



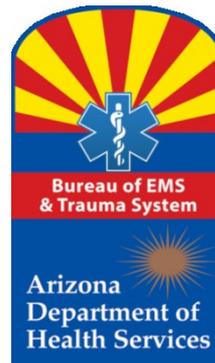
COMMUNITY INTEGRATED PARAMEDICINE WORKGROUP

FOCUS PANEL PRESENTATIONS

April 15, 2014

PATIENTS DISCHARGED FROM THE EMERGENCY DEPARTMENT LESS THAN 4 HOURS

Arizona Hospital Discharge Database (2011)

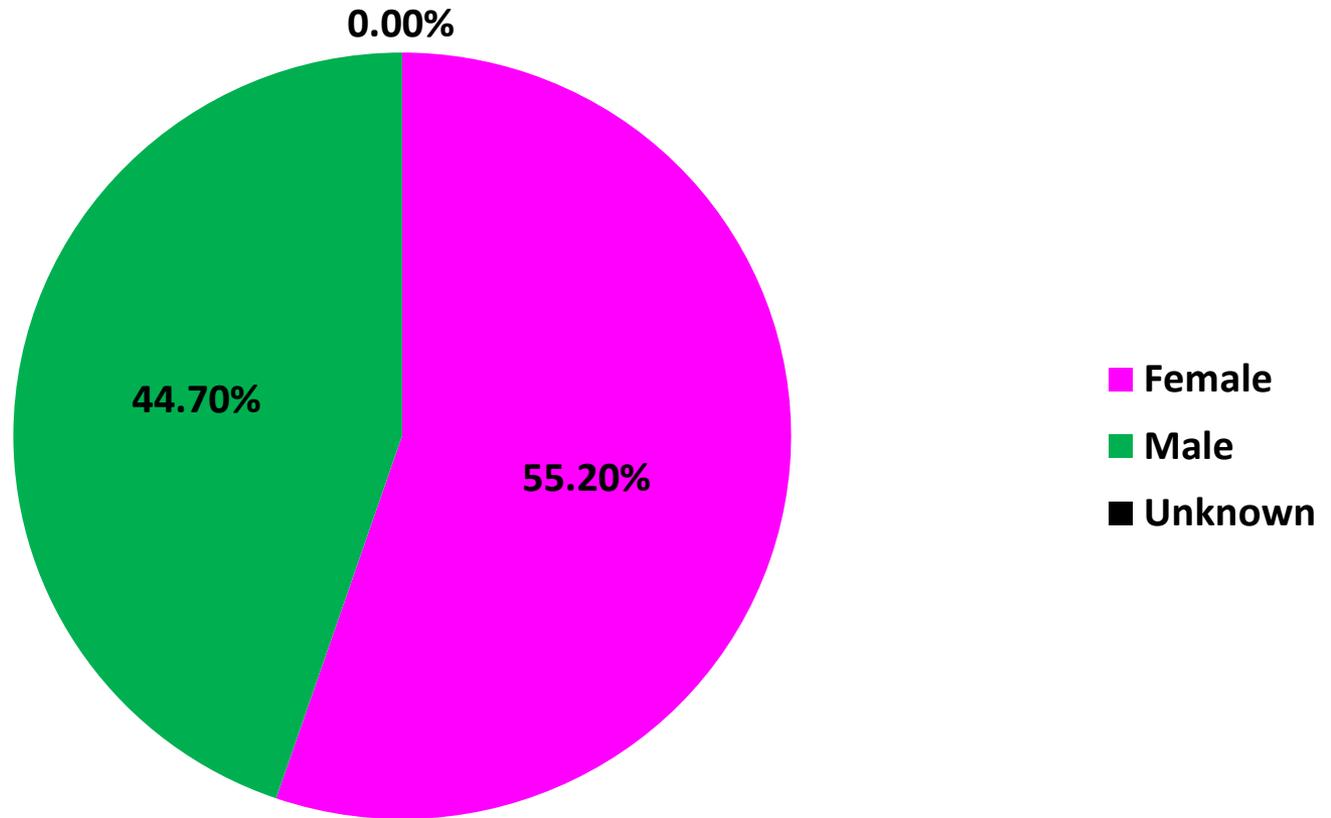


Vatsal Chikani, MPH
Rogelio Martinez, MPH
Data & Quality Assurance Section

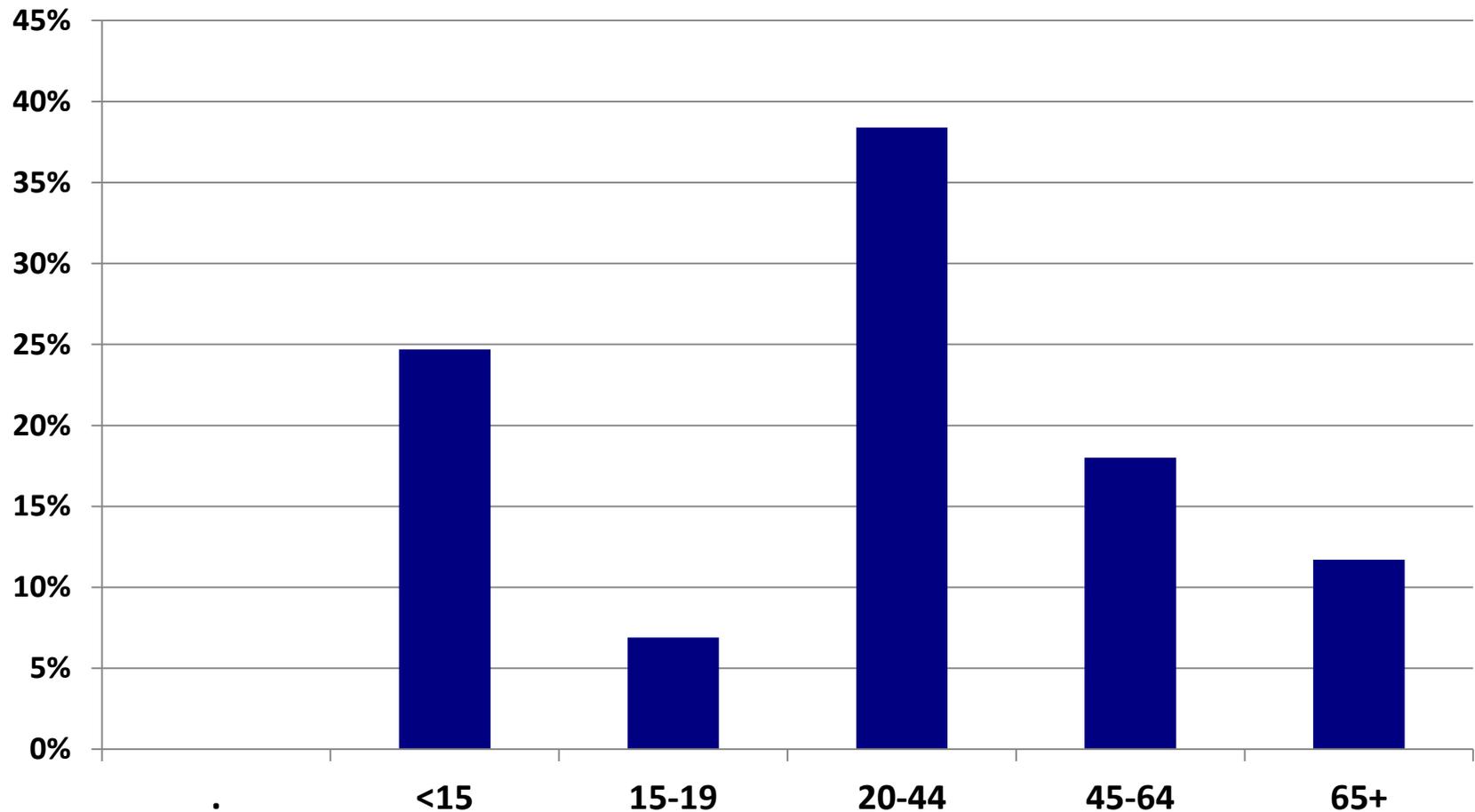


Health and Wellness for all Arizonans

Gender

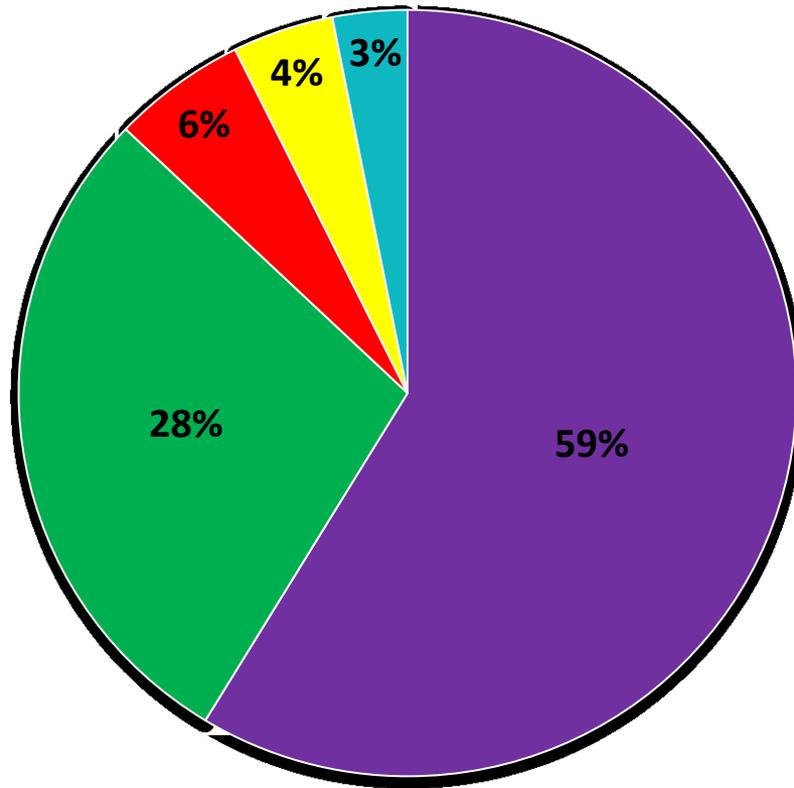


Age of patients in ED \leq 4 hours



n = 1,477,200

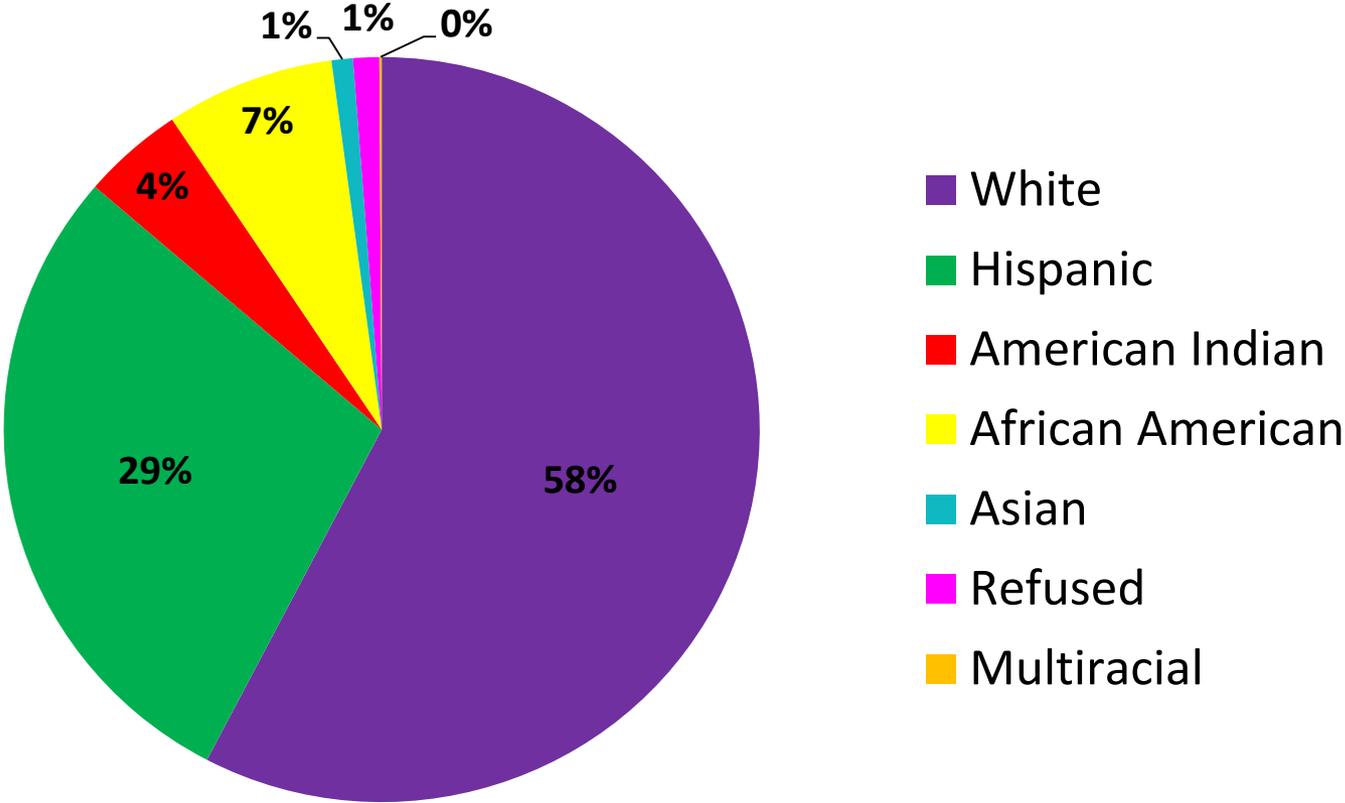
Race-Ethnicity (for state)



- White
- Hispanic
- American Indian
- African American
- Asian

n= 6,438,178

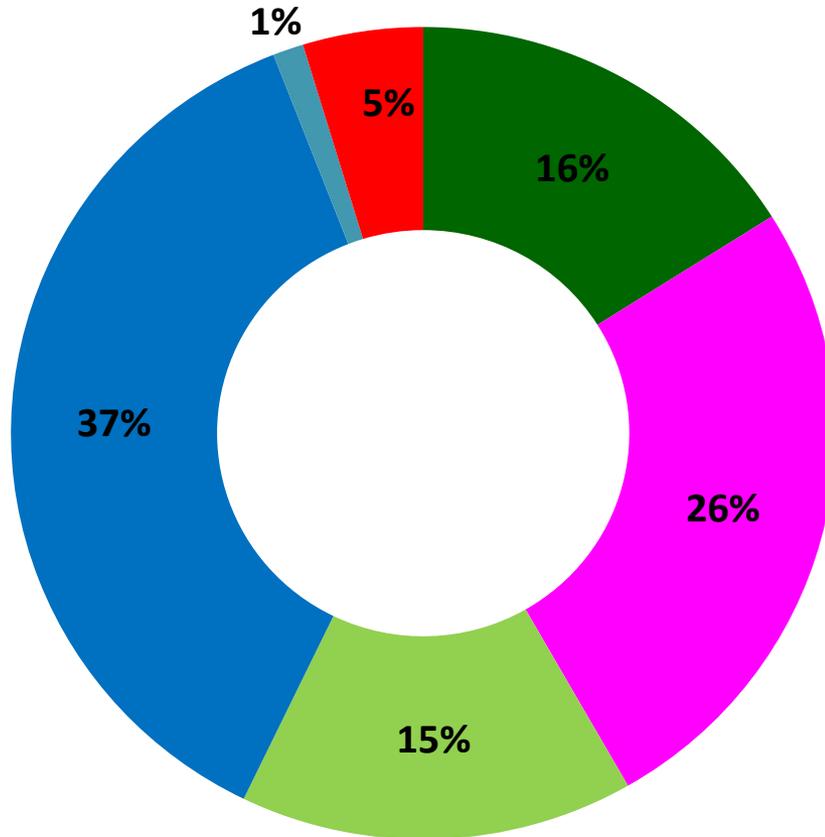
Race-Ethnicity (ED ≤ 4 hours)



n= 1,473,625



Payer Sources



- Self pay
- Private Insurance
- Medicare
- AHCCCS/Medicaid
- Workers Compensation
- Other

ED Visits by Principal Diagnosis

PRINCIPAL DIAGNOSIS	NUMBER OF PATIENTS
Other upper respiratory infections	90,798
Sprain	77,077
Superfic injuries	75,676
Abdomnl pain	71,353
Back problem	49,903
Other injury	48,548
Opn wound extremity	41,930
Headache/Migraine	41,758
Skin infection	39,096
Urinary Tract Infection	38,819
Open wound head	34,067
Chest pain	33,695
Otitis media	31,759
Nausea vomiting	29,459
Other connective tissue	28,338
Teeth diagnosis	28,318
Other lower respiratory	26,349

PRINCIPAL DIAGNOSIS	NUMBER OF PATIENTS
Other joint diagnosis	25,547
Other nervous diagnosis	24,661
Fracture arm	23,899
Fever unknown origin	22,752
Asthma	22,688
Other GI diagnosis	22,147
Allergy	21,932
Bronchitis	21,587
Other pregnancy complications	21,055
COPD	19,457
Viral infection	18,360
Other aftercare	15,846
Urinary stone	14,275
Dizziness	13,692
Pneumonia	13,689
Other skin diagnosis	13,543
Other upper respiratory	13,437
Anxiety disorders	13,340
Gastroenteritis	12,606



