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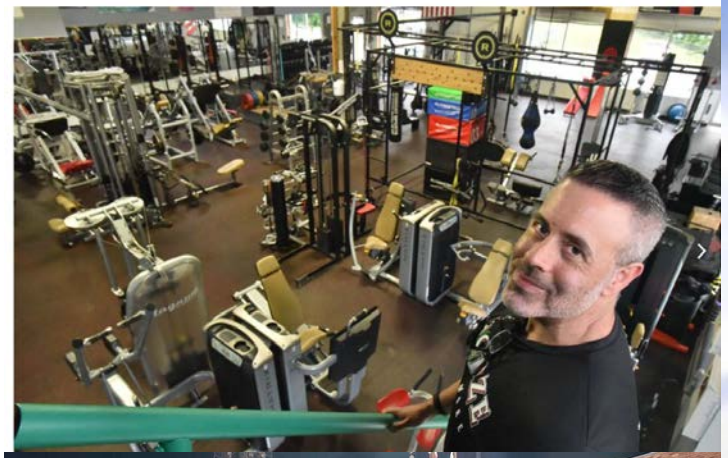
COVID-19 Update
“In the Middle?”

Maryland Department of Health
Maryland Primary Care Program
Program Management Office

29 June 2020

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



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.

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Agenda

- Today's Morbidity and Mortality Data
- Projections
- National Prevalence Surges
- Office-based Testing
- Contact Tracing
- Phase 2 State Opening
- Future Webinars Info
- Minority Health Disparities Guest Speaker
- Q & A
- Resources Appendix

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Morbidity and Mortality Update

	New Cases (6/28)	Cumulative Cases	Cumulative Hospitalized	Cumulative Deaths
United States		2,504,175 (6/28)		125,484 (6/28)
Maryland	477	67,254	16.0%	3048

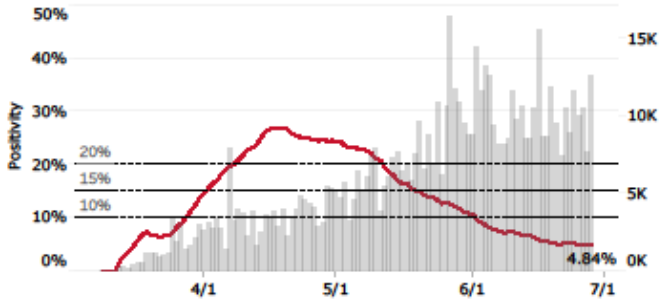
	20-29	30-39	40-49	50-59	60-69	70-79	80+
% of cases	14.75	18.69	17.77	15.74	11.23	7.08	6.62
Case rate (per 100,000)	1230.20	1537.36	1541.04	1221.56	1113.37	1249.21	2043.41
% of cases hospitalized	6.03	8.49	11.89	19.62	28.77	39.95	32.08
Rate hospitalized (per 100,000)	74.18	130.51	183.28	239.65	320.30	499.00	655.35

COVID-19 Daily Report - Maryland Department of Health

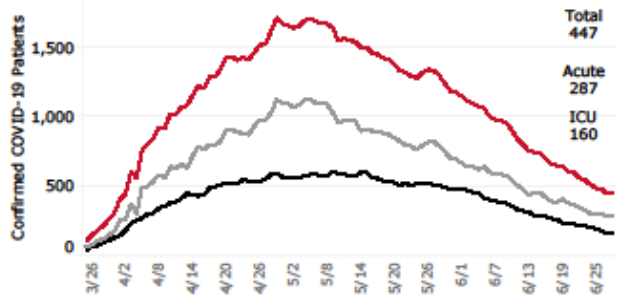
Data reported as of 6/29/2020

67,254	12,536	644,026	3,048
confirmed cases	tests reported 6/28	cumulative tests	confirmed deaths
+477	**4.74%**	**4.84%**	**+6**
cases reported on 6/28*	daily positivity reported 6/28	7-day avg. positivity** reported 6/28	deaths reported on 6/28

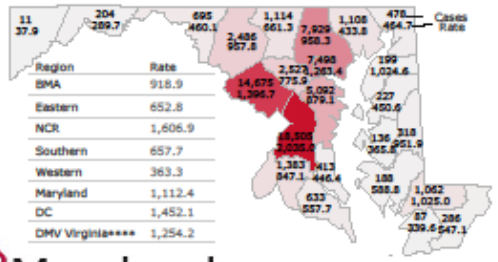
7-Day Avg. Percent Positive Testing** and Total Testing Volume



Statewide Acute/ICU Beds Occupied by COVID Patients



Cases and Rates by County of Residence



Region	Rate
BMA	918.9
Eastern	652.8
NCR	1,606.9
Southern	657.7
Western	363.3
Maryland	1,112.4
DC	1,452.1
DMV Virginia****	1,254.2

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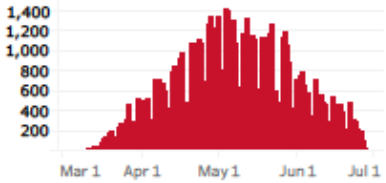
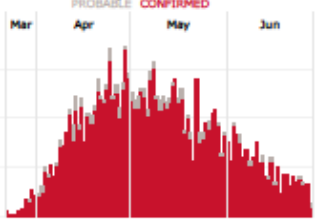
Daily Cases

