



Providers
Clinical Support
System

Low-Threshold Access to Care: Initiating MOUD in the Emergency Department and Encouraging Treatment Retention

June 12, 2025

**Arianna Campbell,
DMSc, MPH, PA-C**

Housekeeping

- Today's webinar is being recorded and all participants will be kept in listen only mode. There will be an opportunity to ask questions at the end of the webinar, so we encourage you to please submit your questions throughout the webinar in the Q&A box located at the bottom of your screen.
- The recording and slides will be made available on the PCSS-MOUD website within 2 weeks.
- Within 24 hours of today's session, you will receive an email from grantededucation@aaap.org with evaluation and certificate claiming information.



*The content of this activity may include discussion of off label or investigative drug uses.
The faculty is aware that is their responsibility to disclose this information.*

Funder Information

- This event is brought to you by the Providers Clinical Support System – Medications for Opioid Use Disorders (PCSS-MOUD), a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Content and discussions during this event are prohibited from promoting or selling products or services that serve professional or financial interests of any kind.
- PCSS-MOUD aims to increase the knowledge and skills of healthcare and counseling professionals about available evidence-based treatment approaches for substance use disorder (SUD) with a particular focus on opioid use disorder (OUD). PCSS-MOUD provides free training and mentoring to practitioners on the use of medications for OUD (MOUD) and the integration of these services into mainstream health care.

Today's Speaker



Arianna Campbell, DMSc, MPH, PA-C
Senior Director, M-PI, The Bridge Center at
PHI

Disclosure to Learners

AAAP is committed to presenting learners with unbiased, independent, objective, and evidence-based education in accordance with accreditation requirements and AAAP policies.

Presenter(s), planner(s), reviewer(s), and all others involved in the planning or content development of this activity were required to disclose all financial relationships within the past 24 months

All disclosures have been reviewed, and there are no relevant financial relationships with ineligible companies to disclose.

All speakers have been advised that any recommendations involving clinical medicine must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in patient care. All scientific research referred to, reported, or used in the presentation must conform to the generally accepted standards of experimental design, data collection, and analysis.

Public Health Institute Note

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Educational Objectives

- Discuss the current landscape of Opioid Use Disorder (OUD) treatment, including Medications for Opioid Use Disorder (MOUD), and the need for accessible, low-barrier care and treatment.
- Describe the benefits of initiating MOUD within Emergency Department (ED) settings and the impact on treatment retention.
- Explore examples of successfully implemented ED-based MOUD initiation programs.

Audience Poll

Are you familiar with the Bridge Model?

- ☐ Yes! Definitely.
- ☐ I've heard of it, but I don't know much.
- ☐ Nope, but I'm looking forward to learning more!

Audience Poll

I work in the following setting:

- ☐ Emergency Services (Emergency Department, EMT, etc.)
- ☐ Outpatient Primary Care
- ☐ Outpatient Addiction Treatment
- ☐ Outpatient Mental Health
- ☐ Inpatient Medicine
- ☐ Inpatient Psych
- ☐ Social Services
- ☐ Community Program/Provider
- ☐ Other

Audience Poll

I work in a primarily _____ area:

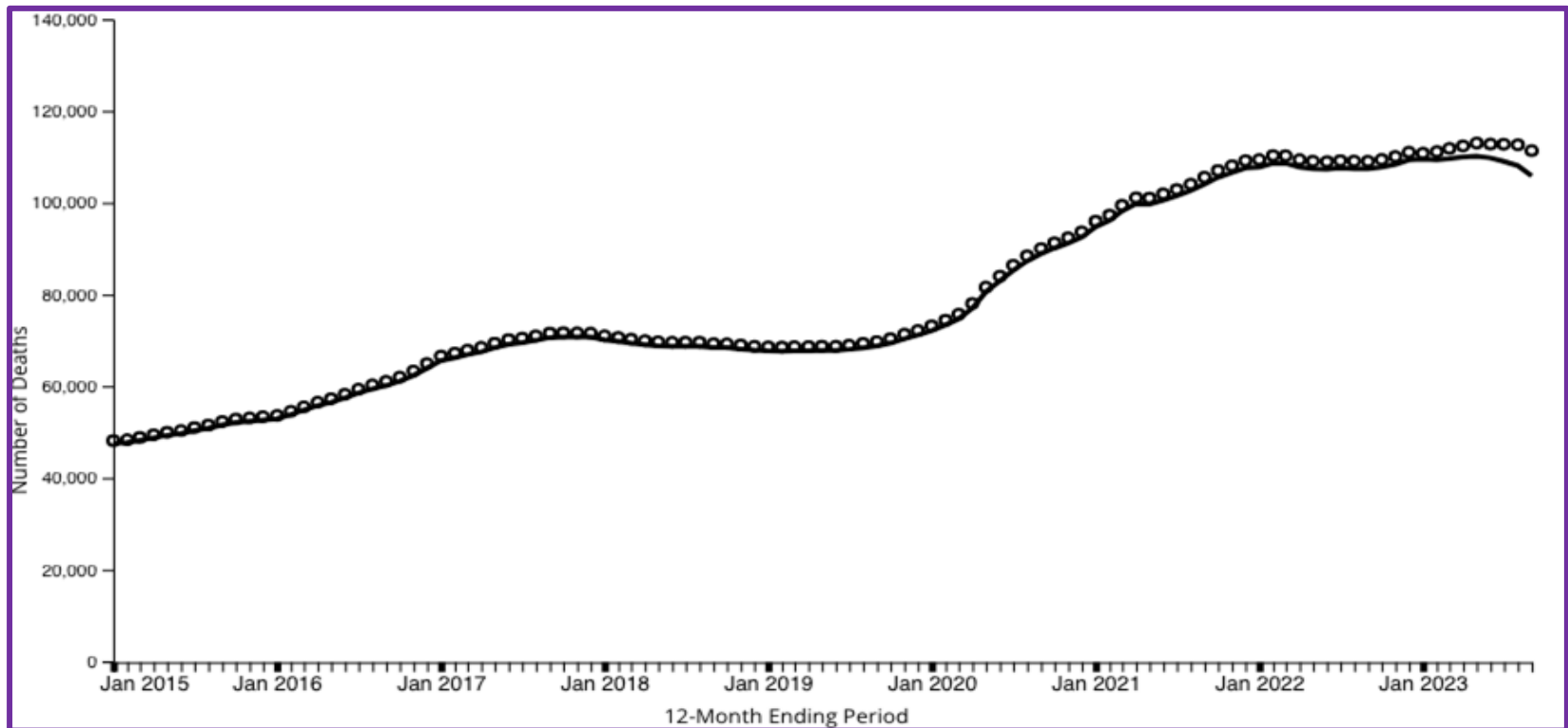
☐ Urban

☐ Rural

☐ Suburban

Study: 42% of US adults know someone who died by overdose

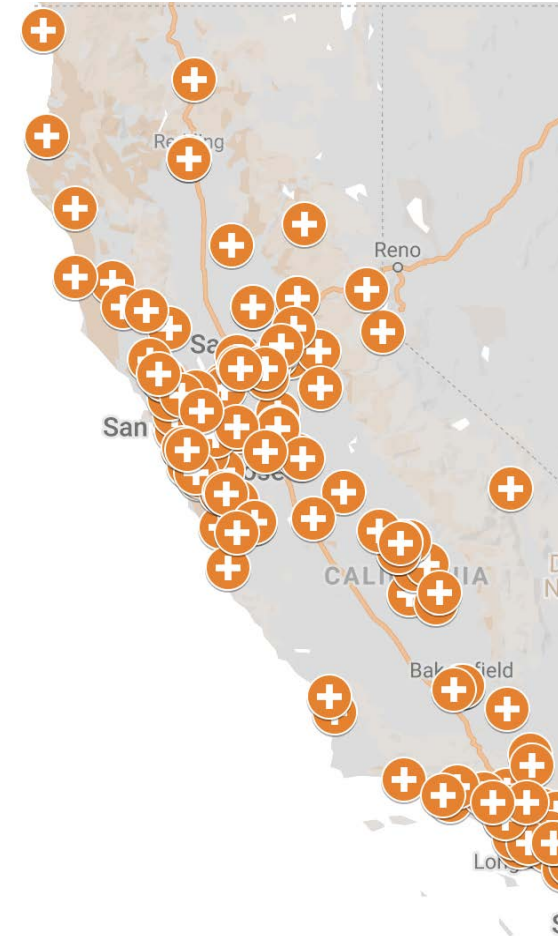
12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths



1. Howard J. About 42% of us adults know someone who died by overdose, new survey finds. CNN. February 22, 2024. Accessed February 26, 2024.
<https://www.cnn.com/2024/02/21/health/us-adults-overdose-survey/index.html>.

Goal of CA Bridge

Goal: 24-7 access to high quality treatment of substance use disorders (SUDs) in all California hospitals by **2025**.



Bridge Model

Revolutionizing the System of Care



Low-Barrier
Treatment



Connection to Care
& Community



Culture of
Overdose Prevention

CA Bridge Impact

There are
276
hospitals
with
CA Bridge
Programs
in 49 out
of 58 counties
across
California

Each month, thousands of people receive support for substance use and mental health issues from a navigator in a California ED*:



8,500

Patients seen for
substance use
disorders



3,200

Patients identified
with opioid use
disorder



2,300

MOUD was
prescribed or
administered

Courtesy of CA Bridge

**The estimated number of patients served each month is based on data reported by participating hospital to the Bridge Navigator Program since July 2022.*

Patient Centered Care



Image Source: Arianna Campbell



Image Source: Arianna Campbell

Substance Use Disorders are Causing the Deaths of Over 30,000 California Annually



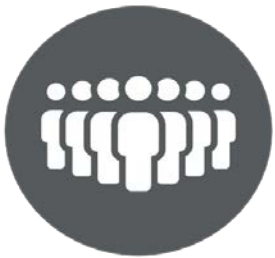
11,000

Californians died from fentanyl or other overdose.¹



1.1 million (1/7)

Individuals who presented to a CA ED had SUD diagnosed in 2021.²



20,000

Died from excessive alcohol use.¹



Only 5%

Of Americans with SUD sought or received specialty care.^{3, 4}

Sources

1. *California Health Policy Strategies, Fatal Overdoses in California 2017-2021, 2023.*
2. *Deaths from excessive alcohol use in California 2020-21, California Department of Public Health, 2023*
3. *Substance Use Disorder Prevalence in California Emergency Departments, CalHPS, 2023*
4. *SAMHSA, 2021 National Survey on Drug Use and Health, Figure 57*

Medication *is* treatment

Medications for OUD

Methadone

Full mu (opioid) receptor agonist



Oral (often solution)

Buprenorphine ± Naloxone

Partial mu receptor agonist



Sublingual (tab, film),
IV, IM, subcutaneous
injection, transdermal patch

Naltrexone

Mu receptor antagonist (blocker)

