

Nov 11, 2011

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

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

Sponsored by



Additional sponsorship by  
**UNITED CONCORDIA**  
Insuring America's Dental Health

[www.fedhealthinst.org](http://www.fedhealthinst.org)**Happy Veterans Day!****Executive and Congressional News**

- The House is in recess until Nov. 14, 2011.

- **On Nov. 7, 2011, the D.C. Court of Appeals upheld the constitutionality of the individual mandate included in the Patient Protection and Affordable Care Act.**

The 2-1 decision, written by Laurence H. Silberman, a Ronald Reagan appointee and considered one of the leading conservative jurists on the bench, upheld the individual mandate

At issue before the three-judge panel was the individual mandate, a central provision of the Affordable Care Act, which requires individuals to buy health insurance by 2014 or pay a penalty.

"The right to be free from federal regulation is not absolute, and yields to the imperative that Congress be free to forge national solutions to national problems, no matter how local – or seemingly passive – their individual origins," Silberman wrote.

He was joined in the decision by Judge Harry T. Edwards, a Carter nominee.

Judge Brett Kavanaugh, who cast the dissenting vote, was appointed by George W. Bush; he said he would have dismissed the case on jurisdictional issues.

The D.C. Circuit becomes the third appeals court to reject challenges to the law. Only the 11<sup>th</sup> Circuit Court of Appeals has struck down the mandate.

The Supreme Court is scheduled to discuss the various challenges to the law behind closed doors on Thursday. It could decide as early as this week whether it will hear one or more of the cases this term.

**Military Health Care News**

- **TRICARE Management Activity directed Science Applications International Corp. to provide credit monitoring services for up to 4.9 million beneficiaries whose health information was stored on backup computer tapes stolen from an SAIC employee's car in San Antonio.**

The move reversed a stance TRICARE has maintained for more than six weeks. In its original announcement of the mid-September theft, TRICARE downplayed the potential vulnerability resulting from what it called a data breach. In September, TRICARE did not offer credit monitoring, instead urging beneficiaries "to take steps to protect their personal information" on their own. On Oct. 10, the Defense Department was hit with a class action lawsuit seeking \$4.9 billion in damages and free credit monitoring services. That was followed by a suit against SAIC, filed on Oct. 26 that also seeks \$4.9 billion in damages and free credit monitoring services.

TRICARE in a statement last Friday maintained its position that the risk to any individual's personal data is minimal. "There is no evidence that any of the data has actually been accessed by a third party, and analysis shows the chance any data was actually compromised is low," the military health care program said.

Army Brig. Gen. W. Bryan Gamble, deputy director of the TRICARE Management Activity said, "We take this incident very seriously," and as a result directed SAIC provide one year of credit monitoring to patients who want it. SAIC will also analyze all available data to help TMA determine if identity theft occurs due to the data breach, Gamble said.

This could hit SAIC with a hefty bill if all 4.9 million beneficiaries whose data was on the stolen tapes ask for credit monitoring. When the Veterans Affairs Department experiences a loss, theft or exposure of this kind, it routinely offers credit monitoring services and up to \$1 million annually in identity theft protection at a cost per veteran of \$29.95 a year. If SAIC provided such monitoring and protection at the same rate, it would cost \$146.8 million to cover 4.9 million people.

- **TriWest Healthcare Alliance announced that it has joined Hero Health Hire, a coalition of companies and other entities in the healthcare industry that are united with the goal of employing disabled veterans.**

Launched in Washington, D.C., at an industry summit that included the U.S. Secretary of Labor, members of Congress, and representatives of a number of government agencies and the military, Hero Health Hire includes companies, associations, and hospitals from across the spectrum of health care that collectively employ thousands of employees. Each has committed to working to help veterans find and retain jobs in health care.

Each month, tens of thousands of veterans, including "wounded warriors" transition out of the military, only to struggle in the civilian workforce. For many, they may be interviewing for a job or writing a resume for the first time, unsure of how military skills and experiences might translate or what accommodations may be needed for transition to a civilian workplace.

The healthcare industry -- including insurers, health plans, pharmaceutical companies, device manufacturers and hospital networks -- is considered the fastest growing industry in our economy, requiring talented individuals to help meet multi-generational health care needs. The industry is also uniquely positioned to understand and support the needs of our nation's veterans, including wounded warriors.

Hero Health Hire unites the healthcare industry with government agencies and the military to understand and eliminate the barriers to employment facing wounded warriors, as well as developing ways to the support them in their transition.

