

44th Annual

NATIONAL JEWISH HEALTH
Pulmonary & Allergy
Update

In-person Conference Final Outcomes Summary
Submitted to: (Supporter)
Grant ID:
Date:



**National Jewish
Health®**
Breathing Science is Life.®

February 2-5, 2022

Keystone Conference Center | Keystone, Colorado

Executive Summary

Outcomes Summary

In-person Program Overview

The 44th Annual Pulmonary and Allergy Update highlighted insights and recent advances in pulmonary medicine, asthma, allergy and immunology, presented by faculty from National Jewish Health, the leading respiratory hospital in the nation. Participants had the opportunity to network with colleagues and nationally recognized experts, and learn the latest updates on management and treatment options for patients.

Conference Learning Objectives

- Review best practices and guidelines for diagnosis and assessment of a variety of chronic diseases and conditions.
- Discuss the latest treatments and key self-management strategies for a variety of chronic diseases and conditions.
- Describe updates in treatment options for respiratory and immunology-related diseases.

Target Audience

Target Audience: Allergists, Pulmonologists, Primary Care and Internal Medicine Physicians, Pediatricians, Physician Assistants, Advanced Practice Nurses, Registered Nurses and others working with adults and children with allergic and pulmonary diseases.

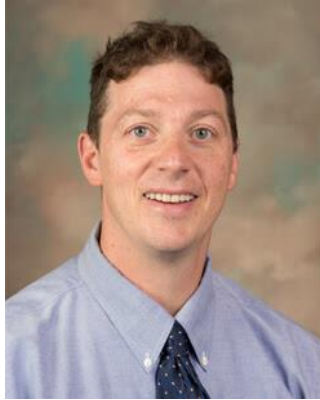
“Speakers are very knowledgeable and provide a great insight of the disease process .”

-2022 Attendee



Faculty – Program Co-Chairs

Outcomes Summary



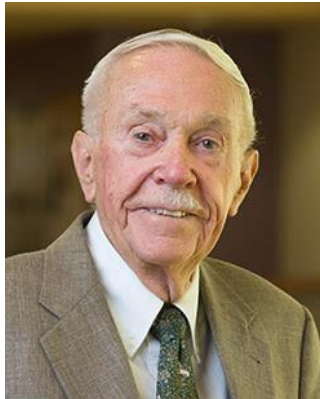
Michael Wechsler, MD, PhD

Director, The Cohen Family Asthma Institute
Professor of Medicine
Division of Pulmonary, Critical Care & Sleep Medicine
National Jewish Health



Eileen Wang, MD, MPH

Assistant Professor of Medicine
Division of Allergy & Clinical Immunology
National Jewish Health



Harold Nelson, MD

Professor of Medicine
Division of Allergy and Clinical Immunology
National Jewish Health



Pamela Zeitlin, MD, PhD

Silverstein Chair
Professor of Pediatrics
National Jewish Health

Program Faculty

Outcomes Summary



Ronald Balkissoon, MD, MSc, DIH

Pulmonary Consultant
Division of Pulmonary, Critical Care & Sleep Medicine
National Jewish Health

Mark Boguniewicz, MD

Professor of Pediatrics
Division of Pediatric Allergy and Clinical Immunology
National Jewish Health
University of Colorado School of Medicine

Jared J. Eddy, MD

Assistant Professor of Medicine
Director of Infection Prevention & Antimicrobial
Stewardship
Division of Mycobacterial & Respiratory Infections
National Jewish Health

Jessica Galant-Swofford, MD

Assistant Professor of Medicine
Clinical Director, Immunodeficiency-Immune
Dysregulation Program
Division of Allergy & Clinical Immunology
National Jewish Health

M. Patricia George, MD

Associate Professor of Medicine
Director, Pulmonary Hypertension Program
Division of Pulmonary, Critical Care & Sleep Medicine
National Jewish Health

Nir Goldstein, MD

Associate Professor of Medicine
Division of Pulmonary, Critical Care & Sleep Medicine
National Jewish Health

Program Faculty

Outcomes Summary



Flavia Cecilia Lega Hoyte, MD

Associate Professor of Medicine
Director, Allergy & Clinical Immunology Fellowship
Division of Allergy & Clinical Immunology
National Jewish Health

Jeffrey Kern, MD

Chief, Division of Oncology, Cancer Center
Director, Lung Cancer Center
Vice Chair, Finance
Professor of Medicine
Division of Pulmonary, Critical Care & Sleep Medicine
National Jewish Health

Miranda Y. Ku, MD, MPH

Assistant Professor of Medicine
Division of Gastroenterology
National Jewish Health

Bruce J. Lanser, MD, MPH

Assistant Professor of Pediatrics
Director, Pediatric Food Allergy Program
Director, Pediatric Allergy Fellowship Program
Division of Allergy & Clinical Immunology
National Jewish Health

Barry J. Make, MD

Professor of Medicine
Division of Pulmonary, Critical Care & Sleep Medicine
National Jewish Health

Robert (Sandy) Sandhaus, MD, PhD

Professor of Medicine
Division of Pulmonary, Critical Care & Sleep Medicine
National Jewish Health

Ellen Volker, MD, MSPH

Assistant Professor of Medicine
Director, Interventional Pulmonology
National Jewish Health

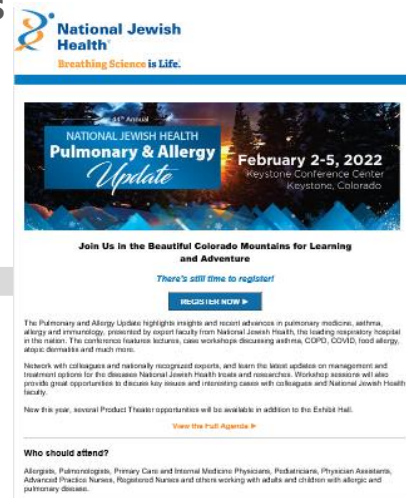
Audience Generation

Outcomes Summary



Personalized targeting tools across numerous tactics reach HCPs by leveraging demographic data (such as location, profession, specialty) and behavioral data (such as learner participation history, areas of interest).

Personalized emails and e-newsletters to NJH database and specialty lists



Social media ads and posts



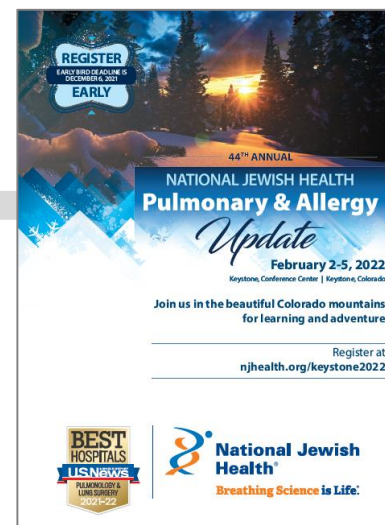
Medical Society Newsletter and Web Calendar Announcements (Colorado Medical Society, AAAAI, ACAAI, ATS)



Advertised on VuMedi platform



Outreach to NJH Partners



Printed brochure mailed to pulmonary and allergy specialty lists

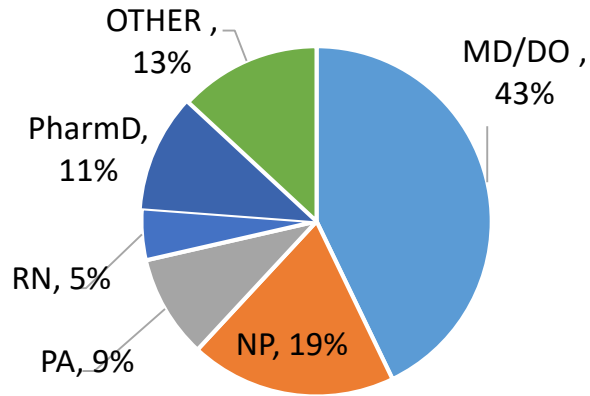


Customized event landing page and web banner placement



Educational Impact Summary

Outcomes Summary



MD/DO=36
NP=16
PA=8
Nurse=4
PharmD=9
Other=11

Total Learners=84

71% of learners were physicians and advanced practice providers

**Potential Impact To
24,648
Patient Visits This Year**

Knowledge and Competence

76%

AVG N = 44

Evaluation respondents reported confidence in managing respiratory and allergic diseases after the activity

41%

51% relative gain in knowledge
21% absolute gain in knowledge

Pre-test (AVG N=30) Post-test (AVG N=37)

62%

Evaluation (N=40)

Met their educational needs
(95%)



Reinforced or improved current skills
(95%)



Improved ability to treat patients
(95%)

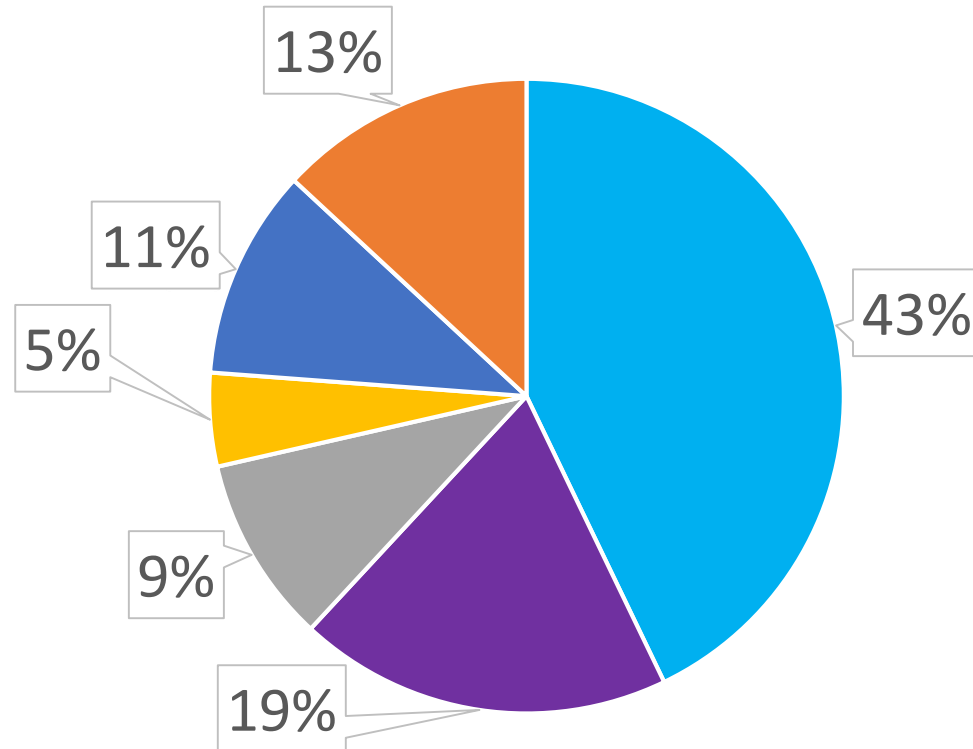
92%

AVG N = 46

Evaluation respondents intend to make changes to practice as a result of the activity

Level (1) Outcomes: Participation (Degree)

Outcomes Summary



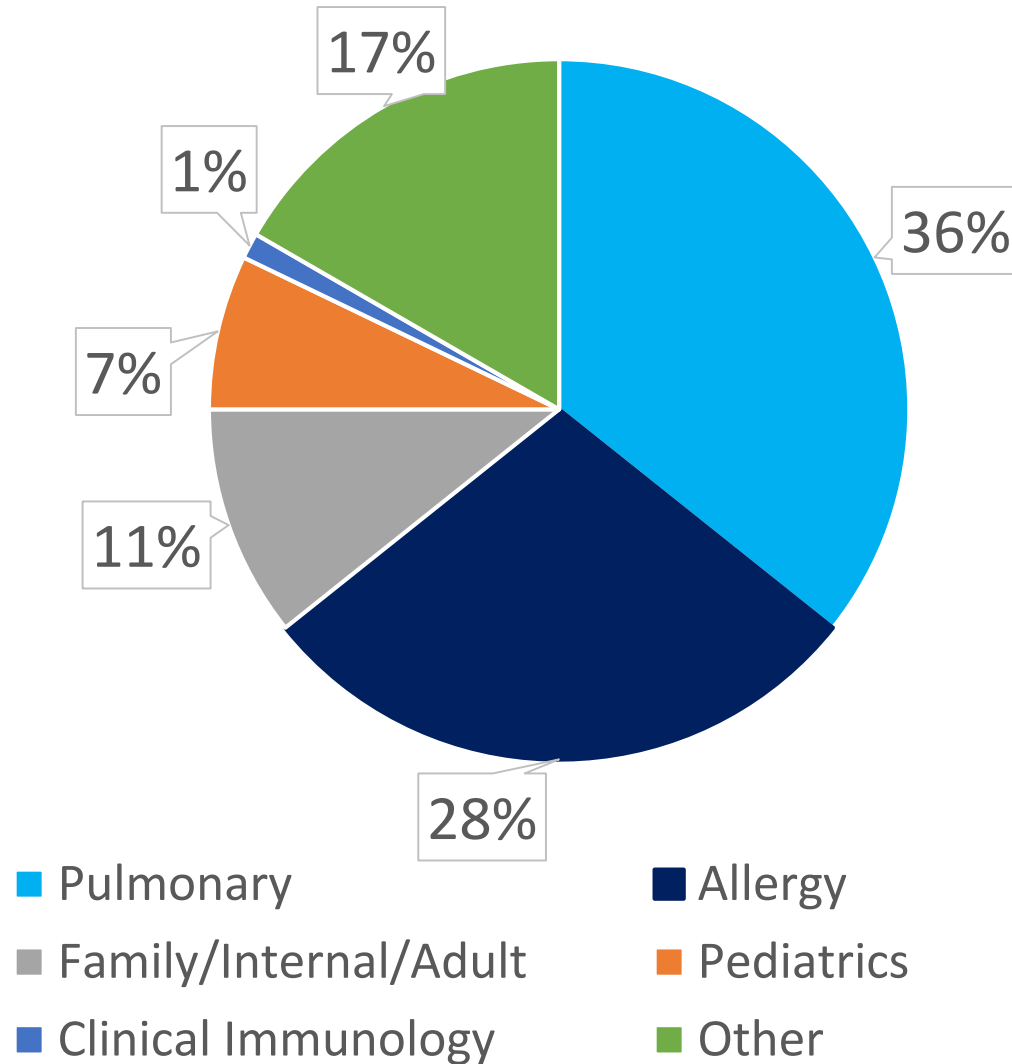
- MD/DO
- NP
- PA
- RN
- PharmD
- Other

Degree	Total
MD/DO	36
NP	16
PA	8
RN	4
PharmD	9
Other	11
TOTAL	84

43% of learners were physicians
71% of learners were physicians and advanced practice providers

Level (1) Outcomes: Participation (Specialty)

