

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 House will stand adjourned from Nov. 19 to Nov. 26, 2010.
- The Senate will stand in recess from Nov. 19 to Nov. 26, 2010.

- **On Nov. 17, 2010, the Senate Finance Committee held a hearing to examine how to modernize Medicare and Medicaid.**

The committee focused on what the government is doing to protect beneficiaries since the passage of the health care reform law earlier this year, which has a number of provisions that would affect these programs.

Dr. Donald Berwick, administrator of the Centers for Medicare and Medicaid Services (CMS), defended the health legislation passed earlier this year and said it provides the two programs with new tools to control costs, so they will not run out of money. However, Republicans on the committee were critical and focused on what they perceive as a lack of transparency surrounding Medicare and Medicaid. Berwick was a recess appointee by President Obama.

Military Health Care News

- **Rear Adm. Christine Hunter, deputy director of the TRICARE Management Activity, received the Boston University Distinguished Alumna Award on Oct. 30, 2010.**

The award is the school's highest honor for its graduates. Hunter, a native of Worcester, Mass., earned both her Bachelor of Arts and medical degrees with honors from Boston University. She is triple board certified in internal medicine, hematology and oncology.

Hunter has been a hospital commander, fleet surgeon and chief of staff at the Navy Bureau of Medicine and Surgery. She previously served as commander of Navy Medicine West and Naval Medical Center San Diego. She has been deputy director of TRICARE Management Activity (TMA) since May 2009.

Among her career accomplishments, Hunter developed the program that served as the model for TRICARE for Life, as well as a premier West Coast wounded warrior program for treatment of physical injuries, traumatic brain injury and posttraumatic stress disorder. She also organized the deployment of medical personnel in support of Operations Enduring Freedom and Iraqi Freedom and coordinated medical support for tsunamis, earthquake, and hurricane relief missions.

- **TriWest Healthcare Alliance has a new disease management program for major depression, which is available to eligible West Region TRICARE beneficiaries.**

Beneficiaries suffering from major depression, also known as clinical depression, can receive extra help through TriWest Healthcare Alliance, which manages the TRICARE military healthcare entitlement on behalf of the Department of Defense (DoD) for 21 western states.

Major depression is the most common depressive disorder. More than 20 million Americans have been diagnosed with depression according to the National Institutes of Health — about the equivalent of New York State's population. Clinical depression is a disabling disease characterized by persistent and enduring sadness, unhappiness and negativity that interfere with daily life. Generally, a person who is depressed also exhibits at least three other symptoms, such as sleep disturbance, significant drop in energy levels, weight gain or loss and frequent irritability.

TriWest's Disease Management department also offers support to beneficiaries with diabetes, asthma, lung diseases (COPD) and heart failure. The depression program, launched by TriWest in November, is a no-cost entitlement for those who are eligible. Eligibility is determined by TRICARE and is based on claims history.

The program has a number of services to help beneficiaries including a health coach who works with the beneficiary and the primary care manager to tailor an action plan. The health coach will then work with the beneficiary until the plan's goals are met. As needed, the beneficiary can also access smoking cessation, exercise, medication and nutrition help from his or her TriWest health coach.

TriWest also offers the TRICARE Assistance Program (TRIAP), allowing eligible beneficiaries, including services members and their families, to access private, confidential counseling sessions 24/7 with a licensed therapist via Internet (Skype) chat or over the telephone. These sessions are non-clinical and intended for general life issues, such as stress management or relationship problems. For more information, visit www.triwest.com/onlinecare.

- **Military Pathways launched Video Doctor, an anonymous, web-based program that gives military service members and their families the opportunity to consult with a video doctor from their computer about issues related to depression and posttraumatic stress disorder (PTSD).**

By simulating a doctor/patient conversation, the Video Doctor program guides participants through a series of questions about their emotional well-being and their readiness to seek help. The program also provides self-care tips and recommendations on how and where to access mental health resources.

Before accessing Video Doctor, individuals are asked to complete an anonymous questionnaire assessing their risk for depression, PTSD and other related disorders. After completing the online self-assessment, individuals receive immediate results, the opportunity to learn more through Video Doctor and recommendations for next steps, including information about services provided through the Department of Defense and Veteran Affairs.

