

Medicaid Transformation Project Phase One Report





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Letter from Leadership

Dear friends and colleagues,

We launched the Medicaid Transformation Project (MTP) in the summer of 2018 with an ambitious goal: to transform healthcare and the lives of the nearly 75 million Americans who rely on Medicaid and other vulnerable populations.

Back then, we hoped that five or 10 health systems might raise their hands to join this endeavor. Our estimate was wildly inaccurate. There are now 30 major health systems and the Veterans Health Administration that have participated in MTP, representing more than 378 hospitals in 28 states. The response, commitment, and urgency to find solutions for vulnerable communities nationwide has been overwhelming.

Their actions could not have come at a more critical time. We could never have foreseen that in 2020, our country would be hit by a pandemic and an unprecedented economic meltdown, resulting in over 40 million jobless claims, swelling Medicaid rolls, and widespread financial distress. Nor could we have imagined that the pandemic would magnify the racial disparities in health equity on the national stage.

When we began the Project, we knew that we could impact individual patient lives immediately but that permanent, systemic impact would require more time and a combination of solutions. COVID-19, financial hardship, and emphasized evidence of racial disparities have only heightened the imperative to act decisively for the vulnerable, communities of color, and the health systems that seek to support them. While this transformation is hard work, we've seen an incredibly positive effort emerge and can already say with confidence: it's working. We are on the path to meaningful change and the country must continue its progress.

What we have achieved

Today, we're proud to announce the results of our first phase: over 150 new actions are being implemented to improve care for moms and babies, people with mental illness, and those who need care brought closer to them. Let us tell you a little bit about those actions:

- **72%** involve using technology in new ways; because of this work, we're surfacing impactful technology companies, and new innovators are finding it more attractive to serve vulnerable populations, fulfilling one of the Project's aims.
- **81%** of Members are working to improve care in the community and help people rely less on the emergency department; they could impact almost **83 million patient lives in 24 states**.
- **64%** of Members are working to help people with acute behavioral health needs; they could impact **65 million patient lives in 20 states**.
- **75%** of Members are working to close gaps in care for moms and babies; they could impact **82 million patient lives in 22 states**.

At Advocate Aurora Health, you can now monitor your pregnancy at home and get instant answers to common questions about safe foods and medications through its remote monitoring platform. If you're in eastern Tennessee at a Ballad Health emergency department, you'll now be assigned a Community Health Worker who can provide social support and care navigation. In Delaware at ChristianaCare, a new, state-wide platform ensures that you'll be connected to a behavioral health professional in minutes. There are stories like these happening across the 28 states and 378 hospitals in MTP, and you'll read about them in this report. The transformative power of the Project is to scale these solutions nationally; we can impact exponentially more patients together than alone.

How can systems afford to do this?

There's a business case, not just a social case, for this work. By investing money in Medicaid patients, healthier people and communities emerge and systems also lose less. These low reimbursement patients receive more support for health in their homes and communities, saving hospitals beds for patients that need to be in them. Given COVID-19's impacts, this is more important than ever.

The path ahead

As we close out the first phase of the Project, we know there's much more work to be done. Our goals for MTP continue to be ambitious. In 2020, we will leverage our Phase One insights and action to evolve into our next chapter by:

- Expanding the MTP community to include payers, FQHCs, and other partners because transformation doesn't happen in a vacuum.
- Supporting demonstration projects at a local or regional level to scale solutions across a community and share their cost and benefits.
- Reducing barriers to action in key focus areas like behavioral health and social determinants of health by providing more business case tools and continuing to share solution insights.
- Deepening our focus on chronic care management and other areas that generate the highest costs and complexity to the system.
- Supporting Members with customized action plans to advance operational change and digital adoption.

If you're not a part of MTP and you're a provider, payer, policy maker, or community organization, we invite you to find out how you can get involved. Early health system participants have done the hard work to lead this Project through Phase One, and we hope their peers and partners will participate and support in their efforts.

If you're a health system and you are already part of the Project, we challenge you to strengthen your resolve. Commit to taking even more decisive and innovative action in this next phase. If you want to make an impact on reducing the gap of health inequity, Medicaid is a compelling place to start - people of color make up 60% of the beneficiaries as compared to 40% of the national population. COVID-19 eliminated the luxury of time. The young, pregnant woman in recovery; the rural community with no primary care physician within a 50-mile radius; and the teenager who fears the stigma of seeking treatment for depression cannot wait. Every day that we don't affect change, patients and communities suffer.

On behalf of the Medicaid Transformation Project, we are so proud of our work so far, and excited for our next chapter. We pledge to do our part to ensure we offer sustainable change for health systems, payers, their partners, and our most vulnerable communities.



