

## FEDERAL HEALTH UPDATE

Jan 28, 2011

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

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### Executive and Congressional News

- **On Jan. 24, 2011, President Barack Obama unveiled a government-wide plan to strengthen military family support to improve quality of life and wellbeing for military families.**

Speaking from the White House East Room, Obama unveiled this "unprecedented commitment" to military families with First Lady Michelle Obama and Dr. Jill Biden, wife of Vice President Joe Biden, at his side.

The report outlines four key areas the whole-of-government-effort plans to address:

- Enhancing military families' wellbeing and psychological health,
- Developing military spouse career and education opportunities,
- Increasing child care availability and quality, and
- Ensuring excellence in military children's education and development.

In total, Obama said, his administration is making nearly 50 specific commitments to military families.

- **U.S. Senator Claire McCaskill, chairman of the subcommittee on Contracting Oversight, is questioning the Department of Defense (DoD) about its failure to cover certain treatments for service members recovering from traumatic brain injuries and has opened an investigation into contracts that may have contributed to the Pentagon's decision to deny coverage.**

In a letter to Defense Secretary Robert Gates, McCaskill requested information about contracts awarded by TRICARE to ECRI Institute, a health research organization, to study the effectiveness of cognitive rehabilitation therapy. A 2009 ECRI Institute study commissioned by TRICARE found insufficient evidence that this therapy was effective, but recent media reports by Pro Publica and National Public Radio have called into question the validity of the study. The reports have characterized the study as "deeply flawed" and note that it is in conflict with other similar studies on the effectiveness of cognitive rehabilitation therapy.

"If true, these reports raise significant questions regarding the Department's award and management of the contract with ECRI Institute, and may have profound implications for hundreds of thousands of injured service members and their families," McCaskill wrote. "We owe it to our brave service members to find the truth."

Pro Publica and NPR reported that experts also questioned the methodology of the ECRI study, including the decision to exclude certain research. Additionally, the same reports suggested the DoD may have awarded the \$21,000 contract to ECRI Institute with the expectation they would reach the same conclusion as a 2007 ECRI review, which also concluded that there was limited effectiveness of this therapy.

A copy of the letter can be found [here](#).

### Military Health Care News

- **TRICARE has enhanced its website to provide beneficiaries easier access to their personal health data, more convenient appointment scheduling and better communication with their health care providers.**

TRICARE Online, the military health system's patient portal, already enables users who get care at a military treatment facility to schedule appointments, track their medications, order prescription refills and view and even download their personal health records.

Later this year, patients also will be able to get their laboratory and x-ray results through the portal, along with secure messaging from their health care providers.

The next goal will be to expand these capabilities so beneficiaries can track immunizations they have had and be given a "heads up" from their health care provider when they're due for their next one.

Meanwhile, TRICARE plans to increase the number of clinics that offer online appointment scheduling and tailor the process to offer the broadest selection of openings so beneficiaries can select what's most convenient for them.

In addition, health care providers will begin using the portal to get patients to fill out forms and questionnaires at their convenience before they arrive for their appointments.

Beneficiaries increasingly are taking advantage of the new capability. Almost 311,500 active users have logged into the system over the past year, with an average of 2,800 new user registrations each week.

Since January 2010, beneficiaries have scheduled almost 200,000 medical appointments and requested more than 61,500 prescription refills through the system. During the week of Jan. 9 to 16 alone, they scheduled almost 3,000 appointments and refilled more than 1,000 prescriptions.

TRICARE officials also report increased use of the "blue button" feature that enables beneficiaries to access their personal health data and, if they choose, save it to a file on their computer. Since Sept. 25, 2010, officials reported more than 4,000 downloads in .pdf format and more than 1,700 downloads in .txt format. Last week's figures show 486 .pdf downloads and 187 .txt downloads.

- **The American Pharmacists' Association (APhA) awarded Air Force Col. Everett McAllister the 2011 APhA Distinguished Federal Pharmacist Award.**

McAllister, former deputy chief of the Pharmaceutical Operations Directorate, TRICARE Management Activity, was selected, among other distinguished career highlights, for his ability to solve an impasse and broker a five-year plan with the Joint Commission, addressing compliance with medication accreditation requirements and enabling all Air Force pharmacies to meet national standards for the first time in history.

