

2027

Value-Based Care and Population Health Management Summit

From Volume to Value: Mastering Financial Risk and Clinical Excellence

March 15-16, 2027 * Hyatt Regency * Austin, TX

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About the Conference

Healthcare payment models continue shifting from volume-based to value-based arrangements. Accountable Care Organizations (ACOs) now serve over 44 million lives nationwide, bundled payments expand across specialties and health plans push risk-sharing models on providers. Yet many healthcare leaders feel underprepared for value-based transition. Financial risk management requires different operational infrastructure than fee-for-service medicine. Population health demands capabilities most organizations still lack. Data analytics must drive clinical and operational decisions. Primary care must be strengthened as foundation for managing risk. Social determinants of health — housing instability, food insecurity, transportation barriers — increasingly drive outcomes and costs yet healthcare organizations struggle to address them.

Business Research Intelligence Network's Value-Based Care and Population Health Management Summit brings together health system leaders, medical directors, ACO executives and operational leaders navigating value-based transformation. Sessions will explore financial risk management strategies and actuarial modeling, building population health analytics capabilities, strengthening primary care as risk foundation, addressing social determinants through practical strategies, designing measurement and reporting frameworks and leading organizational transformation toward value. Attendees will hear from health systems and ACOs successfully managing risk while improving quality and outcomes, learn about technology and data platforms enabling value-based care and discover practical frameworks for navigating federal programs, contracting with payers and managing downside risk.

Agenda

Day One – Monday, March 15, 2027

7:15am – 8:00am

Conference Registration & Networking Breakfast

8:00am – 8:15am

Chairperson's Opening Remarks

8:15am – 9:00am

TBD

Farrukh N Jafri, MD, PhD, MS-HPed, FACEP

Medical Director, WPH Cares

White Plains Hospital

9:00am – 9:45am

Aligning Payment and Care Transformation to Reduce Health Disparities

Marshall Chin, MD, MPH

Richard Parrillo Family Distinguished Service Professor of Healthcare Ethics

Department of Medicine

University of Chicago

9:45am – 10:15am

Networking & Refreshments Break

10:15am – 11:00am

Risk Adjustment and Coding: Maximizing Accurate Risk Capture

Risk adjustment determines financial performance in capitated and shared savings arrangements. Inaccurate or incomplete coding leaves money on the table and understates patient complexity. Organizations succeeding in value-based care have sophisticated risk adjustment strategies operating prospectively, concurrently and retrospectively. Learn how to build coding teams and processes capturing patient complexity accurately, implement concurrent review identifying missed opportunities before reconciliation and conduct retrospective analysis identifying coding improvement opportunities.

Stina Redford

Director of Payment Innovation and Risk Accuracy

Blue Cross of Idaho

11:00am – 11:45am

Quality Programs and Stars Ratings: Aligning Metrics with Outcomes and Incentives

Quality metrics drive financial performance in value-based arrangements. Medicare Advantage Stars ratings impact quality bonus payments and member selection. HEDIS measures assess clinical quality. Member experience metrics reflect care satisfaction. Organizations must understand which metrics matter most, how they're measured and calculated and how to design programs improving performance. In this session you will learn about major quality frameworks and metrics in different value-based programs, how quality performance impacts financial results, member engagement programs improving satisfaction and health outcomes and operational approaches to quality improvement including workflow redesign and provider engagement.

Ria Paul MD

Clinical Associate Professor, Section of Geriatrics

Division of Primary Care and Population Health

Department of Medicine

Stanford Health

11:45am – 12:30pm**Population Health Analytics: Data as Foundation for Value-Based Success**

Population health requires data infrastructure most healthcare organizations lack.

Organizations thriving in value-based arrangements invest heavily in analytics platforms, data governance and clinical integration. They profile populations identifying high-risk and high-cost patients, understand drivers of cost and utilization, model clinical and financial impact of interventions before deployment and measure outcomes across multiple dimensions. In this session you will learn how to build analytics infrastructure consolidating claims, clinical and social determinants data, identify populations and patient cohorts requiring intervention and design dashboards providing visibility to clinical and operational leaders. We'll also explore how to translate analytics into action using predictive models to intervene before patients become high-cost and measuring whether interventions improve outcomes and reduce costs.

Vladimir G. Manuel, MD

Vice Chair for Clinical Affairs

UCLA Health

12:30pm – 1:30pm**Networking Lunch****1:30pm – 2:15pm****Michael D. McCann, MD, MBA, SFHM, FACP, FAAP**

Assistant Professor of Clinical Medicine

Division of General Internal Medicine & Public Health

Vanderbilt Interdisciplinary Care Program, Medical Director

Discharge Care Center & Post Discharge Clinic, Medical Director

Founding Director, Clinical Care Model & Care Design

Vanderbilt Health

2:15pm – 3:15pm**Panel Discussion: Leading Organizational Transformation to Value-Based Care**

Health system and ACO leaders navigating value-based transformation discuss strategic and operational challenges. Panelists share how they built organizational readiness for financial risk, managed resistance from physicians and staff accustomed to fee-for-service incentives and maintained financial performance during transition. Hear about unexpected obstacles, what

worked and what didn't and how leaders maintain momentum through multi-year transformation journeys. Topics to be discussed will include:

- Building organizational alignment on value-based strategy
- Managing physician and staff concerns about financial risk
- Interdepartmental alignment and governance structures
- Maintaining financial performance through value-based transition