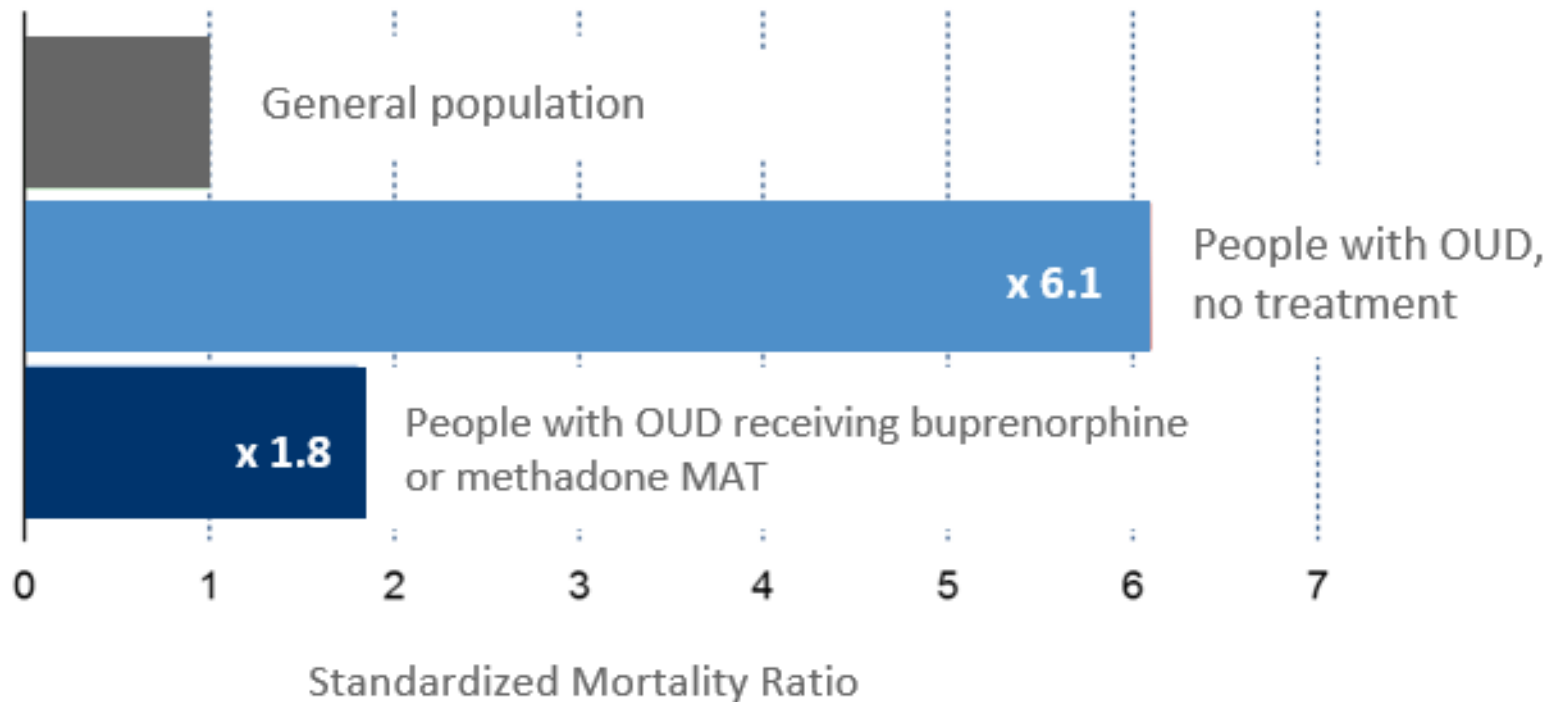


Intramuscular injection (extended
release) or oral
Ex: "Vivitrol," "ReVia"

Image Source: PCSS

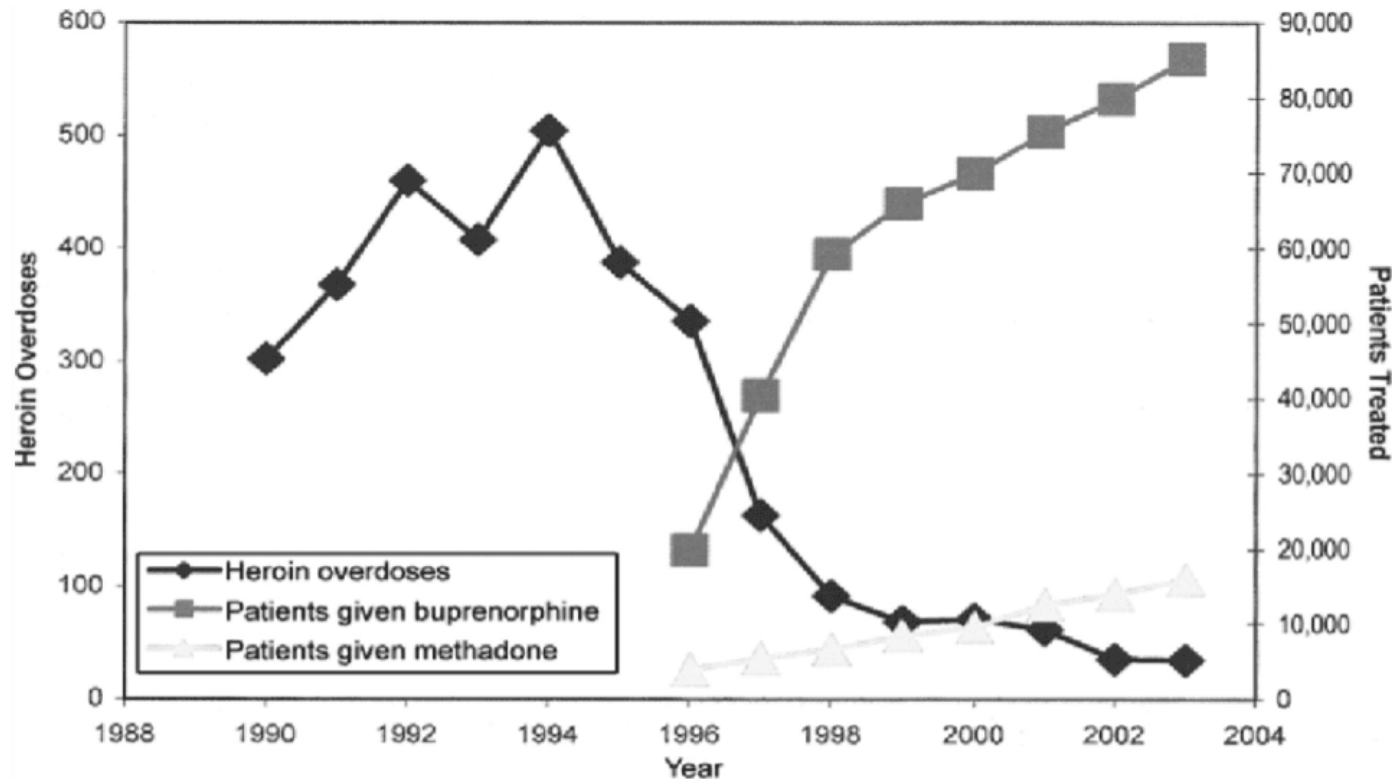
MOUD Saves Lives

Mortality Risk Compared to the General Population




French Field Experience with Buprenorphine

- Buprenorphine saturation resulted in a **79% decrease in overdose** even with 20% buprenorphine diversion.

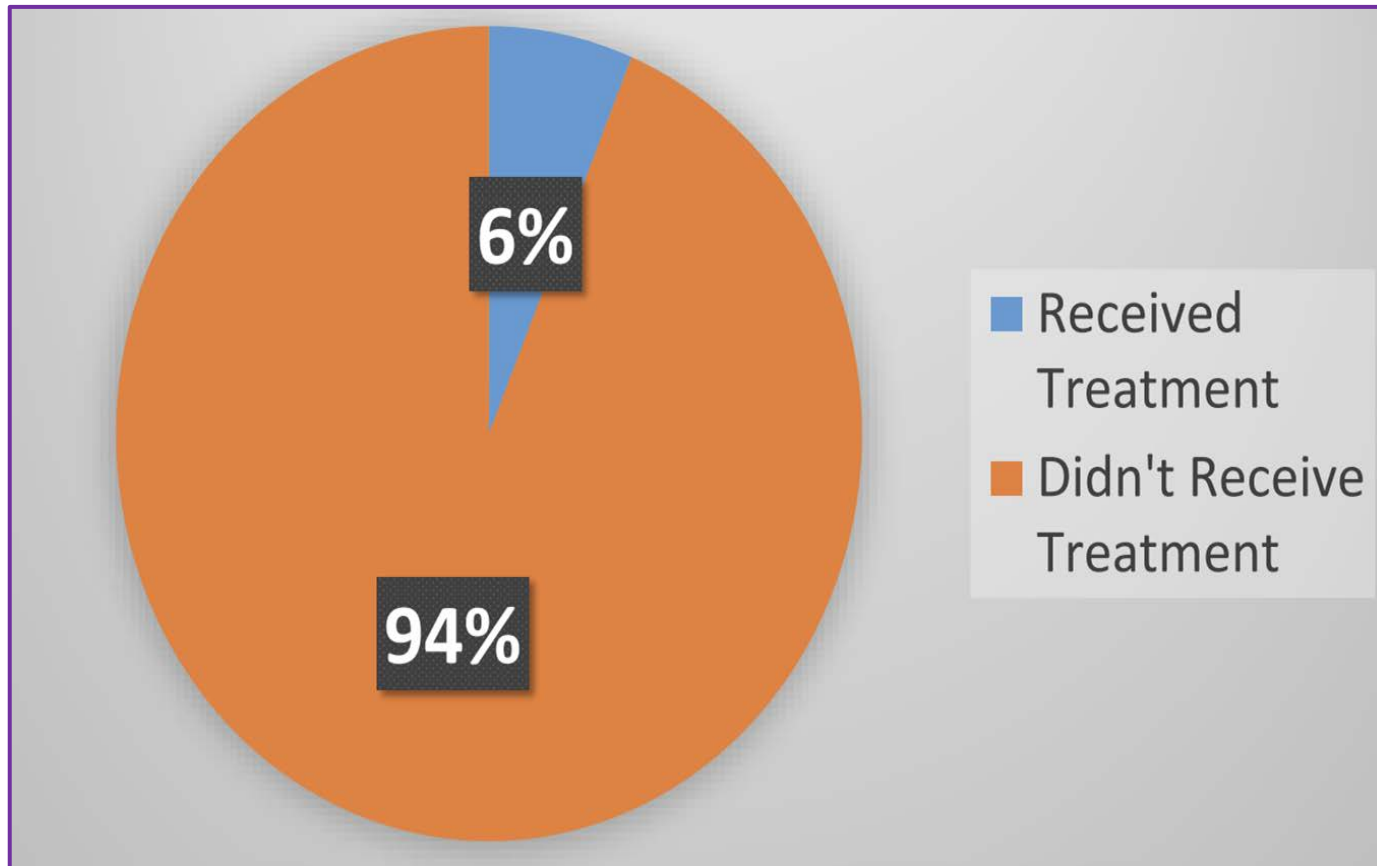


Numbers Needed to Treat (NNT)

Aspirin in STEMI	42 to save a life
Warfarin in Afib	25 to prevent a stroke
Steroids in COPD	10 to prevent tx failure
Defibrillation in Cardiac Arrest	2.5 to save a life
 Buprenorphine in Opioid Use Disorder	2 to retain in treatment

Why treat OUD in the emergency department?

