CLOSER LOOK

CES (Consumer Electronics Show) 2026

January 6-9, 2026; Las Vegas, NV; Day #2 Highlights – Draft

Executive Highlights

- **CES 2026 continued in Las Vegas today, with the Digital Health track seeing a broadening of its topics during Day #2.** The discussion around wearables evolved with Mr. Jake Leach chiming in on the benefits of Dexcom CGMs, and panelists increasingly turned an eye to the potential for systemic impacts with policy and investment in AI and food is medicine.
- **Dr. Ami Bhatt (American College of Cardiology) moderated a panel discussing the benefits of continuous monitoring technology** for behavior change and its potential to shift the US healthcare system from a fee-for-service model to a value-based, continuous one. She was joined by Oura CEO Mr. Tom Hale, Rimidi CEO Dr. Lucienne Ide, and Dexcom CEO Mr. Jake Leach (who just moved, as planned, from interim CEO to CEO earlier this week). Panelists agreed on the potential for devices like CGMs to improve patient agency and discussed ways in which industry can tailor its insights for a healthcare system doesn't provide much room for clinicians to manage additional data analysis. They also emphasized the need to reduce the digital divide in health technology, with Mr. Leach touting Dexcom's efforts to get CGM in the hands of more people. While CGM started as a tool for those with T1D, it has since expanded to a much broader population, with many trying Dexcom's over-the-counter CGM Stelo to help manage their health or even reverse prediabetes through nutrition and physical activity (over 500,000 in the first 12 months of its launch in August 2024).
- **The concept of food is medicine grew in popularity** as Mr. Sean Glass (Evidenced) moderated a panel featuring Ms. Emily Brown (Attane Health), Mr. Naveen Jain (Viome), Ms. Kara Collier (Nutrisense), and Ms. Jasmine El Nabli (Culina Health) focused on shifting nutrition care from symptom management to root-cause resolution. The panel emphasized that digital health tools and hardware can significantly enhance the work of registered dietitians, including continuous data streams like CGMs that make the impact of dietary and lifestyle choices immediately visible. They also discussed how personal health agents – human or AI – can synthesize multiple signals such as sleep, nutrition, and glucose to provide context and explain *why* changes are occurring, not just that they are. The panel also addressed structural challenges within the food system, particularly the prevalence of ultra-processed foods and limited access to nutritious options and how targeted policy changes can address them.
- **Turning to the state of healthcare a decade from now,** Ms. Julie Barnes (Maverick Health Policy) led an insightful discussion in front of a packed audience into the near future of healthcare with panelists Ms. Nancy Brown (American Heart Association), Dr. Lucienne Ide, Ms. Caroline Pearson (Peterson Health Technology Institute), and Mr. Glen Tullman (Transcarent). The conversation was wide-ranging, from the key role that the government will play in incentivizing the use of healthcare technology over the next decade to how AI will change healthcare and the issue of affordability.

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1. From episodic to continuous care: Exploring the present and future of health monitoring technology with Mr. Jake Leach, Mr. Tom Hale, and Dr. Lucienne Ide

Dr. Ami Bhatt (American College of Cardiology) moderated a panel discussing the benefits of continuous monitoring technology for behavior change and its potential to shift the US healthcare system from a fee-for-service model to a value-based, continuous one. She was joined by Oura CEO Mr. Tom Hale, Rimidi CEO Dr. Lucienne Ide, and Dexcom CEO Mr. Jake Leach (who transitioned from interim CEO to CEO in the last week). The panel covered topics such as Oura Ring's biomarker tracking and baseline deviation alerts driving proactive care, the importance of continuous data for triaging and stratifying patients by disease state, and Dexcom's expansion from diabetes care to broader cardiometabolic health.

