FEDERAL HEALTH UPDATE

Sep 2, 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

- **The Senate and House are in recess from Aug. 8 to Sept. 5, 2011.**

Military Health Care News

- **Brig. Gen. W. Bryan Gamble has been selected as the new deputy director of the TRICARE Management Activity (TMA).**

  Gamble, who is currently the commanding general of the Dwight David Eisenhower Army Medical Center at Fort Gordon, Ga., and deputy commander of the Southern Regional Medical Command, Fort Sam Houston, Texas, will assume his post at TMA in mid-September.

  Gamble began his military career in 1978 after graduating from Penn State University with degrees in food science and pre-medicine. He entered the Army through the Health Professions Scholarship Program, earning his medical degree in 1982 from Jefferson Medical College, Philadelphia. He completed his five-year residency in general surgery at Saint Elizabeth's Hospital of Boston in 1987 and trained in plastic surgery at Walter Reed Army Medical Center.

  His first assignment in the Army was as a general surgeon at Bassett Army Community Hospital at Fort Wainwright, Alaska, followed by his plastic surgery training and continued as teaching staff at Walter Reed Army Medical Center, as well as plastic surgery consultant at NIH/National Cancer Institute. Gamble then served as deputy commander for clinical services at the United States Army Aero-medical Center at Fort Rucker, Ala.; division surgeon with the 3rd Infantry Division, Fort Stewart, Ga., and commander of the Landstuhl Regional Medical Center in Germany. He was command surgeon with the U.S. Central Command at MacDill Air Force Base, Fla., before taking command at Eisenhower.

  He has also served during previous tours with TMA, the National Defense University, and the Office of the Assistant Secretary of the Army for Manpower and Reserve Affairs.

  Gamble succeeds Rear Adm. Christine Hunter, who has served as the deputy director of TMA since May 2009.

- **TriWest Healthcare Alliance's Behavioral Health Crisis Line recently received re-certification from the American Association of Suicidology (AAS), a national leader in suicide prevention.**

  According to AAS, suicide is the third-leading cause of death among people ages 15–24 and the 11th leading cause of death overall. In particular, today's military and their families have seen an alarming number of suicides related to combat stress, multiple deployments, relationship issues and more.

  In addition, earlier this year, TriWest received an "Allies for Action" award from the American Foundation for Suicide Prevention, honoring the groundbreaking behavioral health and suicide prevention education services offered by the company as part of the TRICARE benefits offered.

  These services include the TRICARE Assistance Program (TRIAP), an anonymous behavioral health assistance option provided online via web chat or Skype, and has distributed nearly 300,000 copies of "*Getting Home, All The Way Home*," a DVD produced to help military families cope with deployment-related stress. Both are accessible through TriWest's behavioral health web portal along with an extensive library of educational information and resources at www.triwest.com/bh.

  Sept. 4–10, 2011, is National Suicide Prevention Week, with Sept. 10 marking World Suicide Prevention Day. As conflicts in Iraq and Afghanistan continue, the need to support service members and their families is vital. The American Association of Suicidology states, "Experts believe that most suicidal individuals do not want to die. They just want to end the pain that they are experiencing."

  To learn more about National Suicide Prevention Week, please visit http://www.sprc.org/library/spweek.pdf.

- **TRICARE is expanding the number of preventive vaccines covered at retail network pharmacies.**

  Until now, the majority of vaccines were covered only when obtained through a physician's office.

  TRICARE covers age-appropriate vaccines recommended by the Centers for Disease Control and Prevention, including the high-demand shingles vaccine, Zostavax. Since late 2009, TRICARE has covered seasonal flu, H1N1 flu and pneumococcal vaccines at retail pharmacies with nearly 300,000 vaccines administered to date.

  The expanded program covers immunizations for measles, mumps, shingles and many other preventable diseases. To see the expanded list of vaccines available from authorized TRICARE retail pharmacies visit www.tricare.mil/vaccines.

  TRICARE officials strongly recommend that beneficiaries check ahead before making a trip to their pharmacy to make sure it's part of the TRICARE network and authorized to offer the vaccines. Ensuring that the pharmacy has the needed vaccine is also advised as some, such as shingles, may be in short supply.

