

e<sup>x</sup>l 3RD  
events

# PAYER PARTNERSHIP

## FORUM

Align health systems, pharmaceutical companies, and payers to facilitate better care, improve health outcomes, and lower costs through payer partnerships

June 11-12, 2018

Hyatt Regency Boston Harbor | Boston, MA



**Fred Brownfield**,  
Former Director, Pharma  
Innovative Contracting,  
**HUMANA**



**Barrie Baker, M.D.,  
MBA**, Chief Medical  
Officer, **TUFTS HEALTH  
PUBLIC PLANS**



**Michael Ruiz**,  
Vice President, Provider  
Relations, **UCARE**



**Robert Popovian**,  
Pharm.D., Vice  
President, U.S.  
Government Relations,  
**PFIZER**



**Jim Coccia**, Vice  
President, U.S. Market  
Access, **TAKEDA**



**Pritpal Virdee**, Senior  
Vice President and Chief  
Operating Officer, Senior  
Health Services, **BLUE  
CROSS BLUE SHIELD  
MICHIGAN**



**Brian McGarry**, Market  
President, **AETNA**



**Sachin Kamal-Bahl**,  
Vice President and  
Innovation Center Head,  
Global Health and Value,  
**PFIZER**



**Bob Goldberg**, Vice  
President and  
Co-Founder, **CENTER  
FOR MEDICINE IN THE  
PUBLIC INTEREST**



**Beyhan Zaim**,  
Vice President,  
Commercial Development  
and Alzheimer's Disease  
Global Lead,  
**EISAI U.S.**



### CONFERENCE CHAIR

**Marie Sanchirico**,  
Medical Managed Care,  
**SANOI GENZYME**

## NEW KEY TOPICS AT THE 3RD PAYER PARTNERSHIP FORUM

- ✓ Coverage That Moves From Treatment Focus to an Emphasis on Enhancing Health, Preventing Disease and Personalizing Care
- ✓ Define Value Strategies That Scale Multifunctional Departments to Represent All Facets of Value
- ✓ Utilize Real-World Evidence (RWE) to Enhance Payer Decision-Making and Collaboration
- ✓ Elevate U.S. Market Access Strategies by Adopting Practices From Other Countries
- ✓ Cultivate a Value-Saving Task Force Through Pharma, Health System and Payer Unions
- ✓ Identify Proactive Strategies That Expand Patient Access in an Era of Increasing Cost Controls and Utilization Management

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# 3RD PAYER PARTNERSHIP FORUM



## Dear Colleague,

To outrival competitors in the evolving healthcare landscape, life science organizations must partner with payers to enhance strategic product positioning, ensure optimal reimbursement, and expand market access.

With overwhelming challenges facing life science professionals, such as aligning with payers, developing value propositions, value-based contracting, and ensuring patient access, life science professionals must partner with payers to excel in the evolving healthcare landscape. At the only life science event designed to understand payer perspectives, the Payer Partnership Forum delivers your step-by-step success strategy to compliantly engage payers to prove a product's value, execute value-based agreements, and build sustainable partnerships.

At this year's event, attendees will walk away with tangible tactics to guide them through payer engagement from pre- to postmarket. Through case studies from Abbott, plenaries from HEOR, new product planning, market access, commercial development, payer marketing and more professional perspectives, and an Executive Payer Assembly boasting five C-Suite payers, the 3rd Payer Partnership Forum is not to be missed.

Take a step away from price-centric models and delve into value-based payer partnerships this June in Boston!

Sincerely,

*Michael Martinez*

Michael Martinez  
Conference Production Director, Payer Partnership Series  
ExL Events, a division of Questex, LLC

## WHO SHOULD ATTEND

This conference is designed for representatives from life science organizations, health systems and payers with responsibilities in the following areas:

- Payer Strategy and Contracting
- Value-Based Reimbursement Strategies
- Payer and Channel Access
- Patient Services and Pricing
- Value-Based Payment Initiatives
- Payer Engagement and Collaboration
- Physician Alignment and Recruitment
- Managed Care
- Patient Access
- Utilization Management
- Account Management
- Patient Support and Assistance
- HEOR

This conference is also of interest to:

- Data Management/Analytic Solution Providers
- Population Health Management Organizations

## VENUE INFORMATION

### Hyatt Regency Boston Harbor

101 Harborside Drive  
Boston, MA 02128

To make reservations, please call 888-421-1442 and request the negotiated rate for **ExL's June Meetings**. You may also make reservations online using the following weblink: <https://goo.gl/JLCBh5>. The group rate is available until **May 21, 2018**. Please book your room early, as rooms available at this rate are limited.