- **The Hero Health Hire initiative also recently announced that retired Maj. Gen. Elder Granger, M.D., has been named honorary chairman of the initiative.**

Granger, currently co-founder and president of The 5Ps LLC, served the military for 37 years, most recently as deputy director of TRICARE Management Activity for the Office of the Assistant Secretary of Defense for Health Affairs. In his role, Granger will provide valuable insights as partner companies establish their internal programs, serve as a liaison to the military community to help raise awareness about the program, and provide additional support as the program expands.

- **On Nov. 8, 2011, Grant Thornton LLP announced its acquisition of Computer Technology Associates' (CTA) Health Solutions division, including five military health care contracts and the health care professionals supporting them.**

CTA contracts moving to Grant Thornton include work on the TMA Supplemental Health Care Program, Defense Centers of Excellence (DCoE) Program Management Support, DCoE Executive Staff Support, Clinical and Program Policy and Defense Health Board.

Stephen Casey, executive vice president of CTA's Health Solutions division, joins Grant Thornton along with a team of specialists in the field. He has 10 years of program management experience within the Military Health System and 29 years overall in health care and related information technology.

Grant Thornton has worked successfully with government health care organizations, including the Veterans Affairs and Health and Human Services departments and the Centers for Medicare and Medicaid Services.

## Veterans Health Care News

- **The Department of Veterans Affairs (VA) and American Well recently announced an initiative to provide telehealth services to veterans in their homes, workplaces and other locations using American Well's platform.**

American Well is one of 13 organizations to win an award from VA's Industry Innovation Competition. The VA Innovation Initiative, or VAI2, runs the competition. American Well's telehealth technology will allow veterans to consult with health care providers and multidisciplinary care teams over the Internet. Health care providers will use two-way videoconferencing tools, text-based messaging and phone calls to talk with patients about symptoms, provide medical advice and prescribe medications.

As part of the initiative, VA and American Well plan to establish three online medical practices for veterans. The online practices will be led by the Minneapolis VA Health Care System, which will set up an online behavioral health practice; and Nebraska-Western Iowa Health Care System, which will establish an online oncology practice and an online perioperative practice.

- **Craig Luigart, chief officer for the Department of Veterans Affairs' Office of Health Information, has received the Janice K. Mendenhall Spirit of Leadership Award for outstanding leadership and dedication to enhancing VA performance through advances in technology.**

The Janice K. Mendenhall Spirit of Leadership Award is awarded to government or industry executives who have demonstrated exceptional leadership and made a continuing contribution over a sustained period of time to the government IT community. It is the highest award the American Council for Technology-Industry Advisory Council can give to a member of the IT community.

Craig Luigart is a disabled veteran and began working at VA in 2005. He is a former career Navy officer and distinguished naval aviator.

Luigart graduated cum laude with a Master of Science degree in Management Information Systems from the Naval Postgraduate School in Monterey, California. He received his bachelor's degree from the University of Louisville in Kentucky.

- **The Department of Veterans Affairs announced that the maximum amount of Veterans Mortgage Life Insurance (VMLI) increased from \$90,000 to \$150,000, effective Oct. 1, under the Veterans' Benefits Act of 2010. Maximum coverage will further increase from \$150,000 to \$200,000 after Jan. 1, 2012.**

VMLI is issued to those severely disabled veterans and service members who have received grants for specially adapted housing from VA. These grants are issued to veterans and service members whose movement or vision is substantially impaired because of their disabilities.

Policyholders have three options for their VMLI coverage. They may decline the increase and retain their pre-October level of VMLI coverage and premium, accept the maximum amount of VMLI coverage for which they are eligible, or select a different amount of VMLI coverage. Coverage may not exceed the maximum allowed by law, or their mortgage balance, whichever is less.

All policyholders will be automatically covered for \$150,000 or their mortgage amount, whichever is lower, between Oct. 1 and Jan. 1, 2012, with no increase in their premium for this period. After Jan. 1, 2012, coverage will increase to the maximum amount for which the policyholder is eligible unless a different level of coverage is elected. Premiums for the new level of coverage will be deducted from VA compensation checks beginning in February 2012.

VA sent notification letters to eligible VMLI policyholders on Sept. 1 to inform them of the increases. The letters included a form for policyholders to make their VMLI coverage selection, which will be effective Jan. 2, 2012.

