PROPOSED AGENDA | TIME | GOALS
--- | --- | ---
1. WELCOME & INTRODUCTION 10:00 | • Review minutes and welcome members
Eric Skansgaard

2. TCDI Q2 Partner Report Highlights 10:10 | • Hospital and EMS Q2 Report Review (includes partner challenges and successes)

3. TCDI Hospital Partner Project Updates 10:25 | • Upcoming meetings/trainings: TCM Billing and TCM Process mapping meetings
• CMT Features
• Ambulance Pilot (Ray/Eric)

4. Workgroup and Funded Partner Survey Results 10:55 | • Review survey results including quality and/or usefulness of group
• Outline next steps for 2019 and 2020 (including funding potential)

5. Meeting Updates/Roundtable 11:20 | • Final workgroup member comments
Eric Skansgaard

Next Meeting:
Date: Thursday September 26th
Time: 10 AM – 11:30 AM
Location: Three Rivers Hospital McKinley Conference Room 507 Hospital Way Brewster, WA 98812

LOCATION

Chelan Douglas Health District
200 Valley Mall Parkway
East Wenatchee, WA 98802

Conference Dial-in Number:
Join Zoom Meeting: [https://zoom.us/j/5518334075](https://zoom.us/j/5518334075)
Call in Numbers: +1 408 638 0986 or +1 646 876 9923
Meeting ID: 551 833 4075
Find your local number: [https://zoom.us/u/adNIjFwjRo](https://zoom.us/u/adNIjFwjRo)
## Location

<table>
<thead>
<tr>
<th>Location</th>
<th>Attendees</th>
</tr>
</thead>
</table>
| Chelan Douglas Health District  
200 Valley Mall Pkwy  
East Wenatchee WA 98802 | Eric Skaansgard, Rinita Cook, Traci Miller, Rhonda Piner, Ray Eickmeyer, Julie Rickard, Laina Mitchell, Chenia Flint, Vicki Polhamus, Laurie Bergman, Kelly Allen, Elaine Bandy, Mike Lopez, Lisa Cordova, Shoshanna Kelly Stephens, Molly Morris, Kate Haugen  
**NCACH Staff:** John Schapman, Wendy Brzezny, Tanya Gleason, Mariah Brown, Heather Smith, Teresa Davis – Minutes |

## Agenda Item

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minutes</td>
<td>Julie Rickard moved, Elaine Bandy seconded the motion to approve the April minutes, motion passed</td>
</tr>
</tbody>
</table>

## TCM and Hospital partner update

Reviewed current trainings completed by TCDI hospital partners:

- **CMT** – Vicki has met with CMT and it was very helpful, Shoshanna Met with Ian yesterday found it helpful. CMT has been doing this free of charge so if anyone else wants assistance, please use him. If you have other ideas for trainings, please let John know.
- **NCACH** met with WSHA to follow up on two projects. (if you have other ideas, please let John know). Eric would like to look at the Behavioral Health utilizers.
- Laurie Bergman gave a presentation on TCM and Safety Issues: Does it start with a safety issue then escalate to incident report? It can if there was harm to the patient. Example: Meds, patient being discharged when meds needed a preauthorization or has a very high copay. In response the pharmacist is more involved in the discharge and Confluence has also added this to their compassionate care program to help with the first 30 days of medication.
- Other hospital partners interested? Ronda interested in billing, John will send out a summary, if you want more info, John will connect you will Laurie.

