COVID-19 Update
Avoid the Surge

Maryland Department of Health

Maryland Primary Care Program

Program Management Office

15 July 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.
Harm reduction, testing, contact tracing, face coverings
Social distancing and hand hygiene are the "**medicine**"

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Agenda

❖ Today's Morbidity and Mortality Data

❖ National Cases Surge

❖ The Five Things to Do

❖ Contact Tracing

❖ Future Webinars Info

❖ Guest Speaker

❖ Q & A

❖ Resources Appendix

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Morbidity and Mortality Update

	New Cases (7/14)	Cumulative Cases	Cumulative Hospitalized	Cumulative Deaths
United States		3,355,457 (7/14)		135,235 (7/14)
Maryland	756	75,016	15.0%	3209

	20-29	30-39	40-49	50-59	60-69	70-79	80+
% of cases	15.71	18.70	17.42	15.42	10.93	6.87	6.28
Case rate (per 100,000)	1461.67	1715.82	1685.37	1335.09	1209.23	1352	2161.54
% of cases hospitalized	5.89	8.34	11.62	19.18	28.13	39.22	32
Rate hospitalized (per 100,000)	86.09	143.11	195.79	256.03	340.21	530.21	691.60

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COVID-19 Daily Report - Maryland Department of Health

Data reported as of 7/15/2020

75,016
confirmed cases

21,535
tests reported 7/14

855,941
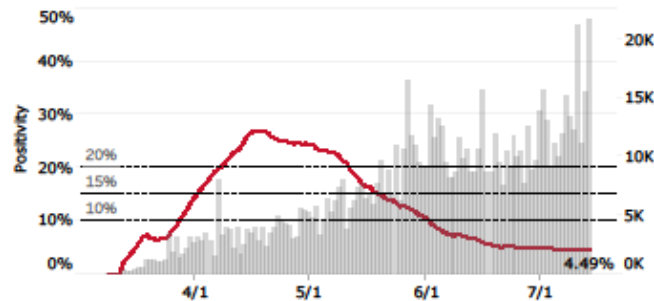cumulative tests

3,209
confirmed deaths

+756
cases reported on 7/14*

4.26%
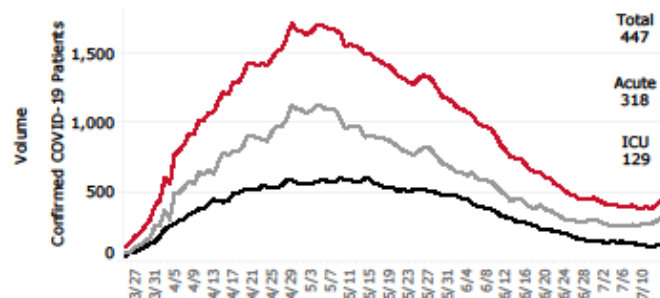daily positivity reported 7/14

4.49%
7-day avg. positivity** reported 7/14
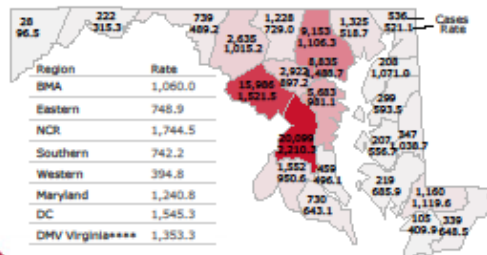
+7
deaths reported on 7/14

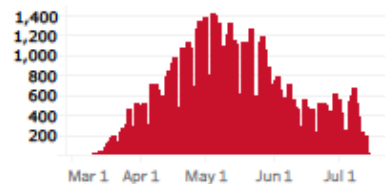## 7-Day Avg. Percent Positive Testing** and Total Testing Volume
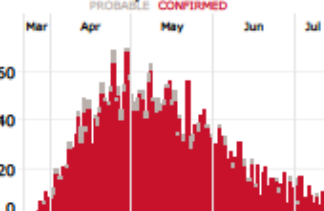
Statewide Acute/ICU Beds Occupied by COVID Patients

