Gianluca Cerri, MD Launches Rural ED Addiction Care Framework Built on Two Decades of Emergency Medicine Practice

A Louisiana-based emergency physician announces a clinical self-check quiz and practical framework to help rural emergency departments assess readiness for Medication-Assisted Treatment and addiction medicine integration.

Jefferson, Louisiana Aug 27, 2026 (Issuewire.com) - Dr. Gianluca Cerri, MD has spent more than two decades working in emergency departments across Louisiana, treating patients in the moments when medical intervention matters most. His career has spanned roles as an Emergency Medicine Physician, AEMS Director, Flight Physician, and Clinical Assistant Professor of Internal Medicine. Board certified by the American Board of Emergency Medicine since 2009, Cerri also holds certification in Addiction Medicine through the American Board of Preventive Medicine, valid through 2035.

"Achievement of something that seems to be impossible: From not speaking English at all to graduating from LSU Medical School then following dreams of having Emergency Medicine Degree," Cerri reflected when asked about how he defines success. His journey from Milan, Italy to Louisiana began at sixteen, followed by years of education at Nicholls State University, Louisiana State University Medical School, and the University of Massachusetts Medical School, where he completed his Emergency Medicine Residency from 2005 to 2008.

The Rural ED Addiction Medicine Gap

Rural emergency departments face a unique challenge. Patients presenting with substance use disorders often cycle through the ED without access to evidence-based treatment pathways. Cerri has witnessed this pattern firsthand in his practice, where the nearest addiction specialist may be hours away and inpatient detox beds are scarce.

"There are professional metrics such as patient experience satisfaction scores and core measures driven practices established by hospital performance metrics; Patient is in a center in every measured success when it comes to my career," Cerri explained. This patient-centered approach led him to pursue his addiction medicine board certification and to develop practical tools that other rural ED physicians can use.

The framework Cerri is releasing addresses Medication-Assisted Treatment readiness in rural settings. It includes a self-check quiz for ED teams to evaluate their current capacity, common clinical scenarios with suggested protocols, and a step-by-step guide for initiating MAT in the emergency department. The goal is not to replace specialty care but to stabilize patients and connect them to ongoing treatment.

A Self-Check Quiz for Rural ED Teams

The quiz Cerri developed asks rural emergency departments to assess seven key readiness factors: staff training in addiction screening tools, availability of buprenorphine prescribers, referral pathways to outpatient MAT providers, protocols for safe discharge planning, access to naloxone distribution programs, documentation systems for substance use encounters, and local stigma reduction efforts.

Each factor is scored on a simple scale, allowing department leaders to identify gaps. Cerri emphasizes that no rural ED will have perfect scores across all categories. The point is to create a baseline and

prioritize realistic improvements.

"Hard work, dedication and passion for what you do!" Cerri said when asked about the qualities he considers most important. These same qualities underpin the framework, which is designed for busy clinicians who may be working solo shifts in communities with limited resources.

Clinical Scenarios From the ED

The framework includes several real-world scenarios that Cerri has encountered in rural emergency practice. One involves a patient presenting with opioid withdrawal at 2 a.m., when no addiction specialist is on call. The protocol walks through assessment, symptom management, and initiation of buprenorphine with follow-up arranged before discharge.

Another scenario addresses the patient who returns repeatedly for alcohol-related issues. Rather than simply treating the acute problem and discharging, the framework outlines brief intervention techniques and connection to community recovery resources. Cerri stresses that these interventions do not require extensive time but do require intention and a systematic approach.

"When you see smiles on your patients faces and when your home is your happy sanctuary that is my balance," Cerri noted. The balance between clinical efficiency and compassionate care runs through the entire framework. It acknowledges the constraints rural physicians face while insisting that evidence-based addiction care is possible even in under-resourced settings.

From Certification to Implementation

Cerri earned his addiction medicine certification through the American Board of Preventive Medicine in 2026, a decision rooted in his years of emergency practice. He observed that addiction was not a peripheral issue in the ED but a central one, touching nearly every shift. The certification gave him formal training in screening, brief intervention, referral to treatment, and pharmacotherapy.

The framework he is releasing translates that training into tools other emergency physicians can adopt. It does not require months of study or additional certification, though Cerri encourages interested colleagues to pursue formal addiction medicine education. Instead, it offers a starting point, protocols that can be implemented immediately with the support of hospital administration and local health departments.

"Learn something new every single day is my moto. My happy family and happy patients is my success. I am their humble servant," Cerri said. This mindset of continuous learning and service shapes the framework's design. It is meant to evolve as rural EDs share what works in their communities.

Access and Next Steps

The Rural ED Addiction Care Framework and accompanying self-check quiz are available at no cost through Cerri's website. He plans to update the resource based on feedback from emergency medicine colleagues in rural settings. Cerri is also exploring partnerships with Louisiana health organizations to pilot the framework in multiple rural hospitals and measure patient outcomes over the next year.

For rural emergency departments struggling to address addiction in their patient populations, the framework offers a concrete starting place. It reflects Cerri's belief that emergency medicine, even in the smallest and most remote communities, can play a vital role in connecting patients to recovery.

To read more, visit the website here.

About Gianluca Cerri, MD

Dr. Gianluca Cerri, MD is an Emergency Medicine physician based in Louisiana. He holds board certifications from the American Board of Emergency Medicine and the American Board of Preventive Medicine in Addiction Medicine. With more than twenty years of clinical and administrative experience, Cerri has served as an AEMS Director, Flight Physician, Clinical Assistant Professor of Internal Medicine, and Expert Medical Witness. He is a member of the American College of Emergency Medicine, American Academy of Emergency Medicine, Louisiana Medical Society, and the Association of American Physicians and Surgeons. Originally from Milan, Italy, Cerri completed his medical training at Louisiana State University Medical School and his Emergency Medicine Residency at the University of Massachusetts Medical School.

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