

FEDERAL HEALTH UPDATE

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Produced by Kate Connelly Theroux in collaboration with the Institute of Federal Health Care (IFHC)

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Executive and Congressional News

- The Senate and House are in recess until Sept. 13, 2010.
- **On Sept. 1, 2010, President Obama proclaimed September to be National Childhood Obesity Awareness Month, encouraging all Americans to take action by learning about and engaging in activities that promote healthy eating and greater physical activity by all children.**

For more information, please visit: <http://www.whitehouse.gov/the-press-office/2010/09/01/presidential-proclamation-national-childhood-obesity-awareness-month>

Military Health Care News

- **On Sept. 1, 2010, the new TRICARE Overseas Program contract went into effect, giving beneficiaries easier and greater access to health care outside the United States.**

International SOS Assistance, TRICARE's overseas contractor, is partnering with military treatment facilities (MTFs) to give Department of Defense beneficiaries comprehensive health care services. International SOS operates provider networks around overseas MTFs and in remote locations.

Beneficiaries stationed overseas who want to keep up with the latest information about their health care benefits need to update their family's Defense Enrollment Eligibility Reporting System (DEERS) records as soon as possible.

Options for updating include doing it in person at a military ID card issuing facility, online or by phone, fax or mail.

For more information about DEERS, go to www.tricare.mil/DEERS. Learn more about the TRICARE Overseas Program go to www.tricare.mil/overseas.

- **On Sept. 1, International SOS Assistance, Inc. will begin TRICARE Reserve Select (TRS) enrollment and customer support to overseas-based National Guard and Reserve members.**

This is part of International SOS' responsibilities under the new TRICARE Overseas Program (TOP) contract. Currently, Humana Military Services, Inc. manages overseas TRS enrollment and customer service.

The TOP contract will not change any policies or processes of the TRS Program. There will be no change in the way TRS enrollees pay their premiums and access their benefits. In the coming weeks, enrollees will receive a letter containing a new enrollment card with updated points-of-contact.

International SOS will also manage overseas TRS claims under the new contract, including those generated by TRS members enrolled stateside while traveling overseas. Additionally, International SOS will process overseas TRS pharmacy claims. If they are not otherwise covered by the TRICARE pharmacy contract, TOP TRS claims will be processed as TRICARE Standard.

TRS members living or traveling overseas may contact one of the TRICARE Overseas regional call centers to obtain assistance in finding a host nation provider. The contractor is not required to make an appointment on the member's behalf.

TRS customer support and information is available from International SOS by calling toll free from the U.S. at 1-877-451-8659. For country-specific contact information, please visit www.tricare-overseas.com/trs.htm.

- **For the first time, members of the Retired Reserve who are not yet age 60, the so-called "gray area" retirees, can purchase TRICARE health coverage for themselves and their eligible family members with the Sept. 1, 2010, launch of TRICARE Retired Reserve (TRR).**

Retired Reservists may qualify to purchase TRR coverage if they are under the age of 60 and are not eligible for, or enrolled in, the Federal Employees Health Benefits (FEHB) program. They must also be members of the Retired Reserve of a reserve component and qualified for non-regular retirement. For instructions on how to qualify for and purchase TRR go to www.tricare.mil/trr.

For calendar year 2010, the TRR member-only monthly premium is \$388.31 (\$4,659.72 yearly), and the member and family monthly premium is \$976.41 (\$11,716.92 yearly). Premiums will be adjusted annually.

- **A new e-newsletter for TRICARE Standard beneficiaries is available online at the TRICARE Web site.**

It supplements the printed Standard newsletter mailed every January to all Standard beneficiaries. The direct link to the e-newsletter is www.tricare.mil/tricareSMART/product.aspx?id=789&s=standard.

The e-newsletter provides information about finding a provider, immunizations, preventive health screenings, back-to-school physicals as well as other information to help get the most out of the flexible TRICARE Standard and Extra healthcare plan options.

