

BACKGROUND

State Innovation Models Initiative (SIM) is testing the ability of state governments to accelerate statewide health care system transformation.

- CMS awarded \$20-99 million per state (\$660 million overall)
- Awards made 2/2015 and will end no later than 1/31/20
- Awards include a one-year “pre-implementation” year and three years of testing.



- Colorado
- Connecticut
- Delaware
- Iowa
- Idaho
- Michigan
- New York
- Ohio
- Rhode Island
- Tennessee
- Washington

Model Test States are using policy and regulatory levers to do the following:

- improve health care delivery outcomes,
- spread innovative health care models,
- integrate population health into transformation efforts,
- and engage a broad range of stakeholders.

FINDINGS

States are making slow, steady progress on model goals. **Medicaid** remains the payer over which states have the most control. The findings below provide some examples:

IMPLEMENTATION OF VALUE-BASED PAYMENT MODELS

- **States have adapted** SIM-supported payment models to encourage payer participation. In addition, they have coordinated multi-payer action to help small independent or rural practices participate. Finally, states have established targets, guidelines, and/or requirements to hasten contracting for value-based payment models. Continuing barriers include small practice panels, reporting burden, weak incentives to transform care, eligibility requirements, and hesitation to take on downside risk.

FINDINGS

DELIVERY SYSTEM TRANSFORMATION

- **Behavioral Health** States reported expansion of screenings in addition to more practices with integrated care or access to consults. Challenges remain including the prohibition of sharing substance use data.
- **Health IT** Use of admission, discharge, and transfer (ADT) notification systems increased in usage as did standardization across systems. However, health IT system costs, interoperability, and the lack of timely patient data remain concerns.
- **Quality Measure Alignment** Payers continue to prioritize measure alignment but provider burden remains a concern.
- **Care Coordination** States noted an increase expanded screenings, referrals, and linkages to behavioral health and social services. Concerns about reimbursement levels and sustainability remain.
- **Workforce** More community health workers were trained and certified, and practices are starting to appreciate their value. However, existing workforce shortages and sustainability were noted as remaining challenges.

POPULATION HEALTH

Over half the states advanced their population health interventions and many developed and operationalized systems to screen for Social Determinants of Health. Barriers remain regarding a lack of a clear and defined process for working states agencies and using a common definition of population health for shared understanding.

KEY TAKEAWAYS

States remain committed to overcoming barriers to value-based model implementation and delivery transformation. Population health plans are being implemented, though slowly. Future reports will provide quantitative analyses of, as well as track progress toward, the reach of state-led value-based models.