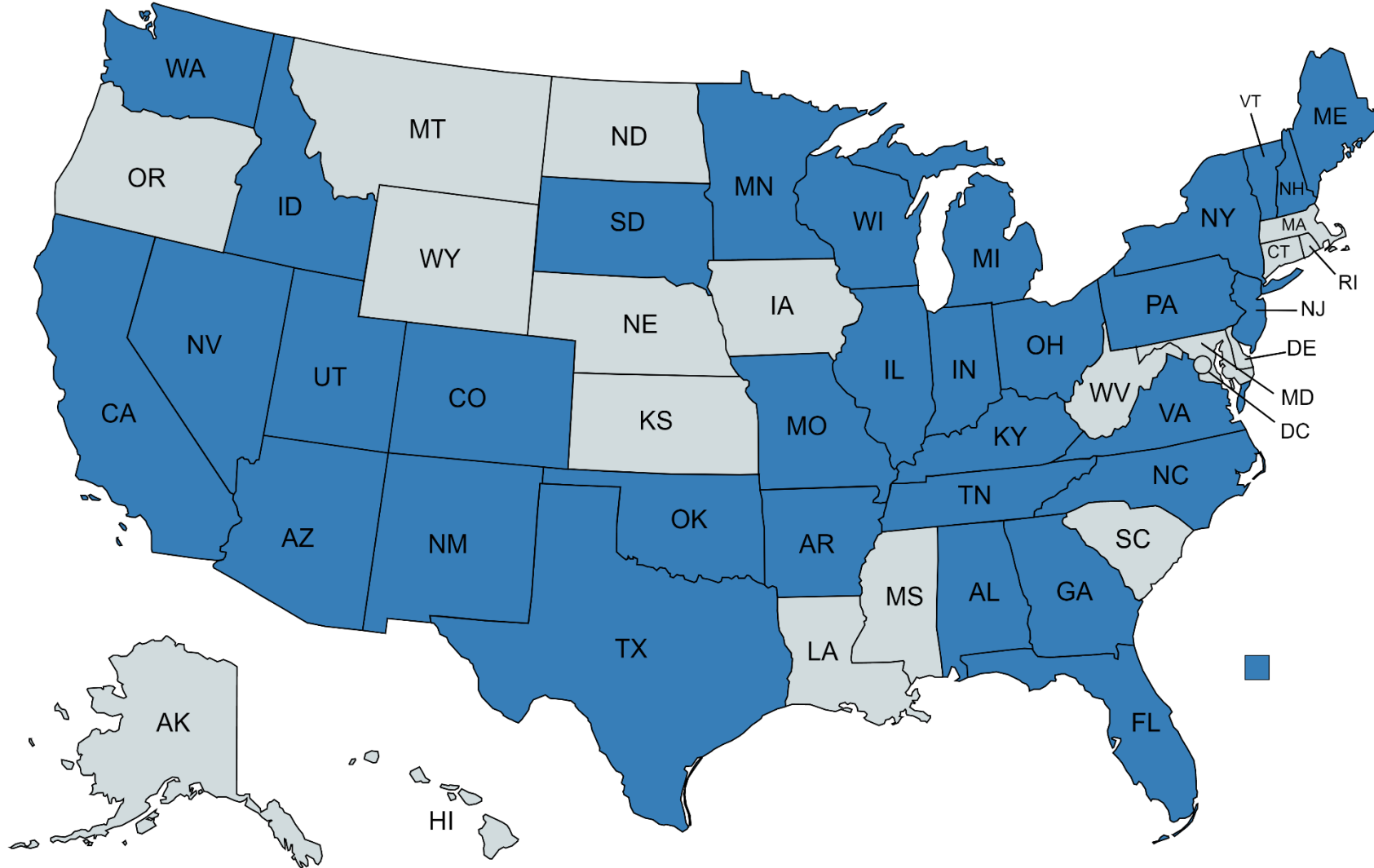
Outcomes Summary



Degree	Total
Pulmonary	30
Allergy	24
Family/Internal/Adult	9
Pediatrics	6
Clinical Immunology	1
Other	14
Total	84

Level (1) Outcomes: Participation (Location)

Outcomes Summary

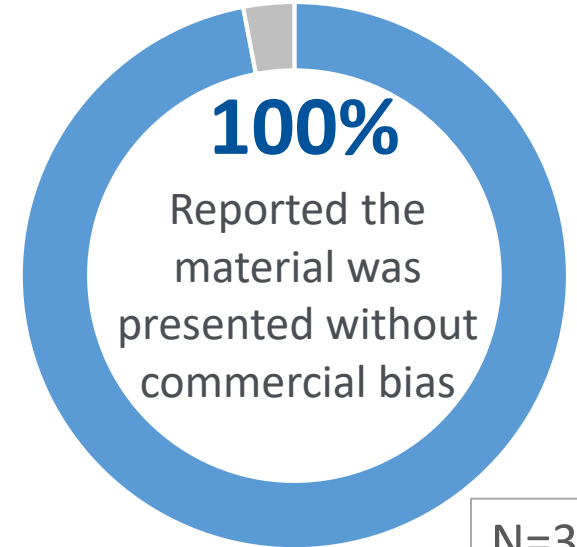
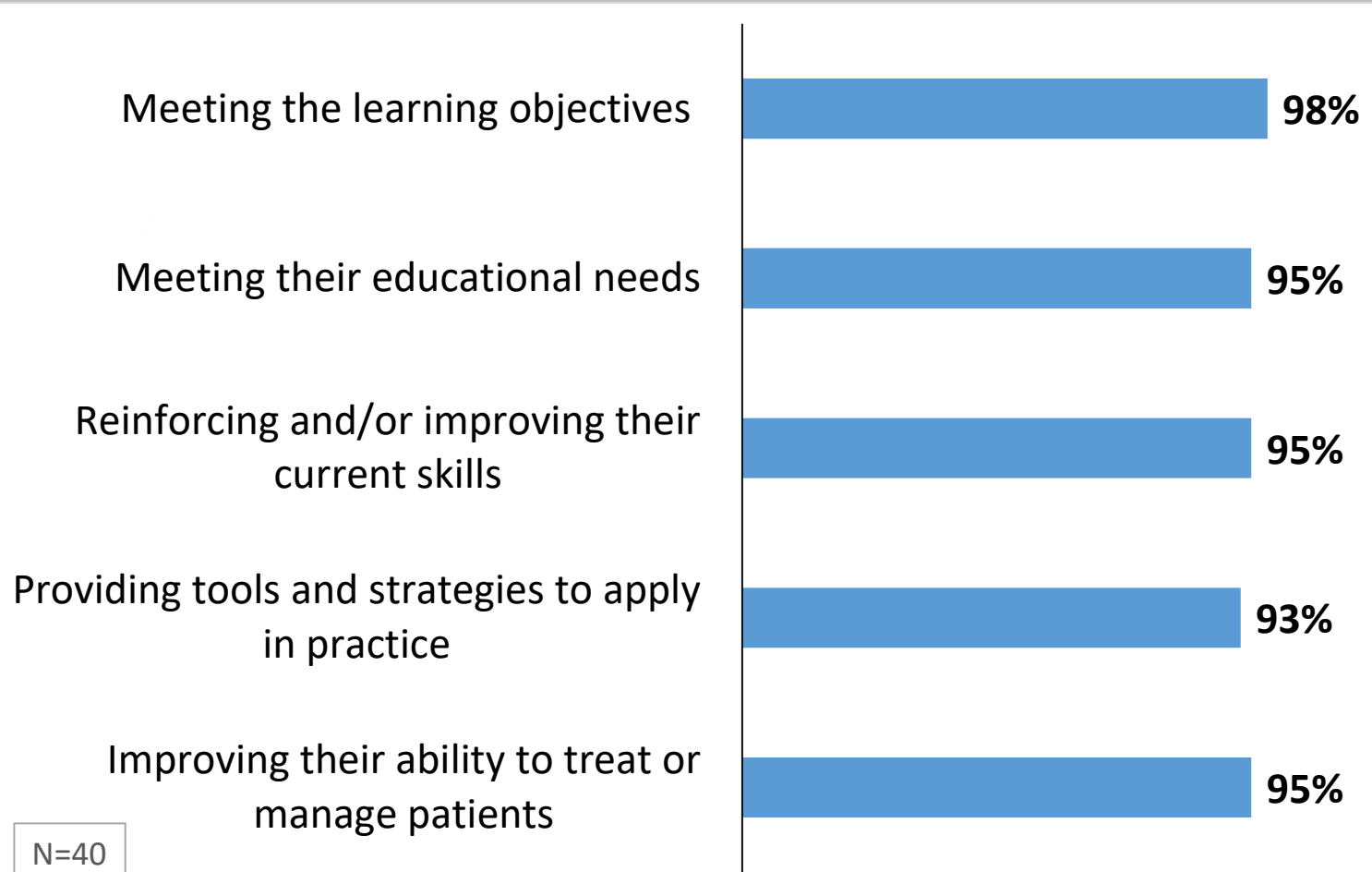


Blue indicates states represented among attendees

Level (2) Outcomes: Satisfaction

Outcomes Summary

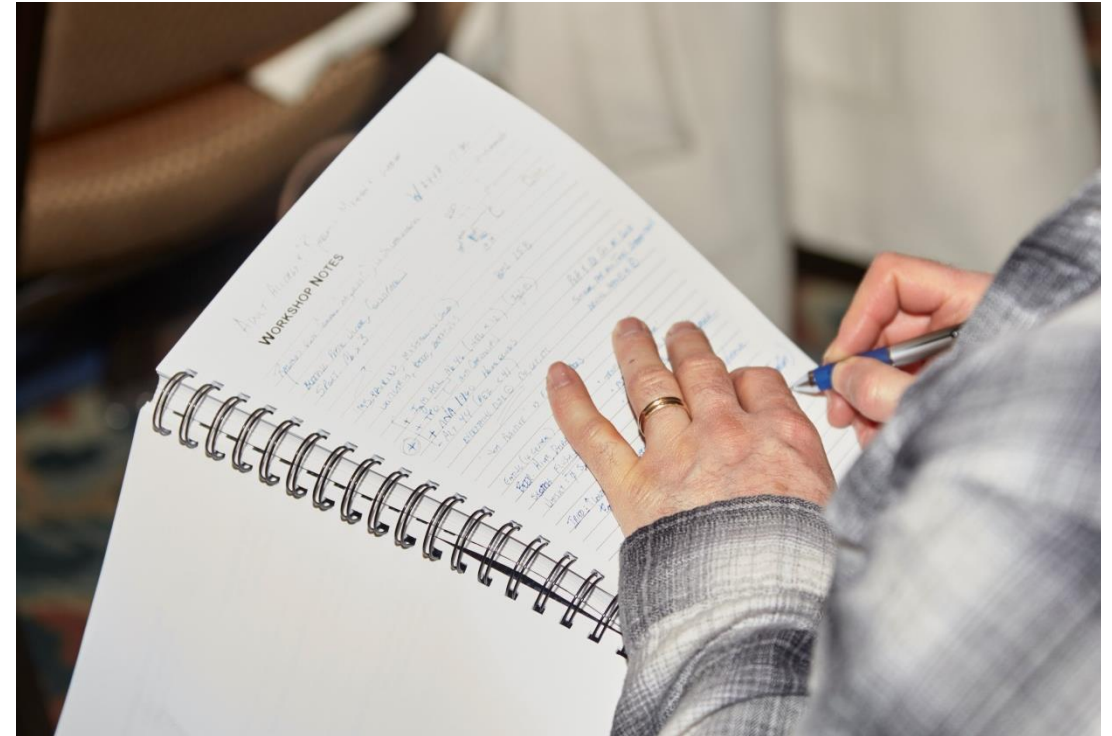
Evaluation respondents rated the activity “Excellent” to “Good” at:



COPD Learning Objectives

Lecture Title: Individualized Treatment of COPD: Evaluating dual and triple therapy in COPD Patients

1. Distinguish the roles of dual and triple therapy in patients with COPD.
2. Apply personalized treatment selection strategies to manage symptoms and reduce exacerbations in patients with COPD.



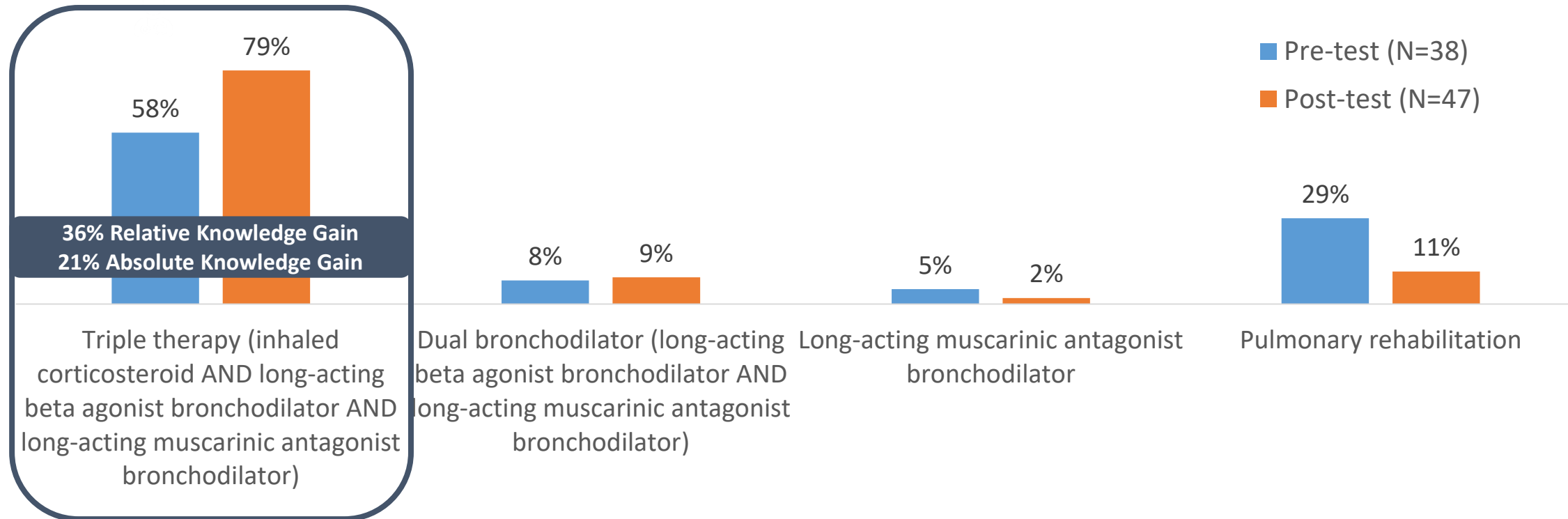
Level (3 & 4) Outcomes: Knowledge & Competence

Outcomes Summary – COPD

Learning Objective: Distinguish the roles of dual and triple therapy in patients with COPD.

Question 1: A 75-year-old man with COPD has a FEV1 of 48% predicted and has had an COPD exacerbation treated as an outpatient in the last year.

Which of the following has been shown to improve survival in two large studies of patients like this with COPD?



