

FEDERAL HEALTH UPDATE

Jun 10, 2011

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

To subscribe, please visit <http://fedhealthinst.org/subscriber.cfm>.

Sponsored by



Additional sponsorship by



www.fedhealthinst.org

Executive and Congressional News

- On June 8, 2011, First Lady Michelle Obama unveiled *Let's Move! Child Care*, a new effort to work with child care providers to help our youngest children get off to a healthy start.

The First Lady released a checklist that providers and parents can use as a tool to encourage healthy eating and physical activity and limit screen time for young children. In addition, the First Lady announced that the Department of Defense, the General Services Administration and Bright Horizons have committed to these practices – a step that will positively impact approximately 280,000 children in 1,600 child care centers nationwide.

Obesity rates among preschoolers ages 2 to 5 have doubled in the past four decades, and one in five children are overweight or obese by the time they reach their 6th birthday. This health crisis begins at an early age: over half of obese children first become overweight at or before age 2. As the Childhood Obesity Task Force noted, child care centers and informal care represent a tremendous opportunity to prevent obesity, because 60 percent of children under 5 are in some form child care, spending an average of 29 hours per week in that care.

The First Lady encouraged day care facilities and home-based providers to commit to the *Let's Move! Child Care* Check List to encourage healthy eating and physical activity and limit screen time for our youngest children. The check list includes:

- Physical Activity:** Provide 1-2 hours of physical activity throughout the day, including outside play when possible.
- Screen Time:** No screen time for children under 2 years old. For children age 2 and older, strive to limit screen time to no more than 30 minutes per week during child care, and work with parents and caregivers to ensure children have no more than 1-2 hours of quality screen time per day, the amount recommended by the American Academy of Pediatrics.
- Food:** Serve fruits or vegetables at every meal, eat meals family-style when possible, and no fried foods.
- Beverages:** Provide access to water during meals and throughout the day, and do not serve sugary drinks. For children age two and older, serve low-fat (1%) or non-fat milk, and no more than one 4-6 ounce serving of 100% juice per day.
- Infant feeding:** For mothers who want to continue breastfeeding, provide their milk to their infants and welcome them to breastfeed during the child care day; and support all new parents in their decisions about infant feeding.

To best support providers who choose to meet these practices, free, comprehensive resources and tools are available in a newly developed website www.HealthyKidsHealthyFuture.org.

Military Health Care News

- TRICARE Management Activity announced that retired reservists can now get a DoD Self-service Logon (DS Logon) account at any TRICARE Service Center (TSC) worldwide.

With the DS Logon, retired Reservists can go online to purchase TRICARE Retired Reserve (TRR) health care coverage.

The DS Logon can be used to access the Web-based Reserve Component Purchased TRICARE Application (RCPTA) to qualify for and purchase TRR, a premium-based health care plan available to qualified gray-area retired reservists and their survivors. If a retired reservist does not have a DS Logon account, he or she can still call the DSO at 1-800-538-9552 (1-866-363-2883 for the hearing impaired) to request documentation via remote proofing. DSO will provide step-by-step instructions and the appropriate documentation to get a DS Logon.

Retired reservists may also still go to designated VA regional offices to complete in-person-proofing and get a DS Logon account. To locate a VA regional office, visit www.vba.va.gov/vba/benefits/offices.asp.

Getting a DS Logon is not restricted to retired reservists. Members of the Selected Reserve most likely have either a Common Access Card or Defense Finance and Accounting Service account that allow them to access the RCPTA to qualify for and purchase TRICARE Reserve Select. However, for those who do not, National Guard and Reserve members can also get DS Logon accounts as mentioned above, similar to retired reservists.

For more information about TRICARE's health care benefits for members of the Reserve and National Guard, visit www.tricare.osd.mil/reserve.

- Many reservists who could benefit from the TRICARE Reserve Select program know little about the system because of shortcomings in how the Defense Department publicizes the program, according to a new Government Accountability Office report.

[The study](#), which grew from lawmakers' questions on whether reservists have adequate information on the health care benefits, notes that only about 67,000 individuals have enrolled in TRICARE Reserve Select. About 390,000 reservists are eligible for the program, which allows certain reservists to purchase health care coverage through the Defense Department.

Researchers said that participation rate might be higher if reservists could more easily find information on the benefits. They noted that reserve components "do not have a centralized point of contact to ensure that members are educated about the program" and that contactors charged with providing assistance to reservists on benefits issues "do not have comprehensive information about the units in their areas of responsibility."