To access the Video Doctor program, visit www.MilitaryMentalHealth.org. Military Pathways will launch new video doctor components for generalized anxiety disorder and alcohol use disorders in the summer of 2011.

- **TRICARE Management Activity (TMA) held its first Industry Day, Nov. 17, 2010.**

The event was geared toward increasing awareness of future acquisitions and programs that may generate contracting opportunities in support of the

TMA/Military Health System (MHS), thus increasing future vendor participation in upcoming contracting opportunities in the Washington, D.C., area.

The event was open to all interested firms.

- **On Nov. 17, 2010, Health Net Federal Services, LLC, launched its Major Depression Disease Management program.**

Established in partnership with the Department of Defense (DoD) for TRICARE beneficiaries ages 18-64, the Major Depression Disease Management program develops a customized patient plan to treat clinical depression.

Patients diagnosed with clinical depression are identified and enrolled in the program by the DoD based on medical history including diagnoses, hospitalizations, ongoing therapy and use of medication.

Health Net depression management specialists, including behavioral health professionals and specially trained registered nurses, personally reach out to each patient in the Major Depression Disease Management Program and, if accepted, develop a customized plan based on individual needs. The program helps to optimize services patients are receiving, such as enhancing communication with health care providers, as well as educating patients on the importance of keeping their appointments and taking prescribed medications regularly.

Additionally, Health Net teaches patients self-management skills to help better manage their symptoms. Health Net's depression management specialists communicate with providers (with patient permission), including primary care physicians, psychiatrists and therapists, and provide updates regarding a patient's progress to facilitate successful treatment.

- **The Army has signed a five-year contract with Toronto-based Diversinet to use the company's "MobiSecure Health" platform to expand the Army's mCare program.**

Using the MobiSecure Health platform, the Army will now be able to track the progress of as many as 10,000 wounded warriors returning home or returning to community-based transition units following initial recuperation from TBI and other wounds in military medical facilities. As of November 5, mCare has delivered more than 43,000 messages to more than 460 Warriors-in-Transition across 28 states.

mCare was developed by modifying commercial off-the-shelf technologies under the oversight of the Army's Medical Research and Materiel Command's Telemedicine and Advanced Technology Research Center (TATRC). The application was taken from concept to operations in less than six months and works on 270 different mobile device brands.

Specifically, Diversinet's downloadable mobile application offers secure two-way communications so that critical personal information can be stored and accessed on mobile devices. The product also enables the mCare team to exchange sensitive information by using two-way text-based messaging via mobile devices with wounded warriors.

- **The Department of Defense's TRICARE health insurance website is one of the highest-scoring insurance websites, according to ForeSee Results' third annual healthcare benchmark study.**

ForeSee Results' healthcare benchmark is composed of satisfaction scores for browsers on more than 50 different kinds of private- and public-sector healthcare websites including hospital, insurance, government, pharmaceutical, and consumer sites like Anthem, Blue Cross Blue Shield of Kansas, the Department of Health and Human Services, GlaxoSmithKline, the NIH, the National Cancer Institute, Northwestern Memorial Hospital, Proctor & Gamble and the U.S. Department of Veterans Affairs. Today's published healthcare benchmark includes more than 80,000 completed customer surveys during August and September of this year.

With an aggregate score of 79 on the benchmark's 100-point scale, websites for healthcare products and pharmaceuticals scored the highest overall satisfaction for all types of healthcare categories measured. The score of 79 is an aggregate of the individual companies' measured scores, which ranged from 70-85 (80 is generally considered the threshold for excellence).

The benchmark for hospitals and health systems is also at a relatively high level of 77, compared to many non-healthcare benchmarks ForeSee Results monitors. Hospital websites included in the benchmark have scores ranging from 62 to 88, a 26-point spread.