  In addition, while all 50 states and the District of Columbia allow pharmacists to administer vaccines, individual state laws can restrict which vaccines pharmacists may administer, or may restrict based on licensing or by age of the recipient.

  Beneficiaries who obtain vaccines through their regular physician do not pay copayments for preventive care such as immunizations and recommended screenings, but usual cost shares and copayments for office visits may apply.

- **Secretary of the Navy Ray Mabus announced that Rear Adm. Alton L. Stocks will be assigned as commander, Navy Medicine, National Capital Area/commander, National Naval Medical Center, Bethesda, Md.** Stocks is currently serving as commander, Navy Medicine East/commander, Naval Medical Center, Portsmouth, Va.

- **The Department of Defense (DoD) and the National Institutes of Health (NIH) have partnered to build a database to improve the diagnosis, treatment and prevention of traumatic brain injuries (TBI).**

  The Federal Interagency Traumatic Brain Injury Research (FITBIR) database, funded at $10 million over four years, is designed to accelerate comparative effectiveness research on brain injury treatment and diagnosis. It will serve as a central repository for new data, link to current databases and allow valid comparison of results across studies.

  The FITBIR database will collect uniform and high-quality data on traumatic brain injury, including brain imaging scans and neurological test results. The data will be obtained with informed consent and stripped of any patient-identifying information.

  The database is expected to help develop:

  - A system to classify different types of traumatic brain injury
  - More targeted studies to determine which treatments are effective and for whom and under what conditions (comparative effectiveness research)
  - Enhanced diagnostic criteria for concussions and milder injuries
  - Predictive markers to identify those at risk of developing conditions that have been linked to traumatic brain injury, such as Alzheimer's disease
  - Clearer understanding of the effects of age, sex and other medical conditions on injury and recovery

- Improved evidence-based guidelines for patient care, from the time of injury through rehabilitation

The database builds upon a larger effort to create common data elements for the study of traumatic brain injury, which are essentially definitions and guidelines about the kinds of data that should be collected, and how to collect these data in clinical studies. The Common Data Elements project emerged from a collaborative interagency effort involving more than 50 American and European universities and several federal agencies.

Currently about 1.7 million people in the United States sustain traumatic brain injuries each year from common causes such as auto accidents and falls. In addition, American service members in Iraq, Afghanistan and other parts of the world face unique risks of traumatic brain injury from routine military operations, enemy fire and improvised explosive devices.

According to the DoD, in the past 12 years, more than 200,000 service members deployed worldwide have been diagnosed with traumatic brain injury, adding to the urgent need for preventive methods and treatments. Total costs of traumatic brain injury in the United States — including medical care, lost wages and other expenses — exceed $60 billion.

Veterans Health Care News

- **The Department of Veterans Affairs (VA) Human Research Protection Program (HRPP), which helps ensure high ethical and scientific standards for multi-site research projects involving veterans or their health information, has been accredited by the nonprofit Association for the Accreditation of Human Research Protection Programs (AAHRPP).**

  A key component of the HRPP is the Department of Veterans Affairs Central Institutional Review Board (IRB), launched in 2008 by VA's Office of Research and Development. VA's Central IRB oversees large clinical trials and other human research projects conducted at multiple VA medical centers and often involving hundreds or even thousands of veterans. More than 100 VA sites have approval to conduct human research projects, and often collaborate on projects. VA's Central IRB is able to ensure that local issues also are addressed.

  Recognition from AAHRPP means the VA Central IRB meets the highest standards for human subject research, surpassing what is required under federal policies and regulations. According to AAHRPP, "through the rigorous accreditation process, organizations must demonstrate that they have built extensive safeguards into every level of their research operation and that they adhere to the highest standards for research."

  Based in Washington, D.C., AAHRPP uses what it calls a "voluntary, peer-driven, educational model." The organization says its process "typically results in system-wide improvements that enhance protection for research participants and promote high-quality research." In addition to its recognition of the VA HRPP and the VA Central IRB, AAHRPP has accredited the local human research protection programs at the more than 100 VA sites nationwide.

  For more information on VA's research program, visit www.research.va.gov.

- **More than $2.2 billion in retroactive benefits has been paid to approximately 89,000 Vietnam veterans and their survivors who filed claims related to one of three new Agent Orange presumptive conditions, according to the Department of Veterans Affairs (VA).**

  On August 31, 2010, the Department of Veterans Affairs (VA) amended its regulations to add ischemic heart disease, hairy cell leukemia and other chronic B-cell leukemias, and Parkinson's disease to the list of diseases presumed to be related to exposure to Agent Orange.

