

Oct 21, 2011

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## Executive and Congressional News

- **Senate Armed Services Committee (SASC) Chairman Carl Levin and Senator John McCain, ranking member of the SASC, submitted recommendations to the deficit reduction super committee in support of the Obama administration's cost-saving proposal released last month.**

The plan would mandate annual fees under TRICARE-for-Life, which pays beneficiaries' out-of-pocket Medicare costs. Fees would start at \$200 in 2012 and increase annually to align with those paid by all TRICARE enrollees.

The proposal also would eliminate pharmacy co-payments for generic mail-order drugs while shifting retail co-pays from a dollar figure to a percentage. The change would affect military families and retirees, but would not apply to active-duty service members. The administration also recommended the creation of a panel to look at reforming military retirement benefits.

In his [letter](#), Levin expressed support for the proposed TRICARE-for-Life fees, but noted that any future increase should be tied to changes in cost-of-living adjustments. Retirees in TRICARE Prime saw a slight fee increase on Oct. 1 based on that same benchmark. He also recommended that any new panel expand its scope to study basic pay, allowances, special and incentive payments, health care and the tax treatment of military pay. Any changes to military retirement should exclude current service members, he added.

McCain's [letter](#) agrees with Levin's recommendations, but added that the commission should consider excluding working-age military retirees from participating in TRICARE Prime, which offers the lowest out-of-pocket expenses of any Defense Department health plan. Retirees and their families would be eligible for TRICARE Standard or Extra, while active-duty personnel would continue to be enrolled automatically in TRICARE Prime. The Congressional Budget Office found that this measure could save \$111 billion over 10 years, McCain wrote.

Members of the House and Senate Veterans Affairs Committees did not recommend specific cuts, instead drawing the commission's attention to cost-saving measures affecting veterans that Congress has considered in the past.

## Military Health Care News

- **On Oct. 17, 2011, Walgreen Co. made a new offer to Express Scripts to continue filling prescriptions for military members, retirees, and their families, which was rejected by Express Scripts.**

Express Scripts pays drugstores such as Walgreen to fill prescriptions. A three-year contract between the companies expires Dec. 31, and they have not been able to negotiate a new deal. Walgreen and Express Scripts said in June they will stop doing business when the contract ends, meaning most individuals whose drug benefits are handled by Express Scripts won't be able to pick up prescriptions at the biggest chain of drugstores in the country.

Walgreen offered to guarantee it will match or beat the average cost of adjusted prescriptions filled at any other pharmacy in the TRICARE network, which is managed by Express Scripts.

Walgreen said it would be willing to have its expenses verified by a third party every quarter, and it would reimburse Tricare if its costs exceeded those of other pharmacies. Express Scripts has said Walgreen wants too much money to fill prescriptions.

On Oct. 14, the companies reached a deal that will allow beneficiaries of Blue Cross and Blue Shield of Kansas City, Mo., to continue filling prescriptions at Walgreen stores. On Oct. 7, the companies agreed to continue doing business in Puerto Rico. It was said those agreements don't signal a thaw in the relationship between Walgreen and Express Scripts, however. The companies have been negotiating in public and in private for months and have also taken their dispute to court.

- **The Department of Defense and two other government agencies have issued a proposed rule designed to help ensure that government contractors provide adequate privacy training to their staff members.**

The proposal comes in the wake of a recent healthcare information breach incident involving a contractor to TRICARE, the military health program.

In the TRICARE breach, unencrypted computer backup tapes containing information on 4.9 million beneficiaries were stolen from the car of an employee of a contractor, Science Applications International Corp. A \$4.9 billion class action lawsuit, alleging privacy violations, has been filed in the case.

The proposed rule would amend the Federal Acquisition Regulation "to require contractors to complete training that addresses the protection of privacy, in accordance with the Privacy Act of 1974, and the handling and safeguarding of personally identifiable information."

The intention of the proposal, according to the notice, is to set clear-cut, minimum requirements for privacy training "in order to ensure consistency across the government." The General Services Administration and the National Aeronautics and Space Administration joined the DoD in making the proposal, which reinforces other existing requirements.

- **The Army released suicide data for the month of September.**

Among active-duty soldiers, there were 16 potential suicides: two have been confirmed as suicide and 14 remain under investigation. For August 2011, the Army reported 19 potential suicides among active-duty soldiers. Since the release of that report, four cases have been confirmed as suicide and 15 cases remain under investigation.