Total 447
Acute 318
ICU 129

Cases and Rates by County of Residence

Region	Rate
BMA	1,060.0
Eastern	748.9
NCR	1,744.5
Southern	742.2
Western	394.8
Maryland	1,240.8
DC	1,545.3
DMV Virginia****	1,353.3

Cases
Rate

28 / 96.5
222 / 315.3
739 / 469.2
1,228 / 729.0
1,325 / 518.7
536 / 521.1
9,153 / 1,106.3
2,635 / 1,015.2
8,835 / 2,923,480.7
208 / 1,071.0
15,986 / 897.2 / 1,521.5
5,683 / 981.1
299 / 593.5
20,000 / 2,210.2
207 / 656.1
347 / 1,038.7
1,552 / 950.6
459 / 496.1
219 / 685.9
1,160 / 1,119.6
730 / 643.1
105 / 409.9
339 / 648.5

Daily Cases
by Specimen Collection Date

Daily Deaths
PROBABLE CONFIRMED

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.

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Maryland's Overall COVID-19 Status

❖ Sufficient hospital surge capacity

❖ Testing widely available, approaching 20,000 per day

❖ Statewide contact tracing program

❖ Low 7-day rolling average positive rate, increasing in under 35-year olds; case rates higher among 20-49 y.o. than among 50-79 y.o.

❖ Daily deaths in the single digits

❖ Long delays by commercial labs reporting test results

❖ Recent uptick in the number of acute/ICU beds occupied by COVID patients

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COVID-19 Outbreak US Hotspots

Figure 1

COVID-19 Hotspot States, June 14 to June 28, 2020
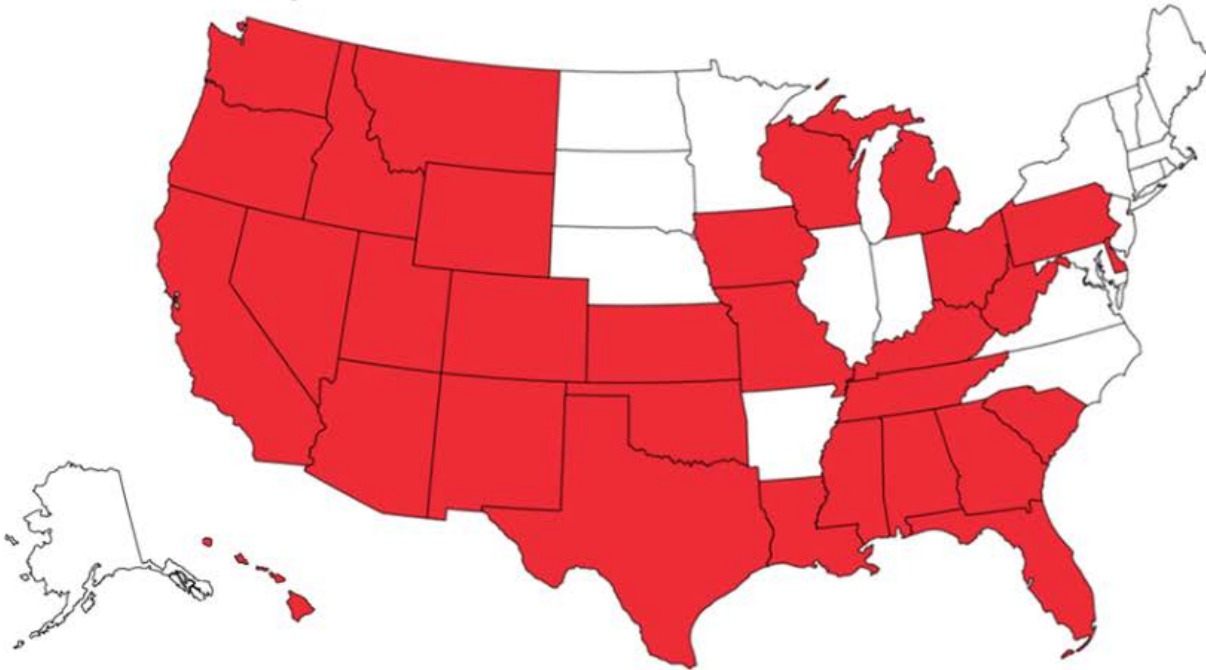
NOTE: Hotspot is defined by this criteria: cases have increased by 5% or more over the past 14 days and positivity rate has increased by 5% of more over the past 14 days OR positivity rate (7-day rolling average) is 10% or greater.
SOURCE: KFF analysis of cases and testing data from the Johns Hopkins University COVID-19 Dashboard and The COVID Tracking Project.

