

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 Appropriations Committee subcommittee on military construction, Veterans Affairs and related agencies held a hearing on March 31, 2011, to examine the fiscal Year 2012 budget request for the Department of Veterans Affairs.**

Veterans Affairs Secretary Eric Shinseki testified that he and Defense Secretary Robert Gates had come to the agreement March 17 on an electronic health record, after approximately two years of discussions. On May 1, the two will meet again to solidify an implementation plan for the joint EHR. Shinseki indicated that DoD sees its AHLTA system as inadequate and is "looking for new direction" — possibly indicating a common system that relies more heavily on the VA system, VistA.

- **On April 7, 2011, the House passed H.R. 1363, the *Department of Defense Appropriations Act, 2011*. This bill provides appropriations for the Department of Defense for the fiscal year ending September 30, 2011, and for other purposes.**
- **On April 1, 2011, the House passed H.R. 1255, the *Government Shutdown Prevention Act*.**

This legislation enacts into law the provisions of H.R. 1 (Full-Year Continuing Appropriations Act, 2011), as passed by the House on February 19, 2011, if the House has not received a message from the Senate before April 6, 2011, stating that it has passed a measure providing for the appropriations for the federal departments and agencies for the remainder of FY2011.

The bill prohibits the Secretary of the Senate and the Chief Administrative Officer of the House, respectively, from disbursing to each Member or Delegate the amount of his or her salary for each day that: there is more than a 24-hour lapse in appropriations for any federal agency or department for failure to enact a regular appropriations bill or continuing resolution, or the federal government is unable to payments or meet obligations because the public debt limit has been reached.

It also imposes the same restrictions on the President with respect to receiving a disbursement of basic pay during such period.

Military Health Care News

- **TRICARE and Military OneSource will host an interactive webinar on Monday, April 11, 2011, from 11 a.m. to 12:30 p.m. EDT about the new TRICARE Young Adult (TYA) program.**

This is the second TRICARE and Military OneSource webinar designed to help educate about TRICARE benefits.

Military parents and dependent children under age 26 are encouraged to participate. The webinar will cover who qualifies for TYA, when and where to enroll and what type of coverage to expect.

TRICARE officials will take the first hour to provide details about the new TYA program, leaving the last 30 minutes to answer questions from beneficiaries submitted online or over the phone.

To register for TRICARE's TYA webinar with Military OneSource visit: www.militaryonesource.com/MOS/OnlineCommunity/Webinars.aspx.

- **Deputy Secretary of Defense William J. Lynn III released a message to DoD's workforce on a potential government shutdown:**

"The department remains hopeful that a government shutdown will be averted. The President has made it clear that he does not want a government shutdown, and the administration is working to find a solution with which all sides can agree. However, prudent management requires that we plan for an orderly shutdown should Congress be unable to pass a funding bill before our current funding expires on April 8.

"The President and the secretary know that the uncertainty of the current situation puts federal employees in a difficult position, and are very much aware that a shutdown would impose hardships on our military and civilian personnel as well as our military families. As we approach the expiration of the current continuing resolution, we will provide you with updated information as soon as it becomes available. For now, I want to provide you with information on how the potential shutdown — should it occur — will impact our military and civilian personnel.

To read the full statement, please visit: <http://www.defense.gov/releases/release.aspx?releaseid=14393>

- **TRICARE Management Activity (TMA) announced that active duty service members (ADSMs) and their family members (ADFM) who are moving to a new location can now transfer their TRICARE Prime enrollment with a phone call.**

Moving ADSMs can call their current regional health care contractor to transfer their family's enrollment, and include a cell number and email address. The new regional contractor will contact them within five business days after the relocation date to finalize their TRICARE transfer.

The enrollment transfer includes a new primary care manager (PCM) best suited to the location of the ADSM's work, home and anticipated medical needs. If moving within the current region, this process can be used to help them transfer to a new PCM.

Once settled, they can confirm coverage on the Beneficiary Web Enrollment (BWE) website. This link and more information can be found at www.tricare.mil/moving.

If an ADSM or ADFM forget to notify his or her current regional contractor of their upcoming move, they still have the option to contact the new regional contractor to transfer enrollment via phone.