During September 2011, among reserve component soldiers who were not on active duty, there were six potential suicides: two have been confirmed as suicide and four remain under investigation. For August 2011, the Army reported nine potential suicides among not-on-active-duty soldiers. Since the release of that report, one case has been added for a total of 10 cases. Three cases have been confirmed as suicide and seven cases remain under investigation.

The Army's comprehensive list of Suicide Prevention Program information is located at <http://www.preventsuicide.army.mil>.

## Veterans Health Care News

- **The Department of Veterans Affairs (VA) announced six winners of the 2011 Veterans Affairs Innovation Initiative (VAi2) Employee Innovation Competition.**

The competition sought ideas from employees to help Veterans with disabilities related to their military service obtain meaningful employment. VA will develop, test, and potentially implement winning ideas for nationwide use in VA's Vocational Rehabilitation and Employment (VR&E) Program.

The selected innovations have the potential to significantly improve the quality of services provided to participants in VA's VR&E Program and to reduce the cost to taxpayers of delivering those services.

Winning ideas include: a paid internship program to help veterans gain private-sector work experience; support systems for Post-9/11 veteran-students with a traumatic brain injury or post-traumatic stress disorder; development of a mentorship program for veterans from the employment community; providing mental health first aid training to VR&E employees to increase their understanding of mental illness and enable them to provide the highest level of service to ensure successful veteran outcomes; online verification of eligibility for VR&E services; and enhancements to the disbursement of education benefits in the form of a pre-loaded debit card for purchasing books and supplies.

Visit [http://www.va.gov/VAi2/FundedInnovations\\_VBA.asp](http://www.va.gov/VAi2/FundedInnovations_VBA.asp) for a complete list and description of the winners.

- **The Department of Veterans Affairs (VA) is recognizing Breast Cancer Awareness Month this October by asking all female veterans to talk with their health care providers about appropriate breast cancer screenings, such as regular mammograms.**

Both men and women can develop breast cancer, though male breast cancer is rare. In women, breast cancer is the second most common cause of cancer death and the odds that a woman will be diagnosed with breast cancer in her lifetime are one in eight.

The good news is that the overall five-year survival rate from breast cancer is nearly 90 percent. If the cancer is caught while it is still located only in the breast, the survival rate increases to nearly 99 percent.

A regular mammogram, or x-ray of the breast, is one of the most effective ways to detect breast cancer early. VA excels at breast cancer screenings, outperforming private health care systems, with 87 percent of eligible women receiving screening mammograms. However, VA is concerned that every woman get appropriate screening.

Veterans can talk with their VA health care providers. The VA directory, [www.va.gov/directory](http://www.va.gov/directory), helps veterans find their nearest facility. Non-veterans can find local screening resources through the U.S. Centers for Disease Control and Prevention's early detection program at [www.cdc.gov/cancer/nbccedp](http://www.cdc.gov/cancer/nbccedp).

Women veterans are one of the fastest growing segments of the Veteran population. Of the 22.7 million living veterans, more than 1.8 million are women. They comprise nearly 8 percent of the total veteran population and 6 percent of all veterans who use VA health care services. VA estimates women veterans will constitute 10 percent of the veteran population by 2020 and 9.5 percent of VA patients.

To learn more about breast cancer, please visit: [www.cdc.gov/cancer/breast](http://www.cdc.gov/cancer/breast) and [www.healthline.com/health/breast-cancer](http://www.healthline.com/health/breast-cancer).

For more information about VA programs and services for women veterans, please visit: [www.va.gov/womenvet](http://www.va.gov/womenvet) and [www.womenshealth.va.gov](http://www.womenshealth.va.gov).

#### Health Care News

- **The U.S. health care system scored 64 out of 100 on key measures of performance, according to the third national scorecard report from the Commonwealth Fund Commission on a High Performance Health System, released on Oct. 18.**

The scorecard finds that — despite pockets of improvement — the U.S. as a whole failed to improve when compared to best performers in this country and among other nations. The report also finds significant erosion in access to care and affordability of care, as health care costs rose far faster than family incomes.

At the same time, the scorecard highlights some bright spots for the U.S., with notable gains in quality of care in areas that have been the focus of public reporting or collaborative improvement initiatives. For example, 50 percent of adults with high blood pressure had it under control in 2007-2008, compared with only 31 percent in 1999-2000. In addition, hospital quality indicators for treatment of heart attack, heart failure, and pneumonia, and prevention of surgical complications have improved substantially since hospitals began publicly reporting their quality data through a federal website.

