



Improving the Care of Patients as They Transition from Hospital to Home

Our Vision

By improving hospital discharge processes, Project BOOST aims to:

- Reduce 30 day readmission rates for general medicine patients (with particular focus on older adults)
- Improve patient satisfaction scores and H-CAHPS scores related to discharge
- Improve flow of information between hospital and outpatient physicians and providers
- Identify high-risk patients and target specific interventions to mitigate their risks for adverse events
- Improve patient and family preparation for discharge

Background

According to recent research published in the *New England Journal of Medicine*, about 1 in 5 hospitalized Medicare beneficiaries were readmitted within 30 days after discharge. Unplanned re-hospitalizations cost Medicare \$17.4 billion in 2004.

Project BOOST is led by a national advisory board of recognized leaders in care transitions, hospital medicine, payers and regulatory agencies. The board is co-chaired by Eric Coleman MD, MPH and Mark Williams, MD, FACP, FHM and includes representatives from the Agency for Healthcare Research and Quality (AHRQ), Blue Cross and Blue Shield Association, Centers for Medicare and Medicaid Services, Centers for Disease Control and Prevention, Institute for Health Care Improvement (IHI), The Joint Commission, and Kaiser Permanente. Medical, pharmacy and nursing professional societies, and patient advocates participate and contribute to Project BOOST's development.

Project BOOST 5 Key Elements:

1. **A Comprehensive Intervention** developed by a panel of nationally recognized experts based on the best available evidence.
2. **A Comprehensive Implementation Guide** provides step-by-step instructions and project management tools, such as the TeachBack Training Curriculum, to help interdisciplinary teams redesign work flow and plan, implement, and evaluate the intervention.
3. **Longitudinal Technical Assistance** provides face-to-face training and a year of expert mentoring and coaching to implement BOOST interventions that build a culture that supports safe and complete transitions. The mentoring program provides a train the trainer DVD and curriculum for nurses and case managers on using the TeachBack process, and webinars targeting the educational needs of other team members including administrators, data analysts, physicians, nurses and others.
4. **The BOOST Collaboration** allows sites to communicate with and learn from each other via the BOOST Listserv, BOOST Community site, and quarterly all-site teleconferences and webinars.
5. **The BOOST Data Center**, an online resource center, allows sites to store and benchmark data against control units and other sites and generates reports

Analysis

As of December 2010, the project BOOST toolkit had been downloaded by approximately 1,650 sites.

The year long-mentoring program providing expert coaching to implement the program is in place at 60 sites. Project BOOST mentor sites are in various stages of planning implementation and data reporting. Aggregate findings for sites with an intervention in place for one year will be available in early 2011. Early data from six sites, which implemented Project BOOST, reveals a reduction in their 30 day readmission rates from 14.2% before BOOST to 11.2% after implementation; also, **producing a 21% reduction in 30 day all-cause readmission rates.**

Pilot sites indicate that BOOST tools are well received by health care teams and patients as it improved communication and collaboration across functions within the hospital and outpatient physicians. Patients reported a very positive response to what they perceive with an increased level of service and medical attention.

Funding

Project BOOST was developed through a \$1.4 million grant from The John A. Hartford Foundation. SHM continues to fund the collaborative through the following programs:

- Blue Cross Blue Shield Association of Michigan contributes to supporting 14 mentor sites
- The California Health Care Foundation is providing funding to partially support tuition for 20 sites
- Tuition based sites pay \$28,000 per site; 14 hospitals have enrolled

Participating Mentor Sites: There are currently 60 mentor sites, located in 26 states, with an additional site in Canada. By the end of 2011, the number of enrolled sites is expected to exceed 100.

Project Boost and the Affordable Care Act

Project BOOST is an effective tool for reducing unnecessary readmissions and improving transitions of care. It provides a foundation for and complements initiatives such as Dr. Eric Coleman's Care Transitions Program or Dr. Mary Naylor's Transitions of Care Model. The recently passed healthcare reform legislation includes several provisions aimed at reducing readmissions and improving care transitions.

Hospital Readmissions Reduction Program (Sec. 3025, Sec. 10309):

FY2013: Inpatient PPS hospitals with higher-than-expected readmissions rates will experience decreased Medicare payments for all Medicare discharges. Evaluation will be based on the 30-day re-admission measures for heart attack, heart failure and pneumonia that are currently part of the Medicare pay-for-reporting program and reported on Hospital Compare.

FY2015: The list of conditions can be expanded to include COPD and several cardiac and vascular surgical procedures, as well as, any other condition or procedure the Secretary chooses.

Community Care Transitions Program (Sec. 3026):

Beginning in 2011, this five year Medicare pilot program will be available to PPS hospitals identified by the HHS Secretary as having high readmission rates. Hospitals serving medically underserved populations, small community hospitals, and rural hospitals will be given priority for participation, as will hospitals participating in an eligible Administration on Aging program. Hospitals may elect to join the pilot program with community-based organizations or those that provide care transition services.

