenorphine also prevents overdoses.

Buprenorphine

- Safely and effectively treats withdrawal, craving, & overdose
- Partial agonist
  - Ceiling effect:
    - Respiratory depression
    - Sedation
  - No ceiling effect:
    - Analgesia
- High affinity
  - Blocks other opioids
  - Displaces other opioids
- Long acting
  - Half-life ~ 24-36 Hours



Emergency Medical Services: Buprenorphine (Bup) Field Start Protocol

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This treatment protocol can be used for patients experiencing withdrawal symptoms due to opioids, Kratom or 7-OH products and for patients recently administered naloxone.

Assess opioid withdrawal signs and symptoms.

Opioid Withdrawal Signs & Symptoms: Patient must present with ≥ 2 objective signs to be administered bup treatment.

Objective Signs		Subjective Symptoms	
• Yawning	• Diaphoresis	• Nausea	• Restlessness
• Rhinorrhea or lacrimation	• Restlessness and/or agitation	• Stomach/abdominal cramps	• Hot and cold
• Dilated pupils	• Vomiting, diarrhea	• Body aches	• Nasal congestion
• Tachycardia	• Piloerection	• Achy bones/joints	

Assess for exclusion criteria.

Exclusion Criteria: Patient is not a candidate for buprenorphine treatment if any of the following are present.

- No opioid withdrawal signs or symptoms
- Under 16 years of age
- On methadone maintenance OR use of methadone within the last 72 hours
- Severe medical illness (sepsis, severe respiratory distress, etc.)
- Altered mental status and unable to give consent or comprehend potential risks and benefits for any reason

Are any exclusion criteria present?

NO / YES

COWS Score >= 8
Post naloxone COWS >= 5
(Clinical Opioid Withdrawal Scale)

NO → Not eligible for bup field start.

YES

Offer patient bup and counseling on treatment options.
Consider MD Base contact for complex cases/additional support.

IF PATIENT DECLINES TREATMENT →
1. Provide medication for addiction treatment (MAT) brochure.
2. Provide leave behind naloxone.
3. Recommed transport to a hospital that offers bup, if available.

PATIENT AGREES TO TREATMENT

Administer Buprenorphine.
1. Administer buprenorphine 16mg SL.
2. Reassess after 10 minutes.

IF SYMPTOMS IMPROVE →
1. Verify patient contact information for hospital follow up, two phone numbers recommended.
2. Provide leave behind naloxone and MAT brochure.
3. Repeat and document second COWS.
4. Recommend transport to a hospital that offers bup, if available.
5. If patient declines transport, inform them that a navigator may initiate contact for further support.