Andy Slavitt

Chairman
Medicaid Transformation Project



Linda Finkel

President
AVIA

Executive Summary

Phase One focused on health system action and specifically, the work of evaluating where digital solutions and evidence-based care models intersect to improve the care provided to underserved communities, families, and individuals across the country.

Phase One followed a simple process:

- Source key challenges faced by providers at the delivery system level
- Identify evidence-based care models to address these challenges
- Isolate unique barriers to performance, efficiency, cost, and replicability of care models
- Define competencies required to address and overcome these barriers
- Evaluate companies to identify best-in-class digital solutions capable of addressing barriers
- Convene Members at Action Forums, collaborative events that present analysis and next steps
- Create implementation tools that support financial decision-making, operationalization, and evaluation

Phase One was organized into four campaigns that aligned with the most common challenges experienced by Member health systems:

Emergency Department (ED) Utilization



Up to **55%** of ED visits are from Medicaid or uninsured patients. Medicaid beneficiaries utilize the ED **2x** compared to the privately insured.¹

Behavioral Health



20% of the Medicaid population has a diagnosed mental health condition, but they account for **46%** of the total Medicaid spending on healthcare services.²

Maternal & Infant Health



Close to **50%** of U.S. births are funded by the Medicaid program. Maternal mortality rates continue to rise in the U.S., even though **more than half** of pregnancy-related deaths are preventable.³

Substance Use Disorder



~10% of people who need substance use disorder (SUD) services actually receive them – leaving **18.2 million** Americans in the current “addiction treatment gap.”⁴

Phase Two will leverage this work to support providers in partnership with payers to develop these models in markets across the country. By working together in new ways, payers and providers can accomplish more and bring meaningful change to their vulnerable patients.

- ➔ **Phase One:** Building a foundation for health system action
- ➔ **Phase Two:** Demonstrating effectiveness with partners in the community
- ➔ **Phase Three:** Scaling transformation nationally

Take a closer look at the Project’s progress in the pages that follow. Join us as we look to fundamentally reorganize and reshape our country’s healthcare resources to improve health in our communities.

A National Platform

In Phase One, the Project created a national platform to transform healthcare. News coverage exceeded expectations, with over 10M media impressions. The country is paying attention.

The Healthcare Blog

THCB Spotlights: David Smith,
Medicaid Transformation
Project at Avia
May 7, 2020

Healthcare Innovation

30 Health Systems, National
Leaders Collaborate on
Addressing Substance Use
Disorder, Addiction
Jan 8, 2020

Medicaid Transformation Podcast

Launched in 2019

HIT Consultant

4 Ways to Improve Mental
Health Through Digital Health
Sep 19, 2019

Fierce Healthcare

Pregnancy-related deaths are
rising. Geisinger among 30
health systems testing digital
tools to stop the trend
Sep 12, 2019

The HCBiz Show

The Medicaid
Transformation Project
with David Smith – Part 1
Aug 9, 2019

Healthcare Finance News

Q&A with Andy Slavitt
on investing in
underserved populations
June 11, 2019

Becker's Health IT

Boston Medical Center
joins Avia's Medicaid
innovation project
Jun 7, 2019

Healthcare Innovation

Transforming Medicaid:
How Andy Slavitt, AVIA and
28 Health Systems Plan
to Improve Care for
Underserved Patients
May 29, 2019

Healthcare Dive

28 Health Systems Commit
to Transforming Behavioral
Health in Hundreds of
Communities Nationwide
Apr 25, 2019

Crain's

UH joins national network
to transform care
for Medicaid patients
Mar 28, 2019

MedCity News

Seven more health
systems join Medicaid
Transformation Project
Dec 6, 2018

POLITICO PRO

Health systems pledge to
improve Medicaid care
Aug 22, 2018

Modern Healthcare

Health systems launch
collaboration to improve care
for Medicaid patients
Aug 22, 2018

Forbes

The Man Who Used To Run
Medicaid Has A New Idea
To Make It Better
Aug 22, 2018



The Mission & Members

The Mission

Caring for the nation's most vulnerable isn't only an essential endeavor, it's good for business.