  For new claims, VA may authorize up to one year of retroactive benefits if a veteran can show that he or she has experienced one of those conditions since the date of the regulatory change.

  VA has reviewed, and continues to review, thousands of previously filed claims that may qualify for retroactive benefits under a long-standing court order of the U.S. District Court for the Northern District of California in *Nehmer vs. U.S. Veterans Administration.*

  The decision to add these conditions to the list of Agent Orange presumptive conditions was based on a study by the Institute of Medicine, which indicated a positive association between exposure to certain herbicides and the subsequent development of one or more of the three conditions.

  Potentially eligible veterans include those who were exposed based on duty or visitation in Vietnam or on its inland waterways between January 9, 1962, and May 7, 1975; exposed along the demilitarized zone in Korea between April 1, 1968, and August 31, 1971; or exposed due to herbicide tests and storage at military bases within and outside of the United States.

  The Agent Orange Claims Processing System website located at https://www.fasttrack.va.gov/AOFastTrack/ may be used to submit claims related to the three new presumptive conditions.

  For more information about Agent Orange presumptives and disability compensation, go to http://www.publichealth.va.gov/exposures/agentorange/.

Health Care News

- **HHS Secretary Kathleen Sebelius awarded up to $137 million to states to strengthen the public health infrastructure and provide jobs in core areas of public health.**

  Awarded in nearly every state, the grants enhance state, tribal, local and territorial efforts to provide tobacco cessation services, strengthen public health laboratory and immunization services, prevent healthcare-associated infections, and provide comprehensive substance abuse prevention and treatment.

  The grants will fund key state and local public health programs supported through the Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA). Most of these grant dollars come from the Prevention and Public Health Fund created by the Affordable Care Act. Additional SAMHSA dollars supplement this investment.

  The awards include:

  - $1 million to further enhance the nations' public health laboratories by hiring and preparing scientists for careers in public health laboratories, providing training for scientists, and supporting public health initiatives related to infectious disease research.
  - Nearly $5 million to help states and territories enhance and expand the national network of tobacco cessation quitlines to increase the number of tobacco users who quit. Quitlines are the toll-free numbers people can call to obtain smoking cessation treatments and services.
  - More than $42 million to support: improvements to the Immunization Information Systems (registries) and other immunization information technologies; development of systems to improve billing for immunization services; planning and implementation of adult immunization programs; enhancement of vaccination capacity located in schools; and evaluations of the impact on disease of recent vaccine recommendations for children and adolescents.
  - $2.6 million to the Emerging Infections Programs around the country to continue improvement in disease monitoring, professional development and training, information technology development, and laboratory capacity.
  - $9.2 million to eight national non-profit professional public health organizations to assist state, tribal, local, and territorial health departments in adopting effective practices that strengthen their core public health systems and service delivery. They will also enhance the workforce by providing jobs in critical disciplines of epidemiology and informatics, thus attracting new talent to public health.
  - $1.5 million to evaluate and prevent ventilator-associated pneumonia to reduce cases of Methicillin-resistant *Staphylococcus aureus* (MRSA) infections and protect Americans from healthcare-associated infectious diseases.
  - Up to $75 million to fund nine Screening, Brief Intervention, Referral and Treatment programs over the next five years. These programs will allow communities throughout the nation to provide more comprehensive substance abuse screening, secondary prevention, early intervention and referrals to treatment for people at higher risk for substance abuse. The actual award amounts may vary, depending on the availability of funds and the performance of the grantees.

  A full list of grantees is available at: http://www.hhs.gov/news/press/2011pres/08/state_prevention_grants.html.

- **The U.S. Department of Health and Human Services (HHS) announced a new initiative to help improve care for patients while they are in the hospital and after they are discharged.**

  Doctors, hospitals and other health care providers can now apply to participate in a new program known as the Bundled Payments for Care Improvement initiative (Bundled Payments initiative). The program will align payments for services delivered across an episode of care, such as heart bypass or hip replacement, rather than paying for services separately. Bundled payments will give doctors and hospitals new incentives to coordinate care, improve the quality of care and save money for Medicare.

