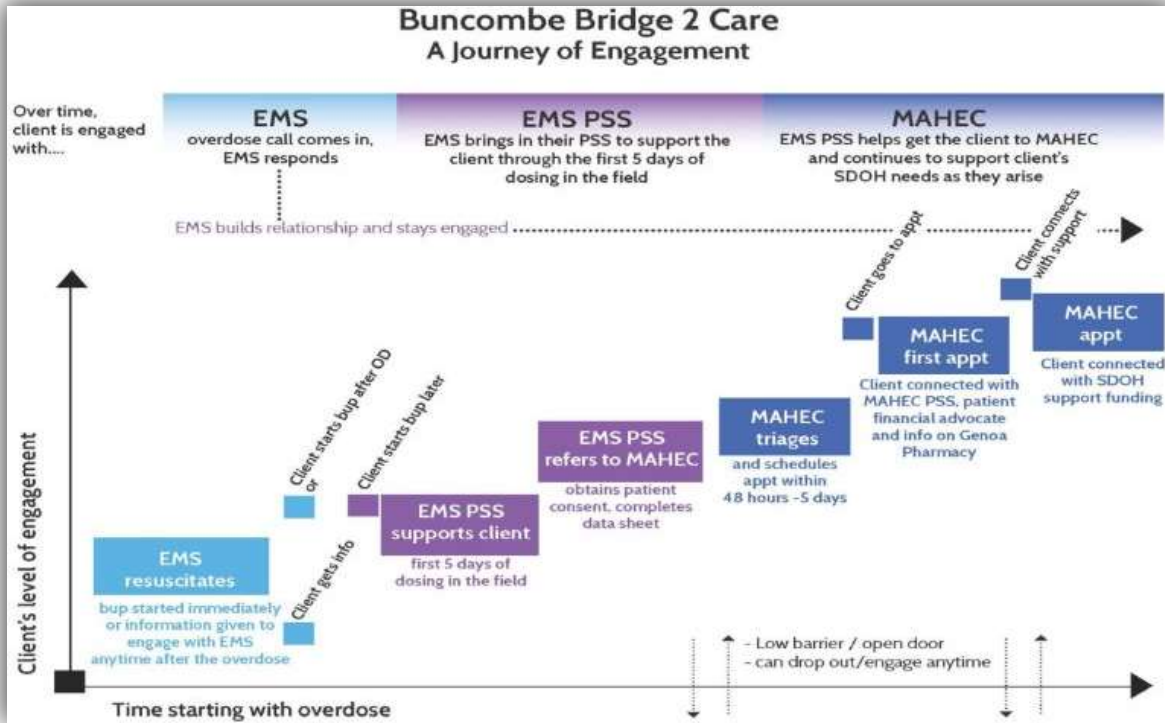


# Buncombe Bridge to Care (BB2C)

Project Timeframe: March 1<sup>st</sup>, 2022 – March 1<sup>st</sup>, 2024

**Goal:** reduce overdose (OD) deaths and improve the lives of individuals with opioid use disorder (OUD) at high-risk for OD by connecting them to a primary care provider to receive medications for OUD (MOUD).



**“All they want is an opportunity. That’s [what] we bring to them. Even if they need more than one opportunity to find themselves and their recovery. We will be there.”**

**- Community Paramedic**

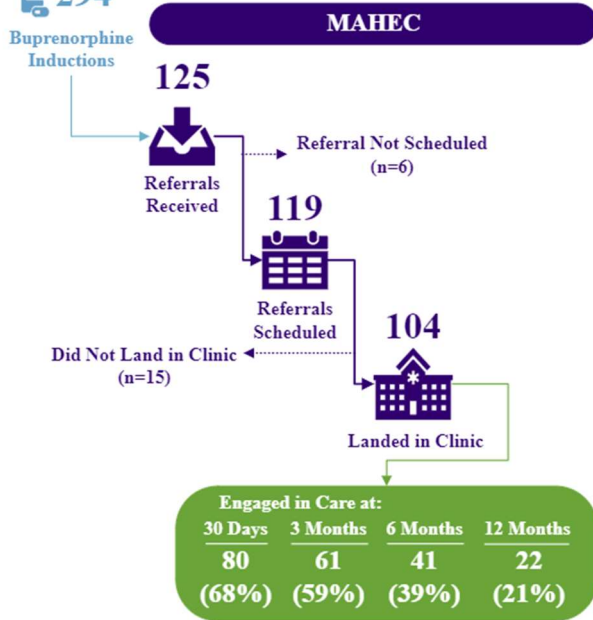
BB2C served **1.7 times as many patients as originally intended** (grant goal of 60 patients), including **71% who were uninsured and 53% who had experienced a recent OD**. MAHEC supported the creation of a paramedic-administered buprenorphine protocol in partnership with Buncombe County emergency medical services (BCEMS) and provided continual education and support as BCEMS implemented that protocol. This interagency project successfully strengthened the pre-existing post-overdose response team (PORT) efforts in Buncombe County by establishing a direct referral pathway that was both effective and efficient. **No active participants experienced a fatal OD** while engaging in the program, and only 4% of active participants reported an OD event. This result demonstrates our success at reducing OD deaths among program participants. Incorporating peer support services (PSS) allowed our program to address a variety of social determinants of health (SDoH) needs including transportation, housing, food, and financial support with clinic appointments and MOUD. **PSS were heavily utilized by program participants** (1,026 total PSS visits); participants on average attended 8 PSS visits. BB2C continues to widely share this impact of this model via the [Buncombe Bridge to Care \(BB2C\): Post-Overdose Buprenorphine Field Initiation Program Toolkit](#) and providing technical assistance to county and EMS agencies.