KFF
HENRY J KAISER
FAMILY FOUNDATION

Figure 1: COVID-19 Hotspot States, June 14 to June 28, 2020

USA - Cases Increase as Testing Increases

6/28/20: 2,504,175 cases   7/14/20: 3,355,457 cases

New Cases by Day

The following chart shows the number of new COVID-19 cases reported each day in the U.S. since the beginning of the outbreak. Hover over the bars to see the number of new cases by day.
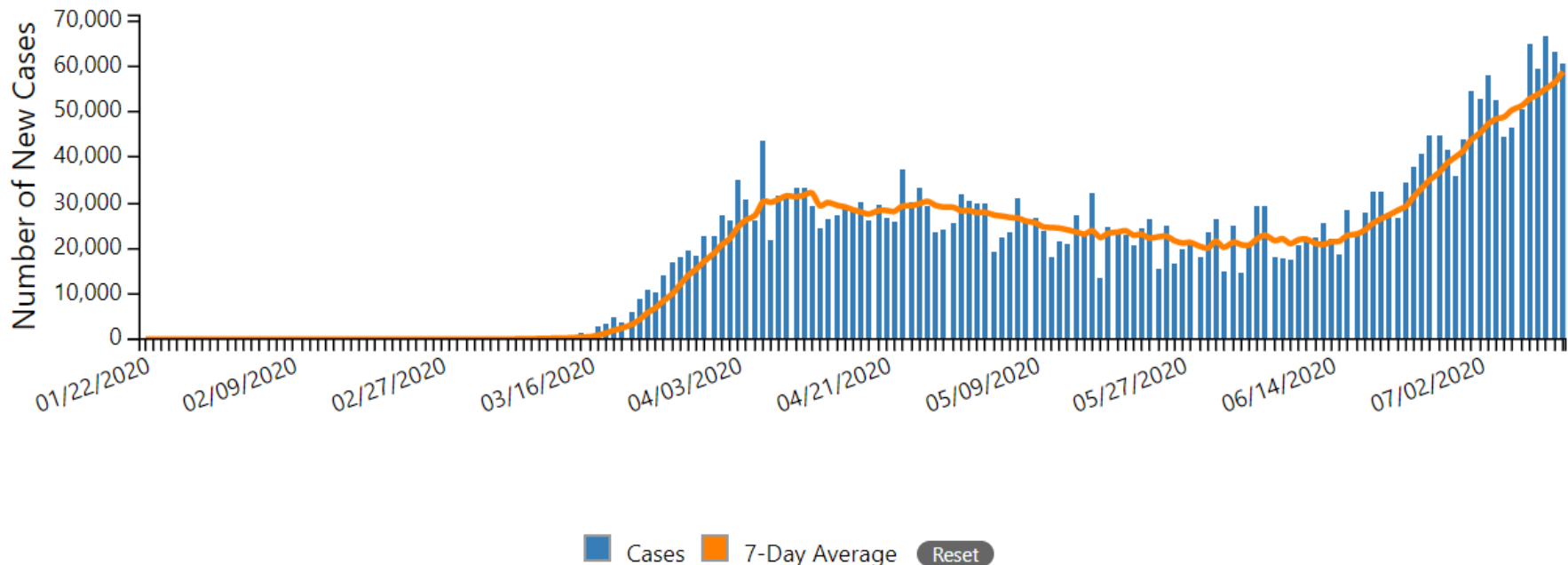
CDC data- 7-14-20

