



Medication Assisted Treatment Emergency Department Induction Project

FY26 Impact Report

Tennessee Department of Mental Health and Substance Abuse Services &
Tennessee Hospital Association
October 2026

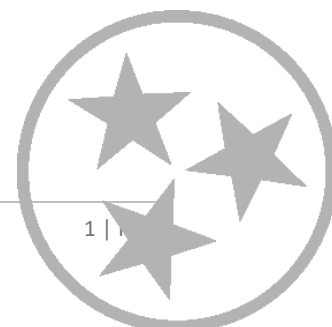


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Special Thank You

Special thank you to our pilot hospitals, clinical champions, their teams, and community partners for taking this step with us to improve the care provided to patients with an opioid use disorder presenting to emergency departments across Tennessee.

**Denotes the clinical champions for each of the pilot facilities.*

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Introduction

In November 2021, the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) and the Tennessee Hospital Association (THA) launched a partnership to strengthen emergency department (ED) care for individuals with opioid use disorder (OUD). The initiative provided funding and technical assistance to help hospitals expand physician capacity, knowledge, and use of evidence-based treatment, including buprenorphine, to treat patients presenting in the ED with OUD while improving connections to community-based treatment and recovery resources.

By FY24, the project had expanded to six participating hospitals and introduced a tiered funding model to support long-term sustainability. By FY26, all six sites had completed their initial funding periods and integrated OUD screening, treatment, and referral into routine care, helping ensure patients continue to receive these services after grant funding ends.

History of the Project

TDMHSAS and THA designed the initiative around both need and readiness. Using statewide overdose claims data, hospitals were prioritized to ensure resources reached communities most affected by OUD, while maintaining representation across East, Middle, and West Tennessee. This approach allowed the project to address regional differences in patient populations, available services, and care delivery challenges.

Participating hospitals were further selected based on their capacity to implement and sustain change. Considerations included prior experience with opioid-related quality improvement efforts, existing access to medication-assisted treatment (MAT), and an established or planned care navigation program within the ED.

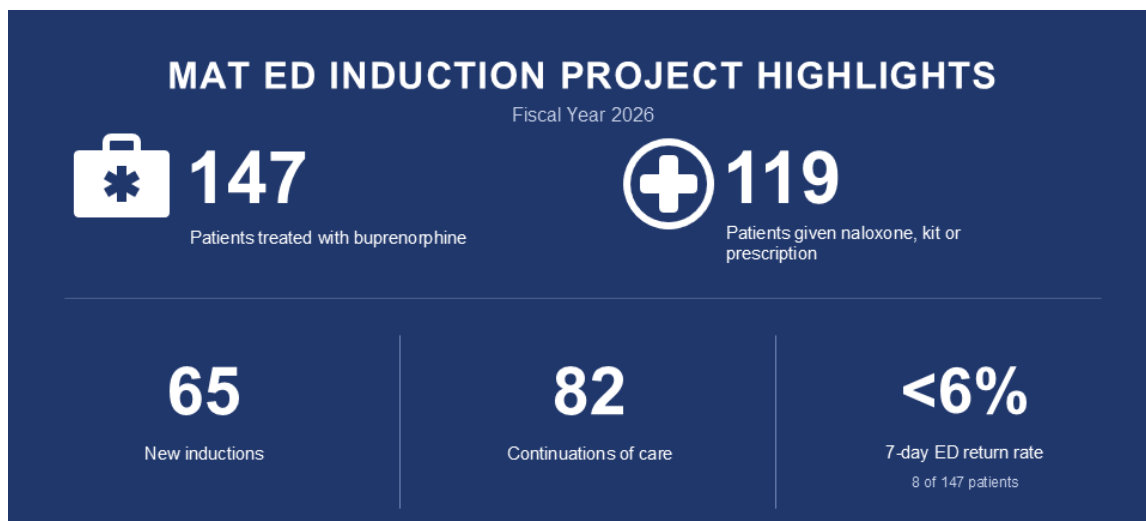
The project launched in phases, beginning with the University of Tennessee Medical Center Knoxville, Ascension Saint Thomas Rutherford, and Jackson-Madison County General Hospital, and later expanding to Johnson City Medical Center, Nashville General Hospital, and Regional One Health. This staggered implementation allowed each site to build foundational workflows, refine its care model, and share lessons learned across the cohort, supporting stronger, more consistent adoption across all six hospitals.