IF SYMPTOMS WORSEN OR PERSIST

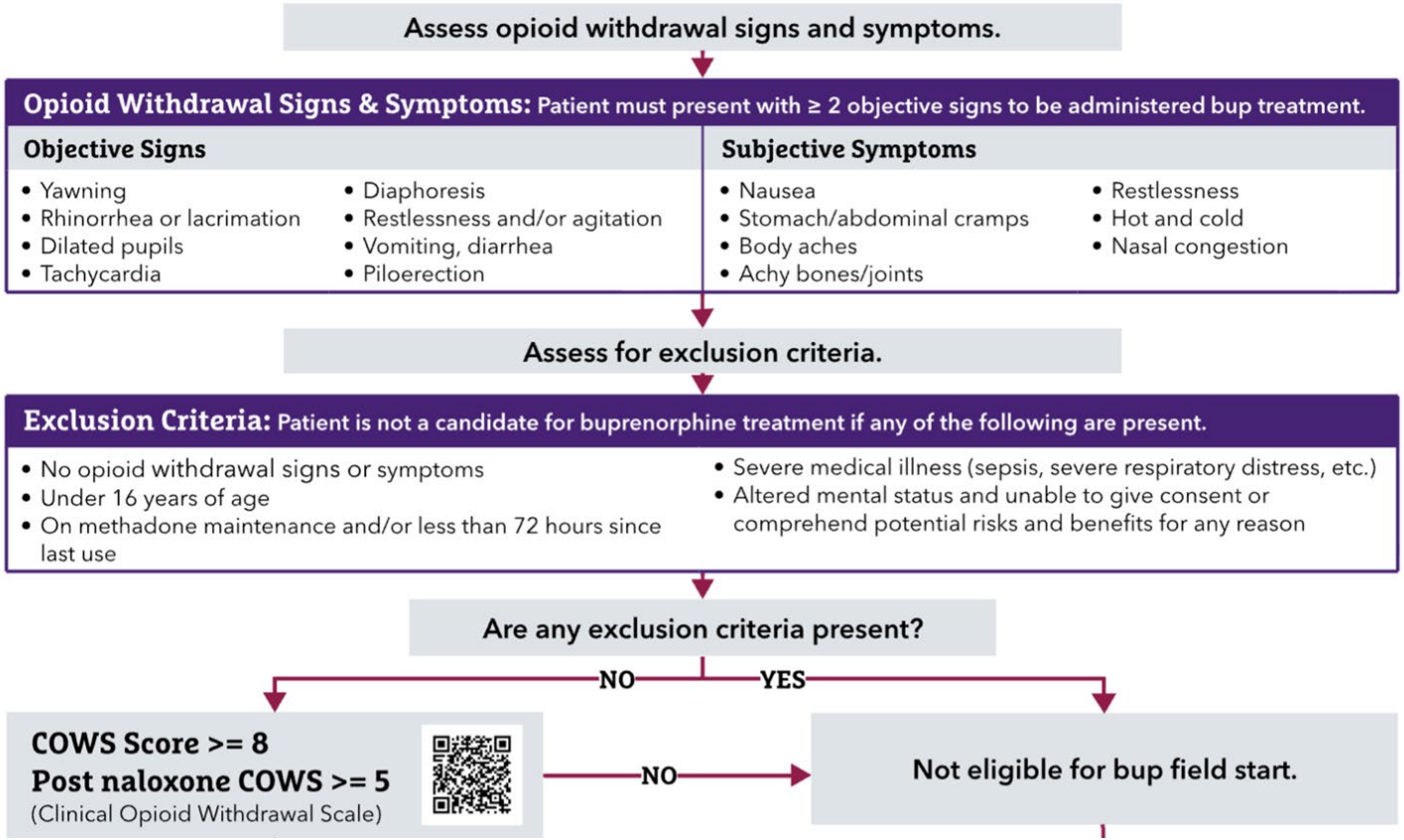
Re-dose with bup 8mg or 16mg SL.
Total maximum bup dose not to exceed 32mg SL. Not including any taken prior to arrival.

This project was supported by the CARESTAR Foundation.