PRINCIPAL DIAGNOSIS	NUMBER OF PATIENTS
Eye infection	12,442
Other genitourinary diagnosis	11,502
Dysrhythmia	11,438
Unclassified	11,432
Fracture leg	11,105
Epilepsy/cnv	10,234
Syncope	10,097
Hypertension	9,945
Other ear diagnosis	9,587
Fluid electrolyte diagnosis	8,719
Social admin	8,633
Hemorrhage pregnancy	7,827
Intracranial injury	7,696
Joint injury	7,401
Poison nonmed	7,213
Other female gen	6,983
Alcohol-related disorders	6,945
Gastritis	6,004
Complication proc	5,630

PRINCIPAL DIAGNOSIS	NUMBER OF PATIENTS
Burns	5,622
Substance-related disorders	5,375
Fatigue	5,342
Other eye diagnosis	4,343
Other fracture	4,239
Tonsillitis	4,204
Menstrual diagnosis	4,103
Biliary diagnosis	4,100
Pelvic Inflammatory Disease	3,991
GI hemorrhag	3,798
Influenza	3,723
Mouth diagnosis	3,670
Diabetes Mellitus no complications	3,627
Mycoses	3,608
Esophgeal diagnosis	3,463
Ovarian cyst	3,372
Poison other med	3,098
Other perint diagnosis	3,074
Infection male gen	2,998

PRINCIPAL DIAGNOSIS	NUMBER OF PATIENTS
Fracture skull face	2,916
Mood disorders	2,896
Other male gen	2,871
Complic devi	2,869
Other screen	2,801
Diabetes Mellitus with complications	2,653

AZ-PIERS

(Arizona Prehospital Information & EMS Registry System)

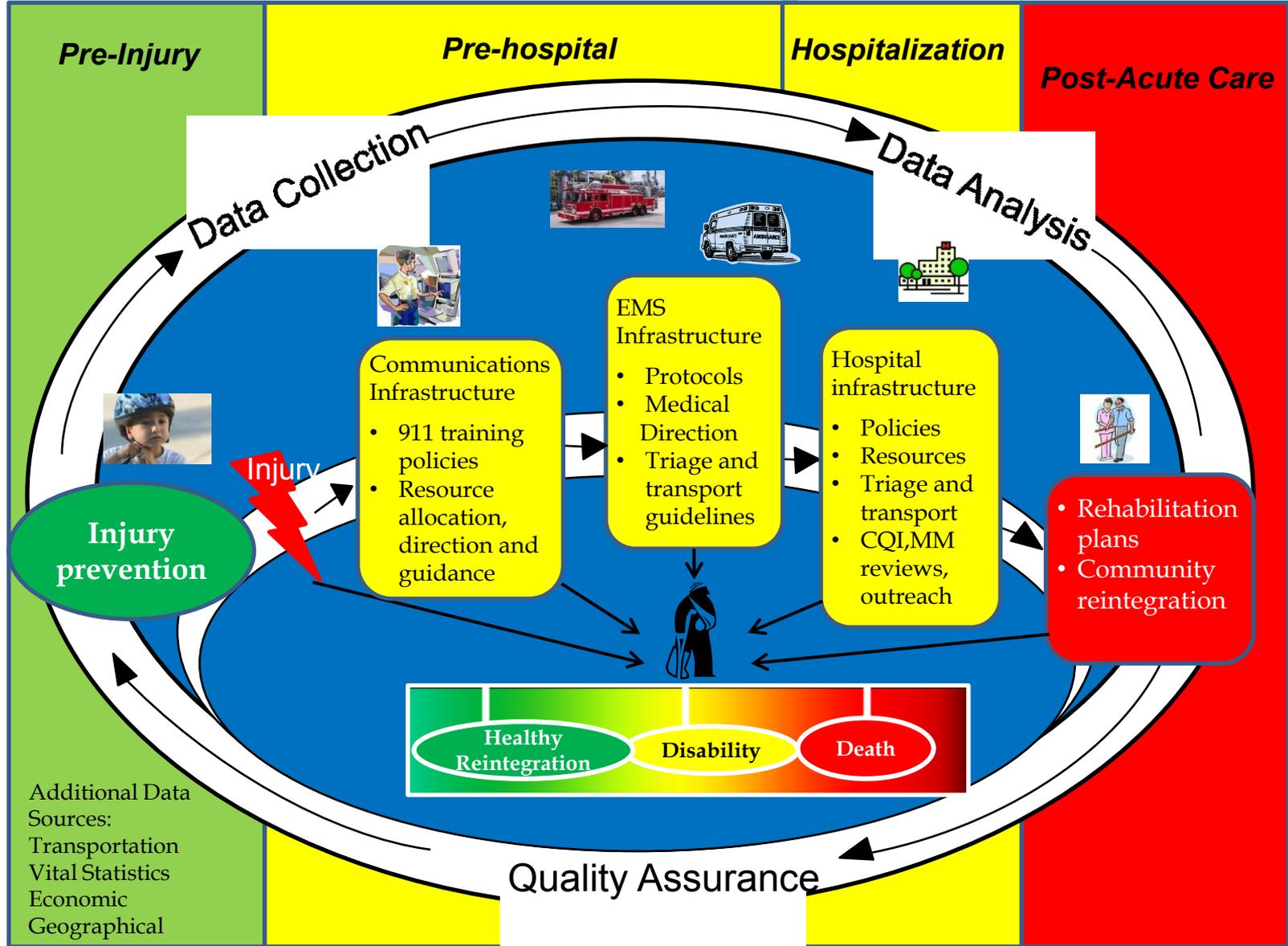
- Three essential factors in Community Integrated Paramedicine:
 - Data collection
 - Data analysis
 - Benchmarks/Quality Assurance

The screenshot displays the AZ-PIERS web application interface. At the top, the Arizona Department of Health Services logo and tagline "Health and Wellness for All Arizonans" are visible. Below this is a banner image featuring a young girl and medical equipment. The main content area is divided into three sections:

- INTEGRATIVE CARE:** A section with a red icon and text describing the system as a Quality Improvement (QI) tool for patient outcomes, managed by the Bureau of EMS and Trauma System. It mentions that the system will advance best practices derived from evidence-based patient care, QI processes, training, and research opportunities. It also states that the system is fully HIPAA compliant and uses data to advance the public's health through a systems approach. A note at the bottom says, "Our work together will ensure that EMS quality remains high in all Arizona."
- SYSTEM LOGIN:** A section with a red icon and text. It contains a "Username:" field, a "Password:" field, and a "Submit" button. Below the fields is a link that says "CLICK HERE IF YOU FORGOT YOUR PASSWORD". A note at the bottom states: "Note: ImageTrend is unable to provide users with permissions-based requests (i.e. Active or Lock Status changes, Usernames, Passwords, Permission Level Changes, etc.). Please contact your State or Service Administrator if you need further assistance."
- Map:** A map of Arizona showing various regions color-coded: Western Region (green), Northern Region (yellow), Central Region (orange), and Southern Region (blue). The map includes labels for various counties and regions.

Future Steps

- **Additional system analysis across the state**
- **Consider various data collection resources (AZ-PIERS, Hospital Discharge Database)**
- **Please let us know if you have any questions/feedback as you go through your CIP**

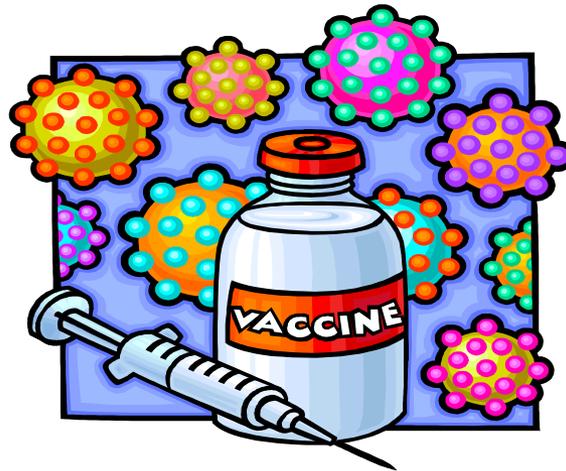


Thank You
Questions?



Health and Wellness for all Arizonans

ARIZONA IMMUNIZATION PROGRAM OFFICE (AIPO)



Brenda Jones, RN, BSN, MA, AzCSN
Immunization Services Manager

What is AIPO?

- **AIPO is the Arizona Immunization Program Office**
 - **Under Bureau of Epidemiology and Disease Control, ADHS**
- **Funded by the Centers for Disease Control and Prevention**
- **Leads public health immunization efforts in the state**
 - ✓ **Prepare for and respond to Public Health Emergencies**
 - ✓ **Provide a Safety Net of Services and Community Support**
 - ✓ **Promote Healthy and Safe Community Environments**

What Does AIPO Do?



- **Vaccines for Children (VFC)**
- **County/Partner Collaboration**
- **School and Childcare Assessments**
- **Health Education**
- **Special Programs - Hepatitis B**
- **ASIIS**

How can AIPO Assist CIP?



