



2012 – BEACON – Covidien Seminar #1



Ann-Marie Lynch

Washington's Impact on Innovation: An Insider's View of Health Care and Advances in Medical Devices and Technologies

Presented by: Ann-Marie Lynch, Executive Vice President, Payment and Healthcare Delivery Policy, AdvaMed (The Advanced Medical Technology Association), Washington, DC

Ann-Marie Lynch is the Exec, VP, Payment and Health Care Delivery at the Advanced Medical Technology Association (AdvaMed). In that role she manages the team that oversees the development of AdvaMed's payment and coverage policies and positions on a wide range of Medicare and private health care issues. Prior to joining AdvaMed, Ms. Lynch was the Principal Deputy Assistant Secretary for Planning and Evaluation (ASPE) at the U.S. Department of Health and Human Services and served as the Deputy Assistant Secretary, Health Policy in ASPE. She was the Staff Director of the U.S. House of Representatives, Committee on Ways and Means, Health Subcommittee where she played a key role in the development of major health care legislation. Ms. Lynch was a Senior Policy Analyst at the Prospective Payment Assessment Commission (now MedPAC) and an Economist at the Health Care Financing Administration (now CMS). She holds a B.A. from Fairfield University and an M.A. from Duke University, both in Economics.

Health care policy in Washington has been dominated by pressures to restrain the growth in health care spending while at the same time improving the quality of care for patients. This focus was most recently demonstrated by sweeping changes in health care financing and delivery included in health care reform legislation passed in 2010. Accountable Care Organizations (ACOs) and "bundled" payments models are examples of reforms which are intended to significantly change incentives for physicians and providers and reduce cost increases. The health reform law also contains several other key provisions including "pay-for-performance" programs that require Medicare to financially reward and penalize hospitals and other providers based on their performance on specified quality measures. A new federally funded national entity focused on comparative effectiveness research kicked off in 2011 with plans to fund research to better inform patients and providers about treatments and services. Finally, the industry will be required to pay a new 2.3% device tax, estimated at \$20B over 7 years. Will these changes have the inadvertent effect of slowing medical progress and denying patients access to new and better treatments? What structural changes can be made to ensure that the U.S. continues to lead in the development of new medical devices and technologies and that patient access to such discoveries is not compromised?

Wednesday, March 28, 2012

Networking Reception 5:30-6:30 PM

Presentation 6:30-7:30 PM

Covidien, 60 Middletown Avenue, North Haven, CT

Directions and parking information will be sent with each RSVP.

NO CHARGE TO ATTEND, BUT RSVP REQUIRED

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