May 2026

Buprenorphine Field Start Protocols

Steps 1 & 2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Subjective Symptoms
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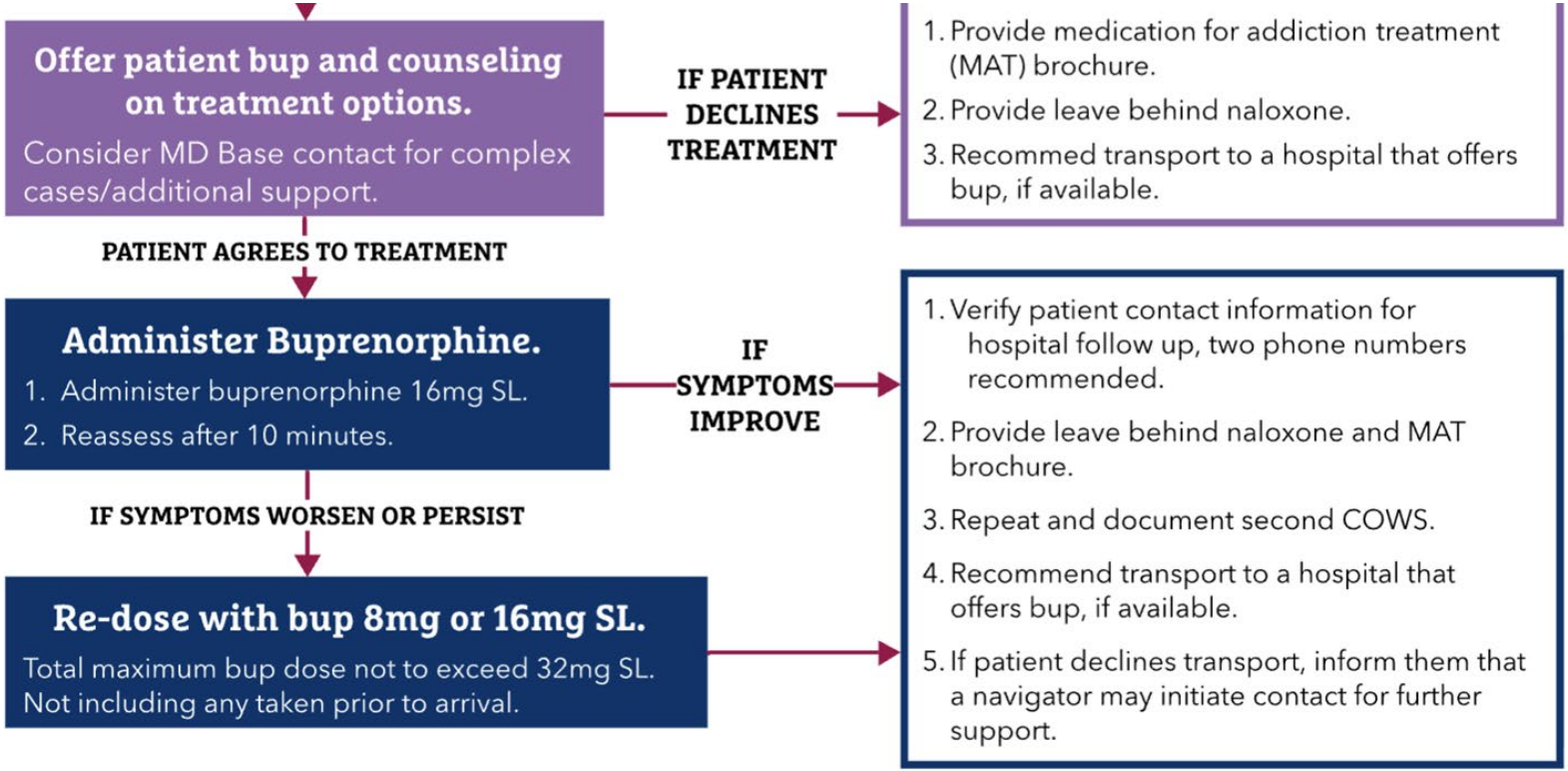
Assess for exclusion criteria.
Exclusion Criteria: Patient is not a candidate for buprenorphine treatment if any of the following are present.
• No opioid withdrawal signs or symptoms
• Under 16 years of age
• On methadone maintenance and/or less than 72 hours since last use
• Severe medical illness (sepsis, severe respiratory distress, etc.)
• Altered mental status and unable to give consent or comprehend potential risks and benefits for any reason
Are any exclusion criteria present?
NO
YES
COWS Score >= 8
Post naloxone COWS >= 5
(Clinical Opioid Withdrawal Scale)
NO
Not eligible for bup field start.

Steps 3 & 4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Successful Implementation in the EMS Setting

Emergency medical services/original research

Impact of Administering Buprenorphine to Overdose Survivors Using Emergency Medical Services

Key Findings

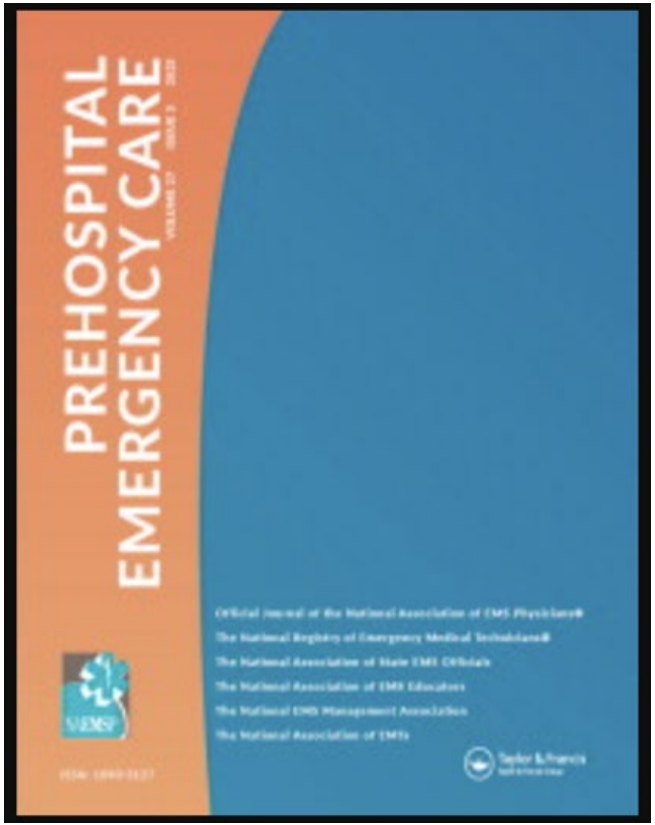
- "Patients who received buprenorphine had a 12-fold increase in being engaged in treatment at 30 days"
- No precipitated withdrawal
- Decrease in Clinical Opioid Withdrawal Scale (COWS) from 9 to 2
- Increased scene time of 6 minutes