In addition, VA developed a special VMLI Online Notification Application allowing policyholders to select their level of VMLI coverage. The website is not available to the general public; it is open only to those policyholders eligible for the additional coverage.

Policyholders access the site by entering a personal identification number included in their notification letter. Once an online request is submitted, an electronic workflow task is automatically generated, authorizing immediate processing.

Since 1971, the Veterans' Mortgage Life Insurance program has provided life insurance protection to cover eligible Veterans' home mortgages.

- **SweetSpot Diabetes Care, a Portland, Ore.-based company, will remotely monitor blood glucose levels in veterans with diabetes, beginning with a pilot in Dayton, Ohio.**

An award from the Department of Veteran Affairs' industry innovation competition, known as VAI2, will pay for the initiative aimed at improving care and reducing complications.

Telemedicine is a focus of the VAI2 competition. The VA invites innovations that use technology to remotely serve veterans who have barriers to visiting major VA health centers including the 41 percent who live in rural settings.

VAI2 identifies, prioritizes, funds, tests, and deploys the most promising solutions to the VA's most important challenges. To date, 36 projects have been announced from approximately 10,000 entries.

With SweetSpot, veterans with diabetes can stay at home and send data from their blood glucose testing devices to VistA – the VA's electronic medical record system. Healthcare providers can monitor this data and will be alerted when readings indicate a patient may be headed for complications that arise when glucose levels are poorly controlled. SweetSpot's presentation of a patient's blood glucose data can also help a patient get care in a local setting with support from a specialist – lowering the cost of care while preserving the quality and improving convenience for the veteran.

- **A new Department of Veterans Affairs study found that risk factors for posttraumatic stress symptomatology (PTSS, short of full-blown posttraumatic stress disorder, or PTSD) in Afghanistan and Iraq veterans were found to be similar to those observed in Vietnam veterans.**

The study subjects were a national sample of 579 (333 female and 246 male) Iraq and Afghanistan veterans exposed to combat operations who had returned from deployment in the 12 months preceding the study. Using data from mailed surveys, the researchers assessed, as predictors of posttraumatic stress symptomatology, several risk factors which were previously documented among Vietnam veterans. Examples include exposure to combat, pre-deployment stress exposure, dysfunctional family during childhood, lack of post-deployment emotional support from family and friends, and post-deployment stress exposure.

An interesting finding was that the women veterans surveyed had new risk factors that were not seen in Vietnam-era women, such as exposure to combat and perceived threat. The authors ascribed that finding to the significantly different experiences of female Vietnam War and Afghanistan and Iraq war veterans. Women Vietnam veterans were primarily nurses or clerical staff. In contrast, women Veterans' roles in Afghanistan and Iraq have substantially expanded, with much higher levels of exposure to combat. Thus, women veterans in these more recent conflicts may have more in common with their male contemporaries, in relation to PTSS risk, than with their female counterparts from the Vietnam era. However, in terms of post-deployment readjustment, family relationships during deployment appeared to play a more prominent role in female compared to male veterans.

These findings were published in the November issue of the [Journal of Abnormal Psychology](#).

## Health Care News

- **The U.S. Food and Drug Administration today launched a [new website](#) for patients and caregivers on the safe disposal of needles and other so-called "sharps" that are used at home, at work and while traveling.**

The website will help people understand the public health risks created by improperly disposing of used sharps and how users should safely dispose of them.

'Sharps' is a term for medical devices with sharp points or edges that can puncture or cut the skin. Such medical devices include hypodermic needles and syringes used to administer medication; lancets or fingerstick devices to collect blood for testing; needle and tubing systems for infusing intravenous and subcutaneous medicines; and connection needles used for home hemodialysis.

After being used, many sharps end up in home and public trash cans or flushed down toilets. This kind of improper disposal puts people, such as sanitation workers, sewage treatment workers, janitors, housekeepers, family members and children at risk for needle stick injuries or infection with viruses such as Hepatitis B and C and Human Immunodeficiency Virus (HIV).

With more diseases and conditions such as diabetes, cancer, allergies, arthritis and HIV being managed outside of hospitals and doctors' offices, the number of sharps used in homes and work offices is increasing. In addition, pets are being treated in homes and livestock are being treated on farms, which are also contributing to the increased number of sharps outside of veterinary hospitals.

The U.S. Environmental Protection Agency estimates that more than 3 billion needles and other sharps are used in homes in the United States each year.