The report, *"Why Not the Best? Results from the National Scorecard on U.S. Health System Performance, 2011,"* measures the U.S. health care system across 42 key indicators of health care quality, access, efficiency, equity and healthy lives. The authors note that latest data primarily fall between 2007 and 2009, before enactment of the Affordable Care Act.

The scorecard finds that the U.S. is failing to keep up with gains in health outcomes made by other countries: the U.S. ranks last out of 16 countries when it comes to deaths that could have been prevented by timely and effective medical care. If the U.S. could do as well as the leading country, as many as 91,000 fewer people would die prematurely every year.

According to the scorecard, public reporting of quality data on federal websites and collaborative initiatives, like the Advancing Excellence nursing home improvement campaign and Premier hospital quality initiatives, have resulted in substantial and rapid improvements on some quality indicators.

Access to health care and health care affordability stand out for how quickly and significantly they have deteriorated. By 2010, 81 million adults — 44 percent of all adults under age 65 — were either underinsured or uninsured at some point during the year, up from 61 million in 2003. For those with insurance, premiums rose far faster than incomes. In 2003, a majority of people (57 percent) lived in a state where health insurance premiums averaged less than 15 percent of average (median) incomes. By 2009, only four percent of the population lived in such states. In addition, by 2010, 40 percent of working-age adults had medical debt or faced problems paying medical bills up from 34 percent in 2005.

The U.S. also does particularly poorly on measures of health system efficiency, scoring only 53 out of a possible 100. This area of the scorecard includes such issues as evidence of duplicative services, high rates of hospital readmissions, relatively low use of electronic information systems, and high administrative costs.

To read the report, visit: [Why Not the Best? Results from the National Scorecard on U.S. Health System Performance, 2011](http://www.commonwealthfund.org/publications/2011/10/18-national-scorecard-on-u-s-health-system-performance)

- **After more than 30 years of work, researchers have successfully created a vaccine against malaria, a deadly disease that kills nearly 800,000 a year, most of them children.**

The experimental vaccine, still in the testing phase, protects only about 50 percent of children who receive it, but even that could potentially translate into tens of millions of cases of malaria in children averted annually.

Half the world's population is at risk of malaria. There are about 225 million cases yearly and more than 780,000 deaths, according to the World Health Organization. In Africa, one in five children dies from malaria.

The vaccine was tested on 15,460 children in two age groups, 6 to 12 weeks old and from 5 to 17 months of age in seven African countries. It was given in three doses. In children 5 to 17 months, the vaccine was 50 percent protective against the *Plasmodium falciparum* malaria parasite, which is carried by mosquitoes. Results in children 6 to 12 weeks old will be released in 2012.

The vaccine may be available in Africa as early as 2015.

The project is a collaboration between GlaxoSmithKline, the PATH Malaria Vaccine Initiative and the Bill & Melinda Gates Foundation. It is being funded in part by more than \$200 million in grants from the Bill & Melinda Gates Foundation and \$300 million from GlaxoSmithKline.

GlaxoSmithKline expects the initial production capacity to be about 30 million doses, enough for 10 million children a year. It hopes to scale up manufacturing capability in both Europe and later in Africa and perhaps India, to lower costs.

The vaccine will not be available in the United States because it has not undergone the Food and Drug Administration's licensing process.

The vaccine is meant to be used alongside long-proven malaria protections such as insecticide-impregnated bed nets and indoor spraying, both of which have begun to lower malaria rates in Africa in the past decade. When both are in place "we could expect hundreds of thousands of lives to be saved," CDC's Hamel says.

- **Dr. Chris A. Kaiser, Ph.D. has been selected to be the new director of the National Institute of General Medical Sciences.**

Kaiser, a leader in cell biology, is professor and head of the Department of Biology at the Massachusetts Institute of Technology. He expects to start his new position in the spring of 2012. He replaces Judith H. Greenberg, Ph.D., who became acting director of NIGMS in July 2011 after the departure of Jeremy M. Berg, Ph.D., who had served as director since 2003.

As NIGMS director, Kaiser will oversee the institute's \$2 billion budget, which primarily funds basic research in the areas of cell biology, biophysics, genetics, developmental biology, pharmacology, physiology, biological chemistry, bioinformatics and computational biology. NIGMS supports more than 4,500 research grants — about 10 percent of those funded by NIH as a whole — as well as a substantial amount of research training and programs designed to increase the diversity of the biomedical and behavioral research workforce.