- Vaccines for Children (VFC)

What is Vaccines For Children (VFC)?

- A federal program that offers all ACIP (Advisory Committee on Immunization Practices for the CDC) recommended vaccines at no cost for eligible children through VFC enrolled providers
- **FY 2013: Arizona**
 - **Vaccine Doses Distributed: 1,527,216**
 - **Vaccine Dollars Spent: \$78,987,031.15**
- **Number of Arizona VFC Providers: 879**
- Arizona's Choice State-providers may choose which vaccines they want to give

Immunization Schedules

- ACIP provides general recommendations on childhood, adolescent, adult and catch-up vaccination schedules
- Also provides recommendations for
 - Health-care Personnel
 - Travel vaccinations
 - Pregnant Women
- Complete list of ACIP recommendations are published in the MMWR
- Schedules available on CDC website at www.cdc.gov/vaccines/schedules/index/html

How Does this Help CIP?

- **Refer patients to their PCP for proper/recommended immunizations**
- **Refer to CHDs if they don't have a PCP or don't have insurance**
- **FDs can become VFC providers and provide immunizations**

How can AIPO Assist CIP?



- Vaccines for Children (VFC)
- **Education Information & Resources**

What kind of Education Information and Resources are available?

- CDC Website: www.cdc.gov/vaccines
 - Schedules available on CDC website
www.cdc.gov/vaccines/schedules/index/html
- AIPO Website: <http://azdhs.gov/phs/immunizations>
 - “Immunications” Quarterly Newsletter:
<http://azdhs.gov/phs/immunization/newsletters.htm>
 - Arizona Vaccine News:
<http://azdhs.gov/phs/immunization/newsletters.htm>

Available Education Information/Resources (Cont.)

- TAPI Website: www.whyimmunize.org
- Immunization Action Coalition Website:
www.immunize.org
- Various flyers/brochures for handing out to patients
- Annual Arizona Immunization Conference
 - Held in April
 - April 23-24, 2014



How can AIPO Assist CIP?



- Vaccines for Children (VFC)
- Education Information & Resources
- **ASIIS**

What is the Arizona State Immunization Information System (ASIIS)?

- Created in 1994, the Arizona State Immunization Information System collects, stores, analyzes, releases and reports immunization data and serves as a record keeping system for all children who receive immunizations in Arizona
 - ✓ Over 2500 providers enrolled
 - ✓ Approximately 5 million children and adults in the system
 - ✓ 57,693,970 vaccines/doses administered/doses (Jan 1, 1998-now)



How can AIPO Assist CIP?

- Become an ASIIS user and look up/view immunization data in ASIIS
- If you are a VFC provider/immunizer, you can both view and enter immunization data
- We provide outreach and training
 - ASIIS hotline available Monday-Friday 8-5 pm to answer and assist any questions or concerns
 - Training for new and existing ASIIS users on the ASIIS homepage. Users have 24 hour access to on-line training modules that they can review as many times as they need
 - In- person trainings at selected sites coming the summer of 2014

How can AIPO Assist CIP?



- Vaccines for Children (VFC)
- Education Information & Resources
- ASIIS
- **Technical Support**

We can Provide Technical Support

- Call the ASIIS hotline with data entry questions
- Call our nurses for specific immunization questions
 - Schedule intervals
 - Appropriate use of vaccines
 - ACIP recommendations



Thank You
Questions?



Health and Wellness for all Arizonans

Focus Panel 7

COMMUNITY STANDARD PROTOCOLS & COMMUNITY INTEGRATED PARAMEDICINE

Jennifer Kline
American Medical Response



Health and Wellness for all Arizonans

Protocol Development

- Our committee consists of various constituents from across the state of Arizona.
 - Jennifer Kline
 - Donna Collister
 - Sue Kern
 - Bill Johnston
 - Val Gale
 - Phil Paine
 - Steve Duncan
 - Alan Romania

Protocol Development

- The focus of this panel is to:
 - Promote the use of scientific knowledge in decision making.
 - Building constituencies.
 - Identifying needs and setting priorities.
 - Gaining legislative authority and funding.
 - Develop plans and policies to address the needs and ensuring the public's health and safety.
 - US Department of Health and Human Services.

Protocol Development

Objective 1:

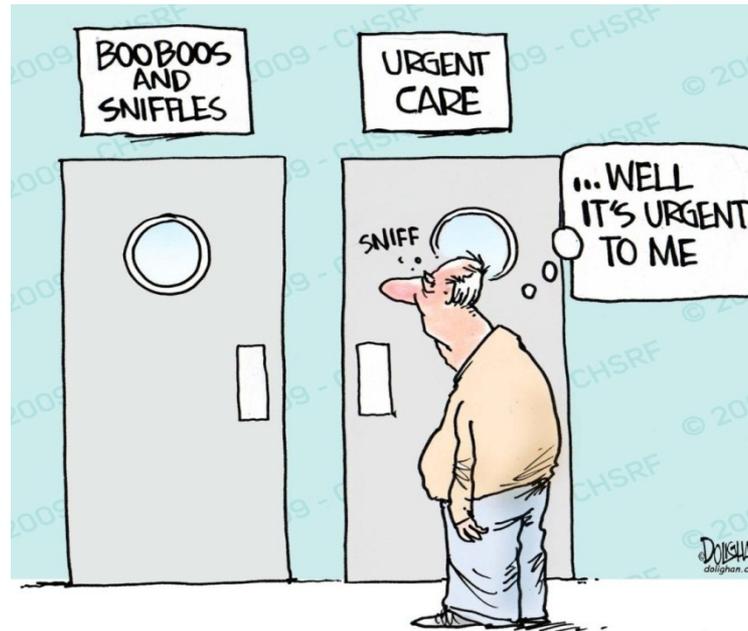
Implement an oversight committee for each CIP program in which it would incorporate several members from the “integrated team” within the community to allow for an unbiased evaluation of the effectiveness of the program.



Protocol Development

Objective 2:

Implement procedures for admission and withdrawal criteria in the CIP program.



Protocol Development

Objective 3:

Implement standards protocols or guidelines for all components of the CIP program.



Thank You Questions?



Focus Panel 8

TECHNOLOGIES/TELEMEDICINE & COMMUNITY INTEGRATED PARAMEDICINE

Charlie Smith
Lifestar Ambulance



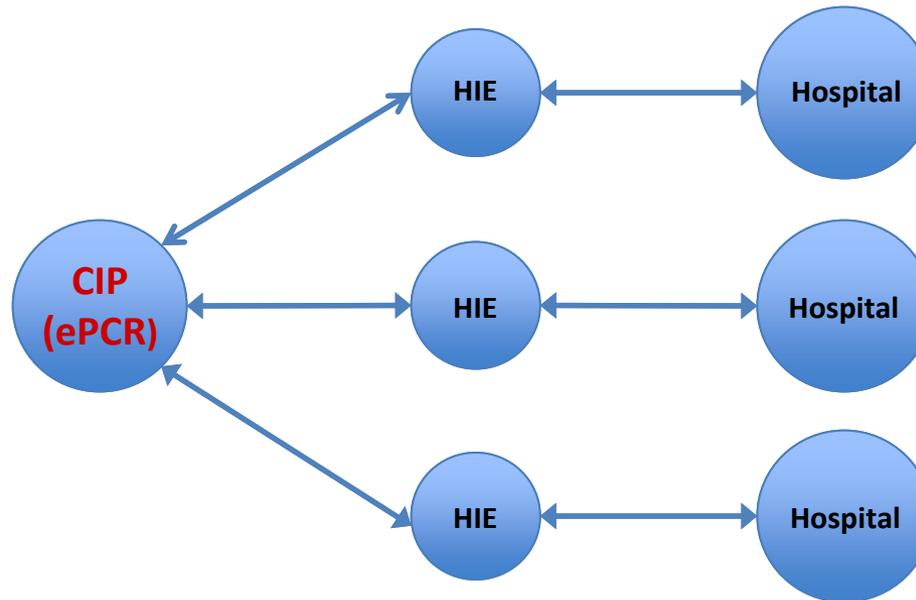
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CIP Technology Focus Group

- **The Technology Focus Group includes:**
 - **Charlie Smith**
 - **Mark Venuti**
 - **Jennifer Kline**
 - **Marc Chambers**
 - **Val Gale**
- **Our Focus Group was challenged with researching the roles technology will play in Community Integrated Paramedicine**

Information Collection/Sharing:

- Electronic Patient Care Record (ePCR)
- Electronic Medical Record (EMR)
- Health Information Exchange (HIE)



- **Tele-Medicine**
 - **Video Sharing**
 - **Audio Sharing**

Thank You
Questions?



