



COVID-19 Update

**Maryland Department of Health
Maryland Primary Care Program
Program Management Office**

10 June 2020

Phase 2 Maryland Strong Recovery Advanced Primary Care on the Front Line Vulnerable Populations



Even as we emerge from our shelters the COVID-19 virus remains among us. To get through this phase we must protect our vulnerable patients or fall backward.

Agenda

- ❖ Today's Morbidity and Mortality Data
- ❖ Vulnerable Populations
- ❖ Health Disparities
- ❖ New Office Workflows
- ❖ Primary Care's Role in Expanded Testing and Contact Tracing
- ❖ Viewing test results in CRISP
- ❖ Future webinars
- ❖ Guest speakers
- ❖ Q & A
- ❖ Resources Appendix

Morbidity and Mortality Update

	New Cases (6/9)	Cumulative Cases	Cumulative Hospitalized	Cumulative Deaths
United States	15,598	1,956,421 (6/9)		110,925 (6/9)
Maryland	561	59,465	16%	2719

COVID-19 Daily Report - Maryland Department of Health

Data reported as of 6/10/2020

59,465
confirmed cases

8,487
tests reported 6/9

451,967
cumulative tests

2,719
confirmed deaths

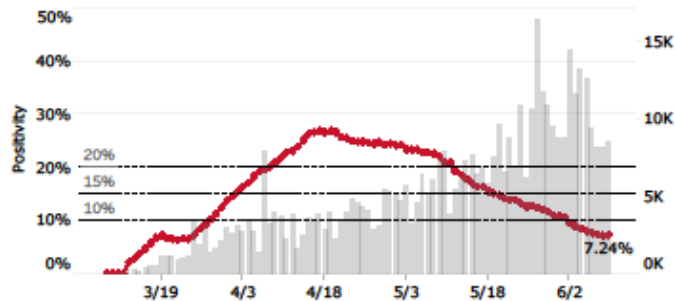
+561
cases reported on 6/9*

7.20%
daily positivity reported 6/9

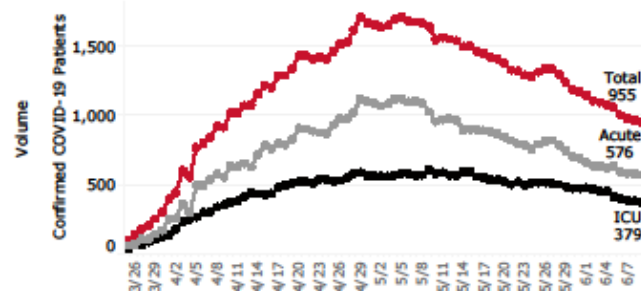
7.24%
7-day avg. positivity** reported 6/9

+33
deaths reported on 6/9

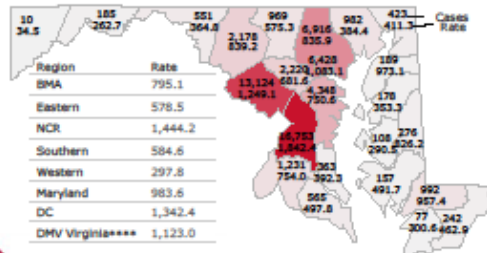
7-Day Avg. Percent Positive Testing** and Total Testing Volume



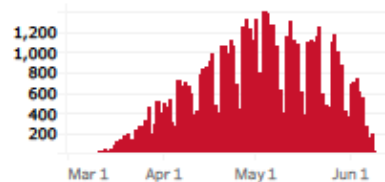
Statewide Acute/ICU Beds Occupied by COVID-19 Patients



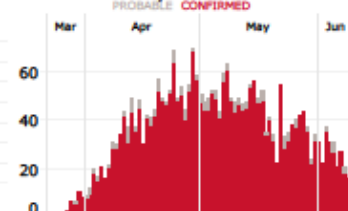
Cases and Rates by County of Residence



Daily Cases by Specimen Collection Date

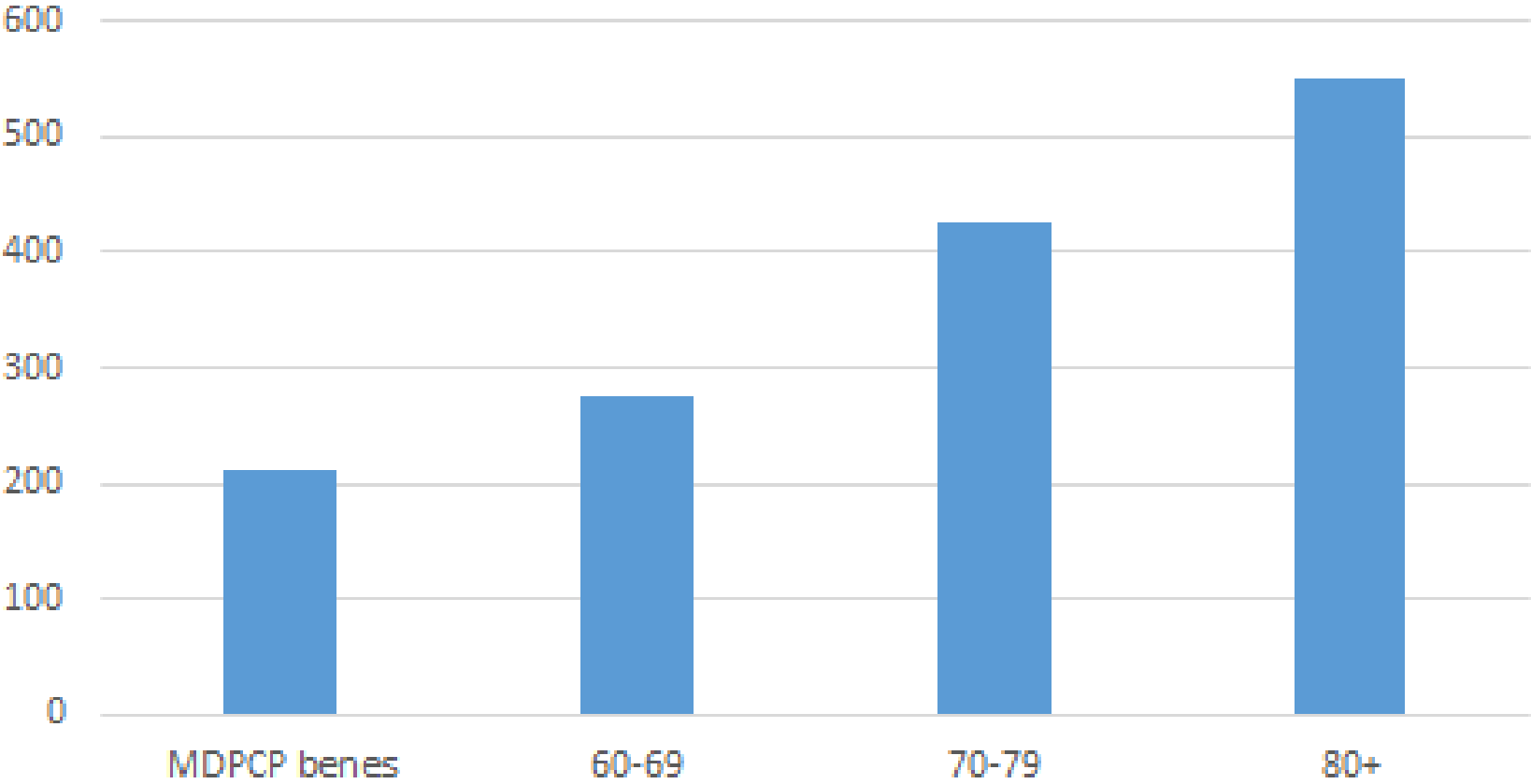


Daily Deaths



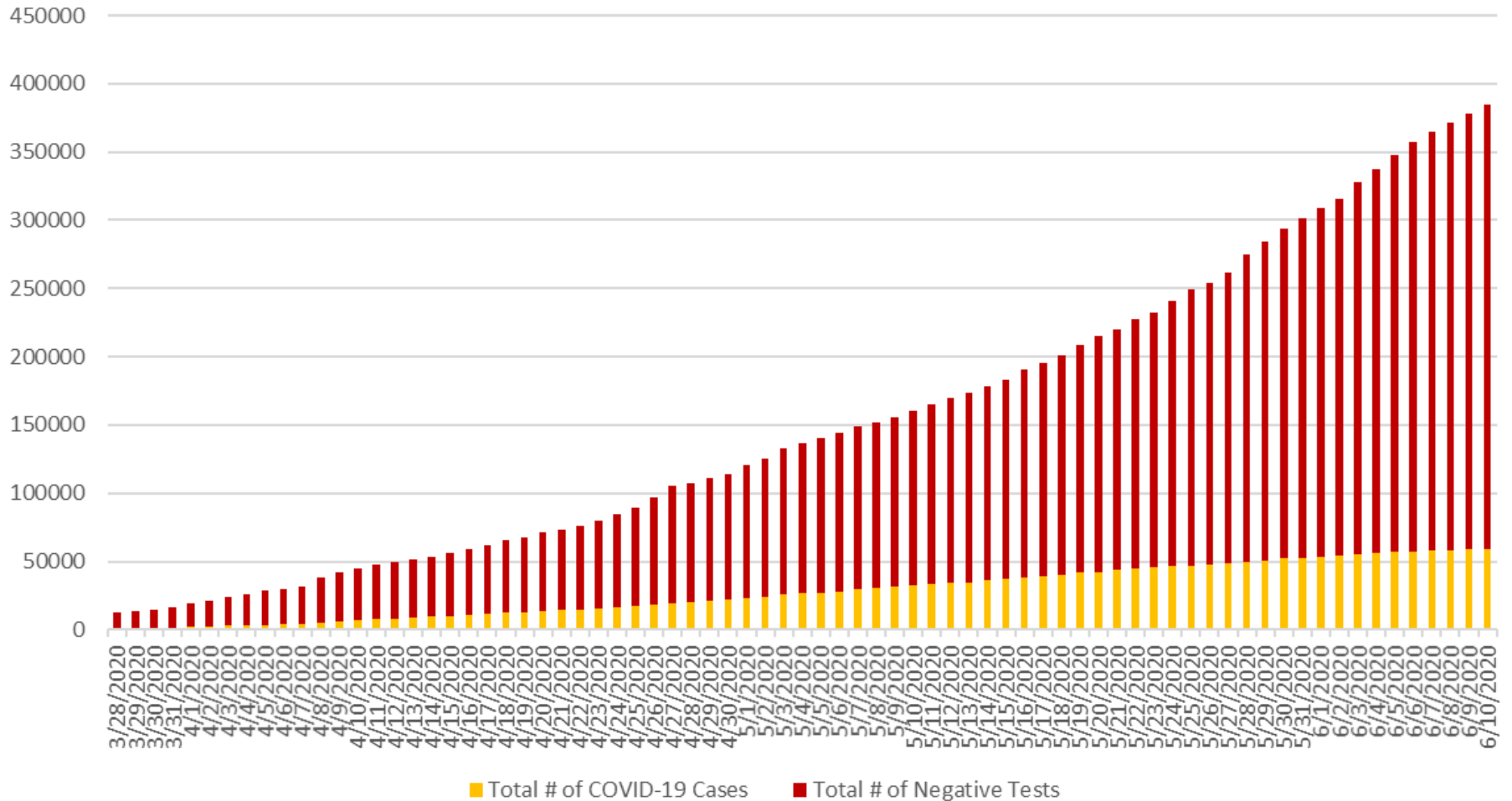
All case-related counts on this dashboard are of individual people infected with COVID-19.
 Report date: the day a case was reported to the Maryland Department of Health.
 Specimen date: the day the initial lab specimen was collected.
 BMA: Baltimore Metro Area; NCR: National Capital Region; DMV: DC, Maryland, and Virginia Area
 Rates calculated using total confirmed cases and 2019 population estimates. Rates do not exclude recovered cases. Rates are calculated as cases per 100,000 population. 2019 Maryland Population estimates from the Maryland Department of Planning, March 2020.
 *Daily case increase uses report date.
 **Positivity calculated using a 7-day rolling average
 ****DMV Virginia includes Alexandria, Arlington, Fairfax, Fairfax City, Falls Church, Loudoun, Manassas, Manassas City, and Prince William.