For more information on TRICARE Standard or Extra go to the new www.tricare.mil and answer three easy questions to get connected to information tailored specifically to the user.

- **Rear Adm. (Select) Colin Chinn is the new director of TRICARE Regional Office-West.**

As the regional director, Chinn manages the multi-billion dollar TRICARE contract covering the 21-state West Region.

Rear Adm. Chinn spent much of his career supporting the Marine Corps. He was the battalion surgeon with 3rd Reconnaissance Battalion, 3rd Marine Division, from 1986-1987; group surgeon, 3rd Force Service Support Group, III Marine Expeditionary Force, from 1998-2000 and force surgeon, U.S. Marine Corps Forces Pacific, from 2008-2010. He was selected as the Navy surgeon general specialty leader for Fleet Marine Forces during this tour.

Chinn's senior hospital assignments include director of medical services at Naval Hospital Okinawa from 2000-2003 and executive officer, Naval Hospital Lemoore (Calif.) from 2003-2006. Following those assignments, he completed a two-year tour as the 15th commanding officer of Naval Hospital Oak Harbor (Wash.) from June 2006-June 2008.

- **The Office of Force Health Protection & Readiness and the Deployment Health Clinical Center has established a new program to train and certify medical personnel in implementing deployment mental health assessments for service members.**

By law, mental health assessments are required for each member of the Armed Forces deployed in connection with a contingency operation. Deployment Mental Health Assessments are completed to identify and assess post-traumatic stress disorder (PTSD), depression, suicidality, and other mental health conditions, risks and concerns, before and after deployment.

Through the program, medical personnel will learn to implement effective deployment mental health screening, education, and referral. Other goals involve protecting service member privacy, respecting service member dignity, maximizing service member trust and confidence, and conveying appreciation for each service member's service to country.

After completion of the training, clinicians will be able to describe the rationale and process for a staged mental health assessment, define the roles of trained and certified providers in the assessment process, and use key assessment tools to identify symptoms of depression, PTSD, risky drinking, and other mental health concerns. Recipients will earn a certificate indicating that they are trained and certified to administer DoD deployment mental health assessments.

For more information, please visit <http://fhpr.osd.mil> and <http://www.pdhealth.mil>

- **Spectrum Healthcare Resources (Spectrum) has achieved the Gold Seal of Approval™ for health care staffing services from The Joint Commission.**

The Joint Commission's certification program offers an independent, comprehensive evaluation of a staffing firm's abilities to provide competent staffing services. Contractors are given assurance by this certification that Spectrum demonstrates a commitment to providing and continuously improving quality services. This is the fourth consecutive Gold Seal of Approval that SHR has received.

Veterans Health Care News

- **The Department of Veterans Affairs (VA) announced a new pilot in the Indianapolis region that will improve the delivery of veterans' health information.**

The Richard L. Roudebush VA Medical Center in Indianapolis will partner with the Indiana Health Information Exchange (IHIE), the largest health information exchange organization in the United States, to securely exchange electronic health record (EHR) information using the Nationwide Health Information Network.

VA will invite veterans who receive health care from VA and from selected hospitals and providers in the Indianapolis area to sign up for the pilot, with the understanding that their information will not be shared without their authorization. Veterans who participate will enable their public and private sector health care providers and doctors to share specific health information electronically, safely, securely and privately.

The pilot is planned to run through 2012, with the goal of advancing EHRs for VA and other community providers.

Led by the U.S. Department of Health and Human Services, the Nationwide Health Information Network provides a technology "gateway" to support interoperability standards and a legal framework for the secure exchange of health information between treating physicians, when authorized by a patient. Clinicians from the participating organizations can share authorized patient data electronically, securely, and privately, ensuring around-the-clock access to critical health information. This immediate electronic access supports increased accuracy, efficiency, and safety. It also helps to avoid redundant care and testing.

Since more than half of America's veterans and active duty service members receive some portion of their health care outside of VA or Department of Defense facilities, interoperability between federal agencies and the private sector is essential to provide the best care for veterans, service members, and their dependents.

