UC Value Based Care Conference 2026



Hosted by: UC Population Health | March 2026

Succeeding Together in Value-Based Care: Conference Summary

OVERVIEW

The 2026 UC Population Health (UCPH) Conference was held on March 10-11th at the UCI Beall Applied Innovation @ the Cove. The core theme of the conference was **"Succeeding Together in Value-Based Care"**. The event brought together leaders from across UC Health—specifically from population health, ambulatory care, and technology—to align priorities, share best practices and accelerate systemwide improvement.

The program featured a keynote address, panel discussions, and multiple sessions highlighting systemwide efforts to improve access, implement alternative payment models and integrate emerging technologies such as AI and remote patient monitoring. Presentations showcased practical strategies, measurable outcomes and lessons learned across UC's academic health centers.

In addition to formal sessions, the conference provided opportunities for networking and cross-campus engagement, fostering stronger alignment and collaboration across the system.



Day 1 – March 10, 2026 | 12:00 – 5:00 PM

WELCOME & OPENING REMARKS



The conference opened with an opening video featuring population health leaders and celebrating the growing momentum in population health initiatives and accomplishments, while conveying that value-based care will be a critical area of importance for ongoing efforts across the system. Following the opening video, Rachael Sak, Director of UC Population Health, kicked the meeting off with opening remarks to welcome attendees.

EVOLVING MARKET FORCES IN POPULATION HEALTH

Samuel Skootsky (Chief Population Health Officer, UC Health & Chief Medical Officer, UCLA Health) & David Rubin (Executive Vice President, UC Health)



In their dialogue David Rubin and Samuel Skootsky discussed Evolving Market Forces in Population Health. They emphasized that UC academic health centers should work to expand community-based networks, partnerships and virtual-first models to better manage population health and total cost of care. Key to competitiveness is delivering convenience, access and affordability to patients —with AI-enabled triage, omni-channel access, streamlined patient navigation and optimal care delivery in efficient networks seen as essential to long-term success against competing integrated health systems. Another asset is UC's strength in delivering referral-based high-quality, complex care.

ACCESS ACROSS UC: CHALLENGES AND OPPORTUNITIES

Presented by: Sunil Verma (Associate Chief Medical Officer, Associate Dean, UCI Health), Laurie Johnson (Vice President Ambulatory Care, UCI Health)



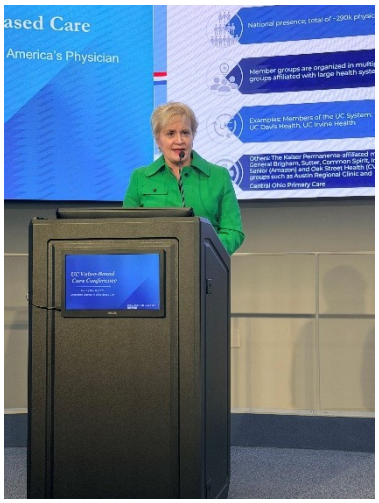
The speaker sessions opened with a presentation by Sunil Verma and Laurie Johnson emphasizing the importance of patient access across UC academic health centers, highlighting UCI Health's approach. UCI Health is transforming access through a "front door" model that directs patients to the right provider, modality and timing—addressing long wait times and fragmented scheduling via intelligent care orchestration. This is supported by a governance culture shift, standardized procedures and a tiered collaboration model that drives accountability, along with data-driven template optimization and real-time analytics that have reduced delays in key specialties. By leveraging agentic AI and omnichannel digital tools to automate triage and personalize journeys, UCI Health ranked top three nationally in ambulatory quality and added over 100,000 new patients in FY2025.

KEYNOTE SPEAKER: SUCCESS IN VALUE-BASED CARE

Presented by: Susan Dentzer, President and Chief Executive Officer, America's Physician Groups



In this keynote session, Susan Dentzer, President and CEO of America's Physician Groups, examined the rapidly evolving landscape of value-based care, with a focus on Medicare and Medicare Advantage. Drawing on national data and recent studies, she highlighted how risk-based payment models—particularly those emphasizing accountability for cost and quality, are associated with improved patient outcomes, including reduced hospitalizations, better medication adherence and lower emergency department utilization. Dentzer underscored the critical role of physician groups in advancing these models across both traditional Medicare and Medicare Advantage, noting their growing reach and impact nationwide. The keynote also explored ongoing challenges, such as expanding two-sided risk arrangements and aligning incentives across payers and providers, while pointing to emerging opportunities through new CMS innovation models. Overall, the session reinforced the need for value-based care to enhance outcomes and sustainability, particularly for older adults and individuals with complex health needs.