Receipt of *Any* Substance Use Treatment Among People with a Past Year SUD





Elder et al., 2020

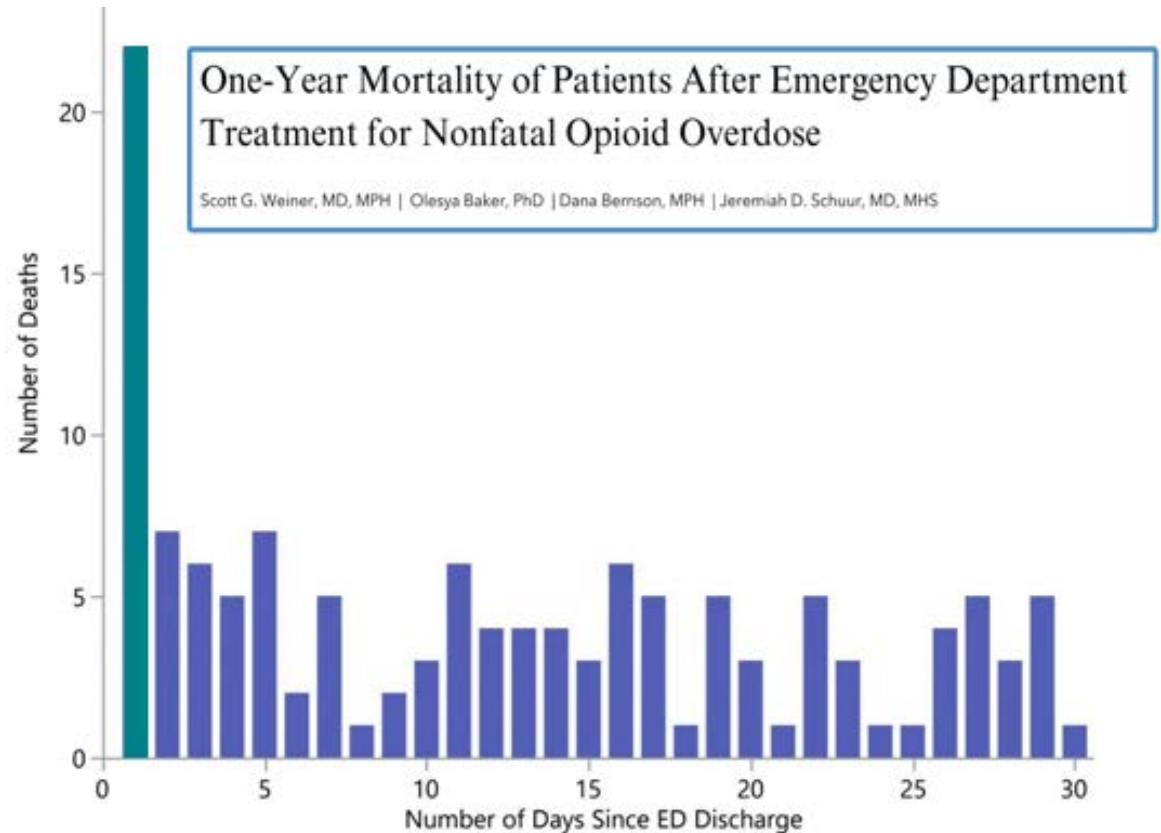
28%

of adult ED patients
screen positive for SUD.

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.



MOUD in the ED

Emergency Department-Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence: A Randomized Clinical Trial

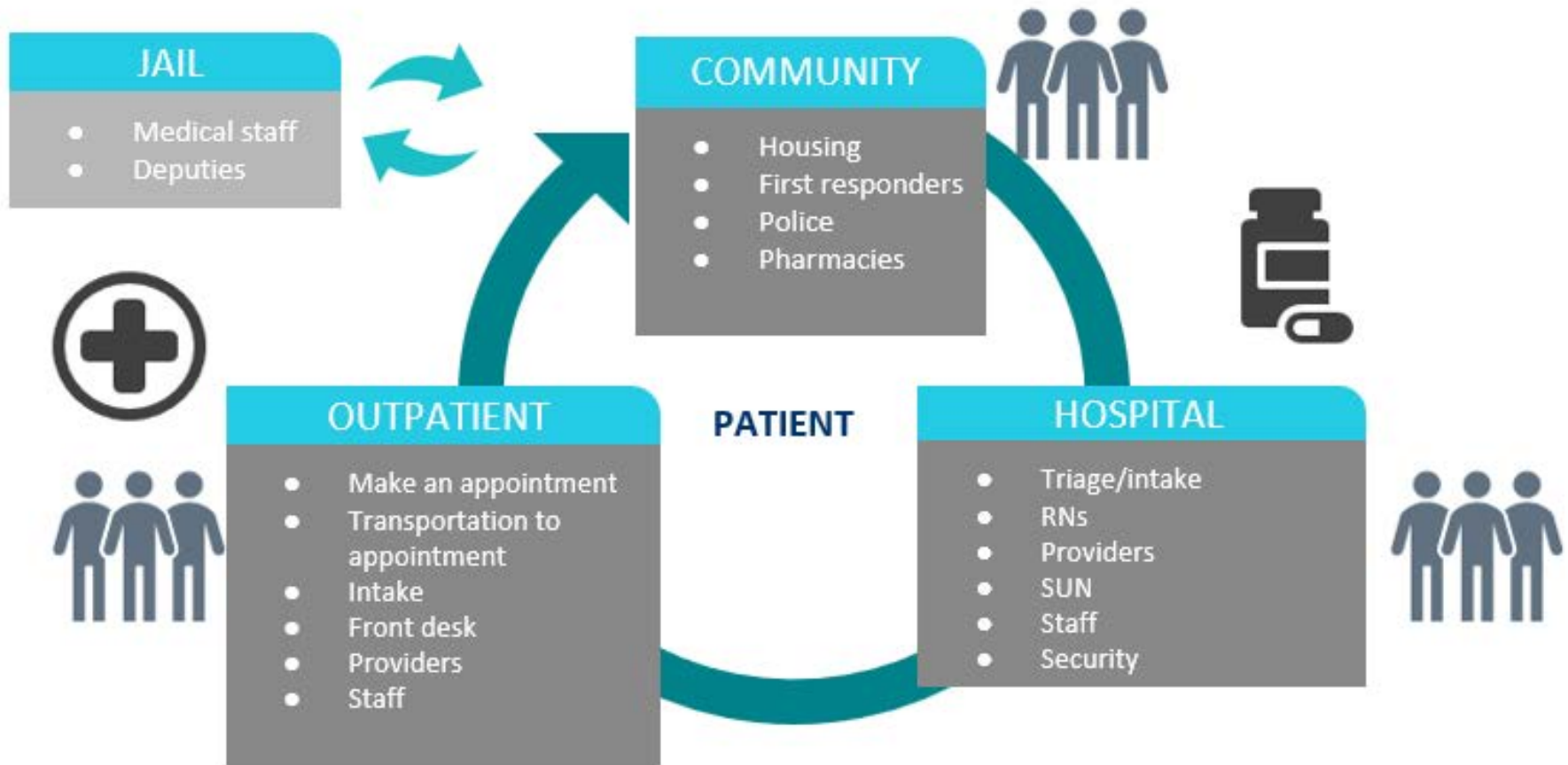
Gail D'Onofrio, MD, MS | Patrick G. O'Connor, MD, MPH | Michael V. Pantalon, PhD | Marek C. Chawarski, PhD | Susan H. Busch, PhD | Patricia H. Owens, MS | Steven L. Bernstein, MD | David A. Fiellin, MD