This new phone option adds to the number of choices ADSMs and ADFMs already have in transferring enrollment when moving. Other options include transferring thru military base in-processing, online through BWE and by downloading and completing an enrollment application (DD Form 2876) to mail. To download this form, visit www.tricare.mil/forms. ADSMs and their families can also visit a local TRICARE Service Center.

- **The Department of Defense Office of Inspector General (DoD OIG) released: ["Results in Brief: Assessment of Allegations Concerning Traumatic Brain Injury Research Integrity in Iraq."](#)**

The results in brief confirm that a mild traumatic brain injury clinical trial (mTBI) in Iraq was "inconsistent with military standards for human subject medical research." The two other findings by the OIG are that there was "possible sub-standard patient care" and "weaknesses in the process used to review and approve medical research in Iraq." The assessment was completed on March 31, and the full "For Official Use Only" report is not publicly available, only the results in brief.

Despite the DoD OIG's confirmation of misconduct, many questions remain, as evidenced by the DoD OIG's numerous recommendations, including:

- The DoD's chief acquisition official should "ensure that procedures are in place to adequately protect the rights of deployed personnel from coercion and undue influence to participate in research studies."
- The Assistant Secretary of Defense for Health Affairs should "conduct health assessments to determine if there were any adverse effects on the health of the U.S. Service members who participated in the mTBI clinical trial."

The clinical trial is "[The Use of Anti-Oxidants to Reduce Sequela of Mild Traumatic Brain Injury \(mTBI\) After Blast Exposure](#)," conducted at Camp Al Taqaddum, Iraq, between December 2008 and March 2009. The trial's principal investigator is Navy Capt. Michael E. Hoffer, who is a medical doctor. According to the ClinicalTrials.gov website, the trial was completed on Aug.10, 2010.

- **The Department of Defense upholds UnitedHealth Group's protest of the TRICARE West Region contract award protest.**

TMA's thorough review of the agency-level protest resulted in a decision to re-evaluate the award made in July 2009 to TriWest Healthcare Alliance.

The agency-level protest was filed with TMA following the award of a new TRICARE contract to incumbent contractor TriWest. A decision on this protest was held in abeyance pending resolution of a protest in the South Region.

Since so much time has passed since the original request for proposals (RFP) and subsequent contract award, TMA officials will re-open the solicitation, update the performance periods, issue an amended RFP and allow the existing competitors to furnish refreshed data.

TMA will then conduct a complete re-evaluation based on submission of final revised proposals from the offerors remaining in the competition. That process is expected to be completed later this year.

Agency-level protests are geared toward resolution with the agency which awarded the contract, rather than elevation to the U.S. Government Accountability Office (GAO). Resolving this protest continues to delay T-3 transition in the West region.

The North Region transitioned on April 1, 2011, to a new contract with incumbent Health Net Federal Services.

The South Region contract awarded in March 2011 to Humana Military Healthcare Services is under protest to the GAO by UnitedHealth Military & Veterans Services. The GAO is expected to make a determination in that protest in June.

Contract updates are available at www.tricare.mil/t3contracts

- **Evolver Technologies announced that it has been awarded a contract for new and continued work to provide health care IT and services to the Medical Research and Materiel Command (MRMC) / U.S. Army Medical Research Acquisition Activity (USAMRAA).**

The contract supports the Military Health System (MHS) Defense Health Information Management System (DHIMS) program office on the following tasks:

- Neurocognitive Assessment Tool (NCAT): Evolver is performing enhancements to the tool, which is used to determine a cognitive performance baseline to potentially diagnose the presence of traumatic brain injury (TBI), as well as track changes in cognitive function.
- Internal Classification of Diseases (ICD-10): Evolver is transitioning many of the MHS applications from the current ICD-9 code set to ICD-10. The new code set will ensure quality measurement, public health, research, organizational monitoring and performance, and reimbursement.
- Medical Evaluation Board (MEB): Evolver is providing enhancements to the current system to help medical professionals cope more efficiently when they are transitioning, or potentially transitioning, active duty personnel.
- National Council for Prescription Drug Programs (NCPDP): Evolver is updating the current system and standards that deliver and transfer data related to medications, supplies, and services in the health care industry. The changes include updating to NCPDP D.0 and X12 version 5010, defined by the latest Health Insurance Portability and Accountability Act (HIPAA) [administrative simplification standards](#).