- **Health Net Federal Services, LLC announced its partnership with United Service Organizations (USO) to help expand the reach of behavioral health resources to members of the armed forces.**

USO staff and volunteers have been trained and educated to identify individuals who may exhibit signs or symptoms of behavioral health issues related to combat stress or multiple deployments, including post traumatic stress disorder, traumatic brain injury or depression. Training prepares staff and volunteers to provide support and reassurance, as well as resources that can help military members resolve the challenges they face. Resources include Health Net's Behavioral Health Resource Center and TRICARE Assistance Program, web-based counseling, as well as the National Suicide Prevention Hotline and the Defense Center of Excellence where assistance is available 24 hours a day.

This partnership will initially launch at five USO centers including Baltimore-Washington International Airport in Linthicum Heights, Md.; Dulles International Airport in Chantilly, Va.; Philadelphia International Airport in Philadelphia, Pa.; USO at Fort Drum in N.Y.; and USO at Fort Campbell in Ky., with plans to expand the partnership throughout the TRICARE North Region.

The TRICARE North Region includes Connecticut, Delaware, the District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, and Wisconsin, as well as small portions of Tennessee, Missouri and Iowa.

Veterans Health Care News

- **Department of Veterans Affairs (VA) and the Indian Health Service (IHS) have signed a memorandum of understanding (MOU), which will help both agencies improve the health status of American Indian and Alaska Native (AI/AN) veterans.**

The IHS-VA MOU outlines a new plan for enhanced coordination, collaboration and resource-sharing that will draw on the strengths and expertise of the two agencies.

The MOU will facilitate greater innovation at the local level between IHS, tribal, urban, and VA programs. While recognizing the importance of a coordinated effort on a national scope, the MOU also emphasizes the necessity and importance of tribal consultation for local adaptation. This will be accomplished by increasing available services, improving the delivery of care by sharing programs, developing new models of care using the latest technologies, providing culturally competent care for beneficiaries, and increasing the quality of care through training and workforce development.

In addition, the agreement will address joint emergency, disaster and pandemic preparedness and response planning. Implementation work groups will be established to address each of the main goals outlined in the MOU. An annual progress report will be produced by the VA and the IHS. The VA and the IHS are now organizing workgroups to make progress on implementing elements in the MOU.

The MOU expands the partnership initially established through a previous MOU in 2003 that improved communication between the agencies and tribal governments, and developed strategies for sharing information, services, and information technology.

The MOU can be viewed at: <http://www.ihs.gov/announcements/documents/3-OD-11-0006.pdf>.

- **The Department of Veterans Affairs (VA) has launched two pilot programs to test new procedures that will speed the payment of VA compensation benefits to veterans with disabilities connected to their military service.**

The "Quick Pay" Disability Program, located at the St. Petersburg, Fla., regional office and the "Express Lane" Pilot, based at the Seattle regional office, are among a number of new initiatives using reengineered and streamlined claims processes to provide veterans with faster claims decisions and benefit payments.

VA Secretary Eric Shinseki established as one of VA's highest priority goals the elimination of the disability claims backlog by 2015, so that all veterans receive a decision on their claim in no more than 125 days.

The "Quick Pay" Disability initiative is designed to speed disability compensation to veterans who provide sufficient evidence at the time of claim submission to decide all or part of their claim. Since program launch, "Quick Pay" has paid more than \$2 million in benefits to 1,656 Florida veterans. These payments averaged \$1,236 monthly and were made three months faster than the department's 125-day goal.

Under the "Express Lane" Pilot program, staff members are realigned to address disability claims based on claim complexity. Like a supermarket check-out "express lane," small employee teams focus on rapidly processing numerous less complex claims that typically involve only one disability, thus freeing their co-workers to process the more complex and multiple-disability claims that demand the greatest level of unilateral effort.

The "Express Lane" Pilot is also being tested at three additional VA regional offices: Nashville, Tenn.; St. Paul, Minn.; and Muskogee, Okla.

The St. Petersburg and Seattle pilots are among more than three dozen VA initiatives exploring optimal ways to organize and deliver benefits and improve service to veterans.

For additional information on VA's claims transformation activities, visit <http://www.vba.va.gov/transformation>. Questions about benefits for Veterans may be directed to VA's toll free benefits number at 1-800-827-1000.