Covid Hospitalization/100,000

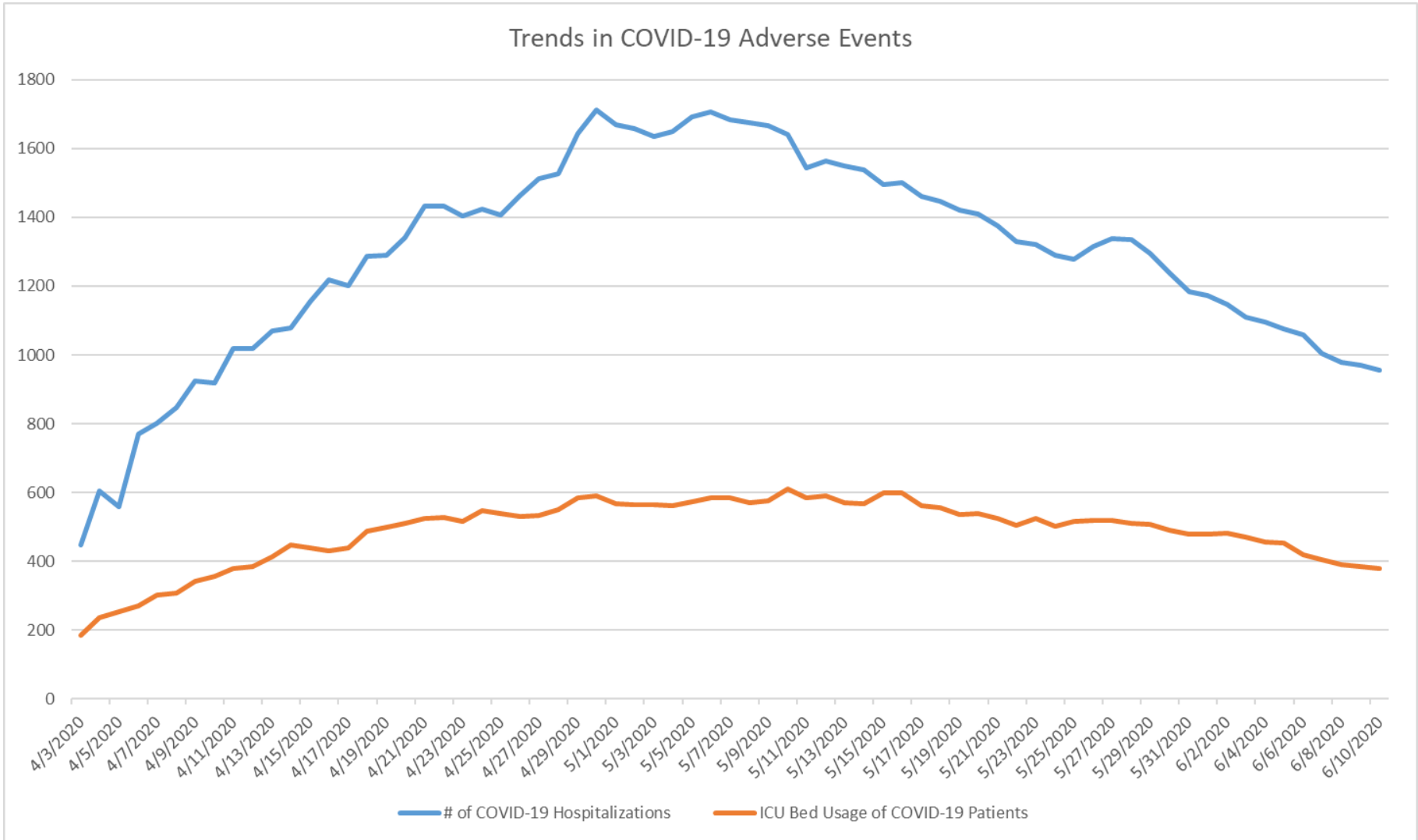


COVID-19 Growth in Maryland

Increase in Total # of COVID-19 Cases and Negative COVID-19 Tests Over Time



COVID-19 Hospitalizations



Maryland COVID-19 in Congregate Facility Settings

Confirmed Staff Cases

3,244

Confirmed Staff Deaths

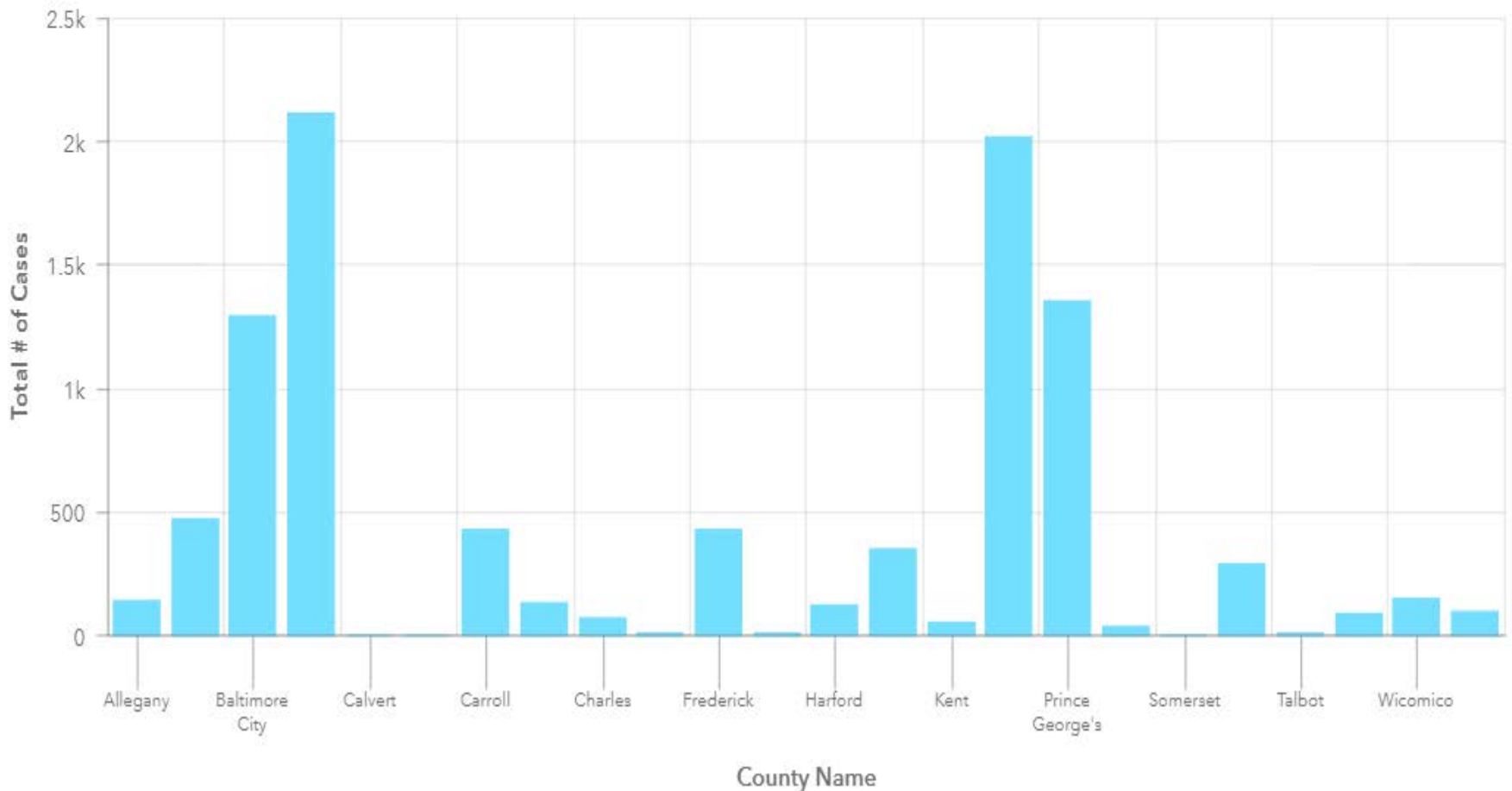
17

Confirmed Resident Cases

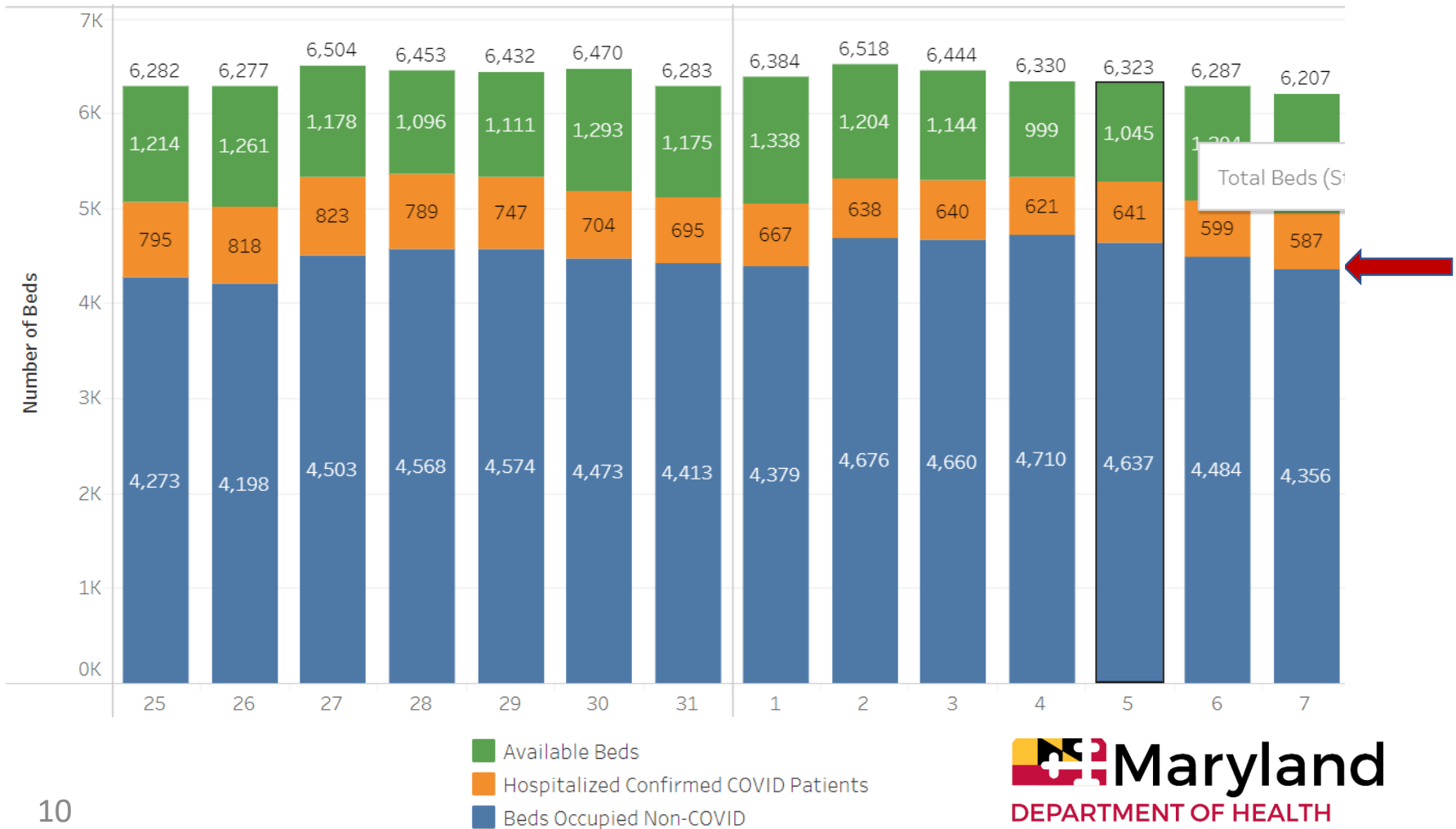
6,406

Confirmed Resident Deaths

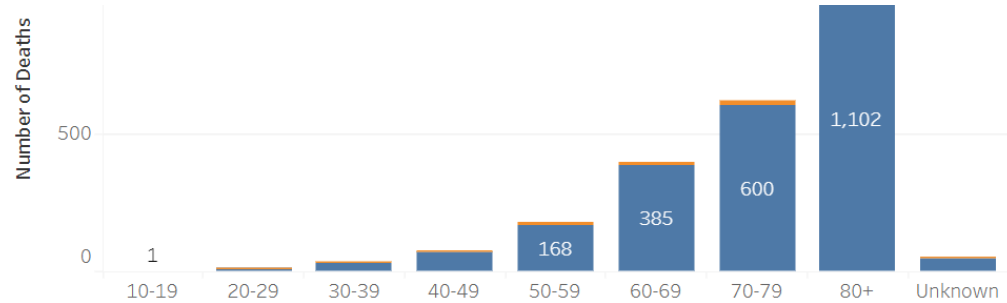
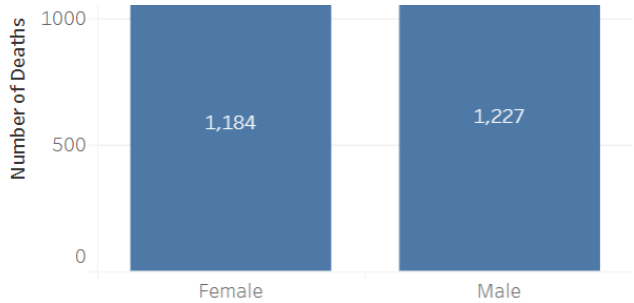
1,342



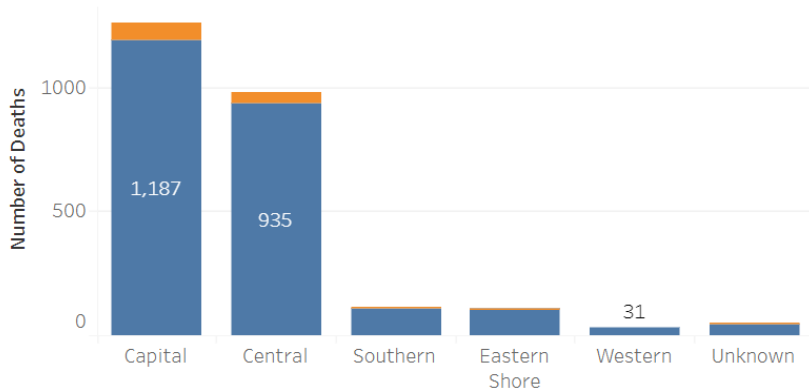
Hospital Capacity and Usage



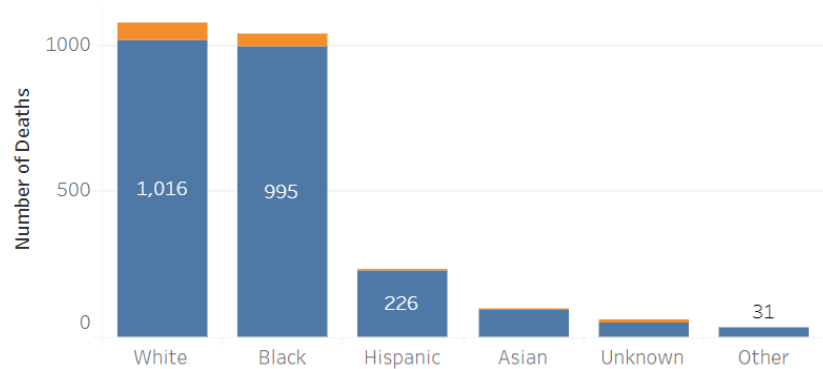
Highlighting Disparity in COVID Impact



MDH Region



Race and Ethnicity



Death Data available through 5/31/2020



**COVID-19 RESPONSE PLAN FOR
VULNERABLE POPULATIONS IN MARYLAND**
Testing & Manage In Place Teams

In Maryland...

~6 M
Total residents

~2.6 M
On Medicare or Medicaid
**~150
K**

High-risk individuals identified

High-risk individuals include those with...



Underlying chronic health conditions



Social determinants of health disparities



Frequent utilization of healthcare resources



Barriers to following public health measures (e.g. social distancing, self-isolation) or seeking care, such as lack of permanent housing, economic necessity, or fear of deportation, etc.



High-risk Individuals are at a greater risk for poor outcomes during the COVID-19 pandemic

Testing & Manage In Place Team's Efforts and Mission



Task Force

The task force will develop a comprehensive response plan for vulnerable populations at greatest risk for poor outcomes from COVID-19



Deliverables

1

Identify vulnerable populations using local expertise and Socially Determined



Socially Determined is an analytics platform that uses community level individual risk data to drive a more targeted response

2

Identify necessary resources for vulnerable populations

3

Create educational materials

4

Create a communication cascade structure between the state, county, and on-site teams

On-site Team



