As the reimbursement and coverage landscapes for the medical technology industry are continuously changing, AdvaMed’s 4th Annual Payment Policy Conference will convene device manufacturers, hospitals, insurers, CMS, and Capitol Hill for in-depth discussion and analysis of these key issues. The need for a medical device to demonstrate how it improves efficiency and quality of care is only increasing as the industry moves towards new payment models. Join us for a day and a half of learning, insights, and networking.
OUR SPEAKERS

Susan Dentzer
President & CEO, The Network for Excellence in Health Innovation (NEHI)

Douglas Holtz-Eakin
President, American Action Forum

Len Nichols
Director, Center for Health Policy Research and Ethics, George Mason University

Tamara Syrek-Jensen
Director, Coverage & Analysis Group, CMS

Amy Bassano
Acting Deputy Administrator for Innovation and Quality & Acting Director of the Center for Medicare and Medicaid Innovation (CMMI), CMS

Tom McLain
Chief Operating Officer, Exosome Diagnostics

Lewis Sandy, M.D.
EVP, Clinical Advancement, UnitedHealth Group

Naomi Aronson
Executive Director of Clinical Evaluation, Innovation, and Policy, BlueCross BlueShield Association

Pam Daigle
Vice President, Strategic Sourcing and Performance Groups, Premier Inc
OUR SPEAKERS

Tanisha Carino  
Executive Director, FasterCures

Ricardo Johnson  
Special Assistant to the President & CEO, CareFirst BlueCross BlueShield

Ken Skodacek  
Founding Member, Payer Communication Task Force, CDRH, FDA

Parashar Patel  
Vice President, Global Health Policy, Boston Scientific

Hannah Mamuszka  
CEO and Founder, Alva10

Lena Chaihorsky  
Vice President, Payer Innovation, Alva10

Tony Grover  
Vice President, Business Development, Banyan Biomarkers

Laurel Sweeney  
Global Lead, Health Economics and Market Access, Philips

Amy Palatiello  
Director, Reimbursement and Market Access, Avalere Health
OUR SPEAKERS

Danielle Showalter
Senior Director, Reimbursement and Market Access, Avalere Health

David Introcaso
Senior Director, Regulatory and Public Policy, American Medical Group Association

Ammar Qadan
Vice President & Global Head, Market Access, Illumina

Jenny Gaffney
Director, Global Health Economics, Policy and Payment, Medtronic

Janis Orlowski, M.D.
Chief Health Care Officer, Association of American Medical Colleges

Mary Cummins
Principal, Deloitte Consulting
MONDAY APRIL 23

8:00 AM
Registration and Networking Breakfast

8:30 AM
Keynote: Innovation in Healthcare: Pathway to Improved Care Delivery
  » Susan Dentzer, President & CEO, The Network for Excellence in Health Innovation (NEHI)

9:30 AM
What Payers Want: Smart Approaches to Demonstrate Value
Showing value in medtech can be challenging, especially as providers and payers are shifting from a volume based payment environment to new models that create new risks and rewards. Knowing the types of evidence and outcomes payers want to see is key to patient access and adequate reimbursement. Hear from leading experts at major payers on how they view medtech evidence development and the role real world evidence collection can play in making the value case.

  » Laurel Sweeney, Global Lead, Health Economics and Market Access, Philips (Moderator)
  » Naomi Aronson, Executive Director of Clinical Evaluation, Innovation, and Policy, BlueCross BlueShield Association
  » Tanisha Carino, Executive Director, FasterCures
  » Lewis Sandy, M.D., EVP, Clinical Advancement, UnitedHealth Group
  » Tamara Syrek-Jensen, Director, Coverage & Analysis Group, CMS

10:45 AM
Coffee Break

11:00 AM
Partnering with Private Payers on Evidence Development: Lessons Learned in Private Payer CED
Medicare’s evidence requirements to support coverage have become increasingly more rigorous. Coverage with evidence development (CED) has been used in most of the recent Medicare national coverage decisions, but private payers generally have not followed Medicare’s lead. Learn from a rare example of private payer CED between Exosome Diagnostics and CareFirst BCBS – what are they studying, how it affects coverage, and updates on the evidence being collected.

  » Ricardo Johnson, Special Assistant to the President & CEO, CareFirst BlueCross BlueShield
  » Tom McLain, Chief Operating Officer, Exosome Diagnostics
MONDAY APRIL 23

12:00 PM
Luncheon Keynote: What’s Next for Healthcare Policy in 2018
After a number of attempts to repeal the ACA in 2017, the year ended with a tax reform bill that repealed the ACA’s individual insurance mandate. What does the change mean for the insurance market and what’s next on policymakers’ to-do list? Hear perspectives from both the right and the left – and hopefully someplace in the middle.