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**8:00 Registration and Continental Breakfast**

**8:45 Chairperson's Opening Remarks**  
**Marie Sanchirico**, *Medical Managed Care*, **SANOFI GENZYME**

**9:00 Define Market Access As a Corporate Driver**  
 > Stop reacting and hyper-focusing on buzzwords to plan properly for value and access  
 > Understand market access as the latest interaction of healthcare economics and consider where it will go next  
 > Debate when access will be considered a requirement to be in the C-Suite of the pharmaceutical sector  
**Jim Coccia**, *Vice President, U.S. Market Access*, **TAKEDA**

**9:45 Identify EU HTA Agencies' Impact on U.S. Payers**  
 > Introduce elements of EU Health Technology Assessment (HTA) functions part of U.S. payer decision-making  
 > Examine the influence of EU HTA agencies on evolution of payer coverage determinations  
 > Prepare for "HTA-ish" future and evolving value demonstration for your brand  
**Kris Thiruvillakkat**, *Director, Global Market Access Strategy*, **PFIZER**

**10:30 Networking Break**

**EXECUTIVE PAYER ASSEMBLY**

**11:00 Uncover Best Practices in Value-Based Contracting to Ensure Success From Initiation to Execution and Evaluation**  
 Health plans have used value as a basis for payment for years with health systems. It is now time to apply the provenly successful value-based agreements to pharmaceutical payments. This panel will uncover payers' best practices in executing value-based agreements to deliver better outcomes and ensure payment is dependent upon product performance.

- ✔ Define the essential elements that need to be in place for value-based contracts to be successful
- ✔ Consider what kind of analytics that capabilities need to be present to track outcomes
- ✔ Examine supportive activities that will enhance the likelihood of successful value-based contracts
- ✔ Address issues of longer-term time frames when setting up the details of the contracts

**Moderator**  
**Marie Sanchirico**, *Director, Medical Managed Care*, **SANOFI GENZYME**

**Panelists**  
**Fred Brownfield**, *Former Director, Pharma Innovative Contracting*, **HUMANA**  
**Michael Ruiz**, *Vice President, Provider Relations*, **UCARE**  
**Brian McGarry**, *Market President*, **AETNA**  
**Pritpal Virdee**, *Senior Vice President and Chief Operating Officer, Senior Health Services*, **BLUE CROSS BLUE SHIELD MICHIGAN**  
**Barrie Baker, M.D., MBA**, *Chief Medical Officer*, **TUFTS HEALTH PUBLIC PLANS**  
**Jonathan Harding, M.D.**, *Senior Medical Director, Senior Products Division*, **TUFTS HEALTH PLANS**  
**John G. Lovelace**, *President, Government Programs and Individual Advantage*, **UPMC HEALTH PLAN**  
**Michael Kaminsky**, *Director, Value-Based Care Strategy*, **AETNA**

**12:00 Networking Lunch**

**1:00 Uncover Best Practices for Innovative Contracting Between Pharma and Payers**  
 > Assess effectiveness, measure endpoints, and share financial responsibilities for successes (and failures!) between pharmaceutical and payers  
 > Define the key components of a simple-but-innovative contract that aligns with each organization's goals  
 > Knock down barriers of data limitations, privacy concerns, pricing and more to deliver the right product to the right patient at the right time  
**Fred Brownfield**, *Former Director, Pharma Innovative Contracting*, **HUMANA**

**1:45 Case Study: Abbott Nutrition's Collaboration With Advocate Health Care From a Health Economics Perspective**  
 > Examine Abbott Nutrition's collaboration with Advocate Health Care to provide payers and health systems with a la carte data to demonstrate therapeutic value  
 > Understand what collaborative research looks like in the HEOR space  
 > Examine how to demonstrate the value of collaborative research through a budget impact model using data from a large ACO  
**Jamie Partridge**, *Director, Global Scientific Affairs*, **ABBOTT**

**2:30 Value Based Reimbursement: Legal and Strategic Considerations**  
 > Acquire knowledge regarding taking risk in Medicare Advantage Plans and considerations for coding initiatives and compliance  
 > Learn strategies for direct to employer contracting for self-insured plans and for integrating the provider network with data examination trends as the industry continues its shift to value based reimbursement  
 > Overview of the early stages of risk based contracting and population health management to the current state of more mature value based reimbursement arrangements  
**Christine Burke Worthen**, *Partner*, **PIERCE ATWOOD LLP**

**3:15 Networking Break**

**3:45 Describe a New Model of Personalized Drug Coverage That Moves From a Treatment Focus to an Emphasis on Enhancing Health, Preventing Disease and Personalizing Care**  
 > Exemplify how the current reimbursement models reward making people sicker  
 > Define what a personalized drug benefit would look like and how it would prevent disease progression  
 > Describe what tools and data are needed to move towards personalized drug coverage  
 > Outline why biopharma and medical device companies must invest in this personalized approach in order to survive  
**Bob Goldberg**, *Vice President and Co-Founder*, **CENTER FOR MEDICINE IN THE PUBLIC INTEREST**

**4:30 Utilize RWE to Define Value in Rare Diseases**  
 > Outline rare diseases and types of RWE  
 > Review challenges associated with capturing RWE in rare diseases  
 > Explore methodology to address assessing outcomes in rare diseases  
**Michele Cole**, *Director, Health Economics and Outcomes Research*, **ACTELION**

**5:15 Day One Concludes**

“Great presentations with actionable insights and excellent takeaways”  
 –Regional Director, Managed Care, **UNIVERSAL HEALTH SERVICES**

5:30 Networking Drinks

6:00 Dinner

## 7:00 HEALTHCARE EXECUTIVE THINK TANK

As the healthcare landscape continues to drastically change and health systems continue to grow and consolidate to form large Accountable Care Organizations (ACOs) and Integrated Delivery Networks (IDNs), manufacturers are tasked with learning how to best contract with these expanding systems to ensure product success. With conflict of interest policies in place and restricted access to physicians, manufacturers need to change their sales approach.