by Specimen Collection Date

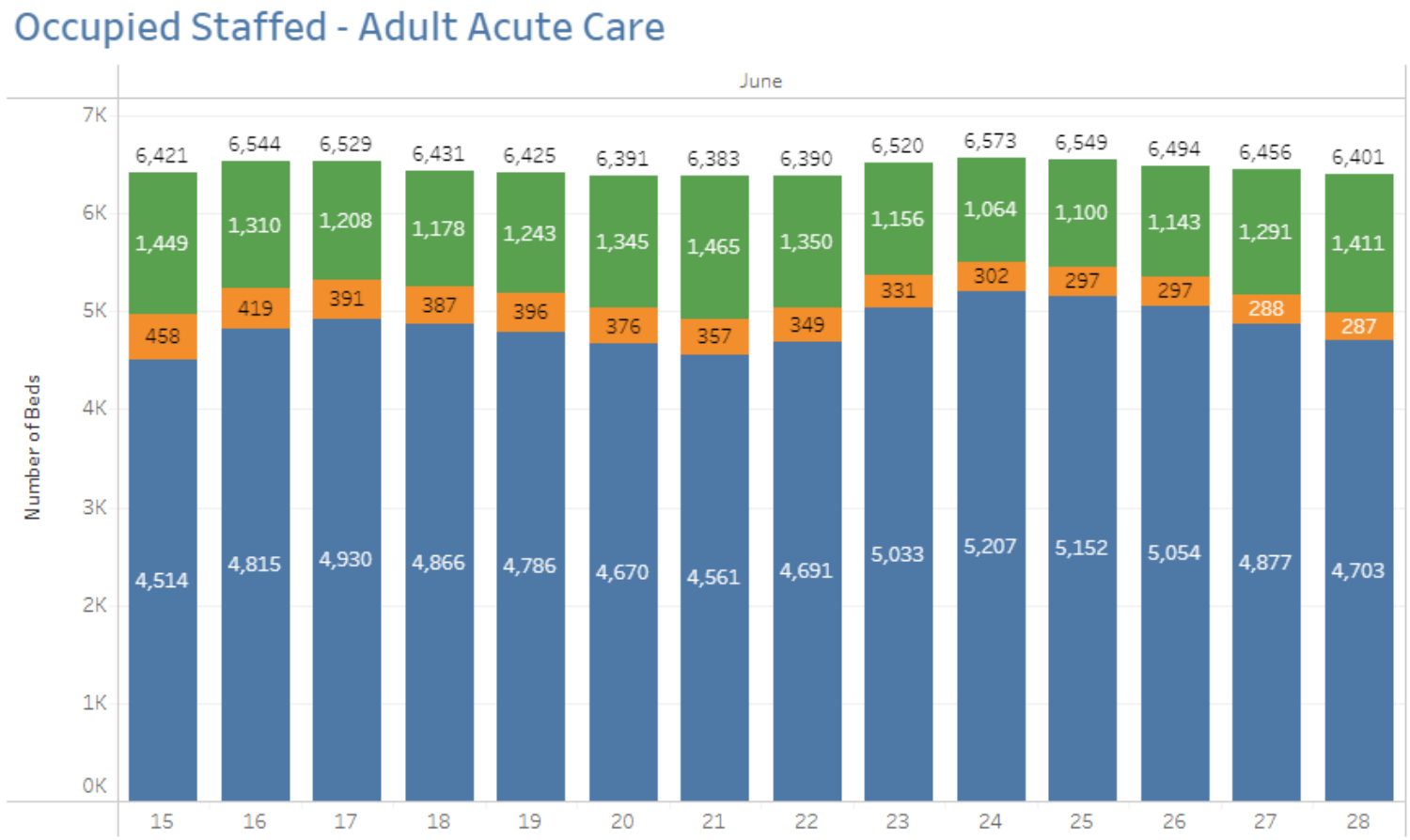


Daily Deaths



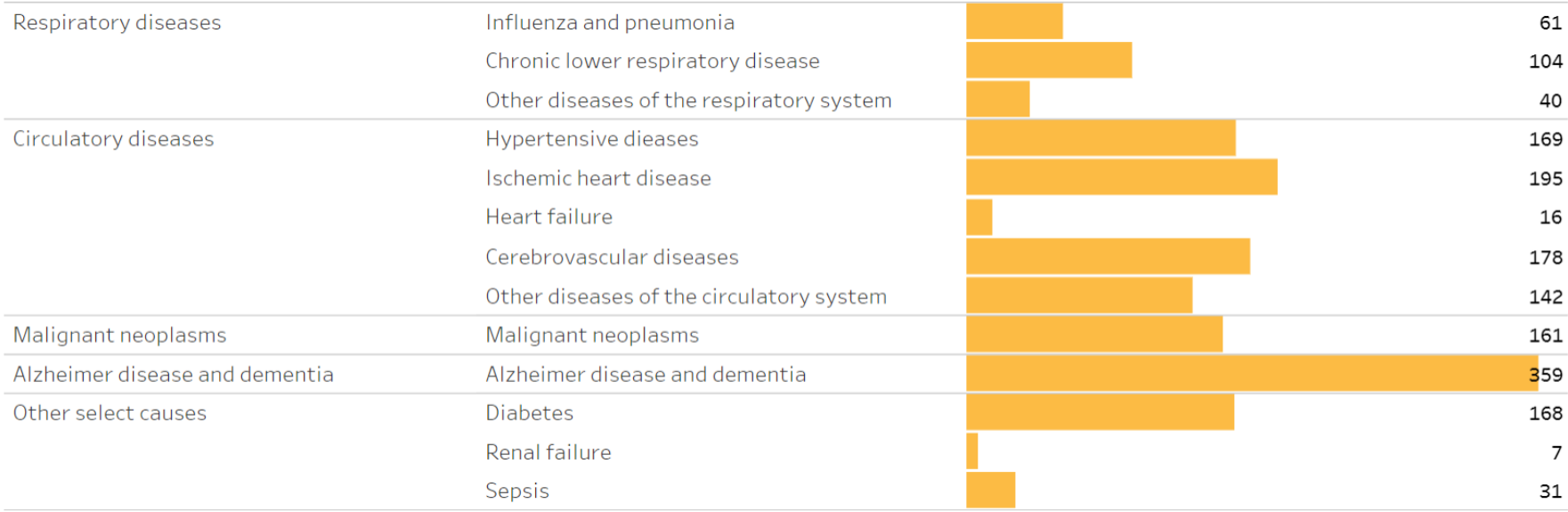
All case-related counts on this dashboard are of individual people infected with COVID-19.
Report date: the day a case was reported to the Maryland Department of Health.
Specimen date: the day the initial lab specimen was collected.
BMA: Baltimore Metro Area; NCR: National Capital Region. DMV: DC, Maryland, 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.*

Hospital Capacity and Use

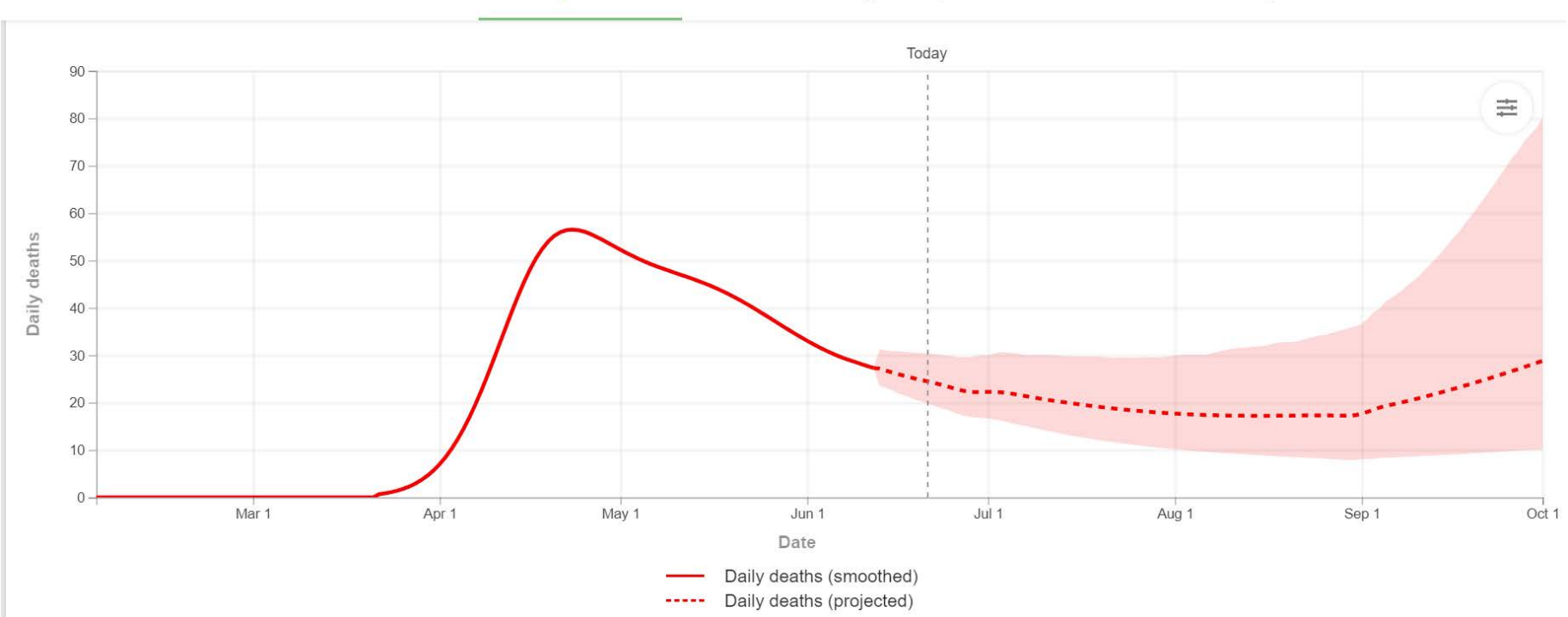


Pent-Up Demand and Excess Deaths Maryland

Total number of deaths above average since 2/1/2020, by cause of death



Daily Deaths



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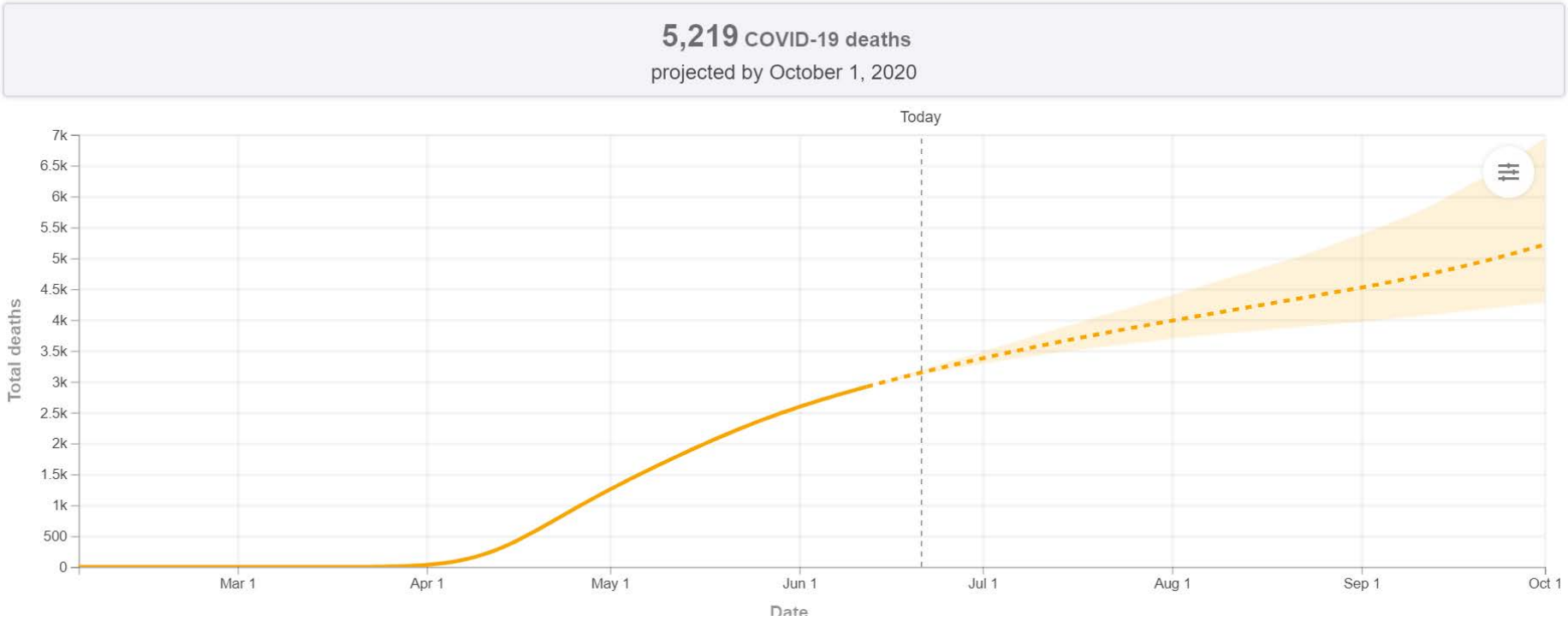
Total Deaths
Most in Vulnerable Individuals