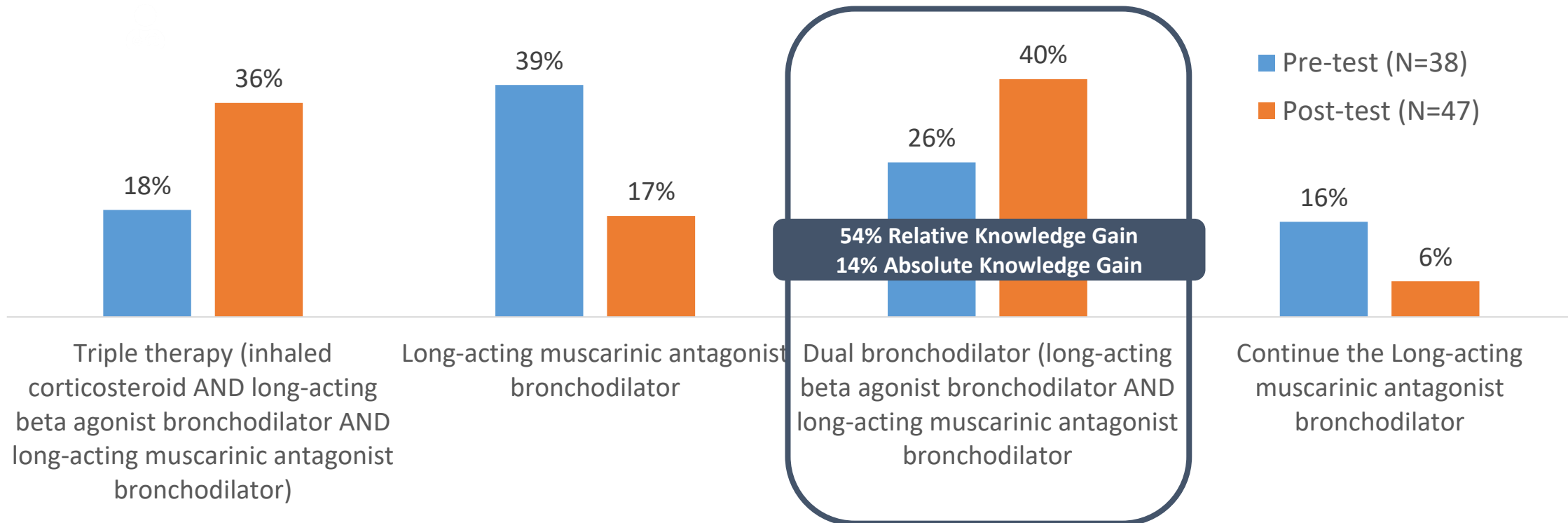
Level (3 & 4) Outcomes: Knowledge & Competence

Outcomes Summary – COPD

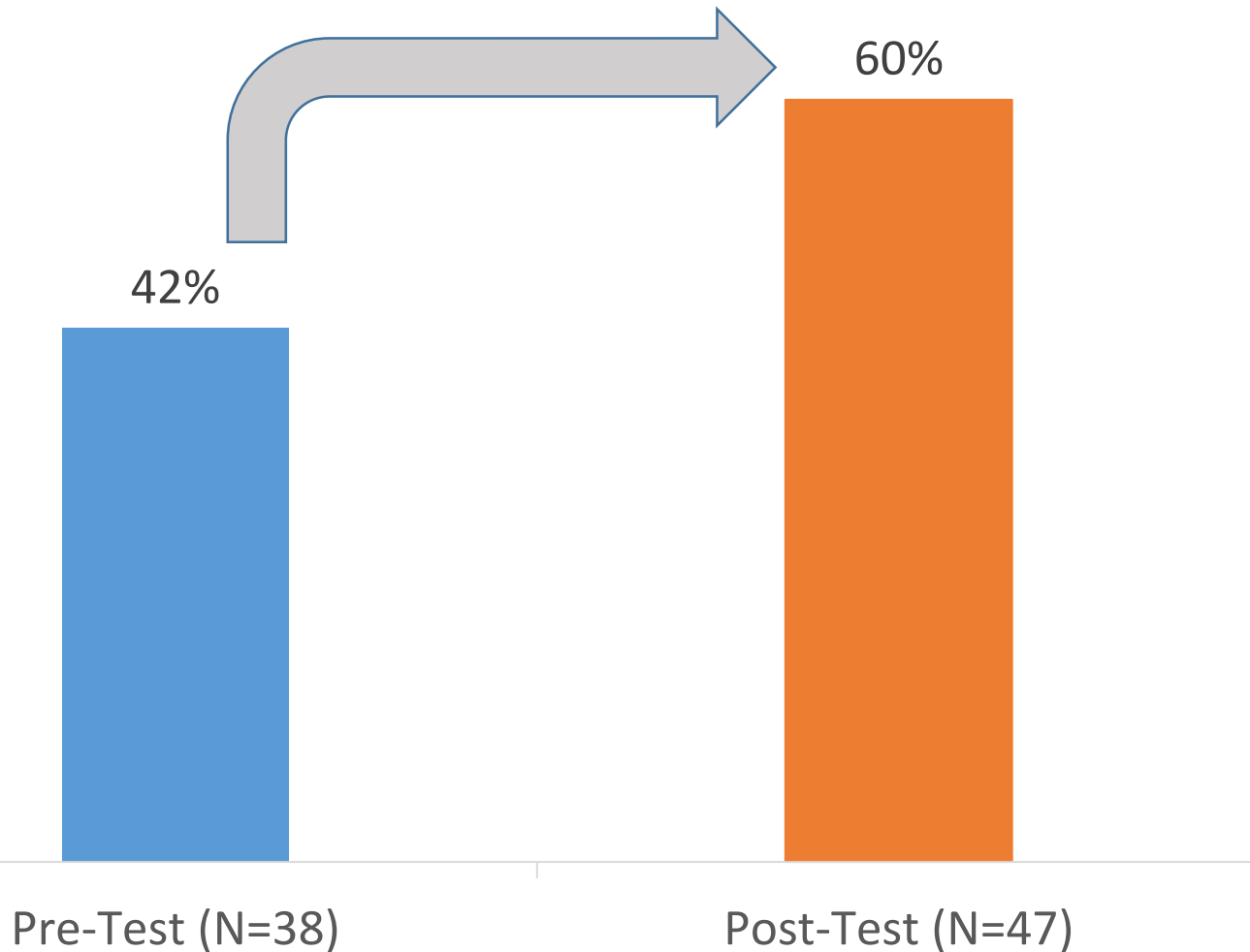
Learning Objective: Apply personalized treatment selection strategies to manage symptoms and reduce exacerbations in patients with COPD.

Question 2: A 65-year-old woman with COPD and a history of one exacerbation in the past year presents for follow up. She has been on a long-acting muscarinic antagonist bronchodilator. Her eosinophil count is 125 cells/uL.

Which of the following would be most appropriate to prescribe?



Overall Knowledge Gain: COPD



Relative Knowledge Gain: 43%
Absolute Knowledge Gain: 18%

87%

N = 47

Evaluation respondents reported confidence in individualizing treatment strategies for patients with COPD as a result of the conference.

Asthma Learning Objectives

Lecture Title: Asthma Management in 2022 and Beyond

1. Explain the mechanisms of action of biologic therapies and the targets for treatment in severe asthma.
2. Execute strategies for diagnosing and differentiating uncontrolled and severe asthma.
3. Select treatments based on endotypes, clinical biomarkers and patient-centered factors.
4. Interpret the benefits and barriers to the different methods of administration of biologics with a patient-centered approach.



Level (3 & 4) Outcomes: Knowledge & Competence

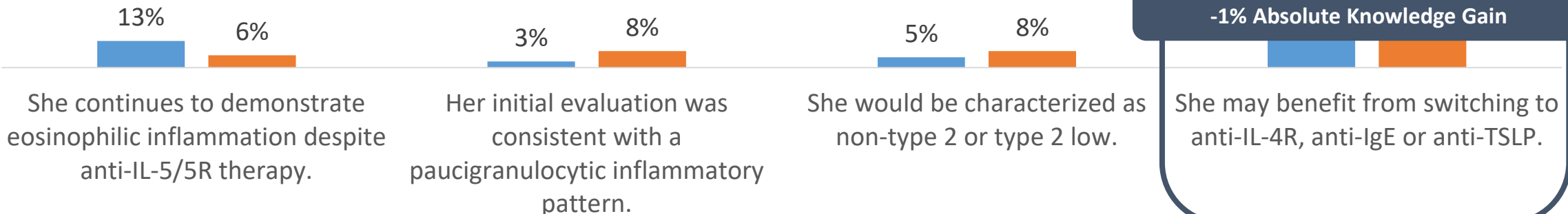
Outcomes Summary – Asthma

Learning Objective: Select treatments based on endotypes, clinical biomarkers and patient-centered factors.

Question 1: Your patient is a 60-year-old woman with a history of severe uncontrolled asthma. She has had 4 exacerbations in the last year requiring OCS bursts. She notes triggers of environmental allergens, upper respiratory infections, and cigarette smoke. Her evaluation reveals elevated FeNO of 51 ppb, elevated absolute eosinophil count of 400 cells/mcL, and BAL with high neutrophils (60%) and eosinophils (7%). She is started on an anti-IL-5/5R biologic and repeat evaluation reveals FeNO 48 ppb, absolute eosinophil count of 0, and sputum cell count with 50% neutrophils and 1% eosinophils. She has clinically improved but is still having 3 exacerbations per year requiring OCS bursts. Which of these apply to this patient?

■ Pre-test (N=38)
■ Post-test (N=50)

There was no knowledge gain associated with this question, as test-takers demonstrated a high level of baseline knowledge with regard to treatment selection based on endotypes, clinical biomarkers and patient-centered factors.

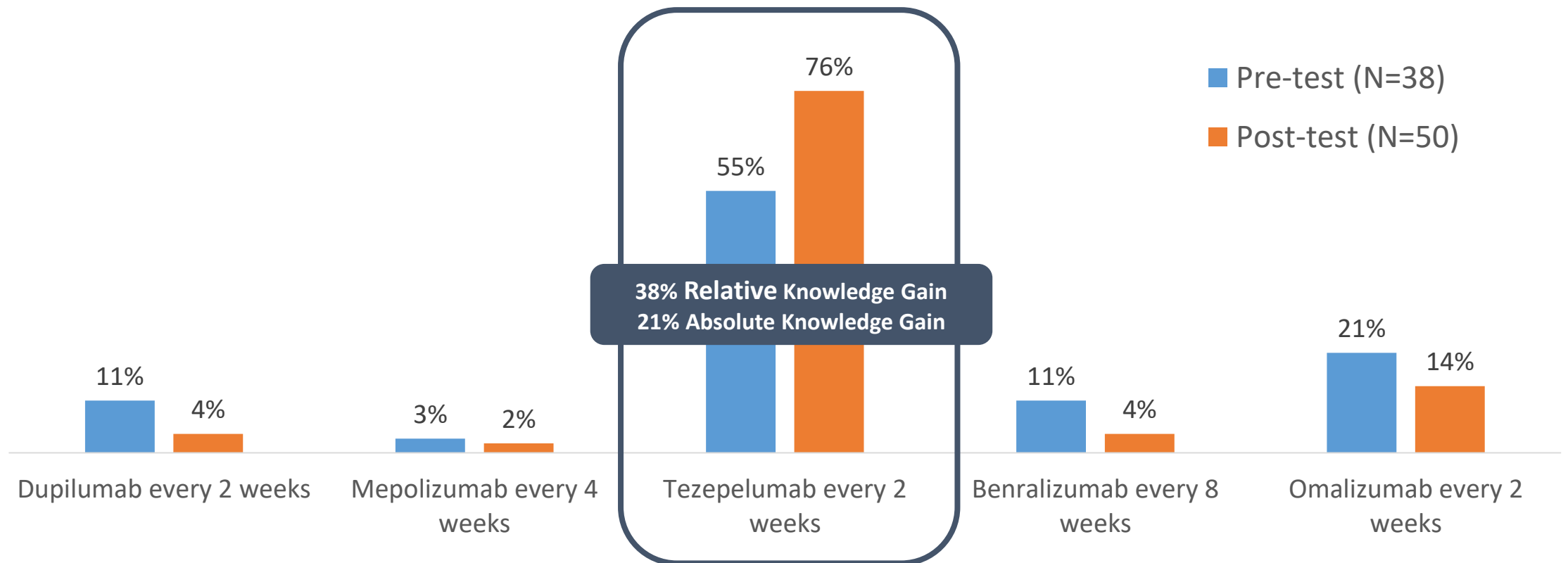


Level (3 & 4) Outcomes: Knowledge & Competence

Outcomes Summary – Asthma

Learning Objective: Interpret the benefits and barriers to the different methods of administration of biologics with a patient-centered approach.

Question 2: Which of the following is not an appropriate dosing regimen for a patient with asthma?

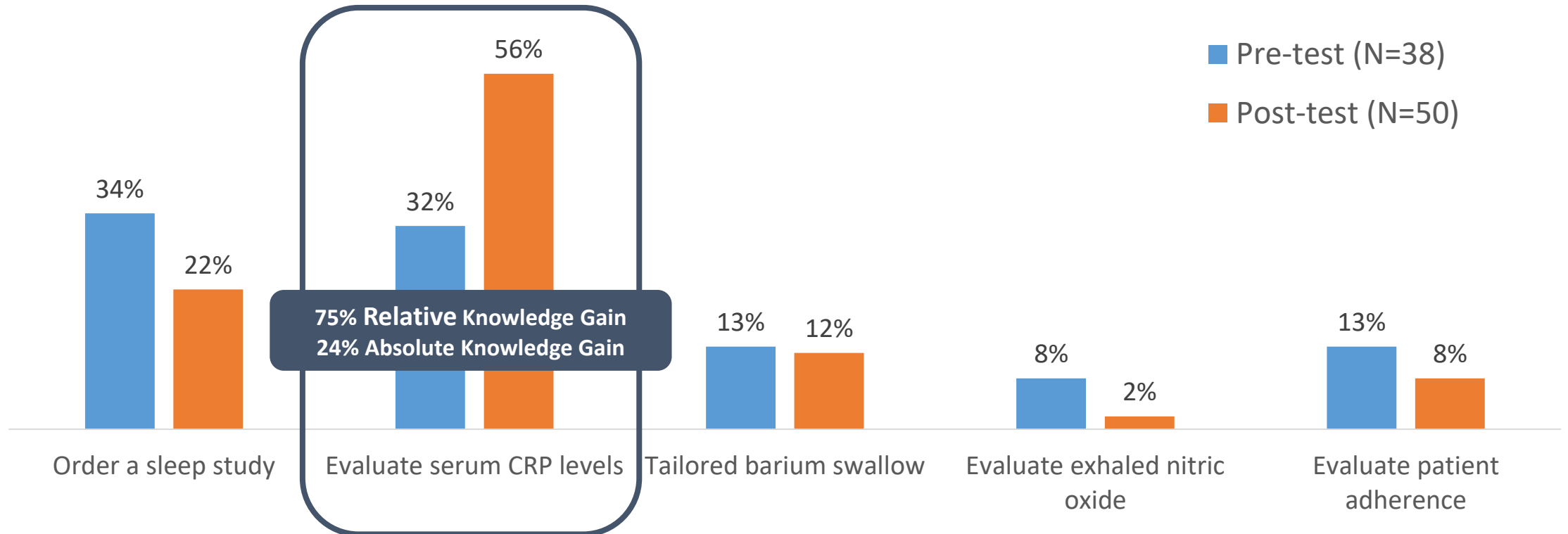


Level (3 & 4) Outcomes: Knowledge & Competence

Outcomes Summary – Asthma

Learning Objective: Execute strategies for diagnosing and differentiating uncontrolled and severe asthma.

Question 3: Barbara is a 30-year-old patient with symptoms of severe asthma. She has had 3 exacerbations in the last year requiring prednisone. Which of the following is the least helpful next step in the evaluation of this patient?