Marc Newell, MD

Senior Consulting Cardiologist and Vice President

Allina Health Minneapolis Heart Institute

Celina M. Sullivan, JD, BSHCM

Senior Director, Program Management

Kaiser Permanente

3:15pm – 3:45pm

Networking & Refreshments Break

3:45pm – 4:30pm

Payer-Provider Collaboration: Aligning Across the Value-Based Continuum

Value-based care success requires strong payer-provider collaboration. Misaligned payers and providers create friction, inefficiency and missed opportunities. Organizations excelling at value-based care develop strategies strengthening collaboration with health plans. Learn how to approach payer negotiations strategically, build data-sharing arrangements enabling clinical engagement, align quality and financial incentives and structure partnerships that work for both parties. Understand payer perspectives and constraints helping you negotiate more effectively. Explore emerging models of collaboration going beyond traditional arrangements.

Gerald Hautman, MD, MBA

Chief Medical Officer, Senior Vice President

National Accounts

United Healthcare

4:30pm – 5:15pm

Value Based Care and Measurable Outcomes

Arvind Dr. Goyal, MD, MPH, MBA, FAAFP, FACPM

Medical Director

Illinois Medicaid, Department of Healthcare and Family Services

Clinical Associate Professor, Chicago Medical School

5:15pm

End of Day One

Day Two – Tuesday, March 16, 2027

7:15am – 8:00am

Networking Breakfast

8:00am – 8:15am

Chairperson's Remarks

8:15am – 9:00am

Community-based primary care: The Engine of Value-Based Health

Strong primary care is the highest-return investment in value-based healthcare because it improves outcomes while reducing avoidable costs through prevention, continuity, and coordinated care. This session will explore practical strategies for building trust in underserved communities, integrating behavioral health and social care into primary care practice, and engaging medical students as meaningful members of interdisciplinary care teams. Drawing on lessons from the UTHSC Health Hub, participants will learn how community-centered primary care can improve health outcomes while creating sustainable value. The session will also examine how success should be measured beyond traditional RVU-based metrics by emphasizing patient outcomes, equity, community impact, and long-term population health.

Austin Dalgo, MD, MA

Medical Director

University of Tennessee Health Science Center Health Hub Soulsville

Medical Director

Tennessee Population Health Consortium

Co-Medical Director, Wellness and Stress Clinic

University of Tennessee Health Science Center

9:00am – 9:45am

Building Population Health Culture: From Clinical Care to Prevention and Wellness

Value-based healthcare requires different culture than fee-for-service medicine. Fee-for-service rewards treating sick patients. Value-based rewards keeping patients healthy. This fundamental difference requires reshaping how clinicians think about their role and how organizations allocate resources. In this session we'll explore how to shift organizational culture toward population health and prevention, align incentives with value-based goals, engage clinicians and staff in transformation and measure culture change.

Jeanine Bulan, MD, FACP

Associate Chief Population Health Office

Mass General Brigham

9:45am – 10:15am

Networking & Refreshments Break

10:15am – 11:00am

Care Coordination and Chronic Disease Management: Keeping Patients Healthy and Engaged

Patients with chronic conditions like diabetes, heart disease, COPD and depression drive disproportionate costs. 5% of patients generate roughly 50% of costs. Effective care coordination and disease management keep these patients stable, prevent acute exacerbations and reduce emergency utilization. Yet many healthcare organizations lack systematic approaches to chronic disease management. We'll explore how to identify highest-risk highest-cost patients, design care coordination programs targeting complex patients, involve patients as partners in their care and measure whether interventions reduce utilization and costs while improving quality of life. Learn how to use data and predictive analytics to target resources toward patients who benefit most.

Sofia Warner, MD

Associate Chief of Value Based Care and Internal Medicine Physician
Boston Medical Center

11:00am – 11:45am

TBD

Alexander Koster, MA, CHCIO, CDH-E

Senior Director, Special Projects
Nemours

11:45am – 12:30pm

Your Value-Based Care Journey: Building Sustainable Competitive Advantage

Value-based transformation requires multi-year commitment and sustained organizational alignment. Leaders who navigate transformation successfully maintain momentum through obstacles and resistance. Learn how to align executive teams on strategy, build clinical leadership buy-in essential for implementation and measure whether transformation delivers intended results. Hear from leaders about obstacles encountered and how they recovered course. Leave with clarity on your strategic direction and specific commitments for implementation.

Gregory Esper MD, MBA

President
Emory Health Plan
Vice President of Lean Promotion and Associate Chief Medical Officer
Emory Healthcare

12:30pm

Conference Concludes

12:45pm – 2:45pm

Workshop: From Assessment to Action: Building Your Value-Based Transformation Strategy

This workshop guides leaders through honest assessment of organizational readiness for value-based care across financial infrastructure, population health analytics, primary care strength, care coordination effectiveness, measurement infrastructure and physician engagement. You'll identify gaps and prioritize improvements based on your organization's specific context and constraints. Participants work through actual contract scenarios understanding implications for operations and develop accountability structures ensuring transformation implementation. Leave with clear assessment of current state, prioritized initiatives for year one and two and specific action items ready for deployment.

Learning objectives:

- Assess your organization's readiness across dimensions of value-based care
- Understand contract models and their operational implications
- Identify highest-impact priorities for your organization
- Create accountability plan ensuring transformation implementation

R. Kyle Kramer, FACCA, FAAMA

Chief Executive Officer

Day Kimball Health

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