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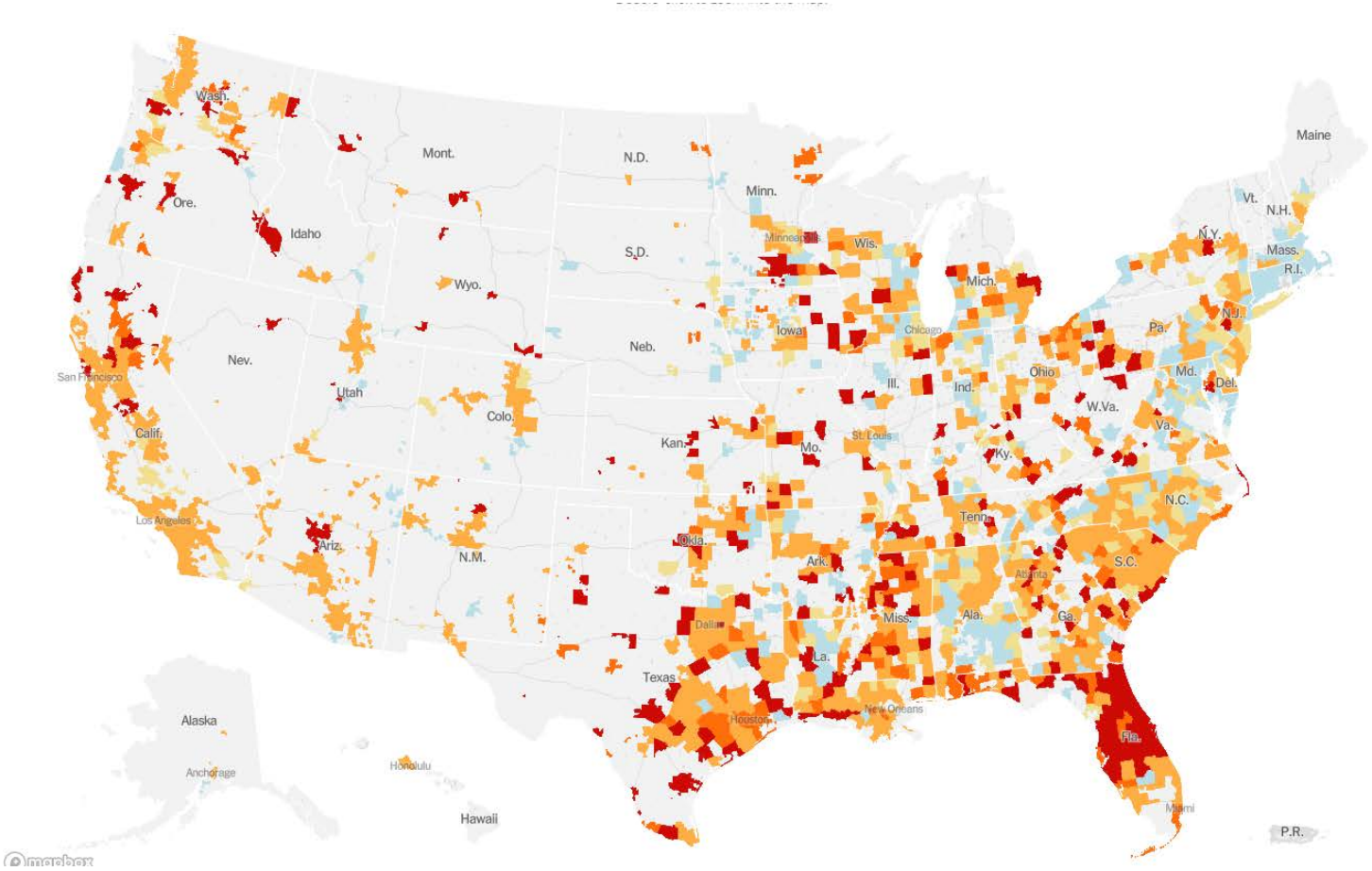
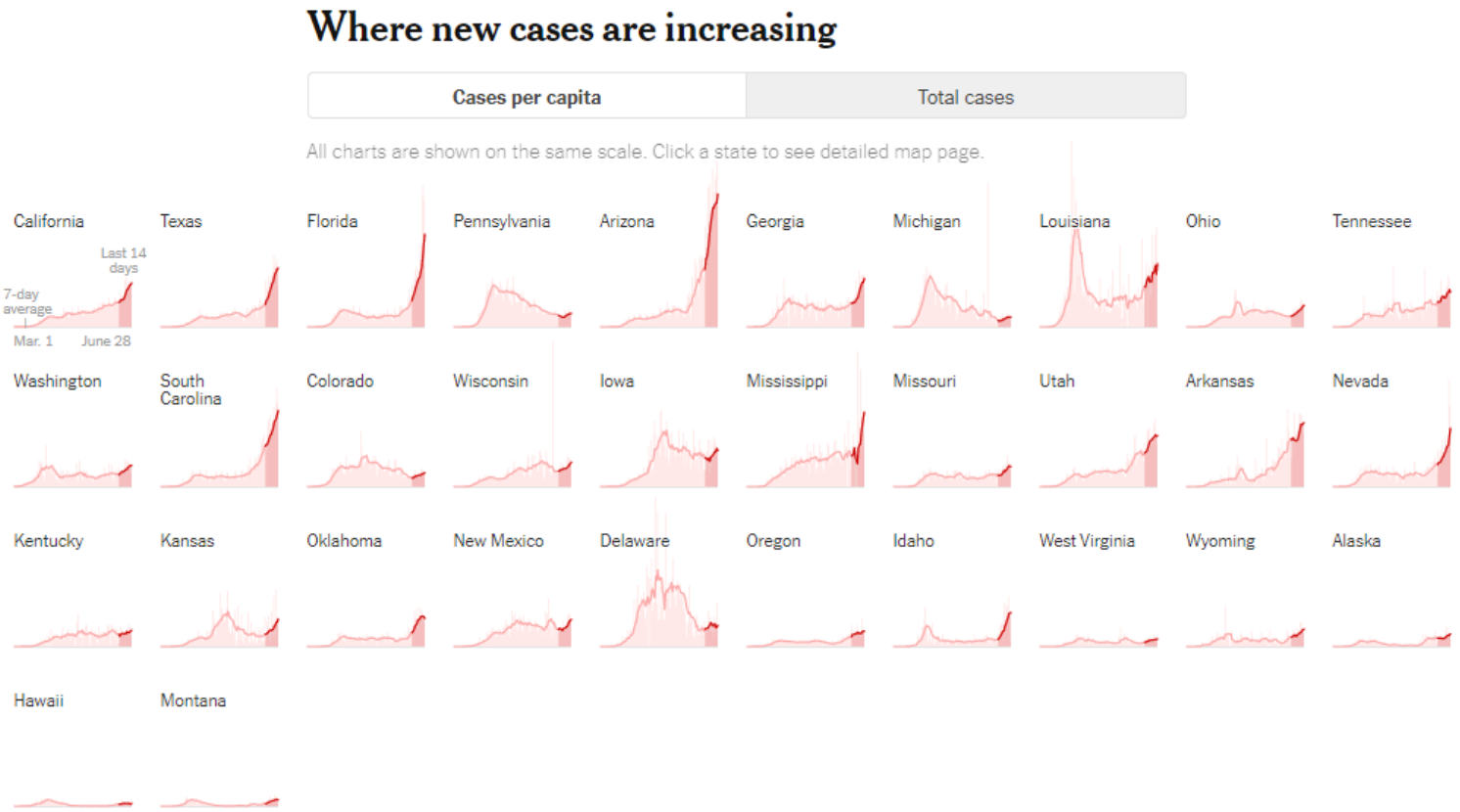
COVID-19 Outbreak US Hotspots