The company also announced that it is expanding support in the Pacific Northwest of the DCoE Technology and Telehealth (T2), with two key contracts that are advancing the utilization of virtual environments and the measurement of usability in telehealth through the following contracts:

- Virtual Worlds (VW): Evolver aims to reduce the barriers to care and help service members suffering from the effects of TBI and PH conditions and their families, using a virtual, 3D environment.
- Usability Labs: Evolver is designing, establishing, and maintaining usability labs aimed at measuring and analyzing the quality of the user's experience in support of military PH.

Veterans Health Care News

- **The Department of Veterans Affairs (VA) released a draft Request for Proposal (RFP) aimed at forming an Open Source community around its ground-breaking VistA (Veterans Integrated System Technology Architecture) electronic health record (EHR) system.**

When award is made under a planned RFP for a custodial agent, VA will commit to deploy the Open Source version of VistA to all of its facilities, and will contribute all non-security essential modifications to the product it makes or pays for directly to the Open Source custodian. VA will also commit to participate in Open Source VistA with other public and private sector participants.

VA expects to begin conversion to an Open Source version of VistA by this summer. A key step in this process will be the selection of a custodial agent to perform all aspects of operating the Open Source community. On Feb. 18, 2011, VA released a Request for Information (RFI) asking for information from stakeholders and potential offerors for a custodial agent. Concurrent to this announcement VA issued a draft RFP for custodial services.

The VistA system is widely viewed as the most extensively used electronic health record system in the nation. It is currently used in 153 major VA hospitals and more than 800 community based outpatient clinics across the U.S. It forms the basis of the Resource and Patient Management System (RPMS), the EHR system used by the Indian Health Service, as well as the basis of installations in more than 50 hospitals globally. A vibrant community outside VA already uses VistA.

VA expects that other organizations may commit to VistA Open Source, and welcomes their participation in the development, use and governance of VistA.

- **The Veterans Affairs (VA) health clinic will remain in service in Monmouth County after the closure of Fort Monmouth.**

The clinic was scheduled to close in June as part of the overall closure of the fort and the transfer of its mission to Aberdeen Proving Ground, Md. It will close at its current location at the Patterson Army Health Clinic on June 30 and move to 55 Gilbert St., Tinton Falls, and should be operational by July.

The VA clinic will maintain primary care services, social work services, nutrition advice, laboratory services and mental health services but will also offer specialty care. Expanded women's health services will be offered, as will optometry.

Also, vets will not necessarily have to travel to other clinics to be "seen" by a specialty care doctor with the use of telehealth services planned for the new clinic.

Health Care News

- **On April 1, 2011, the U.S. Food and Drug Administration (FDA) issued two proposed regulations regarding calorie labeling on menus and menu boards in chain restaurants, retail food establishments and vending machines.**

The menu labeling rule proposed applies to chain restaurants and similar retail food establishments. Specifically, consumers would see calories listed in restaurants and similar retail food establishments that are part of a chain with 20 or more locations doing business under the same name and offering for sale substantially the same menu items.

Examples of these establishments include fast food establishments, bakeries, coffee shops and certain grocery and convenience stores. Movie theaters, airplanes, bowling alleys, and other establishments whose primary purpose is not to sell food would not be subject to this proposed regulation. The FDA invites the public to comment on whether additional types of food establishments should or should not be covered by the new rule.

A companion rule proposes calorie posting for food sold in vending machines. The FDA is accepting comments on both proposed rules.

Under the proposed rules, operators who own or operate 20 or more vending machines would post calorie information for food sold in a vending machine, unless certain nutrition information is already visible on individual packages of food inside the machine.

State and local governments could not impose any different nutrition labeling requirements for food sold in restaurants, similar retail food establishments and vending machines covered by the Federal requirements. Restaurants, similar retail food establishments, and vending machine operators that are not covered by the federal requirements could voluntarily register to be covered under the federal nutrition labeling regulations.

The FDA is seeking public comment on the proposed rule for menu labeling for 60 days (until 06-06-2011). Comments on the proposed rule on vending machines may be submitted for 90 days (until 07-05-2011). The FDA plans to issue final rules before the end of 2011. The FDA invites input on the proposed regulations by visiting <http://www.regulations.gov>.

- **eGlobalTech announced that it has been awarded a prime contract with the Health Resources and Services Administration (HRSA) to support an enterprise-wide Call Center Study.**

The objective of this effort is to document the administration's current call center environment and to design a target solution that leverages best practices, eliminates redundancy, and provides a common technology platform that can be reused across HRSA's bureaus and offices.