JAMA[®]
The Journal of the American Medical Association

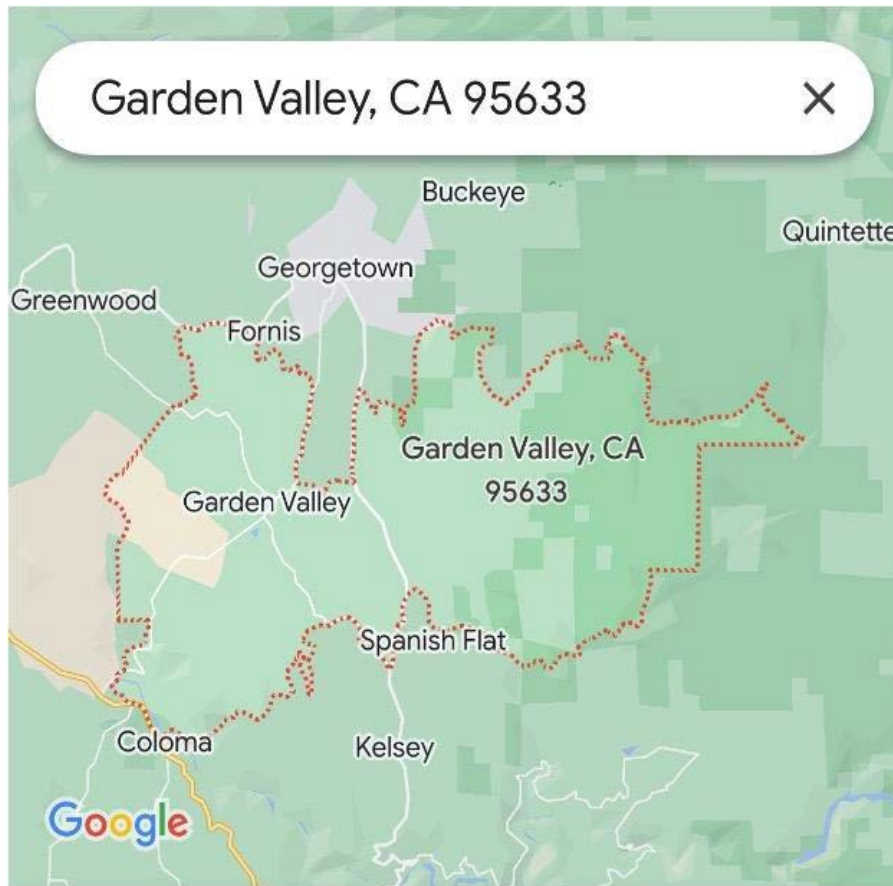


78% vs. 37%
stayed in treatment
if MOUD started in
ED

Bridge Systems of Care



Building Successful Continuums of Care in a Rural Setting



Any Opioid-Related Overdose Deaths - Total County Population, El Dorado, 2021

Age-Adjusted Rate per 100,000 Residents

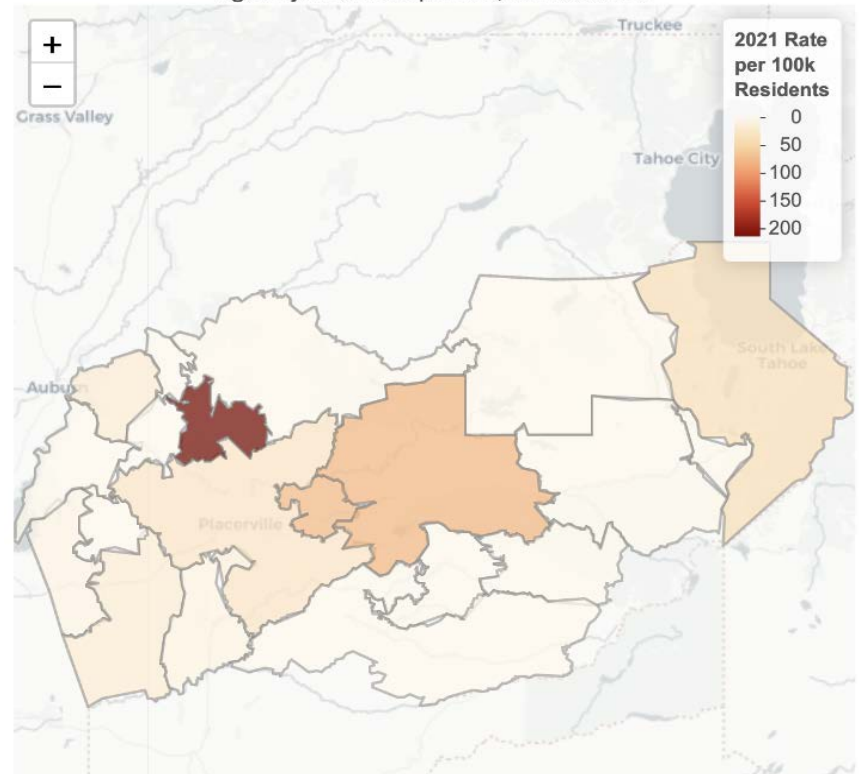
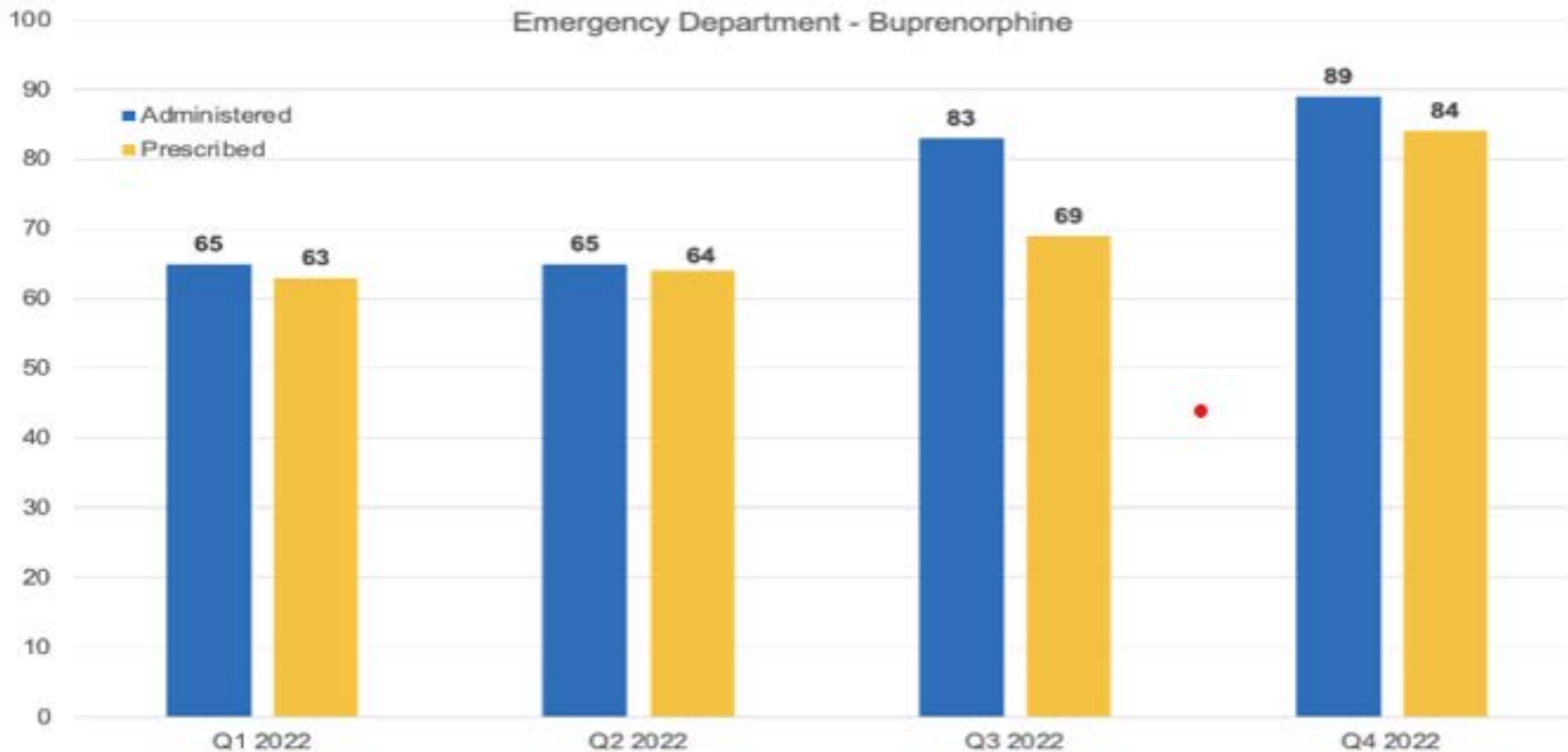


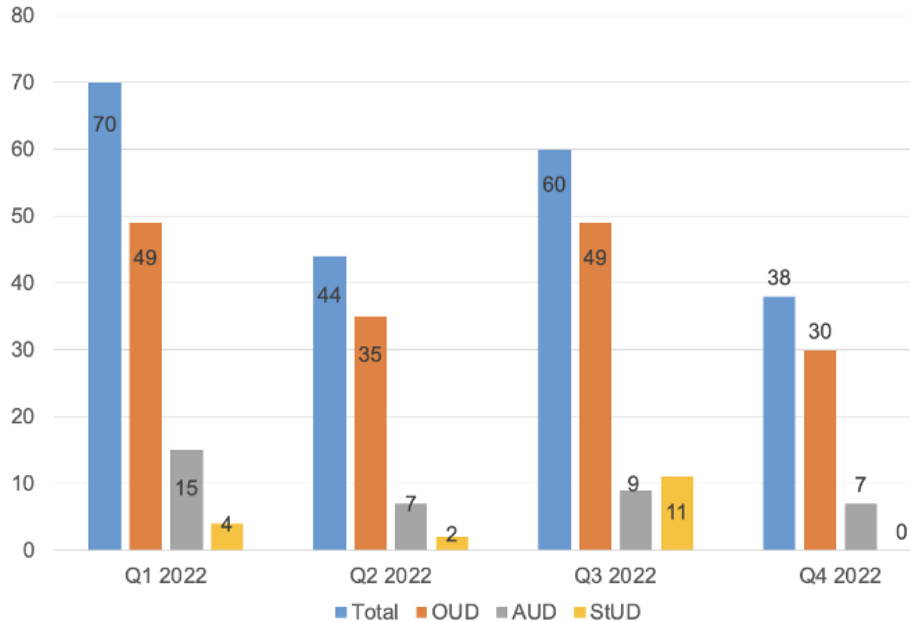
Image Source: *California Overdose Surveillance Dashboard* (skylab.cdph.ca.gov)

Facilitate a Simple Process



Include all Substances

of MAT referrals by SUD type



% MAT attended

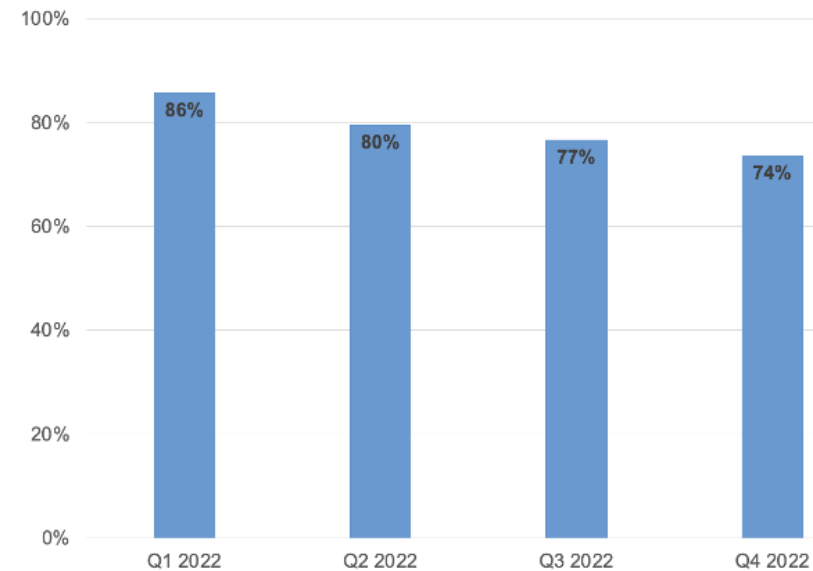
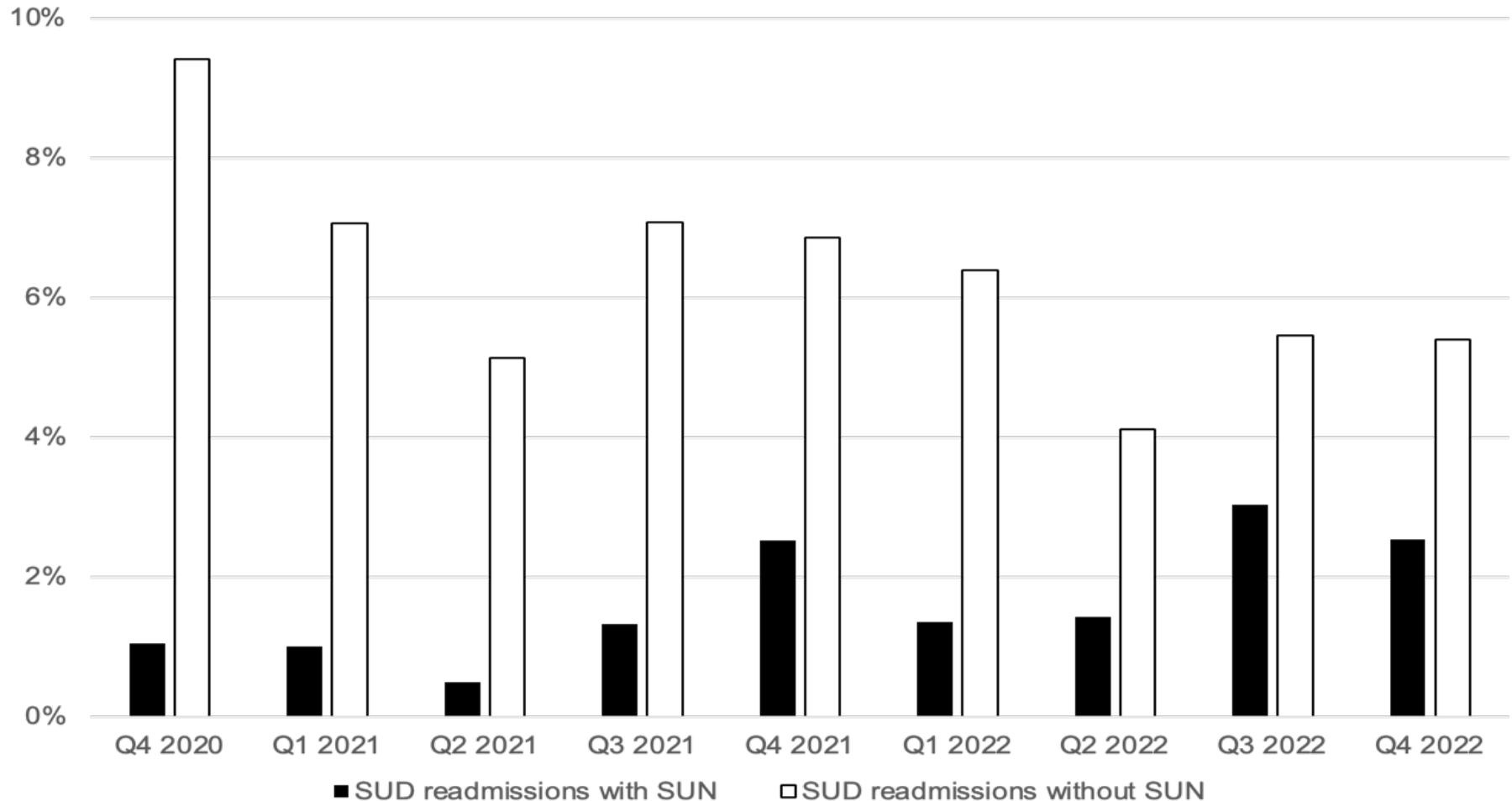