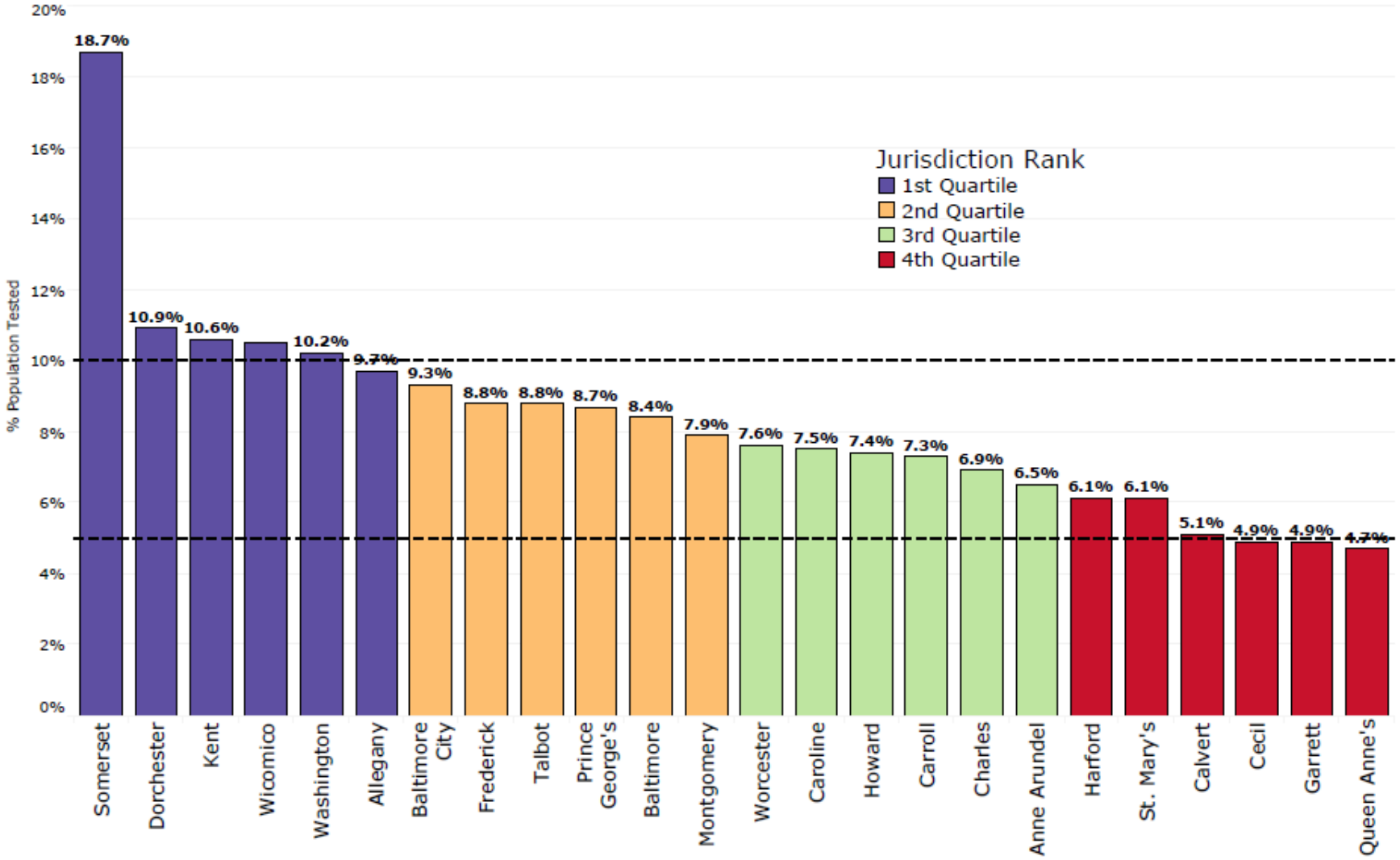


State-by-state – COVID-19 cases are rising



Percent of Population Tested for COVID-19 in Maryland Counties

Data reported as of 6/23/2020



State and Jurisdiction	Positives	Total Pop Tested	% Pop Tested	Daily Testing Volume	Total Testing Volume	7-day Positivity %
Maryland	**63,956**	**462,280**	**7.7%**	**11,802**	**555,874**	**5.2%**
Allegany County	188	6,134	8.6%	296	6,742	0.6%
Anne Arundel County	4,880	35,435	6.2%	915	43,118	5.8%
Baltimore County	7,480	67,439	8.1%	1,381	83,309	6.5%
Baltimore City	6,993	53,218	8.8%	1,460	64,041	5.7%
Calvert County	393	4,547	4.9%	164	5,049	2.8%
Caroline County	290	2,400	7.2%	39	2,737	2.3%
Carroll County	1,028	11,697	6.9%	248	13,816	1.8%
Cecil County	460	4,856	4.7%	160	5,575	4.5%
Charles County	1,304	10,620	6.6%	219	12,583	3.3%
Dorchester County	180	3,326	10.4%	72	3,848	5.4%
Frederick County	2,380	21,392	8.4%	541	24,329	4.7%
Garrett County	10	1,400	4.8%	33	1,688	0.6%
Harford County	1,052	14,886	5.9%	281	16,187	2.9%
Howard County	2,409	23,096	7.1%	589	25,543	5.8%
Kent County	193	1,983	10.2%	69	2,422	1.8%
Montgomery County	14,004	79,744	7.6%	2,398	92,264	6.9%
Prince George's County	17,804	75,494	8.3%	1,748	87,578	8.9%
Queen Anne's County	204	2,228	4.4%	56	2,765	4.2%
Somerset County	83	4,724	18.4%	60	4,999	1.6%
St. Mary's County	597	6,664	5.9%	196	8,461	2.6%
Talbot County	113	3,080	8.3%	141	3,538	1.3%
Washington County	602	13,485	8.9%	326	16,132	2.1%
Wicomico County	1,039	10,648	10.3%	158	12,802	4.0%
Worcester County	270	3,784	7.3%	138	4,188	4.0%

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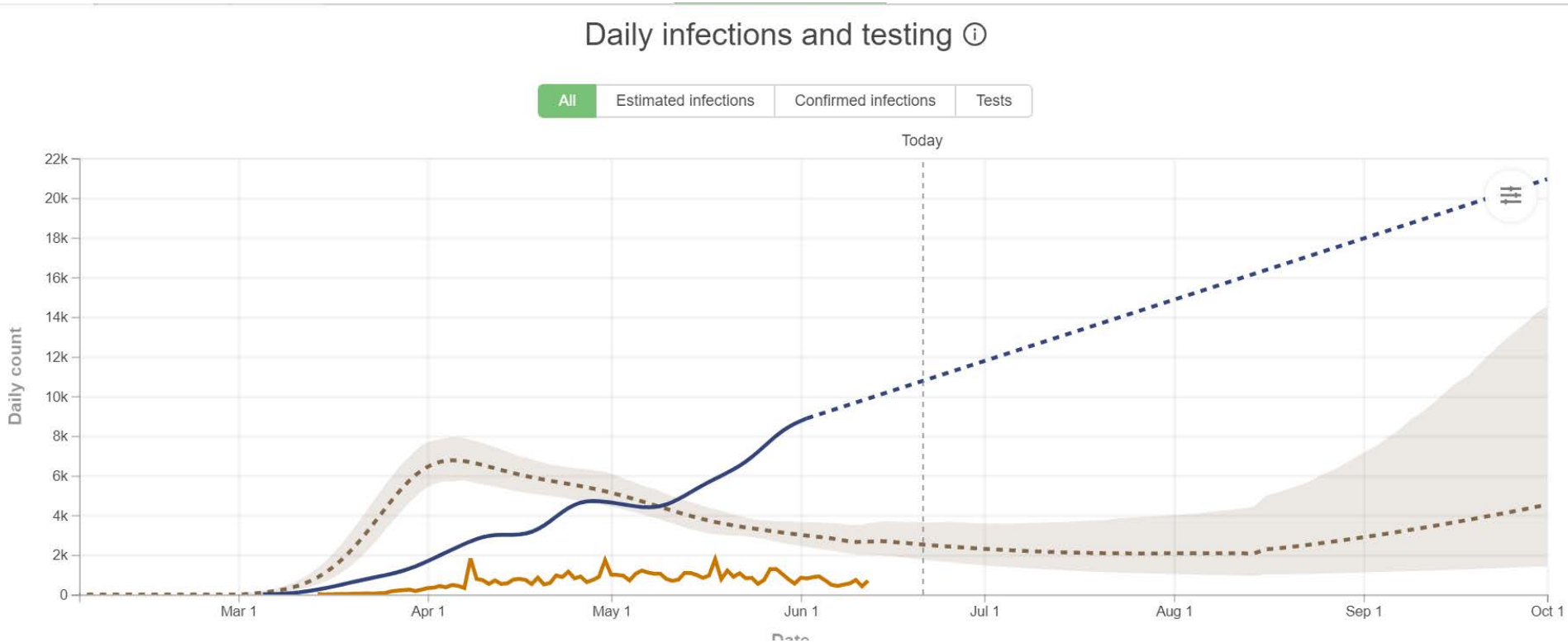
Testing and Infections



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Testing Marylanders in Primary Care

Governor Hogan encourages all primary care providers to test their patients for COVID-19 in support of the long-term statewide testing program.