This project is critical to the mission of HRSA, as call centers represent a primary tool for the administration to improve access to health care services for people who are uninsured, isolated or medically vulnerable.

eGlobalTech will assess all potential and emerging solutions that can support HRSA's business needs in the most cost effective manner possible, including cloud computing-based solutions.

- **The Centers for Disease Control and Prevention and the Healthcare Infection Control Practices Advisory Committee (HICPAC) released new guidelines to eliminate catheter-related bloodstream infections (CRBSI), one of the most deadly and costly threats to patient safety.**

The guidelines were developed by a working group led by clinical scientists from the National Institutes of Health Clinical Center Critical Care Medicine Department (CCMD) along with 14 other professional organizations.

Major areas of emphasis in the guidelines include educating and training health care personnel, using maximal sterile barrier precautions during catheter insertion, cleaning skin with chlorhexidine (an antibacterial scrub), and avoiding routine replacement of certain catheters.

Replacing a 2002 edition, the new guidelines, "[Guidelines for the Prevention of Intravascular Catheter-Related Infections](#)," were published April 1, 2011. Efforts to track, report, and prevent bloodstream infections have improved in recent years. As part of its Action Plan to Prevent HAIs, the U.S. Department of Health and Human Services has a national goal of reducing one type of CRBSI, central line-associated bloodstream infections (CLABSI), by 50 percent by 2013.

Starting in 2011, hospitals throughout the country must track and report CLABSIs in intensive care units in order to get an annual two percent Medicare payment increase. Hospitals will report their infection rates to CDC's National Healthcare Safety Network, and the data will be shared with the Centers for Medicare and Medicaid Services. These data will be made available to the public later this year on the Hospital Compare [website](#).

- **The Food and Drug Administration (FDA) launched its new search engine, which will allow consumers to search for food and other product recalls more easily and more quickly on FDA's website than previously.**

The FDA Food Safety Modernization Act (FSMA) signed into law in January by President Obama called for a more consumer-friendly recall search engine.

The search results provide data from news releases and other recall announcements in the form of a table. That table organizes information from news releases on recalls since 2009 by date, product brand name, product description, reason for the recall and the recalling firm.

The table also provides a link to the news release on each recall for more detailed information. The news releases were chosen as the source of information for the table because they provide the most up-to-date and user friendly information about any recall.

- **Teen birth rates have decreased by 37 percent in the last two decades, though U.S. rates are up to nine times higher than in other developed countries, according to the Centers for Disease Control and Prevention.**

The [CDC Vital Signs](#) report found that about 46 percent of teens have had sexual intercourse; about 14 percent of sexually active teen girls and 10 percent of teen boys report that they do not use any type of birth control.

It also found that teens need sex education, the opportunity to talk with their parents about pregnancy prevention, and those who become sexually active need access to affordable, effective birth control. For teens who are sexually active, two forms of birth control such as condoms for boys, and birth control pills, hormone shots, or an IUD for girls are most effective for preventing pregnancy.

Contraceptive use is lowest and teen childbirth is highest among Hispanic/Latinos and non-Hispanic blacks. Rates also are high among youth of all races and ethnicities who are socioeconomically disadvantaged. Black and Hispanic teen girls are about 2-3 times more likely to give birth than white teens. The percentage of black teen girls ever having sex (58 percent) is higher than for Hispanic (45 percent) and white teen girls (45 percent). The percentage of black teen males ever having sex (72 percent) is greater than that of Hispanics (53 percent) and whites (40 percent).

Teen pregnancy and childbirth cost U.S. taxpayers an estimated \$9 billion each year, approximately \$6 billion in lost tax revenue and nearly \$3 billion in

public expenditures. Reducing teen and unintended pregnancy is a key priority for the Department of Health and Human Services and the focus of a collaborative effort involving many parts of the Department.

For more information about preventing teen pregnancy, please visit www.cdc.gov/vitalsigns and www.hhs.gov/ash/oah/prevention/index.html.

- **Five of the nation's leading healthcare organizations and pioneering users of e-health records have banded together to create a new consortium to securely exchange their patients' real-time, digitized medical information on demand, and to serve as a national model for low-cost, data interoperability among clinicians.**

The new collaborative, called Care Connectivity Consortium (CCC), includes: Kaiser Permanente, Mayo Clinic, Geisinger Health System, Intermountain Health, and Group Health Collaborative. In all, the five organizations care for tens of millions of patients across the U.S.