Image Source: Arianna Campbell

Substance Use Navigators (SUN) Impact on SUD Readmissions



CA Bridge Impact Data to Date



407,332

Patients seen for
substance use
disorders



307,489

Patients identified
with opioid use
disorder



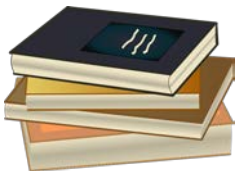
126,346

Patients prescribed
or administered
MAT



307,108

Naloxone kits
ordered by
hospitals

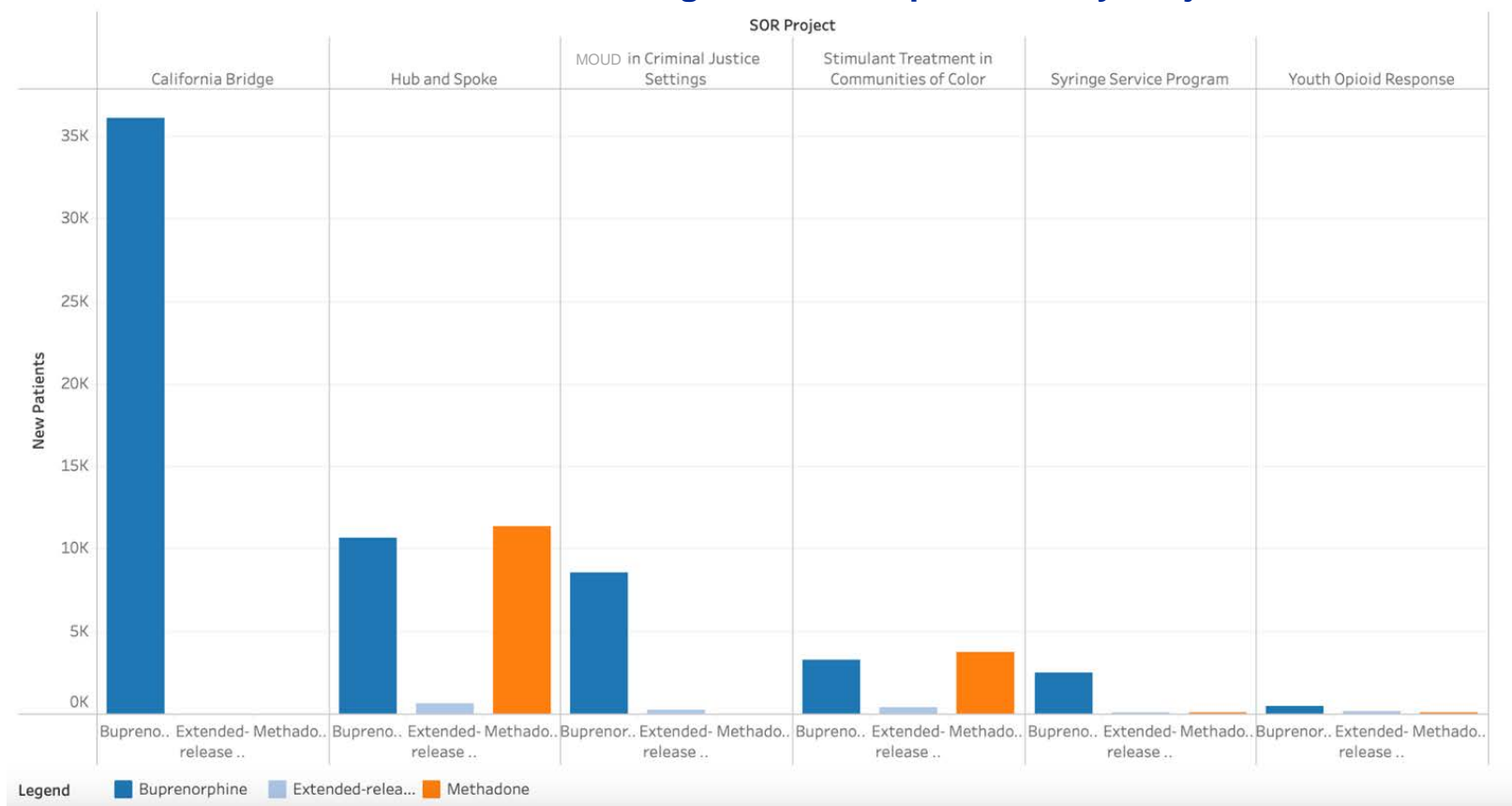


CA Bridge impact documented across many published articles. Click [here](#) for an annotated bibliography.

Patients Starting MOUD for Opioid Use

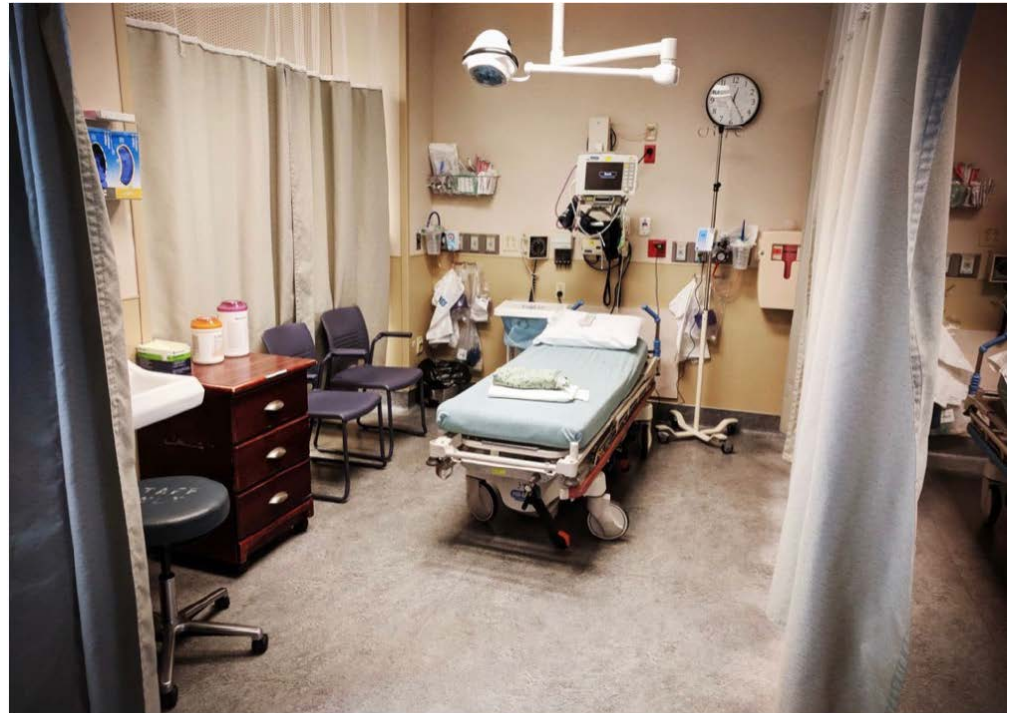
Patients Starting MOUD for Opioid Use

Total New Patients Starting MOUD for Opioid Use by Project



24/7 Access to Medication for Addiction Treatment

- Medication for Addiction Treatment (MAT) saves lives. PHI's CA Bridge program has enabled people in need of addiction treatment to walk into 83% of California's emergency departments and get care on the spot.



An emergency room at the Marshall Medical Center in Placerville, California. | German Lopez/Vox

Tools for Future Impact

- Bridge's work in the last five years has resulted in an extensive library of tools and trainings that can be leveraged for greater impact in the future.

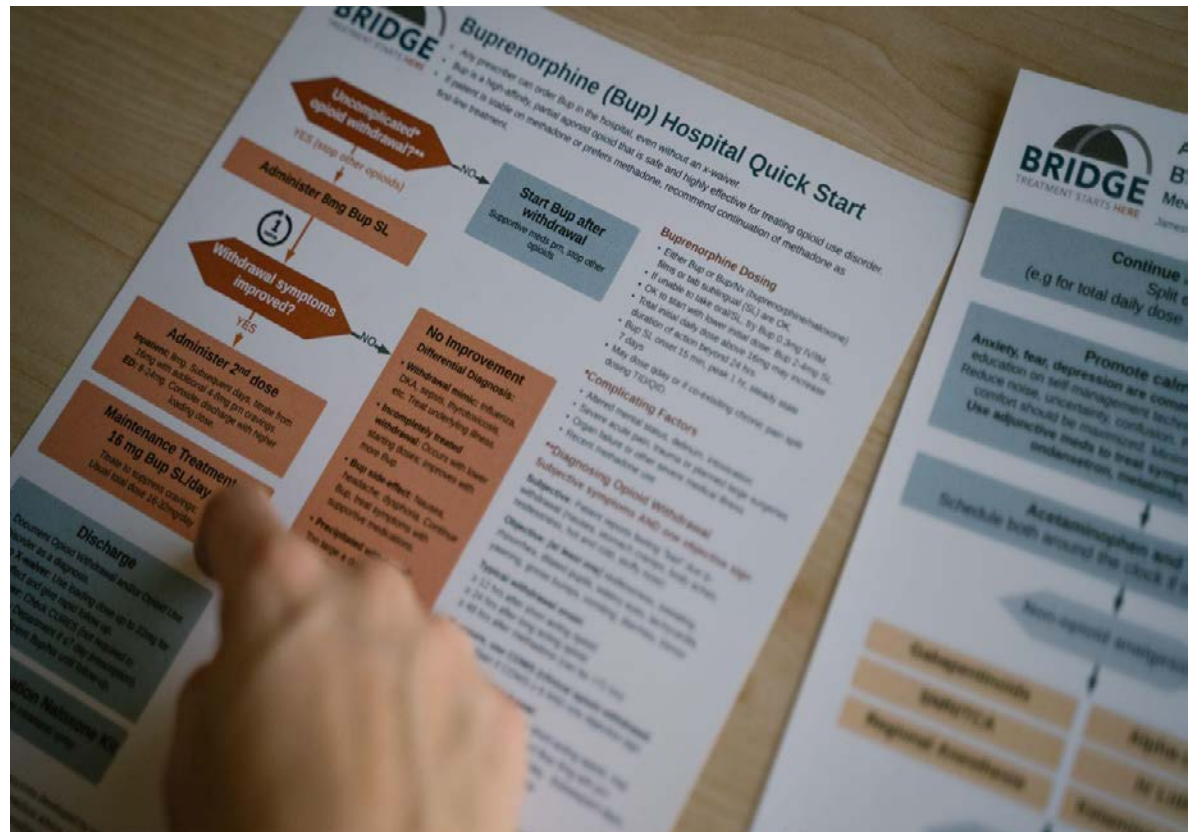


Image Source: CABridge.org

The Nation's Largest Expansion of MOUD in Hospital EDs

\$59.6M

in funds administered to hospitals

276

emergency departments treating addiction

100+

tools and resources for clinicians and hospitals

182

trainings and webinars

80

clinicians and nurses trained to coach their peers



Image Source: CABridge.org

Overdose is the leading public health issue in our country

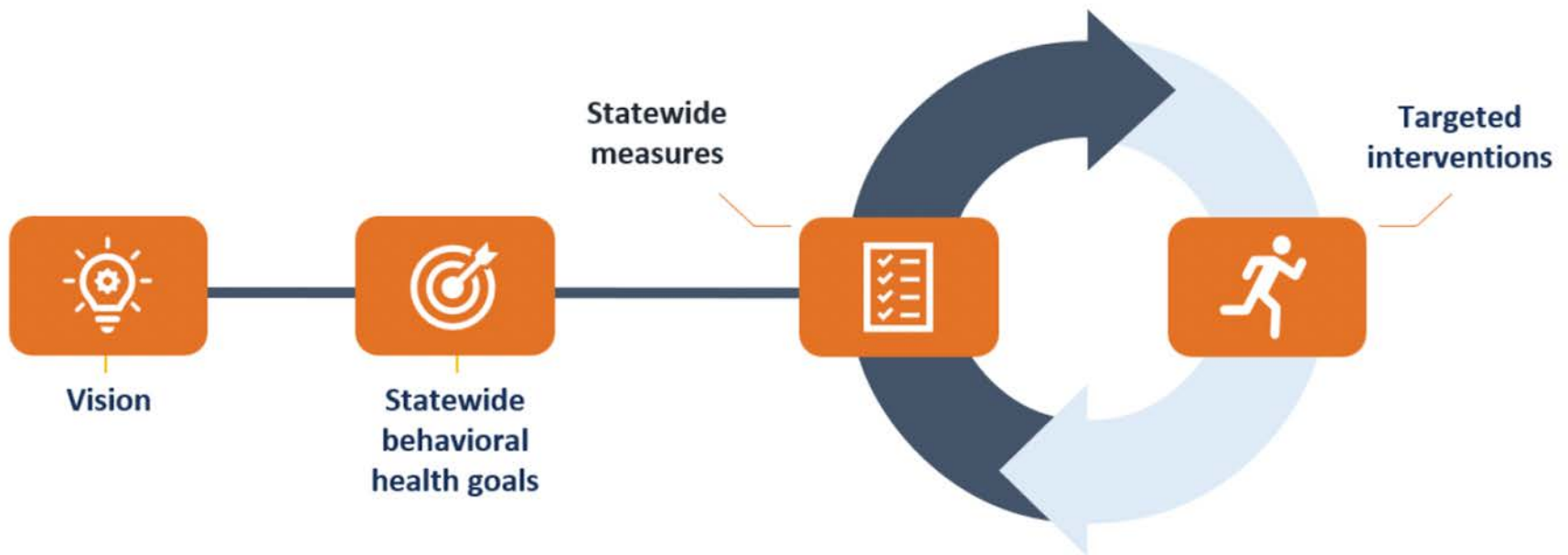
For those under 45, more lives are lost to overdose than to any other cause. This is a serious crisis that needs urgent attention and action.