- **The Department of Veterans Affairs (VA) has announced that Joy Hunter, chief learning officer for the Veterans Health Administration, has received the Lifetime Learning Leadership Award from the MASIE Center, an internationally recognized think tank focused on workforce education and performance.**

Hunter is the first recipient of this award created in honor of the late Jonathan Kayes, former chief learning officer (CLO) of the MASIE Center's learning consortium and previously CLO of the Central Intelligence Agency. Hunter was selected in recognition of her work to cultivate learning leaders at all levels of VA and for helping to create a learning culture that serves the goal of optimal veteran health care.

Hunter leads the Employee Education System for the VA health system, where she is responsible for the development, delivery, accreditation and evaluation of education services that support the workforce development and continuing education needs for VA's more than 239,000 health care professionals and support staff at more than 1,400 sites of care nationwide. She directs a budget of approximately \$92 million and leads more than 375 employees at nine Employee Education Resource Centers nationwide, the National Training and Education Office, and a headquarters office in Washington, D.C.

Hunter started her VA career as a medical librarian at the Nashville VA Medical Center. She has held key leadership positions, including chief communications officer for the VA Mid South Healthcare Network, for which she received the Under Secretary for Health's Award for Excellence in Public Affairs. She has also served as national director of the Communications Management Service for VA's National Cemetery Administration.

Hunter is a graduate of Vanderbilt University with a Master's degree in library and information management and Bachelor of Science degree, cum laude, with a dual major in psychology and social studies.

The MASIE Center was founded by Elliott Masie, an internationally recognized futurist, analyst, researcher and organizer on the critical topics of workforce learning, business collaboration and emerging technologies. The MASIE Center is a Saratoga Springs, N.Y., think tank focused on how organizations can support learning and knowledge within the workforce.

- **The Department of Veterans Affairs (VA) is piloting new, personalized Veterans Health Benefits Handbooks.**

The handbooks are tailored to provide enrolled veterans with the most relevant health benefits information based on their own specific eligibility. In essence, each handbook will be written for the individual veteran.

In addition to highlighting each veteran's specific health benefits, the handbook also provides contact information for the veteran's preferred local facility, ways to schedule personal appointments, guidelines for communicating treatment needs and an explanation of the veteran's responsibilities, such as copayments when applicable.

The new handbooks will initially be available only to certain veterans in Cleveland and Washington, D.C., areas. Following the pilot phase, full implementation is scheduled to begin in the fall of 2011 for across the country.

- **The Veterans Affairs' Chief Information Officer Roger Baker has hired additional personnel to ensure internal customer satisfaction.**

Baker has added three senior executive service positions to act as information technology ombudsmen. Each position concentrates on a segment of the VA: Stan Lowe on the Veterans Benefits Administration, Chuck Hume on the Veterans Health Administration and Jackie Patillo on headquarters.

The three positions don't have direct authority but will report to Baker and his principle deputy, Stephen Warren.

Baker also created a new position of executive director for enterprise risk management falling under the existing executive director for quality, performance and oversight. Tina Burnette was hired to fill that new position. In this role, she will provide an integrated, holistic view of risks that may be threats or opportunities.

To read the entire memo, please visit: <http://www.fiercegovernmentit.com/node/13281>.

Health Care News

- **The U.S. Food and Drug Administration approved a new treatment for patients with metastatic breast cancer who have received at least two prior chemotherapy regimens for late-stage disease.**

Breast cancer is the second leading cause of cancer-related death among women, according to the National Cancer Institute. This year, an estimated 207,090 women will be diagnosed with breast cancer, while 39,840 women will die from the disease.

Halaven is a synthetic form of a chemotherapeutically active compound derived from the sea sponge *Halichondria okadae*. This injectable therapy is a microtubule inhibitor, believed to work by inhibiting cancer cell growth. Before receiving Halaven, patients should have received prior anthracycline- and taxane-based chemotherapy for early or late-stage breast cancer.