Clinical team to assess for symptoms, treat in place, and triage if hospital care needed.



Social workers to manage and connect to resources

GOAL: Engage all concentrated populations in high risk areas

Montgomery County: Testing & Manage In Place Team's Outreach Efforts

Testing & Manage In Place Teams



Homeless Population

~600+ HOMELESS IN MONTGOMERY COUNTY^{1,2}

- **Homeless 1.6x** relative risk of death to general population historically
- Estimated rate of current undiagnosed COVID infection **>40%**
- **Homeless shelters don't have clinical teams or ability to socially distance at all**

Elderly in Congregated Housing

~125 ASSISTED LIVING FACILITIES IN MONTGOMERY COUNTY³

- Congregate settings known to source of heavy outbreaks and poor outcomes in other states
- Older adults, 65 years and older, make up to **27%** of total COVID related deaths
- **At best this population today is getting remote outreach**

Individuals with No Healthcare Access

~82K UNINSURED IN MONTGOMERY COUNTY⁴

- Many are non-English speakers who are missing the public education campaigns
- Often essential workers
- Often live in overcrowded residential spaces
- **Often lack means of transportation for clinics or drive through testing centers**

1. Source: US Interagency Council on Homelessness, 2019.
2. Source: MD Annual Report on Homelessness, 2019.
3. Source: SeniorHomes, 2020.
4. Source: US Census Bureau, 2018

Baltimore County: Testing & Manage In Place Team's Outreach Efforts

Testing & Manage In Place Teams



Homeless Population

~750+ HOMELESS IN BALTIMORE COUNTY^{1,2}

- **Homeless 1.6x** relative risk of death to general population historically
- Estimated rate of current undiagnosed COVID infection **>40%**
- **Homeless shelters don't have clinical teams or ability to socially distance at all**

Elderly in Congregated Housing

~151 ASSISTED LIVING FACILITIES IN BALTIMORE COUNTY³

- Congregate settings known to source of heavy outbreaks and poor outcomes in other states
- Older adults, 65 years and older, make up to **27%** of total COVID related deaths
- **At best this population today is getting remote outreach**

