

SOUTHWESTERN NEWS

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Alcohol counseling in ER could save hospitals up to \$2 billion annually, UT Southwestern researcher finds

DALLAS – Jan. 13, 2005 – Offering brief substance-abuse counseling in emergency rooms and trauma centers to injured patients who are under the influence of alcohol could save U.S. hospitals almost \$2 billion a year, according to a surgeon at UT Southwestern Medical Center.

In a study now available in the online edition of *Annals of Surgery*, Dr. Larry Gentilello, professor of surgery at UT Southwestern, completed an analysis of the potential cost savings of offering brief alcohol interventions to injured patients.

“Alcohol is by far the leading risk factor for injuries,” Dr. Gentilello said. “Patients are most likely to consider changing a harmful behavior when that behavior has caused a crisis or a severe problem in their life. It appears that an injury makes patients with an alcohol problem much more responsive to counseling. If brief interventions were offered routinely to these patients nationwide, the annual net savings to hospitals and insurers could be up to \$1.82 billion.”

Excessive alcohol use is the leading cause of injury, the report stated. Dr. Gentilello’s analysis demonstrated that the reduction in repeat injuries after a brief intervention saves hospitals about \$330 per patient by reducing the risk that the patient will return to the hospital for treatment of another injury during the next three years. These savings take into account the costs of delivering the intervention. For every dollar spent on counseling an injured patient, the hospital can expect to save \$3.81, Dr. Gentilello found.

The new study builds on results of his earlier work on interventions conducted at the University of Washington’s Harborview Injury Prevention and Research Center in Seattle and published in the *Annals of Surgery* in October 1999. In that study, more than 2,500 injured patients were screened for an alcohol problem, and 46 percent screened positive. Positive patients were randomly selected to have one 30-minute session with a specially trained alcohol counselor or no counseling. For the group that received counseling, ER visits or hospital admissions dropped about 50 percent over the next three years.

(MORE)

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Many U.S. trauma centers do not screen injured patients for alcohol problems because of a law passed in 1947 – still in effect in Texas, in 35 other states and the District of Columbia – that allows insurance companies to deny payment for injuries that occur in patients who are under the influence of alcohol. Six states have recently repealed the law, the study's authors point out.

Researchers from Harborview Medical Center, University of Washington's School of Public Health and Community Medicine, and Johns Hopkins University School of Public Health also contributed to the current study.

The study was supported by the Robert Wood Johnson Foundation, which in 2002 honored Dr. Gentilello with its Innovators Combating Substance Abuse Award (www.innovatorsawards.org).

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