Five Actions Against the Surge

Five things you can do to avoid the surge

1. Reach out to every vulnerable patient with messaging to keep them safe
2. Provide the vulnerable patients with expanded care through telemedicine and special accommodations for face-to-face visits
3. Test all patients
4. Identify all of your high risk patients- use the Covid Vulnerability Index (CVI), your E.H.R., and your intuition
5. Stay current- the pandemic continues to evolve and stay safe

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Messages to your Patients

❖ I want to make sure you understand that because of your underlying medical conditions you are at higher risk for a serious illness, hospitalization or even death if you become infected with the Coronavirus

❖ I want to be able to keep you safe and out of harm's way while the virus is still circulating in our community and until such time that there is an effective vaccine. This is a highly contagious and dangerous virus

❖ You need to be aware that even asymptomatic people carry and spread the virus

❖ You are safer at home

❖ When you are out and about you should avoid crowds and large gatherings and wear facial coverings

❖ To the extent possible you should choose outdoor as opposed to indoor activities, dining, etc.

❖ Always attempt to keep at least 6 feet away from others

❖ You should be especially cautious around people who have been in crowds, have recently traveled out of the state including relatives, and caregivers and children who have been in school or daycare settings

❖ To help keep you safe, I will make special accommodations for you in our office if you need face-to-face care. If you are seen in the office, we will also offer a COVID-19 test

❖ I will also be able to provide care for you through telemedicine if you choose and when appropriate

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Testing Marylanders in Primary Care

❖ Testing in Offices provides a service to patients and normalizes the process

❖ Testing or referring patients for testing is essential to keep the State safe

❖ Either testing or sending patients for a test at another site is effective screening

❖ Specimen collection continues to evolve from nasopharyngeal sampling to the current simplified nasal sampling

❖ Testing will continue to evolve with Point of Care tests and rapid "Viral Protein/antigen" methods

❖ CLIA labs and Waived labs will have larger roles

❖ Antibody tests may become important as they become validated and understood regarding clinical implications

❖ In-depth training webinar on testing: July 21, 2020

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.*

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Contact Tracing Overview

❖ Providers should make sure 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

❖ Contact Tracing Speaker to follow

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About the Event:

The MDPCP Program Management Office (PMO) in collaboration with Medicalincs LLC is pleased to bring you a virtual webinar on COVID-19 Testing.

This comprehensive, interactive, 1.5-hour training program is designed to orient primary care practices on COVID-19 testing and educate on testing guidelines, including how to test at the practice site.

We will discuss:

- Who Can Be Tested?

- Preparing the Office to Test for COVID-19

- How to Refer and Report Results

Questions?
Reach us via e-mail:
mdpcp@medicalincs.com

Guest Speakers Include:

- **Representatives from MDPCP Primary Care Practices**
- **COVID-19 Contact Tracing Program**

**MDPCP Training:
COVID-19 Testing Guidelines for Practices**

JOIN US:
MDPCP Primary Care Practice Providers & Staff are invited!
Register Today

The agenda is available when you register.
Topics include:
Latest updates from the Governor surrounding COVID-19 testing in MD, strategies for practices to consider for COVID-19 testing, and contact tracing.
CME/CEU Credits Available

MDPCP Training:

COVID-19 Testing Guidelines for Practices

Date: Tuesday, July 21, 2020
Time: 4:00-5:30 PM EST
Location: Online Webinar
Registration: Please register Here

Please Register Here

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Managing Healthcare Workers Exposed to COVID-19

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COVID-19

Managing Health Care Workers (HCW) Exposed to COVID-19

Primary care practices should develop a policy to guide practice procedures if a healthcare worker (HCW) has been exposed to COVID-19. This document provides guidance on how to develop those policies in accordance with current CDC guidelines.

