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CENTERS FOR MEDICARE & MEDICAID SERVICES
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Findings at a Glance

A Summary of State Innovation Models (SIM): Focus on State-Led Transformation 2013-2020

State Innovation Models: A Summary

State Innovation Models (SIM) states were charged with testing innovative value-based payment (VBP) health care models across multiple payers to achieve broad transformation in their health care systems, improve population health, and engage a wide range of relevant stakeholders. CMS examined findings from evaluation reports for six Round 1 (2013-2018) & 11 Round 2 (2015-2020) SIM Model Test states**.** We summarize implementation findings on key areas of focus for states to aid health care transformation efforts for both SIM rounds to highlight lessons learning for future state models.

STATE-LED TRANSFOMATION

- **Peer-to-peer learning** & **technical assistance (TA)**: Sixteen SIM states supported practice care delivery transformation through peer-to-peer learning and individualized TA that was considered effective by primary care and behavioral health providers.
- **Behavioral health (BH) integration & BH models**: Fifteen SIM states integrated BH into payment models by promoting screening tools in primary care settings; facilitating communication, co-location, and referral streams between primary and BH providers; and through telehealth initiatives. Five states created BH payment models, many of which continued after SIM.

> *"…the SIM grant [leveled] that playing field a lot more than it was, giving voice to entire delivery systems as opposed to siloed care delivery."* Vermont BH provider

> *"It's all one computer system. When they pull up your record, they see every doctor. Notes from every doctor that you've seen within the system."* – Minnesota beneficiary

- **Health information technology (IT):** Investments in health IT in all states expedited practice transformation, improved data functionality for care coordination, and expanded access to more providers & patients, which was sustained by state efforts.
- **Pediatric initiatives and models:** All states incorporated pediatric populations within their payment models, many of which continued after SIM. A few states (n=6) created tailored pediatric-only payment models or initiatives, including addressing BH through telemedicine that were seen as highly successful and sustained after SIM ended through state funding.
- **Supporting rural health:** A few states (n=11) supported participation of rural providers in VBP models through flexible model designs and/or through recruitment strategies such as technical assistance and infrastructure investments.
- **Care coordination and community health workers (CHWs):** All states expanded team-based care through support for care coordinators, social workers, and/or CHWs to address broader referral needs, some of which was sustained post-SIM. A few states (n=7) invested in CHWs to address patient's social needs through screening or by building community relationships

		Peer-to-peer learning & TA	BH integration & BH models	Health IT investment	Pediatric initiatives & models	VBP supported rural health	Care coordination & CHWs
Round 1*	Arkansas						
	Maine						
	Massachusetts						
	Minnesota						
	Oregon						
	Vermont						
Round 2*	Colorado						
	Connecticut						
	Delaware						
	Idaho						
	Iowa						
	Michigan						
	New York						
	Ohio						
	Rhode Island						
	Tennessee						
	Washington						

*Lighter shade boxes indicate broad initiatives only; darker shades indicate both broad initiatives and specific payment models

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BENEFICIARIES & PROVIDERS IN SIM STATES NOTED CHANGES CARE DELIVERY OVER TIME

- States helped primary care providers implement **prevention-focused care, coordinate with BH providers**, and provided support for **team-based care**.
- Beneficiaries and providers within SIM states spoke to the changes in their care as a result of SIM, such as **access to same-day appointments** and **expanded access to primary care**.

"The Health Center's really nice in that they also do walk-in visits and stuff like that, so if I have an emergency for something I can show up and generally I only have to wait half an hour to an hour to get in to see somebody same day." – Vermont patient

- While states worked to align quality measures across payers, providers noted **continued burden with reporting requirements**.
- Expansion of team-based care increased the use of nurse practitioners and physician assistants to alleviate primary care shortages. While beneficiaries liked same day-appointments, they **disliked being seen by providers who were not physicians**.

"In the 4 years that I've been going to [doctor's office], I've only seen her a handful of times. I usually see a… physician's assistant or a nurse practitioner. I really would like to see my own doctor." – Massachusetts Medicaid beneficiary

- Despite state efforts, some Medicaid beneficiaries still experienced **barriers to accessing BH and specialty care, particularly in rural areas experiencing workforce shortages**. Beneficiaries experienced long wait times and providers who were unwilling to accept Medicaid insurance.
- The large proportion of children covered by Medicaid required states to balance children's needs with those of the broader population. However, providers noted **fewer opportunities to constrain spending within pediatrics due to their lower health care expenditures** relative to adults.

"All of this I think is great theory. It simply doesn't work when you take adult focused improvement efforts and apply them to kids… The savings have not been generated … And it was quite time consuming." —Ohio provider

- Beneficiaries were **positive about health IT driven approaches to facilitate care coordination** noting the ease in having their electronic records available across their care team and allowing primary care providers to track hospital admissions across various health care systems.

- State's efforts related to **health-related social needs** were noted by beneficiaries who appreciated broader use of community health workers and case managers that ensured patients had access to housing, food, and timely access to their medications.

"We have a care manager.. to help with those [non-medical] patient needs. With implementing the social determinants of health screening form, we've been able to identify more and get more people the assistance they need." – Michigan provider

KEY TAKEAWAYS

SIM investments in practice transformation helped develop lasting connections between primary care and behavioral health providers. Investments in health IT infrastructure and workforce development further supported value-based payment models and were often sustained after SIM. In many states, SIM created a foundation for future state-level health care reform initiatives where Medicaid providers felt prepared to participate in more advanced Innovation Center models. Lessons learned are applicable to recent Innovation Center models, which also harness state partnerships.