IHIE is made up of collaborative partnerships with Regenstrief Institute, private hospitals, insurers, local and state health departments, and other health care organizations that impact more than 60 hospitals providing care to more than 6 million patients.

More detailed information about the pilot program is available by calling 1-877-771-VLER (8537).

- **The Department of Veterans Affairs is partnering with the National Institutes of Health (NIH) to award \$6 million in grants for research examining the link between substance abuse and military deployments and combat-related trauma.**

NIH agencies taking part in the initiative are the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, and the National Cancer Institute.

Several studies will look at treatment-seeking patterns — why and when veterans ask for help, and why many don't. Scientists will also explore treatment strategies, including cognitive behavioral therapy and Web-based approaches, as well as the most effective therapies for soldiers who have other disorders, such as depression and substance abuse.

Researchers will also determine if early intervention can improve outcomes. Other projects will focus on how veterans readjust to their work and families after returning from war.

Institutions receiving the grants include Brandeis University; Dartmouth College; the Medical University of South Carolina; the National Development and Research Institutes in New York City; the University of California, San Francisco; the University of Minnesota, Twin Cities; the University of Missouri in Columbia; and the VA medical centers in West Haven, Conn.; Philadelphia; Little Rock; and Seattle.

- **The 3rd National Veterans Summer Sports Clinic, sponsored by the Department of Veterans Affairs (VA), will be held Sept. 19 - 25 in San Diego.**

Events at the important rehabilitation clinic include adaptive kayaking, sailing, track and field, cycling and surfing, using venues throughout the San Diego area, including the U.S. Olympic Training Center.

Participation is open to military veterans who are eligible for VA medical care and have orthopedic amputations, traumatic brain injuries, burn injuries, psychological trauma, certain neurological conditions, visual impairment, spinal cord injuries or other injuries incurred during the past six years.

The Clinic is one of VA's six national rehabilitation events held each year, with sponsorship support for the Summer Clinic provided by original founding sponsors, Help Hospitalized Veterans and the Veterans Canteen Service, as well as national sponsors Health Net, Booz Allen Hamilton and Challenged America.

The VA San Diego Health care System has hosted the event since its inception in 2008.

For more information about the National Veterans Summer Sports Clinic, visit www.summersportsclinic.va.gov.

- **The Department of Veterans Affairs (VA) Secretary Eric K. Shinseki gave the keynote address at the fourth annual Traumatic Brain Injury (TBI) Military Training Conference.**

"We — DoD and VA — simply cannot afford to be less than aggressive in our effort to identify, treat and rehabilitate TBI victims," Shinseki told the approximately 1,000 military, VA and civilian health care workers at the conference sponsored by the Defense and Veterans Brain Injury Center (DVBIC).

The Defense and Veterans Brain Injury Center was established by Congress in 1992. DoD and VA together offer clinical care, research and education on traumatic brain injury. DVBIC is the operational component of the Defense Center of Excellence for Psychological Health and Traumatic Brain Injury.

In praise of the collaborative DVBIC model, Secretary Shinseki said it should be replicated for all military personnel transitioning to VA care, and not just for TBI or burn care.

There are DVBIC researchers assigned at each of the four VA Polytrauma Rehabilitation Centers (Tampa, Richmond, Minneapolis and Palo Alto), where they gather information regarding care of patients with TBI, analyze and translate this information into recommendations to improve care, and educate providers in implementing those improvements clinically.

- **The Department of Veteran Affairs (VA) published a final rule on August 31, 2010, in the [Federal Register](#) to expand the list of health problems VA will presume to be related to Agent Orange and other herbicide exposures to add two new conditions and expand one existing category of conditions.**

The final regulation adds Parkinson's disease and ischemic heart disease and expands chronic lymphocytic leukemia to include all chronic B cell leukemias, such as hairy cell leukemia. The VA's decision to add these presumptives is based on the latest evidence provided in a 2008 independent study by the Institute of Medicine concerning health problems caused by herbicides such as Agent Orange

In practical terms, veterans who served in Vietnam during the war and who have a "presumed" illness don't have to prove an association between their medical problems and their military service. By helping veterans overcome evidentiary requirements that might otherwise present significant challenges, this "presumption" simplifies and speeds up the application process.