**Coordination of TCM calls across partners:**

- Lori reports collaboration from regional partners and how it is currently done. Mid Valley and Samaritan consult, Faxes from their data techs. Report is scrubbed by data tech, OB patients and non-confluence health providers are scrubbed off. TCM staff make phone calls and they’re trying to avoid duplication of effort between providers. Cascade also works collaboratively, Confluence Health D/Cs that have a Cascade provider are notified.
- Ray feels there could be a simpler process via Premanage. John proposes test site location, Ray offered to be the test location.
- Tonasket confluence clinic and NVH are running reports, scrubbing and notifying patients specific to Confluence Tonasket. NO PHI sent via email, if PHI is used then it’s sent secure through EPIC. Ray notes they are working with multiple providers including CVCH.
- Caroline has developed CMT Ambulatory and we’re in transition with CMT. 6 organizations ready to use Premanage. Strategic workflows such as Samaritan. Wendy – this workflow conversation may be underway.
- Eric Suggested a possible sub group – for workflow. Caroline Tillier has developed some webinars.
Upcoming Training:
- TCDI Quality Improvement Training Tuesdays 8:00 AM – 9:00 AM (4 weeks), May 28th, June 4th, June 11th, and June 18th
- Transitional Care Management Billing/Coding Training, July 15th – July 31st – Introductory Webinar, August 19th – August 30th Q & A Session

Hospital partner discussion was tabled due to time

North Central Emergency Care Council Update

Rinita Cook gave an update on the EMS Project

- 9 of 10 EMS agencies chose to participate in project.
- Initial Reports were submitted by partners
- Each partner is currently at the initial stages of project implementation.
- Some Key stats from initial reporting includes:
  - 30% of all calls EMS providers went on resulted in no-transport (1483 nontransport calls in Q1 of 2019)
  - 10-30% of all transports were for Medicaid clients (Depending on organization)
  - For the year the agencies are getting $15K-35K depending on the size of agency

Agency Projects:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Project Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aero Methow Rescue Services</td>
<td>Evaluate and connect non-transport patients to primary care in region for follow up care</td>
</tr>
<tr>
<td>Ballard</td>
<td>Implementing a Fall Prevention Program (SAIL) targeted at patients who routinely call EMS and do not receive transport</td>
</tr>
<tr>
<td>Cascade Medical Center</td>
<td>Identifying non-transport high utilizers of the EMS system and referring those patients to Social Workers at Cascade Medical Center</td>
</tr>
<tr>
<td>Douglas Okanagan County Fire District</td>
<td>Develop a process to identify patients that qualify for services through Adult and Aging services and create a referral process to connect them with appropriate providers.</td>
</tr>
<tr>
<td>Lake Chelan Community Hospital</td>
<td>Identify high utilizers of the ED and connect them with LCCHs comprehensive community paramedicine program</td>
</tr>
<tr>
<td>Lifeline</td>
<td>Identify high utilizers of the ED and patients transported who could have benefitted from transport to alternate destinations.</td>
</tr>
<tr>
<td>Moses Lake Fire Department</td>
<td>Evaluate patient needs (High utilizers) and connect them with local services (primary care, behavioral health, housing) within region</td>
</tr>
<tr>
<td>Protection-1 LCC</td>
<td>Partnering with local hospital(s) to identify high utilizers of ED and complete in home follow up care post discharge.</td>
</tr>
<tr>
<td>Waterville EMS</td>
<td>Implementing a Fall Prevention Program (SAIL) targeted at patients who routinely call EMS and do not receive transport</td>
</tr>
</tbody>
</table>
Current barriers for EMS partners:

- Billing for Community Paramedicine Programs (C.A.R.E.S. Programs):
  - Public entities still need additional support understanding the billing process to receive reimbursement for this work.
  - Private entities are still unable to be reimbursed. These entities want to improve patient care but requires them to be very strategic on how they progress down this path.

Alternative Destination Transports:

- There is still a lot of confusion and misunderstandings around reimbursement for alternative destination transports. A majority of EMS organizations do not feel that they can get reimbursed for transporting to Parkside.
- The distance to transport patients that are from outside the Wenatchee area continues to be a concern for EMS partners who do not want to pull their staff out of service for an extended period of time.

State Level: steering committee meeting in the last two days to establish billing codes for EMS. Still no consistent message. Can start billing for C.A.R.E.S. Programs on July 1st 1358 & 1751 codes. We are working to get information on exactly what needs to documented in order to get reimbursed.

- Protocol does not cover the difference between mental or behavioral health. Also need to add detox to the protocol. Rinita, Eric, Kelli, and Julie will meet to discuss more later. Rinita would like data on who went to ED by EMS that could have went to Parkside. Parkside just added another van and two drivers for long distance transports.