Halaven's safety and effectiveness were established in a single study in 762 women with metastatic breast cancer who had received at least two prior chemotherapy regimens for late-stage disease. Patients were randomly assigned to receive treatment with either Halaven or a different single agent therapy chosen by their oncologist.

The study was designed to measure the length of time from when this treatment started until a patient's death (overall survival). The median overall survival for patients receiving Halaven was 13.1 months compared with 10.6 months for those who received a single agent therapy.

- **A new 11-country survey from The Commonwealth Fund finds that adults in the United States are far more likely than those in 10 other industrialized nations to go without health care because of costs, have trouble paying medical bills, encounter high medical bills even when**

insured and have disputes with their insurers or discover insurance wouldn't pay as they expected.

According to the report, the findings highlight the need for Affordable Care Act reforms that will ensure access to health care, protect people from medical debt, and simplify health insurance.

The U.S. stands out for the most negative insurance-related experiences. One third (33 percent) of U.S. adults went without recommended care, did not see a doctor when sick, or failed to fill prescriptions because of costs, compared to as few as 5 percent in the Netherlands and the U.K.

In addition, one-fifth of U.S. adults had major problems paying medical bills, compared to 9 percent in France, the next highest country, 2 percent in the U.K., 3 percent in Germany, and 4 percent in the Netherlands. Uninsured and insured U.S. adults reported equally high rates of out-of-pocket costs, with one-third (35 percent) of U.S. adults paying \$1,000 or more out-of-pocket in the past year for medical bills, significantly higher than all of the other countries.

The study analyzes findings from the Commonwealth Fund 2010 International Health Policy Survey in Eleven Countries, focusing on insurance and access to health care experiences reported by 19,700 adults from Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom and the United States. The study reveals widespread disparities by income within the United States. Lower income U.S. adults were far more likely than those with above average incomes to report difficulty with medical bills and timely access to health care.

To read more about the study, please visit: <http://www.commonwealthfund.org/Content/News/News-Releases/2010/Nov/11-Country-Survey.aspx>.

• **The 2010 Medicare Open Enrollment Period begins on November 15th and runs through December 31st.**

During the Open Enrollment period, current or newly eligible Medicare beneficiaries, including people with Original Medicare, can review current health and prescription drug coverage, compare health and drug plan options available in their area and choose coverage that best meets their needs.

Resources for comparing options include:

- Visiting www.medicare.gov for a personalized comparison of costs and coverage of the plans available in a particular area. The popular Medicare Plan Finder and Medicare Options Compare tools have been enhanced for an efficient review of plan choices. Multilingual Open Enrollment information and counseling is available.
- Calling 1-800-MEDICARE (1-800-633-4227) for around-the-clock assistance to find out more about coverage options. TTY users should call 1-877-486-2048.
- Reviewing the 2011 *Medicare & You* handbook. It is also accessible at www.medicare.gov and has been mailed to the homes of those with Medicare benefits.

Medicare beneficiaries who cannot meet the costs of prescription drugs may be eligible for additional resources. Based on eligibility for "extra help," some will pay no more than \$2.50 for each generic drug and no more than \$6.30 for each name brand drug. The program, called Medicare's Limited Income Newly Eligible Transition (NET) Program, can also help pay for premiums and other out-of-pocket costs.

There is no cost to apply for this extra help. Medicare beneficiaries, family members, trusted counselors or caregivers can apply online at www.socialsecurity.gov/prescriptionhelp or call Social Security at 1-800-772-1213 (TTY users should call 1-800-325-0778) to find out more.

• **The Centers for Medicare and Medicaid Services (CMS) issued new rules for Medicare- and Medicaid-participating hospitals that protect patients' right to choose their own visitors during a hospital stay, including a visitor who is a same-sex domestic partner.**

The new rules follow from an April 15, 2010, Presidential Memorandum, in which President Obama tasked HHS with developing standards for Medicare- and Medicaid-participating hospitals (including critical access hospitals) that would require them to respect the right of all patients to choose who may visit them when they are an inpatient of a hospital. The President's memorandum instructed HHS to develop rules that would prohibit hospitals from denying visitation privileges on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity or disability. It also directed that the rules take into account the need for a hospital to restrict visitation in medically appropriate circumstances.