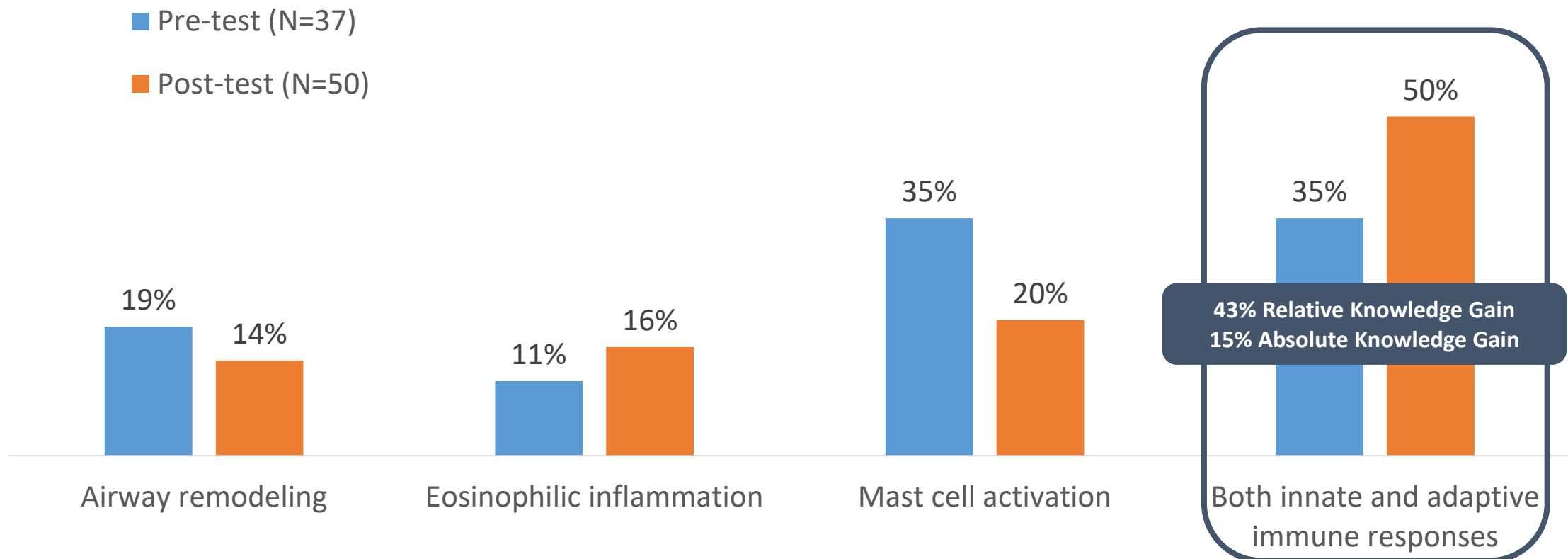


Level (3 & 4) Outcomes: Knowledge & Competence

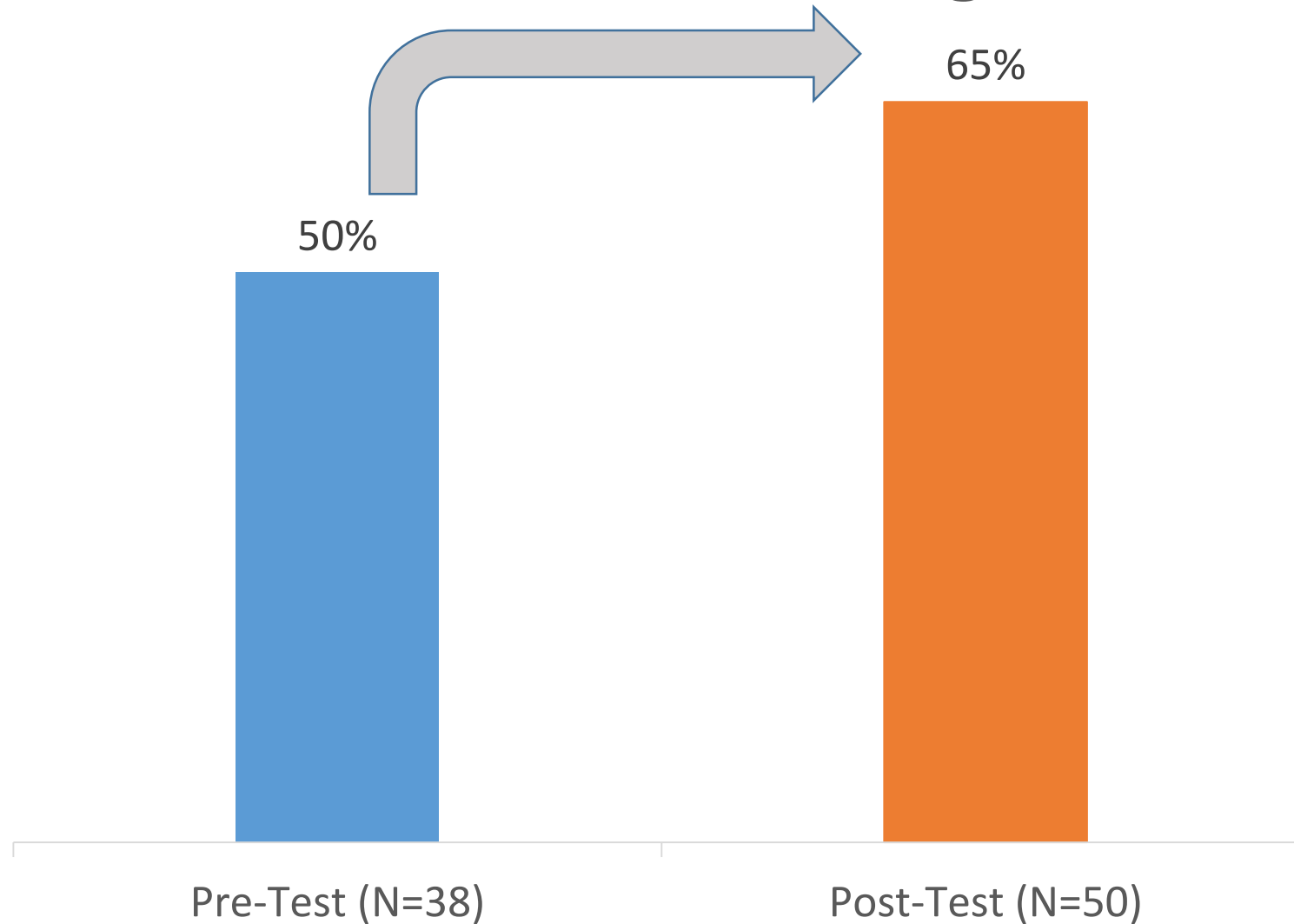
Outcomes Summary – Asthma

Learning Objective: Explain the mechanisms of action of biologic therapies and the targets for treatment in severe asthma.

Question 4: Alarmins have been shown to mediate all of the following except:



Overall Knowledge Gain: Asthma



Relative Knowledge Gain: 30%
Absolute Knowledge Gain: 15%

96%
N = 50

Evaluation respondents reported confidence in selecting treatments for severe asthma as a result of the conference

Chronic Urticaria Learning Objectives

Lecture Title: Updates in Chronic Urticaria

1. Describe the pathophysiology and inflammatory pathways of chronic urticaria.
2. Apply best practices for the evaluation and differential diagnosis of chronic urticaria.
3. Compare different guidelines for management and stepwise treatment of CSU.
4. Review current and emerging biologic therapies for the treatment of chronic urticaria.

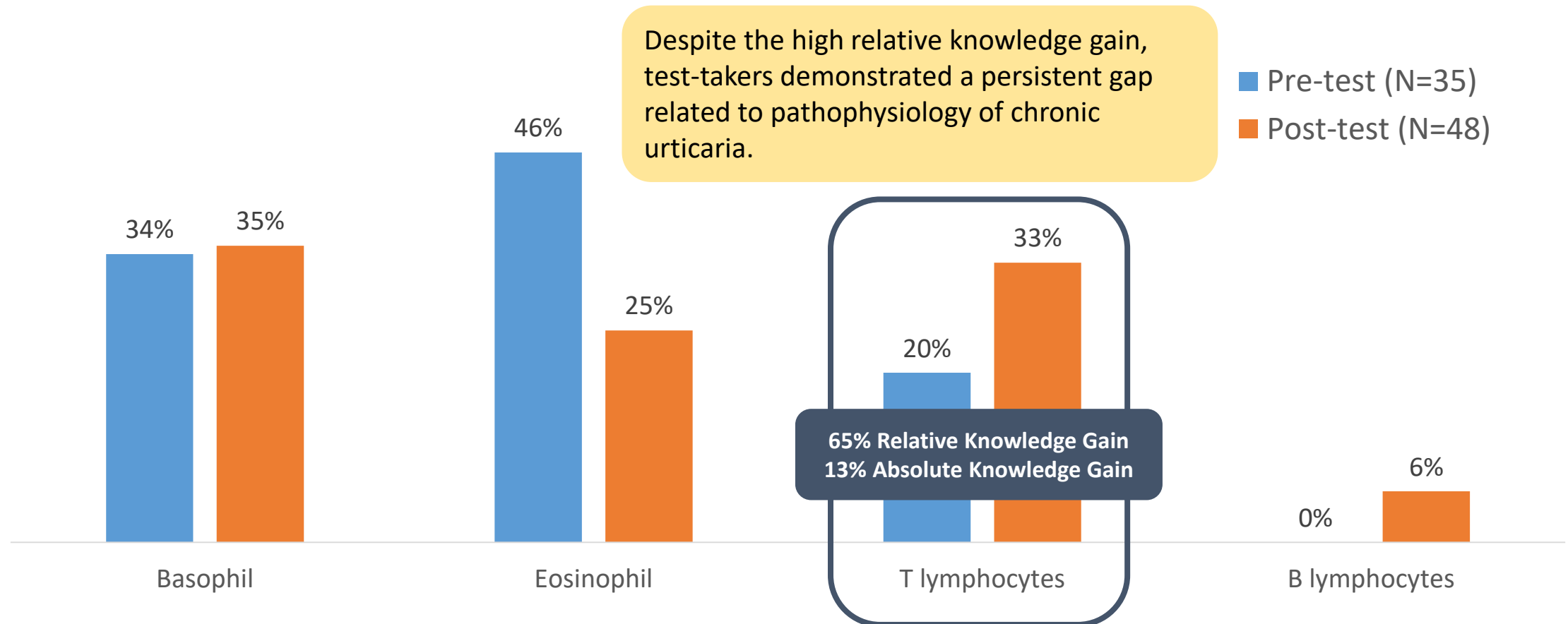


Level (3 & 4) Outcomes: Knowledge & Competence

Outcomes Summary – Chronic Urticaria

Learning Objective: Describe the pathophysiology and inflammatory pathways of chronic urticaria.

Question 1: Following mast cell activation in chronic urticaria, there is release of chemokines that attract cells to the skin surface. Which of the following cells are the most prominent in the cellular infiltrate?

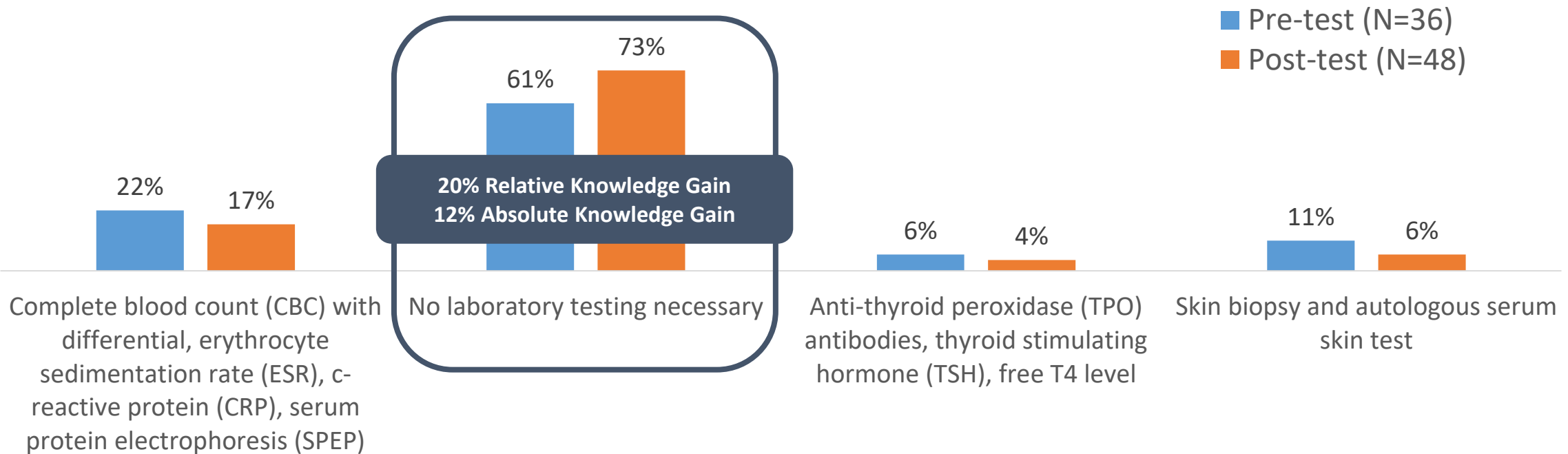


Level (3 & 4) Outcomes: Knowledge & Competence

Outcomes Summary – Chronic Urticaria

Learning Objective: Apply best practices for the evaluation and differential diagnosis of chronic urticaria.

Question 2: A 26-year-old female presents for evaluation of hives that have been occurring daily for the past 7 weeks. The hives are pruritic, not painful, and never leave behind bruises. Each individual hive lasts less than 24 hours. The hives respond immediately to antihistamine therapy. She denies any other symptoms and has not been able to identify any obvious triggers. She does not take any medications other than as needed antihistamines. Based on the AAAAI "Choosing Wisely" initiative, which of the following should you do for work-up of this patient's hives?

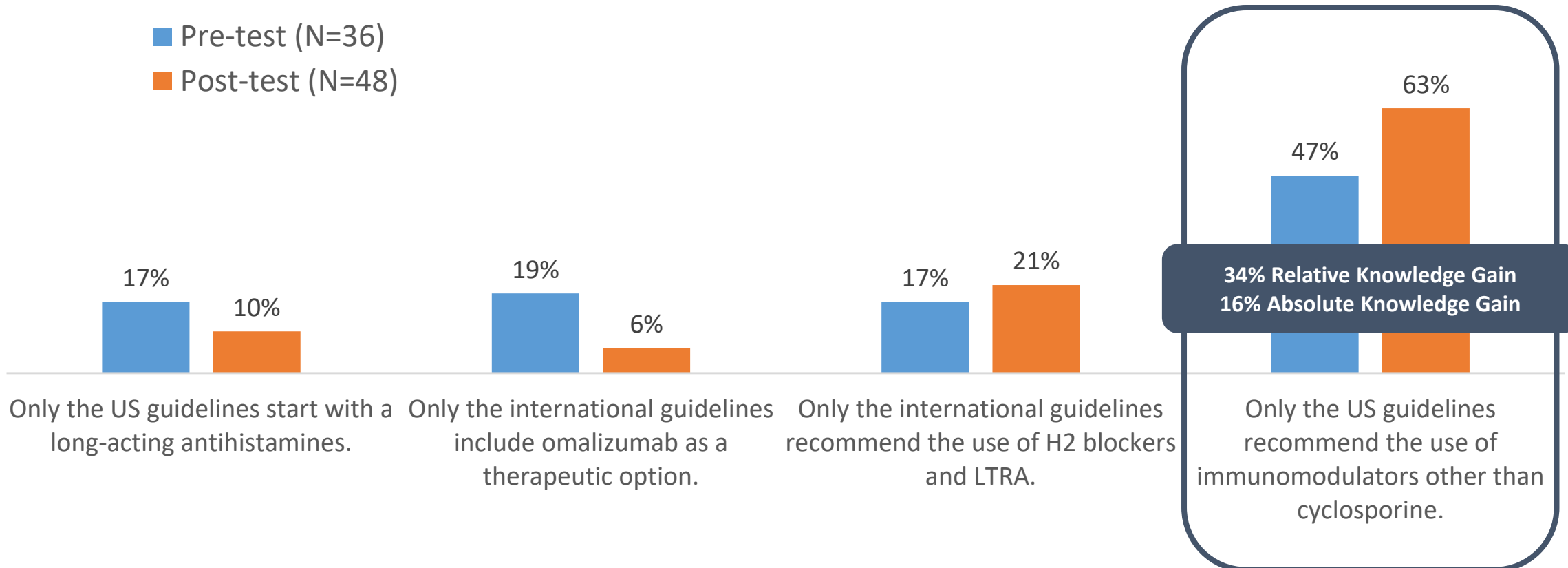


Level (3 & 4) Outcomes: Knowledge & Competence

Outcomes Summary – Chronic Urticaria

Learning Objective: Compare different guidelines for management and stepwise treatment of CSU.

Question 3: Which of the following is a difference between the US and international guidelines for the management of chronic spontaneous urticaria (CSU)?