Growing Volumes, Unmet Needs, Unsustainable Costs

- 1 **1 in 5** Americans is currently covered by Medicaid⁵
- 2 Medicaid pays for close to **50%** of births in the United States⁶
- 3 Among payers for behavioral health services, Medicaid is the **largest**⁷
- 4 Medicaid and Medicare account for **33¢ of every \$1 spent** for physician services⁸
- 5 Medicaid covers **38%** of non-elderly adults with an opioid use disorder⁹
- 6 Homeless individuals are **five times** more likely to be admitted to inpatient hospital units - and they stay up to **four days** longer¹⁰

The Moment

Why now? Multiple, converging conditions create reasons for optimism:



The Medicaid program will continue to grow, emphasizing the importance of government fiscal balance and fulfilling the promise of the program to taxpayers



New payment models developed and tested by the market and The Centers for Medicare & Medicaid Services (CMS) are incentivizing integrated and coordinated care, plus a focus on social needs



Rapid innovation has emerged from companies focused on the needs of the vulnerable and provider productivity



Capital is flowing to fund solution companies



Care models with proven effectiveness do exist - and they work



Health systems want a role and realize they are integral to transformation

The Members

30 health systems and the Veterans Health Administration have dedicated themselves to transformational change, while reducing overall cost of care. Diverse in size, geographies, and state policies, each Member has been doing incredible work.

>375

hospitals

75%

of MTP states expanded Medicaid

75%

of Medicaid beneficiaries live in MTP states

3-18%

uninsured rates in MTP states (MA to TX)¹¹

7-78%

Range of MCO spending in MTP states
(CO to DE)¹²

70,503

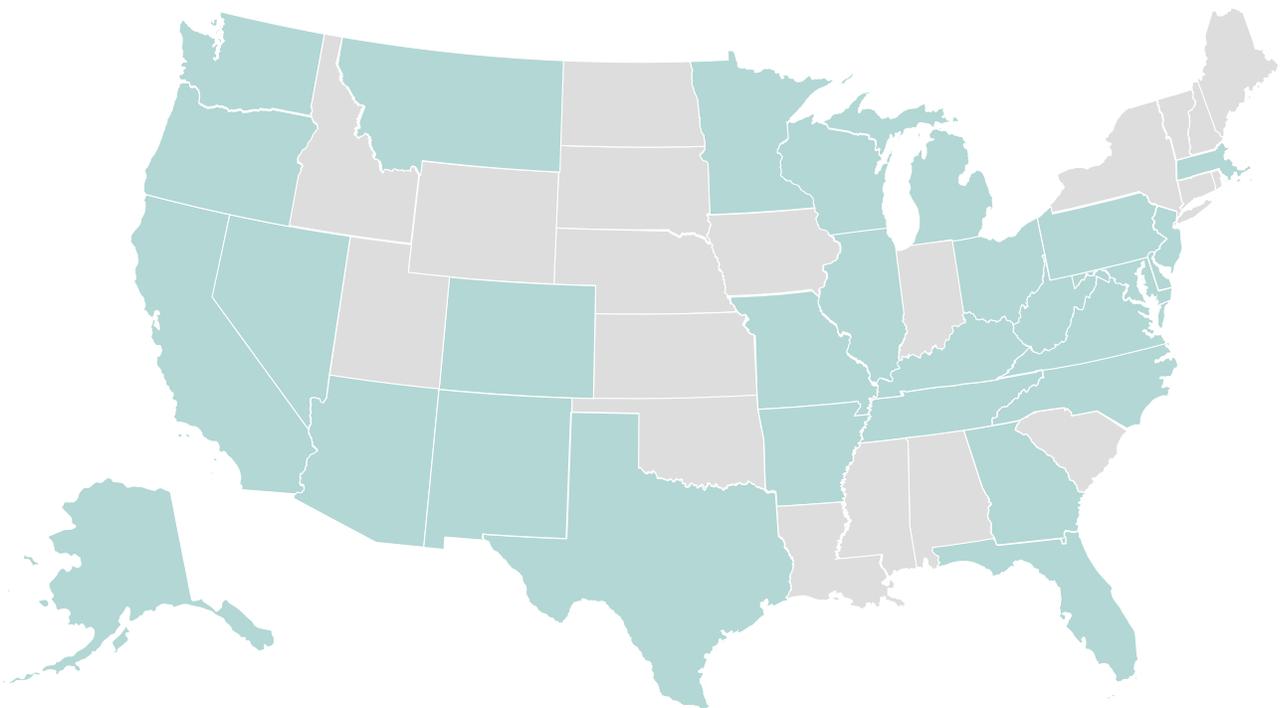
beds

28

States

34-71%

of births are funded by Medicaid in MTP states
(PA to NM)¹³





The Results

Health systems are acting and utilizing the Medicaid Transformation Project in different ways to better serve patients.

At the conclusion of Phase One, over **150 new actions** are being implemented to improve care for moms and babies, people with mental illness, and those who need care brought closer to them. These actions have either been launched through or accelerated by participation in the MTP community.