The Defense Department acknowledged the problems in its response to the report, saying that Defense Reserve Affairs officials will develop policies requiring each of the service components to designate a point of contact for TRICARE education programs, to better answer questions on the benefits.

Nearly 860,000 individuals currently serve in the seven reserve components. Almost 570,000 of those are in the Army National Guard and Army Reserve.

- TRICARE joined the U.S. surgeon general and other partners to launch the *Script Your Future* campaign, which encourages patients to take their medications as directed.

The *Script Your Future* campaign's primary goal is patient education and awareness, focused on patients with three serious chronic conditions: diabetes, respiratory disease and cardiovascular disease.

According to the National Consumer League, which leads the campaign, one in three Americans never fills his or her prescription, and nearly three out of four Americans do not take their medications as directed. This trend of poor adherence is linked to one third of hospital admissions. This is especially true for people with chronic health conditions that can worsen quickly without proper medication use. In addition, the NCL reports that up to \$290 billion a year in medical costs can be attributed to poor medication adherence.

In order to reverse this trend, the *Script Your Future* campaign encourages patients to properly use medication and medical devices, like asthma inhalers; develop strategies to make it easier to remember to take medications; and communicate with their doctor and pharmacist about all their over-the-counter and prescription medications. The campaign also teaches patients about the negative health effects of poor medication adherence.

The *Script Your Future* campaign is online at www.scriptyourfuture.org. The website includes tips and tools to help individuals improve adherence. These include a "question builder" to help patients start conversations with their doctor, printable lists to keep track of medications and worksheets to help build a plan to take medication as prescribed.

For more information on the TRICARE Pharmacy, patients can go online and visit www.tricare.mil/pharmacy.

- **The Department of Defense has released a new mobile application for health care professionals, the Mild Traumatic Brain Injury Pocket Guide.**

This application, developed by the National Center for Telehealth and Technology (T2), gives providers a comprehensive, quick reference that includes clinical practice guidelines for assessing and treating service members and veterans who have sustained a mild traumatic brain injury, commonly referred to as a concussion.

The mobile application is free and available for download on Android smart phones at <https://market.android.com/details?id=org.t2health.mtbi>. Hard copies of the pocket guide can be ordered by contacting the Defense and Veterans Brain Injury Center at info@dvbic.org or 1-800-870-9244.

- **TRICARE Management Activity (TMA) posted a reminder to its beneficiaries to prepare for hurricane season.**

In its news release, TMA suggested that beneficiaries have complete emergency kit on hand. The kit should contain food and water, a battery operated weather radio, flashlights, first aid supplies and medical necessities.

For a list of health-related items to include for each family member, please visit: <http://www.tricare.mil/mediacenter/news.aspx?fid=716>.

TMA provides up-to-date information before, during and after a disaster at www.tricare.mil/disasterinfo.

Veterans Health Care News

- **The Department of Veterans Affairs recently announced the award of a \$92 million contract to construct a new mental health facility at the VA medical center at Bay Pines.**

The contract provides \$91.9 million to Archer Western/Demaria JV II, of Chicago to construction of a multi-story 156,000 square-foot addition to the main hospital building at Bay Pines. It will be a mixed facility that provides residential rehabilitation, acute inpatient mental health services and outpatient mental health services.

In 2010, the outpatient mental health programs that will be located in the new mental health building had nearly 150,000 visits (an 18 percent increase over the previous year).

It is estimated there will be 211,784 annual visits by 2029 (42 percent patient increase from 2009). The mental health building will also allow the facility to increase the number of inpatient acute psychiatric beds from 33 to 40. In 2010, the facility averaged 125 mental health admissions per month.

VA selected Bay Pines VA Healthcare System as the 2010 recipient of the Robert W. Carey Circle of Excellence Award, the department's top honor for quality achievement.

- **A new study found that older men who are diagnosed with cancer and treated at Veterans Health Administration (VHA) hospitals get care that rivals or beats care given to men covered by Medicare and treated at non-VHA hospitals.**

The findings highlight the attention to preventive care and good coordination and integration within the VHA, which were published in the [Annals of Internal Medicine](#).

Researchers suggested that the VHA system -- the largest in the U.S., covering some 6.1 million vets -- might serve as "a model for care delivery" as the nation seeks to implement health care reform in a way that provides the best care and the best value.

Once renowned for its dysfunction, the VHA underwent a major overhaul starting in the 1990s.