Next steps:

- Certified Ambulance Documentation Training to be provided to EMS partners May 17th and 18th
- Department of Health (DOH) coming on site in July to support partners who want to better utilize Image Trend (WEMSIS) in their organization.
- NCACH will work with NCECC and partners to refine project level metrics and utilize those metrics in future quarterly reporting.

| Meeting Updates/Roundtable | Group ran out of time to discuss 2020 workgroup projects. John will send updates out to the group between meetings |
TCDI Workgroup Meeting

Approve Agenda & Minutes

Eric Skansgaard
Hospital Reports

- Hospital Reports are under review and will have final summary of progress at the end of July.
- Key highlights include:
  - Organizations are increasing staffing but need additional help with processes and workflow development.
  - Collaboration across organizations is still an area of improvement.
  - Providers want increased collaboration with Behavioral Health
  - There is potential for partners to collaborate with EMS (Lake Chelan Community Hospital has initiated this process)
EMS Partner Report

1. EMS Providers benefited from trainings provided (Certified Ambulance Documentation Training and WEMSIS)
   - There were numerous requests from EMS providers to receive additional training.

2. EMS providers that are partnering with community organizations are seeing success in reducing their reoccurring 911 callers (e.g. high fall risk patients)

3. EMS providers struggle with good communication across clinical partners
   - Developing a workflow that includes collaboration with clinical providers (e.g. outpatient providers)
   - Health Information Exchange between providers is inadequate
TCM Project Updates

TCDI Workgroup Meeting

TCDI Meetings/Trainings

<table>
<thead>
<tr>
<th>Event</th>
<th>Date/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transitional Care Management Billing/Coding Training</td>
<td>July 30th 3PM – 4PM&lt;br&gt;Online webinar&lt;br&gt;Target Audience: TCM Staff and Coders&lt;br&gt;August 19th – August 30th Q &amp; A Session</td>
</tr>
<tr>
<td>Transitional Care Management Process Mapping</td>
<td>September – November 2019&lt;br&gt;Details TBD</td>
</tr>
<tr>
<td>Workgroup Meetings: Shared Learnings - Partners</td>
<td>September 25th &amp; November 21st&lt;br&gt;(Partners will share updates on implementation and lessons learned)</td>
</tr>
</tbody>
</table>
TCDI Workgroup Meeting

TCM Process Mapping

• Hold ½ day work session in Grant County, Chelan Douglas, and Okanogan County (3 total)
• Invite key players from each region (Primary Care, Acute Care, Behavioral Health, other?)
• Two main Goal:
  • Have partners (Both outpatient and acute care) develop a process on how follow up should occur with both ED and inpatient care
  • Outline plan to implement process mapping workflows

CMT Pharmacy Claim Report

• Pharmacy Claims added to report notification
• Complements the State PMP prescription data & provides better picture of the patient's prescription history
• Any comments on the new notification should be directed towards Ian Bruce (CMT) at ian.bruce@collectivemedicaltech.com
Trauma Informed Care Training

Date: September 16th – 18th, 2019  
Location: Grant Integrated Services, 840 E Plum St, Moses Lake, WA 98837, USA

Training Details:

- **September 16th**
  - 9a-12p – (A) Overview, Open to Everyone
  - 1p- 4:15p – (B) Leadership Only (leader/managers of organization)
- **September 17**
  - 9a- 4:15p – (C) Direct Care & Supervisors
- **September 18th**
  - 9a-12p – (D) Supervisors Only

More information can be found at: [https://tiawashington.com/](https://tiawashington.com/)

EMS Pilot Project

- **Original Project Objectives:** Review the process for EMS providers to provide transportation to Alternative Destinations (e.g. Parkside) and determine if there is a way Mental Health Providers (DCRs) can help facilitate the process

- **Partners:** Catholic Charities and Lake Chelan Community Hospital

- **Pilot Objective:** Develop a process in which the Designated Crisis Responder is the 1st point of contact prior to the EMS provider providing transport to Parkside for the patient.
EMS Pilot Project

