

VIRGINIA CENTER FOR HEALTH INNOVATION

STRATEGIC PLAN 2026 – 2028

An overhead photograph of a large wooden conference table. Several people are seated around the table, their hands and arms visible. They are working with various items: some are writing in notebooks, one is using a tablet, and another is holding a smartphone. A stethoscope lies on the table near the top left. There are also coffee cups, water glasses, and a small potted plant on the right side. The scene suggests a collaborative meeting or workshop.

**Better value.
Better health.**

DECEMBER 2025

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EXECUTIVE SUMMARY

The Virginia Center for Health Innovation (VCHI) serves as a statewide convener and catalyst for improving the value of health care across the Commonwealth. Over the next three years, VCHI will:

1. Strengthen the foundation of a value-driven health care system by supporting the sustainability of primary care.
2. Advance evidence-based policy through collaborative research and dissemination partnerships which promote the use of rigorous and actionable information to inform state health policy.
3. Promote innovation and collaboration across partnerships, while also ensuring VCHI remains nimble and responsive to emerging statewide issues and funding mechanisms remain diverse.

MISSION, VISION, AND CORE SERVICES



MISSION: To facilitate innovation by convening key stakeholders and securing the resources to accelerate value-driven models of wellness and healthcare throughout Virginia.

VISION: Virginia delivers the best value in healthcare.

CORE SERVICES:

- Convene and educate stakeholders to accelerate the collective impact
- Offer a disciplined approach to advancing new innovations
- Oversee and facilitate demonstration pilots
- Conduct and facilitate research, leveraging data and analytic resources and partnership to inform health policy and investment decisions
- Prepare workforce and public for a value-driven healthcare marketplace

VIRGINIA TASK FORCE ON PRIMARY CARE

The Virginia Task Force on Primary Care serves as the Commonwealth's multi-stakeholder forum to strengthen the foundation of primary care through improving financial sustainability, reducing burnout, and addressing data transparency needs to better inform decision-making.

STRATEGIC GOALS

1. Increase the total healthcare dollars directed towards primary care, especially through alternative payment arrangements



2. Prepare and support primary care providers for successful implementation of alternative payment models
3. Improve access to high-value, comprehensive primary care for all Virginians, with a particular focus on rural and underserved areas
4. Promote data transparency and accountability through the Primary Care Scorecard, investment reports, and other key evaluations and research led by the Research Consortium at VCHI and research partners
5. Reduce burnout and improve retention of primary care providers in the workforce

KEY INITIATIVES (2025-2028)

Initiative	Objectives	Timeline	Partners
Primary Pathways Payment Model	Implement and expand alternative payment model to improve integration of pediatric behavioral health and primary care (goals #1, #2, #3, #5) <ul style="list-style-type: none"> • increase infrastructure and sustained payments to support financial stability • reduce provider burnout related to behavioral health needs • Create resources and toolkits to support implementation • Maintain Provider Technical Advisory Committee (PTAC) learning collaborative 	2025-2028 <ul style="list-style-type: none"> • 2025: Launch • 2027: Expand to additional payers, FQHCs, Family Medicine 	Participating practices (33 sites as of December 2025, Sentara Health Plan, Anthem HealthKeepers Plus)
Target Primary Care Spend	Collaborate with DMAS, SCC/BOI, State Employee Health Plan, and commercial payers to define and implement a statewide target for primary care investment based on recommendations of the Task Force on Primary Care (goals #1, #4, #5)	2025–2028 <ul style="list-style-type: none"> • 2025: Define policy options • 2026: Receive non-claims-based payments • 2027: Set target • 2028: Implement year 1 target 	DMAS, DHRM, SCC, VAHP, individual payers, VHI
Research and Evaluations	Identify facilitators and barriers to comprehensive primary care sustainability and disseminate key findings (goals #2, #4) <ul style="list-style-type: none"> • Identify and disseminate opportunities for improved billing • Assess outcomes and scalability of the Primary Pathways payment model • Finalize and disseminate findings of Person-Centered Primary Care Measure • Conduct annual investments reports, Scorecard and other research 	2025–2028 <ul style="list-style-type: none"> • 2025: Use novel data sources like Epic for primary care research • 2025: Identify key data sources necessary for future recommendation and define plan • 2026: Access and assess non-claims data from health plans • 2026: conduct evaluation of Primary Pathways 	VHI, VCU, academic partners