Carroll & Solomon, et al., 2023

Contra Costa County, CA

In the Bridge Buprenorphine Pilot:

- 25% of patients retained in treatment at 30 days
- CA policy change: buprenorphine no longer requires calling medical direction as of 2023



Hern, et al., 2022

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Salem REPORTER
Local News That Matters

COMMUNITY | FIRE | HEALTH CARE

New program will help people recover from opioid withdrawal, connect with treatment

MADELEINE MOORE · MARCH 3, 2025

Falck ambulances parked outside of Salem Hospital in early December, 2022 (ABBEY MCDONALD/Salem Reporter)

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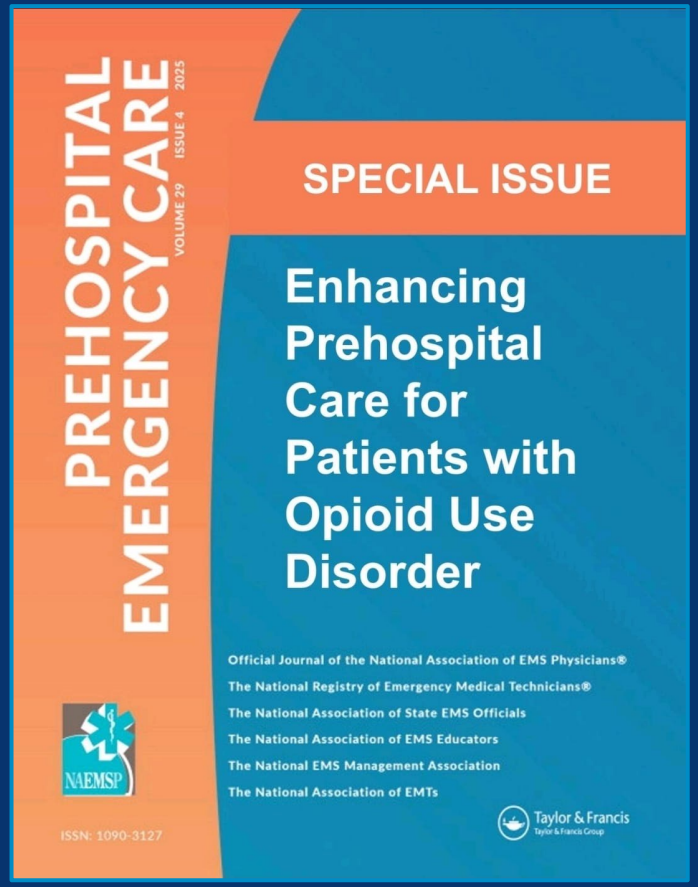

EMS Bup is no longer a novel intervention.

The Role of Emergency Medical Services in Addressing Opioid Use Disorder – A Position Statement and Resource Document of NAEMSP

Melody J Glenn, Mary P Mercer, Angela Murrell, Nicholas Simpson, Mary C Knotts, Remle Crowe, ...show all

Received 20 Feb 2026, Accepted 19 Apr 2026, Accepted author version posted online: 11 May 2026

EMS Bup is the Standard of Care

The National Association of EMS Physicians recommends:

- State and local EMS oversight entities should ensure that EMS clinicians scope of practice allows for administration of medications for opioid use disorder (MOUD), specifically buprenorphine.
- EMS Systems should establish low-barrier program and protocols for prehospital administration of medications for opioid use disorder (MOUD), specifically buprenorphine, and integrate the program with available community resources.
- EMS Medical Directors should collaborate with other system leaders to implement validated protocols for the treatment and safe disposition of patients including navigation of patients to alternate destinations or treatment in place.

There are Genuine Barriers and We Want to Talk About Them

Cost	Time Commitment of Training	Frequency of Administration *Is It Even Worth It?*	Conflicting Priorities

Case Study

- 44-year-old male; EMS was called for “sick person on sidewalk.”
- Patient reported nausea/vomiting, restlessness, feeling unwell.
- Medics observed patient was very sweaty, unable to sit still, was yawning and had goosebumps

Case Study

- Medics assessed patient, determined they were in opioid withdrawal based on recent training.
- Patient was offered buprenorphine and gratefully accepted, and was then connected to ongoing care via telehealth.
- Paramedic reported to supervisor that patient had “been interested in bupe for years” but was unable to access treatment.