• Pilot Procedure:
  1. Diversion DCR identifies appropriate field case through conducting MH and Parkside Admissions field screening
  2. Obtain voluntary consent and client's stated preference for transport to Parkside
  3. Diversion DCR for triage and initial staffing, completing subsequent follow-up calls to Parkside designee/s as requested.
  4. Upon provisional acceptance at Parkside call EMS to get authorization for transport to alternative destinations.
  5. Normal procedure for ambulance transport / Parkside admission is followed.
  6. EMS providers test billing
  7. Debrief and PDSA after the fact TBA.
Partner Survey Goal

• NCACH surveyed hospital partners to understand what they found beneficial with funding and training in 2019

• The survey had two main goals
  1. Determine what was beneficial to organizations that could be applied to funding and training opportunities in 2020
  2. Identify new areas that NCACH could support partners in 2020

Partner Survey

<table>
<thead>
<tr>
<th>Survey Category</th>
<th>Main Comments</th>
</tr>
</thead>
</table>
| Most Beneficial                 | • Networking and Collaboration  
                                 | • Trainings: CMT, education (QI, TCM Training)  
                                 | • Shared Learnings                                                           |
| Least Beneficial                | • Training specifics – Ensure they are applicable to organization             |
| Partners to Engage              | • Primary Care and Behavioral Health  
                                 | • Additional Community Partners                                              |
| How to approach Funding/Work    | • 4 responses - NCACH regional project focus  
                                 | • 2 responses - County specific project focus  
                                 | • 1 response - Organization specific project focus                           |
| Future Process Improvement      | • 1 – Connection with non Clinical Partners  
                                 | • 2 – Connection with PCP and BH  
                                 | • 3/4 –CMT and QI Trainings                                                 |
Survey Comments

“I think the most important part of our involvement has been the networking with like hospitals. Working on the same type projects with small rural hospitals has helped us to not reinvent the wheel and to solidify the that the TCM and diversion approaches work at other facilities.”

“The greatest value that TCDI has provided our organization cannot be stated as a singular component. The meetings, assistance, grant funding, and one-on-one assistance has been invaluable.”

“The shared learning provides insight into what works for others. It provides ideas and options for possible integration into our present systems. It has the potential to save time, money and resources if someone has an effective process. We appreciate the shared leaning for the benefits it has to offer.”

Workgroup Survey

Partner Engagement (n=4)

<table>
<thead>
<tr>
<th>Survey Category</th>
<th>Main Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partners to Engage/Areas of Improvement</td>
<td>• Better engagement with Primary Care and Behavioral Health</td>
</tr>
<tr>
<td></td>
<td>• Include partners involved in case management/care coordination</td>
</tr>
<tr>
<td>How to approach Funding/Work</td>
<td>• 3 response - Organization specific project focus</td>
</tr>
<tr>
<td></td>
<td>• 1 responses - NCACH regional project focus</td>
</tr>
<tr>
<td></td>
<td>• 1 responses - County specific project focus</td>
</tr>
<tr>
<td>Future Process Improvement Effort Focus</td>
<td>• 1 – Connection with non Clinical Partners</td>
</tr>
<tr>
<td>( Ranked from 1 to 4)</td>
<td>• 2 – Connection with PCP and BH</td>
</tr>
<tr>
<td></td>
<td>• 3 – EMS Partner work</td>
</tr>
</tbody>
</table>
Workgroup Survey

Meeting Logistics (n=4)

<table>
<thead>
<tr>
<th>Survey Category</th>
<th>Main Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workgroup Length</td>
<td>• 2 responses – Meetings are too frequent</td>
</tr>
<tr>
<td></td>
<td>• 1 response – Meeting length is too long</td>
</tr>
<tr>
<td></td>
<td>• 1 response – Meeting length is just right</td>
</tr>
<tr>
<td>Most Beneficial</td>
<td>• Shared learning and collaboration</td>
</tr>
<tr>
<td>Least Beneficial</td>
<td>• Day and time</td>
</tr>
<tr>
<td></td>
<td>• Needs to include more behavioral health</td>
</tr>
</tbody>
</table>