The APHA Distinguished Federal Pharmacist Award is one of the Association's premier annual awards. It recognizes pharmacists who distinguish themselves and the profession through outstanding contributions in federal pharmacy practice resulting in significant improvements in the health of the nation and the populations they serve.

As deputy chief of the Pharmaceutical Operations Directorate, McAllister managed policies, procedures and positions regarding the Department of Defense (DoD) pharmacy benefit and monitored the delivery requirement for prescriptions going to military treatment centers and military personnel worldwide. Previously, he was pharmacy consultant to the Air Force Surgeon General and the Biomedical Science Corps Associate Corps Chief for Pharmacy.

- **TRICARE West Region Director Colin G. Chinn was promoted to rear admiral during a ceremony in San Diego, Jan. 4, 2011.**

Chinn received his first star from Rear Adm. Christine Hunter, TRICARE Management Activity deputy director.

Chinn is a Johns Hopkins University and Medical College of Virginia graduate. He is also a fellow of the American College of Physicians and is board certified by the American Board of Internal Medicine in internal medicine and gastroenterology.

Chinn's has served several tours with the Marine Corps. His duties have ranged from battalion surgeon, to Navy surgeon general specialty leader for Fleet Marine Forces and commanding officer at Naval Hospital Oak Harbor in Washington. Chinn is a Fleet Marine Force-qualified officer, his personal decorations include the Legion of Merit with Gold Star, Meritorious Service Medal with two Gold Stars, Navy and Marine Corps Commendation Medal with Gold Star, Navy and Marine Corps Achievement Medal and various unit and service awards.

Chinn took over as TRO-West director in July 2010 and has been focused on the continued implementation of the Joint Quadruple Aim Plan, Hunter's established strategy to provide optimal health services in support of the military's mission.

- **Medical officials estimate that 25 to 35 percent of about 10,000 ailing soldiers assigned to special wounded-care companies or battalions are addicted or dependent on drugs — particularly prescription narcotic pain relievers, according to an Army inspector general's report.**

The report also found that these formations, known as Warrior Transition Units — created after the [Walter Reed Army Hospital](#) scandal in 2007 as a means of improving care for wounded troops — have become costly waystations where ill, injured or wounded soldiers wait more than a year to receive a medical discharge.

The newly appointed commander of the warrior units, Col. Darryl Williams, criticized the report's assertions about drug addiction. He said the high rate of drug addiction and dependency cited in the report was based on estimates made by case managers and nurses working with troops and is not statistically valid.

Most case managers and nurses interviewed by investigators said 25 to 35 percent of soldiers in warrior units "are over-medicated, abuse prescriptions and have access to illegal drugs."

They said most soldiers arrive in the units with narcotics provided by battlefield doctors or military bases. They also said a few soldiers under their care are buying narcotics out of pocket and may be mixing legal and illegal drugs.

After nine years of war, the Army medical-discharge process has experienced a backlog, with nearly 7,800 soldiers from across the Army waiting for their cases to be reviewed. That's nearly a 50 percent increase since 2007, according to the investigation.

- **Military families have filed a motion for an injunction to mandate that TRICARE cover medically necessary care needed by military families' children with autism.**

The motion seeks a mandate that TRICARE cover the cost of Applied Behavior Analysis therapy, or ABA, for treatment of children with autism spectrum disorder.

According to the military families, without ABA therapy at an early age, children with autism will suffer irreparable harm. The motion alleges that numerous studies and medical professionals confirm the effectiveness of ABA therapy, yet the Defense Department continues to reject military families' claims for the therapy, relying on shifting rationales.

In the case, *Berge v. United States of America, et al. [No. 10-cv-00373-RBW (D.DC)]*, the military families allege that for approximately 10 years TRICARE has avoided paying for ABA therapy by incorrectly claiming it was "special education" and therefore not payable under the military insurance program. After the military families demonstrated in their written arguments that the Defense Department's position was incorrect, the Defense Department asserted that ABA therapy is not proven to be "medically or psychologically necessary."