  In Medicare currently, hospitals, physicians and other clinicians who provide care for beneficiaries bill and are paid separately for their services. With bundled payment across providers for multiple services, providers will have a greater incentive to coordinate and ensure continuity of care across settings, resulting in better care for patients. Better coordinated care can reduce unnecessary duplication of services, reduce preventable medical errors, help patients heal without harm, and lower costs.

  The Bundled Payments initiative is being launched by the new Center for Medicare and Medicaid Innovation (Innovation Center), which was created by the Affordable Care Act to carry out the critical task of finding new and better ways to provide and pay for health care to a growing population of Medicare and Medicaid beneficiaries.

  The Innovation Center's Request for Applications (RFA) outlines four broad approaches to bundled payments. Providers will have flexibility to determine which

episodes of care and which services will be bundled together. By giving providers the flexibility to determine which model of bundled payments works best for them, it will be easier for providers of different sizes and readiness to participate in this initiative.

Organizations interested in applying to the Bundled Payments for Care Improvement initiative must submit a Letter of Intent (LOI) no later than Sept. 22, 2011 for Model 1 and Nov.4, 2011 for Models 2, 3, and 4. For more information about the various models and the initiative itself, please see the Bundled Payments for Care Improvement initiative website at:
http://www.innovations.cms.gov/areas-of-focus/patient-care-models/bundled-payments-for-care-improvement.html.

- **Increases in vaccination rates for human papillomavirus (HPV) are trailing increases in rates for two other vaccines recommended for teens and preteens, according to data from the Centers for Disease Control and Prevention (CDC).**

Coverage rates for the other two vaccines —Tdap, which protects against tetanus, diphtheria and pertussis, and MenACWY, which protects against meningococcal meningitis—are continuing to increase, but vaccination rates for HPV vaccine remain low, the study found. HPV infection can lead to cervical cancer, but vaccination dramatically reduces this risk.

The study in CDC's *Morbidity and Mortality Weekly Report* drew on data from the 2010 National Immunization Survey-Teen.

About 6 million people become infected with HPV each year, and the CDC reports that every year, about 12,000 women will be diagnosed with cervical cancer. CDC recommends HPV vaccine for 11- or 12-year-old girls to protect against the types of HPV that cause cervical cancer and also recommends teenage girls who have not yet been vaccinated with HPV vaccine complete the vaccination series. HPV vaccines are given in three doses (as shots) over six months. To ensure the highest level of protection, girls must complete all three shots.

The CDC has conducted the National Immunization Survey-Teen since 2006. This survey of more than 19,000 teens aged 13-17, is similar to the standard NIS which began collecting immunization information in 1994 among children 19 through 35 months old.

- **The U.S. Department of Health and Human Services issued an updated Final Rule on conflict of interest, providing a framework for identifying, managing, and ultimately avoiding investigators' financial conflicts of interest.**

Staff from the National Institutes of Health worked with others in HHS to revise the 1995 regulations to update and enhance the objectivity and integrity of the research process.

Major changes to the regulations include the definition of significant financial interest (SFI), the extent of investigator disclosure, the information reported to the Public Health Service (PHS) awarding component, the information made accessible to the public, and investigator training. For example, the revised regulations:

- Require investigators to disclose to their institutions all of their significant financial interests related to their institutional responsibilities.
- Lower the monetary threshold at which significant financial interests require disclosure, generally from $10,000 to $5,000.
- Require institutions to report to the PHS awarding component additional information on identified financial conflicts of interest and how they are being managed.
- Require institutions to make certain information accessible to the public concerning identified SFIs held by senior/key personnel.
- Require investigators to complete training related to the regulations and their institution's financial conflict of interest policy.

Additional details about the major changes to the regulations can be found at: http://www.ofr.gov/OFRUpload/OFRData/2011-21633_PI.pdf.

The regulations will be implemented no later than 365 calendar days after publication of the final rule in the *Federal Register*.

- **The U.S. Food and Drug Administration released its "Strategic Plan for Regulatory Science," calling for a sweeping modernization of the science used in developing and evaluating products critical to the nation's health, economy, and security.**

The plan provides specific details of the agency's Regulatory Science Initiative, outlined in October 2010.