This dinner panel is a unique opportunity to explore the needs of top ACO and IDN leaders in order to ensure you both thrive in the rapidly changing healthcare environment.



Moderator  
**Alan Gilbert**, Vice President, Growth,  
LUMIRADx



Panelists  
**Michael Hunt**, CEO/President, ST. VINCENT'S  
HEALTH PARTNERS, INC.



**Steven Peskin**, Healthcare Delivery Innovation,  
HORIZON BLUE CROSS BLUE SHIELD OF  
NEW JERSEY



**Marion Davis**, CEO, PRIMARY PARTNERCARE



**Sanjay Doddamani**, Chief Medical Officer,  
GEISINGER LED KEYSTONE ACO

## TUESDAY, JUNE 12, 2018 // AGENDA DAY TWO

8:30 Continental Breakfast

9:00 Chairperson's Recap of Day One

**Marie Sanchirico**, Medical Managed Care, **SANOFI GENZYME**

9:15 **Define Strategies to Advance the Common Political and Structural Ground to Act As One Integrated Industry Instead of Insurers, Providers, and Pharma**

- > Define the reasons health plans and health systems aren't behaving like integrated delivery systems to achieve Triple Aim goals
- > Determine if the foundation of mutually exclusive behavior is the lack of ROI, trust or understanding of value-based payments
- > Combat the continuous and enormous friction that stems from battling over the premium dollar rather than working with fewer rules and more alignment

**Jeffrey Gold**, Senior Vice President and Special Counsel, **HEALTH ASSOCIATION OF NEW YORK STATE**

10:15 **Considerations and Strategies in Developing Outcomes-Based Contracts**

- > Review current landscape of value-based contracts available in the public domain
- > Interactive discussion of capabilities necessary to execute
- > Push the thinking as to how we can look at VBD contracts in a different light, to ultimately create value for patients, payers and pharma beyond financials

**Josh Plumb**, Senior Director, Payer Marketing, **INTARCIA THERAPEUTICS**

11:00 Networking Break

11:30 **Remove Communication Barriers to Engage Payer Stakeholders**

- > Learn how leading pharmaceutical organizations are leveraging online discussion platforms for seamless payer engagement
- > Understand how these platforms are decreasing expenditures, advancing quality of care and coverage, and improving outcomes
- > Discover payer-centric case studies across multiple therapeutic categories and product lifecycles

**Lance Hill**, CEO, **WITHIN3**

12:15 Luncheon

1:15 **Examine What Is Right and What Is Wrong With Prescription Drug Pricing, Cost and Affordability in the United States**

- > Learn how medicines today are divided into four categories, each requiring specific policies to address the pricing, cost and affordability challenges
- > Understand that medicines are the most valuable intervention in healthcare, more than physicians, hospitals, and pharmacists, and question how society can get the most value from the most valuable intervention
- > Examine why we need a more transparent financing system in the U.S.

**Robert Popovian**, Pharm.D., Vice President, U.S. Government Relations, **PFIZER**

2:00 **Panel: Develop Value Propositions to Reflect Patient Needs**

- > Discuss how today's efforts in understanding and defining value capture the patient perspective
- > Outline how to quantify elements of value, especially qualitative ones
- > Propose technology to leverage in developing value through patient-inclusion
- > Align value amongst different stakeholders, including FDA, manufacturers, patients, and employers

**Sachin Kamal-Bahl**, Vice President and Innovation Center Head, Global Health and Value, **PFIZER**

2:45 **From the Outside Looking In: A New Product Planning Perspective at Reimbursement and Pricing Early in Drug Development**

- > Understand the new product planning process to arrive at the target product profile
- > Evaluate the trade-offs between the must-have and nice-to-have elements
- > Reconcile the ideal path with the budget and time constraints of real-world drug development

**Charles Pak**, Senior Director, New Product Planning, **IMMUNOGEN, INC.**

3:30 **Use Real-World Evidence to Define and Demonstrate the Value Proposition**

- > Understand how to use database information to refine target population and unmet need analysis
- > Utilize RWE to accelerate market access and uptake
- > Examine evolving trends of using RWE for payer-pharma partnerships

**Anita Burrell**, Adjunct Professor, **RUTGERS UNIVERSITY**

4:15 **Chairperson's Closing Remarks**

**Marie Sanchirico**, Medical Managed Care, **SANOFI GENZYME**

4:30 **Forum Concludes**

# REGISTRATION INFORMATION

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