Initiative	Objectives	Timeline	Partners
	<ul style="list-style-type: none"> • Leverage novel data sources to inform decision-making and Task Force recommendations • Improve data transparency through promoting use of novel data sources 	<ul style="list-style-type: none"> • 2026: Disseminate findings of PCPCM • 2027: Disseminate findings from Primary Pathways patient outcome evaluation 	
Joy in Healthcare	Improve systematic approach to reducing burnout through data collection and shared learning (goals #3, #4)	2025-2028 <ul style="list-style-type: none"> • 2025: Initiate learning collaborative with 5 health systems • 2026: Add 3 new health systems • 2026: Disseminate findings from initial cohort survey • 2027: Update analyses and disseminate finding to inform recommendations 	AMA, Participating health systems, academic partners
AI Learning Collaborative	Address potential opportunities to reduce burnout and increase provider capacity through AI implementation and shared learning	2025: Establish an AI learning collaborative road map 2026-2028: maintain learning collaborative	CHS, participating providers
Maximize opportunities	Continue to partner with state and industry to identify potential opportunities to advance primary care policy, such as through the Rural Health Vitality program	2026 – 2028: Continue to stay nimble and in communication with the state and industry partners to identify additional opportunities to advance primary care	Leadership council, HHR, DMAS, VDH

STAFFING

- **Beth Bortz** – Lead staff member, including leading Task Force meetings, budget, and recommendation selection process
- **New Staff Member**– Lead research and evaluation, Primary Pathways operations and evaluations, inform recommendations
- **Zelda Hinkle** – Support pilot operations, event logistics and sponsorships, communications, PC Innovation Hub maintenance, and progress reports
- **Meredith Young** – Support research and evaluations, including scorecard development, leads Primary Pathways evaluations
- **Steve Horan** – Leads AI learning collaborative, Primary Pathways implementation evaluation, and supports PC Innovation Hub maintenance
- **New staff member** – If growth allows, hire a new staff member to support ongoing pilot operations and design, would include eventually leading Primary Pathways operations, support landscape review research for preparation of Task Force meetings

FUNDING

- The Virginia Task Force on Primary Care is fully funded by the Virginia Department of Health
- The Task Force has requested an additional \$426,700 in federal match to support research initiatives from the Governor and General Assembly

KEY RISKS AND CONSIDERATIONS

- **Staffing** – May need additional support on pilots and operations
- **Political relevance** – With the transition of the Administration, state partners are likely to leave and will need to be replaced with incoming staff. Potential incoming partners include VDH commissioner, Rural Health Vitality lead, DMAS CEO and CMO. Maintain and grow relationships with General Assembly members, including potentially adding Del Downey.
- **Data products** – Scorecard and analyses will need to be updated monthly to ensure they are used by state to inform fund dissemination and enable program modifications as needed.

RESEARCH CONSORTIUM AT VCHI

The Research Consortium at VCHI serves as the coordination hub of health policy research for the Commonwealth, aiming to *inform health policy through timely, actionable research*, leveraging numerous existing partnerships and building new connections across the Commonwealth.

STRATEGIC GOALS

1. **Maximize use of existing data infrastructure** through collaboration with public and private data contributors.
2. **Match the right data sources with the right experts** to effectively and efficiently leverage expertise across the Commonwealth.
3. **Build collaborations across universities and research partners** to reduce siloes and improve the expertise on research teams supporting state health policymakers.
4. **Create a data enclave to reduce administrative burdens** associated with contracting and data sharing with state entities.
5. **Reduce cost of state-directed research initiatives** through cost-efficient contracts with research partners.
6. **Improve data transparency** by promoting access to datasets for research partners and publishing information through an array of mediums.
7. **Disseminate research funds** across research institutions and state universities to support the capacity of Virginia's institutions.
8. **Improve Virginia's competitive advantage for grant funds** by establishing a collaborative application leveraging experts across disciplines and entities.
9. **Tell a cohesive story of healthcare in Virginia** that reflects innovations occurring across the Commonwealth, informing both state and national policy.

KEY INITIATIVES (2025-2028)

Initiative	Objectives	Timeline	Partners
Establish data enclave	Create a shared data warehouse where research partners and VCHI can access a variety of data sources to inform policy (goals #1, #2, #4, #6)	2025-2028 <ul style="list-style-type: none">• 2025: Launch• 2026: Add partners to enclave	VHI, Evaluation partners