- **CMS is pushing to transition US healthcare from a fee-for-service model to one based on value and outcomes.** Dr. Ide highlighted that the return on investment in health technology depends on clearly defining the desired outcomes across specific timeframes. For healthy patients using wearables to track their health, this will look different than for someone recently discharged from the hospital, where these definitions might determine the optimal scope of intervention. Dr. Bhatt framed this as a "movement from episodic to continuous care," focusing on long-term outcomes. She emphasized CMS's ACCESS Model (Advancing Chronic Care with Effective, Scalable Solutions) call for companies to help institutions monitor cardiometabolic health at home. "We can't rely on the one patient, one clinician model anymore," she said. "We need a one company, one population model."
    - **Dr. Bhatt posited that this shift should be driven less by consumerism and more by patient agency.** Mr. Leach agreed, emphasizing the importance of education for both patients and clinicians. Dexcom's CGMs, for example, have proven to be valuable tools for real-time education, and the company has realized that these data are more actionable when easier accessed by the clinician. Consequently, Dexcom has long worked on EHR integration for its CGM data and now has over 160 clinics now integrating CGM data with electronic health records.
    - **However, the panelists acknowledged that the current healthcare system doesn't provide much room for clinicians to manage additional data analysis.** Mr. Hale shared that some doctors can initially find Oura Ring data overwhelming, with some instead asking for it to be presented "like a consult from another doctor." Industry, he said, must ensure it doesn't waste clinicians' time. Part of the solution lies in patient education, equipping patients with the tools to understand their data. For instance, Mr. Leach said that Dexcom RCT data has showed that unblinded CGM data can drive meaningful behavioral changes. Mr. Hale also noted that connecting datasets across platforms, like Dexcom and Oura, allows for a more comprehensive view of health. Ultimately, clinicians should focus on "asking the right questions" about the data to identify appropriate interventions.
- **The panelists emphasized the need to reduce the digital divide in health technology.**
    - **Mr. Leach reiterated Dexcom's commitment to getting CGM in the hands of more people.** While CGM started as a tool for those with T1D, it has since expanded to a much broader population, with many trying Dexcom's over-the-counter CGM Stelo to help manage their health or even reverse prediabetes through nutrition and physical activity (over 500,000 in the first 12 months of its launch in August 2024). Dexcom is now focused on user experience to a greater degree, in part by promoting a more engaging user experience. For example, the company will soon launch a "completely revamped" Stelo app based on extensive user feedback. Dexcom also continues to invest in large RCTs to demonstrate the benefits of CGM in underserved populations. In one ongoing trial, the company is studying CGM use in non-insulin-using T2D patients to show that CGMs are both easy to use and cost-effective.
    - **Dr. Ide highlighted how Rimidi's connected health solutions have bridged the digital divide,** in one case showing that no ethnic or language-based differences in patient engagement with connected devices during high-risk pregnancies. She cited the WEAR IT Act introduced to the

House of Representatives last summer as a positive step toward improving affordability by allowing HSA/FSA funds to be used for multi-functional wearables.

    - **Meanwhile, Mr. Hale highlighted Oura's commitment to providing an actionable feedback loop for disease prevention.** He also explained how Oura is working with Medicare Advantage Programs to promote value-based care. Medicare Advantage made Oura Ring a benefit of its Essence Healthcare plan in late 2024, and while internal data is preliminary and qualitative, it has shown that older adults are moving more, sleeping better, eating better with Oura Ring.
    - **Dr. Bhatt noted that employers and nonprofits also have a role in reducing the digital divide,** with nonprofits helping to create educational guidelines for both clinicians and patients. For example, after Apple Watch's atrial fibrillation reports launched, the ACC developed a guide for cardiologists and patients on how to interpret the data

- **The panelists offered a nuanced view of the role of AI governance and some of its potential clinical applications.** Mr. Hale suggested that a combination of top-down and local governance would benefit companies like Oura in order to keep up with the pace of innovation, constrained by some national guidelines to ensure public safety standards. Dr. Bhatt and Mr. Leach, meanwhile, highlighted the benefits conferred by AI when used appropriately with other partners and collaborators. The American College of Cardiology, for example, has partnered with Open Evidence to understand what cardiologists are asking and what they need to know more about. Mr. Leach also highlighted the potential for AI alongside CGM data to drive therapy optimization and medication management, with particular benefits for therapy de-intensification.
- **Looking ahead, the panelists identified several underexplored continuous monitoring opportunities.** Mr. Leach and Mr. Hale both agreed that continuous blood pressure monitoring could be valuable, and Dr. Ide highlighted the need for scalable devices that can monitor risk factors for chronic kidney disease. Mr. Hale also suggested that hormone (e.g., cortisol) trackers could provide significant health insights, while Dr. Bhatt advocated for continuous potassium monitoring to improve acute care interventions.