Individuals with No Healthcare Access

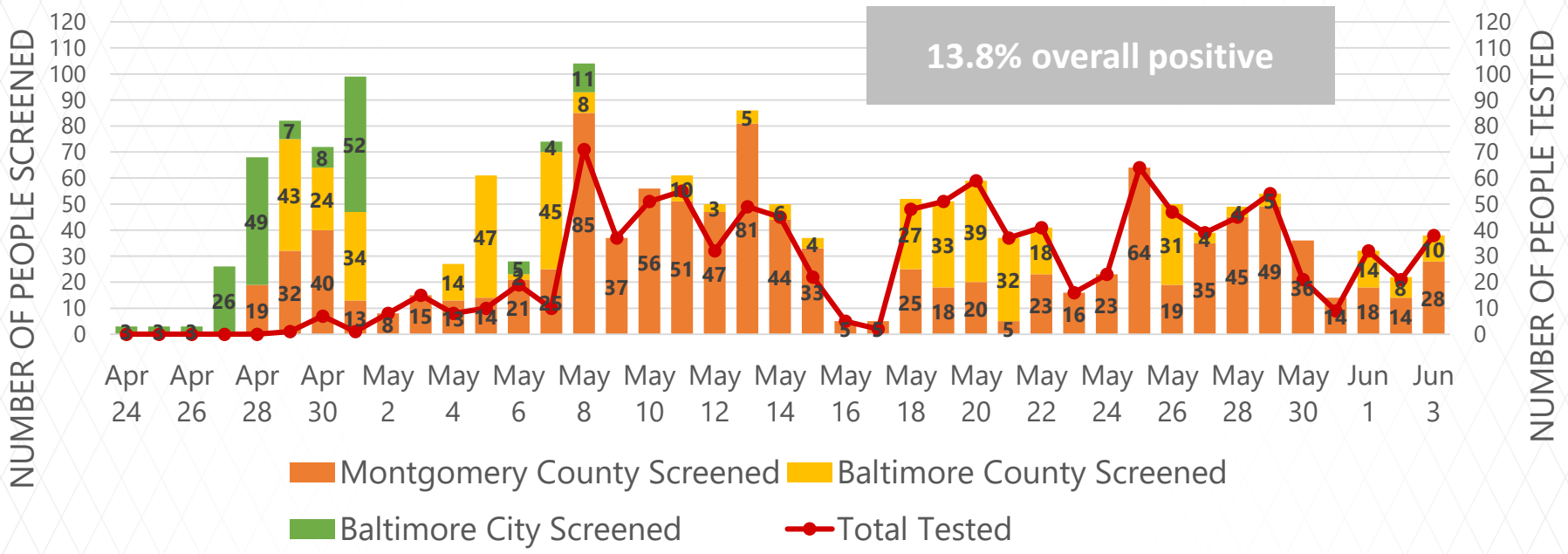
~63K UNINSURED IN BALTIMORE COUNTY⁴

- Many are non-English speakers who are missing the public education campaigns
- Often essential workers
- Often live in overcrowded residential spaces
- **Often lack means of transportation for clinics or drive through testing centers**

1. Source: US Interagency Council on Homelessness, 2019.
2. Source: MD Annual Report on Homelessness, 2019.
3. Source: SeniorHomes, 2020.
4. Source: Open Data Network, 2019.

COVID Screening and Testing in All Counties

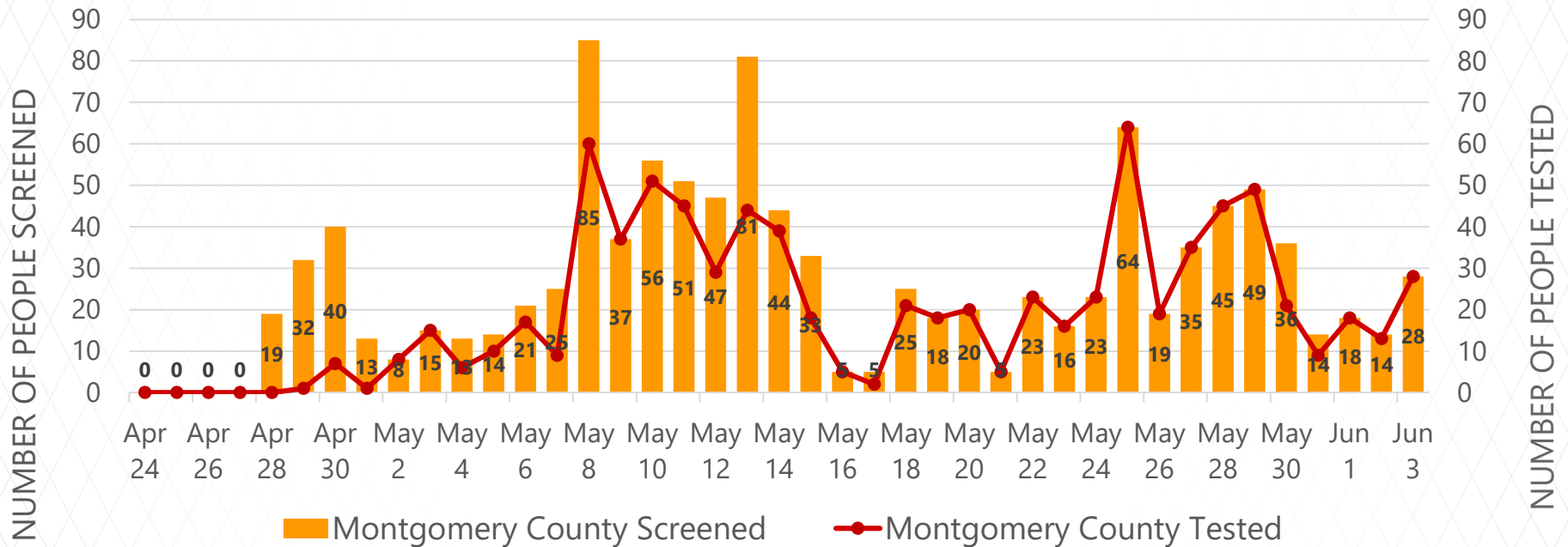
TMIP COVID Screening & Testing by County



Over 1.7K Engaged High Risk Residents and more than 1K Tests in 39 Days

Montgomery County: COVID Screening & Testing

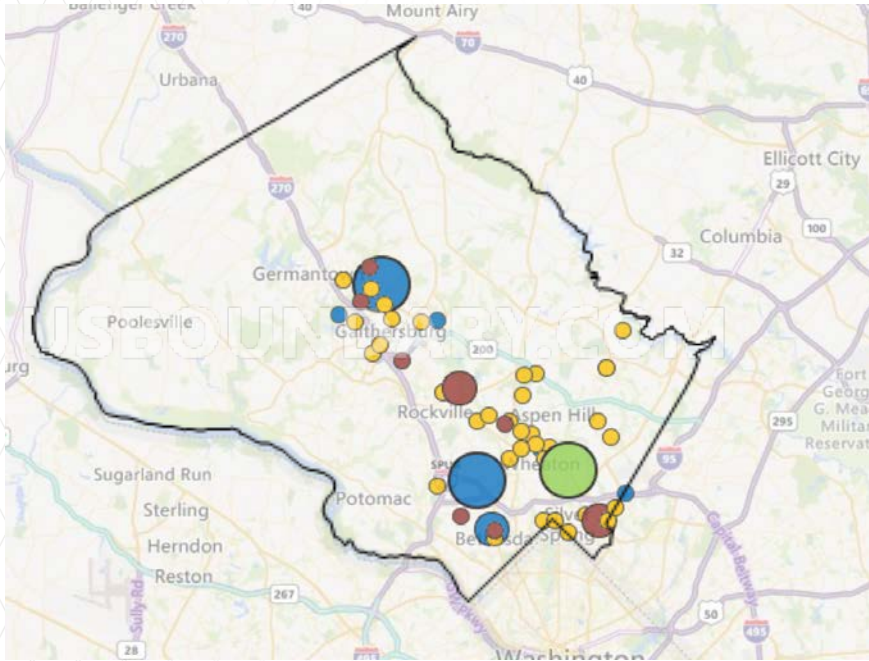
Montgomery County: TMIP COVID Screening & Testing



Over 1K Engaged High Risk Residents and 831 Tests in 39 Days

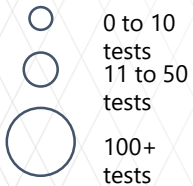
Montgomery County: TMIP Testing Locations