TCDI Hospital Project/Funding

Recommendations:
• Focus funding and process improvement work on maintaining current efforts with an emphasis on collaboration across sectors and within organization’s service areas (e.g. primary care, behavioral health, and community based organizations)
• Have Partners demonstrate how they are working with another agency outside of their own organization
• Partners would focus on two areas:
  • Better connection with outpatient providers
  • Engage community based entity to partner

"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"
### TCDI Hospital Funding

**Funding Breakdown (Recommendation)**

<table>
<thead>
<tr>
<th>Payment Type</th>
<th>Funding Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transitional Care (Inpatient)</td>
<td>$25,000</td>
</tr>
<tr>
<td>ED Diversion</td>
<td>$25,000</td>
</tr>
<tr>
<td>Partnership with Community Partner</td>
<td>$20,000 (to support partner*)</td>
</tr>
<tr>
<td><strong>Total (Each)</strong></td>
<td><strong>$70,000</strong></td>
</tr>
<tr>
<td><strong>Total Project (8 Organizations)</strong></td>
<td><strong>$560,000</strong></td>
</tr>
</tbody>
</table>

*This would support partners that are not currently funded to do similar work*

"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"

### TCDI EMS Funding

**Funding Breakdown (Recommendation)**

<table>
<thead>
<tr>
<th>Payment Type</th>
<th>Funding Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Management</td>
<td>Up to $20,000</td>
</tr>
<tr>
<td>Training</td>
<td>Up to $60,000</td>
</tr>
<tr>
<td>Partner Funding</td>
<td>Up to $360,000</td>
</tr>
<tr>
<td>Total</td>
<td>$440,000</td>
</tr>
</tbody>
</table>

"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"
**TCDI Total Funding**

**Funding Breakdown (Recommendation)**

<table>
<thead>
<tr>
<th>Payment Type</th>
<th>Funding Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>TCDI Hospital Work (8 orgs)</td>
<td>$560,000</td>
</tr>
<tr>
<td>EMS Work</td>
<td>$440,000</td>
</tr>
<tr>
<td>Training/Consultants (if needed)</td>
<td>$60,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,060,000</strong></td>
</tr>
</tbody>
</table>

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**Partner Engagement Process**

- **TCDI Hospital Partners:**
  - Provide work plans for 2020 (There would not be a formal application process)
  - Identify Technical Assistance and support to partners in 2020

- **EMS Partners:**
  - Continue to support training through NCECC and project management support of WEMSIS work
  - Provide Additional Support to EMS agencies that want to expand Community Paramedicine Programs
Workgroup Recs 2020

• **Primary Goal of Workgroup in 2020**
  • Evaluate projects and recommend future work
  • Identify any gaps in current work

• **Workgroup Structure:**
  • Quarterly Meetings (Focus on project updates and future work)
  • Meeting Length: 1.5 hours
  • Refine workgroup membership list. Identify those members committed to work (ensure this includes implementation partners)
  • Send out Implementation Updates Monthly/Quarterly
  • Ad hoc subgroup could be formed as needed to address priority work

"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"

TCDI Total Funding

**Questions:**

• What are some concerns/highlights of the recommendations?

• Are we missing anything in these recommendations?

• What would you recommend changing?
Recap/Partner Comments

Any Final Comments or Questions?

"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"

Next Meeting

Next Meeting:
Date: Thursday September 26th
Time: 10 AM – 11:30 AM
Location: Three Rivers Hospital
McKinley Conference Room
507 Hospital Way
Brewster, WA 98812
COLLECTIVE NOTIFICATION 04/10/2019 14:12 NICHOLS, CHARLES MRN: 1982782

You are being notified because this patient has a Security and Safety Event and Insights.

Security and Safety

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Type</th>
<th>Specifics</th>
<th>Security Events (18 mo)</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/15/2019</td>
<td>Wallace Mem Hospital</td>
<td>Verbal</td>
<td>Patient needed sedatives due to agitation</td>
<td>Verbal</td>
<td>1</td>
</tr>
</tbody>
</table>

ED Care Insights from Sisters of Mercy Hospital

- PCI for RCA/LAD stenosis on 3/5/19; LVEF 15%
- AICD scheduled for 5/14/19 if HF does not increase to >35% w/ Valsartan therapy and cardiac rehabilitation
- WCD as a bridge to AICD to be worn at all times h/o monomorphic vtach

Additional Information

1. Please see ECG attached in the Collective Portal for pre-existing cardiac pathology
2. Cardiologist office responds to overnight pages
3. Under active care management for PCI please call (812) 555-1234 for disposition options before admitting. Line is attended 7 days/week from 9am – 9pm.