THE PRIMARY CARE FIRST EXPERIENCE AT UC HEALTH: LEARNINGS FROM PARTICIPATION IN ALTERNATIVE PAYMENT MODELS

Presented by: Sarah Meshkat (Executive Director, Population Health & Ambulatory Care, UCLA Health)

Share Q&A (5 min): Josh Morris (Senior Manager, UCSD Health), Natalie Maton (Executive Director, UCI Health), Georgia McGlynn (Administrative Manager, UC Davis Health)



This session provided an overview of UC academic health centers' experience participating in the CMS Primary Care First (PCF) model, a five-year alternative payment model (APM) designed to improve care quality, access and cost efficiency through capitation and performance-based incentives. Sarah Meshkat highlighted UC's engagement with PCF across multiple health locations with success in showing strong overall performance in meeting CMS quality and utilization benchmarks around key metrics such as acute hospitalization use, blood pressure control and patient experience. The session highlighted both successes, particularly the alignment of APM models such as PCF with existing UC academic health center population health strategies and achievement of performance thresholds, while also recognizing areas for improvement and offering practical insights into operational challenges, quality measurement, and financial adjustments. A Q&A session with audience and representatives from across UC academic health centers, underscored the importance of sustaining momentum, leveraging shared infrastructure and remaining adaptable as value-based care models evolve, with the UC academic health system well-positioned to inform and lead future alternative payment strategies.



ADVANCING VALUE-BASED CARE WITH INTEGRATED PHARMACY COLLABORATION

Presented by: Katie Medders (Clinical Pharmacy Specialist, UC San Diego Health)

This session highlighted the critical role of pharmacists and pharmacy teams in advancing value-based care across UC through coordinated, team-based care models that improve clinical outcomes, medication access and total cost of care. Katie Medders discussed strategies to address rising pharmaceutical costs and access barriers through integrated pharmacy collaboration, utilization management, and data-driven prescribing optimization. Site-specific examples included UC Davis Health's home infusion optimization program, which generated more than $1.2 million in cost savings, as well as UC-wide pharmacist-led initiatives that improved medication adherence, chronic disease outcomes and biosimilar adoption. The session emphasized the importance of interdisciplinary collaboration, technology enablement and leadership support in scaling pharmacy-driven value-based care efforts.



SUPPORTING PATIENTS WITH MEDI-CAL: UCSF HEALTH'S APPROACH

Presented by: Michael Helle (Vice President [Interim] for Population Health, UCSF Health)

This session highlighted UCSF Health's strategic approach to support patients with Medi-Cal through value-based care models and the implementation of California's CalAIM Enhanced Care Management (ECM) program. Michael Helle discussed how UCSF has partnered with San Francisco Health Plan and Alameda Alliance for Health to provide comprehensive, personalized care coordination for patients with complex medical and social needs, including individuals experiencing homelessness, high utilizers of emergency and inpatient services and pediatric populations with complex conditions. The presentation outlined UCSF Health's phased ECM implementation strategy, including workflow redesign, Epic integration, grant-supported infrastructure development and expansion across multiple populations of focus. UCSF Health also shared strong performance in Medi-Cal quality incentive programs and early ECM operational outcomes, including enrollment growth, reimbursement success and expanded care coordination services. The session emphasized the importance of interdisciplinary care management, standardized workflows, data and analytics capabilities and sustainable funding models in supporting long-term success for Medi-Cal populations within value-based care environments.



Day 2 – March 11, 2026 | 8:00 – 1:00 PM

OVERVIEW:





Day 2 of the conference began with breakout sessions for the UC Population Health Steering Committee and UC Ambulatory Health Leaders, providing dedicated time for focused discussion on strategic priorities, operational alignment and opportunities for collaboration across the system. Following the breakout sessions, conference participants reconvened for opening remarks before continuing with presentations and discussions centered on advancing value-based care, improving access and care delivery and strengthening systemwide population health initiatives.

INNOVATIONS IN EHR AND AI TECHNOLOGY TO ENABLE OPTIMIZED CARE

Presented by: Betsy Brooks (Executive Director of Clinical Integration, UC Health), Danielle Perret Karimi (Physician, UCI Health), Timothy Judson (Chief Population Health Officer [Interim],UCSF Health)



This session explored how UC academic health centers are leveraging electronic health record (EHR) innovation and emerging AI technologies to support population health, care management, and value-based care initiatives across the system. Presenters highlighted efforts to scale Epic best practices across UC academic health centers, improve interoperability and align clinical workflows to support proactive, data-driven care delivery. Examples included UC Health's systemwide maternal health initiatives using standardized Epic tools and clinical pathways, UCI Health's implementation of AI-enabled predictive analytics and cognitive computing models to support risk stratification, advance care planning, and coding optimization, and UCSF Health's use of Epic risk models and large language model-assisted workflows to identify high-risk patients and streamline complex care program eligibility reviews. The session emphasized the growing role of AI and EHR

innovation in improving care coordination, reducing administrative burden, enhancing patient engagement and enabling more targeted, efficient population health interventions across UC Health.

