VIRGINIA TASK FORCE ON PRIMARY CARE

VIRGINIA CENTER FOR HEALTH INNOVATION

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VIRGINIA SUCCESSFULLY DRIVES REDUCTION IN LOW-VALUE AND UNNECESSARY HEALTH CARE

Published evaluation finds sustained and scalable reduction in the medical tests, treatments, and procedures that research has shown provide little or no benefit to patients and, in some cases, may cause physical and financial harm, offering a model for improving access and reducing unnecessary services nationwide.

Richmond, Virginia, November 11, 2026 – At a time when Americans face growing challenges accessing affordable, timely healthcare, a Virginia initiative offers evidence that health systems can lead meaningful reductions in unnecessary medical care without compromising patient safety. The research, published in *JAMA Internal Medicine*, found that patients in six participating health systems experienced a 10.4% relative reduction in the likelihood of receiving one or more targeted low-value services, compared with patients in 12 control health systems.

A Statewide Approach to Changing Clinical Practice

Smarter Care Virginia (SCV), developed and coordinated by the Virginia Center for Health Innovation (VCHI), brought together six major health systems and three clinically integrated networks (Ballad Health, Carilion Clinic, HCA and Virginia Care Partners, Inova and Signature Partners, Sentara and Sentara Quality Care Network, and VCU Health System) representing approximately 4.5 million patients, more than 900 practice sites, and 7,000 clinicians in one of the largest statewide efforts to reduce low-value care in U.S. history. Rather than requiring every organization to follow the same approach, the initiative allowed participating health systems to select priorities from nine targeted low-value services and tailor improvement strategies to their local clinical environments.

Participating organizations received performance data, educational resources, financial support, and opportunities to collaborate through a statewide clinical learning community. The initiative emphasized clinician engagement, trusted partnerships, and organizational accountability.

The evaluation found that these coordinated efforts were associated with meaningful reductions in unnecessary care, even amid the disruptions of the COVID-19 pandemic. Researchers found no evidence of increased adverse events associated with the reductions in targeted services.

Implications for Healthcare Access and National Reform

The findings arrive as policymakers and healthcare leaders face mounting challenges with clinician shortages, long appointment wait times, rising healthcare costs, and persistent disparities in access to essential services.

While reducing low-value care does not automatically translate into lower spending or improved appointment availability, it represents an important opportunity to redirect attention and clinical resources toward services that improve patient health.

Virginia's experience also demonstrates that changing clinical practice requires more than publishing guidelines or educating individual clinicians. Providing actionable performance data, engaging clinicians in improvement efforts, and allowing organizations to adapt strategies to local circumstances can help make evidence-based care more routine.

"Virginia was guided in its work by the sage advice of Dr. Howard Beckman, who reminded us at every turn that most physicians want to do the right thing, and our job was to give them the tools to make that happen in a way that was actionable and without blame and shame," said project PI and VCHI's CEO Beth Bortz, MPP.

"SCV's success in reducing unnecessary care, even in today's challenging environment, offers a model for health systems across the nation. We need more visionary leaders like Beth Bortz, willing to challenge the status quo and inspire others to curb overuse," said Dr. Catherine Sarkisian, senior author and Professor in the Division of General Internal Medicine and Health Services Research at the David Geffen School of Medicine at UCLA.

"The most important lesson from Smarter Care Virginia is that health systems can change clinical practice at scale when they are given credible data, the freedom to adapt, and peers to learn from. Health systems caring for roughly 4.5 million patients reduced unnecessary care across an entire state, during a pandemic, with no evidence of harm to patients. They did this in a payment environment that still largely rewards volume. If payment reform, accountability, and benefit design pulled in the same direction as the clinicians who did this work, I would expect the gains to be larger," said John N. Mafi, MD, MPH, the study's lead author and associate professor in the Division of General Internal Medicine and Health Services Research at the David Geffen School of Medicine at UCLA. The results provide a model for other states, health systems, payers, and policymakers seeking to improve healthcare value through coordinated, data-driven approaches. They also underscore the potential importance of aligning clinical improvement initiatives with broader payment reform, accountability, and incentives that reward high-value care.

For more information on the Smarter Care Virginia initiative, please visit vahealthinnovation.org/scv/.

To read the evaluation JAMA Internal Medicine publication "Reducing Low-Value Care Statewide: The Smarter Care Virginia Initiative", please visit jamanetwork.com/journals/jamainternalmedicine/article-abstract/2856159.

Smarter Care Virginia was developed and coordinated by the Virginia Center for Health Innovation, with funding support from Arnold Ventures. The published evaluation was conducted by UCLA.

About the Virginia Center for Health Innovation

Incorporated in January 2012 following a recommendation from Gov. Robert McDonnell's Virginia Health Reform Initiative, the Virginia Center for Health Innovation (VCHI) seeks to facilitate innovation by convening key stakeholders and securing the resources to accelerate value-driven models of wellness and health care throughout Virginia. VCHI is the principal trusted convener in the Commonwealth of Virginia leading cross-sector improvement in health care value. We provide transparent and equitable access to research on and the monitoring of indicators tracking the performance of Virginia's health care delivery system and public health system on health care value and wellbeing. We champion policy changes and improvements in Virginia's health care data infrastructure so that those who provide, receive, and purchase health care can make better informed decisions. For more information, visit www.vahealthinnovation.org and follow us on LinkedIn, Facebook, Twitter, and Instagram.

About the David Geffen School of Medicine at UCLA

Founded in 1951, the David Geffen School of Medicine at UCLA is consistently ranked among the nation's leading medical schools for research. Its faculty train physicians and scientists, conduct more than $1 billion in research annually, and care for patients across UCLA Health and affiliated hospitals and clinics throughout Los Angeles. The Smarter Care Virginia evaluation was led by faculty in the school's Division of General Internal Medicine and Health Services Research, which generates evidence-based insights to improve healthcare delivery. Core research domains include maximizing access to care, addressing health disparities/equity, health economics, health care policy, and improving clinical quality and patient-reported outcomes. For more information, visit www.uclahealth.org/departments/medicine/internal-medicine/about-us