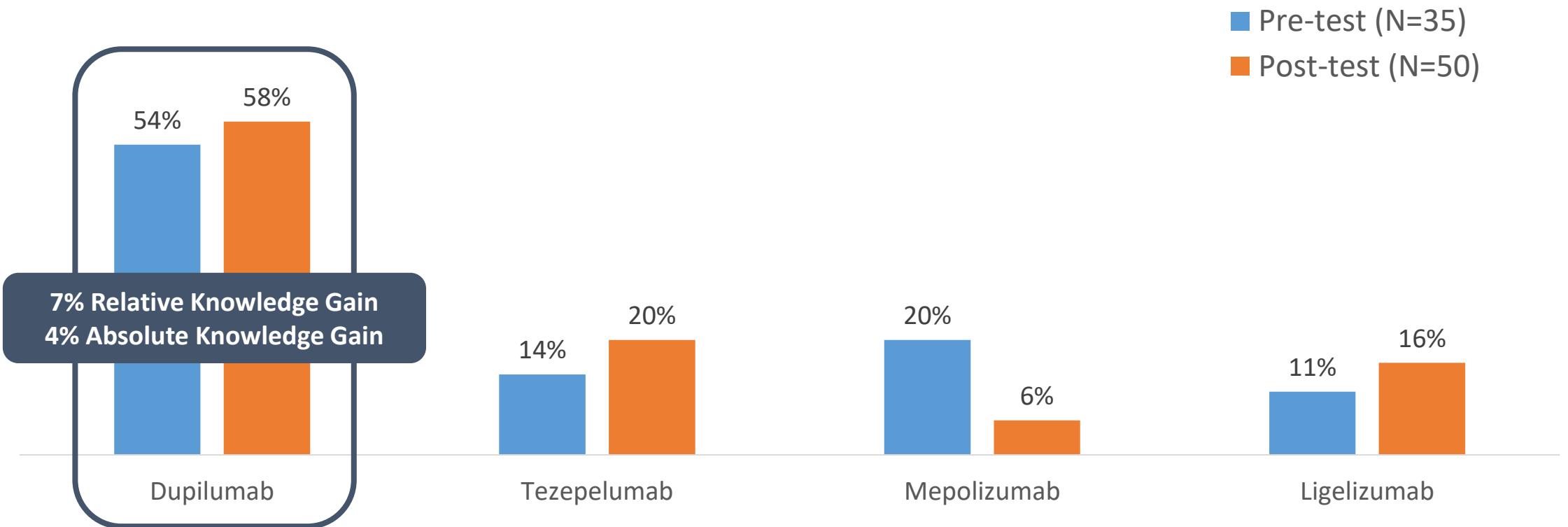


Level (3 & 4) Outcomes: Knowledge & Competence

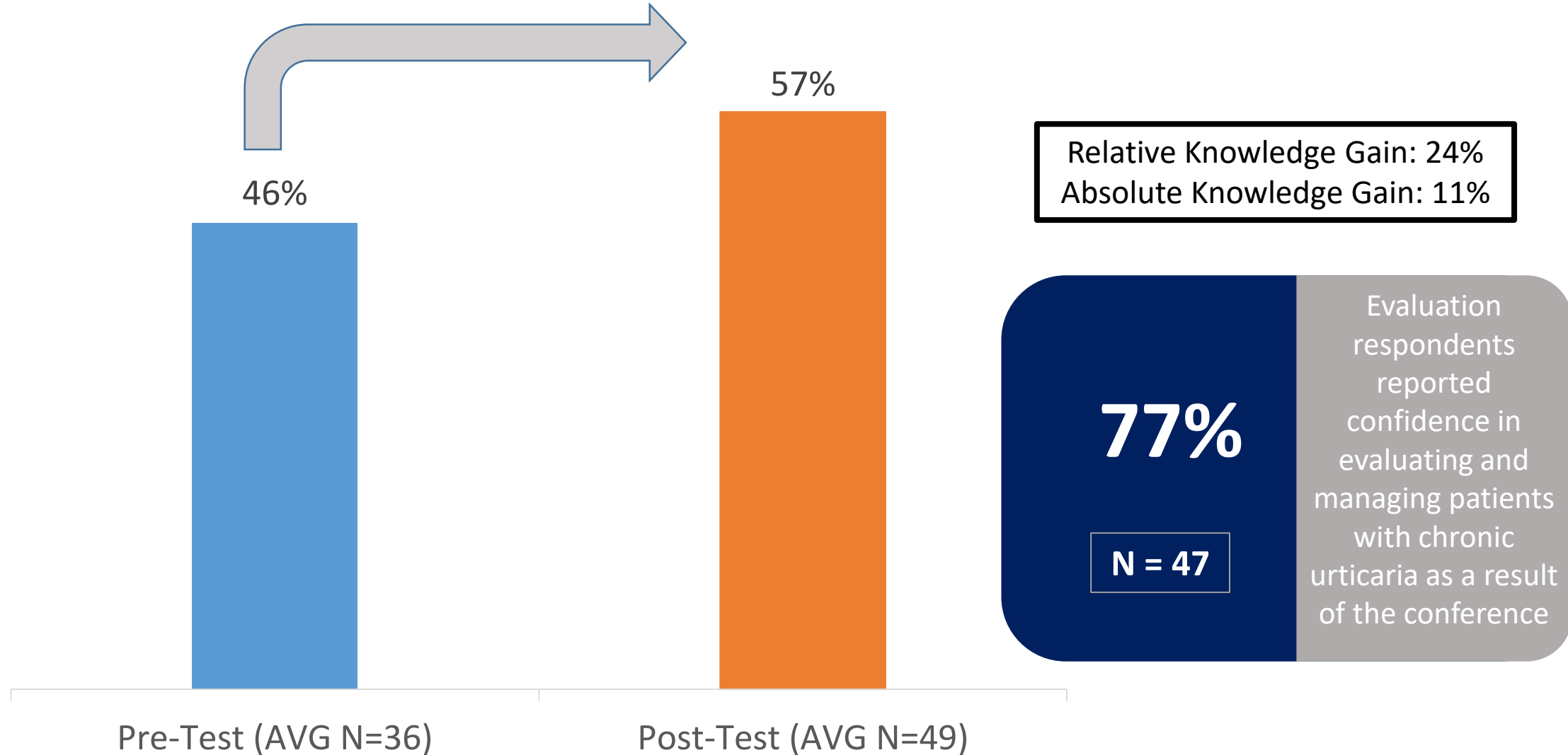
Outcomes Summary – Chronic Urticaria

Learning Objective: Review current and emerging biologic therapies for the treatment of chronic urticaria.

Question 4: Which of the following medications already FDA-approved for another condition has shown promising data in phase 3 trials for the treatment of CSU?



Overall Knowledge Gain: Chronic Urticaria



Pulmonary Hypertension Learning Objectives

Lecture Title: Pulmonary Hypertension Update

1. Evaluate evidence and best practices to inform early diagnosis and assessment of pulmonary hypertension.
2. Discuss current and emerging treatment options for treating patients with pulmonary hypertension.
3. Evaluate evidence and best practices to inform management of pulmonary hypertension.
4. Review the classification and epidemiology of pulmonary hypertension, including Pulmonary Arterial Hypertension (PAH) and associated diseases.

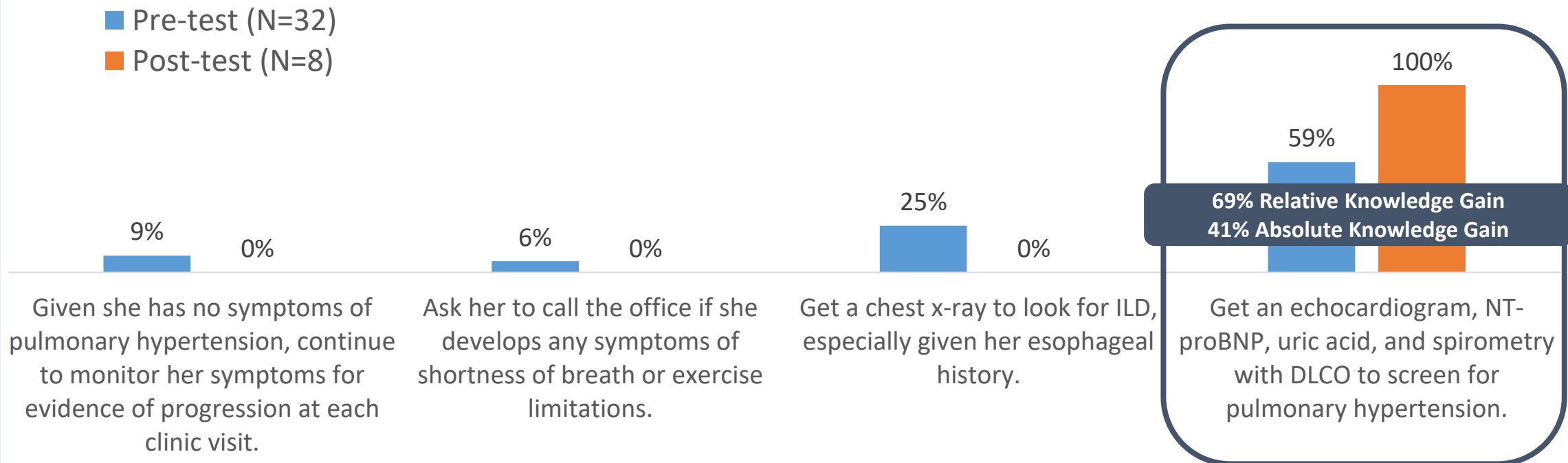


Level (3 & 4) Outcomes: Knowledge & Competence

Outcomes Summary – Pulmonary Hypertension

Learning Objective: Evaluate evidence and best practices to inform management of pulmonary hypertension.

Question 1: A 31-year-old woman with history of limited scleroderma with Raynaud’s, telangiectasias, and significant GERD, presents for her routine fall check-up with GERD symptoms, but no shortness of breath at rest or on exertion. Although she has a longstanding history of mild fatigue, she has no exercise intolerance or peripheral edema. In addition to evaluating her esophageal disease, which of the following is the appropriate next step?



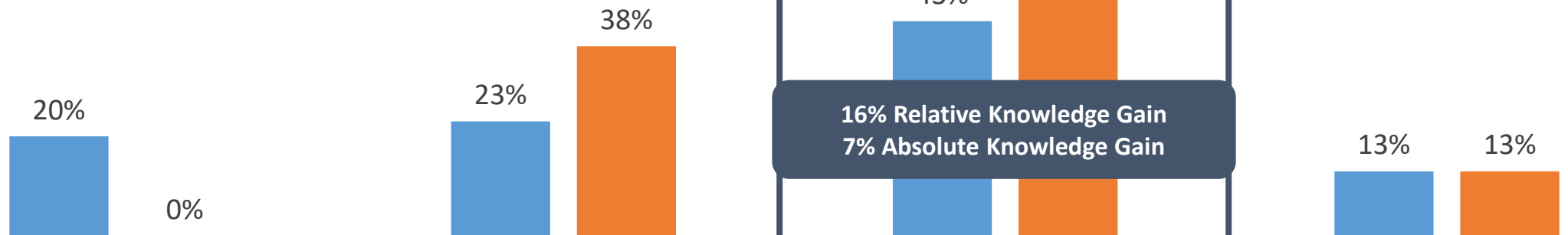
Level (3 & 4) Outcomes: Knowledge & Competence

Outcomes Summary – Pulmonary Hypertension

Learning Objective: Evaluate evidence and best practices to inform early diagnosis and assessment of pulmonary hypertension.

Question 2: Which of the following confirm(s) a diagnosis of pulmonary arterial hypertension?

■ Pre-test (N=30)
■ Post-test (N=8)



16% Relative Knowledge Gain
7% Absolute Knowledge Gain

An echocardiogram showing a right ventricular systolic pressure of 35 mmHg

A mean pulmonary artery pressure of 26 mmHg with pulmonary vascular resistance 4 Wood Units in a patient with chronic hypersensitivity pneumonitis.

A mean pulmonary artery pressure of 32 mmHg with pulmonary capillary wedge pressure 15 mmHg and cardiac output 4 L/min and with normal V/Q scan and CT scan.

A mean pulmonary artery pressure of 21 mmHg.

Level (3 & 4) Outcomes: Knowledge & Competence

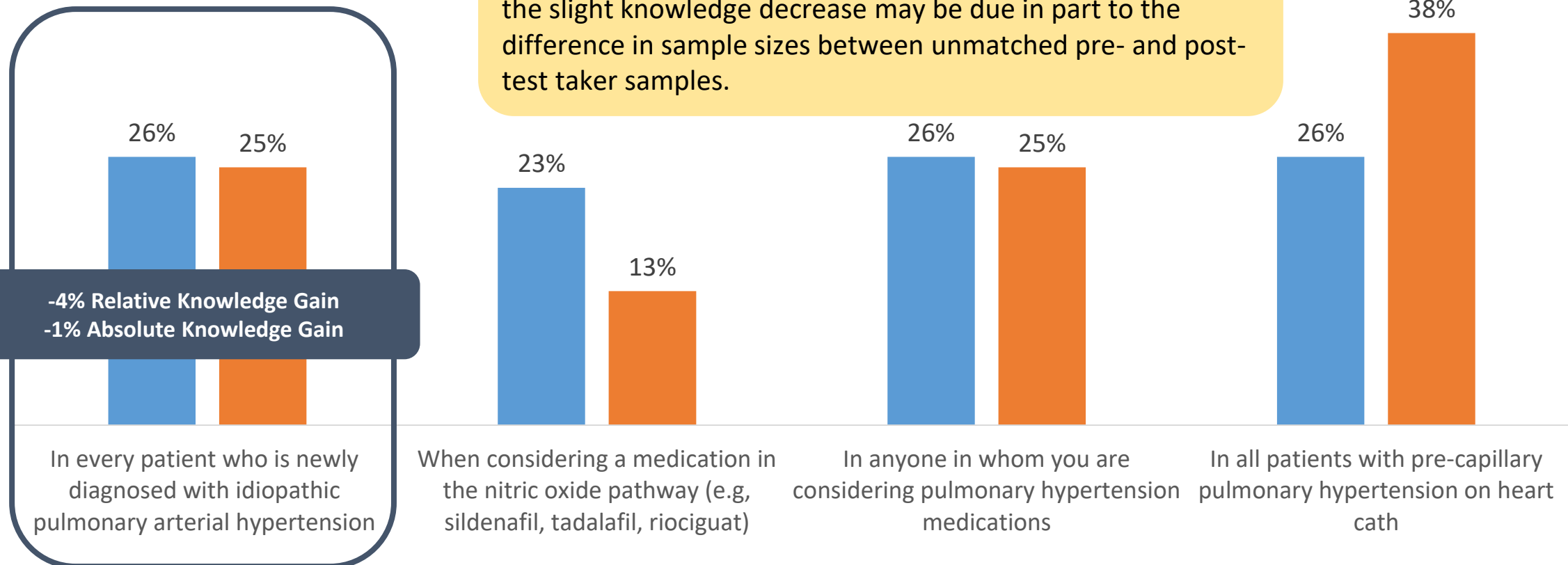
Outcomes Summary – Pulmonary Hypertension

Learning Objective: Discuss current and emerging treatment options for treating patients with pulmonary hypertension.

Question 3: When should inhaled nitric oxide testing be performed with a right heart catheterization?