The rules require hospitals to have written policies and procedures detailing patients' visitation rights, as well as the circumstances under which the hospitals may restrict patient access to visitors based on reasonable clinical needs.

A key provision of the rules specifies that all visitors chosen by the patient (or his or her representative) must be able to enjoy "full and equal" visitation privileges consistent with the wishes of the patient (or his or her representative).

CMS finalized the rules based on thousands of comments from patient advocates, the hospital community, and other stakeholders. The rules will be effective 60 days after publication. More information about the rules is available on CMS' website at http://www.cms.gov/CFCsAndCoPs/06_Hospitals.asp and http://www.cms.gov/CFCsAndCoPs/03_CAHs.asp.

• **National Institutes of Health intramural researcher Mortimer Mishkin, Ph.D., will be awarded the National Medal of Science at a White House ceremony later this month.**

Mishkin, chief of the National Institute of Mental Health's (NIMH) Section on Cognitive Neuroscience, and acting chief of its Laboratory of Neuropsychology, is the first NIMH intramural scientist to receive the medal, which the President presents each year for outstanding contributions to science. Mishkin is among 10 recipients this year.

In a series of meticulous studies spanning more than five decades, Mishkin and colleagues discovered much about how the brain processes input from the senses and encodes memory.

Due in part to work spearheaded by Mishkin, science now understands much about the pathways for vision, hearing and touch, and about how those processing streams connect with brain structures important for memory.

In nonhuman primates, Mishkin's team discovered that the brain uses divergent pathways to process two different types of memory. Cognitive memory — recollection of events and new information — is processed by a separate circuit from behavioral memory — skills and habits. The cognitive memory circuit courses from the sensory streams through the brain's limbic lobe, an emotion hub, while behavioral memory detours through the basal ganglia, an action hub buried deep inside the brain's outer mantle. In collaboration with British colleagues, Mishkin has recently been applying these insights toward improved understanding and care of children with amnesia.

After graduating from Dartmouth College in the mid-1940s, Mishkin pursued graduate work at Yale University and McGill University, where he received his Ph.D. in 1951, and postdoctoral studies at the Institute for Living in New Haven, Conn. He served as chief of the NIMH Intramural Research Program's Laboratory of Neuropsychology from 1980 to 1997 and as its associate director for Basic Science in the mid-1990s. He is also currently a visiting professor at University College London's Institute of Child Health.

• **NIH announced two companion Funding Opportunity Announcements (FOA) to encourage grant applicants to use funding to develop and evaluate systems capable of monitoring health, provide ways to enable clinical decisions, and develop ways to deliver therapies in a real-time.**

The FOAs are not only seeking ideas for technologies in general but also seek applications involving novel technologies to help individuals live independently, especially Americans with chronic conditions.

Specifically, the FOAs are seeking technologies to enable the monitoring of personal motions, vital signs, and physiological measures so that there is minimal disruption to an individual's daily routine while protecting the individual's privacy, dignity, and comfort.

In developing effective applications for home-based and mobile technologies, applicants need to provide solutions on how to help and increase adherence to

rehabilitation and medical regimens, reduce incidence of avoidable post acute complications, and improve self-care management of chronic conditions.

Technologies designed for home and mobile monitoring will be able to capture rare, irregular, or transient events, symptoms that are difficult for a patient to report, and changes in conditions that evolve slowly over time.

The FOAs (PAR-11-020 and PAR-11-021) were issued by several institutes to include NIBID, NIA, NICHD, NINR and the Office of Research on Women's Health. Submissions are accepted throughout the year by specific dates. The first submission date is Dec. 19, 2010.

For more information, go to <http://grants.nih.gov/grants/guide/pa-files/PAR-11-020> and <http://grants.nih.gov/grants/guide/pa-files/PAR-11-021>.