TMIP Testing Locations and Volumes



Legend

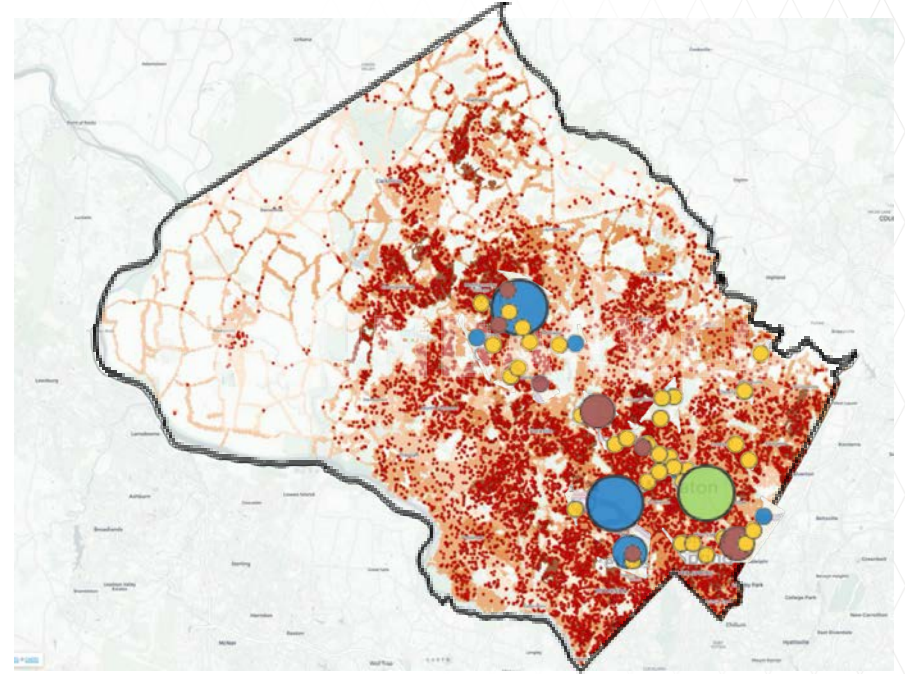
Testing Volume



Site Categories

- ALF Sites
- Shelter Sites
- County House Referrals
- Housing Commission Sites

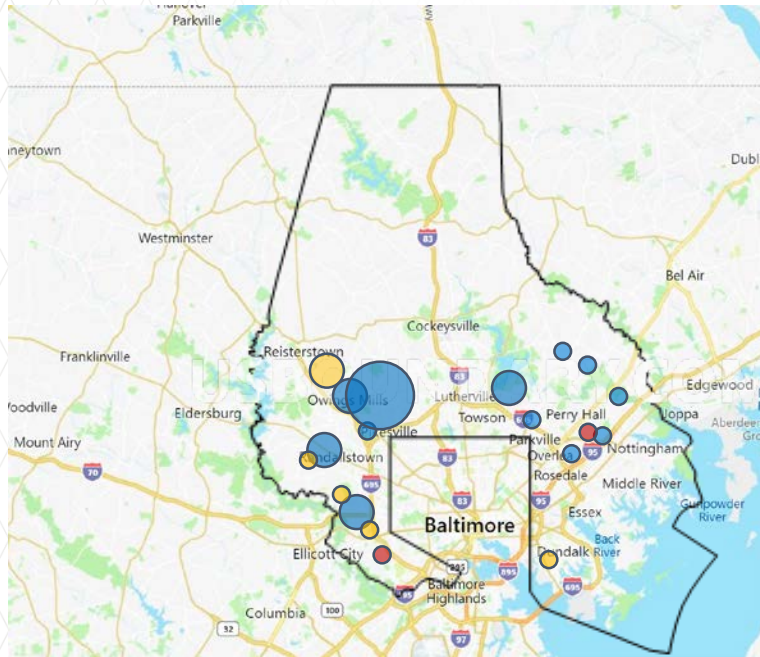
TMIP Sites & Socially Determined Severe Risk Areas



TMIP testing sites overlaid over Socially Determined locations of 'Severe Risks' individuals for COVID in Montgomery County show that teams targeted areas of high vulnerability

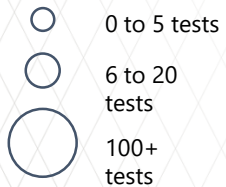
Baltimore County: TMIP Testing Locations

TMIP Testing Locations and Volumes

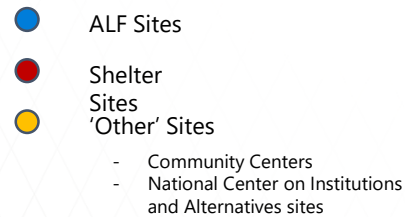


Legend

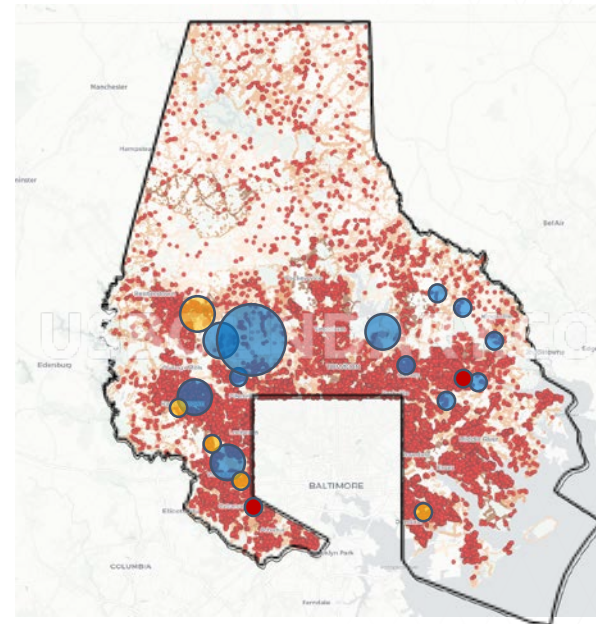
Testing Volume



Site Categories



TMIP Sites & Socially Determined Severe Risk Areas



TMIP testing sites overlaid over Socially Determined locations of 'Severe Risks' individuals for COVID in Baltimore County show that teams targeted areas of high vulnerability

Montgomery County: The Teams Have Impact Beyond The Numbers.....

Identified residents at shelter who weren't eating regularly and had underlying health concerns. Connected resident with the facility director to set up follow up appointments and arranged food deliveries through MANNA.



Served as a translator and connected family members to the nearby hospital's financial assistance department and with social workers to coordinate discharge of an admitted relative hospitalized for COVID



Connected an individual, who was a victim of intimate partner violence, at the women's shelter, with a pro bono counselor and provided resources for pertinent hotlines



Helped a young adult family member create a resume on the spot and start applying for jobs so she could support her family financially, many of whom had recently lost their jobs



Baltimore County: The Teams Have Impact Beyond The Numbers.....

Teams went to local Y Swim Centers to offer COVID testing along with COVID education and distribution of masks



Provided COVID testing for all patients and staff at large ALF sites like Sunrise at Pikesville – symptomatic staff members were sent home to prevent potential spread



Provided comprehensive medical assessment for developmentally disabled patients. The data obtained on site by teams were valuable for patient's care teams who might not have been aware of additional medical conditions








Refilled prescriptions for individuals who had run out of their mental health, cardiac, and other chronic condition medications and would otherwise have gone weeks or months without treatment



Lessons Learned in Serving Vulnerable Populations

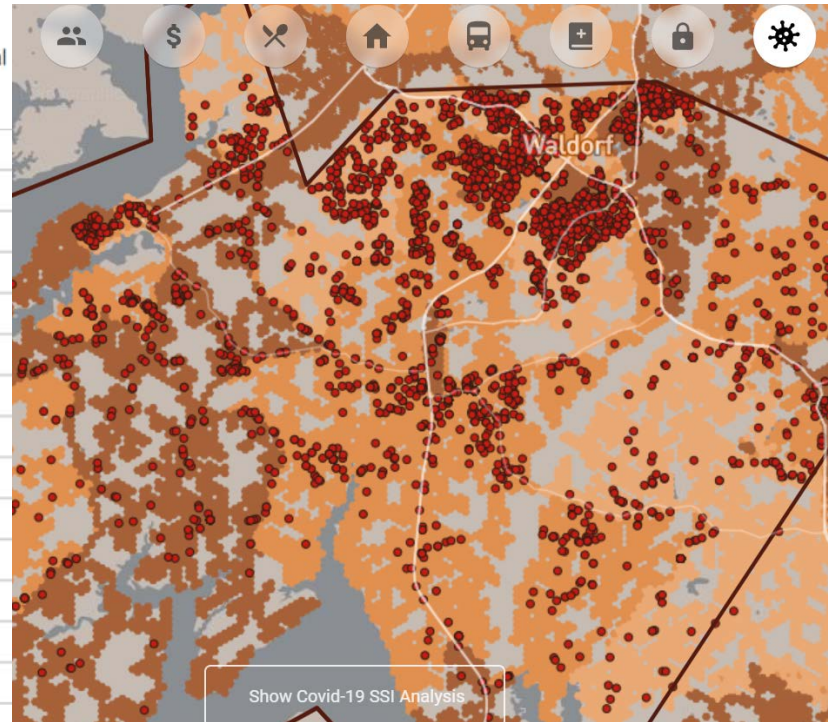


High-risk community members...

-  are often unaware of necessary public health measures required for COVID prevention, thus require additional educational support along with standard medical treatment
-  often have language barriers preventing appropriate COVID prevention, treatment, and care
-  don't have the means to seek COVID tests at clinics or nearby testing drive throughs, and thus require a mobile testing team
-  have reservations for receiving COVID tests (due to fear, unawareness, etc.) and thus need to be educated and encouraged by trusted community members
-  have complex behavioral health needs, which increase vulnerability for related COVID risks, and prevent proactive treatment and management

Disparity is driven by Social Needs

Dual Status	Zip Code	PracticeID	HCC Tier	COVID-19 Vulnerability Index *	Likelihood of Avoidable Hospital Events
Yes	21215	T1MD0622	Complex	4	73.26%
Yes	21202	T1MD0622	Complex		31.96%
Yes	21215	T1MD0690	Tier 4	3	20.89%
No	21225	T1MD0852	Complex	5	20.60%
Yes	21791	T1MD0886	Complex		17.62%
Yes	21223	T1MD0622	Complex	5	17.01%
Yes	21205	T1MD0622	Complex	4	16.19%
No	21060	T1MD0137	Complex	5	15.24%
Yes	21215	T1MD0690	Complex	5	14.55%
Yes	21229	T1MD0567	Complex	5	14.25%
Yes	21206	T1MD0690	Tier 2	4	12.93%
No	21224	T1MD0088	Complex	5	12.69%
No	21157	T1MD0886	Complex	5	12.42%
Yes	21202	T1MD0040	Complex	4	11.02%
No	21229	T1MD0212	Complex	5	10.94%
Yes	21223	T1MD0567	Complex	4	10.50%
Yes	21918	T1MD0850	Complex	5	10.36%
No	21220	T1MD0140	Complex	5	10.25%



Demographics- Economics- Food-Housing- Transportation
Health Literacy-Crime

Design New Workflows with Team

- ❖ PPE adequacy
- ❖ Communications
- ❖ Appointment workflow
- ❖ Registration workflow
- ❖ Rooming workflows, depending on conditions
- ❖ Discharge workflow
- ❖ Care management
- ❖ Workflows for high-risk, vulnerable patients
- ❖ Immunizations
- ❖ Lab testing
- ❖ Staff outage scenarios

About the Event:

The MDPCP Program Management Office (PMO) in collaboration with Medicalincs LLC is pleased to bring you a virtual, **FREE**

COVID-19 Training: Reopening Primary Care

This comprehensive, interactive, 3-hour training program is designed to provide primary care practices with a roadmap to reopening their practices, reviving primary care services & things to consider to be prepared for resurge; if necessary.

We will discuss:

- Establishing safe practices for in-office visits for both practice staff and patients
- Enhancements to telemedicine visits and patient self-monitoring
- Re-surge preparedness
- Insights on resources & tools

Questions?

Reach us via e-mail:

mdpcp@medicalincs.com

Guest Speakers:

MDPCP Primary Care Practice

Share what their primary care practice has done to reopen

COVID-19 Training: Reopening Primary Care



JOIN US:

All Primary Care Practice Providers & Staff are invited!

Register Today

The agenda is available when you register. Topics include:

Gating criteria, Preparing for in-office visits, Enhancing Telemedicine, Additional COVID-19 resources, and Resurge preparedness.