■ Pre-test (N=31)

■ Post-test (N=8)

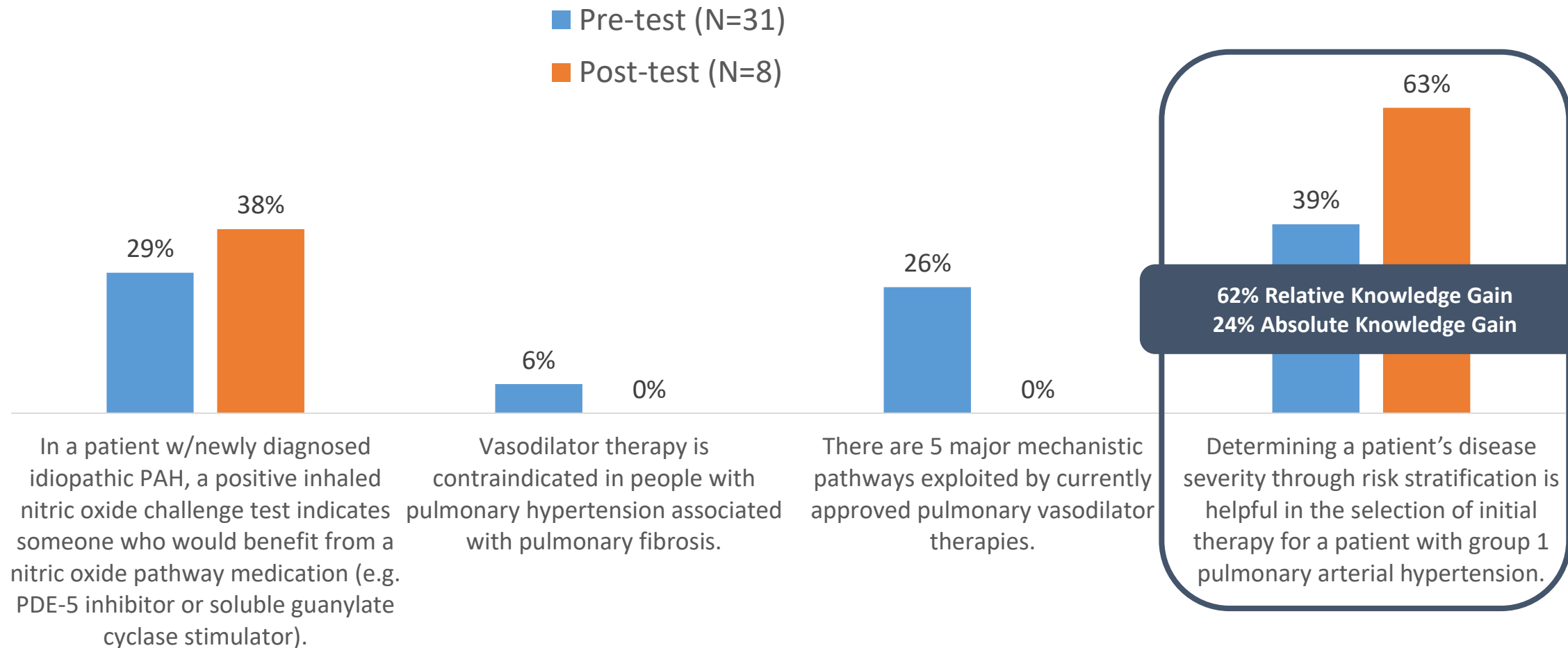


Level (3 & 4) Outcomes: Knowledge & Competence

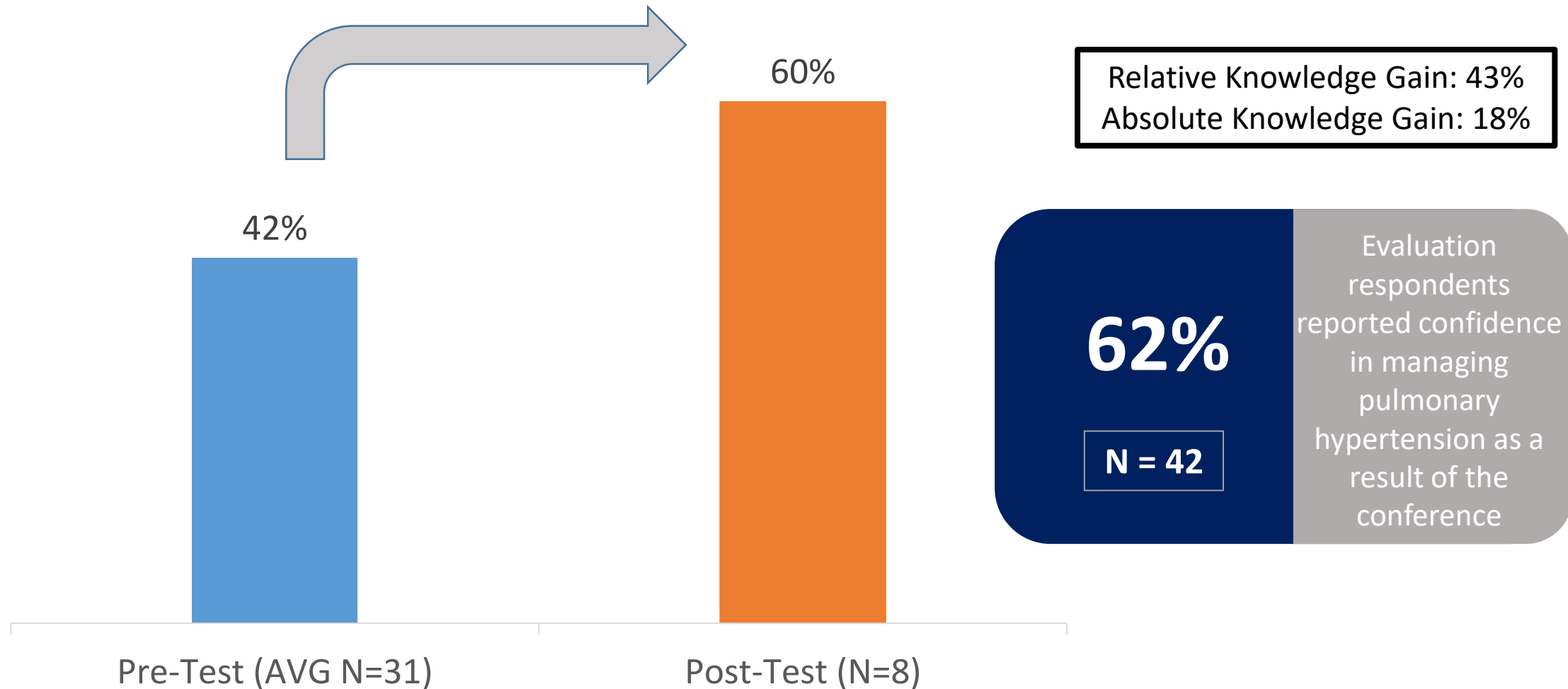
Outcomes Summary – Pulmonary Hypertension

Learning Objective: Review the classification and epidemiology of pulmonary hypertension, including Pulmonary Arterial Hypertension (PAH) and associated diseases.

Question 4: Which of the following is true about evidence-based treatments for pulmonary hypertension?



Overall Knowledge Gain: Pulmonary Hypertension



Atopic Dermatitis Learning Objectives

Lecture Title: Atopic Dermatitis: From Pathophysiology to Targeted Therapy

1. Apply knowledge of the pathophysiology and assessment of AD to the selection of treatment options for patients with moderate-to-severe AD.
2. Review considerations for treatment selection of moderate-to-severe AD including co-morbidities and safety profiles of treatments.
3. Review best practices in the multi-disciplinary management and continuum of care for patients with AD.



Level (3 & 4) Outcomes: Knowledge & Competence

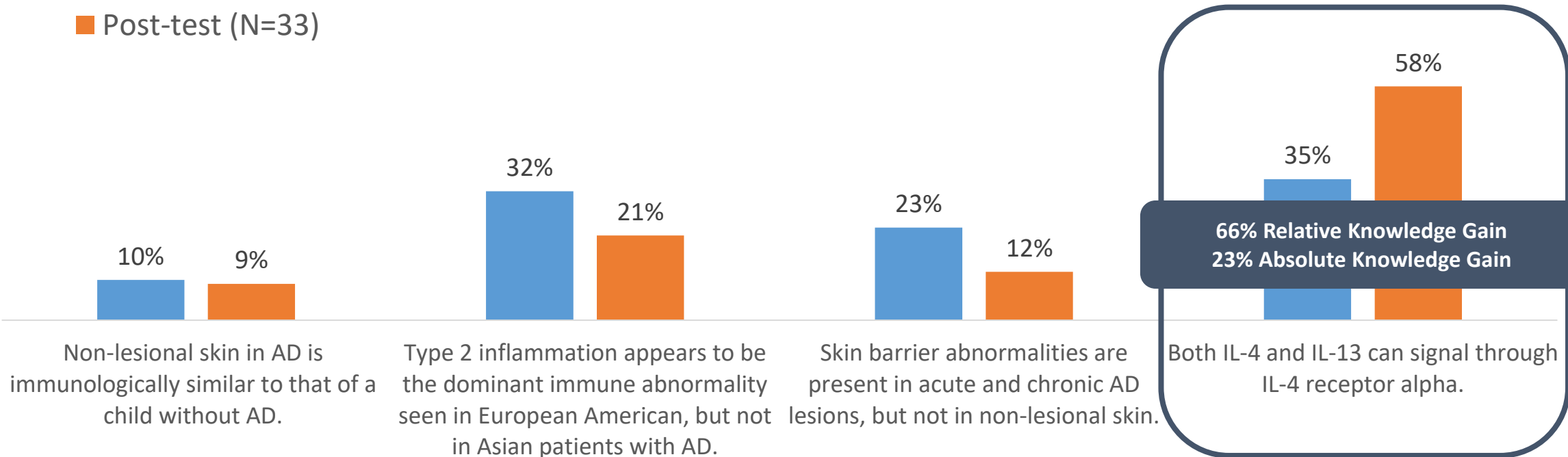
Outcomes Summary – Atopic Dermatitis

Learning Objective: Apply knowledge of the pathophysiology and assessment of AD to the selection of treatment options for patients with moderate-to-severe AD.

Question 1: When discussing pathophysiology of AD with the inquisitive parents of a 4-year-old child, the correct statement is:

■ Pre-test (N=31)

■ Post-test (N=33)

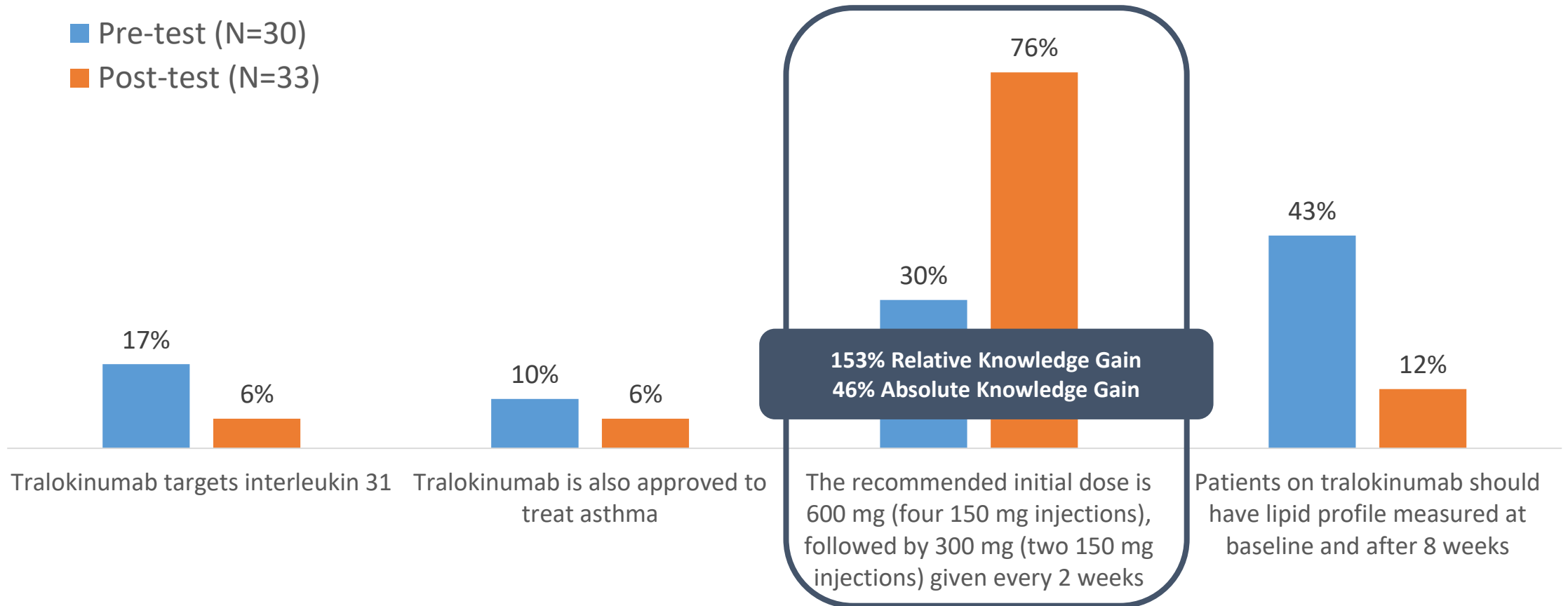


Level (3 & 4) Outcomes: Knowledge & Competence

Outcomes Summary – Atopic Dermatitis

Learning Objective: Review considerations for treatment selection of moderate-to-severe AD including co-morbidities and safety profiles of treatments.

Question 2: Prior to starting a 28-year-old female patient with chronic moderately severe AD on tralokinumab, a newly approved biologic therapy, you inform her that:

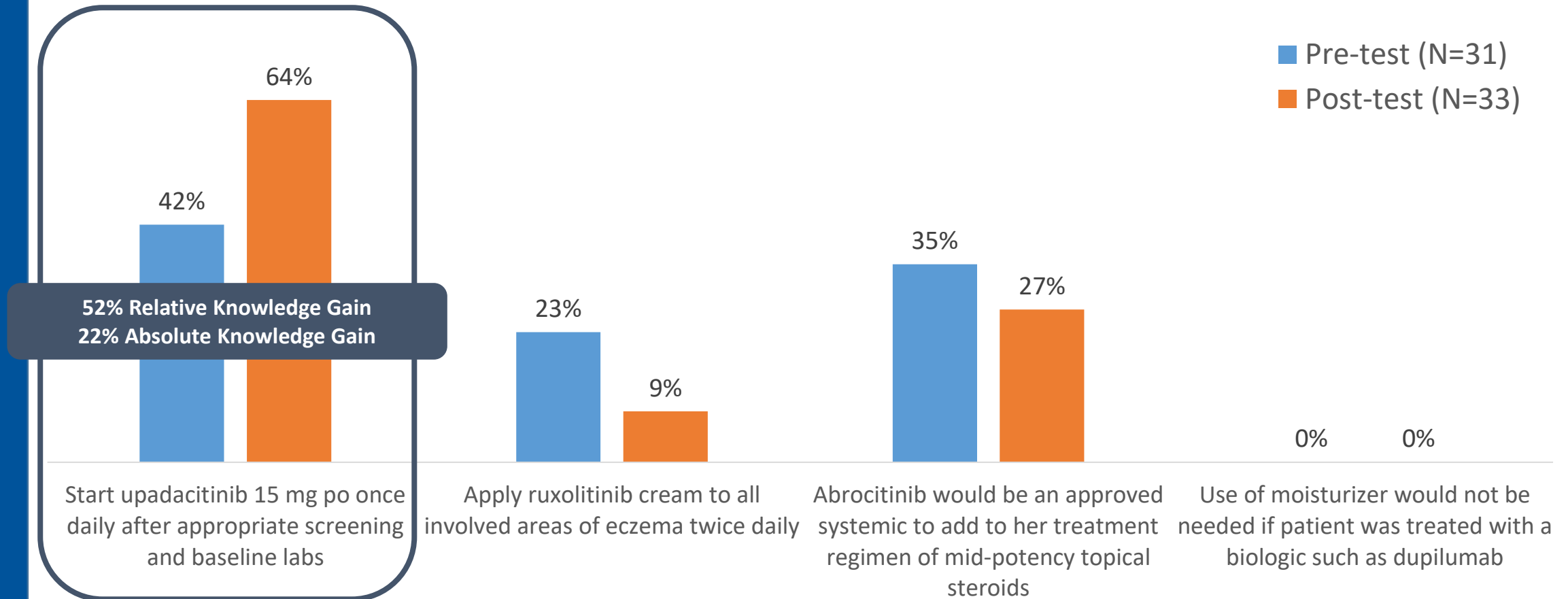


Level (3 & 4) Outcomes: Knowledge & Competence

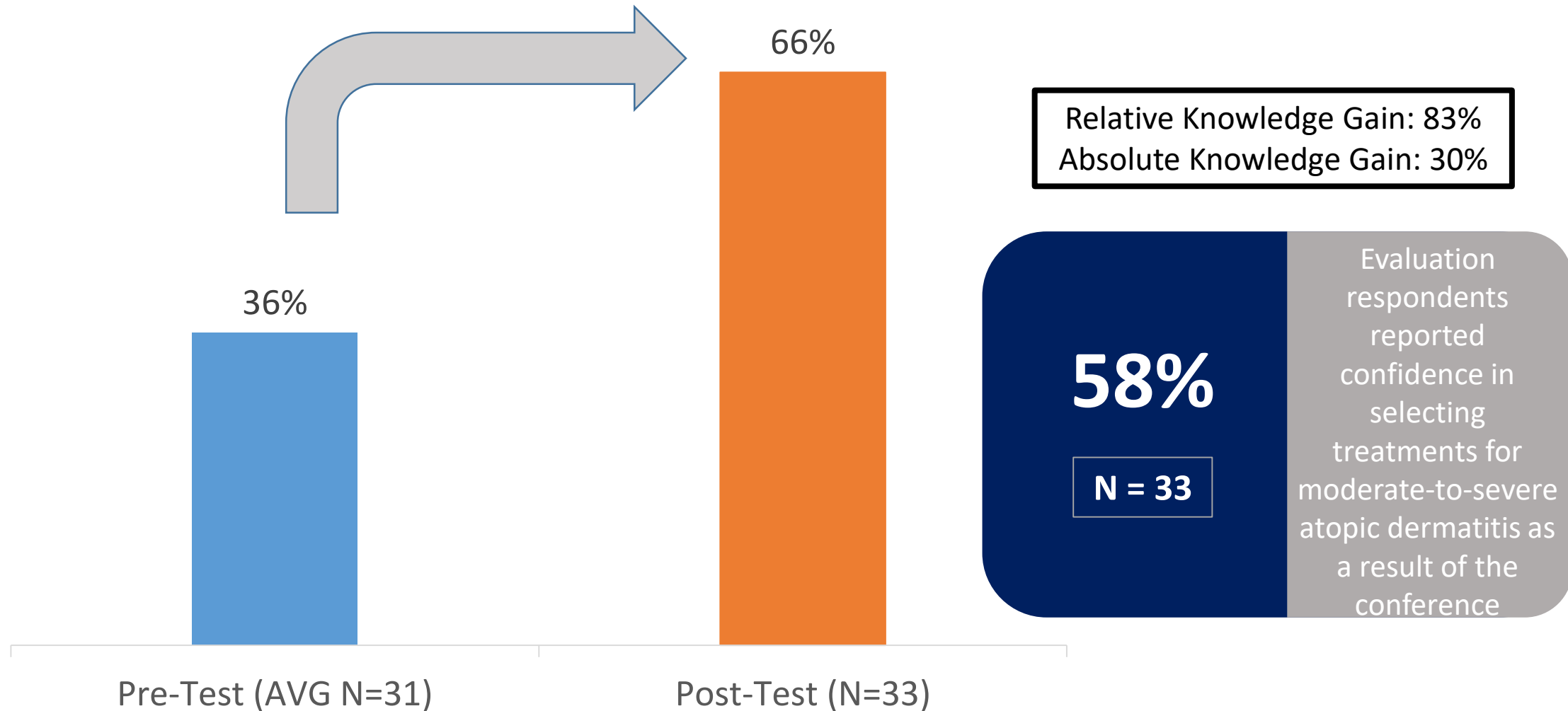
Outcomes Summary – Atopic Dermatitis

Learning Objective: Review best practices in the multi-disciplinary management and continuum of care for patients with AD.

Question 3: Your recommendations to a colleague who referred a 12-year-old male with chronic moderate AD involving > 50% of body surface area could include:



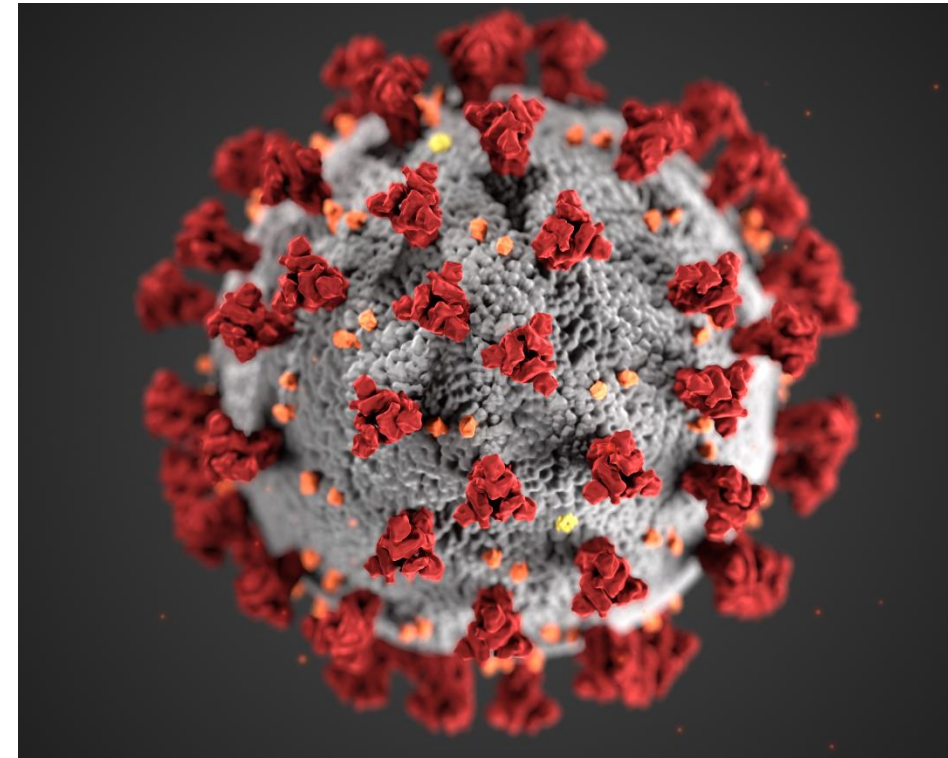
Overall Knowledge Gain: Atopic Dermatitis



COVID Learning Objectives

Lecture Title: Current and emerging therapies for COVID-19

1. Describe the steps in the viral lifecycle of SARS-CoV-2 and corresponding points for intervention
2. Evaluate current and emerging therapies for COVID-19 and what steps of the viral lifecycle they disrupt.
3. Identify patients poised to benefit from current and emerging therapies for COVID-19.

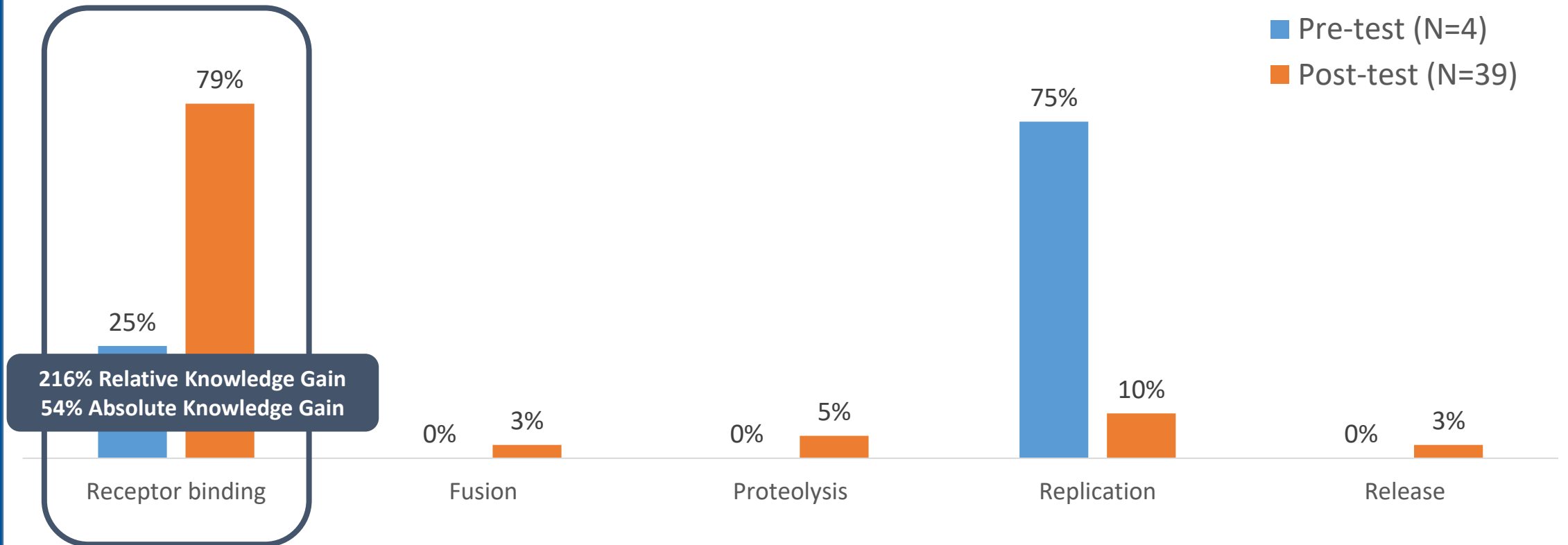


Level (3 & 4) Outcomes: Knowledge & Competence

Outcomes Summary – COVID

Learning Objective: Describe the steps in the viral lifecycle of SARS-CoV-2 and corresponding points for intervention.

Question 1: The Omicron variant has been problematic for therapies targeting which stage of the viral life cycle?

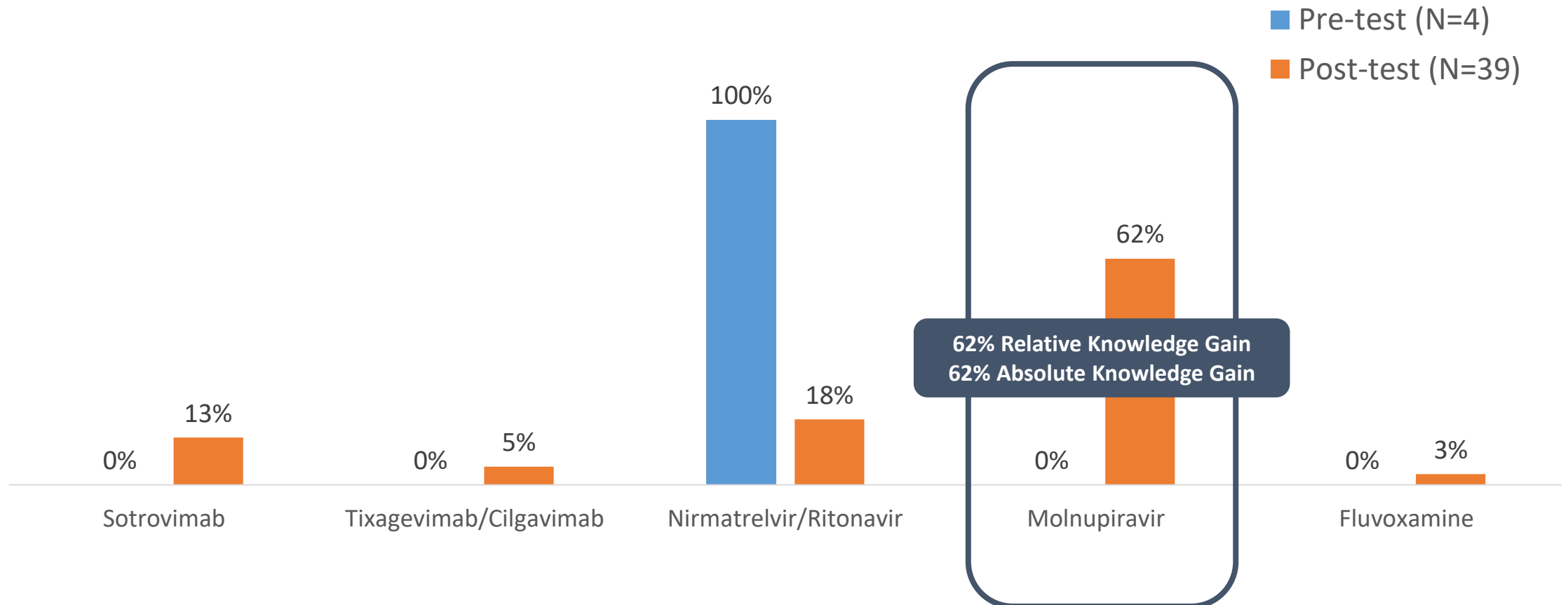


Level (3 & 4) Outcomes: Knowledge & Competence

Outcomes Summary – COVID

Learning Objective: Evaluate current and emerging therapies for COVID-19 and what steps of the viral lifecycle they disrupt.

Question 2: Remdesivir targets viral replication by inhibiting the action of the RNA-dependent RNA polymerase, hindering transcription. What other therapeutic agent against COVID-19 also works at this step?