Project Insights



Members that are working to improve care in the community and help people rely less on the emergency department



Members that are working to help people with acute behavioral health needs



Members that are working to close gaps in care for moms and babies



Members that are working to increase access and support for people with substance use disorders

Technology Insights

400+

solution companies evaluated for Members

72%

of all actions involve using technology in new ways

43%

of solution companies are led by women and people of color

Every health system action - whether digital or not - involves investments to build new partnerships within the community, hire new and different team members, develop new processes, and embrace innovative care models for the first time.

Almost half of the current actions are a result of the first campaign, focused on transformation of the emergency department.

While MTP has formed a large community, each health system acts exactly where it makes sense for them. Some systems have prioritized one campaign, while others have diversified their work in 10 different areas. **Out of 150 new actions, the most popular areas for action are:**



24% constructing coordinated community networks



19% enhancing maternity care navigation



17% building or advancing a community health worker program



7% expanding substance use disorder recovery management



6% creating behavioral health integration

The Emergency Department (ED)

Communities Face An Expanding Crisis

- Avoidable ED utilization is a symptom of unmet social need. Medicaid-paid ED visits **increased 66% from 2006-2014**¹⁴
- **85% of physicians** say unmet social needs directly lead to worse health¹⁵
- **44% increase in ED visits** by homeless persons over 5 years, compared with a 7.4% increase for domiciled persons¹⁶
- Each inpatient Medicaid visit results in an **average 11% operating loss**¹⁷

Early Health System Opportunities

- Reduce unnecessary and avoidable ED visits
- Improve linkages between the ED and other critical parts of the delivery system, including primary care, behavioral health, and specialty care
- Address patients' unique social needs

How MTP Members Are Acting

- **25** are building coordinated community networks for social and clinical resource referrals
- **16** are building or advancing community health worker programs
- **8** are providing non-emergent medical transportation
- **6** are using analytics to target social needs that will make a financial impact
- **5** are deploying digital to support ED triage and treatment for low-acuity visits

Action Forum Highlights



70+

participants



32

unique organizations



10

AVIA-vetted digital solution presentations



3 innovative panels featuring:

- Cityblock Health
- Quantified Ventures
- Advocate Aurora Health
- Esperanza Health Center
- Cook County Health & Hospital Systems
- Medical Home Network

“There are evidence-based practices out there, and I would suggest folks follow that evidence. You don’t have to invent this. If we would’ve tried to just stand this up on our own, I think we’d probably be sitting here a year from now talking about either marginalized efforts or that we haven’t even started enrolling patients yet.”

— Greg Neal, President, Northeast Market, Ballad Health

Success Story

Combining High-Touch and High-Tech with Community Health Workers

Ballad Health | Tennessee, Virginia, North Carolina, and Kentucky



Problem

Ballad Health recognized an opportunity to provide whole-person care to rural patients with complex needs, and who visited the ED three or more times in a six month period.



Solution

After attending the Action Forum in 2018, Ballad decided to implement a Community Health Worker (CHW) program. It leveraged the Project’s insights, tools, and events to build executive support in the organization for a CHW pilot. Ballad adopted IMPaCT from the Penn Center for Community Health Workers, a digital and in-person recruiting and training solution with a well-established ROI coupled with a mix of high-touch relationship building and technology-enabled approaches.



Expected Results

Ballad is in the early stages of implementation, but its pilot has focused on patients who frequently visit the ED. The primary metric for success is reducing avoidable, lower-acuity ED visits. It also plans to monitor potentially avoidable admissions of Medicaid patients.

- 12% increase in primary care utilization
- 13% increase in patient satisfaction (HCAHPS)
- 25% decrease in 30-day hospital readmissions
- \$2 to \$1 return on investment

Success Story

Supporting Appropriate Emergency Department (ED) Utilization

Presbyterian Healthcare Services | New Mexico



Problem

Presbyterian Healthcare Services (PHS) operates nine hospitals in New Mexico. Emergency Departments (ED) across the system sought to reduce non-emergent visits in order to lower costs for patients and members and free up beds for higher acuity patients. PHS hoped a solution could also help identify the social determinants and behavioral health needs of ED super-utilizers, so they could be addressed.



Solution

PHS implemented real time ED usage and hospitalization alerts from Collective Medical to provide new insights and support care collaboration. The solution helps PHS:

- Identify patients with patterns of previous ED and inpatient use within or outside of the PHS system
- Recognize behavioral health, substance use disorder, physical health, and social determinant of health needs based on patient ED usage trends
- Provide the opportunity to intervene within the ED via real time alerts
- Connect providers directly to the New Mexico Board of Pharmacy Prescription Monitoring Program to understand patients' narcotic histories when applicable

This information enables PHS providers and care teams to quickly and easily understand patients' ED histories across systems and identify the cases where additional intervention would be beneficial. Example interventions include connection to a care coordinator, primary care physician, behavioral health provider, treatment program, or community resources.