2. Food as medicine: The opportunity for technology to promote adoption and sustainable behavior change

Mr. Sean Glass (Evidenced) moderated a panel featuring Ms. Emily Brown (Attane Health), Mr. Naveen Jain (Viome), Ms. Kara Collier (Nutrisense), and Ms. Jasmine El Nabli (Culina Health) focused on shifting nutrition care from symptom management to root-cause resolution. While the industry increasingly aspires to offer value-based care, misaligned incentives persist, particularly in commercial insurance where members often change plans every 12-18 months. Even further, individual consumers often have little control over their insurance plan, as the majority of Americans access health insurance through their employer rather in an independent market. As a result, there is little market pressure to invest in long-term health outcomes, as often the benefit of long-term investment is seen by a person's future health insurer.

- **The panel emphasized that digital health tools and hardware can significantly enhance the work of registered dietitians.** Mr. Jain argued that traditional nutrition advice has long been based on the "average person," who does not exist. While universally *un*healthy outcomes may exist, universally healthy foods do not. For example, Viome's research suggests that nearly half of people may respond negatively to foods widely considered "healthy" – such as spinach or avocado – due to differences in gut microbiomes. Ms. Collier agreed, noting that while patients often ask dieticians for strict meal plans, these approaches are rarely sustainable. Instead, dietitians should serve as "nutrition therapists," supported by technology that helps patients make informed choices between appointments and build lasting habits.
    - **Expanding on technology's capacity to tackle the issue of *sustainable* behavior change,** Ms. Collier highlighted the power of continuous data streams, such as CGMs, to make the impact of dietary and lifestyle choices immediately visible. This immediacy aligns with how the brain is wired, enabling faster behavior change compared to waiting months for lab results that feel disconnected from daily decisions. Ms. El Nabli stressed, however, that data alone is not always sufficient. Human guidance is often still essential to translate insights into healthier behavior. For example, rather than eliminating a healthy food that causes a glucose spike, patients need education

on how to pair it appropriately with other foods to mitigate the response. Mr. Jain added that personal health agents – human or AI – can synthesize multiple signals such as sleep, nutrition, and glucose to provide context and explain *why* changes are occurring, not just that they are. Ms. Brown noted that time remains a key constraint for many people, even with advanced technology, and the field must continue to focus on making healthier choices easier.

- **The panel also addressed structural challenges within the food system,** particularly the prevalence of ultra-processed foods and limited access to nutritious options. Ms. Brown described Attane Health's mission to improve access to healthy food, particularly for the millions of Americans living in food deserts. She emphasized the importance of networks that ensure food prescriptions can be fulfilled. Mr. Jain argued that healthy food should not be expensive and that whole foods should be the most affordable option. Ms. Brown contextualized this, pointing to agricultural subsidies that make it cheaper to produce corn or wheat than many vegetables, embedding higher costs into fresh food. Ms. Collier added that AI-powered tools can help families maximize limited budgets by planning nutritious meals and finding creative, cost-effective solutions.
- **Finally, the panel highlighted how policy can move the needle for improving nutrition access and outcomes.** Ms. Brown noted that while coverage for nutrition care has improved, access to nutritious food itself still lags. Policy reforms could accelerate adoption of nutrition care plans tied to outcomes. Mr. Jain pointed to recent FDA dietary guideline updates as a meaningful step forward, quipping that the FDA is finally putting the "Food" back in its name. Ms. El Nabli emphasized that recent Medicare changes underscore both the difficulty and importance of transitioning to value-based care, including coverage for technologies that track patient engagement and outcomes. Ms. Collier added that policies that both cover and require certain technologies, such as wearables or lab testing over defined timelines, could meaningfully advance preventive care.