## BB2C Accomplishments:

### Community Paramedics

294  
Buprenorphine Inductions



### Community Paramedics Metrics

	n
OD Responses	1,970
OD Deaths	178
Naloxone Reversals	834
Agreed to Follow-Up Outreach	630
Completed Intake for Ongoing Engagement	305

### MAHEC Metrics

Total Cumulative Appointments Attended	2,088
PSS Visits	1,026
Medical Visits	847
Telehealth Visits	139
Behavioral Health Visits	76

## Programmatic Impacts:

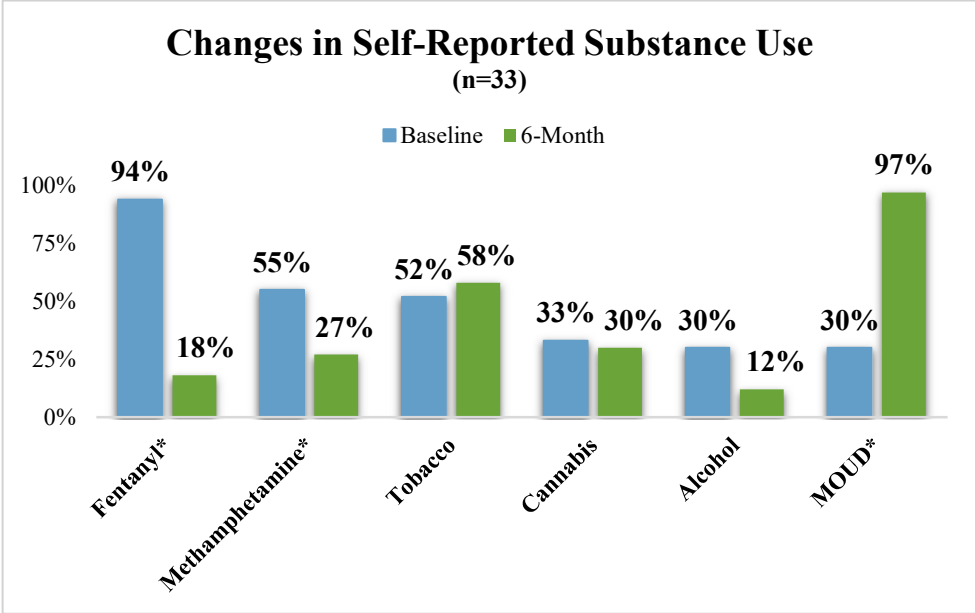
- 1) **Implementation of Low Barrier Access to Care:** Created a direct referral pathway from the Community Paramedic team to an outpatient primary care clinic (MAHEC) to receive ongoing MOUD, medical services, behavioral health services, and PSS.
- 2) **Establishment of Efficient Referral System:** MAHEC's office-based opioid treatment (OBOT) Coordinator worked with the clinical operations and scheduling teams to prioritize and reserve OBOT-specific appointment slots to ensure rapid connection to care. On average, it took 4 days to schedule referrals and 3 days for scheduled referrals to land in clinic.
- 3) **Effective Inter-Agency Collaboration:** MAHEC provided education on administering sublingual buprenorphine for consenting post-overdose patients and consulted with BCEMS leadership to develop a buprenorphine administration protocol.
- 4) **Technical Assistance:** Throughout the early implementation phase, Community Paramedics consulted with an on-call MAHEC addiction medicine provider regarding buprenorphine concerns which instilled confidence as they expanded their treatment scope in the field.
- 5) **SDoH Support:** Participants benefited from access to both PSS and SDoH supports, including phones with service and bus passes.