Fentanyl is lethal.

Individuals experiencing a crisis due to opioid addiction require three essential forms of support

- Someone to call
- Someone to respond
- A safe place to go

Public Health Approach



Referral alone is insufficient
as a response to an opioid
addiction crisis

Navigators Make a Real Difference for Patients

85%

of patients with
opioid addiction
who saw a
navigator accepted
treatment in the
emergency room.¹

3x

navigators triple
the likelihood that
patients will get
follow-up care.²

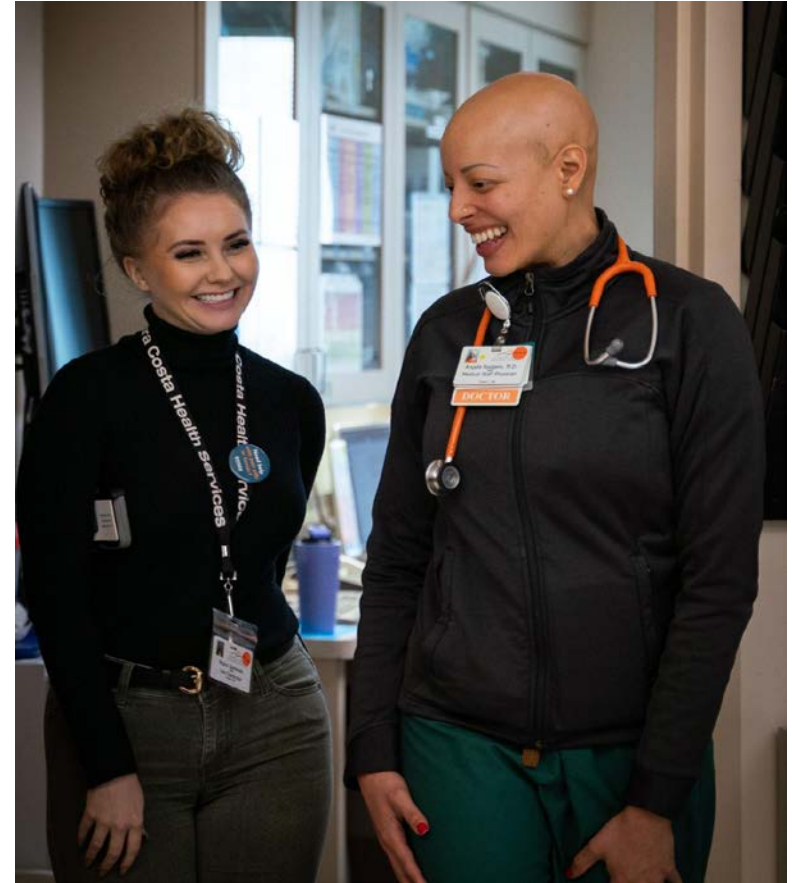


Image Source: CABridge.org

1. Herring AA, Rosen AD, Samuels EA, et al. Emergency Department Access to Buprenorphine for Opioid Use Disorder. JAMA Network Open. 2024;7(1):e2353771. doi:10.1001/jamanetworkopen.2023.53771

2. Anderson, et al., 2022 Effectiveness of Substance Use Navigation for Emergency Department Patients with Substance Use Disorders: An Implementation Study

Substance Use Navigation Impacts

377

Navigators trained and onboarded by CA Bridge

37,000

Patients navigated to follow up MOUD each year from emergency rooms

4,000+

Times that CA Bridge's navigation toolkit was accessed



Image Source: CABridge.org

Preventing Fatal Overdoses and Harm from Drug Use

- California invested in the Naloxone Distribution Program to give more people the power to reverse an overdose.
- PHI's programs stepped up to get the word out and distribute naloxone as widely as possible, while also promoting other overdose prevention strategies.



Image Source: CABridge.org

Overdose Prevention Impacts

255

emergency departments
distributing naloxone to
patients and families

300K

doses of naloxone ordered
by emergency
departments

55K

doses of naloxone
distributed by 19 overdose
coalitions *(Sept 2023 – March
2024)*

20K

fentanyl test strips
distributed *(Sept 2023 – March
2024)*

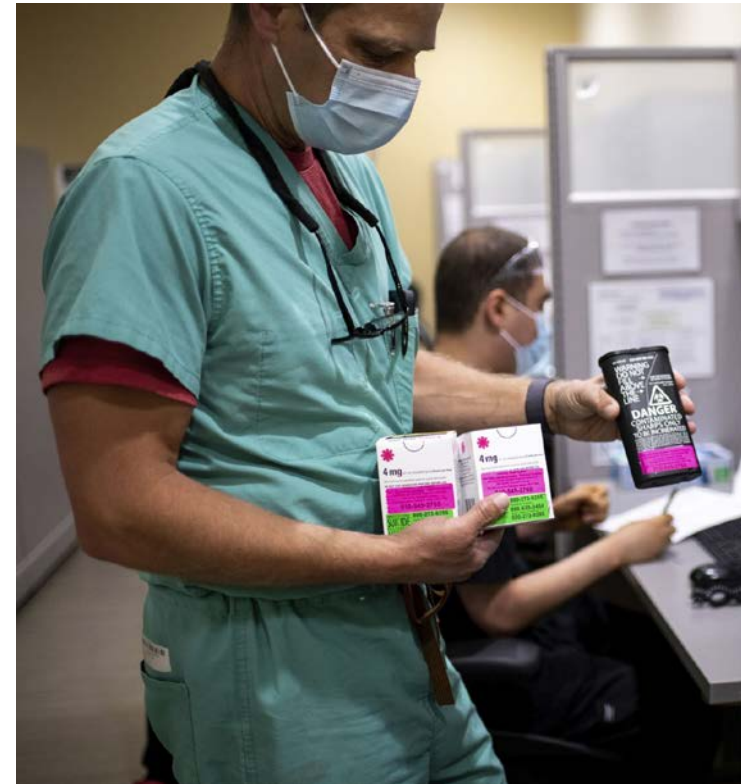


Image source: CABridge.org

Ask Yourself:

If you were using fentanyl and wanted help, who would you call?



Image source: Kari Herbert

988 Suicide & Crisis Lifeline

988 does not function for people with opioid use disorder.



Google search!



High-barrier, methadone focused



Not for patients, clinician website



Does not accept Medi-Cal

988 | SUICIDE & CRISIS
LIFELINE

English ▼

Message Us



Hi I just moved to oakland and i am looking for someone to prescribe suboxone. I have a job an apartment. I have run out of suboxone and really don't want to go back to fentanyl.

You · 10:57 AM

I can do a google search for suboxone near oakland and send you a few links

<http://www.haartoakland.org/>

<https://www.highlandbridge.org/>

<https://www.bicyclehealth.com/suboxone-clinic/oakland-california>

Crisis Counselor · 11:00 AM

Case Example: Oakland + Fentanyl



U.S. Department of Health & Human Services



Search SAMHSA.gov

Search

Home

Search For Treatment

State Agencies

Facility Registration

FAQs

Help

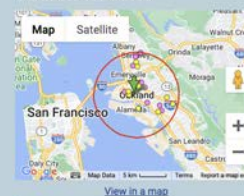
About

Contact Us

Millions of Americans have mental and substance use disorders. Find treatment here.

Welcome to FindTreatment.gov, the confidential and anonymous resource for persons seeking treatment for mental and substance use disorders in the United States and its territories.

Search Results



Your Location

Oakland, CA, USA

☐ State

☐ County

☒ Distance 5 miles

Search

PLEASE NOTE: Call the facility before your visit to make sure they provide the services you need. See [common questions](#) to help guide your conversation. Learn more about [treatment options](#).

Filter by

Facility Name

e.g., Montgomery Recovery Services

Facility Types (select all that apply)

☒ Substance Use

☒ Mental Health

☐ Health Care Centers

☐ Buprenorphine Practitioners

☐ Opioid Treatment Programs

Substance Use & Mental Health

Showing 25 records within 5 miles of the location you entered above.

Sorted by: Distance: Low to High

< previous 1 2 3 next >

VA Oakland Behavioral Health Clinic San Francisco VA Healthcare System

More Info

510-587-3400

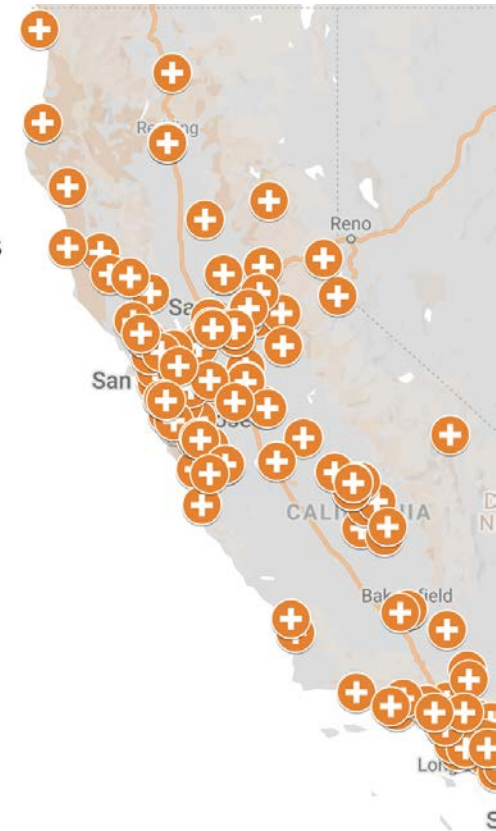
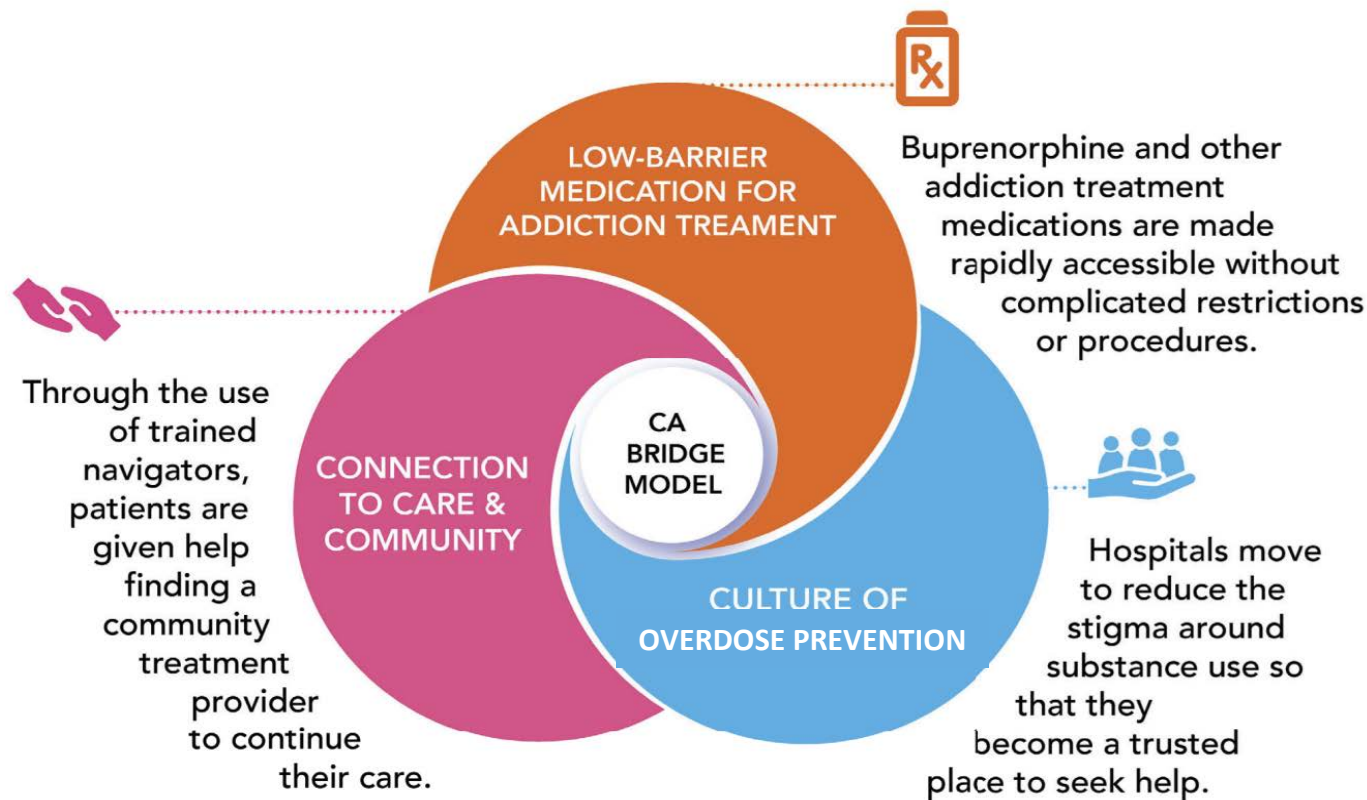
0.39 miles