Kaiser's research uses genetic, biochemical and structural biology methods to understand the basic mechanisms of protein folding and intracellular transport, molecular processes essential to normal cell function. His efforts have led to the identification of numerous genes and related mutations involved in these processes. Kaiser is particularly interested in determining how secreted and other proteins form disulfide bonds, which are important for protein folding and stability. To study these questions, Kaiser uses yeast, a model organism for investigating mammalian genetics.

Kaiser joined the MIT faculty in 1991 and became a full professor in 2002. He has chaired the biology department since 2004. He received an A.B. in biochemistry from Harvard University in 1980 and a Ph.D. in biology from MIT in 1987; then did postdoctoral research at the University of California, Berkeley.

- **The Centers for Medicare & Medicaid Services proposed new rules to reduce unnecessary, obsolete, or burdensome regulations and save hospitals and healthcare providers nearly \$1.1 billion each year and over \$5 billion over five years.**

The new proposals regarding rules for hospitals that treat Medicare and Medicaid patients were developed in response to President Obama's call on federal agencies to eliminate burdensome and unnecessary regulations.

CMS proposed two sets of regulatory reforms, and finalized a third. All are designed to improve transparency and help providers operate more efficiently by

CMS proposed two sets of regulatory reforms, and finalized a third. All are designed to improve transparency and help providers operate more efficiently by reducing their regulatory burden.

- One set proposes to update the rules for hospitals that treat Medicare and Medicaid patients -- the Medicare Conditions of Participation. As an example, the proposed reforms would consolidate patient care plans and eliminate outdated requirements for hospital management. This could save hospitals more than \$900 million per year and perhaps grow to much more over time as hospitals increasingly use this new flexibility.
- The second set of reforms address regulatory requirements for providers other than hospitals and could save up to \$200 million in the first year. The rule would identify and begin to eliminate duplicative, overlapping, outdated, and conflicting regulatory requirements for healthcare providers and suppliers such as end-stage renal disease facilities and durable medical equipment suppliers. Examples of these reforms include updating obsolete e-prescribing technical requirements to meet current standards and eliminating other out-of-date and overly prescriptive requirements for healthcare providers.
- CMS is also finalizing a third rule that reduces regulatory burden for ambulatory surgical centers (ASCs), which is expected to save ASCs \$50 million per year. This rule makes common-sense changes to the requirements ASCs must follow in order to meet Medicare and Medicaid health and safety standards.

To view the proposed and final rules, please visit: [www.ofr.gov/inspection.aspx](http://www.ofr.gov/inspection.aspx).

- **The U.S. Food and Drug Administration has issued a proposed rule and draft special controls guidance lowering the risk classification for external pacemaker pulse generators from Class III (high-risk) to Class II (moderate-risk).**

External pacemaker pulse generators are used temporarily to regulate a patient's heartbeat until a permanent pacemaker can be implanted. They are also used following heart surgery or after a heart attack to control irregular heartbeats.

General controls include requirements regarding good manufacturing practice, labeling, registering all establishments with the FDA, listing all devices to be marketed and submitting a premarket notification [510(k)] before marketing a device.

However, general controls alone are insufficient to assure safety and effectiveness of Class II devices. In addition to complying with general controls, Class II devices are also subject to special controls, which may include special labeling requirements, mandatory performance standards and post-market surveillance.

External pacemaker pulse generators are "pre-amendment" devices, meaning they were on the market prior to the Medical Device Amendments Act of 1976. Approximately 100 pre-amendment device types were classified as Class III devices, but many continued to be reviewed under the 510(k) program because the FDA did not issue regulations requiring applications for premarket approval (PMAs).

In 2009, CDRH began the process for the review of the remaining Class III pre-amendment device types subject to 510(k) review to determine whether to reclassify them or require PMAs.

External pacemaker pulse generators are one of the 22 remaining Class III pre-amendment devices that have been regulated through the 510(k) premarket submission program, rather than the premarket approval program required for other Class III devices.

The proposed rule and draft special controls guidance do not significantly change the FDA's review of external pacemakers pulse generators, but they do provide manufacturers with clarity and specific guidance on what information is needed in a 510(k) for these products.

- **The Institute of Medicine (IOM) announced the names of 65 new members and five foreign associates in conjunction with its 41st annual meeting.**

Election to the IOM is considered one of the highest honors in the fields of health and medicine and recognizes individuals who have demonstrated outstanding professional achievement and commitment to service.