The goal of the consortium is to tap its collective experience in data sharing and use national health IT and interoperability standards to create a replicable and affordable model for timely, secure, on-demand, exchange of patient data — with the permission of the patient — that can be replicated by others.

While technology details for CCC's data sharing effort are still being worked out, the real-time, on-demand exchange of patient data among the consortium members could be accomplished similarly to KP's ongoing patient data sharing project with the VA.

In that pilot launched last year, KP and the VA are using National Health Information Network standards to allow KP and VA clinicians to securely exchange patient data between KP HealthConnect e-health record system and the VA's VistA digital patient record system. KP, meanwhile, has the largest private sector e-health record system, containing information for about 9 million patients who get their care from KP providers in seven states and Washington DC.

The CCC will serve the needs of the five organizations' "thousands" of patients who each year require medical treatment while traveling or otherwise seek care from other clinicians, such as Mayo specialists and others.

While the number of patients that will likely be part of the consortium's data sharing is expected to be relatively small, the aim is to demonstrate that organizations across the country can accomplish secure, patient-consented, information exchange.

Reserve/Guard

- As of April 5, 2011, the total number of Guard and Reserve currently on active duty has **increased** by 1,022 to 90,211. The totals for each service are Army National Guard and Army Reserve 69,013; Navy Reserve, 5,713; Air National Guard and Air Force Reserve, 9,396; Marine Corps Reserve, 5,378, and the Coast Guard Reserve, 711. www.defenselink.mil

Reports/Policies

- **The GAO published "Defense Infrastructure: The Navy Needs Better Documentation to Support Its Proposed Military Treatment Facilities on Guam," (GAO-11-206) on April 5, 2011.** This report describes the Navy's plans for developing its military treatment facility solution to meet the expected increases in the military population on Guam; and examines the extent to which the Navy is assured that its proposed military treatment facility solution on Guam will sufficiently meet the requirements for the expected increase in military population. <http://www.gao.gov/new.items/d11206.pdf>
- **The GAO published "Medicaid and CHIP: Reports for Monitoring Children's Health Care Services Need Improvement," (GAO-11-293R) on April 5, 2011.** This report examines the extent to which children in Medicaid and CHIP receive care coordination and have access to networks of care; how selected states are coordinating care for children in Medicaid and CHIP; and the extent to which required state reports collected by CMS provide information on the provision of services to children in Medicaid and CHIP. <http://www.gao.gov/new.items/d11293r.pdf>

Legislation

- **H.R.1310** (introduced April 1, 2011): To amend the Internal Revenue Code of 1986 to exempt certain emergency medical devices from the excise tax on medical devices, and for other purposes was referred to the House Committee on Ways and Means.
Sponsor: Representative Michael R. Turner [OH-3]
- **H.R.1311** (introduced April 1, 2011): the *Medical Foods Equity Act of 2011* was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Armed Services, and Education and the Workforce.
Sponsor: Representative Tammy Baldwin [WI-2]
- **H.R.1318** (introduced April 1, 2011): the *South Texas Veterans Health Care Expansion Act* was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Henry Cuellar [TX-28]
- **H.R.1319** (introduced April 1, 2011): the *Global Sexual and Reproductive Health Act of 2011* was referred to the House Committee on Foreign Affairs.
Sponsor: Representative Yvette D. Clarke [NY-11]
- **H.R.1322** (introduced April 1, 2011): the *Earned Retiree Healthcare Benefits Protection Act of 2011* was referred to the House Committee on Education and the Workforce.
Sponsor: Representative John F. Tierney [MA-6]
- **H.R.1328** (introduced April 1, 2011): the *Federal Acupuncture Coverage Act of 2011* was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Oversight and Government Reform.
Sponsor: Representative Maurice D. [NY-22]
- **H.R.1370** (introduced April 5, 2011): To repeal the annual fee on health insurance providers enacted by the Patient Protection and Affordable Care Act was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means.
Sponsor: Representative Charles W. Boustany, Jr. [LA-7]
- **S.752** (introduced April 6, 2011): the *Lung Cancer Mortality Reduction Act of 2011* was referred to the Committee on Health, Education, Labor, and Pensions
Sponsor: Senator Dianne Feinstein [CA]