Veterans who served in Vietnam anytime during the period beginning Jan. 9, 1962, and ending on May 7, 1975, are presumed to have been exposed to herbicides.

More than 150,000 veterans are expected to submit Agent Orange claims in the next 12 to 18 months, many of whom are potentially eligible for retroactive disability payments based on past claims. Additionally, VA will review approximately 90,000 previously denied claims by Vietnam veterans for service connection eligibility for these conditions. All those awarded service-connection eligibility who are not currently eligible for enrollment into the VA healthcare system will become eligible.

This new regulation is subject to provisions of the Congressional Review Act that require a 60-day Congressional review period before implementation. After the review period, VA can begin paying benefits for new claims and may award benefits retroactively for earlier periods. For new claims, VA may pay benefits retroactive to the effective date of the regulation or to one year before the date VA receives the application, whichever is later. For pending claims and claims that were previously denied, VA may pay benefits retroactive to the date it received the claim.

Individuals can go to a Web site at <http://www.vba.va.gov/bln/21/AO/claimherbicide.htm> to get an understanding of how to file a claim for presumptive conditions related to herbicide exposure, as well as evidence needed by VA to make a decision about disability compensation or survivors' benefits.

- **James R. Floyd, FACHE, Network Director, VA Healthcare VISN 15, received the 2009 Meritorious Presidential Rank Award during a ceremony in Washington, DC.**

The award is one of the most prestigious honors for government career senior executives. Floyd is one of only three VA network directors to receive this award and was honored by President Obama as a top civil servant in the federal government.

The honor is the latest milestone in Floyd's 24-year career with the U.S. government. He joined the Indian Health Service in 1986 becoming the Area Director in Portland, Ore., serving 42 tribes in the states of Washington, Oregon and Idaho. He was appointed director of VA Medical Center in Salt Lake City in 1997 and served on various national task forces including Minority and Rural Veteran outreach.

Prior to his appointment as network director of the Heartland VA Healthcare VISN 15 in 2009, Floyd served as the acting network director in Denver, Colorado. As network director in Kansas City, he oversees the operations, finances and clinical programs of a health care system that serves more than 311,000 Veterans in Kansas and Missouri, as well as portions of Illinois, Kentucky, and Arkansas.

The President conferred on Floyd the rank of Meritorious Executive in the Senior Executive Service for sustained superior accomplishment in management of programs of the United States Government and for noteworthy achievement of quality and efficiency in public service.

Health Care News

- **A new payment site within [Pay.gov](http://pay.gov) will make it easier for companies that license inventions owned by the National Institutes of Health (NIH) and the Food and Drug Administration to make their royalty payments.**

Royalties are typically paid upfront for biological materials and over the term of a commercial patent license. The project is led by the Office of Technology Transfer and the Office of Financial Management at NIH.

By eliminating the need for bank checks, this bank-to-bank transfer system can shorten the processing time from several months down to a day or less. This also will reduce the administrative costs by moving from a paper system to a secure electronic system.

[Pay.gov](http://pay.gov) is a multifaceted web-based application allowing anyone to make Automated Clearing House (ACH) payments to government agencies by debit from a checking or savings account. [Pay.gov](http://pay.gov) was launched in 2000 and is maintained by the U.S. Department of the Treasury.

The NIH Office of Technology Transfer administers approximately \$90 million annually in royalty payments from about 500 companies, and licensees reported product sales of approximately \$6 billion last year. The OTT manages the patenting and licensing of the wide range of NIH and FDA inventions. The commercialization of government-owned inventions is encouraged and governed by the provisions of the Federal Technology Transfer Act and related legislation.