Initiative	Objectives	Timeline	Partners
	<ul style="list-style-type: none"> • Create hub with timely APCD data • Establish process for research partners to access data through VCHI-enclave • Add novel data sets to data enclave • Establish documentation for consistent, efficient use of data sources • Create a Research Consortium Hub space for collaborating across partners • Establish process to ensure DSA and data security trainings are up-to-date • Establish process for VHI advisory council approval 	<ul style="list-style-type: none"> • 2026: Create security and approval processes • 2026: Create data documentation • 2026: Establish the Research Consortium Hub • 2027: Transition enclave to new contractor • 2027: Create Consortium Membership strategy for tiered approach of membership 	
Rural Health Vitality	<p>Collaborate with DMAS, HHR, and other sub-awardees to evaluate Rural Health Vitality initiatives (goals #2, #3, #5, #7, #9)</p> <ul style="list-style-type: none"> • Identify baseline outcomes • Establish scorecard measures • Develop reporting templates • Create a Hub space for report submission • Partner with academic partners to conduct in-depth analysis • Conduct initial preliminary analyses internally • Hire and train staff <p>* note that requirements may change based on state contracts</p>	<p>2025–2028</p> <ul style="list-style-type: none"> • 2026: Hire and train staff, establish measures, create reporting templates, establish baseline data, create Hub space • 2027: Collaborate with academic partners to evaluate specific initiatives • 2028: Conduct evaluations and disseminate findings 	DMAS, HHR, VDH, 6 named sub-awardees
Health Data 4 Action	<p>Finalize analyses on behavioral health and primary care rate variation and disseminate findings (goals #3, #6, #7)</p> <ul style="list-style-type: none"> • Identify drivers of rate variation • Identify opportunities to improve rates for primary care and behavioral health • Disseminate findings and inform payment policy • Use contracts and lessons learned to develop templates and SOPs for collaborations 	<p>2025–2026</p> <ul style="list-style-type: none"> • 2025: Use novel data sources like TiC data for primary care research and conduct analyses • 2026: Publish papers and conduct any final analyses 	Mathematica, AcademyHealth GMU, William & Mary
New grant opportunities	Identify new grant opportunities to ensure that Research Consortium develops identity and relationships outside of rural	2025-2028	TBD

Initiative	Objectives	Timeline	Partners
	<p>health to sustain after end of 5-year grant (goals #3, #8, #9)</p> <ul style="list-style-type: none"> Continue to ensure capacity to apply for small grants and identify funding partners and projects (i.e., Jeffress Trust, WellSpring Foundation, ABFM, PCIN, Milbank) Collaborate with new partners on grant opportunities and deepen relationships with novel partners Present on topics outside of rural health 	<ul style="list-style-type: none"> 2025: Identify potential list of funders 2026: Apply to at least 1 smaller grant/funded project 2027- 2028: Conduct funded initiatives and disseminate findings 	
Facilitating RFPs	<p>Support facilitation of Requests for Proposals to Consortium members (#2, #7, #8)</p> <ul style="list-style-type: none"> Work with potential funders to identify RFP opportunities and disseminate to research partners (i.e., VHI Health Data 4 Action model, Novo Nordisk, Opioid Abatement Authority dashboard) Consider administrative payment opportunities in support of facilitation 	<p>2026 – 2028</p> <p>2026: develop partnerships with potential RFP funders to develop and disseminate potential RFPs based on their research needs.</p> <p>2027: Issue RFP to Consortium members</p>	<p>Opioid Abatement Authority, Novo Nordisk, VHI, TBD</p>
Executive Research Committee	<p>Manage the ongoing governance of the Research Consortium</p>		

STAFFING

- **New Staff Member** – Lead research and evaluation development, partnerships, membership structure, daily operations, dissemination, budget management and lead Rural Health Vitality evaluation design and operations
- **Meredith Young** – Support Consortium management and operations, independently conduct analyses and draft development of select research projects, support Research Consortium Hub maintenance, develop relationships with research partners, identify new funding opportunities, serve as liaison with Rural Health Vitality team, Research Consortium staff, and VCHI staff, support contract management, documentation, SOP development, and template development.
- **Jackie Britz** – Family Medicine physician fellow detailed from ACORN with 4 hours per week dedicated to VCHI work through July 1, 2026. Jackie is the lead for Epic Cosmos research and has been coordinating with the Epic team for support. Her focus is primary care research using Epic data to support identification of billing opportunities, retention opportunities, and quantifying the administrative burdens of primary care. Her goal is to develop additional transitional research and dissemination skills.
- **Josh Smith** – Family medicine and psychiatrist physician fellow detailed from Robert Graham Center (AAFP) supporting the development of the integrated behavioral health toolkit and Primary Pathways implementation evaluation. Conducting initial analysis of rural integrated behavioral health providers and can support rural health baseline data collection and reporting.

- **Intern TBD** – VCU Health Policy PhD student to support data analysis, including development of the primary care scorecard, primary care investment report and potential analyses related to rural health service utilization and costs prior to hiring of full-time Rural Health Vitality staff.
- **New Lead Analyst** – Hire a new staff member to conduct direct analyses to support rural health vitality initiatives and potentially support other data projects. Skills must include SQL/R/Python coding and claims-based research experience. Ideally, lead analyst should be sufficiently senior to represent VCHI on national committees related to rural health measure development and reporting. However, more junior data analysts should be considered if appropriate based on the full program and budget context.
- **New Project Lead** – As growth allows, hire new staff member to manage the daily operations of the Rural Health Vitality evaluation, including contract management with academic partners, supporting Hub maintenance, and ensuring reports from grantees are submitted timely, accurately, and all key deadlines are met. If growth does not permit a full-time staff member, daily operations will be managed by Zelda Hinkle and Meredith Young, with support and supervision from Beth Bortz and Steve Horan.