Former Michigan State Senator, David Honigman, an attorney for the families, contended: "The Defense Department's shifting rationales for denying this therapy expose the hollowness of its position. Time is of the essence for these children. Studies on ABA therapy emphasize that there is a small window of opportunity for these children to obtain maximum benefit from this therapy. If left to its own devices, the Defense Department would continue to keep this window of opportunity closed to these children."

## Veterans Health Care News

- **The Department of Veterans Affairs (VA) published a final regulation that will expand the dates when illnesses caused by herbicide exposure can be presumed to be related to Agent Orange.**

Under the final regulation published in the [Federal Register](#), VA will presume herbicide exposure for any veteran who served between April 1, 1968, and Aug. 31, 1971, in a unit determined by VA and the Department of Defense (DoD) to have operated in an area in or near the Korean DMZ in which herbicides were applied.

Previously, VA recognized that Agent Orange exposure could only be conceded to veterans who served in certain units along the Korean DMZ between April 1968 and July 1969.

In practical terms, eligible veterans who have specific illnesses VA presumes to be associated with herbicide exposure do not have to prove an association between their illness and their military service. This "presumption" simplifies and speeds up the application process for benefits and ensures that veterans receive the benefits they deserve.

VA encourages veterans with covered service in Korea who have medical conditions that may be related to Agent Orange to submit their applications for access to VA health care and compensation as soon as possible so the agency can begin processing their claims.

Additional information about Agent Orange and VA's services for veterans exposed to the chemical is available at [www.publichealth.va.gov/exposures/agentorange](http://www.publichealth.va.gov/exposures/agentorange).

- **Female Iraq and Afghanistan veterans were more likely to be diagnosed with depression than their male counterparts, who were more likely to be diagnosed with posttraumatic stress disorder, according to new study of U.S. veterans.**

These were among the significant gender differences between the male and female veterans identified in the study, which looked at socio-demographic and mental health characteristics among 329,049 Iraq and Afghanistan war veterans who went to a Veterans Affairs (VA) health care facility at least once between April 2002 and March 2008, the first time they had used the facilities since the start of the two wars.

Of the total population studied, 12 percent were female and 53 percent were active duty. Twenty-eight percent of the women and 33 percent of the men had had multiple deployments, and 54 percent of the women and 69 percent of the men were white. Most (65 percent of the women and 63 percent of the men) were in the Army. Diagnoses were made by trained professionals and were based on DSM-IV criteria. At VA facilities, all veterans are screened for mental health disorders.

Depression diagnoses were significantly more common among the female veterans than among the males (23 percent vs. 17 percent). The rate of eating disorders also was higher among the female veterans (0.6 percent vs. 0.1 percent), as was the rate of anxiety disorders (12 percent vs. 10 percent), differences that were statistically but not clinically significant, the authors said.

Among the male veterans, diagnoses of post traumatic stress disorder (PTSD) were significantly more common than among the female veterans (22 percent vs. 17 percent), as were substance use diagnoses (three percent vs. two percent).

The authors identified significant interactions between gender and other variables, including age, marital status, branch and rank, and being diagnosed with PTSD and with depression.

The study found that a diagnosis of depression was significantly more likely among white female and male veterans; and among those who were divorced, separated or widowed; as well as among those who had served in the Army, had been in active duty, or were enlisted. Women who were older than 30 years also were significantly more likely to be diagnosed with depression.

Being black was a protective factor for a depression diagnosis in both men and women, the authors said, referring to evidence suggesting that ethnic and racial minorities have stronger social support networks than whites and return home to more supportive communities than whites. This finding points to the "importance of determining level of social support in relationships, among families, and in veterans' communities and of focusing on community reintegration for recently returned veterans," they wrote.

These results "contribute to a better understanding of the characteristics of women seeking VA health care as well as how these characteristics may differentially be associated with mental health outcomes," they noted.

## Health Care News

- **Nearly 26 million Americans have diabetes, according to new estimates from the Centers for Disease Control and Prevention (CDC).**

In addition, an estimated 79 million U.S. adults have pre-diabetes, a condition in which blood sugar levels are higher than normal, but not high enough to be diagnosed as diabetes. Pre-diabetes raises a person's risk of type-2 diabetes, heart disease and stroke.