- **On Sept. 1, 2010, HHS Secretary Kathleen Sebelius announced three sets of grants and cooperative agreements totaling nearly \$17 million for patient-centered outcomes research (PCOR), or research that compares treatments and strategies to improve health outcomes for patients.**

The three-year funds will establish a network of PCOR centers, enable PCOR in pediatric emergency medicine, and support building capacity for community-based providers to engage in this type of research.

Five cooperative agreement awards will go to organizations in four states to create the Community Health Applied Research Network (CHARN) to demonstrate that safety net providers and academic institutions can partner together to create an effective infrastructure that supports patient-centered outcomes research. This network in particular will provide an opportunity to evaluate patient-centered outcomes research among diverse populations and patient subgroups that are not always adequately represented in similar studies.

The CHARN consists of a Central Data Management Coordinating Center, based at the Kaiser Foundation Hospitals' Center for Health Research in Portland, Ore., and four networks selected as research "nodes" in California, Illinois, Massachusetts and Oregon. The nodes are geographically dispersed consortia of safety net providers in 17 states.

Three of the four research nodes will focus on patient-centered outcomes research related to the delivery of primary care, while the fourth (in Boston), will focus more specifically on research that is relevant to the care and treatment of individuals with HIV/AIDS.

Another grant totaling \$3.5 million will be awarded to Columbia University to support patient-centered outcomes research within the Pediatric Emergency Care Applied Research Network (PECARN). The funds will help boost data capacity, conduct studies and disseminate information on research findings involving pediatric emergency care.

Separately, a grant totaling \$3.5 million will be made to the American Academy of Pediatrics at Elk Grove Village, Ill., to support development of an electronic health record sub-network within the Pediatric Research Network in the Office Setting, the nation's largest pediatric primary care research network. The results from this work will be used to inform guidelines and policies of pediatric practice.

- **The U.S. Department of Health and Human Services announced the first round of applicants accepted into the Early Retiree Reinsurance Program.**

Nearly 2,000 employers, representing large and small businesses, state and local governments, educational institutions, non-profits and unions have been accepted into the program and will begin to receive reimbursements for employee claims this fall.

Created by the Affordable Care Act as a bridge to the new health insurance Exchanges in 2014, the Early Retiree Reinsurance Program provides \$5 billion in financial assistance to employers and unions to help them maintain coverage for early retirees age 55 and older who are not yet eligible for Medicare. Businesses and other employers and unions that are accepted into the program will receive reimbursement for medical claims for early retirees and their spouses, surviving spouses, and dependents. Savings can be used to reduce employer health care costs, provide premium relief to workers and families, or both.

Starting in September, approved applicants can begin submitting claims dating back to June 1, 2010. On Oct. 1, approved applicants will begin to receive reinsurance payments on those claims. This policy allows more health benefit claims to qualify for reinsurance payments for plans this year. The program ends on Jan. 1, 2014 when state health insurance Exchanges are up and running.

For a list of approved applications by state, visit http://www.healthcare.gov/news/factsheets/early_retiree_reinsurance_program.html.

In addition to announcing these approved applications, HHS announced two new information tools for employers and unions interested in the Early Retiree Reinsurance Program – a new Web site (www.ERRP.gov) and a new hotline (877-574-3777 or 877-574-ERRP).

- **The U.S. Food and Drug Administration launched an innovative performance management system designed to advance the President's commitment to transparency, public participation and collaboration in the work of government.**

The system, called FDA-TRACK, will monitor more than 100 FDA program offices through data from key performance measures established each year. That data will be gathered monthly, analyzed and presented each quarter to FDA senior leadership. Importantly, the public will be able to track this data and the agency's progress through the FDA-TRACK Web site.

FDA-TRACK is designed to be informative, encourage accountability among the people who work at the FDA, and make that work more transparent. It gives managers and employees a new way to measure their effectiveness in meeting goals to protect the public health and provides a way for the public to monitor agency activities.