FUNDING

- Research Consortium received \$500,000 in 2025 from DMAS for start-up funds and the initial funding of the Primary Pathways evaluation
- VCHI receives \$100,000 annually from DMAS and has requested a federal match to enhance this funding to \$200,000 per year. This match was included in the Governor’s Introduced Budget but needs General Assembly approval. The additional \$100,000 would be allocated to the Research Consortium.
- VCHI has requested \$326,700 in federal match on Virginia Task Force on Primary Care funds to support ongoing primary care research. This additional \$326,700 would be allocated to the Research Consortium.
- VCHI is expected to receive \$9 million over 5 years through the Virginia Rural Vitality program, with official notification of final amount expected January 2026. Much of this additional funding would support Research Consortium staff and consultants.
- Robert Wood Johnson Foundation grant for \$100,000 ends December 2026.

KEY RISKS AND CONSIDERATIONS

- **Financial diversification** – The Rural Health Transformation funding is a large win for the organization. However, funding is limited to 5 years. It is critical to build additional financial pipelines leveraging the recognition of the Rural Vitality program so that funding for the Consortium can be sustained after the 5 years. To date, the Consortium is nearly fully dependent on state funding, which is likely to become more challenging over the next several years.
- **Staff** - Staff hired for the Rural Health Vitality program may need to be 5-year grant-based hires. It is critical to ensure adequate staffing to successfully implement this large grant and maintain some level of capacity for non-rural health-related research.
- **Branding diversification** – With a large program like Rural Health Vitality, it will be critical that VCHI and the Research Consortium continue to produce products outside of the rural health topic area to ensure that its identify it not fully tied to the success of that program and that the Consortium will continue to be seen as relevant when the grant period ends.
- **Political relevance** – Ensure continuity of political relevance that is not person-dependent.
 1. Write into governance documents that Chair of JCHC (or key member of JCHC) is on the Research Consortium Executive Board,
 2. Establish a formal membership structure for JCHC to ensure ongoing collaboration and some base level of financial sustainability.

3. Include a key Administration official on the Research Consortium Executive Board (i.e., Rural Health Transformation lead, etc).

RURAL HEALTH VITALITY

Rural Health Vitality is the Virginia initiative based on the Rural Health Transformation program established in HR1/OBBBA. The Research Consortium at VCHI has been named the lead evaluator for the program, charged with:

- Establishing a communication Hub space for data collection from initiatives,
- Developing a scorecard to assess and monitor overall impact of the initiative, and
- Conducting in-depth evaluations of programs in partnership with academic and research entities.

VCHI expects to receive approximately \$1.8 million per year for 5 years.

Actual products and role in evaluation, grant administration and progress monitoring may evolve based on needs of the incoming Administration.

FUNDING

- Anticipate approximately \$1.8 million per year for 5 years from the state, pending CMS allocation.
- State must expend all funds or risk losing funds by October 2027.
- State may apply for additional funds in years 2-5 if other states do not use all of their funds.

KEY RISKS AND CONSIDERATIONS

- **Staffing** – Critical to hire a Lead Analyst quickly to ensure that VCHI is responsive to Administration needs and funds can be spent in timely manner.
- **Metrics** – National groups are currently developing key measures to benchmark success across states. VCHI should ensure collaboration with these entities. Entities include: (1) AcademyHealth, (2) Duke Margolis, (3) Milbank Memorial, (4) Center for Health Care Strategies, (5) SHVS.
- **Data products** – Scorecard and analyses will need to be updated monthly to ensure they are used by state to inform fund dissemination and enable program modifications as needed.
- **Contracting with state** – Aim for contract to be associated with deliverables as opposed to invoicing to allow for flexible spending timelines while ensuring that funds are spent by the state in timely manner. Ensure clear guidelines around expectations for scorecard and evaluation finding updates. Include clause that allows for independent publication to avoid delays in dissemination.
- **Collaboration with research partners** – Critical to ensure data enclave and data collaboration processes are as established as possible:
 - **Data share agreement** – VHI vendor agreement and DSA template developed for Primary Pathways
 - **IRB** – Lead institution takes lead on IRB approval process
 - **Data security** – All partners accessing data enclave must provide Citi Certification
 - **Contracts** – Clearly define roles of CEO and Research Consortium Executive Director in terms of budget and signing policies.