- **The Centers for Medicare & Medicaid Services (CMS) announced that Medicare is adding coverage for a number of preventive services to reduce cardiovascular disease.**

This new coverage policy will add to the existing portfolio of free preventive services that are now available for people with Medicare. It contributes to the [Million Hearts initiative](#) led jointly by CMS and the Centers for Disease Control and Prevention in partnership with other HHS agencies, communities, health systems, nonprofit organizations, and private sector partners across the country to prevent one million heart attacks and strokes in the next five years.

Under this coverage decision, CMS will cover one face-to-face visit each year to allow patients and their care providers to determine the best way to help prevent cardiovascular disease. The visit must be furnished by primary care practitioners, such as a beneficiary's family practice physician, internal medicine physician, or nurse practitioner, in settings such as physicians' offices. During these visits, providers may screen for hypertension and promote healthy diet as part of an overall initiative to reduce the burden of cardiovascular disease in the United States.

Cardiovascular disease characterizes conditions affecting the heart and blood vessels, including hypertension, coronary heart disease, heart failure and stroke. Cardiovascular disease is also the leading cause of mortality in the United States. Today's new coverage policy does not change current Medicare coverage for beneficiaries diagnosed with cardiovascular disease to receive assessment and intervention services.

Earlier this year, the U.S. Department of Health and Human Services announced its *Million Hearts* national initiative, aimed at preventing a million heart attacks and strokes in the U.S. by 2017. Through *Million Hearts*, CMS, the CDC and other HHS agencies are working together with public and private sector organizations to make a long-lasting impact against cardiovascular disease.

For more information about *Million Hearts*, please visit [millionhearts.hhs.gov](http://millionhearts.hhs.gov). To read the new policy, visit the CMS website at: <http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=248>

- **Chronically and seriously ill adults who received care from a medical home—an accessible primary care practice that helps coordinate care—were less likely to report medical errors, test duplication, and other care coordination failures, according to a new Commonwealth Fund international survey.**

The 2011 survey of more than 18,000 sicker adults in Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom, and the United States included people who reported they were in fair or poor health, had surgery or had been hospitalized in the past two years, or had received care for a serious or chronic illness, injury, or disability in the past year. The study identified patients as having a medical home if they reported having a regular source of care that knows their medical history, is accessible, and helps coordinate care received from other providers.

Sicker adults in the U.K. and Switzerland were most likely to have a medical home, with nearly three-quarters connected to practices that have characteristics of a medical home, compared to about 33 percent to 65 percent in the other nine countries. U.K. and Swiss patients also reported more positive health care experiences than sicker adults in the other countries: they were more likely to be able to get a same- or next-day appointment when sick and to have easy access to after-hours care, and they were less likely to experience poorly coordinated care.

Sicker adults in the U.S. stood out for having the highest rates of problems paying medical bills and going without needed care because of the cost. Forty-two percent reported not visiting a doctor, not filling a prescription or skipping medication doses, or not getting recommended care—a significantly higher proportion than in all the other countries, and more than double the rates in Canada, France, the Netherlands, Norway, Sweden, Switzerland and the U.K. Moreover, U.S. patients had among the highest rates of self-reported medication, lab, or medical errors, as well as gaps in coordination of care.

In addition, sicker adults in the U.S. stood out as the most likely to have problems getting needed care because of the cost, or to have medical bill or debt problems. More than two of five (42%) sicker adults in the U.S. went without care because of costs. More than one of four (27%) said they could not pay, or had serious problems paying, medical bills, compared with between one percent and 14 percent of adults in the other 10 countries. And more than one-third (36%) spent more than \$1,000 on medical costs, compared with fewer than 10 percent in France, Sweden, and the U.K., the countries with the lowest rates—a reflection, the authors say, of high cost-sharing and high uninsured rates in the U.S.

The survey found wide variations in access, coordination, and patient-reported medical errors.

- Despite having very different health care systems, the U.K. and Switzerland were leaders in having rapid access to primary care, easy access to after-hours care, and comparatively low rates of coordination gaps and patient-reported medical errors.
- More than seven of 10 patients in the U.K., Switzerland, France, New Zealand, and the Netherlands were able to get same- or next-day appointments when they were sick. In contrast, only half of patients in Sweden and Canada reported such rapid access to care.
- One-third or more of sicker adults in all 11 countries had visited an emergency department in the past two years. Emergency department use was highest in Canada, Sweden, the U.S., Australia, and New Zealand.
- More than half of German (56%) and French (53%) patients and more than two of five Norwegian (43%) and U.S. (42%) patients reported gaps in care coordination, including duplicate tests being ordered, medical records or test results not being available during a medical appointment, or providers not sharing important information with each other. In contrast, only 20 percent of U.K. patients and 23 percent of Swiss patients reported such care gaps.
- The proportion of patients reporting medical errors (including prescription and lab test errors) ranged from a low of 8 percent to 9 percent in the U.K. and Switzerland to 22 percent or more in New Zealand, Norway, and the U.S.