Results

PHS experienced a reduction in non-emergent ED visits, providing expanded capacity for higher acuity patients. Collective Medical real-time alerts have helped drive this improvement. To combat alert fatigue and deal with resource constraints, going forward PHS will include risk stratification in its alerts to prioritize outreach and help identify which patients may be the most impactable. PHS has also experienced success by embedding Patient Navigators in the emergency department to schedule urgent or primary care appointments for patients, and care coordinators to assist with patient needs such as homelessness, food insecurity, safety, and/or substance use disorders when applicable. Additionally, PHS has been developing programs to address behavioral health, substance use, and social determinant of health issues to support underlying social needs and reduce reliance on the emergency department.

A female healthcare professional with dark hair, wearing teal scrubs and a stethoscope, is looking down at a tablet computer she is holding. The background is a bright, out-of-focus clinical setting. A semi-transparent white box is overlaid on the lower half of the image, containing text.

“The real time alerts and trend information helped us identify and support patients with significant health disparities. Additionally, it reinforced the need for primary and secondary prevention of disease states such as alcohol use disorder, which are much harder to impact via tertiary prevention.”

— Darcie Robran-Marquez, MD, MBA,
Presbyterian Healthcare Services

Maternal & Infant Health

Communities Face An Expanding Crisis

- Black women and American Indian/Alaskan Native women are **three to four times more likely** to die of pregnancy-related causes than white women regardless of socioeconomic status¹⁸
- **50,000 women** face severe maternal morbidity every year, a three-fold increase over the past 30 years¹⁹
- Women with Medicaid are **25% less likely** to receive prenatal care and are more likely to have preterm births and low-birthweight infants compared to privately insured women²⁰
- **4 in 10 moms with Medicaid** coverage will not see a doctor for follow-up after they have a baby²¹

Early Health System Opportunities

- Identify and engage pregnant women in the community early in their pregnancy to ensure adequate first trimester, and beyond, care
- Use data to identify high-risk patients or comorbidities like diabetes and hypertension more quickly and effectively to intervene with the right care at the right time
- Create flexible care schedules for moms based on individual needs
- Promote racial equity and eliminate disparities in birth outcomes between white women and women of color

How MTP Members Are Acting

- **13** are integrating engagement platforms that focus on education, appointment reminders, digital navigation, and remote monitoring
- **9** are driving new care model adoption, such as doulas or group prenatal care
- **6** are improving safety in Labor & Delivery with clinical decision support
- **3** are focusing on virtual care delivered by community health workers and clinicians

Action Forum Highlights



75+

participants



27

unique organizations



9

AVIA-vetted digital solution presentations



5 innovative presentations featuring:

- ChristianaCare
- Geisinger
- Jefferson Health
- Penn Medicine
- Spectrum Health

Success Stories

Improving Access Through A Patient Engagement And Remote Monitoring Platform²²

Advocate Aurora Health | Illinois & Wisconsin



Problem

Advocate Aurora Health offers more points of care than any other provider in the Midwest. It wanted to provide a digital platform to its maternity patients that would improve patient education through active engagement. It also wanted to reduce disparities in continuous access to care and customize content for different markets and patients.



Solution

Advocate Aurora adopted the solution Babyscripts, a toolkit for tech-enabled prenatal and postpartum care, to fill its need. Through the tool's education platform, Advocate Aurora can give patients easy access to physician contact information and services like breastfeeding support. Patients also receive gestational age-appropriate content, reminders, and notifications to keep them engaged in meeting their target goals. To enhance the patient experience, Advocate Aurora also implemented a remote monitoring component, which allows low-risk women to monitor their blood pressure at home and send vitals to their care team, potentially decreasing the number of prenatal appointments.



Results

Advocate Aurora initially offered Babyscripts to over 8,000 patients with 85% patient satisfaction. Over 10,000 blood pressure data points were collected and provided to clinicians for remote monitoring, extending access to lifesaving information that otherwise would not have been available or would have needed a physical visit to collect. Advocate Aurora Health is now scaling this solution across its system with help from MTP and seeking to positively impact the health of even more moms and their babies.

Improving Quality, Safety, and Health Outcomes in Labor & Delivery

University Hospitals | Ohio



Problem

Maternal and neonatal morbidity and mortality is a national issue. To help address this issue and reinforce its commitment to reducing health care disparities, University Hospitals MacDonalD Women's Hospital in Cleveland launched an initiative to improve quality and safety and health outcomes in labor and delivery.