Health and Wellness for all Arizonans

Focus Panel 9

AFFORDABLE CARE ACT AND FINANCIAL OPPORTUNITIES & COMMUNITY INTEGRATED PARAMEDICINE

Cathy R. Eden
Arizona State University



Health and Wellness for all Arizonans

CIP ACA & Financial Ops. Focus Group

- Focus Group includes:
 - Cort Ashbury
 - Mary Cameli
 - Jeff Clark
 - Cathy R. Eden
 - Charlie Smith
 - John Tomazin



The Affordable Care Act is here and going - no looking back

- **Cathy R. Eden**
 - **V.P. Director Community Based EMS**

How does the ACA affect “out-of-hospital care”?

- **Changing Insurance World**
- **Health Care Systems Integration**
- **What is an ACO and Patient Medical Home?**
- **Cost Recovery – We Need DHS Help**
- **Possibilities**

Thank You

Questions?

Any questions for committee send to
cathy@ramseyfoundation.org



Health and Wellness for all Arizonans

Focus Panel 10
REIMBURSEMENT
&
COMMUNITY INTEGRATED
PARAMEDICINE



Les Caid, Fire Chief
Rio Rico Fire District

Report in Forbes Magazine: The Organization for Economic Development (OECD)

U.S. spends \$7,960 per person on health care every year !

\$2.5 Trillion

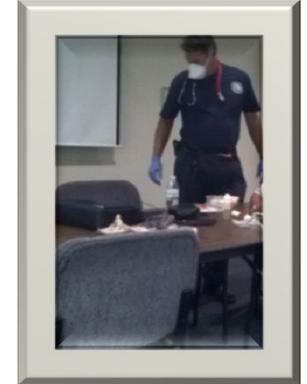
This compares to the average OECD country which spends \$3,233 per person annually for health care.

- These other 34 countries are not third world countries - “they are mostly places you would be happy visiting.”

Taxpayers already pay \$3,660 per person of the \$7,960 annual bill for health care.

A Really GOOD Idea: PREVENTION

Return on Investment



According to the Robert Wood Johnson Foundation

For every \$1 spent on prevention
the return will be 10 times.



How Minnesota Got Its Community Medics Paid

by [John Erich](#)

Created: May 1, 2013

- A bill passed last year in the Minnesota legislature established reimbursement through the state's Medicaid program for a range of common CP-style activities.
- And with a final blessing in February from the federal Centers for Medicare & Medicaid Services (CMS), those first community medics to hit the streets can now get paid by the state for the care they're providing.





- **Covered activities include health assessments, immunizations and vaccinations, chronic disease monitoring and education, collection of lab specimens, medication compliance checks, hospital discharge follow-up care and minor medical procedures approved by a medical director.**

What is a CIP?

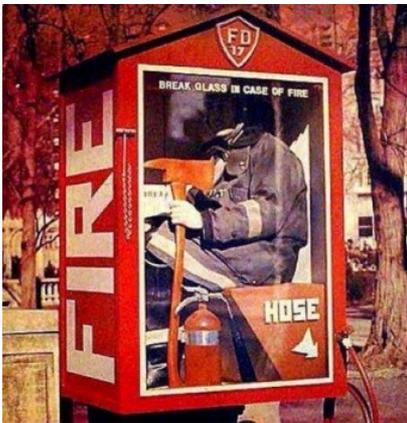
- **Minnesota's efforts to realize community paramedics go back 16 years (they have a template)**
- **Target Population**
- **High risk for medical recall (re-admission)**
- **Multiple Chronic Diseases**

- **They broadly shared the first bill language they drafted before the 2011 legislative session with other healthcare system players, including groups they saw as potential adversaries.**
- **They worked to dialogue with those groups about concerns, address their issues and refine the bill's language.**
- **This tempered any surprise that might have greeted its introduction and ultimately resulted in legislation that was stronger and more broadly palatable.**

Minnetonka, Minnesota (Star Tribune March 31, 2014)

“Pilot program sends firefighters
to homes for patient check-ins”

The program, called the post-discharge firefighter visit, also adds to the health care duties of fire departments that have fewer fires to fight



Minnesota

At the Legislature, a bill has been introduced that would establish certification for community emergency medical technicians who would work with patients in the 72 hours after hospital discharge. It also would allow state reimbursement for those services under Medicaid.

“If we keep the patient out of the hospital for 30 days, it’s win-win.”

STEP # 1

WHAT is a Community Integrated Paramedic?



Step 1 - Challenges

**How do we create
what this elephant looks like?**

STEP # 1

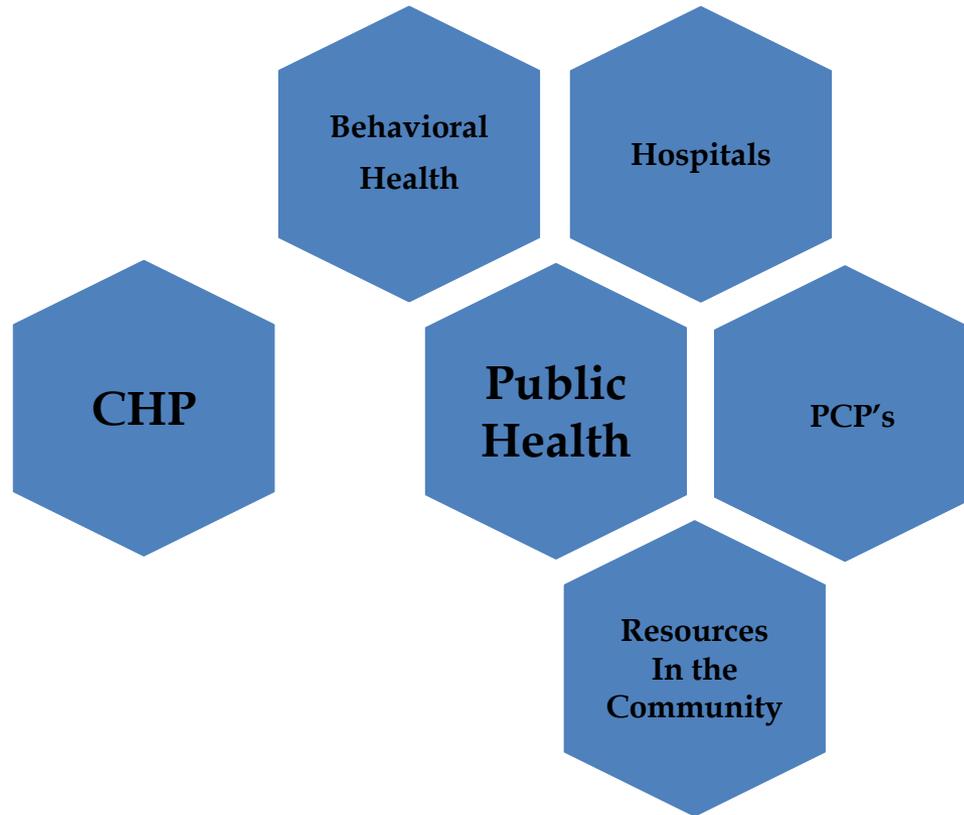
WHAT is a Community Integrated Paramedic?



- Community strengths and needs drive the process.

**Reimbursement if locally driven!
Partnerships must be formed!**

This program must be recognized as a part of a coordinated team of healthcare providers



Community Paramedic[®]

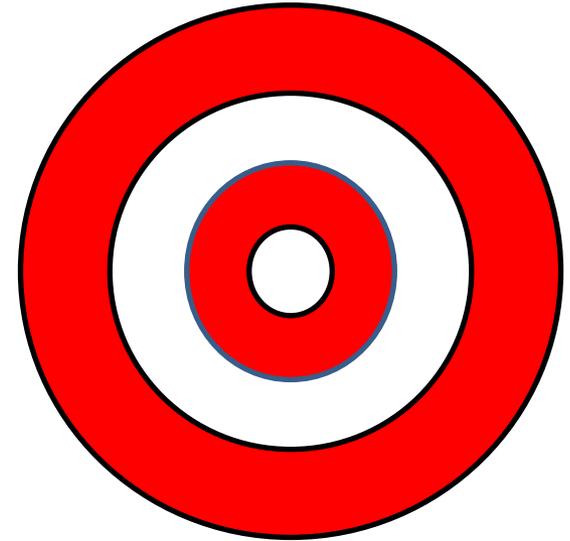
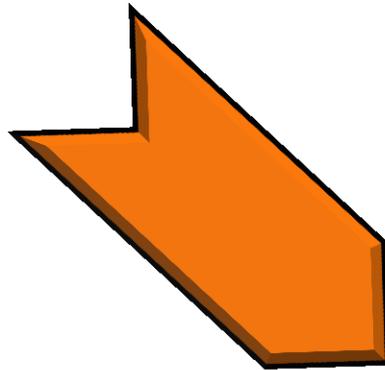
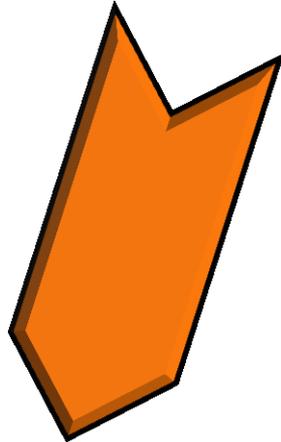
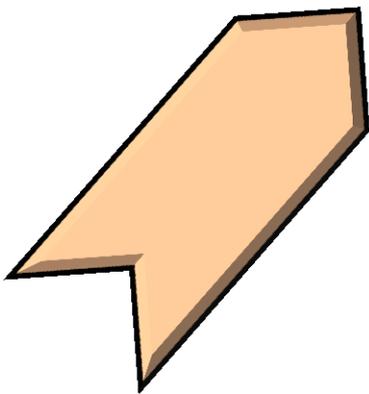
- **The Community Paramedic Program adapts to the specific needs and resources of each community. It will succeed through the combined efforts of those that have a stake in maintaining the health and well-being of its residents.**

