BACKGROUND

To understand barriers to model success or implementation and lessons learned for future state-based models, qualitative findings from 47 evaluation reports of 12 CMMI state-based models were reviewed in a meta-synthesis. Models varied by the intervention focus, types of incentives used, types and numbers of stakeholders and participants, geographic reach, and the role of states in design and implementation, as shown below.

Models with Strong State Role

- Multi-Payer Advanced Primary Care Practice Demonstration
- Maryland All-Payer Model
- State Innovation Models Rounds 1 and 2
- Financial Alignment Initiative

Medicaid-Focused Models

- Strong Start for Mothers and Newborns: Enhanced Prenatal Care Models
- Medicaid Emergency Psychiatric Demonstration*
- Medicaid Incentives for the Prevention of Chronic Disease Model*

Models with Other State Role

- Health Care Innovation Awards Round 1 Behavioral Health and Substance Abuse, Round 1 Meta-Analysis, and Round 2
- Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents
- Primary Care Systematic Review**

*These models were Medicaid focused and had strong state roles.

**The 12 models count PCSR as three models (Comprehensive Primary Care model, Independence at Home, and the Federally Qualified Health Center Advanced Primary Care Practice Demonstration); MAPCP is counted separately.

KEY FINDINGS

🏛	**STATES AS AWARDEES/ CONVENERS**	States offer effective leadership, prior experience leading initiatives, and a platform for decision-making and cross-stakeholder collaboration, but they vary in their experiences, readiness for change, regulatory environments and resources.
	MODEL DESIGN	Long implementation timelines, adequate payment incentives, proactive approaches to defining eligibility, and tailored enrollment processes facilitate innovation and system transformation.
💻	**HEALTH IT AND DATA**	States are well-suited to promote HIT implementations through their support of standardized technologies and data formats, provision of funding, and amending regulations to facilitate data sharing.
	CARE COORDINATION	Clearly defining roles and functions for staff and training providers helps overcome resistance and promotes effective integration of care coordinators.
$	**FINANCING/ RESOURCES**	Model participants need adequate and timely funding to implement models as designed and scheduled.
👥	**STAKEHOLDERS**	Stakeholders' communication is facilitated by prior collaborations, proactive outreach and education efforts, inclusive governance structures, and establishing channels for seeking input.
↻	**ENVIRONMENT**	Leveraging funding, infrastructure, and partnerships from previous reform initiatives facilitates start-up and implementation of delivery and payment reforms. Regulatory changes at the state level can aid use of new services and functions.

KEY TAKEAWAY

A history of state health care innovation coupled with stakeholder alignment are critical factors in state-based model implementation success. In addition, model approaches that reward a consistent set of activities across payers, while being flexible enough to allow different levels of risk, may be able to reduce provider burden and increase provider participation. States that harness these factors are most likely to sustain health care delivery transformation.