## Clinical Implications:

- 1) **Prioritized High-Risk Patients to Improve Rapid Connection to Care:** Program patients' time to receiving care was accelerated by reserving OBOT-specific appointment slots and blocking off provider schedules specifically for this group of patients.
- 2) **Implemented a Patient-Centered, Harm Reduction-Focused Care Model:** This care model improved trust among patients with their care team.
- 3) **Supported a Complex Patient Population & Promoted Safety:** This care model improved providers' comfort level with providing treatment services through a harm reduction, patient-centered lens, which allowed clinicians to address polysubstance use among patients.
- 4) **Reduced Harm:** BB2C showed statistically significant reductions in fentanyl use and reported fewer OD events over time, which aligns with our main goal of reducing OD deaths.
- 5) **Increased MOUD Access:** This care model successfully increased the number of people who gained access to buprenorphine, which is the gold standard harm reduction medication.
- 6) **Integration of PSS to Address SDoH Barriers to Treatment Services:** Peers were able to support patients with employment opportunities and accessing resources within the community, which contributed to retention in treatment services while improving additional quality of life aspects.



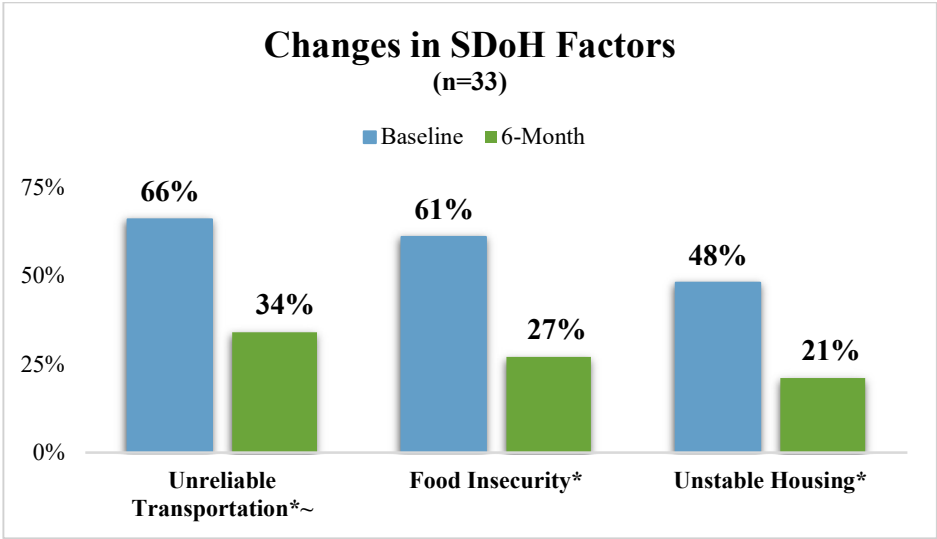
**“I am so proud of this patient. [They were] the first BB2C [participant] to land in clinic, and the first one to successfully complete the program. [They have] gained full-time employment, gotten better housing, and is actually considering returning to school.”**  
**- MAHEC Peer Support Specialist**



There were statistically significant reductions in the proportion of patients reporting fentanyl and methamphetamine use, while there was a statistically significant increase in the proportion of patients reporting MOUD use from baseline to 6-month reassessment among 33 matched pairs.

\*p-value is statistically significant (p-value ≤ 0.05). \*\*Substances not included in the figure include benzodiazepines, prescription opioids, cocaine, heroin, vaping, gabapentin, hallucinogens, methadone, kratom, and 'other' substances.

There were statistically significant reductions in the proportion of patients reporting unreliable transportation, food insecurity, and unstable housing SDoH factors from baseline to 6-month reassessment among 33 matched pairs.



\*p-value is statistically significant (p-value ≤ 0.05). ~Unreliable transportation was missing one response (n=32).

**BB2C Outreach:**

- [New Health Tech Platform to Help Fight the Opioid Crisis | UNC Eshelman Institute for Innovation News Article](#)
- [BB2C Toolkit | RCORP-TA Training Materials](#)
- [Building Bridges to Outpatient Treatment Services for Post-Overdose Care via Paramedic Buprenorphine Field Initiation | Journal of Substance Use and Addiction Treatment](#)