Focusing on the period 2001 to 2004, the researchers examined at how early cancers were diagnosed and how they were treated in men older than 65 who got care at VHA hospitals compared to men treated in the private sector under fee-for-service Medicare insurance. Their analysis included cases of colorectal cancer, prostate cancer and lung cancer, as well as cancers of the white blood cells (lymphoma) and bone marrow cells (multiple myeloma).

On average, men who got care through the VHA were diagnosed with earlier stages of colorectal cancer than Medicare recipients - possibly suggesting better screening practices, the authors noted. For example, about 29 percent of VHA patients with colon cancer were diagnosed with stage I cancer, the least advanced stage, compared to 24 percent of the Medicare group.

VHA cancer patients were also slightly more likely to get surgery to cure colon cancer, and to get the recommended treatments for lymphoma and multiple myeloma.

Those on Medicare, however, were 40 percent more likely to get new treatments for prostate cancer - which may reflect slower movement by the VHA to adopt new technology compared to the private sector, the authors say.

Patients in both groups got recommended treatments for lung cancer and rectal cancer at similar rates.

The study was funded by the Department of Veterans Affairs, and members of the VHA approved the findings and the final paper.

- **Retired Brig. Gen. Allison A. Hickey was sworn in as the Department of Veterans Affairs' (VA) under secretary for benefits.**

As Under Secretary, Hickey is responsible for a \$72.3 billion budget and benefit programs that include compensation and pension benefits for more than four million veterans and survivors, education programs including the Post 9/11 GI Bill, home loan guaranties, vocational rehabilitation and employment services, and one of the nation's largest life insurance programs.

Hickey, a pilot and aircraft commander, has 17 years of leadership in Department of Defense (DoD) strategic and transformation planning, program and resource implementation, public and congressional affairs, and quality and organizational management.

She served as head of the Air Force's Future Total Force office, and as assistant deputy director of Air Force Strategic Planning, leading one of the largest mission and culture change efforts the Air Force has gone through since its inception.

She also brings private industry experience, leading human capital management as an executive for Accenture in their work for the National Geospatial-Intelligence Agency and supported operational business processes for other intelligence community organizations in the areas of customer relationship management, call center practices, and other 21st century information technology systems.

For more information about VA and the Veterans Benefits Administration, go to www.va.gov.

Health Care News

- **Salmonella infections have increased by 10 percent during the past 15 years, according to a new [Vital Signs](#) report released today by the Centers for Disease Control and Prevention.**

During the same time period, illnesses from the serious Shiga toxin-producing E. coli O157 have been cut nearly in half and the overall rates of six foodborne infections have been reduced by 23 percent, the report said.

The Vital Signs report summarizes 2010 data from CDC's [Foodborne Diseases Active Surveillance Network \(FoodNet\)](#), which serves as America's report card for food safety by tracking whether nine of the most common infections transmitted through foods are increasing or decreasing.

Salmonella, which is responsible for an estimated \$365 million in direct medical costs each year in the United States, can be challenging to address because so many different foods, like meats, eggs, produce and processed foods, can become contaminated with it and finding the source can be challenging because it can be introduced in many different ways.

In 2010, FoodNet sites, which include about 15 percent of the American population, reported nearly 20,000 illnesses, 4,200 hospitalizations and 68 deaths from nine foodborne infections. Of those, Salmonella caused more than 8,200 infections, nearly 2,300 hospitalizations and 29 deaths (54 percent of the total hospitalizations and 43 percent of the total deaths reported through FoodNet). CDC estimates that there are 29 infections for every lab-confirmed Salmonella infection.

The rate of E. coli O157 cases reported by FoodNet sites was two cases per 100,000 people in 1997 and, by 2010, had decreased to 0.9 cases per 100,000 people. The nearly 50 percent reduction in E. coli O157 incidence is considered significant when compared to the lack of change in Salmonella incidence. CDC credits the reduction in E. coli to improved detection and investigation of outbreaks through CDC's PulseNet surveillance system, cleaner slaughter methods, testing of ground beef for E. coli, better inspections of ground beef processing plants, regulatory improvements like the prohibition of STEC O157 in ground beef and increased awareness by consumers and restaurant employees of the importance of properly cooking beef.

- **Medical students who are physically fit are more likely to encourage their future patients to exercise, according to a new study.**

Researchers found that medical students who had normal cholesterol levels and who met the current U.S. physical activity guidelines often felt strongly that being active themselves would set a better example for the people they were treating.