Overall, the survey found that countries are facing similar challenges in providing effective treatment to sicker adults. Evident in every country surveyed were gaps in care coordination, gaps in transitions between hospitals and other community-based care settings, lapses in communication between specialists and primary care physicians, failure to review medications, and delays in receiving test results.

A summary of the *Health Affairs* article, "New 2011 Survey of Patients with Complex Care Needs in Eleven Countries Finds That Care Is Often Poorly Coordinated," will be available at <http://www.commonwealthfund.org/Publications/In-the-Literature/2011/Nov/2011-International-Survey-Of-Patients.aspx>.

- **A vaccine that coaxes the body to attack tumor cells has shown promise in a small study of advanced breast and ovarian cancer patients, improving overall survival times and stopping the disease for a handful of breast cancer patients.**

The PANVAC vaccine, administered to 26 women through monthly shots, helped the body's immune system recognize proteins produced specifically by cancer cells. All of the women had breast or ovarian cancer that had spread to other organs and were considered "heavily pre-treated" with other therapies, with 21 having received at least three chemotherapy regimens. In addition to the four breast cancer patients whose disease stopped progressing, one woman with breast cancer experienced a "complete response," meaning her cancer disappeared.

The study is published Nov. 8 in the journal [Clinical Cancer Research](#).

Most participants — whose average age was 57 — had exhausted other forms of treatment, which likely hampered their immune systems from responding as fully to the vaccine as they might have. The researchers suggested that as therapeutic vaccines become more established, they might prove even more effective in patients whose disease is less advanced.

Among the 12 study participants with breast cancer, the median time before the disease continued to progress was 2.5 months and the median overall survival was 13.7 months. For the 14 patients with ovarian cancer, the median time to progression was two months and the median overall survival was 15 months.

The PANVAC vaccine, containing certain genes that encourage the immune system to recognize and destroy tumor cells, was previously studied in 70 patients with advanced colorectal cancer. While the time before disease progression was similar between patients who did and did not receive the vaccine, the overall survival time in the vaccine group was "strikingly better."

- **The U.S. Department of Health & Human Services, in partnership with the Critical Care Societies Collaborative (CCSC), will sponsor a program to recognize teams of critical care professionals and health care institutions for outstanding leadership to reduce or eliminate healthcare-associated infections (HAIs).**

The awards recognize benchmark systems of excellence that reduce targeted HAIs for 25 months or longer. The national awards strive to motivate the healthcare community to reduce or eliminate HAIs on a large scale and encourages healthcare professionals, including clinicians, nurses, and hospital executives to use evidence-based guidelines to improve clinical practice. During the first cycle, thirty-seven hospital and healthcare facilities were recognized for their efforts to prevent HAIs. The awards again will recognize success in reducing or eliminating central line-associated bloodstream infections, or CLABSIs, and ventilator-associated pneumonia, also called VAP.

Hospitals, units and teams that successfully reduce or eliminate HAIs may apply for the awards by Dec. 19, 2011. The awards will be announced in spring 2012 with presentations to follow. Visit [AACN](#) website for details on eligibility, selection criteria, and application requirements.

- **The U.S. Food and Drug Administration today approved HEMACORD, the first licensed hematopoietic progenitor cells-cord (HPC-C) cell therapy.**

HEMACORD is indicated for use in hematopoietic stem cell transplantation procedures in patients with disorders affecting the hematopoietic (blood forming) system. For example, cord blood transplants have been used to treat patients with certain blood cancers and some inherited metabolic and immune system disorders.

HEMACORD contains hematopoietic progenitor cells (HPCs) from human cord blood. Cord blood is one of three sources of HPCs used in transplants; the other two are bone marrow and peripheral blood. Once these HPCs are infused into patients, the cells migrate to the bone marrow where they divide and mature. When the mature cells move into the bloodstream they can partially or fully restore the number and function of many blood cells, including immune function.