3. Healthcare 2035: A vision for the next decade

Speaking to a packed room with attendees clustered against the wall, Ms. Julie Barnes (Maverick Health Policy) moderated an insightful discussion into the near future of healthcare with panelists Ms. Nancy Brown (American Heart Association), Dr. Lucienne Ide (Rimidi), Ms. Caroline Pearson (Peterson Health Technology Institute), and Mr. Glen Tullman (Transcarent).

- **Panelists discussed the key role that the government will play in incentivizing the use of healthcare technology over the next decade.** Ms. Brown began by saying that the Centers for Medicare & Medicaid Services (CMS) is currently exploring unique ways to enhance the use of technology for Medicare's operations. This provides key opportunities to have technology help manage chronic diseases and support longevity. She said that "technology *is* healthcare," an essential tool for healthcare delivery. In December 2025, CMS announced $50 billion in awards to strengthen rural health in all 50 states, with a pillar of the program being the modernization of rural health technology. Ms. Brown believes that CMS's current approach will establish a foundation for technology as healthcare in the future.
    - **Mr. Tullman offered a rebuttal, discussing the implications of looming healthcare coverage loss for millions of Americans.** According to analysis by the nonpartisan, independent Congressional Budget Office (CBO), the recent budget reconciliation bill reduces funding for Medicaid and the Affordable Care Act (ACA) by over $1 trillion dollars. This is expected to leave 12-15 million Americans without healthcare coverage by 2034, with a ripple effect on the healthcare system as a whole. While he applauds the promotion of healthcare technology in the current administration, he believes that this must be weighed against such loss of coverage. He believes that the next three to four years will unfortunately be detrimental to population health. In light of the government's approach, he called for private employers to step up and bolster health plans for their employees.
- **Turning to a topic on everyone's minds, panelists explored how AI will change healthcare.** Ms. Barnes quoted Mark Cuban, who said, "there's going to be two types of companies in this world: those who are great at AI, and everybody else that they put out of business." All the panelists agreed with this statement and said that healthcare must keep pace with AI's integration into our society. Providing the AHA's perspective, Ms.

Brown said that the average adoption time is about 10 years for new cardiac guidelines around blood pressure, cholesterol, and other important metrics to become the standard of care. This delay in the adoption of innovation has devastating consequences for long-term health. She believes that AI can help push new guidelines into clinical practice much faster. As an example, she cited OpenEvidence, an AI-based medical information platform that helps clinicians stay up to date with recommendations. AI may also help doctors draw clinical conclusions explaining a range of unusual symptoms and can help identify drug interactions with life-saving benefits.

- **The panelists then turned to the issue of affordability,** with Ms. Pearson saying candidly that AI will replace certain labor and reduce healthcare costs. While many may hesitate at the notion of autonomous AI use, instead preferring to augment existing healthcare providers, she believes that our current system does not have the workforce for such an approach. She emphasized opportunities for AI to improve clinician workflow by assisting with tasks such as filling out paperwork for prescriptions and locating pharmacies, as well as screening for high blood pressure and mental health concerns to direct clinicians' assessments. In closing, Dr. Ide said that the biggest healthcare cost is human capital. She wants clinicians to operate at the top-of-license to maximize system-wide benefit. With the use of AI, the ecosystem can move much closer to this by 2035.

4. Beyond the pilot: How "big tech" is committing to healthcare

Mr. Drew Schiller (Validic) moderated a panel featuring leaders from three major technology companies increasingly shaping the healthcare ecosystem: Dr. Hon Pak (Samsung Electronics), Dr. Nichole Young-Lin (Google), and Ms. Cory Warner (Uber Health). The discussion focused on: (i) what differentiates meaningful healthcare engagement from superficial experimentation; (ii) how AI is reshaping (but not replacing) clinical care; (iii) and how large technology platforms can responsibly scale solutions that improve access, efficiency, and outcomes across the healthcare system.