Adapted from several successful state and local performance management models, FDA-TRACK hopes to set the standard for open government at the federal level. The system monitors performance indicators in four categories:

- Common Measures – Agency-wide measures applicable to each of more than 100 program offices and may focus on the agency's most recent priorities.
- Key Center Director Measures – Center-specific measures that are applicable to each Center and are central to the Center's priorities and strategic goals.
- Program Measures – Program office-specific measures that are applicable to the office and reflect work important to the public and to the FDA's mission.
- Key Projects – Program office-specific projects that are applicable to the office and important to the mission and objectives of the office. Performance for Key Projects is measured through achievement of the stated milestones within the project's plan.

For more information, please visit [FDA-TRACK: Agency-wide Program Performance](http://www.fda.gov/fda-track).

Reserve/Guard

- As of Aug. 31, 2010, the total number of Guard and Reserve currently on active duty has **decreased** by 215 to 102,793. The totals for each service are Army National Guard and Army Reserve 75,360; Navy Reserve, 7,008; Air National Guard and Air Force Reserve, 15,280; Marine Corps Reserve, 4,364; and the Coast Guard Reserve, 781. www.defenselink.mil

Reports/Policies

- The Institute of Medicine (IOM) published **"Cardiovascular Disability: Updating the Social Security Listings,"** on Aug. 27, 2010. In this report, the IOM makes several recommendations for improving the cardiovascular system listings and for improving SSA's capacity to determine disability benefits more quickly and efficiently. <http://www.iom.edu/Reports/2010/Cardiovascular-Disability-Updating-the-Social-Security-Listings.aspx>
- The GAO published **"New Drug Approval: FDA's Consideration of Evidence from Certain Clinical Trials,"** (GAO-10-798) on Aug. 30, 2010. This report identifies NDAs for new molecular entities--potentially innovative new drugs not FDA-approved in any form--that included evidence from non-inferiority trials; examines the characteristics of these trials; and describes FDA's guidance on these trials. <http://www.gao.gov/new.items/d10798.pdf>
- The Institute of Medicine (IOM) published **"A Summary of the February 2010 Forum on the Future of Nursing: Education,"** on Aug. 31, 2010. This report is a summary of a forum held on Feb. 22, 2010, in which experts examined nursing education, considered innovations and strategies in three areas: what to teach, how to teach, and where to teach. <http://www.iom.edu/Reports/2010/A-Summary-of-the-February-2010-Forum-on-the-Future-of-Nursing-Education.aspx>
- The GAO published **"VA Drug Formulary: Drug Review Process Is Standardized at the National Level, but Actions Are Needed to Ensure Timely Adjudication of Non-formulary Drug Requests,"** (GAO-10-776) on Aug. 31, 2010. In this report, GAO reviewed the process VA uses to review drugs for its national formulary; the approaches VISNs and medical centers take to implementing the non-formulary drug request process; the extent to which VA ensures the timely adjudication of non-formulary drug requests.; and the mechanisms VA has in place to obtain beneficiary input on the national formulary and make the drug review process transparent. <http://www.gao.gov/new.items/d10776.pdf>

Legislation

Hill Hearings

- The Senate Veterans Affairs Committee will hold a hearing on **Sept. 22, 2010**, to examine a legislative presentation focusing on the American Legion.
- The Senate Veterans Affairs Committee will hold an oversight hearing on **Sept. 23, 2010**; examine Veterans' Affairs disability compensation, focusing on presumptive disability decision-making.