COVID-19 Training: Reopening Primary Care

Date: Thursday, June 18th, 2020

Time: 1:00-4:00 PM EST

Location: Online Webinar

Registration: **Please register** [Here](#)

Primary Care Role in Contact Tracing and Testing Process

❖ Contact Tracing

- Isolate households of positives
- Isolate PUIs pending results
- Tracers will reach out to contacts for positive tests
- Tracers will order tests on contacts
- Expect to get unexpected results for your patients

❖ Testing

- Expanded testing sites
 - ✓ VEIP
 - ✓ No appointment sites
 - ✓ Urgent care
 - ✓ Pharmacy drive thru
 - ✓ Primary Care offices - request tests from Local Health Offices
- Expanded testing priorities
 - ✓ Contacts
 - ✓ Asymptomatic
 - ✓ Others by request

COVID-19 Test Reporting

❖ CRISP

- Unified Landing Page (ULP)
 - ✓ Event Notification Service (ENS)
 - ✓ Clinical record
 - ✓ Snapshot

❖ Patients - by call

❖ Commercial labs

- Fax
- Direct to Electronic Medical Records (EMR)

Viewing patients' COVID-19 test results via the CRISP Unified Landing Page

CRISP provides alerts when patients' test results are available in the system. Results are in the health records, Patient Snapshot and via ENS PROMPT

❖ Health Records:

- Patients' full lab reports can be viewed in the "Laboratories" section of the Health Records application

❖ Patient Snapshot:

- Users can see in the Care Alert widget whether a patient has been added to the list of confirmed cases sent to CRISP

Test results via CRISP ULP (continued)

❖ ENS PROMPT:

- 1. Navigate to the “Add Filter” dropdown at the top of the screen
 - 2. Select the “Diagnosis Description” category
 - 3. Select “contains” from the list of options on the right
 - 4. Type “COVID” into the open field
 - 5. In the “Custom Filter” field type the name of the desired custom filter, then click “Save”
 - 6. Alerts for positive and negative test results, as well as confirmed cases, will now automatically populate
- ❖ Additional information may be found using this [link](#)

Please vaccinate children on schedule despite COVID-19!

- ❖ CDC data presented in the May 8th MMWR article show a significant decrease in vaccine orders in April 2020 compared to in April 2019
- ❖ ImmuNet data for MD show during April 2020, a 56% decrease in childhood immunization administration, a 36% decrease for 0-1 yo, and an 83% decrease among 2-18 yo compared to April 2019; there was a 71% decrease in MMR vaccine administration and 68% for Varicella vaccine
- ❖ The CDC and American Academy of Pediatrics recommend continuing essential services, including immunizations, during the COVID-19 pandemic
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>
 - <https://services.aap.org/en/pages/covid-19-clinical-guidance-q-a/>
- ❖ Reach out to your patients' families to stress the need for children to receive all recommended vaccinations
 - MDH also recommends reminder calls through your EHR or ImmuNet systems

Resources in the Appendix Slides

❖ Patients

- Meals on Wheels
- Caregiver Services Corps
- Senior Call Check Program

❖ Providers

- PPE
- Financial Support
- Testing
- Telemedicine
- CDC Guidelines
- Office workflows
- Health Insurance Exchange
- Volunteering & Employment Opportunities

CME Accreditation and Designation

- ❖ This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of MedChi, The Maryland State Medical Society, and The Maryland Department of Health. MedChi is accredited by the ACCME to provide continuing medical education for physicians.
- ❖ MedChi designates this live webinar educational activity for a maximum of 1 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Contact Frank Berry at fberry@medchi.org

CME Disclosures and Evaluation

- ❖ Presenters and Planners: Howard Haft, MD, has reported no relevant financial relationships to disclose.
- ❖ MedChi CME Reviewers: The reviewers from the MedChi Committee On Scientific Activities (COSA) for this activity have reported no relevant financial relationships to disclose.
- ❖ Please complete an evaluation at: [COVID-19 Update Evaluation](#)

Announcements

- ❖ Learn from our [Frequently Asked Questions page](#)
- ❖ MDPCP Participant Survey!
 - We want to hear from you! Help us assess programmatic impact by sharing your feedback. Please complete the survey by [following this link](#). Thank you!
- ❖ Future Webinars
 - Mondays: data updates and Minority Health
 - Wednesdays and Today: updates and Behavioral Health
 - ✓ June 10: Tony Korol-Evans, PhD
 - Statewide Trainer, Maryland Network against Domestic Violence
 - Every webinar focus on minority and vulnerable populations

IPV Screening During COVID-19

Best Practices in Telehealth for PCPs

**Maryland
Behavioral Health
Administration
Primary Care Program
June 9, 2020
Webinar**

**K. Tony Korol-Evans, Ph.D.
Statewide Trainer
301-852-3921
tkorol-evans@mnadv.org**

Maryland Network Against Domestic Violence
4601 Presidents Drive, Suite 300
Lanham, MD 20706
301-429-3601
mnadv.org



Objectives

- By the end of this webinar, you will be able to:
 - Explain the risks in using telehealth with a possible survivor of intimate partner violence (IPV).
 - Describe the best practices for using telehealth.
 - Determine safety of location.
 - List basic screening questions for working with patients who may be survivors of IPV.
 - Provide appropriate IPV resources for patients who need them.



Risk in using telehealth to screen for victims of Intimate Partner Violence

- ***Abuser may be listening which:***
 - *May cause the victim to be emotionally or physically injured*
 - *May lead to further isolation*
 - *May result in withholding of future medical care*

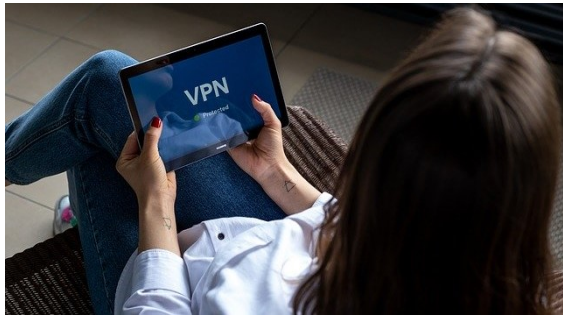


Best Practices for Telehealth*

- Follow all laws, regulations, and ethics to the extent that you are able.
- In the event that you are starting care with a new client, validate the client's identity (ID card, etc.).
- Ask for a telephone number so that you can reach the client if your technology fails.
- For every session, determine the client's **exact** location.
- Determine the privacy of the location in which your client is receiving telehealth services.

Safety of Location

Determining Privacy



- Are you in a private place?
- Are you alone in the room?
- Can anyone else hear us?

Offering Alternatives



- Can you move to a different room?
- Should we reschedule?
- Can you go for a walk?
- Can you go to your car?

Screening for IPV if you are able to ascertain privacy.

- Has your partner ever physically injured you?
- Has your partner threatened you or someone you love?
- Does your partner yell/put you down?
- Does your partner frighten you?
- Has your partner ever forced you to have sex?
- Does your partner control your money?



Screening for IPV if you are unable to ascertain privacy.

***With all that is going on,
do you feel safe in your home?***

- If answer is **yes**:
 - Please let me know if that changes.
- If answer is **no**:
 - Do you feel physically unsafe?
 - Do you feel emotionally unsafe?

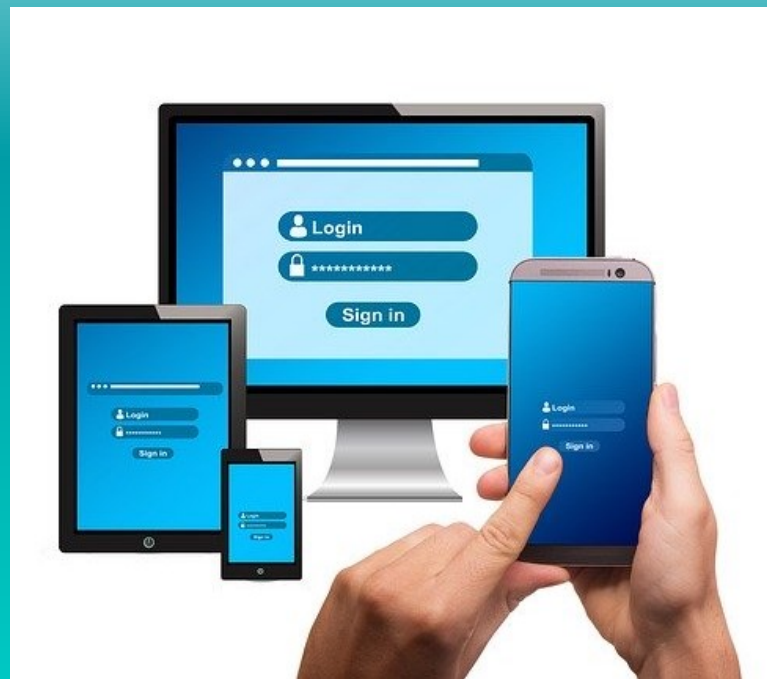
***Can you tell me more about
that at this time?***

- If answer is **yes**:
 - Please go ahead.
- If answer is **no**:
 - Let's set an appointment for a time when you can tell me more about that.

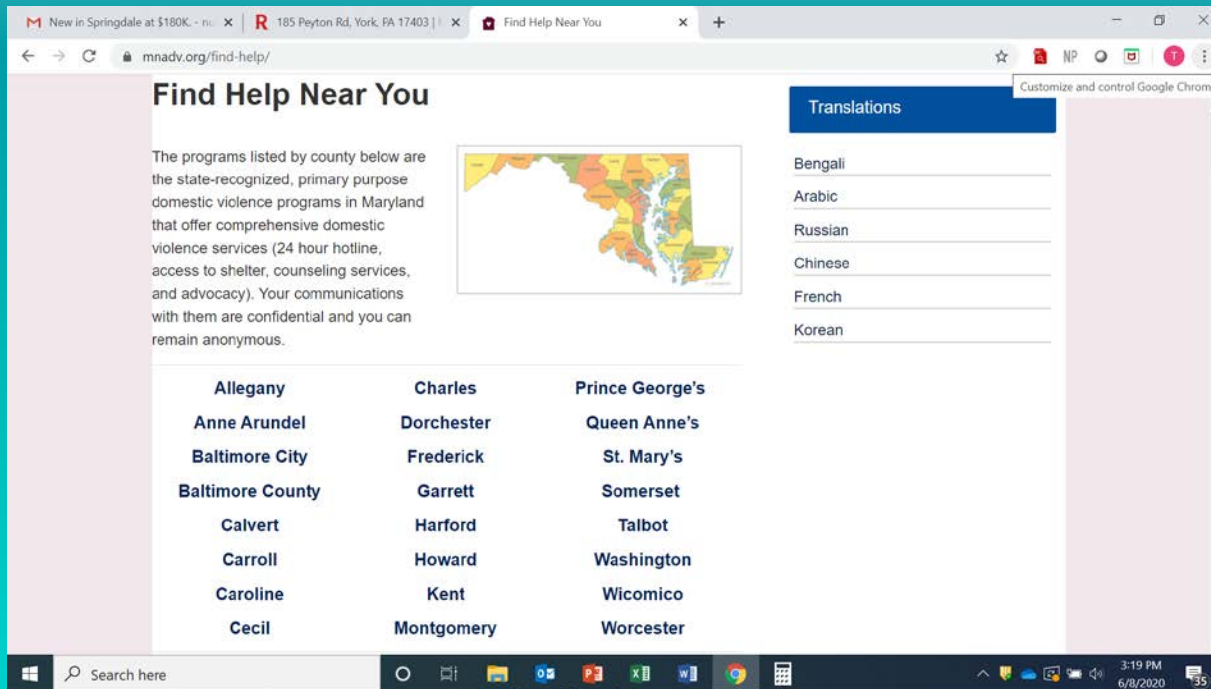
Remember: SAFETY FIRST, ALWAYS!