Hill Hearings

- The House Veterans Affairs Committee will hold a hearing on **April 13, 2011**, to examine construction contracting practices at the U.S. Department of Veterans Affairs
- The House Veterans Affairs Committee will hold a hearing on **May 4, 2011**, to examine poorly performing U.S. Department of Veterans Affairs Regional Offices
- The Senate Appropriations: Subcommittee on Department of Defense will hold a hearing on **May 11, 2011**, to examine proposed budget estimates for fiscal year 2012 for the Guard and Reserve.
- The House Veterans Affairs Committee will hold a legislative hearing on **June 2, 2011**, to examine pending legislation.

Meetings / Conferences

- AHA Annual Conference will be held on **April 10-13, 2011**, in Washington, DC. www.aha.org/
- The 3rd Annual Personalized Medicine Partnerships Conference will be held on **April 11-12, 2011**, in Washington, DC. www.personalizedmedicinepartnerships.com
- The World Vaccine Congress will be held on **April 11-14, 2011**, in Washington, DC. <http://www.terrapi.com/conference/world-vaccine-congress-washington/>
- The 7th Annual World Health Care Congress Europe 2011 will be held on **April 13-14, 2011**, in Brussels, Belgium. <http://www.worldcongress.com/events/HR11015/>
- AONE Annual Meeting & Exhibition will be held on **April 13-16, 2011**, in San Diego, Calif. www.aone.org/
- The International Biodosimetry Research Symposium will be held on **April 18-19, 2011**, in Bethesda, Md. <http://www.usuhs.mil/afrianniversary/events/bdsymposium/registration.html>

- The TRO-North Leadership Symposium will be held on **April 26-27, 2011**, in Crystal City, Va. <http://www.tricare.mil/tronorth/Symposium.cfm>
- 2011 Health Care Anti-Fraud Conference will be held on **April 27-29, 2011**, in Denver, Colo. <http://www.tricare.mil/Fraud/Conferences/Default.aspx>
- AMCP Annual Meeting & Showcase will be held on **April 27-30, 2011**, in Minneapolis, Minn. www.amcp.org/
- The 16th Annual International Meeting of the American Telemedicine Association will be held **May 1-3, 2010**, in Tampa, Fla. <http://www.americantelemed.org/i4a/pages/index.cfm?pageID=3773>
- Weight of the Nation™ Conference: Moving Forward, Reversing the Trend will be held on **May 7-9, 2012**, in Washington, D.C. www.weightofthenation.org
- The 8th Annual Nutrition & Health Conference will be held on **May 9-11, 2011**, in San Francisco, Calif. <http://www.nutritionandhealthconf.org/>
- The American Psychiatric Association 164th Annual Meeting will be held on **May 14-18, 2011**, in Honolulu, Hawaii. <http://www.psych.org/annualmeeting>
- The Military Healthcare Convention and Conference will be held on **June 13-16, 2011**, in San Antonio, Texas. <http://www.militaryhealthcareconvention.com/Event.aspx?id=407392>
- The Electronic Health Records Summit will be held on **June 21-23, 2011**, in Chicago, Ill. www.electronichealthrecordssummit.com
- ISID-Neglected Tropical Diseases Meeting (ISID-NTD) will be held on **July 8-10, 2011**, in Boston, Mass. <http://ntd.isid.org/>
- National Veterans Small Business Conference and Exposition will be held on **August 15-18, 2011**, in New Orleans.
- CFHA's 13th Annual Conference: Accelerating Adoption of Collaborative Care: Reaching the Tipping Point will be held on **Oct. 27-29, 2011**, in Philadelphia, Pa. <http://www.cfha.net/pages/Conference/>
- 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/
- CFHA's 13th Annual Conference: Accelerating Adoption of Collaborative Care: Reaching the Tipping Point on **Oct. 27-29, 2011**, in Philadelphia, Pa. <http://www.cfha.net/pages/Conference/>
- The American Public Health Association Annual Meeting & Exposition will be held on **Oct. 29-Nov. 2, 2011**, in Washington D.C. <http://www.apha.org/meetings/>
- mHealth Summit will held on **Dec. 5-7, 2011**, in Washington, D.C. <http://www.mhealthsummit.org/>

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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