

Funded Injury Research Proves Successful



Screening and Brief Interventions for Alcohol in Trauma Centers Saves Lives

Public Health Issue

Alcohol misuse is the leading risk factor for serious injury in the United States. It is the third leading cause of preventable death and accounts for more than 75,000 deaths annually. An alcohol-related motor vehicle crash kills someone every 31 minutes and injures someone every two minutes. Researchers at Harborview Injury Prevention & Research Center have studied alcohol-related admissions to trauma centers since 1989. Harborview's research has shown that excessive alcohol use-ranging from binge drinking to chronic alcohol dependence-is a leading risk factor for trauma center admission.



Harborview Research Team (Photo Credit: Harborview's, Kellie Tormey)

Research Into Action

Harborview researchers suggest that clinicians can capitalize on the "teachable moment" that admission to a trauma center provides to increase the patient's motivation to change their alcohol use. Harborview's alcohol screening and brief intervention program was found to significantly reduce subsequent alcohol use and decrease the chance of repeat trauma center admission by nearly 50%. If broadly implemented, this program could lead to a cost-savings of \$1.82 billion dollars annually in direct medical costs. CDC's funding allowed Harborview to gather valuable clinical and cost data that demonstrated the effectiveness and efficiency of alcohol screening coupled with a brief intervention in trauma settings.



"The work at the Harborview Injury Prevention and Research Center illustrates the success that can be achieved in conducting high quality research and translating it into meaningful public policy changes that will reduce injuries and improve the lives of Americans."

- Frederick P. Rivara, MD, MPH
Lead Research Investigator, Harborview



Impact on Public Policy

In 1947, the National Association of Insurance Commissioners (NAIC) passed the Uniform Accident and Sickness Policy Provision Laws, model laws that States adopted to grant insurers the right to refuse to pay for medical treatment of alcohol-related injuries. Armed with their survey data indicating that these laws had no effect on insurance costs, Harborview researchers approached the NAIC in 2000 and requested new hearings. After a series of public hearings, in 2001 the NAIC passed a new model law, adopted by an increasing number of States, that denies insurers the option of making coverage decisions based upon alcohol use. By 2006, this model law had paved the way for the American College of Surgeons Committee on Trauma to adopt a requirement that all Level 1 trauma centers screen injured patients for alcohol problems and provide intervention to those who screen positive. In addition, effective January 1, 2008, new alcohol screening and brief intervention CPT billing codes allow physicians to bill for these services, a move that should foster adoption.



CENTERS FOR DISEASE CONTROL AND PREVENTION