<http://www.va.gov>



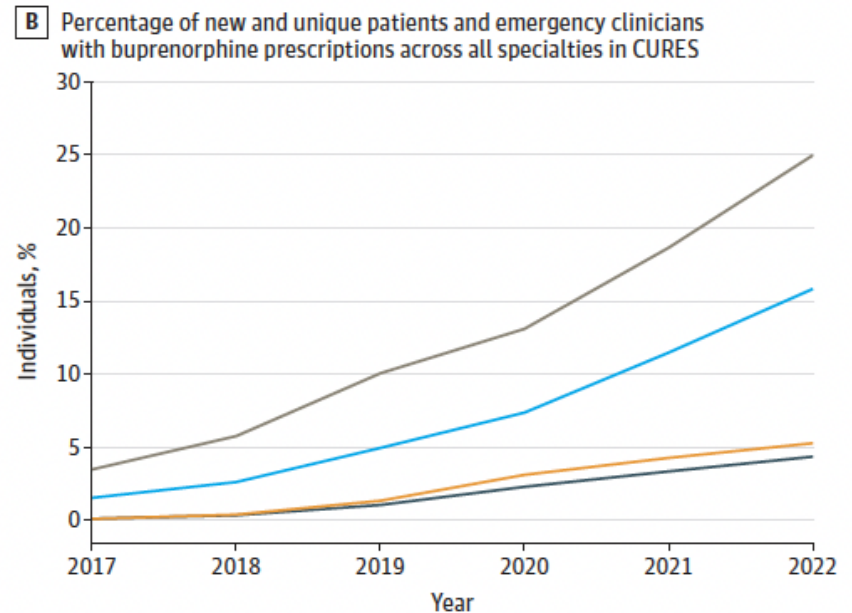
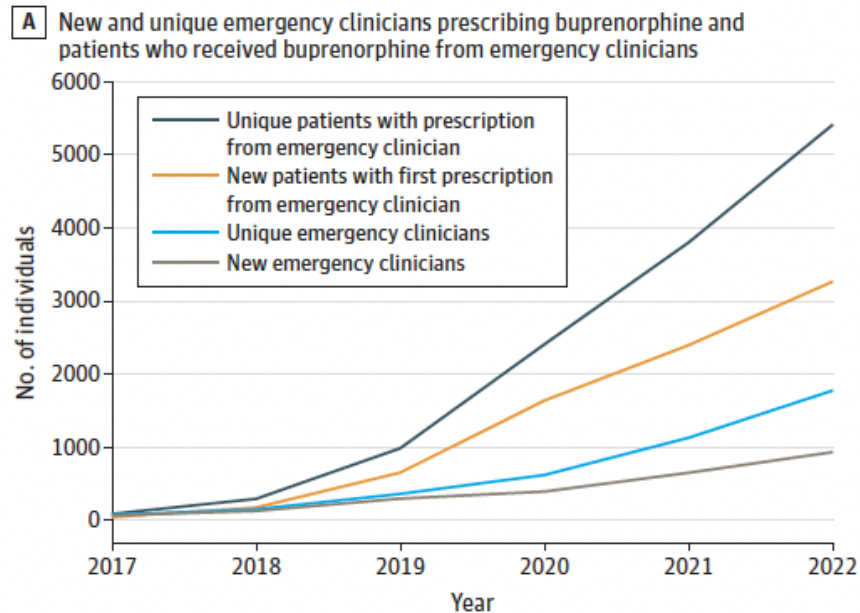
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CA Bridge Emergency Departments: A “Safe Place To Go”



A Safe Place To Go

Figure 1. Trends in Buprenorphine Prescriptions by Emergency Clinicians, California, 2017-2022



Myth-Buster

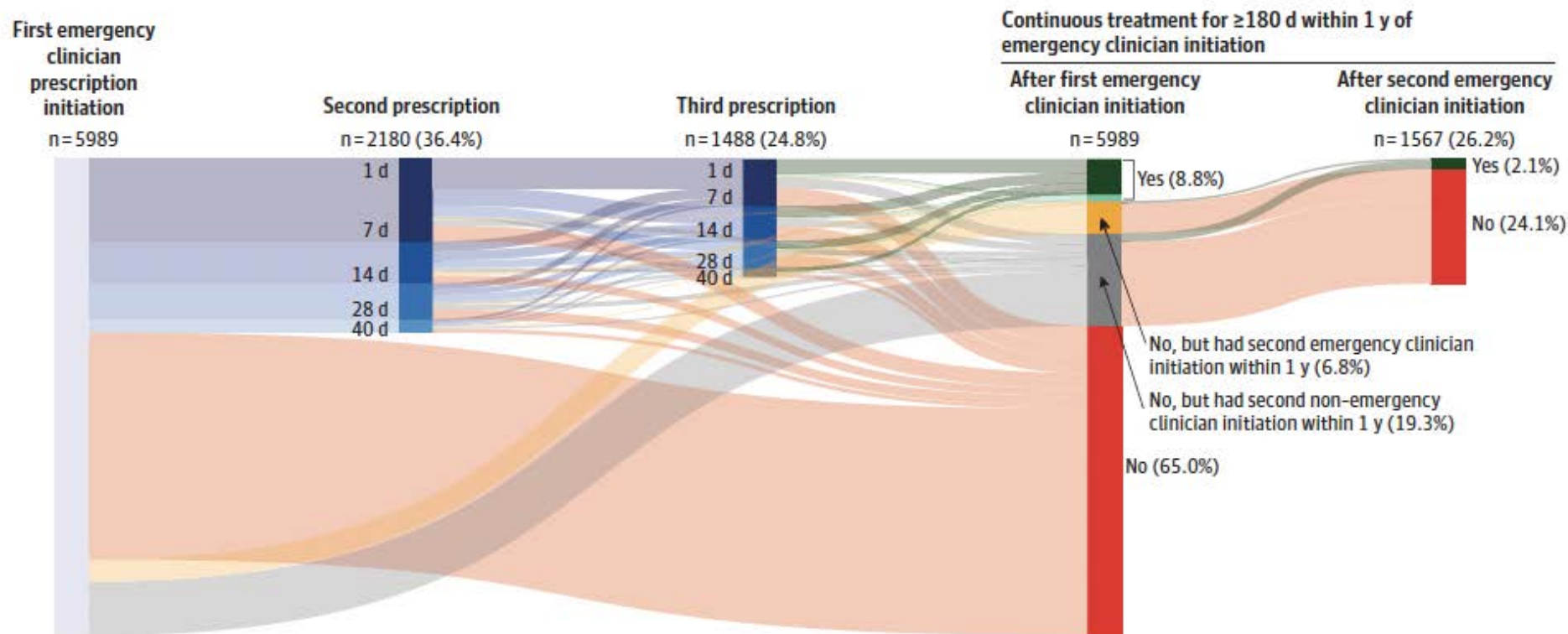
- **Myth**: People with opioid addiction don't want treatment.
- **Truth**: When offered treatment by an ED navigator, 85% of people living with opioid addiction started treatment.

Herring AA, Rosen AD, Samuels EA, et al. Emergency Department Access to Buprenorphine for Opioid Use Disorder. *JAMA Network Open*. 2024;7(1):e2353771. doi:10.1001/jamanetworkopen.2023.53771

Recovery Needs More Than the ED

Original Investigation Research

Figure 2. Sankey Diagram of Emergency Clinician Buprenorphine Initiation, 2017-2021, to Subsequent Buprenorphine Prescriptions



Source: Dekker, et al., 2025

Is your community prepared?

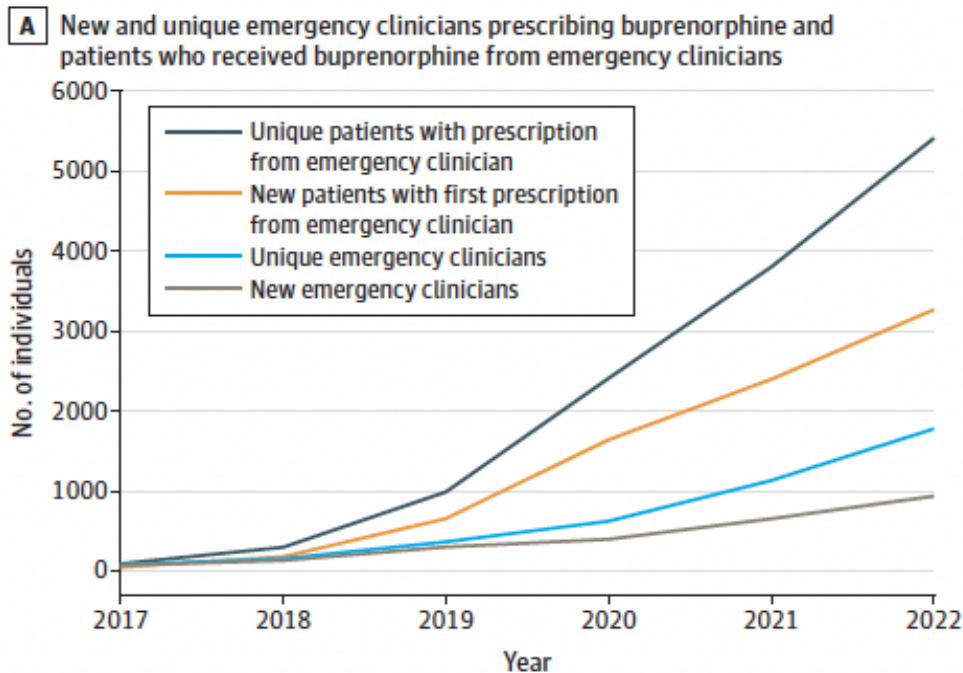
Editorial

February 19, 2025

State Investment in Emergency Department Buprenorphine Pays Off

Gail D'Onofrio, MD, MS^{1,2}; Jon B. Cole, MD^{3,4,5}; Jeanmarie Perrone, MD⁶

EDs Scaled Buprenorphine Starts with BIG Increase in Clinicians Prescribing



Source: Dekker et al., 2025

Panel A shows annual values for new and unique emergency clinicians prescribing buprenorphine and patients who received buprenorphine from emergency clinicians. Panel B shows the percentage of each emergency medicine subcategory of clinicians across all specialties in the California Controlled Substance Utilization Review and Evaluation System (CURES). The numerators and denominators for each point are in Table 1. A new prescriber or patient was defined as having no prior buprenorphine prescription in the

