



Working with Private Payers: Being an Advocate for Your Medical Technology in an Age of Health Care Reform

Sheraton Gateway Suites
Chicago, IL
October 20 - 21, 2009

Tuesday, October 20, 2009

8:30 – 9:00

BREAKFAST AND REGISTRATION

9:00 – 9:05

Welcome

Thomas Maeder, Executive Director, MTLI, AdvaMed

9:05 – 9:45

Private Payer Challenges for the Medical Technology Industry

Perry Dimas, Vice President, Business Development, Premier Source Diagnostics

- The elements of reimbursement for medical products and services
- Who pays for what – CMS, commercial payers, employer groups, workers comp
- Trends in controlling quality and costs through evidence-based decision-making and value-based purchasing
- The role of the reimbursement professional in charting the strategic and tactical pathway to market

9:45 – 10:30

The Private Payer Landscape in an Age of Health Reform

David Gregory, Executive VP, Presscott Associates

- Who are commercial payers?
- What makes commercial payers tick?
- How do ROI and clinical policy interact?
- What systems do payers use to administer their business plans?
- Who are payers' customers and what do they want?
- Who are the key policy- and decision-making personnel and do

they differ among plans?

- Do commercial payers want to help technology companies explore the effectiveness of their products?
- How might the private payer system change with health reform?

10:30 – 10:45

BREAK

10:45 – 11:30

Why is New Technology Still Part of the Problem, not the Solution?

Burton Vanderlaan, CMO, Midwest Region, Aetna (invited)

- Contemplating whether new technology raises or contains cost
- Comparative effectiveness
- Cost-effectiveness
- How commercial payers balance clinical benefit, cost, and other factors in the decision-making process

11:30 – 12:15

When, Why, and How Do Payers Develop Medical Policy?

Gary Owens, President, GO Associates

- What is a medical director's role?
- How do medical directors translate member benefits into medical policy?
- When and how can manufacturers and others most productively interact with medical directors?
- When should medical directors learn about new technologies and what are their informational needs?
- What sources of information (e.g., national technology evaluation centers) do medical directors use for guidance?
- How do providers interact with medical directors about new technology?
- Do medical policies always get implemented as designed? If not, what happens?
- How does ROI factor into medical policy decisions?

12:15 – 1:30

Lunch

1:30 – 2:15

How Do Payers Calculate an ROI for Your Technology?

Paul Kane, Vice President, Underwriting Services, IBC

- What are the inputs?
- What is the process?
- What is the output?
- What useful information can manufacturers provide?

2:15 – 3:00

Who Really Purchases Your Medical Technology?

John Hamrick, Executive Vice President, Access MediQuip

- How do physicians learn about, evaluate, and select new and different medical technologies
- What medical technology companies do right and do wrong

- The challenges of balancing clinical and fiscal responsibility

3:00 – 3:15

Break

3:15 – 4:00

Driving Internal Consensus on Private Payer Strategies

Mary Walchak, Director of Strategic Reimbursement, Global Marketing, GE Healthcare

- The role of reimbursement in developing product and marketing strategy
- Coordinating internal resources for effective support of reimbursement strategic objectives

4:00 – 4:45

Case Study: Same Technology – Medicare vs. Commercial Populations – Different ROIs

Speaker TBA

- A practical demonstration of how the same technology used in different patient populations leads to differing ROIs

4:45 – 5:30

CMS Trends Coming to a Private Plan Near You

Speaker TBA

- How will federal policy changes trickle down into modifications in commercial payers?

5:30 – 6:30

Reception

Wednesday, October 21, 2009

8:00 – 8:30

Breakfast

8:30 – 9:15

Case Study: Bariatric Surgery

Henry Alder, Director, Reimbursement & Healthcare Economics, Ethicon Endo-Surgery (a J&J company)

- Developing actuarial evidence for a complex therapeutic ROI example

9:15 – 10:00

Maximizing Private Payer Relations

Perry Dimas, Vice President, Business Development, Premier Source Diagnostics

- Does starting early make sense
- What is the role of professional and patient organizations
- How do you present clinical data
- When is economic data effective
- How do you maximize the “herd mentality” of health plans
- When is it appropriate to use self-imposed utilization or indication parameters
- Can health plans be strategic partners of manufacturers

- 10:00 – 10:15** **Break**
- 10:15 – 11:00** **The Path to Successful Reimbursement – the Decision Tree**
Presscott Associates speaker
- Now that you have the map and a compass, how do you chart your path through the actual terrain?
- 11:15 – 12:00** **Case Study: Building Internal Consensus**
John Ridge, Director, Reimbursement Services, Ventana Medical Systems (invited)
Sometimes the “enemy” lurks within – overcoming senior management denial on the route to reimbursement success
- 12:00 – 12:45** **The Story Doesn’t End – On-Going Payer Relations**
Linda Pauer, Director, Reimbursement Services, Arthrocare
- The care and feeding of commercial payer relations
- 12:45 – 1:00** **Closing Discussion**
- 1:00** **ADJOURNMENT**