» Douglas Holtz-Eakin, President, American Action Forum
» Len Nichols, Director, Center for Health Policy Research and Ethics, George Mason University

1:45 PM
Lessons Learned and Models for Future Success in Parallel Review
Medicare’s Parallel Review program has been in place for several years. Yet only two companies have completed the program successfully – both achieving FDA approval and national coverage. What lessons have we learned from these and other companies that have participated? Learn about the program and ways to leverage it for faster approval and access.

» Parashar Patel, Vice President, Global Health Policy, Boston Scientific (Moderator)
» Ken Skodacek, Founding Member, Payer Communication Task Force, FDA
» Tamara Syrek-Jensen, Director, Coverage & Analysis Group, CMS
» Exact Sciences (Invited)

2:45 PM
Early Payer Engagement for High Value Results
Upstream engagement with payers and providers is essential in order to demonstrate the value of medical technologies and diagnostics in improving patient health outcomes. Diagnostics must be able to show “actionable” results, often targeted toward specific patients that may respond favorably to treatments. Medical technologies must demonstrate superiority to the standard of care for targeted patients. This diverse panel will lead participants in identifying the challenges facing diagnostics and medical technology companies and will offer potential approaches to better demonstrating and communicating value.

» Lena Chaihorsky, Vice President, Payer Innovation, Alva10 (Moderator)
» Tony Grover, Vice President, Business Development, Banyan Biomarkers
» Hannah Mamuszka, CEO and Founder, Alva10
» Jeff Waldron, Executive Director, Personalized Medicine Connective
CONFERENCE AGENDA

MONDAY APRIL 23

3:45 PM
Tea Break

4:00 PM
Public Release: AdvaMed/Avalere Coding & Coverage Best Practice Guides
Mistakes in the coverage, coding and reimbursement space can set your company back and lengthen the time to market by months, or even years. The system is complex – really complex. AdvaMed and Avalere are addressing that issue head on with new Best Practice Guides being developed for companies of all sizes. Get a sneak peek at the upcoming guides and how to use them to accelerate access and achieve appropriate coverage and reimbursement.

» Amy Palatiello, Director, Reimbursement and Market Access, Avalere Health
» Danielle Showalter, Senior Director, Reimbursement and Market Access, Avalere Health

5:30 PM
Reception

TUESDAY APRIL 24

8:00 AM
Registration and Networking Breakfast

9:00 AM
CMS’s New Technology Ombudsman Program
» James Bailey, Medicare Pharmaceutical and Technology Ombudsman, CMS

9:30 AM
Physician Response to Medicare Shift to Alternative Payment Models and the Impact on Medtech
The adoption of the physician Medicare Incentive Payment System (MIPS) and creation of Advanced Alternative Payment Models (APMs) is driving physicians into a new world of quality reporting, hospital partnerships, and value-based payment. What does this mean for physician engagement with medtech companies and how will these value based payment models change the way they use technology? Or will it? Hear from leading experts in physician value systems and how they are trying to shape the policy environment for the better.

» Amy Bassano, Acting Deputy Administrator for Innovation and Quality & Acting Director of the CMMI, CMS
» David Introcaso, Senior Director, Regulatory and Public Policy, American Medical Group Association
TUESDAY APRIL 24

Physician Response to Medicare Shift to Alternative Payment Models and the Impact on Medtech (Cont’d)

» Janis Orlowski, M.D., Chief Health Care Officer, Association of American Medical Colleges
» American Medical Association (Invited)

10:30 AM
Coffee Break

10:45 AM
Value-Based Contracts for Medtech: The Future of Medtech Reimbursement?
As hospitals, physicians, and plans move into new value based care models, medtech and diagnostic companies are doing all they can to stay relevant and make their case for value. Medtech companies want to be seen as partners and set contracts based on their value with terms tied to patient outcomes and shared risk/rewards. But how are they doing this? Hear from companies on the cutting edge of value contracting.

» Mary Cummins, Principal, Deloitte Consulting (Moderator)
» Pam Daigle, Vice President, Strategic Sourcing and Performance Groups, Premier Inc
» Jenny Gaffney, Director, Global Health Economics, Policy and Payment, Medtronic
» Ammar Qadan, Vice President & Global Head, Market Access, Illumina

12:00 PM
Adjournment
REGISTRATION DETAILS

REGISTRATION FEES

AdvaMed Member Registration: $895.00
Accel Member Registration: $595.00
Government and Non-Profit Registration: $595.00
Non-Member Registration: $1,195.00

Register here

EVENT LOGISTICS

The Westin Washington, D.C. City Center
1400 M Street Northwest
Washington, District of Columbia 20005
United States
(202) 429-1700

Hotel link for reservations