Funding supported both implementation and long-term viability, including clinical champion time, staff education, patient access to buprenorphine and naloxone, and connections to ongoing care. Over time, a tiered funding approach encouraged hospitals to move from grant-supported activity to fully integrated, self-sustaining changes in systems, processes, and clinical practice.

Outcomes and Impact

Over five years, the project changed how participating emergency departments identify and treat opioid use disorder, moving buprenorphine induction and naloxone distribution from occasional, provider-dependent practices to a standardized part of routine ED care. Over the life of the project, **1,124 patients** received buprenorphine and **2,742 patients** received naloxone.

In FY26, the three remaining pilot hospitals (Johnson City Medical Center, Nashville General Hospital, and Regional One Health) treated 147 patients with buprenorphine (65 new inductions and 82 continuations of existing treatment) and put naloxone into the hands of 119 patients, whether through a take-home kit or a prescription. Only eight of those patients returned to the ED within seven days of induction, a return rate under 6%. Nashville General Hospital alone referred 58 patients directly to community treatment centers outside of the TN Recovery Navigator network, a sign that the referral relationships built during the pilot are translating into real follow-up care.



Across the six pilot sites, referrals to the [TN Recovery Navigators](#), the statewide peer-support program that connects ED patients to ongoing treatment, increased 101% over the course of the pilot, from 1,221 referrals to 2,452. As Navigators became embedded members of emergency department teams, growth was seen at every site, exceeding 400% at sites with a smaller starting referral base, such as Regional One Health and Nashville General Hospital. Notably, in their first year of the pilot (FY24 and FY25), referrals at Nashville General increased from 4 to 54 and Regional One increased from 14 to 100.

The numbers only tell part of the story. Hospitals consistently reported that patients who received buprenorphine and connected with a navigator were less likely to leave against medical advice, more likely to engage with community treatment, and rarely returned to the ED – a clear sign of stabilization and continued recovery.

Success Story

"A patient presented to our Emergency Department experiencing opioid withdrawal after running out of her medication for opioid use disorder. She had struggled to maintain treatment due to barriers accessing her outpatient clinic, including the distance and challenges with getting to appointments. Through our ED-based MAT program, she was able to receive timely treatment, avoid disruption in care, and was directly connected with our on-campus MAT clinic for ongoing support.

With the assistance of a recovery navigator, she was linked to follow-up care and additional resources to support her recovery journey. During her visit, she expressed profound gratitude for the care she received, sharing that she had never been treated with such compassion, dignity, and without judgment. Her experience highlighted the importance of creating a welcoming environment where patients feel safe seeking help. She continues to do well in recovery, demonstrating the impact of providing accessible, patient-centered treatment through the emergency department."

From Pilot to Practice

Over time, the project moved from a cautious pilot to an established standard of care. The University of Tennessee Medical Center Knoxville moved quickly in 2021, building on groundwork it had already laid for a recovery-connection program, while Ascension Saint Thomas Rutherford and Jackson-Madison County General Hospital took additional time to build internal buy-in before launching in early 2022.

The January 2023 removal of the federal X-Waiver requirement marked a turning point: hospitals reported that a regulation many providers had found confusing and stigmatizing was gone, and physicians who had been hesitant to have the conversation at all became willing to engage. That shift helped set the stage for the project's FY24 expansion to three additional hospitals: Johnson City Medical Center, Nashville General Hospital, and Regional One Health. The expansion also came with a refined set of metrics that distinguished new inductions from continued treatment, captured instances when patients declined induction, and tracked seven-day returns, giving the team a clearer picture of the patients being served and the outcomes of ED based OUD care.

Each new site brought its own turning point. At Nashville General Hospital, early concerns from pharmacy leadership were resolved through sustained collaboration with the hospital's Opioid Stewardship Committee, ultimately expanding access to MAT medications through the hospital's own outpatient pharmacy.

At Regional One Health, the largest obstacle was technical: building a buprenorphine order set that satisfied IT and EHR requirements took many rounds of revisions. That persistence paid off: the hospital is now on track to become the first Pain and Addiction Care in the Emergency Department (PACED) accredited¹ emergency department in Tennessee. At

Johnson City Medical Center, peer modeling among physicians proved more persuasive than formal training alone; as clinicians watched colleagues successfully treat patients without the ED being overwhelmed, initial hesitation gave way to acceptance.