- Governor asking all MDPCP practices to help expand testing to mitigate COVID-19 spread, including isolating asymptomatic individuals and contacts
- Broad testing of symptomatic and asymptomatic patients
- PPE and testing supplies will be provided to practices that are testing
- Patients should be tested regardless of payer - no cost to patients
- Practices may want to prioritize testing based on CVI
- Collection and interpretation of samples are reimbursable

Office-Based COVID Testing Workflows

- Parking lot tents
- Parking lot drive through
- Dedicated office testing room
- Dedicated days/times for testing
- Dedicated staff for testing

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Sampling techniques

- Nasopharyngeal
  - Uncomfortable and likely to cause sneeze/cough
  - Requires full PPE
- Midturbinate
- Nasal
  - Can be self-administered by patient
  - Limited PPE needed
- Oral
- Saliva

Nasal Sampling Technique

- Nasal sampling is less invasive and results in less patient discomfort than sampling from other upper respiratory anatomical sites.
- A self-administered nasal swab is similarly effective to a nasopharyngeal swab in detecting coronavirus.
- Collection of nasal swab specimens is less technically complex, so can reduce the risk of infection spread to healthcare providers, by (1) reducing the duration of the procedure, and (2) allowing the patient to perform self-collection under supervision.
- Nasal swab collection also reduces PPE use since patients can perform self-collection under supervision (instead of healthcare providers performing the collection).
- The procedure for nasal (anterior nasal) sampling is as follows: Using a flocked or spun polyester swab, insert the swab at least 1 cm (0.5 inch) inside the nostril (naris) and firmly sample the nasal membrane by rotating the swab and leaving in place for 10 to 15 seconds.
- Sample both nostrils with same swab.
- For healthcare providers observing patient self-collection of nasal (anterior nares) samples, so are therefore handling specimens, but are not directly involved in collection and not working within 6 feet of the patient: Follow Standard Precautions
- Gloves are recommended. Note that healthcare personnel are recommended to wear a form of source control (facemask or cloth face covering) at all times while in the healthcare facility.
- PPE use can be minimized through patient self-collection *while the healthcare provider maintains at least 6 feet of separation.*

Lab Selection

- Commercial
  - Quest
  - Labcorp
  - Cian
- State
  - Cian
- Hospital
  - University of Maryland
  - Johns Hopkins

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Contact Tracing

Governor Hogan encourages all primary care providers to test their patients for Covid-19 in support of the long-term statewide testing program.

- COVID-19 testing is no longer restricted to symptomatic patients
- Providers should make sure the patients' phone numbers are updated in the electronic medical record before ordering a test
- Providers should advise tested patients to monitor their telephones closely for 72 hours after specimen collection, as they will receive a contact tracing call from MD COVID (240-466-4488) if positive
- MDH Contact Tracing Information for Healthcare Providers

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Gating Benchmark Metrics

Focus on gating benchmarks for continued safe rollout of expanding reopening efforts, and as we transition from “Stay at Home,” to voluntary “Safer at Home”

“Stop Signs”

- An unexpected increase in hospitalizations or a sustained increase in cases requiring intensive care; and sustained increase in cases over a period of five or more days
- Increase in number of daily COVID deaths
- Indications that Marylanders are disregarding physical distancing guidelines
- Significant outbreaks of community transmission (not clusters or outbreaks in particular nursing homes or vulnerable communities) where contact tracing cannot establish the route of the spread

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Additional Resources

- Framework for Healthcare Systems providing Non-COVID-19 Clinical Care during the COVID-19 Pandemic
- PPE Emergency Medical Material Request Form
- MGMA COVID-19 Medical Practice Reopening Checklist
- AMA: A Physician's Guide to Reopening
- CDC Coronavirus (COVID-19) Homepage and Facebook pages
- CDC Guidelines: Recommendations for Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare
- CDC Print Resources to support COVID-19 recommendations
- Medical Group Management Association (MGMA) COVID-19: Sample Letter for Reopening a Practice
- National Governor's Association: Roadmap to Recovery and Public Health Guide for Governors

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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**

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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

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Announcements

- Learn from our Frequently Asked Questions page
- Future Webinars
  - **Beginning in July – Wednesdays only - alternating between Behavioral Health and Minority Health guest speakers**
- Today – David Mann, MD, PhD, Epidemiologist, MDH Office of Minority Health and Health Disparities

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MDPCP Webinar Series

Health Equity, Social Justice, COVID-19 and the Provider's Role in the Solutions

David A. Mann, MD, PhD, Epidemiologist,

Office of Minority Health and Health Disparities

Maryland Department of Health

June 29, 2020

Health Equity and Health Disparity Basics

- **Original concept of health disparity:**
  - **A health difference due to disadvantage and discrimination**
  - **Therefore, unjust and unfair, and in need of resolution**
  - **Disparity and Health Inequity were synonymous terms**
  - **See** https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities

- **More recent usage:**
  - **Disparity is being used to mean any difference**
  - **Inequity is being used to mean those that are unjust**
  - **Disparity and Inequity no longer synonymous**

Health Equity and Health Disparity Basics (2)

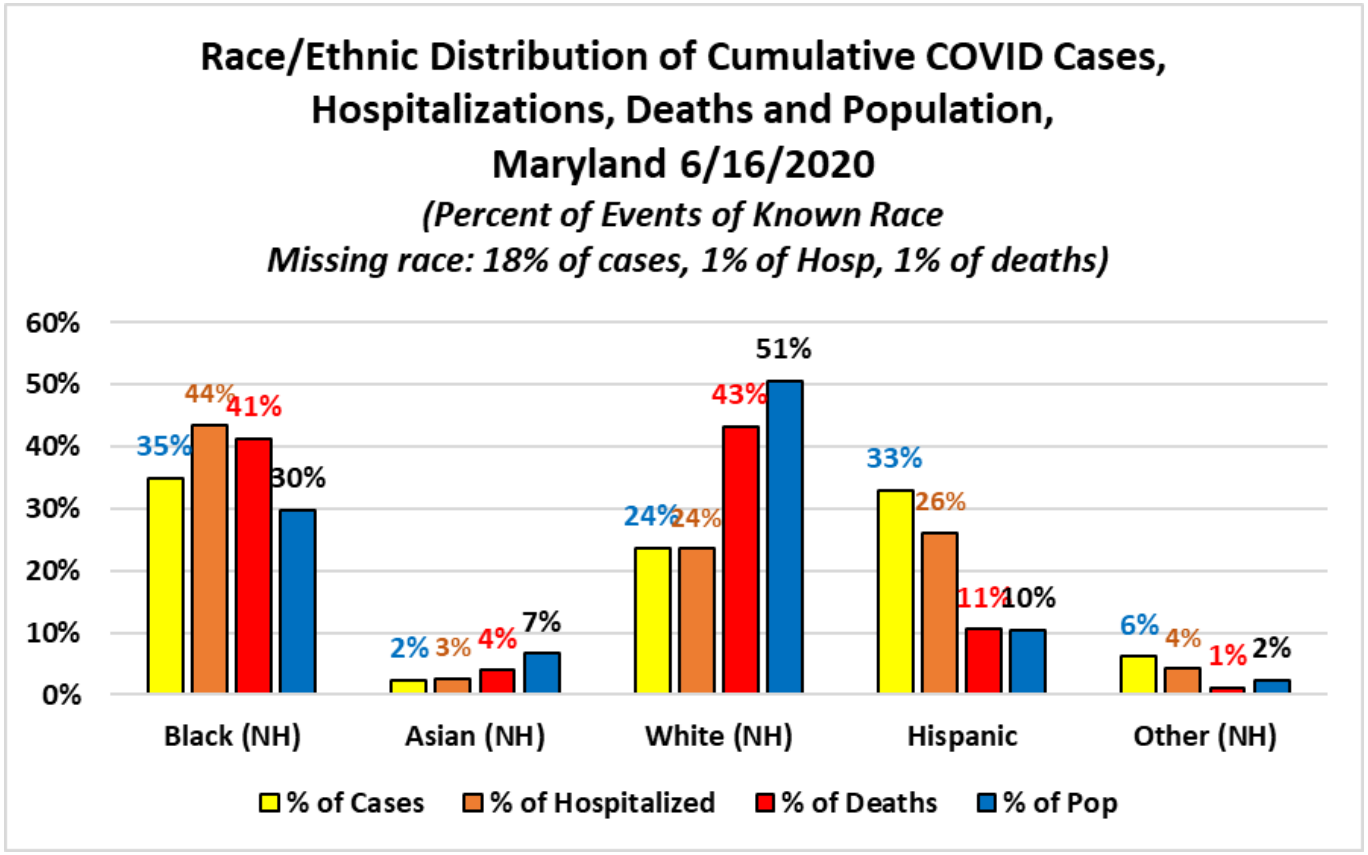
- **Health Equity: equal opportunity to achieve optimal health**
  - **Focus on the social determinants of health:**
  - **Education, employment, income, wealth distributions**
  - **Housing, food security, transportation, violence, justice system, etc.**

- **Health Disparities includes both**
  - **Health status disparities (next slide)**
  - **Health care disparities (differences in access and quality)**
    - **A process disparity**

Health Equity and Health Disparity Basics (3)

- Causal Chain of Health Status Disparities
  - Disparities in ultimate outcomes (death, morb, utiliz, cost)
  - Come from
    - Disparities in Disease Frequency (incidence or prevalence)
    - Disparities in bad outcomes per case
  - These in turn come from
    - Disparities in risk factors and preventive services
    - Disparities in treatment success among cases
  - And these, in turn are driven by Social Determinants of Health

Maryland Disparities in COVID Cases, Hosp, Deaths



Black excess in all three metrics vs population.