In an effort to assist manufacturers in applying for licensure for certain cord blood units, FDA issued the 2009 guidance document entitled "Guidance for Industry: Minimally Manipulated, Unrelated Allogeneic Placental/Umbilical Cord Blood Intended for Hematopoietic Reconstitution for Specified Indications." FDA instituted a two-year phase-in period for HPC-C manufacturers to submit either a license application or an investigational new drug application. That phase-in period ended

Oct. 20, 2011, and these manufacturers now must submit such applications.

Approval of HEMACORD was based on reliance on safety and effectiveness data submitted to a public docket and data submitted in the license application demonstrating compliance with other regulatory requirements. This is the first approval of a license application for cord blood.

HEMACORD is manufactured by the New York Blood Center, Inc., based in New York, NY.

#### Reserve/Guard

- As of Nov. 1, 2011, the total number of Guard and Reserve currently on active duty has decreased by 112 to reach 92,286. The totals for each service are Army National Guard and 70,362; Navy Reserve, 4,600; Air National Guard and Air Force Reserve, 10,839; Marine Corps Reserve, 5,706, and the Coast Guard Reserve, 779. [www.defenselink.mil](http://www.defenselink.mil)

#### Reports/Policies

- The Institute of Medicine (IOM) published "Health IT and Patient Safety: Building Safer Systems for Better Care," on Nov. 8, 2011.** In this report, IOM evaluated health IT safety concerns and to recommend ways that both government and the private sector can make patient care safer using health IT. <http://www.iom.edu/Reports/2011/Health-IT-and-Patient-Safety-Building-Safer-Systems-for-Better-Care.aspx>

#### Legislation

- H.R.3369** (introduced Nov. 4, 2011): To direct the Secretary of Veterans Affairs to carry out a pilot program on the provision of traumatic brain injury care in rural areas was referred to the House Committee on Veterans' Affairs.  
Sponsor: Representative Shelley Moore Capito [WV-2]
- H.R.3381** (introduced Nov. 4, 2011): the Viral Hepatitis Testing Act of 2011 was referred to the House Committee on Energy and Commerce  
Sponsor: Representative Bill Cassidy [LA-6]
- H.R.3390** (introduced Nov. 4, 2011): To direct the Secretary of Veterans Affairs to submit to Congress a report on the feasibility and advisability of establishing a polytrauma rehabilitation center or polytrauma network site of the Department of Veterans Affairs in Fort Bayard, New Mexico, and for other purposes was referred to the House Committee on Veterans' Affairs.  
Sponsor: Representative Stevan Pearce [NM-2]
- S.1814** (introduced Nov. 7, 2011): National Disaster Medical System Act was referred to the Committee on Health, Education, Labor, and Pensions  
Sponsor: Senator Kirstin E. Gillibrand [NY]
- S.1819** (introduced Nov. 8, 2011): Strengthening Services for America's Seniors Act was referred to the Committee on Health, Education, Labor, and Pensions  
Sponsor: Senator Herb Kohl [WI]
- S.1823** (introduced Nov. 8, 2011): A bill to amend title 38, United States Code, to provide for employment and reemployment rights for certain individuals ordered to full-time National Guard duty, and for other purposes was referred to the Committee on Veterans' Affairs.  
Sponsor: Senator Roy Blunt [MO]

#### Hill Hearings

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

#### Meetings / Conferences

- 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.ihiofferings/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>
- Behavioral Risk Factor Surveillance System (BRFSS) 29<sup>th</sup> Annual Conference will be held on **March 24-28, 2012**, in Atlanta, Ga. <http://www.brfss2011conference.com/>
- Warrior Resilience Conference IV will be held **March 29-30, 2012**, in Washington DC [http://www.dcoe.health.mil/Default\\_Error.aspx?asperrorpath=/content.aspx?confCode=HR12000](http://www.dcoe.health.mil/Default_Error.aspx?asperrorpath=/content.aspx?confCode=HR12000)
- 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 [katheroux@fedhealthinst.org](mailto:katheroux@fedhealthinst.org). To subscribe, please visit <http://fedhealthinst.org/subscriber.cfm>. To unsubscribe, please send an email to [newsletter@fedhealthinst.org](mailto:newsletter@fedhealthinst.org) with UNSUBSCRIBE as the subject.

Back issues available at [Federal Health Update Archives](http://www.fedhealthinst.org/federal-health-update-archives).