- **Panelists agreed that sustained commitment rather than short-term pilots is the clearest indicator that a company is serious about healthcare.** Dr. Pak described Samsung's approach as a consistent investment in research, partnerships, and acquisitions. Historically lacking a strong foothold in the US healthcare system, Samsung has pursued a three-pronged strategy that connects users, health systems, and ecosystem partners. Recent efforts include work in sleep apnea screening and arrhythmia detection, as well as a targeted acquisition of Xealth, a digital healthcare integration platform, in 2025 to accelerate its US market entry.
    - **Dr. Young-Lin acknowledged the prevalence of "pilot-itis" in tech-driven healthcare** (projects that never scale) but emphasized that health is a core part of Google's business. For example, the company fields hundreds of millions of health-related search queries, and in 2025 alone, health content on YouTube generated more than 35 billion views. Beyond enabling consumer education, Google is embedding itself within healthcare operations, such as its partnership with HCA Healthcare to develop AI-powered nurse handoff tools that reduce administrative burden by training models on medical speech.
    - **Ms. Warner traced Uber Health's origins to highlight its commitment,** explaining that transportation has been a major contributor to missed medical appointments. She noted that approximately two-thirds of missed appointments are due to lack of transportation, costing the US healthcare system billions annually. Moreover, the company had observed clinicians and nurses using their personal Uber accounts and credit cards to arrange patient transportation, often without appropriate reporting or reimbursement mechanisms. This issue disproportionately affected Medicaid and Medicare Advantage populations, despite transportation being a covered benefit. Uber Health was thereby created to address this gap, now with nearly a decade of commitment to building infrastructure tailored to healthcare requirements rather than retrofitting a consumer product. Their partnership with the Veterans Health Administration (VHA) provides a stark example: the VHA identified more than two million missed appointments annually due to transportation barriers, resulting in an estimated $4.4 billion in costs. Uber Health's partnership with the VHA to integrate on-demand rides into existing booking systems has since provided transportation for more than 40,000 veterans, with improved access to preventive care as a result.
- **As AI becomes more prevalent in healthcare, panelists emphasized that it is best understood as an**

optimizer of clinical care rather than a replacement for providers. Dr. Young-Lin noted that the patient-provider relationship is irreplaceable, but access and education remain major barriers. Tools like Google Search and Gemini can help patients arrive at appointments better informed, allowing clinicians and patients to make more productive use of limited visit time. AI has also been more popular in a faster timeline than many thought – she cited a recent AMA study showing that nearly two-thirds of physicians were using AI in practice by early 2025, up sharply from approximately one-third in 2023. Dr. Pak echoed this view, describing AI's role in synthesizing information that once required patients to bring stacks of paper records to visits and allowing clinicians to spend more of the visit focused on emotional connection and shared decision-making rather than information gathering.

- **Finally, panelists addressed how large technology companies balance their global scale with the traditionally slower pace of healthcare.** Dr. Pak emphasized that innovation speed must be secondary to solving the right problem for the right population. Big tech, he argued, can help by bringing data from the home into clinical visits and acting as a coach to support behavior change between visits. However, healthcare systems vary significantly across countries, shaped by culture and societal values, and adoption will necessarily move at different speeds. He noted that recent policy changes, including CMS's ACCESS initiative, are beginning to reduce friction and allow health systems to adopt innovation more quickly.
    - **Dr. Young-Lin challenged the idea that healthcare is universally slow to adopt technology,** pointing to early deployments of generative AI tools in platforms like Epic at institutions such as Stanford. However, she stressed the importance of restraint, drawing parallels to Waymo's methodical approach to building trust through safety, compared with competitors that attempted to grow too quickly and faced setbacks.

5. Agentic AI in healthcare: Beyond the hype

This panel discussion detailed the future of agentic AI, a form of autonomous AI, in healthcare. Agentic AI can set goals, reason, and act independently with minimal human intervention, building multiple steps and actions into its process. Moderator Dr. Brian Miller (American Enterprise Institute) was joined by panelists Dr. Ami Bhatt, Ms. Noosheen Hashemi, Mr. Dominic King (Microsoft AI), and Dr. John Whyte (American Medical Association). Dr. Bhatt began by reminding the audience that the duty of healthcare providers is to provide care above all, and that it is unethical to not provide care to the best of one's ability. She believes that AI plays a role in this ethos as it becomes more integrated into our society: the potential benefits that AI offers to provider workflows, screening, and even diagnosis may not responsibly be ignored. As long as AI can be demonstrated to be safe for specific uses, panelists agreed that the use of AI should be encouraged, even if it does not provide "perfect" care. Dr. Miller encouraged the audience to consider human-AI interactions as well to augment human decisions, making them "smarter" in some cases.