Whites low in all three metrics vs population, deaths high for case and hospital share.

Hispanics high in cases and hospital but not deaths

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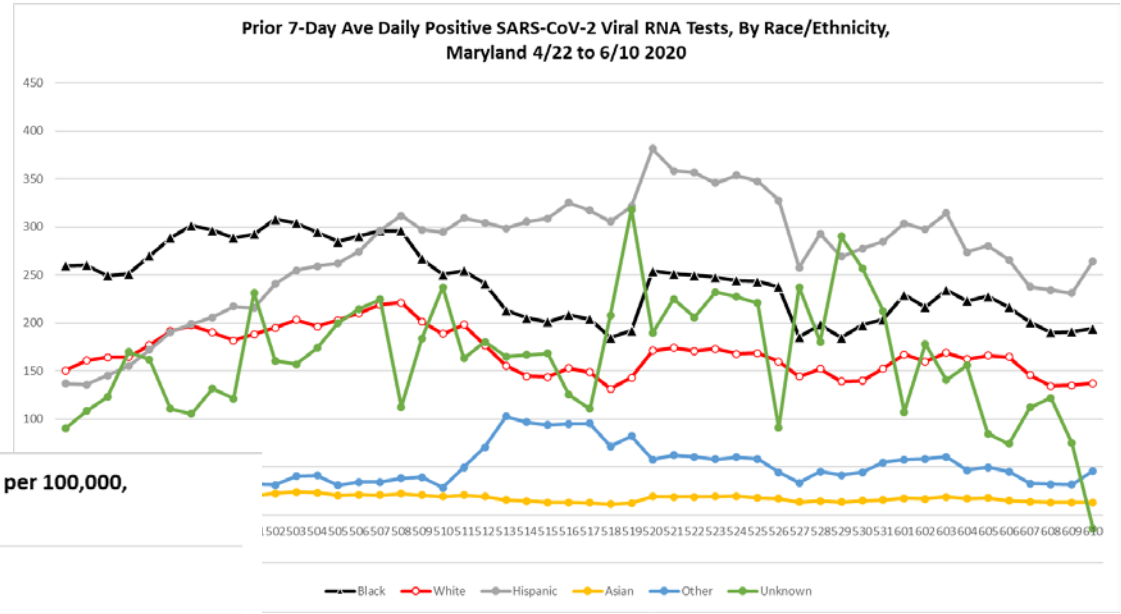
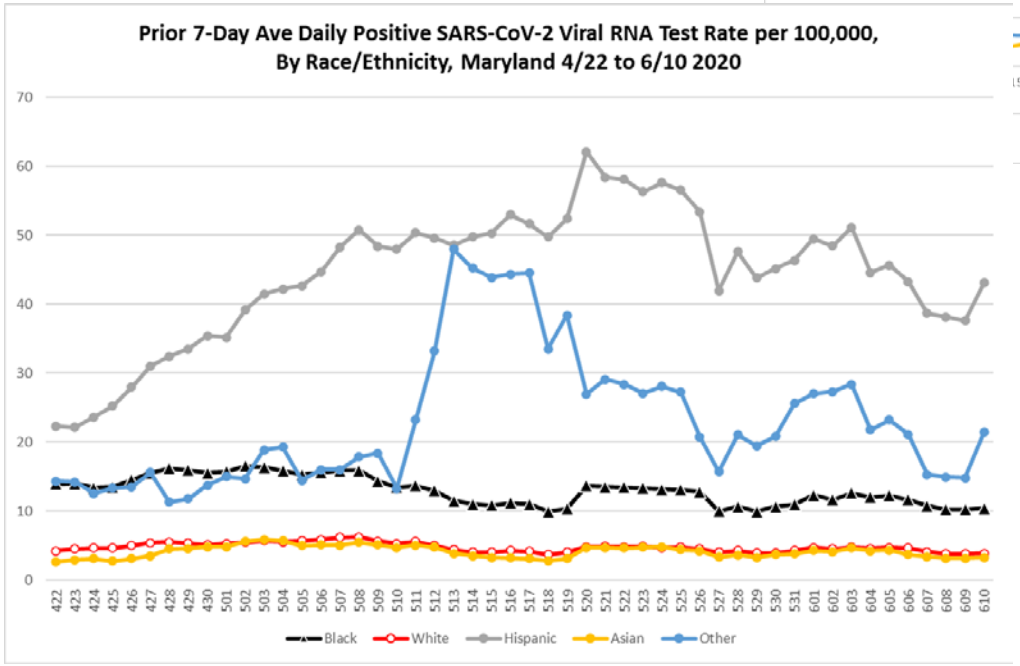
Maryland New Case Trends by Race/Ethnicity





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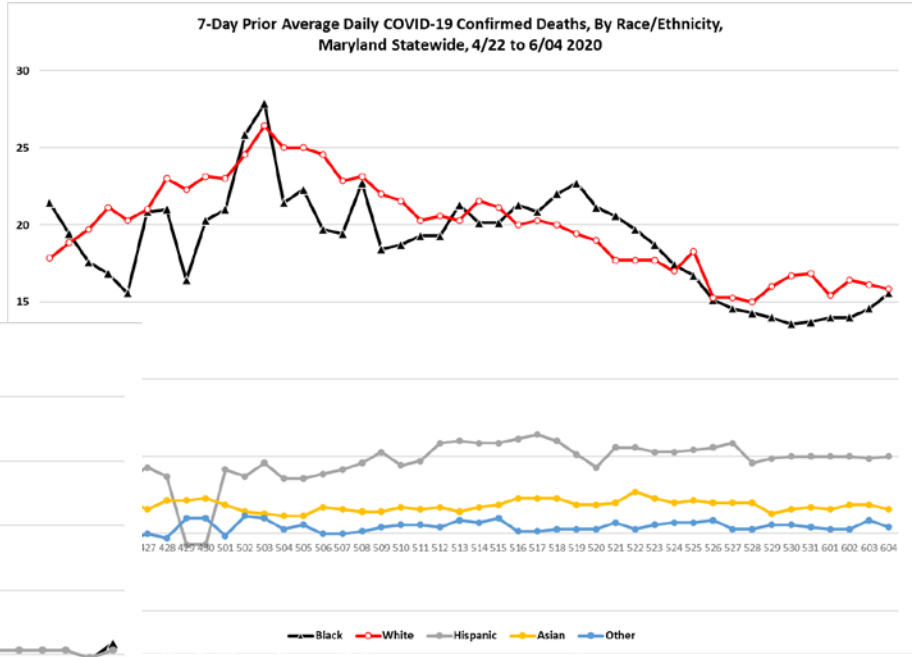
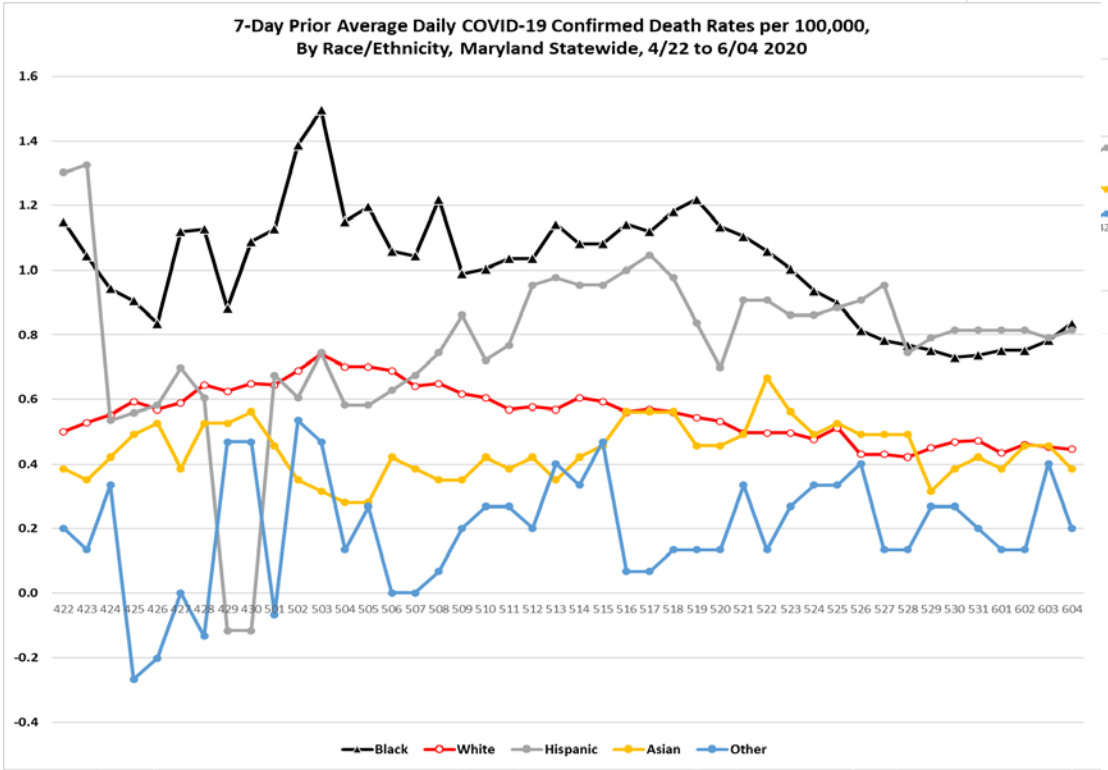
Maryland COVID Death Trends by Race/Ethnicity