Diabetes affects 8.3 percent of Americans of all ages, and 11.3 percent of adults aged 20 and older, according to the National Diabetes Fact Sheet for 2011. About 27 percent of those with diabetes—7 million Americans—do not know they have the disease. Pre-diabetes affects 35 percent of adults aged 20 and older.

In 2008, CDC estimated that 23.6 million Americans, or 7.8 percent of the population, had diabetes and another 57 million adults had pre-diabetes. The 2011 estimates have increased for several reasons:

- More people are developing diabetes.
- Many people are living longer with diabetes, which raises the total number of those with the disease. Better management of the disease is improving cardiovascular disease risk factors and reducing complications such as kidney failure and amputations.
- Hemoglobin A1c is now used as a diagnostic test, and was therefore incorporated into calculations of national prevalence for the first time. The test, also called glycated hemoglobin, measures levels of blood glucose (sugar) over a period of two to three months. Because of this change, estimates of populations with diabetes and pre-diabetes in the 2011 fact sheet are not directly comparable to estimates in previous fact sheets.

Diabetes is the seventh leading cause of death in the United States. People with diabetes are more likely to suffer from complications such as heart attacks, strokes, high blood pressure, kidney failure, blindness and amputations of feet and legs. Diabetes costs \$174 billion annually, including \$116 billion in direct medical expenses.

- **U.S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius and U.S. Associate Attorney General Thomas J. Perrelli announced a new report showing that the government's health care fraud prevention and enforcement efforts recovered more than \$4 billion in taxpayer dollars in Fiscal Year (FY) 2010.**

This is the highest annual amount ever recovered through fraud enforcement. In addition, HHS announced new rules authorized by the Affordable Care Act that will help the department prevent and fight fraud, waste and abuse in Medicare, Medicaid and the Children's Health Insurance Program (CHIP).

HHS and DOJ have enhanced their coordination through Health Care Fraud Prevention & Enforcement Action Team (HEAT) and have expanded Medicare Fraud Strike Force teams since 2009. HHS and DOJ hosted a series of regional fraud prevention summits around the country, and sent letters to state attorneys general urging them to work with HHS and federal, state and local law enforcement officials to mount a substantial outreach campaign to educate seniors and other Medicare beneficiaries about how to prevent scams and fraud.

In FY 2010, the total number of cities with Strike Force prosecution teams was increased to seven, all of which have teams of investigators and prosecutors dedicated to fighting fraud. The Strike Force teams use advanced data analysis techniques to identify high-billing levels in health care fraud hot spots so that interagency teams can target emerging or migrating schemes along with chronic fraud by criminals masquerading as health care providers or suppliers.

HHS also announced new rules authorized by the Affordable Care Act which will help stop health care fraud. The provisions of the Affordable Care Act implemented through this final rule include new provider screening and enforcement measures to help keep bad actors out of Medicare, Medicaid and CHIP. The final rule also contains important authority to suspend payments when a credible allegation of fraud is being investigated.

## Reserve/Guard

- As of Jan.25, 2011, the total number of Guard and Reserve currently on active duty has **decreased** by 1,695 to 90,510. The totals for each service are Army National Guard and Army Reserve 69,948; Navy Reserve, 5,587; Air National Guard and Air Force Reserve, 9,292; Marine Corps Reserve, 4,909, and the Coast Guard Reserve, 774. [www.defenselink.mil](http://www.defenselink.mil)

## Reports/Policies

- **The GAO published "VA Health Care: VA Spends Millions on Post-Traumatic Stress Disorder Research and Incorporates Research Outcomes into Guidelines and Policy for Post-Traumatic Stress Disorder Services," (GAO-11-32) on Jan. 24, 2011.** This report examines VA's funding of PTSD research, and its processes for funding PTSD research proposals, reviewing and incorporating research outcomes into clinical practice guidelines (CPG). <http://www.gao.gov/new.items/d1132.pdf>