Reserve/Guard

- As of Nov. 16, 2010, the total number of Guard and Reserve currently on active duty has **decreased** by 392 to 96,610. The totals for each service are Army National Guard and Army Reserve 73,247; Navy Reserve, 6,570; Air National Guard and Air Force Reserve, 10,923; Marine Corps Reserve, 5,072; and the Coast Guard Reserve, 798. www.defenseink.mil

Reports/Policies

- The GAO published "Military and Veterans Disability System: Preliminary Observations on Evaluation and Planned Expansion of DoD/VA Pilot," (GAO-11-191T) on Nov. 18, 2010.** This review specifically examined: the results of the DoD and VA's evaluation of the IDES pilot; challenges in implementing the IDES pilot to date; and whether the agencies' plans to expand the IDES adequately address potential future challenges. <http://www.gao.gov/new.items/d11191t.pdf>
- The GAO published "Health Information Technology: DOD Needs to Provide More Information on Risks to Improve Its Program Management," (GAO-11-148) on Nov. 17, 2010.** The GAO examined the DoD report to Congress on improvements to the governance and execution of its health information management and information technology (IT) programs to support medical care within the military health system to determine whether DoD addressed the reporting requirements specified in the defense authorization act. <http://www.gao.gov/new.items/d11148.pdf>
- The GAO published "Health Care Delivery: Features of Integrated Systems Support Patient Care Strategies and Access to Care, but Systems Face Challenges," (GAO-11-49) on Nov. 16, 2010.** The report describes organizational features integrated delivery systems (IDS) use to support strategies to improve care; approaches IDSs use to facilitate access for underserved populations; and challenges IDSs encounter in providing care, including to underserved populations. <http://www.gao.gov/new.items/d1149.pdf>

Legislation

- H.R. 6404** (introduced Nov. 15, 2010): Breast Density and Mammography Reporting Act of 2010 was referred to the House Committee on Energy and Commerce
Sponsor: Representative Kendrick B. Meek [FL-17]
- H.R. 6413** (introduced Nov. 16, 2010): To ensure that individuals who receive Social Security or certain other federal benefits receive a one-time payment equal to five percent of the total annual amount of such benefit in the event that no cost-of-living adjustment is payable in 2011 was referred to the Committee on Ways and Means, and in addition to the Committees on Transportation and Infrastructure, and Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.
Sponsor: Representative Anthony D. Weiner [NY-9]
- S. 3953** (introduced Nov. 17, 2010): A bill to amend title 38, United States Code, to provide benefits for children with spina bifida of veterans exposed to herbicides while serving in the Armed Forces during the Vietnam era outside Vietnam, and for other purposes was referred to the Committee on Veterans' Affairs.
Sponsor: Senator Daniel K. Akaka [HI]
- S. 3958** (introduced Nov. 17, 2010): A bill to allow an earlier start for State health care coverage innovation waivers under the Patient Protection and Affordable Care Act was referred to the Committee on Finance.
Sponsor: Senator Ron Wyden [OR]

Hill Hearings

- There are no hearings scheduled.

Meetings / Conferences

- The 21st Annual National Forum on Quality Improvement in Health Care will be held on **Dec. 5-8, 2010**, in Orlando, Fla. <http://www.ihl.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 2011 Military Health System (MHS) Conference will be held on **Jan. 24 - 27, 2011** in Washington D.C. www.health.mil
- The International Meeting on Emerging Diseases and Surveillance will be held on **Feb. 4-7, 2011**, in Vienna Austria. <http://imed.isid.org/>
- The Armed Forces Public Health Conference will be held on **March 21-25, 2011**, in Hampton Va. <http://phc.amedd.army.mil/fhpc/>
- 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/>
- National Veterans Small Business Conference and Exposition will be held on **August 15-18, 2011**, in New Orleans.
- The 15th International Congress on Infectious Diseases (ICID) will be held on **June 13-16, 2012**, in Bangkok, Thailand. http://www.isid.org/15th_ICID/

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/subscriber.cfm>. To unsubscribe, please send an email to newsletter@fedhealthinst.org with UNSUBSCRIBE as the subject.

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5185 MacArthur Blvd. NW, Suite 103-656, Washington, DC 20016
(202)271-5814 postmaster@fedhealthinst.org