Introduction: State Innovation Models

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IN 2013, THE FEDERAL GOVERNMENT CHALLENGED US STATES to reform health care delivery and payment methods in order to improve health while also lowering health care costs. Six states—Arkansas, Maine, Massachusetts, Minnesota, Oregon, and Vermont—rose to the challenge. Through Round 1 of the State Innovation Models (SIM) initiative, the Center for Medicare and Medicaid Innovation of the Centers for Medicare and Medicaid Services provided the states with more than \$250 million to support the implementation of new clinical and payment models. This issue of *The Milbank Quarterly* contains the first three papers evaluating this effort.

The papers tackle the challenge of evaluation from different angles. Kissam and colleagues provide an overview of SIM activities in the six states, with a focus on where the initiative succeeded and where it failed in meeting initial goals for multi-payer engagement. Beil and colleagues assess efforts to integrate behavioral health and primary care, and Rutledge and colleagues measure the impact of Accountable Care Organizations established with SIM support in the Medicaid programs of four of the states.

The investigators all use mixed-methods approaches, combining information generated contemporaneously with interviews and data-driven analyses. This methodology—at once flexible and comprehensive—facilitates understanding of the results in the context of different state policies, unanticipated roadblocks, mid-course corrections, and changing policy landscapes. The papers recognize that a payment reform is not like a pharmaceutical with a core biological effect; whether it succeeds or fails may depend on the available resources, commitment to success, and the capabilities of health care organizations.

This research is essential reading for multiple audiences, including those interested in understanding the SIM Initiative and its impact, as well as those involved in developing the next generation of state-based health care reforms.

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