By FY25, the original three hospitals had completed their funding period and shifted fully into sustainability, while the three newer sites continued building the infrastructure and culture needed to reach that same point. By the end of FY26, all six hospitals had completed their funding periods. At Ballad Health, the model has since spread well beyond where it started, expanding from Johnson City Medical Center to all the emergency departments across their system.

Success Story

“One of the program’s most meaningful cases was also its first. A young woman, newly relocated from out of state, presented to the emergency department in severe opioid withdrawal, no longer able to access the opioids she had been using. During her evaluation, the care team also learned she was newly pregnant. The physician on duty had previously said he would not provide buprenorphine treatment — but faced with this patient’s situation, he called to walk through the process and moved forward with treatment. She became the program’s first patient, stayed engaged in care, and ultimately delivered a healthy baby. The case became an early proof point for the project: it showed not only the direct value of the treatment, but how quickly a clinician’s stance could shift once they saw its impact firsthand.”

Sustainability and Replication

What made this project sustainable was not the funding itself, but what the funding was used to build: order sets embedded directly in the electronic medical record, workflows that identify and treat patients with OUD without relying on any one champion, and a shared understanding across physicians, nursing, pharmacy, and security staff that treating opioid use disorder is a routine part of emergency care.

Each hospital found its own path to permanence. Johnson City Medical Center incorporated buprenorphine into its medical staff bylaws as an evidence-based standard of care. Nashville

¹ <https://www.acep.org/paced>

Regional One Health is on track to become the first PACED-accredited ED in Tennessee.

General Hospital established an ongoing administrative liaison role connecting the emergency department to its outpatient MAT clinic. Regional One Health pursued formal accreditation to lock in its protocols. Across all six sites, naloxone distribution and buprenorphine order sets have been built into standard EMR workflows and, in most cases, secured through hospital budgets or other grant funding rather than depending on this project alone.

For hospitals considering similar work, the pilot sites were consistent in their advice:

- Secure early buy-in from pharmacy, nursing, and ED physician leadership. Without it, the project stalls before it starts.
- Establish relationships with community treatment providers and sober living resources before launch, so patients have somewhere to go.
- Use data such as return visits, overdose reversals, and treatment engagement to build the case for adoption among skeptical providers.
- Embed a navigator with lived recovery experience directly in the ED to reduce stigma and bridge patients to ongoing care.
- Expect the build to take longer than planned, especially EHR and order-set work, and plan accordingly.

To help other Tennessee hospitals replicate this model without starting from scratch, TDMHSAS and THA also developed the [TN ED MOUD Guide](#), a practical resource that packages the order-set examples, staff education approaches, and implementation lessons learned across all six pilot sites. The guide is one of the project's lasting outcomes, extending its reach to hospitals across the state.

Why It Matters

While Tennessee has seen encouraging declines in both fatal and non-fatal overdoses, opioid overdoses continue to affect communities across the state. For many people who use opioids, the emergency department is one of the only consistent points of contact with the health care system — and a missed opportunity there can mean the difference between a patient beginning treatment or leaving without it.

This project demonstrated that EDs can do more than stabilize and refer: they can initiate lifesaving treatment on the spot and connect patients directly to ongoing recovery care. Paired with the statewide reach of the TN Recovery Navigators, the model helps close a critical gap in Tennessee's broader opioid response — turning an ED visit, often driven by crisis, into the start of recovery instead of a missed opportunity.

Conclusion

What began in 2021 as a three-hospital pilot is now standard practice at many hospitals across all three Grand Divisions of Tennessee. The clinicians, pharmacists, navigators, and administrators behind this work have shown that treating opioid use disorder in the emergency department is not only possible but can become routine, expected care.

With all six pilot hospitals now sustaining this work on their own, and the TN ED MOUD Guide available to extend these lessons statewide, TDMHSAS and THA are well positioned to provide support to new hospitals interested in the model and to keep this work aligned with Tennessee's broader strategy for addressing the opioid crisis. Five years in, every pilot hospital has reached the same conclusion: this approach saves lives. Reflecting a shared belief in the value of this work each hospital has chosen to continue their efforts long after the conclusion of the grant.

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