New members are elected by current active members through a highly selective process that recognizes individuals who have made major contributions to the advancement of the medical sciences, health care, and public health. A diversity of talent among IOM's membership is assured by the Institute's charter, which stipulates that at least one-quarter of the membership is selected from outside the health professions, for example, from such fields as the natural, social, and behavioral sciences; law; engineering; and the humanities. The newly elected members raise IOM's total active membership to 1,688 and the number of foreign associates to 102. With an additional 80 members holding emeritus status, IOM's total membership is 1,870.

With their election, members make a commitment to volunteer their service on IOM committees, boards and other activities.

The list of newly elected members of the Institute of Medicine can be viewed at: <http://www.iom.edu/Global/News%20Announcements/2011-New-Members.aspx>

- **Three leading U.S. cancer groups have proposed new guidelines for cervical cancer testing for women, including when to start screening for sexually active young women, extending intervals between screenings and in some cases, supplementing the traditional Pap test with human papilloma virus (HPV) testing.**

The guidelines also call for combination HPV-Pap testing in women aged 30 and older, placing stronger emphasis on HPV testing than another set of guidelines officially released at the same time, from an independent and influential government panel.

The American Cancer Society, the American Society for Colposcopy and Cervical Pathology and the American Society for Clinical Pathology joined to create the guidelines, which advise women to get fewer screenings over their lifetime and suggest that women 65 and older with a history of normal Pap tests can stop altogether.

The guidelines also call for combination HPV-Pap testing in women aged 30 and older, placing stronger emphasis on HPV testing than another set of guidelines officially released at the same time, from an independent government panel, the U.S. Preventive Services Task Force (USPSTF).

The USPSTF is reaffirming the Pap test as the best way for women aged 21 to 65 to spot cervical cancer, saying it "substantially" cut the number of deaths from the disease. It remains cautious on the use of the human papillomavirus (HPV) blood test to detect cervical cancer. It moved against the use of the HPV test in women under the age of 30, and said that evidence was still lacking on its risks vs. benefits to recommend it in women aged 30 and older.

The results of two evidence reviews by the USPSTF on cervical cancer screening conducted by the panel were published Oct. 18 in the [Annals of Internal Medicine](#).

To compare the Pap against the HPV test, the researchers analyzed four studies they deemed of fair-to-good quality, encompassing nearly 142,000 women.

HPV causes many cases of cervical cancer, and incorporating HPV testing into cervical cancer screening programs may catch more at-risk women. However, the researchers found that HPV testing, on its own, yields too many false positives which results in unnecessary testing, anxiety and health care costs for many women.

According to the new report, HPV testing is more sensitive, but less specific than the Pap test, which means that more women who have nothing wrong with them will test positive with HPV testing, and this may cause potential harm.

#### Reserve/Guard

- As of Oct. 18, 2011, the total number of Guard and Reserve currently on active duty has increased by 745 to reach 92,056. The totals for each service are Army National Guard and 70,308; Navy Reserve, 4,657; Air National Guard and Air Force Reserve, 10,598; Marine Corps Reserve, 5,717, and the Coast Guard Reserve, 776. [www.defenselink.mil](http://www.defenselink.mil)

- **Secretary of Defense Leon E. Panetta announced the following new members to the Reserve Forces Policy Board (RFPB).**

The new members are:

- Retired Vice Adm. John G. Cotton, former chief of Navy Reserve;
- Grier Martin, a member of the North Carolina General Assembly;
- Paulette M. Mason, Delaware chair, Employer Support of the Guard and Reserve;
- John Nagl, president of the Center for a New American Security;
- Sergio A. Pecori, president & chief executive officer of Hanson Professional Services Inc.;
- Maj. Gen. Glenn K. Rieth, adjutant general of New Jersey;
- Gary E. (Gene) Taylor, former U.S. representative;
- Retired Maj. Gen. Leo V. Williams III, former deputy commanding general, Marine Corps Combat Development Command;
- Maria J. Vorel, disaster operations coordinator, Federal Emergency Management Agency;
- Gen. (ret.) John W. Handy, former commander of U.S. Transportation Command and Air Mobility Command.

First established in 1951, the RFPB serves as an independent adviser to provide advice and recommendations directly to the secretary of defense on strategies, policies, and practices designed to improve and enhance the capabilities, efficiency, and effectiveness of the reserve components. The board was restructured by the National Defense Authorization Act of 2011 with a revised membership and operating framework. The revised law now provides for membership by experts from outside the DoD. Today's appointment of new members is consistent with the modified law.

