AdvaMed 5th Annual Payment Policy Conference
April 17-18, 2019
The Westin Washington, D.C. City Center
1400 M Street, NW, Washington, DC 20005

Medtech in the crosshairs of value based care and new care delivery reforms

Wednesday, April 17, 2019

8:00 am  Registration & Continental Breakfast

9:00 am – 9:45 am Opening Keynote
Mark McClellan, MD, PhD, Director

9:45 am – 10:15 am AdvaMed Welcome and 2019 Priorities for Medtech Payment and Coverage Policy
Don May, AdvaMed’s Executive Vice President of Payment and Health Care Delivery Policy, will welcome attendees to the conference with an overview of AdvaMed’s 2019 Priorities for payment and health care delivery policy and an environmental scan of issues medtech will face in the year ahead.

10:15 am – 10:30 am Networking Break

10:30 am – 12:00 pm Are you Ready for Outcomes Based Contracting?
Medtech companies have been engaging in new ways of contracting and being reimbursed for their innovations – including value- or outcomes-based contracts that tie payment to improved outcomes, reduced readmissions or infections, and broad solutions that wrap around a new technology. These new arrangements require a significant level of due diligence and evidence evaluation to address the level and type of risk that can be shared between manufacturers and providers and plans. What are key strategies for preparing for these arrangements and successfully engaging with the right partners. This session will highlight case examples of successful efforts and the work that lead to these arrangements.

- Myla Maloney, Vice President, Strategic Supplier Engagement, Premier, Inc.
- Sarah Capalla, MS, RN, Director of the Vascular Access Team, Loma Linda University Medical Center
- Greg Corbett, Vice President, National Accounts, Sage Products now part of Stryker
- Richard J. Gentleman, Network Market Head, Aetna

12:15 pm – 1:45 pm Luncheon Keynote

2:00 pm - 2:45 pm How to Engage CMS in the New HCPCS Coding Application Process
In December 2018, CMS announced a new process and level transparency for HCPCS code applicants. The new process promises a new level of transparency
that industry hopes will improve the application process and ability to understand how to file a successful application. Hear from CMS’s Cindy Hake on how they anticipate the changes will be implemented and implications for medtech companies.

- Moderator: DeChane Dorsey, Vice President, Payment & Health Care Delivery, AdvaMed
- Cindy Hake, Deputy Director, Division of DMEPOS Policy, Center for Medicare & Medicaid Services

2:45 pm – 3:00 pm  Networking Break

3:00 pm – 4:00 pm  Market Adoption for Digital Health Solutions: Solving the Payment Puzzle

One of the biggest challenges for digital health innovators is answering the question “who will pay?” Traditional device reimbursement models often don’t account for the full value of the solution or the partnerships between patients and providers needed to truly capture value. This panel will explore three key challenges: evidence development through the lens of the financial stakeholder, current reimbursement pathways, including alternative payments and risk sharing models; and finally, the changes in policies affecting market adoption for these solutions.

- Moderator: Laurel Sweeney, Principal, Access Strategies
- Jay Ahlman, Vice President, Coding and Reimbursement, American Medical Association
- Shannon Sartin, Executive Director, United States Digital Service

4:15 pm – 5:15 pm  Bundling Panel

5:15 pm – 6:30 pm  Networking Reception

Thursday, April 18, 2019

7:30 am  Registration Open and Continental Breakfast

8:15 am – 9:30 am  What’s Up Next on Capitol Hill?

Hear from key Hill staffers from the House and Senate as they discuss key health policy issues and priorities for Republicans and Democrats.

- Moderator: Duane Wright, Vice President, Government Affairs, AdvaMed
- Brett Baker, Senior Health Policy Advisor, Senate Finance Committee
- Melanie Egorin, PhD, Deputy Chief of Staff, Committee on Ways and Means, US House of Representatives

9:45 am – 10:00 am  Networking Break

Draft as of March 14, 2019
10:00 am – 11:00 am  Showing Your Value from the Start - Engaging Payers in your Regulatory Approval Process

FDA’s Ken Skodacek, Deputy Ombudsman (Acting), will lead a panel of payers and CMS representatives, along with medtech companies, to discuss efforts to include private payers and CMS in FDA’s regulatory approval process. The session will highlight FDA’s Private Payer Communications Taskforce and the FDA/CMS Parallel Review Program and successes that offer models for medtech companies to combine regulatory and coverage evidence development processes.

- Moderator: Ken Skodacek, CDRH Deputy Ombudsman (acting), representing CDRH Innovation and the Payor Communication Task Force, FDA
- Naomi Aronson, Executive Director of Clinical Evaluation, Innovation and Policy, BlueCross BlueShield Association
- Chuck Stemple, Vice President, Health Guidance Organization, Humana

11:00 am – 11:15 am  Networking Break

11:15 am – 12:15 pm  Using Real-World Evidence in Payer Decision Making: Innovative Approaches

Access and use of real-world data sources, such as administrative claims data and electronic health records, is increasing for the evaluation of medical devices, which is resulting in a variety of applications for payer decision-making. This panel will highlight innovative approaches of augmenting traditional clinical trial data with real-world data to generate evidence to enable payer decision-making related to coverage and payment.

- Potential topics/panel members
- Conducting CED with a prospective longitudinal study using Medicare claims data – the case of leadless pacemakers: Lindsay Bockstedt, Medtronic
- Daniel Canos – former CMS, FDA