AN INTEGRATED SYSTEMWIDE MODEL FOR REMOTE PATIENT MONITORING IN HIGH-RISK CONDITIONS

Presented by: Reshma Gupta (Chief of Population Health and Accountable Care, UC Davis Health), Heather Leisy (Medical Director of Population Health Quality, UC Davis Health)

This session highlighted UC Davis Health's systemwide approach to integrating remote patient monitoring (RPM), AI and standardized care pathways into population health and chronic disease management. Reshma Gupta and Heather Leisy emphasized that RPM programs are most effective when embedded within coordinated care models that align clinical workflows, patient engagement, and care management across the continuum of care. Examples included UC Davis Health's hypertension RPM program, which combines home monitoring, virtual care, pharmacist and nursing support, and vendor-assisted escalation workflows to improve blood pressure control and self-management. Presenters also highlighted an advanced heart failure RPM model using predictive AI tools and continuous monitoring to proactively identify and support high-risk patients. Additional care management initiatives demonstrated reductions in hospital and emergency department utilization among patients with chronic conditions, reinforcing the value of integrated RPM strategies in improving outcomes, access and value-based care performance.



INCREASING VALUE THROUGH EFFECTIVE FLOW

Presented by: Vladimir Manuel (Vice Chair for Clinical Affairs, UCLA Health), Scott Jahnke (Senior Director of Operations, UCLA Health)



This session explored how UCLA Health is using data, systems thinking, and continuous learning methods to improve patient flow, care transitions and overall value across outpatient and inpatient settings. Vladimir Manuel and Scott Jahnke emphasized the importance of creating a shared improvement framework that enables frontline teams to identify operational inefficiencies, test practical solutions and drive sustained systemwide improvement. Through outpatient and emergency department case examples, presenters demonstrated how the concept of patient flow and advanced data analytics can reveal opportunities to reduce avoidable emergency department utilization, improve care coordination and ensure patients receive care in the right setting at the right time. The session also highlighted the importance of cross-functional collaboration, frontline clinician engagement and systemwide learning networks in addressing complex flow



challenges and improving patient experience, operational efficiency and value-based care performance across UC's academic health system.

Expanding Access to Healthy, Culturally Relevant Meals: Food Is Medicine

Presented by: Reshma Gupta (Chief of Population Health and Accountable Care, UC Davis Health)

Panel Moderator: Naveen Raja (Chief Medical Officer, UCR Health)

Panelists: Melanie Fiorella (Director, Center for Integrative Medicine, UC San Diego Health), John "Jasper" Kump (Assistant Director, Social Care, Ambulatory Care Management, UCLA Health), Gina Moreno-John (Director of the UCSF Food Equity and Justice Program, UCSF Health), Nimisha K. Parekh (Medical Education Director - Nutritional Education Center, Center for Integrative Medicine, UCI Health)



As the final session of the conference, this session explored how UC academic health centers are advancing "Food Is Medicine" initiatives to improve health outcomes, address food insecurity and support whole-person care through culturally relevant nutrition programs and community partnerships. Reshma Gupta highlighted UC Davis Health's "Foodways to Health" framework and NOURI pilot program, which integrates medically tailored meals, produce access, nutrition education and community-based cooking programs for high-risk Medi-Cal and Medicare patients with hypertension. The presentation emphasized the connection between food insecurity, chronic disease, healthcare utilization, and health equity, while also highlighting the importance of environmentally sustainable and locally sourced food systems.



During the moderated panel discussion, representatives from across UC shared site-specific approaches to food and nutrition programs, including community partnerships, culturally responsive meal design, food insecurity screening, clinician education and sustainable funding strategies. Panelists discussed operational and policy challenges related to food sourcing, reimbursement, and long-term program sustainability, while emphasizing the role of academic health systems in advancing equitable food access, strengthening regional food systems and integrating nutrition into value-based care models.



CLOSING

Rachael Sak concluded the conference by reflecting on the key themes and insights shared throughout the two-day meeting, emphasizing the importance of continued collaboration across UC to advance value-based care. She highlighted the collective progress being made, while reinforcing the conference theme of “Succeeding Together in Value-Based Care.” Closing remarks also acknowledged the contributions of presenters, panelists, planning teams, and attendees, and encouraged participants to continue this work in translating conference discussions into meaningful action across the UC system.

Learn More About UC Population Health

ADVANCING HEALTH THROUGH COLLABORATION, INNOVATION, AND VALUE-BASED CARE

UC Population Health brings together leaders, clinicians, researchers, and operational experts across UC Health to advance value-based care delivery, improve patient outcomes, achieve equitable care, and optimize resource use and costs.

UCPH supports systemwide initiatives focused on:

- Value-based care and alternative payment models
- Chronic disease management and preventive care
- Social Drivers of Health (SDOH)
- Care coordination and care management
- Health equity and quality improvement
- Data analytics, technology and innovation

To learn more about UC Population Health programs, initiatives, publications and systemwide collaborations,

Visit the UC Population Health Website

Together, we are improving health outcomes, enhancing patient experience, and creating a more equitable and sustainable health care system for California.