STEP # 2

Long Range Vision

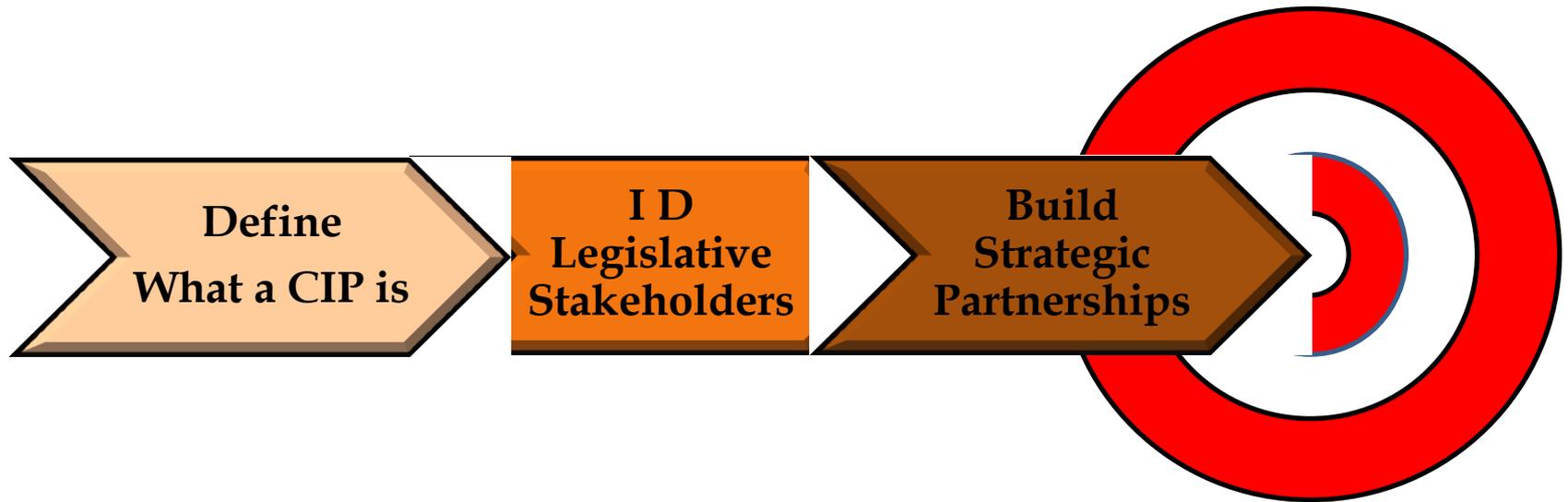
- **Define Community Integrated Paramedics in Law.**
- **Work with State to Identify Services to be covered by Medicaid.**
- **Developed a Fee Schedule.**

Next steps
How do we get there from here?



How do we get there from here?

Community Integrated Paramedic



Thank You
Questions?



Health and Wellness for all Arizonans

Focus Panel 11

**RESOURCES/EXAMPLES
&
COMMUNITY INTEGRATED
PARAMEDICINE**

Mark Venuti
Guardian Medical Transport



Fill the Gap(s)

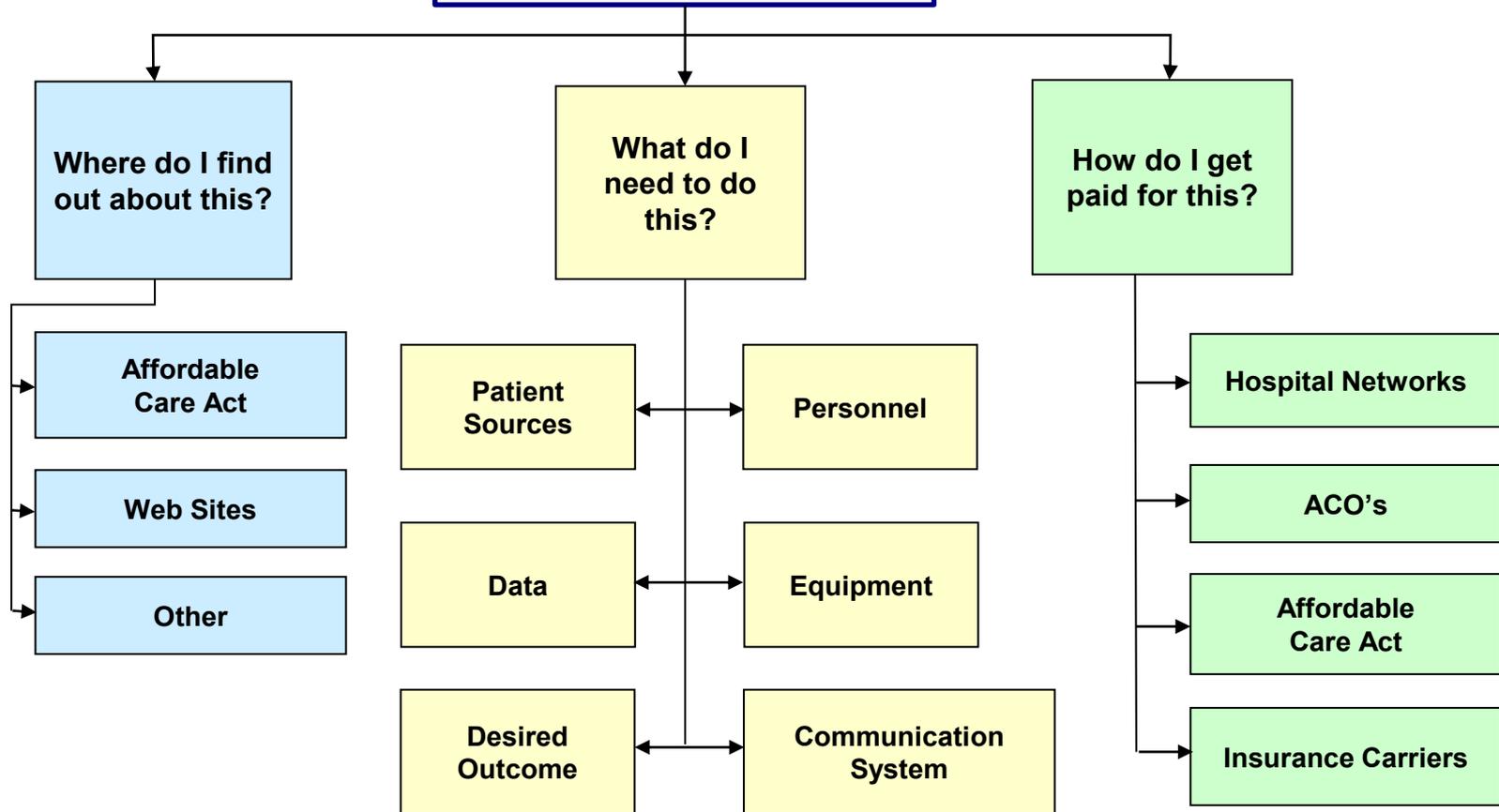
- **Identify the Gaps**

- **Between In Hospital Care and Routine Out-Of-Hospital Care (personal healthcare provider, home healthcare, outpatient services etc.)**

- **The gap:**

- **Frequent Flyers (0-3 hours post-discharge and system abusers or misusers).**
- **Depending on the healthcare system, appears to be the first 36 hours after the patient is released from the hospital. (could be anywhere from 24 – 72 hours.**