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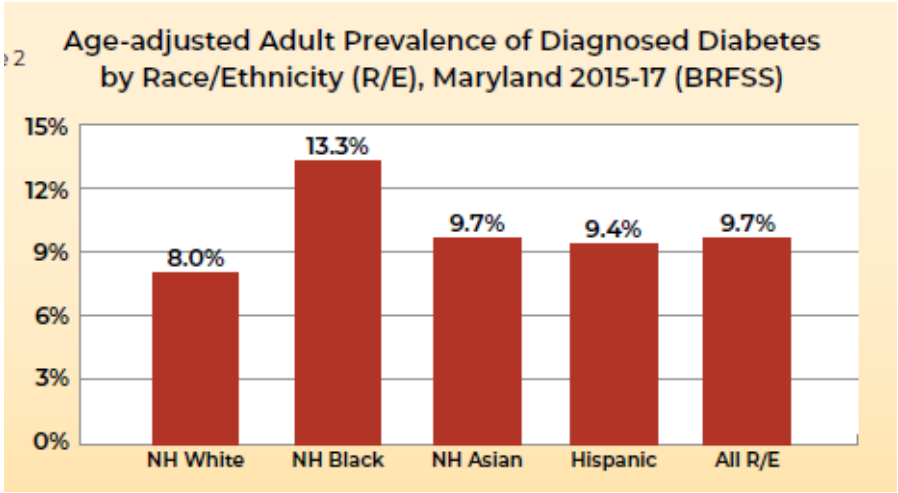
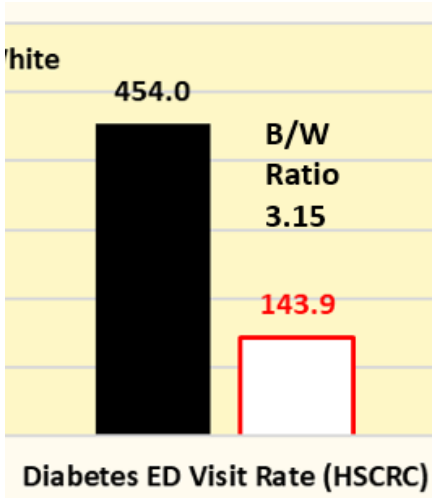
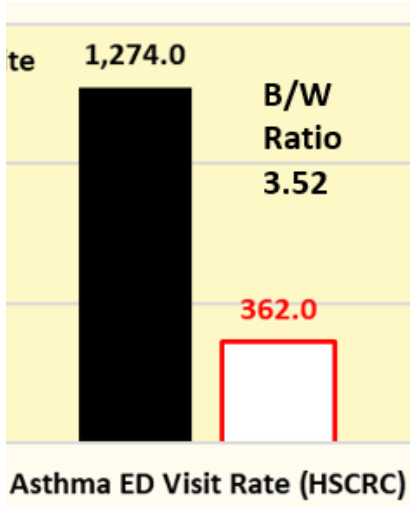
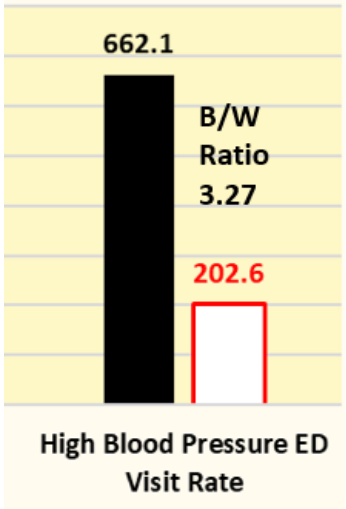
Maryland Disparities in COVID-19 Relevant Comorbidities









Black White

Minorities have higher disease prevalence for several relevant high-risk COVID comorbidities

And higher severity (seen in the huge ED visits disparities that exceed prevalence disparities)

Age-adjusted rate per 100,000 population, 2017 data, HSCRC

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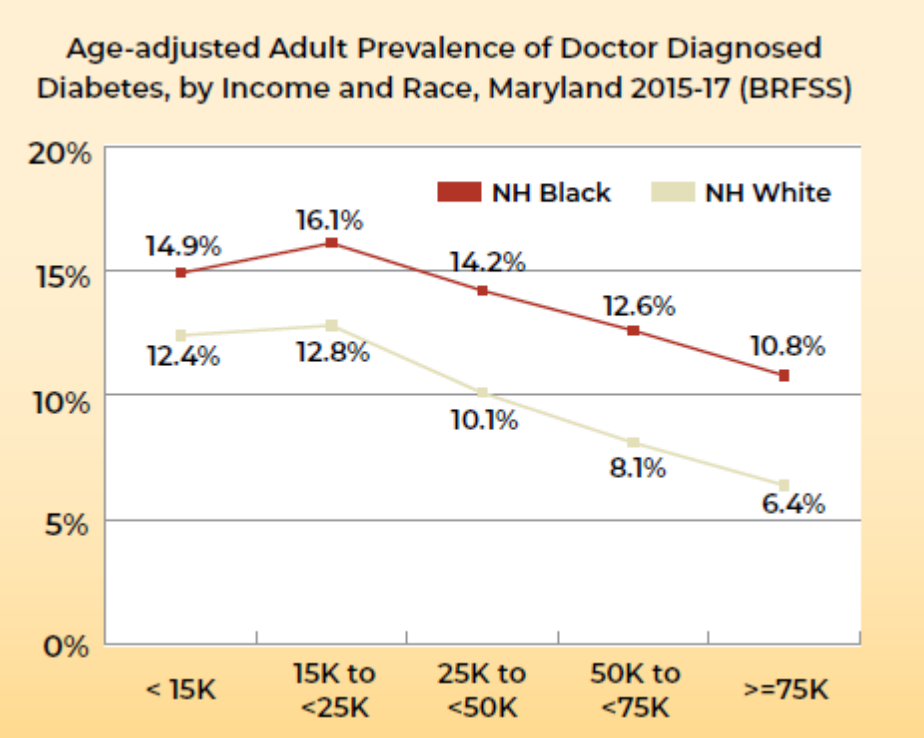
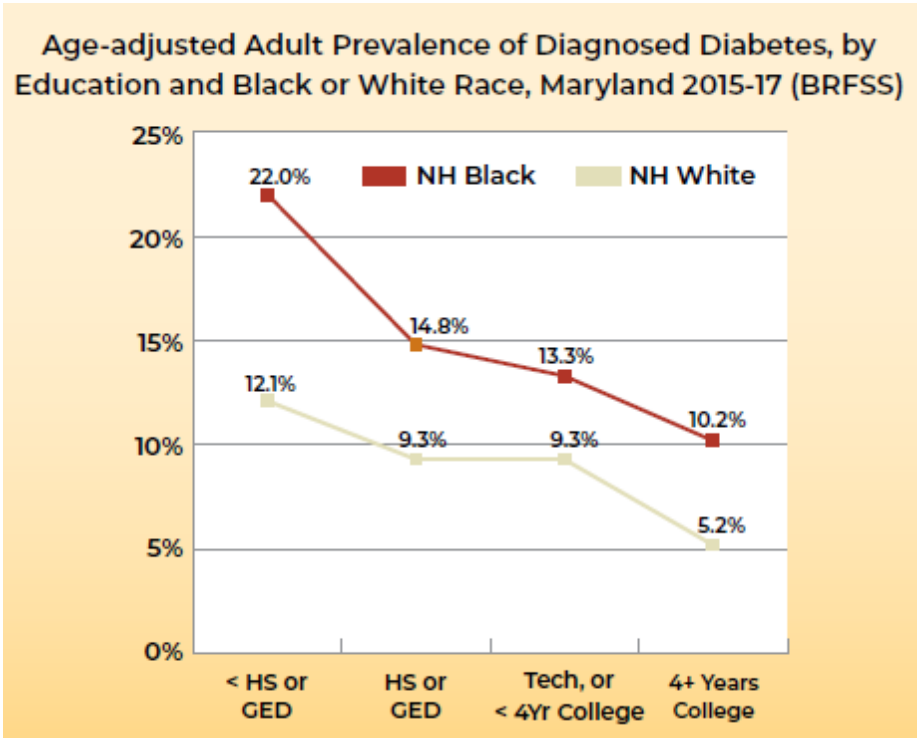
Role of Social Determinants: Diabetes Example





Income/Education matters regardless of race,
Race matters regardless of income/education.
Minorities have lower income/education, and do worse at every level of income/education.