- **AI presents particular promise for triaging and for detecting certain conditions before they are symptomatic.** Dr. Bhatt said that AI can review data such as CT scan results faster than any human provider could and provide rapid decisions directing the provider to the most emergent scan, gaining precious, lifesaving minutes. Dr. Whyte has also seen the power of AI to detect gastrointestinal conditions such as diverticulitis days before patients present with abdominal pain, simply based on prior health trends. Panelists agreed that "medicine will always be a team sport," and that the language of our society is changing to include AI. Speaking the language of agentic AI will be essential to winning the healthcare outcomes game.

6. From brainwaves to blood sugar: How next-generation technology shapes diets

Closing out Day #2 of CES on the Digital Health Track, Mr. Michael Wolf (The Spoon) led a passionate panel discussion with Mr. Peter Bodenheimer (PeakBridge VC), Ms. Sherry Frey (NielsenIQ), Ms. Noosheen Hashemi (January AI), and Dr. Howard Zisser (Schwa), who drew upon their professional and personal experiences to discuss the role of wearables in healthcare. Their conversation began with how OTC CGM such as Abbott's Lingo and Dexcom's Stelo have already transformed the concept of being a patient.

- **Panelists agreed that actionable insights provided by technology are key to truly shaping one's diet.** Ms. Frey has studied consumer trends in the use of CGM and noted that OTC CGM is growing rapidly in certain populations, such as those with a high interest in lifestyle and, interestingly, among lower income individuals seeking long-term health advice. She noted an interesting trend which shows that long-term change with CGM

use is achievable for about nine months, after which some behaviors begin to revert. On a user level, Mr. Wolf described his experience using CGM as the first time he had access to live, 24/7 health data. By monitoring his glycemic trends in response to meals, he naturally learned how to adjust his behavior and described feeling empowered to do so.

    - **Expanding on this, Dr. Zisser said that wide-scale use of CGM can help users establish long-term dietary habits.** He imagines a world where, as part of growing up, adolescents and young adults can use CGM to learn how their body responds to different foods and modify their behavior for the better. In his own experience, CGM has helped him improve the intentionality of his diet, where each choice feels right to him and feels evidence-based. Using an analogy, he said, one would not drive a car without a speedometer, so why would one eat without monitoring dietary impact on the body?
    - **Consumers are becoming more reactive to policy and popular movements than ever before, influencing dietary choices.** For example, Mr. Bodenheimer described recent changes to potato chip packaging: a popular brand is now labeled, "made in the USA, seed oil free, and with no artificial flavorings." This change in branding appears to have occurred in response to the Make America Healthy Again (MAHA) movement, which has claimed that specific ingredients like seed oils are particularly harmful, even when its claims are not directly relevant to certain products. Ms. Frey noted that consumer preferences to avoid previously unknown additives such as seed oils signal a society much more involved in lifestyle health decisions than ever before. Similarly, Ms. Hashemi said that the Oura Ring has had a notable impact in reducing alcohol consumption as users become concerned by elevated heart rates hours after drinking. Ms. Fry said that the current consumer market is particularly interested in lifestyle health, which offers great opportunity to affect long-lasting change.

- **Panelists see multi-analyte sensing and implantable devices as the future of healthcare technology.** For the near future, panelists agreed that continuous ketone monitors will provide benefit to millions of patients, particularly those with diabetes, and that lactate sensing will provide powerful, actionable information for an even broader population. Ms. Hashemi also identified continuous insulin monitoring as a metric of interest, but in practice this has proven very challenging due to the body's physiology. Future devices may also include sensors measuring up to 20 analytes that are implantable for up to 900 days, or even Neuralink, which would further reduce the mental burden of health monitoring compared to CGM.

-- by Jeremy Alkire, Nour Khachemoune, Leigh Wilson, Kat Moon, Monica Oxenreiter, and Kelly Close