These are guidelines and the provider should exercise clinical judgment when providing care.

Care History

Behavioral

3/15/2019 Wallace Memorial Hospital
- Anxiety

Medical / Surgical

3/11/2019 Sisters of Mercy Hospital
- Cardioversion

Recent Encounters

<table>
<thead>
<tr>
<th>Date</th>
<th>Facility</th>
<th>City, State</th>
<th>Type</th>
<th>Diagnoses or Chief Complaint</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/30/2019</td>
<td>Henry Medical Center</td>
<td>Duluth, WV</td>
<td>Emergency</td>
<td>Chest Pain, Anxiety</td>
</tr>
<tr>
<td>3/15/2019</td>
<td>Wallace Memorial</td>
<td>Galax, VA</td>
<td>Emergency</td>
<td>Chest Pain, Anxiety</td>
</tr>
<tr>
<td>3/11/2019</td>
<td>Sisters of Mercy</td>
<td>Feder, WV</td>
<td>Inpatient</td>
<td>Ventricular Arrhythmia</td>
</tr>
<tr>
<td>2/24/2019</td>
<td>Lake Nursing Center</td>
<td>Clio, WV</td>
<td>Skilled Nursing</td>
<td>Cardiac Rehabilitation</td>
</tr>
<tr>
<td>2/21/2019</td>
<td>Sisters of Mercy</td>
<td>Feder, WV</td>
<td>Inpatient</td>
<td>Acute Myocardial Infarction, Heart Failure</td>
</tr>
</tbody>
</table>

E.D. Encounter Count (12 mo)

<table>
<thead>
<tr>
<th>Facilities</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sisters of Mercy</td>
<td>2</td>
</tr>
<tr>
<td>Henry Medical Center</td>
<td>1</td>
</tr>
<tr>
<td>Wallace Memorial Hospital</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4</strong></td>
</tr>
</tbody>
</table>

Care Team

<table>
<thead>
<tr>
<th>Provider</th>
<th>Type</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ben A Zanello MD</td>
<td>Primary Care</td>
<td>(206) 555-1213</td>
<td>(206) 555-1212</td>
</tr>
<tr>
<td>Robert Osler MD</td>
<td>Cardiology</td>
<td>(206) 231-3125</td>
<td>(206) 231-3126</td>
</tr>
<tr>
<td>Sarah Jung DO</td>
<td>Cardiac Electrophysiology</td>
<td>(206) 782-2342</td>
<td>(206) 782-2343</td>
</tr>
</tbody>
</table>

Advanced Directive

A POLST dated 01/15/2018 is available in the Collective Platform. Link to document: [https://demo.edicareplan.com/patient/005.pdf](https://demo.edicareplan.com/patient/005.pdf)

Pharmacy Claims

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Filled Date</th>
<th>Days Supply</th>
<th>Quantity Dispensed</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>CETIRIZINE HCL</td>
<td>03-16-2019</td>
<td>30</td>
<td>60</td>
<td>ZANIELLO, BENJAMIN</td>
</tr>
<tr>
<td>PROAIR HFA</td>
<td>03-15-2019</td>
<td>25</td>
<td>8.5</td>
<td>ZANIELLO, BENJAMIN</td>
</tr>
<tr>
<td>DULERA</td>
<td>03-12-2019</td>
<td>30</td>
<td>13</td>
<td>KRAHN, ZACHARY</td>
</tr>
<tr>
<td>AZELASTINE HCL</td>
<td>02-10-2019</td>
<td>25</td>
<td>10</td>
<td>MITTENDORF, AMBER</td>
</tr>
</tbody>
</table>

Showing 4 of the 4 most recent med claims