## Legislation

- **H.R.5** (introduced Jan. 24, 2011): The *Help Efficient, Accessible, Low-cost, Timely Healthcare (HEALTH) Act of 2011* was referred to the Committee on the Judiciary, and in addition to the Committee on Energy and Commerce.  
Sponsor: Representative Phil Gingrey [GA-11]
- **H.R.396** (introduced Jan. 24, 2011): The *TBI Treatment Act* was referred to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs  
Sponsor: Representative Pete Sessions [TX-32]

- **H.R.397** (introduced Jan. 24, 2011): The *Reform Americans Can Afford Act of 2011* was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and the Workforce, the Judiciary, House Administration, Natural Resources, Appropriations, and Rules  
Sponsor: Representative Wally Herger [CA-2]
- **H.R.409** (introduced Jan. 24, 2011): The *Chiropractic Health Parity for Military Beneficiaries Act* was Referred to the House Committee on Armed Services  
Sponsor: Representative Mike D. Rogers [AL-3]
- **H.R.416** (introduced Jan. 25, 2011): To amend the Public Health Service Act to provide protections for consumers against excessive, unjustified, or unfairly discriminatory increases in premium rates was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Janice D. Schakowsky [IL-9]
- **H.R.434** (introduced Jan. 25, 2011): To prevent the Secretary of the Treasury from hiring new employees to enforce the individual health insurance mandate was referred to the House Committee on Ways and Means.  
Sponsor: Representative Cathy McMorris Rodgers [WA-5]
- **H.R.439** (introduced Jan. 25, 2011): To provide for an earlier start for State health care coverage innovation waivers under the Patient Protection and Affordable Care Act and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means.  
Sponsor: Representative Peter Welch [VT]
- **H.R.444** (introduced Jan. 25, 2011): To provide for the conveyance of certain property located in Anchorage, Alaska, from the United States to the Alaska Native Tribal Health Consortium was referred to the Committee on Natural Resources, and in addition to the Committee on Energy and Commerce.  
Sponsor: Representative Don Young [AK]
- **H.R.450** (introduced Jan. 26, 2011): To repeal limitations imposed by the Patient Protection and Affordable Care Act on health-related tax benefits under the Internal Revenue Code of 1986 and to treat high deductible health plans as qualified health plans under such Act was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce.  
Sponsor: Representative David G. Reichert [WA-8]
- **H.R.451** (introduced Jan. 26, 2011): To ensure that patients receive accurate health care information by prohibiting misleading and deceptive advertising or representation in the provision of health care services, and to require the identification of the license of health care professionals was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative John Sullivan [OK-1]
- **S.31** (introduced Jan. 25, 2011): The *Prescription Drug and Health Improvement Act of 2011* was referred to the Committee on Finance.  
Sponsor: Senator Al Franken [MN]
- **S.36** (introduced Jan. 25, 2011): A bill to amend title XIX of the Social Security Act to provide 100 percent reimbursement for medical assistance provided to a Native Hawaiian through a Federally-qualified health center or a Native Hawaiian health care system was referred to the Committee on Finance.  
Sponsor: Senator Daniel K. Inouye [HI]
- **S.39** (introduced Jan. 25, 2011): A bill to amend title VII of the Public Health Service Act to make certain graduate programs in professional psychology eligible to participate in various health professions loan programs was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Daniel K. Inouye [HI]
- **S.40** (introduced Jan. 25, 2011): A bill to amend the Public Health Service Act to promote mental and behavioral health services for underserved populations was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Daniel K. Inouye [HI]
- **S.42** (introduced Jan. 25, 2011): A bill to amend title VII of the Public Health Service Act to ensure that social work students or social work schools are eligible for support under certain programs that would assist individuals in pursuing health careers or for grants for training projects in geriatrics, and to establish a social work training program was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Daniel K. Inouye [HI]
- **S.43** (introduced Jan. 25, 2011): A bill to amend title VII of the Public Health Service Act to establish a psychology post-doctoral fellowship program and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Daniel K. Inouye [HI]
- **S.44** (introduced Jan. 25, 2011): A bill to amend part D of title XVIII of the Social Security Act to require the Secretary of Health and Human Services to negotiate covered part D drug prices on behalf of Medicare beneficiaries was referred to the Committee on Finance.  
Sponsor: Senator Amy Klobuchar [MN]
- **S.48** (introduced Jan. 25, 2011): The *Pharmacist Student Loan Repayment Eligibility Act of 2011* was referred to the Committee on Health, Education, Labor, and Pensions  
Sponsor: Senator Daniel K. Inouye [HI]
- **S.51** (introduced Jan. 25, 2011): A bill to amend the Public Health Service Act to provide health care practitioners in rural areas with training in preventive health care, including both physical and mental care, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Daniel K. Inouye [HI]
- **S.53** (introduced Jan. 25, 2011): A bill to express the sense of the Senate concerning the establishment of Doctor of Nursing Practice and Doctor of Pharmacy dual degree programs was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Daniel K. Inouye [HI]
- **S.54** (introduced Jan. 25, 2011): A bill to implement demonstration projects at federally qualified community health centers to promote universal access to family centered, evidence-based behavior health interventions that prevent child maltreatment and promote family well-being by addressing parenting practices and skills for families from diverse socioeconomic, cultural, racial, ethnic, and other backgrounds, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Daniel K. Inouye [HI]
- **S.66** (introduced Jan. 25, 2011): A bill to amend the Native Hawaiian Health Care Improvement Act to revise and extend that Act was referred to the Committee on Indian Affairs.  
Sponsor: Senator Daniel K. Inouye [HI]
- **S.71** (introduced Jan. 25, 2011): A bill to amend the Public Health Service Act to provide for health data regarding Native Hawaiians and other Pacific Islanders was referred to the Committee on Indian Affairs.  
Sponsor: Senator Daniel K. Inouye [HI]
- **S.73** (introduced Jan. 25, 2011): A bill to provide for an earlier start for State health care coverage innovation waivers under the Patient Protection and Affordable Care Act and for other purposes was referred to the Committee on Finance.  
Sponsor: Senator Bernard Sanders [VT]
- **S.137** (introduced Jan. 25, 2011): The *Health Insurance Rate Review Act* was referred to the Committee on Health, Education, Labor, and Pensions  
Sponsor: Senator Dianne Feinstein [CA]
- **S.174** (introduced Jan. 25, 2011): The *Healthy Lifestyles and Prevention America Act* was referred to the Committee on Finance  
Sponsor: Senator Tom Harkin [IA]
- **S.197** (introduced Jan. 26, 2011): A bill to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator John Ensign [NV]