In summary:

1. Follow CDC guidelines
2. Customize guidelines to your practice
3. Communicate policy to staff and providers
4. Adjust actions relative to vulnerability of individual staff members
5. Update your policy as new information is available

Managing Healthcare Worker Exposure

There has been a high degree of interest and concern on the management of HCWs who have been exposed to COVID-19 positive patients or who have tested positive for COVID-19. The guidance for these exposures has evolved over the past several months as more is known about the transmissibility of the virus, and your practice should follow and remain up -to -date on the most recent CDC guidance. The following link provides the current in-depth CDC guidance: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

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 – Vicki Fretwell, Lead Maryland Contact Tracing Program

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Coronavirus Disease 2019 (COVID-19) Contact Tracing Update

July 15, 2020

Contact Tracing

❖Longstanding public health practice
  ➢Black Death/Cholera/STDs/TB/Smallpox/SARS/Ebola
  ➢Identify individuals with infectious diseases; isolate
  ➢Identify individuals exposed; quarantine

❖Pre-COVID Contact Tracing in Maryland
  ➢Primarily handled by local health departments
  ➢~250 individuals across state

❖Post-COVID Contact Tracing in Maryland
  ➢~1350 individuals between call center and local health departments

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Contact Tracing Program Timeline

April-May

- Build & launch covidLINK Salesforce platform

- Hire Salesforce development team - Enovational

- Hire Call Center Contractor - National Opinion Research Center (NORC)

- Hire & train 1,000+ contact tracers

June-October

- Establish covidLINK reporting to NEDSS

- Improve efficiency of call center and workflows

- Improve / expand covidLINK functionality

- Reduce time between positive test results and initial contact

- Improve referrals to testing for exposed contacts

November…

- Adjust operation scale to meet need

- LHDs prepared to staff for managing all case investigations and contact tracing

- Ability to efficiently identify hot spots or increases in new cases

- Further expand covidLINK functionality

covidLINK Launch 6/1/2020

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covidLINK Platform

Maryland Local Health Departments (LHD)

- Primary LHDs: receive all COVID cases for full investigation and contact tracing (CT)
- Secondary LHDs: receive exception* cases and contacts only
- All LHDs continue to investigate outbreaks in their jurisdictions

- Statewide Salesforce system provides transparent access to cases for LHDs and NORC
- Dashboards and Reports for LHDs and NORC
- Mutual goal of investigating and notifying 100% of COVID-19 cases and contacts
- Workload-balancing between LHDs and NORC
- Communication on high risk cases, vulnerable populations and local needs

## National Opinion Research Center (NORC)

- Large workforce to support high volume case investigations and CT, as needed
- Receives all COVID cases for secondary counties for investigation and CT
- Receives only excess workload from primary LHDs, as needed

*Exceptions Criteria: not identifiable, refuses to participate, deceased, language other than English or Spanish, high risk exposure requiring local outbreak investigation.