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Reasons for Minority Excess COVID Events

- **Reasons for higher minority incidence:**
  - **More employment in essential occupations**
  - **Less ability to telework**
  - **More likely to be in larger, high density, multigenerational households**

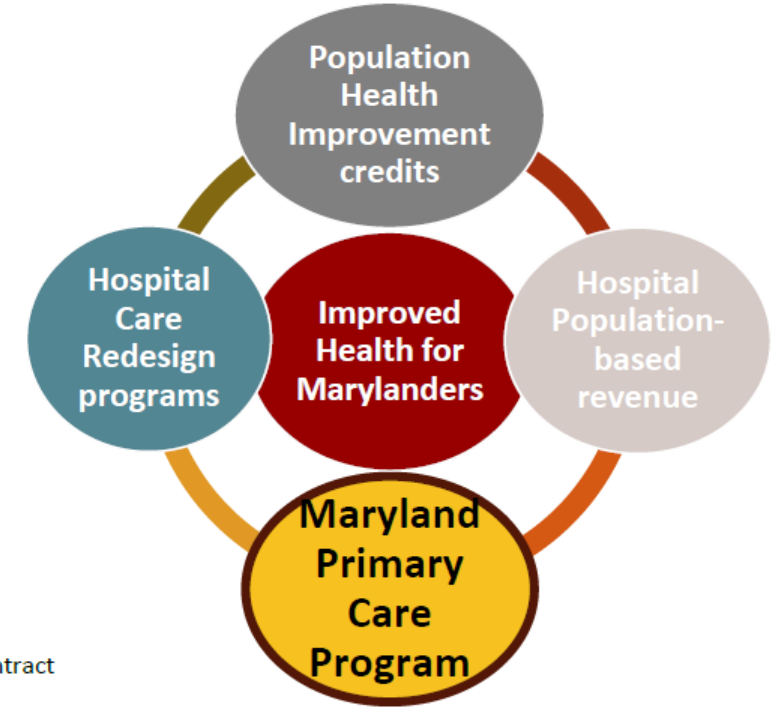
- **Reasons for higher minority severity once infected:**
  - **Higher general stress from violence, poverty and racism**
  - **Less access to resources from poverty and racism**
  - **Higher prevalence of comorbids (HTN, Diabetes, Asthma, etc.)**

Where Equity Fits in the MDPCP

Minorities, especially Blacks, are a disproportionate share of some expenditures

"Under this Model, CMS and the State will test whether **statewide health care delivery transformation,** together with population-based payments, improves population health and care outcomes for individuals while controlling the growth of Medicare Total Cost of Care"

Source: Maryland Model Contract



- Reduce Medicare expenditures by an annual run rate of $300m by 2023
- Innovate hospital/provider partnerships
- Gain credit for improving overall population health
- **Build a strong, effective primary care delivery system inclusive of medical, behavioral and social needs**

Equity = Improve outcomes equally for all racial/ethnic groups

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Where Equity Fits in the MDPCP (2)

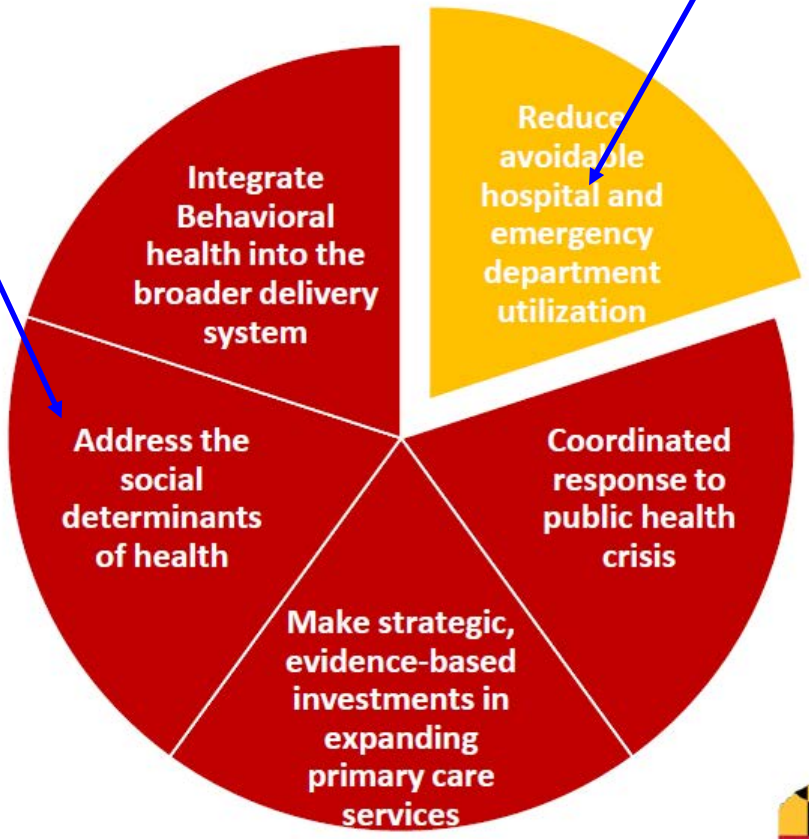
SDH are the key to primary prevention and Health Equity

Savings impacts are far in the future, making funding the effort more difficult

Subsidized investment by government, payers or philanthropy is often necessary

Provider role: identify and refer

Minorities, especially Blacks, are a disproportionate share of Preventable Utilization



High user focus can yield short-term ROI to fund the effort

Provider role:
*Track guideline adherence by R/E
*Identify individual patient barriers to adherence
*Refer to address barriers

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Where Equity Fits in the MDPCP (3)

2020 Performance Metrics

Quality

Electronic Clinical Quality Measures (eCQM) include:

- Outcome measures – Diabetes and Hypertension Control (NQF 0018 & 0059)

Patient Satisfaction

- Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) – survey of practice patients (NQF 0005)

Utilization

- Emergency department visits per 1,000 attributed beneficiaries (HEDIS)
- Hospitalizations per 1,000 attributed beneficiaries (HEDIS)

3 to 4 times as high for Blacks vs. Whites

The first rule of health disparities data is: "Any metric that is worth looking at, is worth looking at separately by racial/ethnic group."

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Equity Checklist for Providers and Practices

- **Root Causes: Social Determinants**
  - Practice should use an SDH needs screening tool
  - Practice should have a referral network for issues identified
  - Practice should assess completion of the referrals
- **Risk Factors: Health Behaviors**
  - Screen for diet, exercise, smoking, substance use
  - Counsel, treat or refer to behavior change programs
- **Risk Factors: Conditions**
  - Screen for HTN, Cholesterol, Diabetes, and Cancers
  - Identify unscreened patients to promote adherence
  - Monitor intervention adherence in screened positive
  - Identify and refer for adherence barriers

Equity Checklist for Providers and Practices

- Disease Management
  - Monitor intervention adherence and success in patients
  - Identify and refer for adherence barriers
  - Track NQF and HEDIS metrics by R/E if possible, using HER
  - Use CRISP to understand R/E profile of your hospital utilizers
  - Use CRISP to identify your high utilizers
  - Individualize home self-management support for high utilizers; consider using Community Health Workers
- Paying for it?
  - This can't be another managed care unfunded mandate
  - Whomever reaps the savings needs to pay for the work
  - Hopefully, you have clear fiscal incentives for the disease management high utilizer work

Where is the Health Equity in the Checklist?

- If you look for the problems, expect to find them disproportionately in minority populations.
- So you should automatically see a minority focus.
- The interventions to your minority patients will need to be tailored to their needs: culturally appropriate, translated as needed, appropriate health literacy level, and if possible, delivered by minority persons.
- The effort required to solve issues for minority patients may be greater than for White patients, since they face more barriers and disadvantage.

Questions and Answers

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

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Appendix

Resources and Links

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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

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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

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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**
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**

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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
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**

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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

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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.

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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

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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.

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CDC Guidelines - Reusing N95 Respirators

- N95 respirator must only 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.

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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

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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

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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**

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Billing for End-of-Life Planning

- Billable event with AWV 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

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Caregiver Services Corps (CSC)

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- **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

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Opportunities to Volunteer and Serve

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

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Staying Current - Sources

- CDC
- MDH COVID-19 information page
- MDPCP COVID-19 webpage
- Local Health Departments
- CONNECT
- Clinician Letters
- Multiple Resource Links in Appendix

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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

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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.

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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

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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/)

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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.

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