Security precautions for when the session is over.

- Security settings manage access to accounts.
- Make sure that the patient is able to clear history if they are going to use resources, etc.
- <https://www.techsafety.org/>



Resources: mnadv.org/find-help/



The screenshot shows a web browser window with the URL mnadv.org/find-help/. The page title is "Find Help Near You". Below the title, there is a paragraph of text and a map of Maryland. The text reads: "The programs listed by county below are the state-recognized, primary purpose domestic violence programs in Maryland that offer comprehensive domestic violence services (24 hour hotline, access to shelter, counseling services, and advocacy). Your communications with them are confidential and you can remain anonymous." The map shows Maryland divided into counties. Below the map is a grid of county names. To the right of the main content is a "Translations" section with a list of languages: Bengali, Arabic, Russian, Chinese, French, and Korean. The browser's address bar shows the URL and the page title. The Windows taskbar is visible at the bottom of the screenshot, showing the search bar and various application icons. The system tray shows the time as 3:19 PM on 6/8/2020.

Find Help Near You

The programs listed by county below are the state-recognized, primary purpose domestic violence programs in Maryland that offer comprehensive domestic violence services (24 hour hotline, access to shelter, counseling services, and advocacy). Your communications with them are confidential and you can remain anonymous.

Translations

- Bengali
- Arabic
- Russian
- Chinese
- French
- Korean

Allegany	Charles	Prince George's
Anne Arundel	Dorchester	Queen Anne's
Baltimore City	Frederick	St. Mary's
Baltimore County	Garrett	Somerset
Calvert	Harford	Talbot
Carroll	Howard	Washington
Caroline	Kent	Wicomico
Cecil	Montgomery	Worcester

Evaluations



Please fill out the evaluation at this link:

<https://md.coalitionmanager.org/formmanager/formsubmission/create?formId=42>

Please contact MNADV for any training or technical assistance needs.

Q&A

Questions and Answers

Please type into the Questions box on the right side of your screen.

Appendix

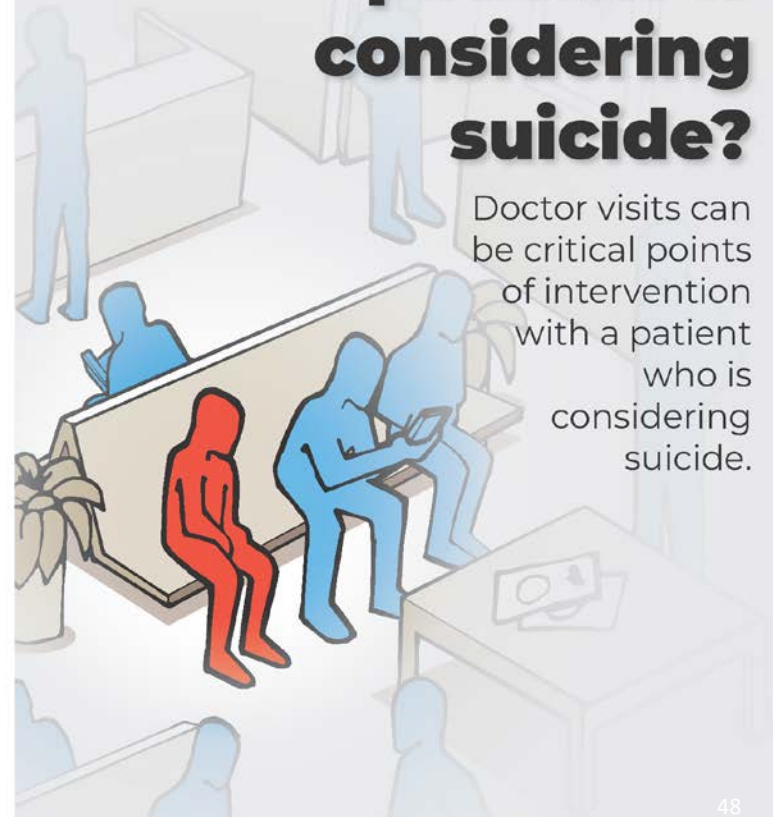
Resources and Links

MDH PCP Suicide Prevention Toolkit

- 64% of people who attempt suicide visited their doctor during the month before their attempt
 - The toolkit is designed to support the integration of suicide prevention practices into primary care
 - Training, screening, assessments, and risk management and reduction resources are provided to boost knowledge and comfort addressing suicide risk among PCP patients. A list of research articles is also provided for additional information
-

**Did you know
1 in 20 of your
patients is
considering
suicide?**

Doctor visits can be critical points of intervention with a patient who is considering suicide.



48

For more information, visit health.maryland.gov/suicidepreventiontoolkits



Scheduling In-Office Appointments

- ❖ Patient calls in for an appointment
 - Reception screens patient on the phone using the [pre-visit screening template](#)
 - Schedule in-office visits for different groups: At-risk and vulnerable patients on certain days, healthier patients on other days
 - Schedule telehealth and non-office-based care for other patients including follow-ups and patients uncomfortable with office visits
- ❖ Check In
 - Practice remote check in and limited front-desk contact
 - Consider using a triage zone outside of office or main area;
 - Or use a barrier at the front desk
 - Design your office to accommodate patients who come in specifically for COVID testing and triage, separate from patients who arrive for non-COVID related and elective procedures
 - Ensure patients and staff do not cross between COVID and non-COVID areas
 - Set aside a specific area for patients who come in for testing to wait and be triaged

Scheduling In-Office Appointments

- ❖ Checking out
 - Practice remote check out, limit front desk exposure;
 - Or use a barrier at the front desk
- ❖ If patient is paying co-pays, etc., set up credit card reader outside of the barrier

Governor Hogan Directive – Elective & Non-Urgent Medical Procedures may resume May 7, 2020

These measures must be in effect:

1. Licensed healthcare providers will use their judgment to determine what appointments and procedures are appropriate
2. Facilities and providers must have at least one week's supply of personal protective equipment (PPE) for themselves, staff, and as appropriate, for patients
 - i. PPE requests to any State or local health or emergency management agency will be denied for elective and non-urgent medical procedures
 - ii. The healthcare facility or healthcare provider must be able to procure all necessary PPE for its desired services via standard supply chains
 - iii. For hospitals with COVID-19 patients, MDH will determine a daily PPE per patient use rate for PPE requests
3. **Social distancing must be maintained in all waiting areas**

Governor Hogan Directive – Elective & Non-Urgent Medical Procedures may resume May 7, 2020, continued

4. All healthcare workers, patients, and others must be screened for COVID-19 symptoms upon arrival for shift or visit. Staff must stay home if they are showing COVID-19 symptoms.

5. All healthcare facilities and healthcare providers must implement enhanced workplace infection control measures > CDC guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>

- i. All healthcare providers and staff shall wear appropriate face coverings, to include cloth face coverings, surgical face masks or N-95 masks, respirators, and/or face shields**
- ii. Patients should wear a face covering whenever possible**

6. Any healthcare facility or provider unable to provide PPE for themselves, staff, and patients where appropriate must immediately restrict operations to urgent and non-elective procedures and appointments

Maryland Companies Producing Personal Protective Equipment in Response to COVID-19

Grant Recipient	County	Typical Production	COVID-19 Production
Awesome Ninja Labs	Baltimore City	Medical devices	Face shields
CoastTec	Carroll	Battery back-ups for computers	Battery packs for Vyaire ventilators
CR Daniels	Howard	Textile, plastics, and metal manufacturing	Face masks and gowns
DiPole Materials	Baltimore City	Custom nanofiber manufacturing	Filters for medical masks and respirators
DVF Corporation	Washington	Metal and plastic fabrications	Plastic components of respirators
Fashions Unlimited	Baltimore City	Apparel manufacturing	Surgical masks and protective gowns
Fabrication Events	Howard	Special event decor	Face masks, head coverings, and other PPE
Harbor Designs	Baltimore City	Manufacturing design and engineering	Ventilators
Hardwire, LLC	Worcester	Bulletproof body armor and equipment for law enforcement and the military	Face shields
K&W Finishing	Baltimore City	Traditional die cutting, coating, and other bindery services	Face shields

Grant Recipient	County	Typical Production	COVID-19 Production
Key Technologies	Baltimore City	Medical devices	Blower units for positive air pressure respirators
LAI International	Carroll	Components for aerospace and defense, medical devices and infrastructure systems	Face shields
Manta BioFuels	Baltimore County	Energy technology	Face shields
Marty's Bag Works	Anne Arundel	Canvas boating products, cushions, laser printing, and bags	Surgical masks, face shields, and lightweight gowns
Nations Photo Lab	Baltimore County	Full-service photo printing	Face shields
NRL & Associates	Queen Anne's	Ultra-precision machining, fabrication, and assembly	Ventilators
Potomac Photonics	Baltimore County	Biotech and medical devices	PPE visors
Rankin Upholstery	Montgomery	Auto, marine, aircraft and custom upholstery	Masks, gowns, and other PPE
Strouse	Carroll	Adhesive solutions	N-95 masks
X-Laser	Howard	Laser light show systems	Face shields

Personal Protective Equipment (PPE) Sources and Requests

- ❖ Routed through Local Health Departments
- ❖ Priority as previously stated - may change over time
- ❖ Maryland PPE Manufacturers List – next slide
- ❖ [National and International PPE Supplier List](#)
- ❖ [PPE request forms and local contacts](#)

State Launches Maryland PPE Network Supplier Portal

- ❖ Increasing Maryland's supply of PPE – one of the 4 building blocks on the Road to Recovery
- ❖ Maryland has launched the [Maryland Manufacturing Network Supplier Portal](#), an online platform that helps connect Maryland suppliers with buyers in need of critical resources
- ❖ Large daily deliveries come into the state's warehouses
- ❖ For additional business resources during COVID-19, visit businessexpress.maryland.gov/coronavirus

Help your patients get health coverage

Maryland Health Connection, the state's health insurance marketplace, has a Coronavirus Emergency Special Enrollment Period until June 15 for uninsured Marylanders. All plans on Maryland Health Connection cover testing and treatment of COVID-19.