RESOURCES



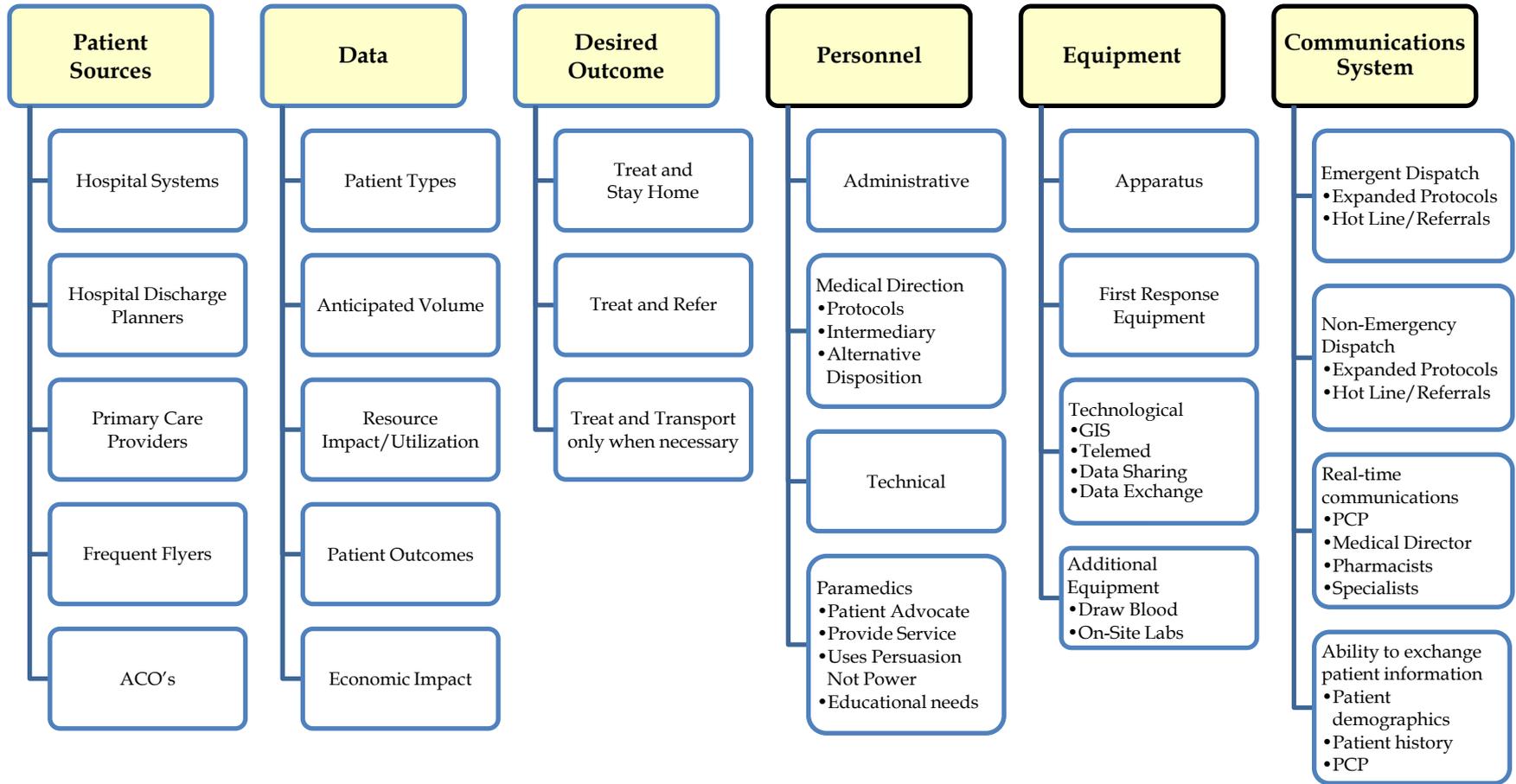
EXAMPLES

Where do I look for information?

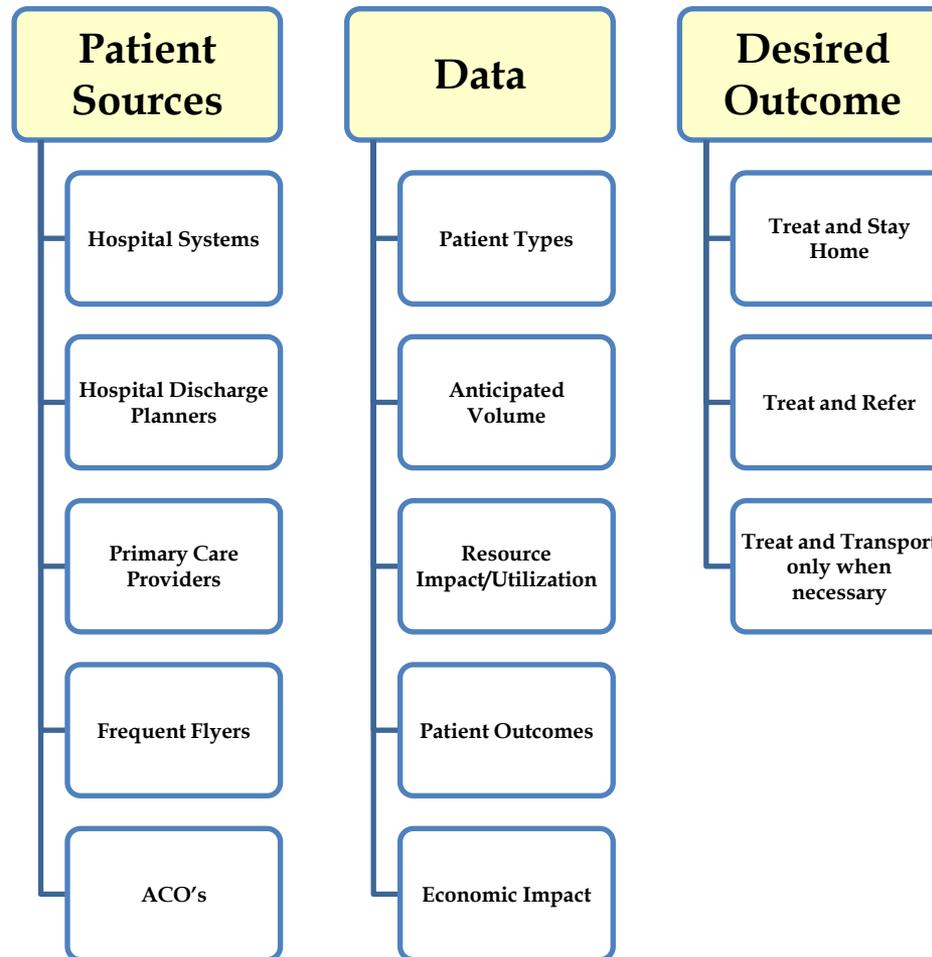
Who is already doing this?

Ramsey Foundation
FDCARES
MedStar's Community Health Program
ADHS CIP
And more....

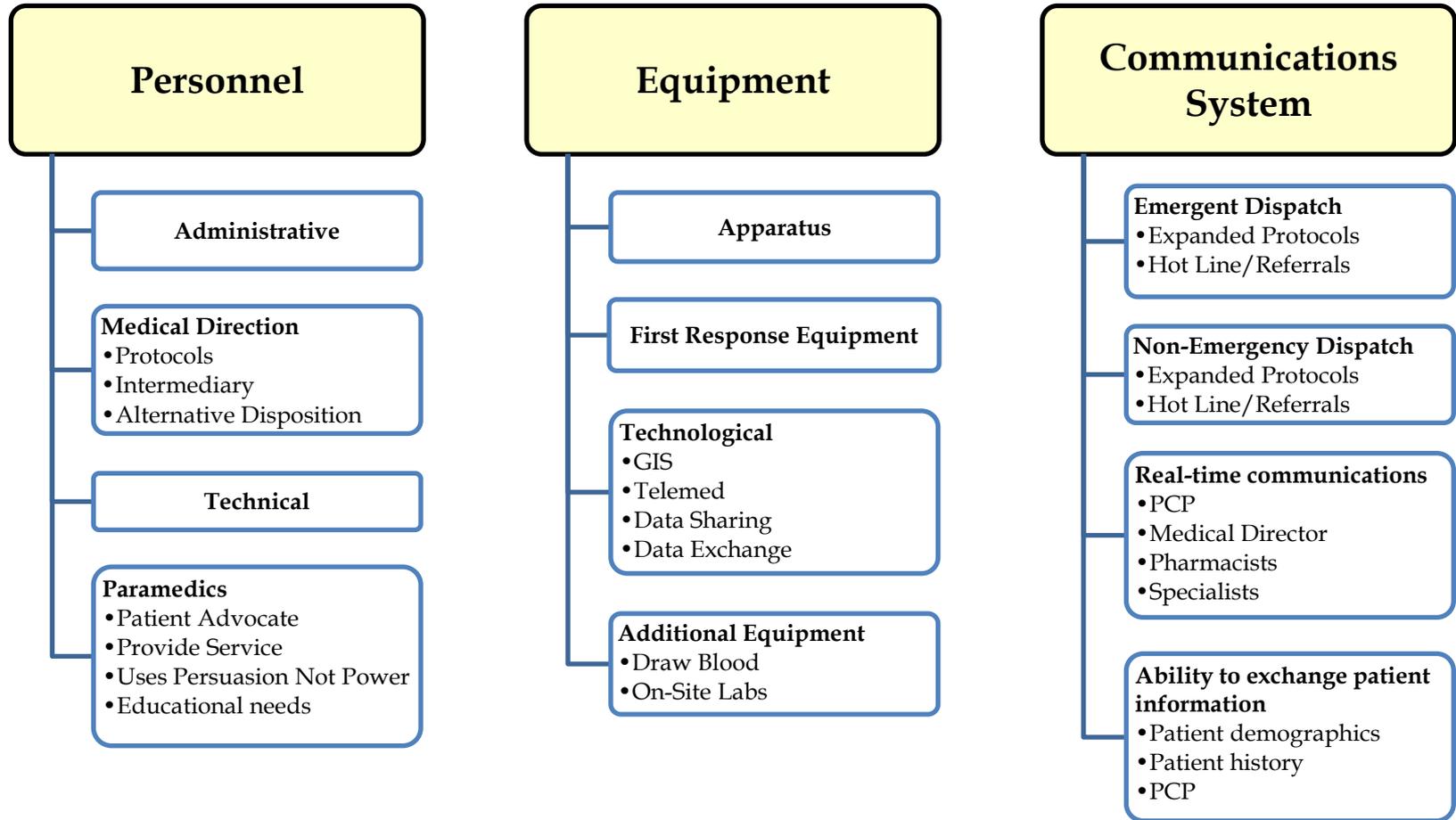
What Do I Need To Do This?



