Below is the content that will appear in the VITAL2015 poster compendium and on your VITAL2015 poster. Please review and **use track changes** to make any edits or comments, as well as to address any questions or comments from America’s Essential Hospitals staff.   
  
America’s Essential Hospitals staff will create and print your poster for you. You will receive a pdf of your poster by April 1 for final approval.

**Return your review and any accompanying materials to** [**Kristin Sinko**](mailto:ksinko@essentialhospitals.org) **no later than 5 pm ET, Friday, March 20.**Compendium abstract:  
**University of Texas Medical Branch (UTMB)**

**Reducing Acute Care Utilization of Frequently Admitted Patients**

In February 2013, UTMB’s quality council endorsed an 80/20 approach to reducing readmissions. For the majority of inpatients, the hospital employed evidence-based concepts and interventions to hardwire tools into their practice and electronic record. For the remaining, resource-intensive, high-utilizers, the hospital capitalized on its existing Community Health Program (CHP), along with a new Medicaid waiver-funded teaching medical home clinic to provide an intensive, community-based model of care.

CHP was started in 2007 to reduce losses associated with emergency department usage by uninsured patients. An initial evaluation of the program readily quantified resource savings through cost avoidance. Frequent utilizers without a consistent primary care provider are now being referred to a dedicated, comprehensive care team that assumes primary care responsibilities with near 24/7 availability. The team follows the patient's use of inpatient and outpatient care and provides home-based coordination and navigation. The foundation of the team’s approach is a comprehensive assessment of the patient, including home and family situation, sociodemographic issues, psychosocial issues, and disease self-management skills. The program’s goals include reducing acute care frequent utilizers by 5 percent within the first 12 months and making systemwide changes in delivery system design and clinical information systems. The team enrolled its first patients in October 2014 and expects to report by June 2015 early measures of performance, including acute care utilization rates, costs of care and benefits acquisition, patient experience, provider satisfaction, and patient health/functional status.  
  
Poster content:  
**University of Texas Medical Branch**

**Reducing Acute Care Utilization of Frequently Admitted Patients**

**Overview**

In February 2013, the University of Texas Medical Branch (UTMB) quality council endorsed an 80/20 approach to reducing readmissions. For the majority of inpatients, the hospital employed evidence-based concepts and interventions to hardwire tools into their practice and electronic record. For the remaining, resource-intensive, high-utilizers, the hospital capitalized on its existing Community Health Program (CHP), along with a new Medicaid waiver-funded teaching medical home clinic to provide an intensive, community-based model of care. The team enrolled its first patients in October 2014 and expects to report by June 2015 early measures of performance

**Premise/Problem**

UTMB used two approaches to tackle readmissions for its entire patient population.

**Methodology**

**Intervention/Innovation**

Frequent utilizers without a consistent primary care provider are now being referred to a dedicated, comprehensive care team that assumes primary care responsibilities with near 24/7 availability. The team follows the patient's use of inpatient and outpatient care and provides home-based coordination and navigation.

**Success/Outcomes**

The team enrolled its first patients in October 2014 and expects to report by June 2015 early measures of performance, including acute care utilization rates, costs of care and benefits acquisition, patient experience, provider satisfaction, and patient health/functional status. The program’s goals include reducing acute care frequent utilizers by 5 percent within the first 12 months and making systemwide changes in delivery system design and clinical information systems.