Solution

The hospital initiated intensive quality assurance reviews and developed new clinical practice guidelines (CPGs) and algorithms to mitigate the four leading drivers of maternal and neonatal morbidity. Armed with this information, hospital leaders developed riskLD, a digital decision support solution. This tool licenses the CPGs, packages the algorithms, consolidates fetal and maternal data, displays patterns for all patients in labor, and provides more effective alerts to serious issues.



Results

Through a multifaceted quality improvement effort, which included the rollout of paper-based clinical practice guidelines, University Hospitals achieved a significant reduction in serious safety events and associated costs. The team subsequently developed the technology underpinning riskLD, which automates the delivery of the clinical practice guidelines through the inpatient EMR and provides an early alerting platform to improve situational awareness on Labor & Delivery. The technology has since been licensed out of University Hospitals and forms the basis of riskLD, a new company that is providing software-as-a-service to improve perinatal safety and health outcomes across the country.

Behavioral Health

Communities Face An Expanding Crisis

- **44.7 million American adults** – including 10 million adults covered by Medicaid – experienced a mental health illness as of 2016²³
- Approximately **35% of adults** with a serious mental illness are not receiving mental health treatment²⁴
- More than **25% of teens are impacted** by at least mild symptoms of depression²⁵
- Spending on Medicaid beneficiaries with mental health needs is nearly **four times greater** than for peer beneficiaries²⁶

Early Health System Opportunities

- Provide the ability to conduct depression and anxiety screenings at more sites of care, including primary care settings
- Use available data to identify high-risk patients more quickly and effectively, enabling you to intervene with the right care at the right time
- Help patients and providers understand the specific type of behavioral healthcare required by specific patients, as well as where and how patients can receive it

How MTP Members Are Acting

- **8** are expanding care support through online cognitive and behavioral therapy solutions
- **7** are scaling digital to improve care coordination and data sharing for behavioral health
- **6** are building a virtual behavioral health network with telepsychiatry & teletherapy
- **5** are pursuing behavioral health integration to provide comprehensive physical and behavioral care to patients across settings

Action Forum Highlights



100+

participants



28

unique organizations



11

AVIA-vetted digital solution presentations



4 innovative panels featuring:

- ChristianaCare
- OSF HealthCare
- Presbyterian Healthcare Services
- Parkland Health and Hospital System

“In order for any of us, frankly, to work effectively to address the opioid epidemic, we need to tap all available resources. These types of platforms support our ability to bring the right care to the right people at the right time.”

— Bettina Riveros, Chief Health Equity Officer, ChristianaCare

Success Story

Accelerating Treatment Referrals For Behavioral Health Patients

ChristianaCare | Delaware



Problem

ChristianaCare and other providers across Delaware made community and social need referrals through an antiquated system. Providers faxed referrals and then waited as state employees waded through a backlog of requests. Meanwhile, patients with behavioral health or substance use issues experienced delayed treatment and took up valuable inpatient or ED beds; some were turned away due to lack of access.



Solution

The State of Delaware implemented OpenBeds, a mobile, device-friendly statewide behavioral health referral platform that offers real-time treatment availability and evidence-based assessment tools.



Results

ChristianaCare has accelerated its referral process since adopting OpenBeds. The platform offers real-time data on total number of referrals, individual and aggregated time to review referrals, acceptance and denial rates by provider, and even the continuum of care for each patient in the system. This incredible level of transparency has not only increased accountability for providers and partners alike, but also inspired new provider workflows to ensure positive handoffs.

Substance Use Disorder (SUD)

Communities Face An Expanding Crisis

- Across the U.S., **23.4 million Americans are suffering** from drug use disorder and substance use disorder²⁷
- **70,237 drug overdose deaths** occurred in the U.S. in 2017 and opioids contributed to 67.8% of all drug overdose deaths²⁸
- As many as **one in five Medicaid beneficiaries** experiences SUD and/or a mental health condition, and this accounts for 46% of the total Medicaid spending on healthcare services²⁹
- The U.S. spends around \$35 billion across public and private payers to treat substance use disorder, though the annual costs associated with substance misuse and use disorder are estimated to be **more than \$400 billion**³⁰

Early Health System Opportunities

- Transform the emergency department from a “revolving door” to serving a central role in treatment initiation and referrals to follow-up treatment
- Expand access to Medication-Assisted Treatment (MAT)
- Create networks of peer linkages
- Deploy contingency management-based solutions
- Build high-performing outpatient treatment and recovery networks