In analyzing certain markers of physical health -- such as cardio-respiratory fitness -- and attitudes on physical-activity counseling in 577 medical students over the course of five years, the investigators found that 80 percent of students believed physical-activity counseling would be highly relevant in their future clinical practice.

The study authors, led by Dr. Felipe Lobelo, health scientist with the U.S. Centers for Disease Control and Prevention, pointed out that the students who said exercise counseling was important were in good shape themselves. In fact, they were 1.7 times more likely to exhibit healthy levels of cardiorespiratory fitness and 3.2 times more likely to have normal triglyceride (blood fat) levels than students who didn't believe exercise was as important.

Previous evidence indicates that nearly two-thirds of patients would be more willing to become physically active if their doctors advise it, and these patients find an active, healthy doctor's advice more credible and motivating. It is critical for current and future doctors to understand the public health importance of providing physical activity counseling to every patient.

- **The Office of the National Coordinator for Health Information Technology (ONC) announced the *Investing in Innovations (i2) Initiative* on June 8, 2011.**

This program, designed to spur innovations in health IT, centers on prizes and competitions to accelerate the development of solutions and communities around key challenges in health IT.

This landmark initiative is the first Administration-wide program using prizes and challenges to advance an agency's mission was signed into law by President Obama on Jan. 4, 2011. As part of the initiative's rollout, ONC has awarded nearly \$5 million to the Capital Consulting Corporation (CCC) and Health 2.0 LLC, to fund projects supporting innovations in research and encouraging health IT development through open-innovation mechanisms like prizes and challenges.

The i2 Initiative will consult stakeholders across the health care sector including hospitals, doctors, consumers, payers, states, employers, advocates and relevant federal agencies to obtain direct input on execution and to build partnerships.

The core of the i2 Initiative is an effort to use prizes and challenges to facilitate innovation and obtain solutions to identified health IT challenges. The use of prizes and competitions is widely regarded as a powerful tool to attract innovators from all walks of life to address hard problems with the added benefit of only rewarding best-in-class work. The approach makes possible rapid response to emerging issues that are difficult to address with more traditional funding approaches.

Another component of the i2 Initiative will support analysis of the current health IT environment in an effort to track and model clusters of innovation, while simultaneously identifying connections between disparate innovator communities. The effort will identify technology development trends in a fast-moving sector to inform future advisory and policy-making activities.

Capital Consulting Corporation, Health 2.0 LLC, along with other contributors will help provide detailed and up-to-date analysis of relevant, emerging innovations and associated trends that will help ONC and other HHS agencies better understand these developments, as well as the issues that surround them.

ONC recognizes that policies that do not appropriately anticipate technological change can jeopardize success by potentially limiting competition and setting in stone inferior technologies. Accurate and timely information from this phase of the initiative will enable the Federal government to engage in methodical and strategic health IT policies.

For more information please visit ONC's home page at http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_onc/1200.

- **The U.S. Department of Health and Human Services announced the availability of approximately \$40 million to strengthen and better coordinate activities within state and territorial health departments aimed at preventing chronic diseases and promoting health.**

Created by the Affordable Care Act, this initiative targets the nation's five leading chronic disease-related causes of death and disability: heart disease, cancer, stroke, diabetes, and arthritis.

This announcement is one part of the first-ever Prevention & Wellness Month, as the Obama Administration is highlighting announcements, activities and tips that will help Americans get healthy and stay healthy. The new initiative will support the implementation of public health programs, surveillance of chronic diseases, translation of research into public health practice, and development of tools and resources for health workers and other leaders at the national,

state, and community levels.

State and territorial health activities will focus on reducing age-adjusted mortality due to chronic diseases and reducing the prevalence of disabling chronic diseases. In addition, the initiative will aim to improve health and quality of life by promoting environmental and policy changes related to nutrition, physical activity and clinical preventive services and by promoting education and management skills for people diagnosed with or at high risk for chronic diseases.

CDC expects to award funds for three-year coordinated statewide chronic disease programs to all 58 U.S. states and territories, with approximately \$40 million available for the first 12-month budget period. As a critical requirement, successful grantees will create or update statewide plans that demonstrate coordinated approaches to addressing the leading causes of chronic disease deaths and their associated risk factors, including but not limited to heart disease, cancer, stroke, arthritis, diabetes, nutrition, physical activity, and obesity. Tobacco use, a leading risk factor for chronic diseases, is not part of the initiative but will continue to be addressed through CDC's other statewide prevention programs.

