



## Making Alcohol Screening and Intervention Common Practice



Alcohol misuse is the leading risk factor for serious injury in the United States, and the third leading cause of preventable death, accounting for more than 75,000 deaths annually. An alcohol-related motor vehicle crash kills someone every 31 minutes and injures someone every two minutes.

CDC's National Center for Injury Prevention and Control (NCIPC) funds 13 Injury Control Research Centers across the nation, including the Harborview Injury Prevention and Research Center at the University of Washington. Harborview's research shows that excessive alcohol use – ranging from binge drinking to chronic alcohol dependence – is a leading risk factor for injuries resulting in trauma center admission. Harborview researchers have found that trauma center admissions offer “teachable moments” to provide patients with brief interventions. Harborview's alcohol screening and brief intervention program was found to significantly reduce subsequent alcohol use and decrease the chance of a repeat trauma center admission, potentially saving \$1.82 billion dollars annually in direct medical costs.

The challenge then lay in moving from research findings to clinical practice. Many states had laws that allowed insurance providers to deny payment for treatment of injuries caused by alcohol misuse. This resulted in legitimate concerns from physicians and hospitals that they would not receive reimbursement. Another

challenge was that physicians had no way to bill for these services since no billing codes existed for alcohol screening and brief interventions.

CDC's funding allowed Harborview to gather valuable evidence about screening and intervention effectiveness that led to changes in insurance and hospital policies. The National Association of Insurance Commissioners (NAIC) developed a new model law, adopted by states, that prevents insurers from making coverage decisions based on alcohol use. In 2006, the American College of Surgeons Committee on Trauma adopted a mandate that all Level One trauma centers must screen injured patients for alcohol problems and have intervention procedures for those who screen positive. And, beginning in 2008, there are new CPT billing codes that allow physicians to bill for these life-saving services.

These changes have paved the way for alcohol screening and brief intervention to become common practice when caring for injured patients. Twenty years ago, trauma centers routinely treated their patients' injuries while ignoring underlying alcohol problems. Now, through CDC's funding and Harborview's evidence, trauma centers and physicians are poised to better serve injured patients, attend to alcohol problems, reduce future injuries, and save lives.



For more information about CDC's Injury Control Research Centers, go to <http://www.cdc.gov/ncipc/profiles/icrcs/default.htm>

For more information about CDC at Work, please contact us at (202) 245-0600 or go to <http://www.cdc.gov/washington/>.