How MTP Members Are Acting

- **7** are increasing treatment plan adherence and behavior change through contingency management and self-guided, incentive-based digital tools
- **4** are exploring community-wide peer support groups via digital communication platforms
- **2** are expanding access to MAT via telemedicine
- **2** are focusing on solutions for safe prescribing

Action Forum Highlights

 **80+**
participants

 **30**
unique organizations

 **8**
AVIA-vetted digital solution presentations

 **Keynotes**

from former Ohio Governor and U.S. Representative John Kasich and former U.S. Representative Patrick Kennedy

 **4 innovative presentations featuring:**

- University Hospitals
- UVA Health
- Advocate Aurora Health
- Boston Medical Center



Launching payer collaboration efforts

Health systems are eager to partner with payers to build robust outpatient treatment and recovery networks in their communities. This Action Forum marked the first time that payers were invited to formally participate in the Project. Highlights included:

- An exclusive morning session for provider-sponsored plans and third-party payers
- Examining alternative payment models and state-specific procurement trends for SUD
- AVIA-vetted digital solution companies focused on payers
- A conversation with Andy Slavitt

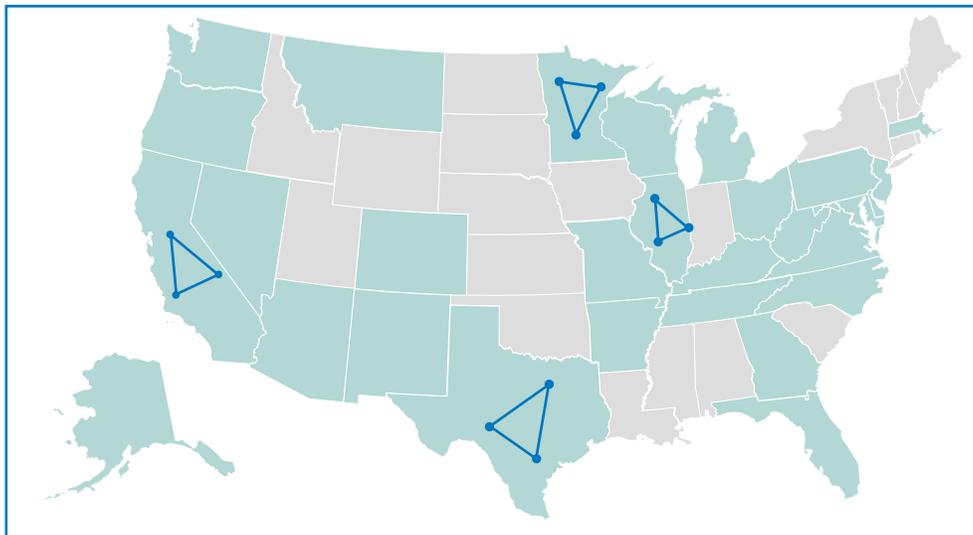
The Path Forward: Phase Two in 2020 and Beyond

In Phase Two, the Project will apply new insights and expertise to help health systems, payers, and other community organizations accelerate action, succeed in contract performance metrics, and reduce total cost of care. **Phase Two goals include:**



Expanding the network.

While Phase One focused on health systems, this next phase will welcome payers, community health centers, and other local/regional partners into the Project. Phase Two Members will collaborate and coordinate demonstration projects in local markets to drive greater, more sustainable impact.



Diving deeper.

The Project will continue to curate knowledge across the network and healthcare industry to reduce barriers to action. New campaigns will be launched on topics that matter to Members, including chronic disease management.



Meeting Members where they are.

The Project will help Members identify the most pressing priorities, measure the progress of existing capabilities, and plan for better outcomes for the right opportunities.

Learn More

If you are a health system, payer, or other related community partner interested in this work or in joining Phase Two of the Medicaid Transformation Project, you can [learn more](#) about our work and submit your information online at [aviahealth.com](https://www.aviahealth.com). Healthcare organizations of all sizes are welcome to join.

Project Community

The Medicaid Transformation Project benefits from the collaborative expertise of a network of critical advisors, partners, and entrepreneurial companies. A heartfelt “thank you” to everyone who has supported the vision and goals for the Project.