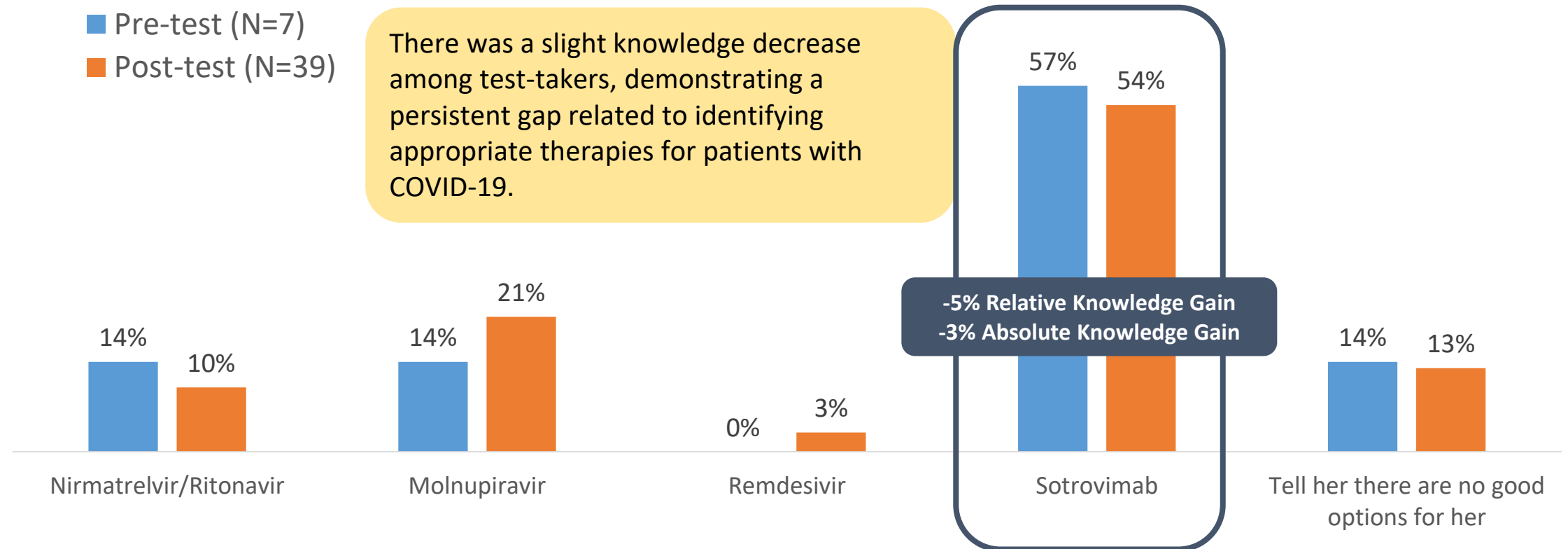


Level (3 & 4) Outcomes: Knowledge & Competence

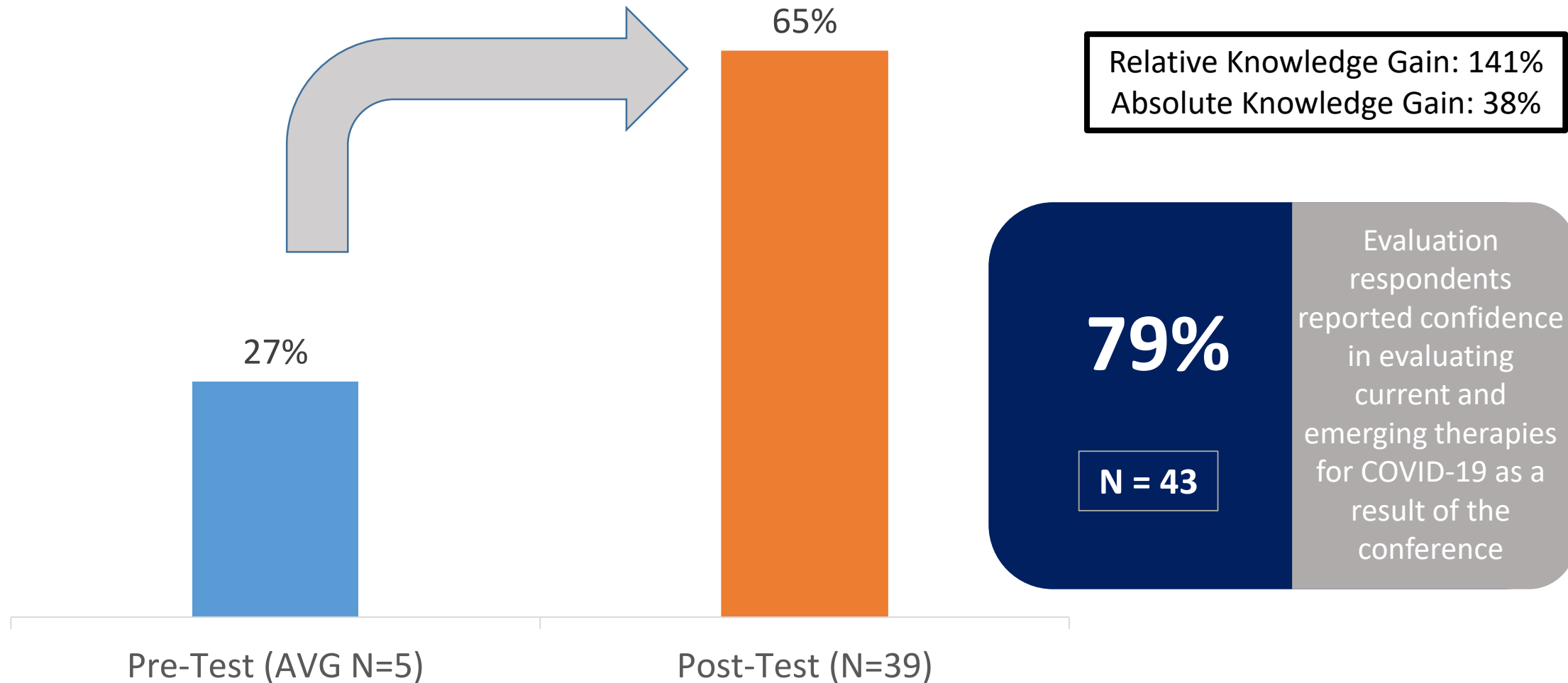
Outcomes Summary – COVID

Learning Objective: Identify patients poised to benefit from current and emerging therapies for COVID-19.

Question 3: A 34-year old woman with chronic renal disease (egfr 35) and migraines presents with her fiancée for management of acute COVID-19 diagnosed by PCR yesterday. She developed loss of smell 7 days ago but did not seek testing until she developed worsened headaches, not responsive to her usual cafergot. She states she is a “hard stick” and is asking for an oral medication to “fight the virus.” You should recommend:



Overall Knowledge Gain: COVID



Asthma Case Polling Question 1

CASE DETAILS:

- 56-year-old never smoker
- 10-year history of severe persistent asthma
- Uncontrolled with 6-8 exacerbations per year
- Nocturnal symptoms ~4-6 times per month

MEDICATIONS:

- High dose ICS/LABA, montelukast, albuterol prn
- Prednisone course completed ~1 week ago

TESTING:

- Total IgE 33
- Absolute Eosinophil Count 0-100
- Exhaled Nitric Oxide 8
- ACT score 13
- Skin testing negative to environmental aeroallergens
- CT chest without contrast with very mild bibasilar bronchiectasis
- BAL cell count show 0% eosinophils and 80% neutrophils.



Asthma Polling Question 1: Which statement is correct?

She has missed granulocytic asthma

0%

She has paucigranulocytic asthma that is associated with airway inflammation

11%

★ Her neutrophilic inflammatory pattern could be associated with infection or corticosteroid use.

89%

She has evidence of Type 2 asthma

0%

Polling questions were used to facilitate learner engagement and provide opportunities to practice clinical decision-making with regard to evaluation and management of severe asthma. Learners demonstrated competence in identifying types and causes of asthma inflammation.

Asthma Case Polling Question 2

CASE DETAILS:

- 47-year-old man
- Asthma diagnosed 5 years ago
- Previously well controlled asthma
- URIs triggering 4 asthma exacerbations the last year, one requiring hospitalization but not ICU
- Worsening sense of smell and taste
- Experiences heartburn once a week

PMH: Asthma, Chronic sinusitis, Gout, GERD

PSH: Appendectomy, **FH:** CAD, HLD, HTN

SH: Engineer, Former smoker, 15 pack years

ALLERGIES: naproxen

MEDICATIONS:

Medium dose ICS/LABA, albuterol prn, Flonase prn, Famotidine prn

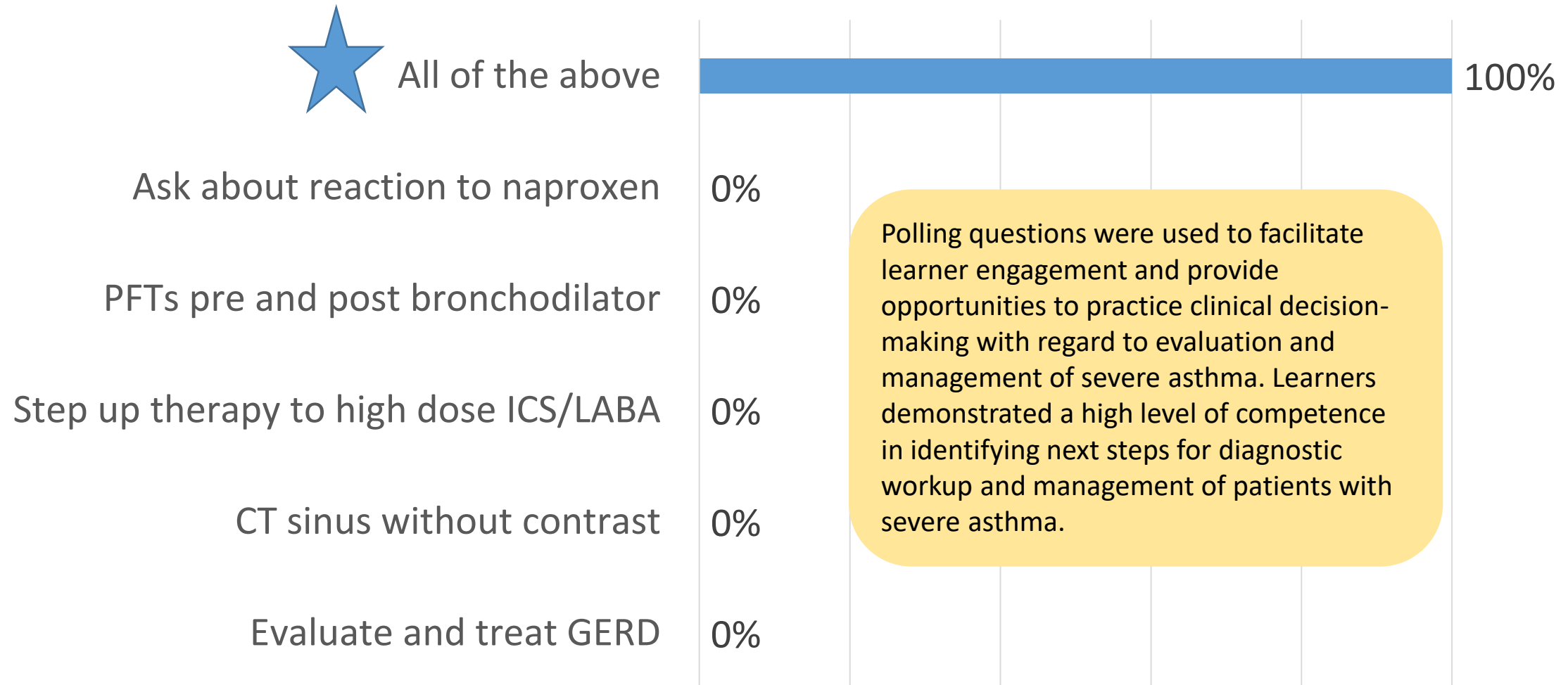
PERTINENT PHYSICAL EXAM FINDINGS:

Occasional end expiratory wheezing
Edematous inferior turbinates with copious white mucus
Possibly nasal polyps noted on right

TESTING: Total IgE 270, Absolute Eosinophil Count 700 cells/mcL, Exhaled Nitric Oxide 277 ppb, ACT score 13, Skin testing negative to environmental aeroallergens



Asthma Polling Question 2: Next step?



Level (4) Outcomes: Competence

Outcomes Summary

Screen more COPD patients for alpha-1 antitrypsin deficiency (12 responses)	Improve management of COPD, including earlier initiation of triple therapy (12 responses)	Improve evaluation and treatment of chronic cough (10 responses)
Evaluate phenotype and endotype in patients with asthma (8 responses)	Improve management of asthma and consider biologics when indicated (23 responses)	Consult with gastroenterologists in management of eosinophilic esophagitis (9 responses)
Improve management of chronic urticaria and order less lab work per the guidelines (6 responses)	Utilize new treatments for atopic dermatitis (9 responses)	Utilize new medications appropriately for COVID-19 patients (9 responses)
	More thorough evaluation and risk stratification for patients with pulmonary hypertension (5 responses)	

92%

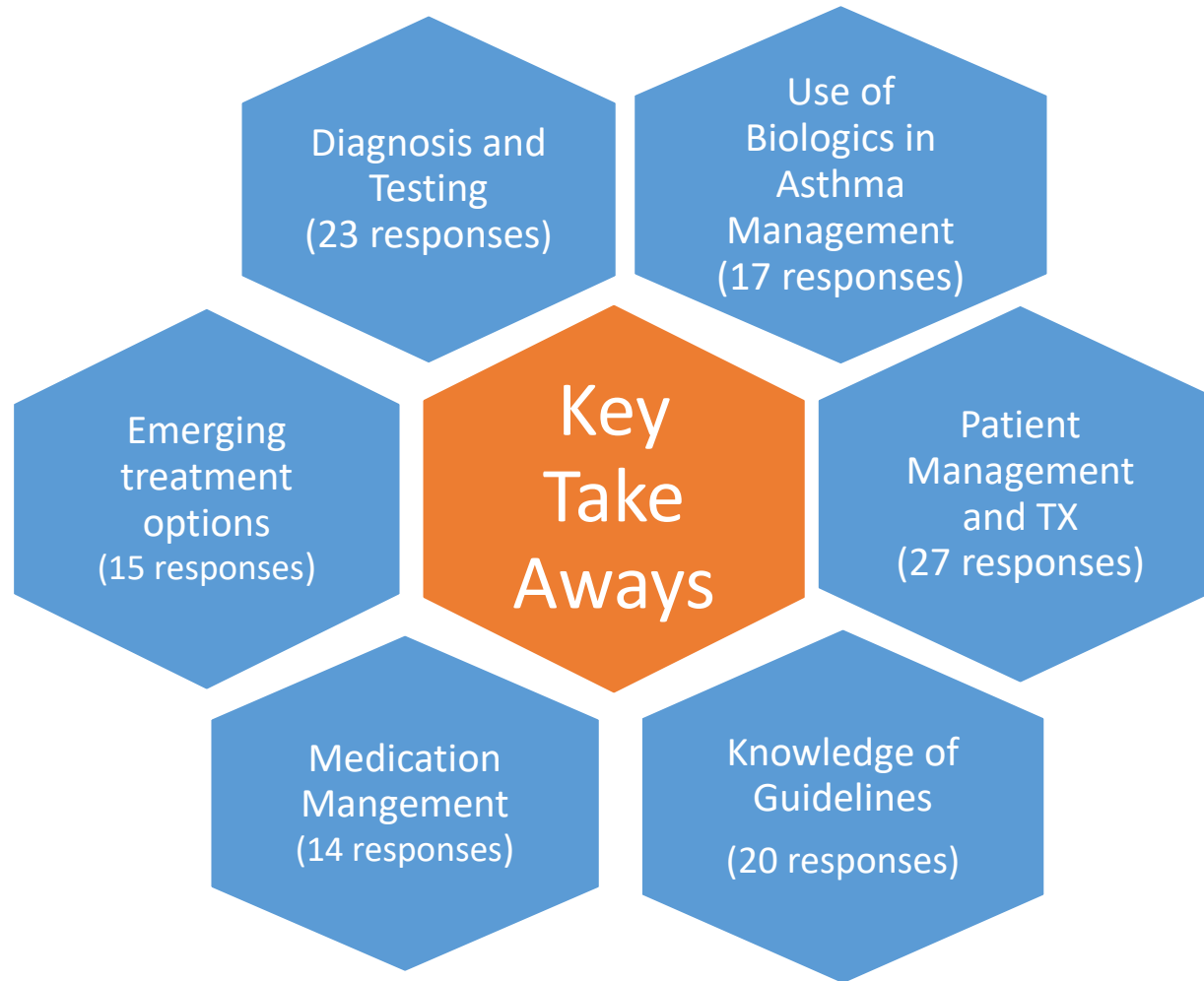
AVG N = 46*

Evaluation respondents intend to make changes in practice as a result of the activity

**This question was asked in the daily evaluation. A total of 185 responses were received from 4 daily evaluations, for an average of 46 respondents in each evaluation.*

Level (4) Outcomes: Competence

Outcomes Summary



I enjoyed the [...] update in new diagnostic tools and therapies.

- Quote from 2022 Attendee

What barriers to optimal patient care did the education provided help to address?

- Cost of new drug therapies
- Better collaboration between specialist and primary-care team for efficient and cost-effective co-management of these diseases
- Getting patients access to certain therapies
- Improving differential diagnosis
- Understanding the latest treatments available
- Insurance coverage of newer biologics and small molecules
- Cost and how to address insurance costs and coverage
- Payment assistance programs for biologics

66%

N=38

Evaluation respondents indicated the activity addressed strategies for overcoming barriers to optimal patient care

What topics would you like more information about in future activities?

Pulmonary

- Asthma
- Cystic fibrosis,
- Imaging reviews with regard to certain ILDs
- Lung transplantation- indications, etc.
- Post COVID-19 syndrome and outpatient management strategies
- Neuromuscular diseases affecting the lungs
- Nontuberculous mycobacterium infections
- Management of pneumonitis related to immunotherapies for cancer
- Pulmonary disease or function post-COVID
- Pulmonary fibrosis
- Radiology sessions and use of POC ultrasound
- Sleep apnea related lectures and therapeutic options
- Role of inflammation in bronchopulmonary dysplasia
- Treating acute exacerbations

Allergy

- Contact dermatitis
- Chronic rhinosinusitis
- Immunotherapy
- Dietary treatment of allergic disease
- Food allergy desensitization
- Food allergy/ OIT
- Environmental allergy/OAS/immunotherapy
- Eosinophilic Esophagitis
- The role of inhalant allergies on EoE

Accreditation Details

Outcomes Summary

National Jewish Health is accredited with Commendation by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The NJH Office of Professional Education produced and accredited this program and adhered to the updated ACCME guidelines.

NJH designates this live activity for a maximum of 14.75 *AMA PRA Category 1 Credits*[™].

Provider approved by the California Board of Registered Nursing, Provider Number 12724, for 14.75 contact hours.