The strategic plan describes the agency's intent to collaboratively enhance the process for developing and evaluating promising new products and novel materials from fields such as cell therapy, tissue engineering, genomics, personalized medicine, advanced computing, and information technology. It also underscores the agency's emphasis on food safety.

The plan also emphasizes the agency's intention to study and improve how it communicates health information to consumers, particularly as communication technologies rapidly evolve and change the way people receive that information.

FDA is in the early stages of constructing the IT infrastructure needed to deal with the integration of complex data but realizes that in addition, new analytic approaches and tools will also be needed. In the future, FDA plans to do sophisticated data mining activities to support the enormous number of simultaneous queries from a large set of indexed data sources.

To view the Strategic Plan, go to www.fda.gov/regualtoryscience

- **The National Institutes of Health has announced that a new Medical Research Scholars Program for medical and dental students will begin in September 2012 in Bethesda, Md.**

The program will offer research experiences with intramural investigators from across NIH in basic science laboratories, and in clinical and translational research conducted at the NIH Clinical Center, the world's largest hospital dedicated to patient-oriented research.

It is made possible through a partnership with the Foundation for the National Institutes of Health supported by a grant from Pfizer Inc. and contributions from the Howard Hughes Medical Institute.

The Medical Research Scholars Program builds upon the long history that the NIH intramural program has had in preparing clinician-scientists for leadership roles in biomedical research and incorporates the Howard Hughes Medical Institute (HHMI)-NIH Research Scholars Program and the NIH Clinical Research Training Program (CRTP). The HHMI-NIH Research Scholars Program has historically focused on research in the basic sciences. CRTP participants engage in clinical and translational research. Basic, clinical, and translational research will be part of the Medical Research Scholars Program.

Program applications will be accepted Oct. 1, 2011 through mid-January 2012. About 40 students are expected to be admitted during the program's first year. The goal is to accept up to 70 students as the program grows.

Support for students selected for the program includes a stipend and resources for education enrichment, such as travel to scientific meetings. There will be a curriculum focused on clinical protocol development and the conduct of human research, along with seminars focusing on basic and laboratory studies and their translation into clinical protocols.

- **The Department of Health and Human Services (HHS) announced that starting Sept. 1, 2011, state and federal entities will review all insurers' requests to raise their rates by 10 percent of more to determine whether it is a reasonable request.**

In a growing number of states, regulators now have the authority to deny or reduce rate hikes found to be excessive. Insurers that insist on going ahead with double-digit rate increases are required to post their justifications on their website, and state and federal regulators will post them as well.

As of Sept. 1, insurers proposing double digit increases will have to provide clear information that indicates what factors are causing proposed increases. Experts will closely examine information about the underlying cost trends in health care to flag instances when insurance companies are unjustly raising costs. This means consumers will no longer have to take the word of their insurance company; they will have an independent expert reviewing their proposed rate increase.

By mid-September, consumers in every state can go to HealthCare.gov to view easy-to-access, consumer-friendly disclosure information explaining proposed increases that are 10 percent or higher than last year's rates. Consumers will see a summary of the key factors driving rate increases and an explanation provided by insurance companies for why the proposed increase is needed. And, for the first time, consumers in every state will also be given the ability to comment on large proposed rate increases.

States continue to have the primary responsibility for reviewing insurance rates. Because many states have lacked the resources needed to perform strong rate review, the Affordable Care Act provides $250 million in Health Insurance Premium Review Grants to states over five years. These new resources will improve how states review proposed health insurance rate increases and hold insurance companies accountable for unjustified premium increases. States and territories are already using $48 million in rate review grants, and HHS has made an additional $200 million available to states and territories to strengthen and improve their rate review processes.

For more information on rate review and today's announcement, please visit: http://www.healthcare.gov/news/factsheets/ratereview09012011a.html.