What Do I Need To Do This?



What Do I Need To Do This?



Thank You
Questions?



Health and Wellness for all Arizonans

Focus Panel 12

**MEDICAL DIRECTION
&
COMMUNITY INTEGRATED
PARAMEDICINE**

Franco Castro-Marin
Scottsdale Fire Department



Health and Wellness for all Arizonans

Guiding Principles

- **MIHP/CP, like tradition EMS, is a DELEGATED practice of medicine**
- **Providers are extension of Medical Director physician**
- **Service exposes physician to more risk**

Guiding Principles

- **Program success proportionate to level of Medical Director involvement**
- **Medical direction must be meticulous, comprehensive, intensive, personal – provided by experts**
- **Requires time, resources, institutional support, aligned philosophies**

Guiding Principles

- **This is a clinical practice of medicine**
- **Fair remuneration for quality service**
- **High quality medical direction yields high quality results and is cost-effective**
- **“A vision without resources is a delusion.”**

Realities

- **New service line**
- **Add to existing EMS and clinical responsibilities**
- **Mission creep risks quality degradation, project failure**
- **Most Medical Directors part-time, volunteer, or hospital-based, not agency-based**
- **Paradox: the smaller the operation, the more likely the need for quality leadership?**

Objectives

Objective 13.1:

Strategy	Measure(s)	Lead	Partners	Timeline
Reaffirm that CIP/MIHP, as a prehospital service that runs parallel to EMS, is a practice of medicine delegated by EMS Medical Directors. As such, agencies that offer such services must do so with a Medical Director in place for meticulous system oversight.	<ul style="list-style-type: none"> -Arizona Administrative Code and Statutory language should be written to memorialize and support this concept. -Medical director contracts/job descriptions should be amended to include new scope of practice and duties 	Sponsoring legislators	<ul style="list-style-type: none"> -AZDHS -EMS Medical Directors -Lawmakers -EMS agencies 	1-2 years

Objective 13.2:

Strategy	Measure(s)	Lead	Partners	Timeline
Prioritize the exploration of mechanisms for sustainable reimbursement for medical directors tasked with CIP/MIHP program oversight and assumption of risk, AS WELL AS program exploration, design, and implementation.	<ul style="list-style-type: none"> -Arizona Administrative Code and Statutory language should be written to memorialize and support this concept. -Agencies or governments that contract with EMS physicians would ensure fair reimbursement at current emergency physician clinical rates with hours sufficient and appropriate for the scope of work. 	Sponsoring legislators	<ul style="list-style-type: none"> -AZDHS -EMS Medical Directors -Lawmakers -EMS agencies 	1-2 years

Objective 13.3:

Strategy	Measure(s)	Lead	Partners	Timeline
Assist local governments to craft supportive law (eg, city ordinances) that establishes mechanisms to manage special populations such as chronic inebriates and healthcare super-utilizers	<ul style="list-style-type: none"> -Effective interface between Medical Directors, hospital/case management/mental health networks, and local governments. -“Loyalty Programs” with ability to track cost savings and outcomes of “program graduates.” -Universal EHR access for CIP/MIHP personnel 	EMS Medical Directors	<ul style="list-style-type: none"> -Hospitals -Mental Health Centers -Substance Abuse Centers -Local governments 	1-2 years

Thank You
Questions?



Health and Wellness for all Arizonans

Focus Panel 13

**LEGISLATION/REGULATIONS
&
COMMUNITY INTEGRATED
PARAMEDICINE**

John Karolzak
Rural Metro



Health and Wellness for all Arizonans

CIP Legislation/Regulations Focus Group

- The Legislation/Regulations Focus Group includes:
 - John Karolzak
 - Mark Venuti
 - Charlie Smith
 - Randy Karrer
- Our Focus Group was charged with the review of current EMS and Ambulance Statutes and Rules to ascertain the need for any future legislation to allow the CIP program to flourish in Arizona.

Discussion Points

- **How does ACA affect “Current EMS Legislation”**
- **Review of current EMS legislation**
- **Review of current Ambulance transportation legislation**
- **Does anything prohibit the various patient outcomes involved in CIP**
- **What is needed in Statute or Rules for transport revenue recovery for alternate destinations and means**

Current EMS Statutes

- There are no Statutes or Rules prohibiting EMS providers from embracing and participating in the CIP program.
- Ambulance and EMS statutes have specific language concerning alternate transportation and destinations.

The statute that allows “refer and advise” by EMCT’s that work for other than ambulance services, and that allows “refer and advise” whether or not the person has accessed our services through 911 or not, is 36-2205(D) and 36-2205(E).

Arizona Revised Statutes Title 36, Chapter 4, Art. 1

§ 36-401(A)20. "Health care institution" means every place, institution, building or agency, whether organized for profit or not, that provides facilities with medical services, nursing services, health screening services, other health-related services, supervisory care services, personal care services or directed care services and includes home health agencies as defined in section 36-151, outdoor behavioral health care programs and hospice service agencies.



Current Ambulance Statutes

Arizona Revised Statutes Title 36, Chapter 21.1, Art. 2

§ 36-2232(F) In consultation with the medical director of the emergency medical services and trauma system, the emergency medical services council and the medical direction commission, the director of the department of health services shall establish protocols for ambulance services to refer and advise a patient or transport a patient by the most appropriate means to the most appropriate provider of medical services based on the patient's condition. The protocols shall include triage and treatment protocols that allow all classifications of emergency medical care technicians responding to a person who has accessed 911, or a similar public dispatch number, for a condition that does not pose an immediate threat to life or limb to refer and advise a patient or transport a patient to the most appropriate health care institution as defined in section 36-401 based on the patient's condition, taking into consideration factors including patient choice, the patient's health care provider, specialized health care facilities and local protocols.



Arizona Revised Statutes Title 36, Chapter 21.1, Art. 2

36-2205. Permitted treatment and medication; certification requirement; protocols

A. The director, in consultation with the medical director of the emergency medical services and trauma system, the emergency medical services council and the medical direction commission, shall establish protocols, which may include training criteria, governing the medical treatments, procedures, medications and techniques that may be administered or performed by each classification of emergency medical care technician. These protocols shall consider the differences in treatments and procedures for regional, urban, rural and wilderness areas and shall require that emergency medical care technicians authorized to perform advanced life support procedures render these treatments, procedures, medications or techniques only under the direction of a physician.

B. The protocols adopted by the director pursuant to this section are exempt from title 41, chapter 6.

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C. Notwithstanding subsection B of this section, a person may petition the director, pursuant to section 41-1033, to amend a protocol adopted by the director.

D. In consultation with the medical director of the emergency medical services and trauma system, the emergency medical services council and the medical direction commission, the director shall establish protocols for emergency medical providers to refer and advise a patient or transport a patient by the most appropriate means to the most appropriate provider of medical services based on the patient's condition. The protocols shall consider the differences in treatments and procedures for regional, urban, rural and wilderness areas and shall require that emergency medical care technicians authorized to perform advanced life support procedures render these treatments, procedures, medications or techniques only under the direction of a physician.



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E. The protocols established pursuant to subsection D of this section shall include triage and treatment protocols that allow all classifications of emergency medical care technicians responding to a person who has accessed 911, or a similar public dispatch number, for a condition that does not pose an immediate threat to life or limb to refer and advise a patient or transport a patient to the most appropriate health care institution, as defined in section 36-401, based on the patient's condition, taking into consideration factors including patient choice, the patient's health care provider, specialized health care facilities and local protocols



Thank You

Questions?

Please send any questions for committee send to:
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Health and Wellness for all Arizonans

ENDING

April 15, 2014

Focus Panel Presentations



Health and Wellness for all Arizonans