#### Hill Hearings

- There are no hearings scheduled.

#### Meetings / Conferences

- The International Meeting on Emerging Diseases and Surveillance will be held on **Feb. 4-7, 2011**, in Vienna Austria. <http://imed.isid.org/>
- The CHIME/HIMSS CIO Forum will be held on **Feb. 20, 2011**, in Orlando, Fla. [www.cio-chime.org](http://www.cio-chime.org)
- HIMSS 11 Annual Conference & Exhibition will be held on **Feb. 20-24, 2011**, in Orlando, Fla. [www.himss.org](http://www.himss.org)
- AHIP's 2011 National Policy Forum will be held on **March 8-9, 2011**, in Washington D.C. <http://www.ahip.org/>
- The 28th Annual Behavioral Risk Factor Surveillance System (BRFSS) Conference will be held **March 19-23, 2011**, in Atlanta, Georgia. <http://www.cdc.gov/brfss/about.htm>
- The Armed Forces Public Health Conference will be held on **March 21-25, 2011**, in Hampton Va. <http://phc.amedd.army.mil/fhpc/>
- The 15<sup>th</sup> Battlefield Healthcare Series: *VA/DoD Continuum of Care* will be held on **March 21-23, 2011**, in Washington D.C. <http://www.battlefieldhealthcare.com/Event.aspx?id=428934>
- The Military Health Management 2011 Conference will be held on **April 1, 2011**. [www.MilitaryHealthManagement.com](http://www.MilitaryHealthManagement.com)
- 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/](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](mailto:katetheroux@fedhealthinst.org). To subscribe, please visit <http://fedhealthinst.org/subscriber.cfm>. To unsubscribe, please send an email to [newsletter@fedhealthinst.org](mailto:newsletter@fedhealthinst.org) with UNSUBSCRIBE as the subject.*

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