As the reimbursement and coverage landscapes for the medical technology industry are continuously changing, AdvaMed’s 5th 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.
8:00 am
Registration & Continental Breakfast

8:45 am – 9:30 am
Opening Keynote and Fireside Chat
- Mark McClellan, MD, PhD, Director, Duke-Robert J. Margolis Center for Health Technology
- Scott Whitaker, President and CEO, AdvaMed

9:30 am – 11:00 am
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.
- Moderator: Don May, Executive Vice President, Payment & Health Care Delivery, AdvaMed
- Thomas Arnold, Senior Director - Health Plan Solutions (Diabetes Group), Medtronic
- 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
- Myla Maloney, Vice President, Strategic Accounts, Premier Applied Sciences

11:00 am – 11:15 am Networking Break

11:15 am – 12:15 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.
CONFERENCE AGENDA

- **Moderator:** Laurel Sweeney, Principal, Access Strategies, LLC
- **Jay Ahlman**, Vice President, Coding and Reimbursement, *American Medical Association*
- **Kamal Jethwani, MD**, Senior Director of Connected Health Innovation, *Partners HealthCare*
- **Laura Patterson**, Senior Corporate Development Advisor, *CareFirst BlueCross Blue Shield*
- **Shannon Sartin**, Executive Director, *United States Digital Service*

12:15 pm – 1:45 pm
Luncheon Keynote
- **Charles (Chip) Kahn, III**, President & Chief Executive Officer, *Federation of American Hospitals*

2:00 pm - 2:45 pm
**How to Engage CMS in the New HCPCS Coding 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 (CMS)*

2:45 pm – 3:00 pm   Networking Break

3:00 pm – 4:00 pm
**Bundling and Alternative Payment**
How are the new BPCI Advanced bundling initiatives, Next Gen ACOs, and Private Payer ACOs changing the delivery landscape and impacting adoption of new and innovative medical technologies?
- **Moderator:** Jackie Roche, Director of Coverage and Reimbursement, *Johnson & Johnson*
- **Amy Bassano**, Deputy Director, *Center for Medicare and Medicaid Innovation (CMMI)*
- **Stephanie Dyson**, Vice President, Care Delivery Policy, *UnitedHealth Group*
- **Greg Russo**, Managing Director, *Berkley Research Group*

4:00 pm – 4:30 pm
**AdvaMed 2019 Priorities for Medtech Payment and Coverage Policy**
Don May, AdvaMed’s Executive Vice President of Payment and Health Care Delivery Policy, will provide 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.

4:30 pm – 6:00 pm   Networking Reception
THURSDAY
APRIL 18

7:30 am
Registration Open and Continental Breakfast

8:30 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

9:30 am – 9:45 am Networking Break

9:45 am – 10:45 am
Showing Your Value from the Start - Engaging Payers in your Regulatory Approval Process
FDA’s Ken Skodacek, Deputy Ombudsman, will lead a panel of payers to discuss efforts to include private payers 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 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
- **Sujith Shetty,** MBBS, EVP, Maxis Medical

10:45 am – 11:00 am Networking Break

11:00 am – 12:00 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.
- **Moderator:** Liz Spurgin, MBA, Vice President, Health Economics & Patient Access, Medical Device Innovation Consortium (MDIC)
- **Lindsay Bockstedt,** Senior Director, Global Health Policy, Reimbursement & Health Economics, Medtronic
- **Tom Keating,** EVP, Sales & Operations, PRIA Healthcare
- **Carla Monacelli,** Vice President, Government Affairs and Market Access, LivaNova PLC