Medicaid Transformation: Where Are Things Today?

Savvy readers may remember our [post from last September about The Medicaid Transformation Project](#), a two-year initiative spearheaded by former administrator for The Centers for Medicare and Medicaid (CMS) Andy Slavitt. As you may recall, the project's goal was to identify, create, and spread access to creative solutions to improve the health of underserved individuals and save providers money.

At the time of the [initial announcement last year,](#) Slavitt and seventeen major health systems were dedicated to targeting four key areas: behavioral health, substance use disorder, women and infant care and avoidable emergency department visits. And now that we're nearly a year into the initiative, where are things today?

28 Health Systems Involved

Since the project kickoff, 11 more health systems have joined the initiative; [now there are a total of 28 health systems participating, representing 350 hospitals across 25 states](#). And to amplify their effectiveness, the participating health systems have spent their first year focusing on a single challenge area: improving behavioral health resources in underserved communities.

[According to FierceHealth](#), overwhelming need and cost challenges are two of the drivers behind the participants' desire to focus on behavioral health. "As of 2016, 44.7 million American adults—including 10 million adults covered by Medicaid—experienced a mental health illness. Beyond issues of care, there are cost challenges as well. Spending on Medicaid beneficiaries with mental health needs is nearly four times greater than for peer beneficiaries."

National Collaboration Leads to Local Action

To address the challenge of improving behavioral health, executives at [partner healthcare innovation network AVIA](#) researched and analyzed more than 150 digital solutions in the space and created a shortlist of 11 solutions and best practices. Then, at a forum this past spring, health system leaders evaluated the solutions—including using data to identify high-risk patients—and pinpointed the tools that best suited their organizations. Then they started using those tools at their organizations.

The thought around this approach is that national collaboration can lead to local action, and that this collaborative approach helps speed decision-making and adoption. And Slavitt was quick to remind participants that progress, not perfection, is always the goal. "I challenged the health system leaders: pick the three things you like the best and adopt those. You're not going to get your mental health program in your community to perfection in the next 12 months. That's not the goal; the goal is to make it better," he said.

Qualitative and Quantitative Data to Measure Success

Future plans for the initiative include focusing on the next two challenge areas: women and infant care and substance use disorder. Project leaders will use engagement, adoption and solution uptake among partner systems as a measure of the initiative's progress. By combining that data with qualitative stories about patient impacts, project stakeholders hope to get a comprehensive view of the initiative's success. "With those stories, we'll be able to push the organizations toward further progress," said Slavitt.

Making it Better Is the Point

We're excited to see the progress that the Medicaid Transformation Project continues to make on the patient care side of Medicaid, as patients certainly have the most to gain from health IT innovation. And we applaud Andy Slavitt's goal of "making it better"—that approach mirrors the way we at CNSI approach health IT projects with our own clients. We'll be keeping an eye on what's happening with the Medicaid Transformation Project and will keep you posted on new developments.

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Want to learn more about Medicaid collaboration and innovation and how to measure success? Meet us at [MESC 2019](#)! Join us August 19-22 in Chicago for the "can't miss" Medicaid conference of the year. Look for us on the exhibit floor, at networking events or speaking in sessions—or [make an appointment](#) for a one-on-one consultation.