Case Study

The Patient Remains in Treatment Today

Resources

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What Can You Do?

EMS Buprenorphine in Oregon

Project Objectives

1

Generate support for EMS bup in rural communities, and get rural EMS agencies ready and supported to start buprenorphine in the field

2

Build tools made for rural practice, not urban tools with a few minor edits

3

Contact rural EMS agencies giving bup so we have an ongoing community of practice that welcomes newcomers & advances the field

How to Plug In

	Way In	Who It Is For	What It Involves
1	Community Of Practice	Any agency, at any stage — including just curious	Launches early 2027. Virtual, quarterly. No assessment, no commitment.
2	In-Person Community Assessment	Communities early on — where the local champions and connections aren't there yet	We come to you and help build the local bench of support. 7 sites total.
3	Virtual Readiness Assessment	EMS agencies exploring the idea or ready for training	Remote clinical evaluation plus support. 8 agencies.
4	Regional Training	Remote clinical evaluation plus support. 8 agencies	In person, rural-adapted.
5	Go live and get TA for implementation	Committed to going live, with your medical director on board	Go live with EMS bup with TA from Bridge

Support for starting

Community of Practice

Any Agency, Any Stage

- Launches early 2027
- Virtual, quarterly, statewide
- Peer learning among rural agencies
- No assessment, no protocol
- No commitment

In-Person Community Assessment

Communities Early On

- We come to you
- Looks at the agency & the community
- Finds & builds local champions
- Maps treatment & follow-up gaps
- Produces written assessment & readiness plan

Virtual Readiness Assessment

Clinical Questions First

- Remote — no travel, no site visit
- Clinical readiness evaluation
- Technical assistance included

What Comes Next

Regional EMS Buprenorphine Training

Bridge-delivered, in person, adapted for rural practice — agencies travel to the Regional training site.

Goal: Five sites in 2027

Become an Implementing Agency

Go live — with technical assistance from Bridge and OPHI.

Goal: At least seven rural agencies by the end of the project.

What we bring, what you bring

We bring

- The readiness assessment
- Adapted curriculum and protocol templates
- In-person facilitation
- Community partnership building
- The peer network
- Funding to help offset participation costs

You bring

- Staff time
- Medical director engagement
- Local knowledge

What happens when

Now – Fall 2026	Fall – Winter 2026	Early – Mid 2027	Mid 2027 – Jan 2028
• Tools built • Outreach underway • Statewide mapping	• Conferences • Regional visits planned • Assessment tool complete	• Community of Practice launches • Regional visits complete • 1st two in-person assessments	• Remaining assessments • Training at five regional sites • Implementation support
OPEN TO YOU **Fill out the form. Talk with us one-on-one.**	**OPEN TO YOU** **Meet us in person at a conference or a regional visit.**	**OPEN TO YOU** **Join the Community of Practice. Request an assessment.**	**OPEN TO YOU** **Send people to a training. Get support as you go live.**

Interested in Learning More?

- ★ Any readiness stage
- ★ Any agency type — volunteer, paid, or a mix
- ★ Anywhere in Oregon
- ★ Not sure yet? Still fill it out.

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Questions?

ORH Announcements

ORH Rural EMS Leadership series, and EMS Billing/Coding educational webinar series
EMS Program information, announcements and links to the recordings/slides can be *found here*

Rural EMS Leadership Development series | September 17 | 1:00 p.m.
Topic: Influence and Accountability | Register here

ORH Community Conversation | September 17 | 12:00 p.m.
Topic: How CHWs at Rural Hospitals and Clinics Are Improving Health Outcomes
(*More information here*)

October 7-9, Bend, OR | 43rd Annual Oregon Rural Health Conference
(*More information here*)

Rural EMS Scholarship Program | Open now; funds are limited | Applications accepted on a rolling basis (*More information here*)

ORH HERO: Helping EMS in Rural Oregon | EMS Agency Training Grant | Reopens in Spring 2027 | (*More information here*)

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OREGON RURAL EMS & MIH
SharePoint home
Find resources, make connections
See our newest announcements
A place to collaborate
Post questions and share ideas
This is a private agency site
Request access here.
(Note: There is a brief delay as your email must be added for login privileges.)
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Thank you!

Joan Field
Rural EMS Program Coordinator
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