Vision for 5,600 ED nationwide



Image source: Sarah Windels

Treatment First

Patients will be offered low-threshold, evidence-based MOUD directly in the ED

Supportive Environment

Signs and staff in the hospital invite patient self-disclosure of drug use and desire for treatment

Patient Navigation

Patients will be connected with ongoing care

Strategy



Baseline Information for Effective Implementation

INTEGRATING MEDICATIONS FOR ADDICTION TREATMENT IN THE EMERGENCY DEPARTMENT [IMAT-ED]

A measure of capability at the departmental level

Background and purpose:

- **WHAT IS THE IMAT-ED?** The IMAT-ED is a self-assessment of the current state of integration of medications for treating opioid use disorders in emergency room settings. The IMAT-ED is one of three capability measures that are setting specific. The companion versions are for Primary Care and Specialty Care settings. The purpose of these capability indexes is to provide concrete guidance on high quality elements of implementing buprenorphine in the ED. The IMAT-ED elements are based on expert consensus, current guidelines, evidence-based findings, and best practice. The IMAT-ED was adapted for the ED setting in a collaborative effort between the UCLA Integrated Substance Abuse Programs (ISAP) and the California Bridge Program.
- **WHY COMPLETE THE IMAT-ED?** The goal of the IMAT-ED is to provide ED buprenorphine implementers a current state snapshot of their existing level of integration, and then a pragmatic blueprint for quality improvement. Using the IMAT-ED at baseline and over time is recommended and can ensure ED

The Bridge Approach



**Inform and
Empower**

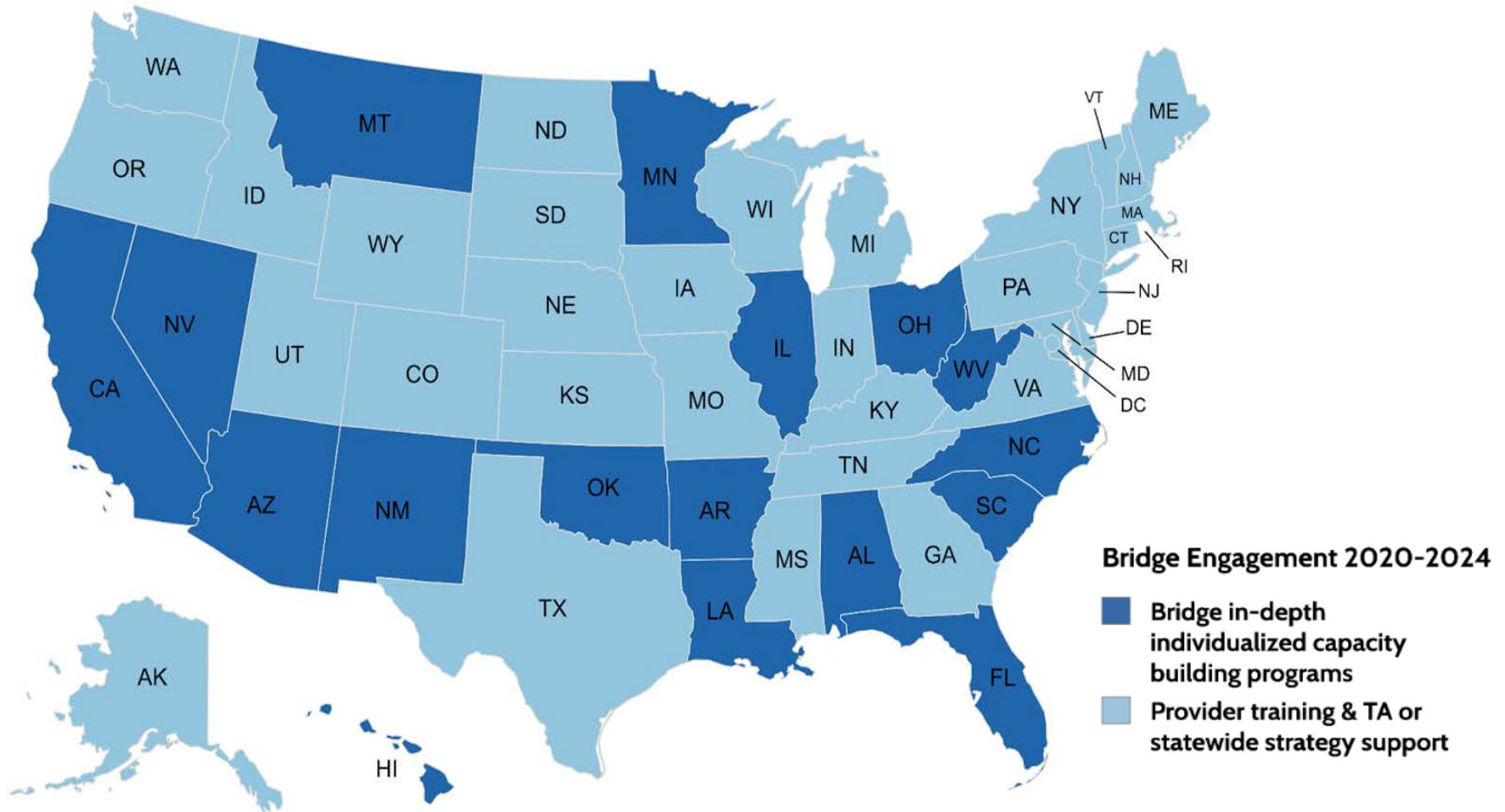


**Train, Support,
and Elevate**



**Catalyze
Connections**

Bridge National Expansion Project: Reach as of December 2024





"At a time when the parishes around us were seeing 11% increases in overdose mortality, the parish where we focused our efforts with Bridge saw a decrease of 35% — two years in a row."

—Melissa Stainback, Regional Opioid Coordinator, Lake Charles, LA



Invite People In



Image source: Arlene Brown

Network for Emergency Addiction Treatment (NEAT)

- Coordinate and support ED leaders in implementation and quality improvement of ED-based addiction treatment and overdose prevention to:
 - Increase access to treatment for patients with SUDs
 - Improve equity and patient outcomes
 - Reduce overdose deaths

All people deserve
rapid access to evidence-based
treatment *with dignity.*

Join us

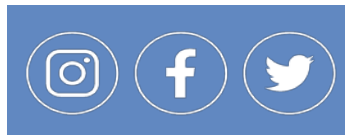
BridgeToTreatment.org

Visit our website for tools and resources.

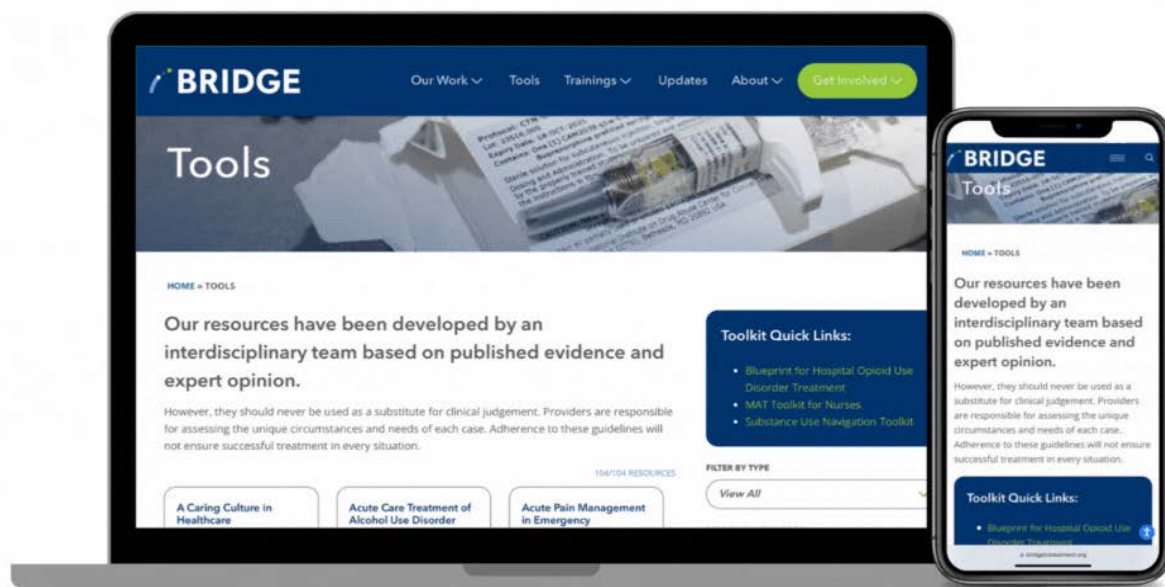
BridgeToTreatment.org/subscribe

Join our email list for new announcements

@BridgeToTx



Bridge Resources



Questions?



Thank You!!!

Arianna Campbell: arianna@bridgetotreatment.org

PCSS-MOUD Mentoring Program

- PCSS-MOUD Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.
- PCSS-MOUD Mentors are a national network of providers with expertise in **addictions, pain, and evidence-based treatment including medications for opioid use disorder (MOUD).**
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

For more information visit:
<https://pcssNOW.org/mentoring/>

PCSS-MOUD Discussion Forum

Have a clinical question?

Ask a Colleague

A simple and direct way to receive an answer related to medications for opioid use disorder. Designed to provide a prompt response to simple practice-related questions.

<http://pcss.invisionzone.com/register>

Addiction Policy Forum	American College of Emergency Physicians*
Addiction Technology Transfer Center*	American College of Medical Toxicology
African American Behavioral Health Center of Excellence	American Dental Association
All Rise	American Medical Association*
American Academy of Child and Adolescent Psychiatry	American Orthopedic Association
American Academy of Family Physicians	American Osteopathic Academy of Addiction Medicine*
American Academy of Neurology	American Psychiatric Association*
American Academy of Pain Medicine	American Psychiatric Nurses Association*
American Academy of Pediatrics*	American Society for Pain Management Nursing
American Association for the Treatment of Opioid Dependence	American Society of Addiction Medicine*
American Association of Nurse Practitioners	Association for Multidisciplinary Education and Research in Substance Use and Addiction*
American Association of Psychiatric Pharmacists	Black Faces Black Voices
American Chronic Pain Association	Coalition of Physician Education

Columbia University, Department of Psychiatry*	Northwest Portland Area Indian Health Board
Council on Social Work Education*	Partnership to End Addiction
Faces and Voices of Recovery	Physician Assistant Education Association
Mobilize Recovery	Project Lazarus
NAADAC Association for Addiction Professionals*	Public Health Foundation (TRAIN Learning Network)
National Alliance for HIV Education and Workforce Development	Sickle Cell Adult Provider Network
National Association of Community Health Centers	Society for Academic Emergency Medicine*
National Association of Social Workers*	Society of General Internal Medicine
National Council for Mental Wellbeing*	The National Judicial College
National Council of State Boards of Nursing	Veterans Health Administration



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Educate. Train. Mentor



[PCSS-MOUD: Educate, Train, Mentor](#)



[PCSS-MOUD | Facebook](#)

PCSS-MOUD.org

pcss@aaap.org

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