❖ How to enroll

- Enroll online at MarylandHealthConnection.gov
- Call 1-855-642-8572. Deaf and hard of hearing use Relay service. Help is available in 200 languages.
- Download the free "Enroll MHC" mobile app to enroll on a phone/tablet.
- Navigators throughout the state can answer questions and enroll consumers by phone.

Considerations when Reusing N95 Respirators (CDC)

- There is no way of determining the maximum possible number of safe reuses for an N95 respirator as a generic number to be applied in all cases.
- Safe N95 reuse is affected by a number of variables that impact respirator function and contamination over time.
- Manufacturers of N95 respirators may have specific guidance regarding reuse of their product.
- CDC guidelines advise to discard N95 respirators before they become a significant risk for contact transmission or their functionality is reduced
 - Administrative controls (e.g. staff training, reminders, and posters)
 - Minimize unnecessary contact with the respirator surface
 - Strict adherence to hand hygiene practices
 - Proper PPE donning and doffing technique, including physical inspection and performing a user seal check
 - Engineering controls (e.g. use of barriers to prevent droplet spray contamination)

[Source](#)

CDC Guidelines - N95 Respirators and Infection Control

- Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
- Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, discard the respirator and perform hand hygiene as described above.
- Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.
- Follow the manufacturer's user instructions, including conducting a user seal check.
- Discard any respirator that is obviously damaged or becomes hard to breathe through.
- Pack or store respirators between uses so that they do not become damaged or deformed.

CDC Guidelines - Reusing N95 Respirators

- N95 respirator must only be used by a single wearer (Label N95 respirator on the straps with person's name)
- Consider use of a cleanable face shield (preferred) over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls), when feasible to reduce surface contamination of the respirator.
- Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses.
 - To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified (including date).
 - Storage containers should be disposed of or cleaned regularly.
- Follow the employer's maximum number of donnings (or up to five if the manufacturer does not provide a recommendation) and recommended inspection procedures.

CDC Guidelines - When to Discard N95 Respirators

- Discard N95 respirators following use during aerosol generating procedures
- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients
- Discard N95 respirators following close contact with any patient co-infected with an infectious disease requiring contact precautions

COVID-19 Testing Site Information

- ❖ Patients require a provider order for referral to testing sites
- ❖ Providers contact your local hospital or use the link below
- ❖ Sites are subject to host location restrictions and availability
- ❖ MD is also piloting drive-thru testing at several Vehicle Emissions Inspections Program (VEIP) locations – [FAQs available here](#).
- ❖ Current list of testing sites, please click [here](#)

CDC Guidelines for COVID Patient Management

- ❖ Healthy people can be monitored, self-isolated at home
- ❖ People at higher risk should contact healthcare providers early, even if illness is mild
- ❖ Older adults and people with severe underlying chronic medical conditions are at higher risk, need closer contact
- ❖ Emergency Department and Hospitals only when needed - not for screening or low risk/minimal disease
- ❖ **Guidelines are important and powerful tools, but remember providers' clinical experience and judgment are key to care**

Billing for End-of-Life Planning

- ❖ Billable event with AWW or Separate Encounter
- ❖ 99497 - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
- ❖ 99498 - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; each additional 30 minutes (List separately in addition to code for primary procedure)

Support for Patients at Home

❖ Food

- Meals on Wheels

❖ Caregivers

- Visiting nurses and caregivers

❖ Emotional support

- Support from family
- Phone calls and videochat to fight loneliness
- MD Department of Aging [Senior Call Check Program](#)

Caregiver Services Corps (CSC)



- ❖ **OPEN for primary care providers STATEWIDE!**
- ❖ The **CSC** call center (**800-337-8958**), staffed with specialists 7 days a week, matches volunteers for urgent and temporary assistance to people over 65 years old in their homes to help with:
 - Self-administration of medications
 - Ambulation and transferring
 - Bathing and completing personal hygiene routines
 - Meal preparation and arranging for delivery of groceries and/or prepared meals
 - Teaching how to use video technologies to connect with loved ones and/or healthcare providers
- ❖ Healthcare providers should alert their patients they are being referred
- ❖ **Seniors, their families and friends may call 211 to seek help and referrals to the elderly in need**

Hospital Surge Preparedness

- ❖ Convention Center needs medical staff – Visit <https://www.linkedin.com/jobs/view/1788387174>
- ❖ Tents and Modular Units - including ICUs
- ❖ Expansion within facilities
- ❖ Professional student staffing
- ❖ Employment opportunities for healthcare professional and support staff: www.MarylandMedNow.com

Opportunities to Volunteer and Serve

- ❖ Volunteer staffing opportunities - Maryland Responds Medical Reserve Corps (MRMRC)
 - <https://mdresponds.health.maryland.gov/>
 - Complete [Road to Readiness](#)

Staying Current - Sources

- ❖ [CDC](#)
- ❖ [MDH COVID-19 information page](#)
- ❖ [MDPCP COVID-19 webpage](#)
- ❖ Local Health Departments
- ❖ [CONNECT](#)
- ❖ Clinician Letters
- ❖ Multiple Resource Links in Appendix

MedChi/CareFirst/Backline Grant

CareFirst BlueCross BlueShield (CareFirst) and the Maryland State Medical Society (MedChi) launched a grant program that will equip additional Maryland physicians with the technology they need to provide needed virtual care during the COVID-19 pandemic and beyond

Eligibility Requirements

- The medical practice and medical license are in Maryland
- The medical practice is a private, independent group of five or fewer physicians
- The practice enrolls in Backline after March 1, 2020 as the result of the COVID-19 crisis
- MedChi has confirmed the practice's enrollment with DrFirst
- Enrollment in Backline occurs before December 31, 2020

Application Steps

Can be completed in less than 5 minutes

- Complete the application linked [here](#)
- Email completed application to amullin@medchi.org
- For questions, email or call Andrea Mullin at amullin@medchi.org or 800-492-1056 x3340

Grant Amount

\$300 per eligible physician



Federal Emergency Funds for Small Business

- ❖ [Disaster Loan Assistance](#) (from Small Business Administration)
 - Low-interest financial disaster loans for working capital in small businesses suffering substantial economic injury due to COVID-19
 - [FAQs](#)
- ❖ [CARES Act](#) (pending federal legislation)
 - Sets up a \$350 billion loan program for small businesses
 - Small businesses can apply for low-interest loans that cover up to 2.5 months of expenses
 - Maximum loan amount is \$10 million
 - Loans can cover payroll, rent, utilities, or existing debt obligations
 - Interest rates cannot exceed 4%
 - If employer continues to pay workers through June, the amount of the loans that went toward eligible costs would be forgiven
 - Loans will be available through the [Small Business Administration](#) and Treasury-approved banks, credit unions, and some nonbank lenders

State Emergency Funds for Small Business

- ❖ [COVID-19 Layoff Aversion Fund](#) (from Maryland Governor Larry Hogan and Maryland Dept. of Labor)
 - Designed to support businesses undergoing economic stresses due to the pandemic by minimizing the duration of unemployment resulting from layoffs
 - Award of up to \$50,000 per applicant
 - Will be quick deployable benefit and customizable to specific business needs
- ❖ [View the One-Pager](#)
- ❖ [COVID-19 Layoff Aversion Fund Policy](#)
- ❖ [COVID-19 Layoff Aversion Fund Application](#) (Excel)
- ❖ Submit your completed application to: LaborCOVID19.layoffaversion@maryland.gov.

Food Resources

❖ Nutrition: Inform patients that children can receive three free meals/day at sites listed on:

- [Maryland Summer Meals](#)
- [Montgomery County](#)
- [Prince Georges County](#)
- [Charles County](#)
- [Frederick County](#)
- [Howard County](#)
- [Anne Arundel County](#)
- [St. Mary's County](#)
- [Harford County](#)
- [Calvert County](#)

❖ Free meals available from 42 rec centers in Baltimore

- Call 311 for locations and to schedule pickup time

Resources for Specific Groups

- ❖ Community- and Faith-Based Organizations
(<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-community-faith-organizations.html>)
- ❖ Mass Gatherings and Large Community Events
(<https://www.cdc.gov/coronavirus/2019-ncov/community/mass-gatherings-ready-for-covid-19.html>)
- ❖ Non-Pharmaceutical Interventions for Specific Groups
(<https://www.cdc.gov/nonpharmaceutical-interventions/index.html>)

Resources and References

- ❖ Maryland Department of Health Coronavirus Website (<https://coronavirus.maryland.gov>)
- ❖ CDC Coronavirus Website (<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>)
- ❖ CDC National data on COVID-19 infection and mortality (<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>)
- ❖ CDC Interim Guidance for Homes and Communities (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>)
- ❖ CDC Interim Guidance for Businesses (<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html>)
- ❖ CDC Interim Guidance for Childcare and Schools (<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html>)
- ❖ CDC Travel Website (<https://wwwnc.cdc.gov/travel/>)

State Emergency Funds for Small Business

- ❖ [Maryland Small Business COVID-19 Emergency Relief Loan Fund](#)
 - \$75 million loan fund (to be paid to for-profit business only)
 - Loans are up to \$50,000
 - No interest or principal payments due for the first 12 months
 - Thereafter converts to 36-month term loan of principal and interest payments, with interest rate of 2% per annum
- ❖ [Maryland Small Business COVID-19 Emergency Relief Grant Fund](#)
 - \$50 million grant program for businesses and non-profits
 - Grant amounts of up to \$10,000
 - Grant amounts not to exceed three months of demonstrated cash operating expenses for Q1 2020
- ❖ [Emergency Relief Fund FAQ](#)
- ❖ Questions or concerns
email fpaaworkflowcoordinator.commerce@maryland.gov.