#### Reports/Policies

- **The GAO published "VA Mental Health" Number of Veterans Receiving Care, Barriers Faced, and Efforts to Increase Access," (GAO-12-12) on Oct. 14, 2011.** In this report, GAO provides information on (1) how many veterans received mental health care from VA from fiscal years 2006 through 2010, (2) key barriers that may hinder veterans from accessing mental health care from VA, and (3) VA efforts to increase veterans' access to VA mental health care. GAO obtained data from VA's Northeast Program Evaluation Center (NEPEC) on the number of veterans who received mental health care from VA. <http://www.gao.gov/new.items/d1212.pdf>
- **The GAO published "Long-Term Care Hospitals (LTCH): CMS Oversight Is Limited and Should Be Strengthened," (GAO-11-810) on Oct. 17, 2011.** In this report GAO analyzed CMS data on the results of LTCH surveys and discussed oversight activities with both CMS and AO officials. GAO assessed the reliability of the survey data and took steps to ensure that the data presented were reliable. <http://www.gao.gov/new.items/d11810.pdf>
- **The Institute of Medicine published "Public Engagement and Clinical Trials: New Models and Disruptive Technologies - Workshop Summary," on Oct. 14, 2011.** This report examines the current challenges to U.S. clinical trials and the possible solutions to improve public engagement in clinical trials. <http://www.iom.edu/Reports/2011/Public-Engagement-and-Clinical-Trials-New-Models-and-Disruptive-Technologies-Workshop-Summary.aspx>

#### Legislation

- **H.R.3216** (introduced Oct. 14, 2011): the *VHA Ophthalmologic Service Establishment Act of 2011* was referred to the House Committee on Veterans' Affairs. Sponsor: Representative Dan Benishek [MI-1]
- **S.AMDT.857 to H.R.2112:** (introduced Oct. 18, 2011): To extend loan limits for programs of the government-sponsored enterprises, the Federal Housing Administration, and the Veterans Affairs Administration and for other purposes was proposed to the floor. Sponsor: Senator Robert Menendez [NJ]

#### Hill Hearings

- The House Veterans Affairs Committee will hold a hearing on **Nov. 16, 2011**, topic to be determined.

#### Meetings / Conferences

- 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/>
- Epidemiology & Prevention of Vaccine-Preventable Diseases Annual Conference will be held on **Nov. 2-4, 2011**, in Reno, Nev. <http://www.immunizevada.org/nile-conference>
- The 117<sup>th</sup> 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/>
- Institute for Healthcare Improvement (IHI) 22nd Annual Forum on Quality Improvement in Health Care will be held **Dec. 4-7, 2011**, in Orlando, Fla. <http://www.ihio.org/offering/Conferences/Forum2011/Pages/default.aspx>
- 8th Annual American Healthcare Conference & Exhibition will be held **Dec. 5-6, 2011**, in Anaheim Calif. <http://www.worldcongress.com/events/HR11005/index.cfm?confCode=HR11005>
- mHealth Summit will held on **Dec. 5-7, 2011**, in Washington, D.C. <http://www.mhealthsummit.org/>
- 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>
- 2012 Military Health System Conference will be held **Jan. 30 - Feb. 2, 2012**, in National Harbor, Md. [www.tricare.mil](http://www.tricare.mil)
- Annual HIMSS Conference & Exhibition will be held **Feb. 20-24, 2012**, in Las Vegas, Nev. <http://www.himssconference.org/?src=hwnav>
- 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>
- Warrior Resilience Conference IV will be held **March 29-30, 2012**, in Washington DC [http://www.dcoe.health.mil/Default\\_Error.aspx?aspxerrorpath=/content.aspx](http://www.dcoe.health.mil/Default_Error.aspx?aspxerrorpath=/content.aspx)
- 9th Annual World Healthcare Congress will be held **April 16-18, 2012**, in Washington DC <http://www.worldcongress.com/events/HR12000/index.cfm?confCode=HR12000>
- Freedom & Recovery—Integrated Mental Health and Addiction Treatment for Veterans will be held **April 23-26, 2012**, in San Diego, Calif. <http://www.foundationsrecoverynetwork.com/events/freedom-and-recovery-2012/FRN-Freedom-and-Recovery-Ad.pdf>
- Armed Forces Public Health Conference will be held **June 1-8, 2012**, in San Diego, Calif. <http://usaphcapps.amedd.army.mil/afphc/>
- The 15th International Congress on Infectious Diseases (ICID) will be held on **June 13-16, 2012**, in Bangkok, Thailand. [http://www.isid.org/15th\\_ICID/](http://www.isid.org/15th_ICID/)

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

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