Reserve/Guard

- As of Aug. 30, 2011, the total number of Guard and Reserve currently on active duty has declined by 705 to reach 92,504. The totals for each service are Army National Guard and Army 71,128; Navy Reserve, 4,454; Air National Guard and Air Force Reserve, 10,295; Marine Corps Reserve, 5,956, and the Coast Guard Reserve, 740. www.defenselink.mil

Reports/Policies

- **The GAO published *"Pre-Existing Condition Insurance Plans Program Features, Early Enrollment and Spending Trends, and Federal Oversight Activities,"* (GAO-11-662) on Aug. 26, 2011.** This report examines PCIP features, premiums, and criteria for demonstrating a pre-existing condition; trends in PCIP enrollment and spending, including administrative costs; and federal oversight activities. http://www.gao.gov/products/GAO-11-662

- **The Institute of Medicine (IOM) published *"Perspectives on Essential Health Benefits - Workshop Report,"* on Aug.t 29, 2011.** This report recommends the criteria and methods for determining and regularly updating the EHB package. The IOM will release a final report with recommendations on these processes in the early fall of 2011. http://www.iom.edu/Reports/2011/Perspectives-on-Essential-Health-Benefits-Workshop-Report.aspx

- **The Institute of Medicine (IOM) published "*Adverse Effects of Vaccines: Evidence and Causality*," on Aug.t 29, 2011.** This report reviews a list of adverse events associated with eight vaccines—varicella zoster, influenza (except 2009 H1N1), hepatitis B, HPV, MMR, hepatitis A, meningococcal, and those that contain tetanus—and evaluate the scientific evidence about the event–vaccine relationship. http://www.iom.edu/Reports/2011/Adverse-Effects-of-Vaccines-Evidence-and-Causality.aspx

- **The GAO published *"Private Health Insurance: Early Experiences Implementing New Medical Loss Ratio Requirements,"* (GAO-11-711) on Aug. 29, 2011.** This report examines what can be learned from the traditional MLR data reported by health insurers prior to PPACA; what factors might affect the MLRs that insurers will report under PPACA; and what changes in business practices, if any, have insurers made or planned to make in response to the PPACA MLR requirements. http://www.gao.gov/products/GAO-11-711

- **The GAO published *"Medicare Integrity Program: CMS Used Increased Funding for New Activities but Could Improve Measurement of Program Effectiveness,"* (GAO-11-592) on Aug. 29, 2011.** In this report, the GAO examined how CMS used MIP funding to support the program's activities from fiscal years 2006 through 2010; how CMS assesses the effectiveness of MIP; and factors CMS considers when allocating MIP funding. http://www.gao.gov/products/GAO-11-592

Legislation

- No legislation was proposed this week.

Hill Hearings

- The House and Senate will hold a joint hearing on **Sept. 21, 2011**, to receive legislative presentation from the American Legion.

Meetings / Conferences

- NHLBI Symposium: Genomics: Gene Discovery and Clinical Applications for Cardiovascular, Lung, and Blood Diseases will be held on **Sept. 12-13, 2011**, in Bethesda Md. http://www.nhlbi.nih.gov/meetings/Genomics/index.htm
- 30th Annual Immunohematology & Blood Transfusion Symposium will be held on **Sept. 15, 2011**, in Bethesda Md. http://www.cc.nih.gov/dtm/research/symposium.html
- The National Medical Home Summit West will be held on **Sept. 20-22, 2011**, in San Francisco, Calif. http://www.medicalhomesummit.com/
- Advances in Neuropsychiatric Treatment Conference will be held on **Sept. 22-23, 2011**, in San Francisco, Calif. http://www.gtcbio.com/index.php?option=com_conference
- NHLBI Symposium on Cardiovascular Regenerative Medicine will be held on **Oct. 4-5, 2011**, in Bethesda, Md. http://www.nhlbi.nih.gov/meetings/cv-regen11/index.htm
- 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
- NINR's 25th Anniversary Concluding Scientific Symposium: "Bringing Science to Life: A Healthier Tomorrow" will be held on **Oct. 13, 2011**, in Bethesda Md. http://www.ninr.nih.gov/NewsAndInformation/25years/ahealthiertomorrow.htm
- 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 117th AMSUS Annual Meeting will be held **Nov. 6-9, 2011**, in San Antonio, Texas. http://www.amsus.org/index.php/annual-meeting
- Eighth Annual Interdisciplinary Women's Health Research Symposium will be held on **Nov. 12, 2011,** in Bethesda, Md. http://www.orwhmeetings.com/symposium.aspx
- 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 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.
- The 15th International Congress on Infectious Diseases (ICID) will be held on **June 13-16, 2012**, in Bangkok, Thailand. http://www.isid.org/15th_ICID/

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

Back issues availiable at Federal Health Update Archives.

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