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covidLINK Data Sources

Hourly Electronic Lab Report Feed

MDH
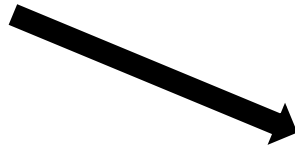
NEDSS

NEDSS Electronic Lab Reports
PLUS Manual Case Entry
Daily Confirmed Cases list

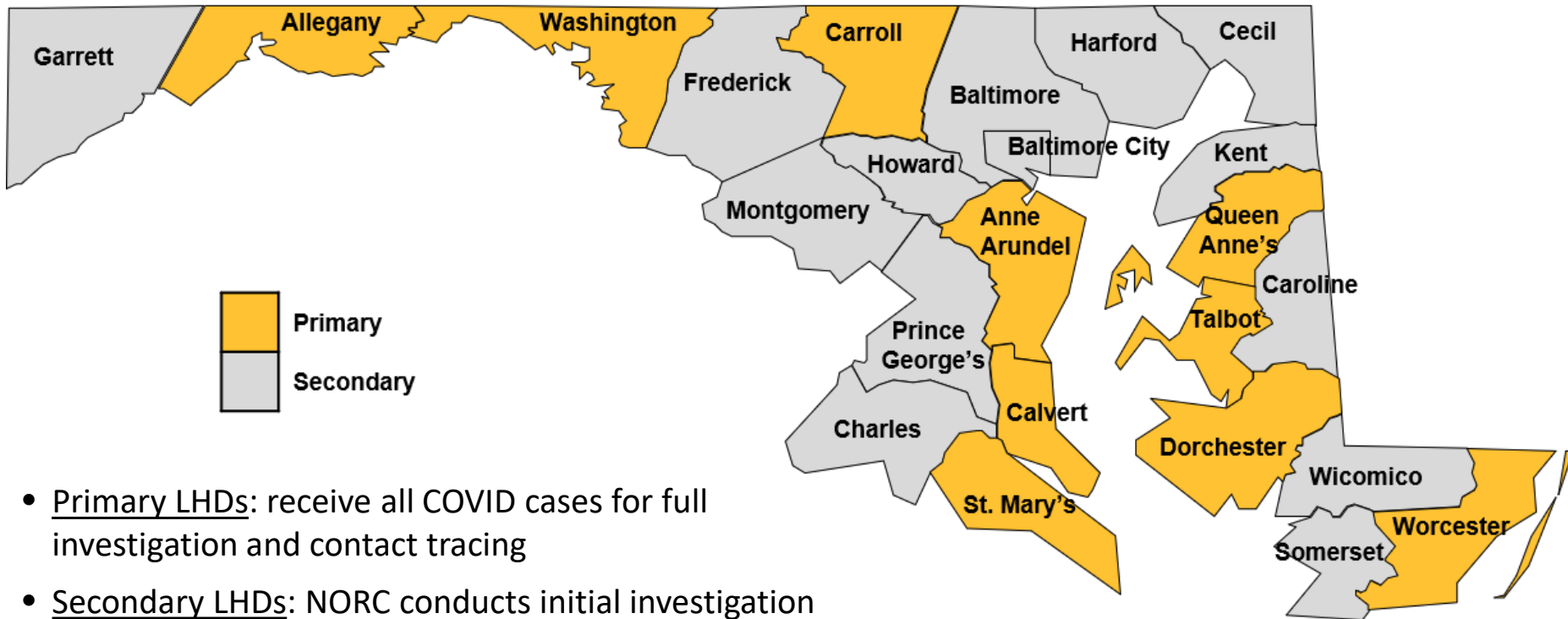REDCap Daily Updates to LHDs
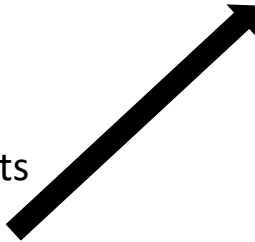
CRISP

Hourly ELR Feed
Daily Confirmed Cases
PLUS CRISP Master Person Index
   Demographics/Locating/Hospitalization Info
AND Validated Address of Residence

covid LINL

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Contact Tracing County Preferences

Legend:
- **Primary** (orange)
- **Secondary** (grey)

- <u>Primary LHDs</u>: receive all COVID cases for full investigation and contact tracing

- <u>Secondary LHDs</u>: NORC conducts initial investigation and contact tracing; LHD receives exception cases and contacts only

5/14/20

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Contact Tracing Process

❖ Call made to lab-confirmed, COVID-positive individuals; at least three attempts; messages

❖ Initial case interview conducted

➢ 14 days before symptoms – large/congregate venues?

➢ Activities beginning two days prior to symptoms

➢ Possible individuals exposed (6ft/15 minutes)

➢ Isolate; monitored every 72 hours (phone/text/email)

❖ Contact Interviews conducted

➢ 14-day quarantine; monitored daily (phone/text/email)

➢ Get tested

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Contact Tracing Current

Reporting:

❖First outreach within 24 hours

❖Cases reached by phone

❖Challenge is getting people to answer the phone

❖Participate in interview once reached

❖Cases naming at least one contact

❖Average contacts per case

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Questions and Answers

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

▶

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Appendix

Resources and Links

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

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**

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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

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)

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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)

❖ **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

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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.](mailto: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)

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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 <u>for-profit business only</u>)
  - ➢ 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 <u>businesses and non-profits</u>
  - ➢ 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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