Senior Advisors

Molly Coye, MD, Executive-in-Residence, AVIA; Chair, MTP Steering Committee
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Carole Johnson, Commissioner, New Jersey Department of Human Services
John Kasich, Two-term former Ohio Governor and U.S. Representative (R-OH)
Chris Keeley, Senior Director Acute Service Line, NYC Health + Hospitals
Patrick Kennedy, Former U.S. Representative (D-RI) & Founder, The Kennedy Forum
Margaret Laws, President & Chief Executive Officer, HopeLab
Gabrielle Lessard, Senior Policy Attorney, National Immigration Law Center (NILC)
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Karyl Rattay, MD, Director, Delaware Division of Public Health
Jay Shannon, MD, Chief Executive Officer, Cook County Health & Hospitals System
Kurtis Young, Director of Behavioral Health Services, Parkland Hospital

Solution Companies

Algorex Health	Community Wisdom	Kaizen Health	PatientPing	Spero Health
Ampersand Health	Concert Health	Lyft Healthcare	PeriGen	Uber Health
Aunt Bertha	ConsejoSano	Mahmee	Pieces Technologies	Unite Us
Babyscripts	Docent Health	MAP Health	PreparedHealth	Upstream
Bright Heart Health	Dynamicare	Marigold Health	PursueCare	Valera Health
Bright.md	Eleanor Health	Maven	Quartet	WEConnect
Buoy	Gateway Foundation	Mediktor	The Recovery Platform	Wellth
CareAngel	Genoa Healthcare	myStrength	Regroup	Welltok
Carrot Health	GYANT	NowPow	riskLD	Wildflower Health
CityBlock	Healthify	OpenBeds	Roundtrip	Workit Health
Cloud 9	higi	OpiSafe	SilverCloud	Zipnosis
Collective Medical	IMPACT	Ovia Health	Socially Determined	

Project Steering Committee

These health system leaders have been champions for vulnerable communities and pioneers in this Phase One work. Thank you for your commitment and leadership.

Scott Powder, Chief Strategy Officer, Advocate Aurora Health

Ric Magnuson, Chief Financial Officer, Allina Health

Chanda Chacon, Chief Operating Officer, Arkansas Children's Hospital

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Rich Roth, Chief Strategic Innovation Officer, CommonSpirit

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Jason Mitchell, MD, Chief Medical and Transformation Officer, Presbyterian Healthcare Services

Rhonda Medows, MD, President, Population Health, Providence

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Mark Schario, Vice President, Population Health, University Hospitals

Karen Rheuban, MD, Director, Center for Telehealth, UVA Health

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AVIA MTP Team

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Peter Bresler, Vice President

Amanda DeMano, Vice President

Ariana Klitzner, Vice President

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Suzy Claussen, Editorial Director

Vic Siclovan, Director

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Kyle Buss, Manager

Pascale Dargis, Manager

Hanna Helms, Manager

Qing Li, Manager

Katie Cochran, Event Planner

Sasha Cukier, Senior Analyst

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Jordan Owen, Executive Assistant

Max Meyers, Executive Assistant

Lauren Rencher, Executive Assistant

AVIA Leadership

Eric Langshur, Chief Executive Officer

Ted Meisel, Executive Founder

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Cynthia Perazzo, Executive Vice President

Derek Baird, Senior Vice President

Jeanette Flom, Senior Vice President

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John Perez, Manager

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Disclosures

AVIA is Member driven and only engages solution companies if they can address our Members' most important challenges. We are transparent about the level of due diligence we perform on solution companies, and Members ultimately select the solution that best fits their needs. We have disclosed all conflicts of interest as of June 30, 2020 to the best of our knowledge:

AVIA has a financial relationship with:

- Algorex
- Babyscripts
- Bright.md
- higi
- MyStrength
- Silvercloud
- Zipnosis
- GYANT

AVIA investors have the following disclosures:

- Inception Health is an investor in Babyscripts
- Providence Ventures is an investor in Collective Medical and Wildflower Health
- Aaron Martin, AVIA board member, sits on the board of Wildflower Health

Town Hall Ventures has a financial relationship with Cityblock, Concert Health, Eleanor Health, and Unite Us.

AVIA staff and advisors have the following disclosures:

- Andy Slavitt, General Partner, Town Hall Ventures, sits on the boards of Cityblock and Eleanor Health, and has a financial relationship with Concert Health and Unite Us
- Molly Coye, Executive-in-Residence, is an advisor to Babyscripts and sits on the board of ConsejoSano
- Julie Murchinson, Executive-in-Residence, has a financial relationship with Spero Health
- David Smith, Founder, Third Horizon Strategies and Executive, Medicaid Transformation Project at AVIA, is an advisor to Eleanor Health and WEconnect Health
- Greg Williams, Partner, Third Horizon Strategies and an Advisor to AVIA, is an advisor to Eleanor Health and WEconnect Health
- Bruce Brandes, General Manager, Digital & Partner Network, is an investor in Ovia Health and has a financial relationship with Uber Health

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