Chronic diseases are responsible for 7 out of 10 deaths among Americans each year, and they account for about three-fourths of the more than \$2.5 trillion our nation spends annually on medical care.

State and territorial health departments interested in submitting proposals for the *Prevention and Public Health Fund Coordinated Chronic Disease Prevention and Health Promotion Program* can find more information at www.grants.gov. The application deadline is July 22, 2011.

- **The Centers for Medicare and Medicaid Services (CMS) announced a demonstration project that will pay an estimated \$42 million over three years to coordinate care for Medicare patients.**

The Federally Qualified Health Center Advanced Primary Care Practice (FQHC APCP) demonstration project will test the effectiveness of doctors and other health professionals working in teams to improve care for up to 195,000 Medicare patients.

The demonstration's goal is to show how the patient-centered medical home model can improve quality of care, promote better health, and lower costs. Participating FQHCs must implement electronic health records, help patients manage chronic conditions and coordinate care for patients.

To help participating FQHCs make these investments in patient care and infrastructure, they will be paid a monthly care management fee for each eligible Medicare beneficiary receiving primary care services. In return, FQHCs agree to adopt care coordination practices that are recognized by the National Committee for Quality Assurance (NCQA).

Details about the demonstration and the application process can be found on the CMS web site at: www.cms.gov/DemoProjectsEvalRpts/MD/, and linking to the demonstration web page or by visiting the CMS Innovation Center website at <http://innovations.cms.gov/>.

- **The U.S. Food and Drug Administration announced safety label changes for the cholesterol-lowering medication simvastatin because the highest approved dose--80 milligram (mg)--has been associated with an elevated risk of muscle injury or myopathy, particularly during the first 12 months of use.**

The agency is recommending that simvastatin 80 mg be used only in patients who have been taking this dose for 12 months or more and have not experienced any muscle toxicity. It should not be prescribed to new patients. There are also new contraindications and dose limitations for when simvastatin is taken with certain other medications.

Simvastatin is used together with diet and exercise to reduce the amount of "bad cholesterol" (low-density lipoprotein cholesterol or LDL-C) in the blood. High levels of LDL-C are linked to a higher risk of heart attack, stroke and cardiovascular death. In 2010, about 2.1 million patients in the United States were prescribed a product containing simvastatin 80 mg.

The changes to the label for simvastatin-containing medications are based on the FDA's review of the results of the seven-year clinical trial, other clinical trial data, and analyses of adverse events submitted to the FDA's Adverse Event Reporting System. All showed that patients taking simvastatin 80 mg daily had an increased risk of muscle injury compared to patients taking lower doses of simvastatin or other statin drugs. The risk of muscle injury is highest during the first year of treatment with the 80 mg dose of simvastatin, is often the result of interactions with certain other medicines, and is frequently associated with a genetic predisposition for simvastatin-related muscle injury.

- **Mental health problems are the leading cause of disability among children, teens and young adults worldwide, according to a new study by department of health statistics and informatics at the World Health Organization.**

Researchers who analyzed global data collected in 2004 found that neuropsychiatric disorders — including depression, schizophrenia, bipolar disorder and alcohol use — accounted for 45 percent of the disease burden among those 10 to 24 years old.

The next two most common causes of disability among young people were accidental injuries, most often caused by traffic accidents, at 12 percent, and infectious and parasitic diseases at 10 percent.

The report, published online in *The Lancet*, also found that important risk factors among young people that affect their health later in life include unsafe sex, alcohol use, iron deficiency and lack of birth control.

People aged 10 to 24, numbering more than 1.8 billion, represent 27 percent of the world's population.

Reserve/Guard

- As of May 17, 2011, the total number of Guard and Reserve currently on active duty has **decreased** by 790 to 91,522. The totals for each service are Army National Guard and Army 69,267; Navy Reserve, 5,468; Air National Guard and Air Force Reserve, 9,947; Marine Corps Reserve, 6,040, and the Coast Guard Reserve, 800. www.defenseink.mil