Meetings / Conferences

- The Institute for Healthcare Improvement's (IHI's) Patient Safety Officer Executive Development Program will be held on **Sept. 11-17, 2010**, in Boston Mass. <http://www.ihio.org/IHI/Programs/ProfessionalDevelopment/PatientSafetyProgramSept2010.htm?TabId=5>
- The 50th Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC) will be held on **Sept. 12-15, 2010**, San Francisco, Calif. <http://www.icaac.org/>
- 13th Battlefield Healthcare event: Pre and Post Deployment Combatant Care will be held **Sept. 20-22, 2010**, in San Diego, Calif. <http://www.battlefieldhealthcare.com/Event.aspx?id=331874>
- *Reproductive Health 2010* will be held **Sept. 22-25, 2010**, in Atlanta Ga. <http://www.arhp.org/professional-education/annual-meetings/rh2010>
- USU-HJF Military Medicine Symposium: Advancing Public-Private Partnerships will be held on **Sept. 23, 2010**, in Washington D.C. www.hjf.org/symposium
- The AHRQ 2010 Annual Conference - Research to Reform: Achieving Health System Change will be held on **Sept. 26-29, 2010**, Bethesda, Md. <http://meetings.capconcorp.com/ahrq/>
- The 5th Annual Obesity Congress will be held on **Sept. 28-30, 2010**, in Washington D.C. <http://www.worldcongress.com/events/HL10088/>
- The 6th Modern Drug Discovery & Development Summit will be held on **Oct. 20-22, 2010**, in San Francisco, Calif. <http://www.qtcbio.com/conferenceDetails.aspx?id=158>
- The 39th World Congress on Military Medicine will be held **Oct. 23-28, 2011**, in Abuja, Nigeria. <http://39wcmmbj2011.com/>
- IDGA's Electronic Health Records Summit will be held on **Oct. 27 - 29, 2010**, in Vienna, Va. <http://www.electronichealthrecordssummit.com/Event.aspx?id=338518>
- The annual Shots for Tots conference will be held on **Oct. 28-29, 2010**, in New Orleans. <http://www.shotsfortots.com/html/conference.html>
- The 116th Annual Meeting of AMSUS - "Federal Medicine: A Global Source for Health" will be held **Oct. 31 to Nov. 5, 2010**, in Phoenix, Ariz. www.amsus.org
- The 138th American Public Health Association Annual Meeting & Exposition will be held on **Nov. 6-10, 2010**, in Denver Colo. <http://www.apha.org/meetings/>
- The 5th Annual World Healthcare Innovation and Technology will be held on **Nov. 7 - 10, 2010**, in Alexandria Va. <http://www.worldcongress.com/events/HL10010/index.cfm?confCode=HL10010>
- The 6th Annual World Healthcare Innovation and Technology Congress (*WHIT v.6.0*) will be held **Nov. 8-10, 2010**, in Washington D.C. <http://www.worldcongress.com/events/HL10010/>
- The AHP Fall Forum 2009 will be held on **Nov. 8-10, 2010**, in Chicago, Ill. <http://www.ahip.org/links/fallforum2010/>
- AMIA 2009 Annual Symposium will be held on **Nov. 13-17, 2010**, in Washington D.C. <http://symposium2010.amia.org/>
- The 21st Annual National Forum on Quality Improvement in Health Care will be held on **Dec. 5-8, 2010**, in Orlando, Fla. <http://www.ihio.org/IHI/Programs/ConferencesAndSeminars/22ndAnnualNationalForumonQualityImprovementinHealthCare.htm>
- Military Medicine's Next Gen in Training, Treatment, and Technology will be held on **Dec. 6 - 8, 2010**, in San Antonio, Texas. www.BattlefieldHealthCare.com
- The World Influenza Congress will be held **Dec. 7-9, 2010**, in Amsterdam. <http://www.terrapinn.com/2010/flu/conf.stm>
- The World Health Care Congress 8th Annual Health IT/ Interoperability Summit will be held on **April 4-6, 2011**, in Washington D.C. <http://www.worldcongress.com/events/HR11000/>

If you need further information on any of the items in the Federal Health Update, please contact Kate Connelly Theroux at (703) 447-3257 or by e-mail at katetheroux@fedhealthinst.org. To subscribe, please visit <http://fedhealthinst.org/subscribe.cfm>. To unsubscribe, please send an email to newsletter@fedhealthinst.org with UNSUBSCRIBE as the subject.

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