Reports/Policies

- **The GAO published "Health Care Fraud and Abuse Control Program: Improvements Needed in Controls over Reporting Deposits and Expenditures," (GAO-11-446) on June 9, 2011.** The objectives of this requested review were to assess the extent to which HHS and DOJ (1) took actions to address the recommendations made in the 2005 report and (2) designed effective controls over reporting HCFAC deposits and expenditures for fiscal years 2008 and 2009. <http://www.gao.gov/new.items/d11446.pdf>
- **The GAO published "VA Health Care: Actions Needed to Prevent Sexual Assaults and Other Safety Incidents," (GAO-11-530) on June 07, 2011.** In this report, GAO examined whether or not sexual assault incidents are fully reported and what factors may contribute to any observed underreporting, how facility staff determine sexual assault-related risks veterans may pose in residential and inpatient mental health settings, and precautions facilities take to prevent sexual assaults and other safety incidents. <http://www.gao.gov/new.items/d11530.pdf>
- **The GAO published "Defense Health Care: DOD Lacks Assurance That Selected Reserve Members Are Informed about TRICARE Reserve Select," (GAO-11-551) on June 03, 2011.** This report examines impediments to TRICARE Standard and Extra beneficiaries' access to civilian health care and mental health care providers and TRICARE Management Activity's (TMA) actions to address the impediments; TMA's efforts to monitor access to civilian providers for TRICARE Standard and Extra beneficiaries; how TMA informs network and non-network civilian providers about TRICARE Standard and Extra; and how TMA informs TRICARE Standard and Extra beneficiaries about their options. <http://www.gao.gov/new.items/d11551.pdf>

Legislation

- **H.R.2123** (introduced June 3, 2011): To amend the Public Health Service Act to improve the diagnosis and treatment of hereditary hemorrhagic telangiectasia, 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 Elton Gallegly [CA-24]
- **H.R.2140** (introduced June 3, 2011): To amend title XVIII of the Social Security Act to provide Medicare beneficiaries coordinated care and greater choice with regard to accessing hearing health services and benefits was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means.
Sponsor: Representative Mike Ross [AR-4]
- **S.1146** (introduced June 5, 2011): A bill to establish a pilot program under which veterans in the State of Alaska may receive health care benefits from the Department of Veterans Affairs at non-Department medical facilities, and for other purposes.
Sponsor: Senator Mark Begich [AK]
- **S.1147** (introduced June 6, 2011): Chiropractic Care Available to All Veterans Act of 2011
Sponsor: Senator Richard Blumenthal [CT] (introduced 6/6/2011)

Hill Hearings

- The House Veterans Affairs Committee will hold a hearing on **June 14, 2011**, to examine the gap between mental health care and compensation for veterans
- The House Veterans Affairs Committee will hold a legislative hearing on **June 22, 2011**, to examine pending legislation.
- The Senate Veterans Affairs Committee will hold a hearing on **June 29, 2011**, to examine pending calendar business.

Meetings / Conferences

- 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/>
- The 9th annual BioDefense Vaccines & Therapeutics Conference will be held on **July 20-22, 2011**, in Washington D.C. <http://www.infocastinc.com/index.php/conference/biodef11>
- 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/
- The 13th annual World Vaccine Congress will be held **Oct. 10-13, 2011**, in Lyon, France. <http://www.terrapinn.com/2011/world-vaccine-congress-lyon/index.stm>
- American Medical Informatics Association (AMIA) 2011 Annual Symposium will be held on **Oct. 22-26, 2011**, in Washington, DC. <https://www.amia.org/amia2011>
- 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/>
- The CDC's 2011 Symposium on Identification, Screening and Surveillance of HCV Infections in the Era of Improved Therapy for Hepatitis C will be held on **Dec. 1-2, 2011**, in Atlanta Ga. <http://www.cdc.gov/hepatitis/hcvsymposium2011/>
- 17th Annual Maternal and Child Health Epidemiology Conference will be held on **Dec. 14-16, 2011**, in New Orleans, La. <http://www.cdc.gov/reproductivehealth/MCHepi/Conference/AboutConference.htm>
- mHealth Summit will be held on **Dec. 5-7, 2011**, in Washington, D.C. <http://www.mhealthsummit.org/>
- The International Conference on Emerging Infectious Diseases 2012 (ICEID) will be held on **March 11-14, 2012**, in Atlanta, Ga. <http://www.cdc.gov/eid/content/16/11/e1.htm>

If you need further information on any of the items in the Federal Health Update, please contact Kate Connolly 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.

Back issues available at [Federal Health Update Archives](#).

© Copyright 2007, IFHC
5185 MacArthur Blvd. NW, Suite 103-656, Washington, DC 20016
(202)271-5814 postmaster@fedhealthinst.org