COVID-19 Update

Maryland Department of Health

Maryland Primary Care Program

Program Management Office

14 October 2020

## To Dr. Edward Jenner Monticello, May 14, 1806

SIR,

-- I have received a copy of the evidence at large respecting the discovery of the vaccine inoculation which you have been pleased to send me, and for which I return you my thanks. Having been among the early converts, in this part of the globe, to its efficiency, I took an early part in recommending it to my countrymen. I avail myself of this occasion of rendering you a portion of the tribute of gratitude due to you from the whole human family. Medicine has never before produced any single improvement of such utility. Harvey's discovery of the circulation of the blood was a beautiful addition to our knowledge of the animal economy, but on a review of the practice of medicine before and since that epoch, I do not see any great amelioration which has been derived from that discovery. You have erased from the calendar of human afflictions one of its greatest. Yours is the comfortable reflection that mankind can never forget that you have lived. Future nations will know by history only that the loathsome small-pox has existed and by you has been extirpated.

Accept my fervent wishes for your health and happiness and assurances of the greatest respect and consideration.

Edward Jenner (1749–1823).

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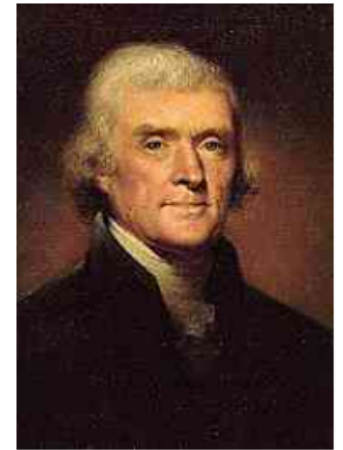
Agenda

❖Maryland Morbidity and Mortality Data - Two week interval - much has happened

❖National Status and Projections

❖Focus

  ❖Prepare to Vaccinate- role in herd immunity

  ❖Continue Testing - update on POC Antigen test and patient self administered testing

  ❖Treatments - not cures

❖The Five Things to Do as Primary Care Providers

❖Guest Speaker – Tonya Phillips, PhD, LCSW-C, LCADC

❖Q & A

❖Resources Appendix

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Morbidity and Mortality Update

	United States 🇺🇸	Maryland
New Daily Cases (7-day rolling average)	50,492	583
Cumulative Cases	7.8 million +	132,343
New Daily Deaths (7-day rolling average)	703	6
Cumulative Deaths	214,955	3,868

Cases

Deaths

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Updated 10/13

Hospital and ICU Beds in Use

Statewide Acute/ICU Beds Occupied by COVID Patients

Total 402

Acute 300

ICU 102

Updated 10/13
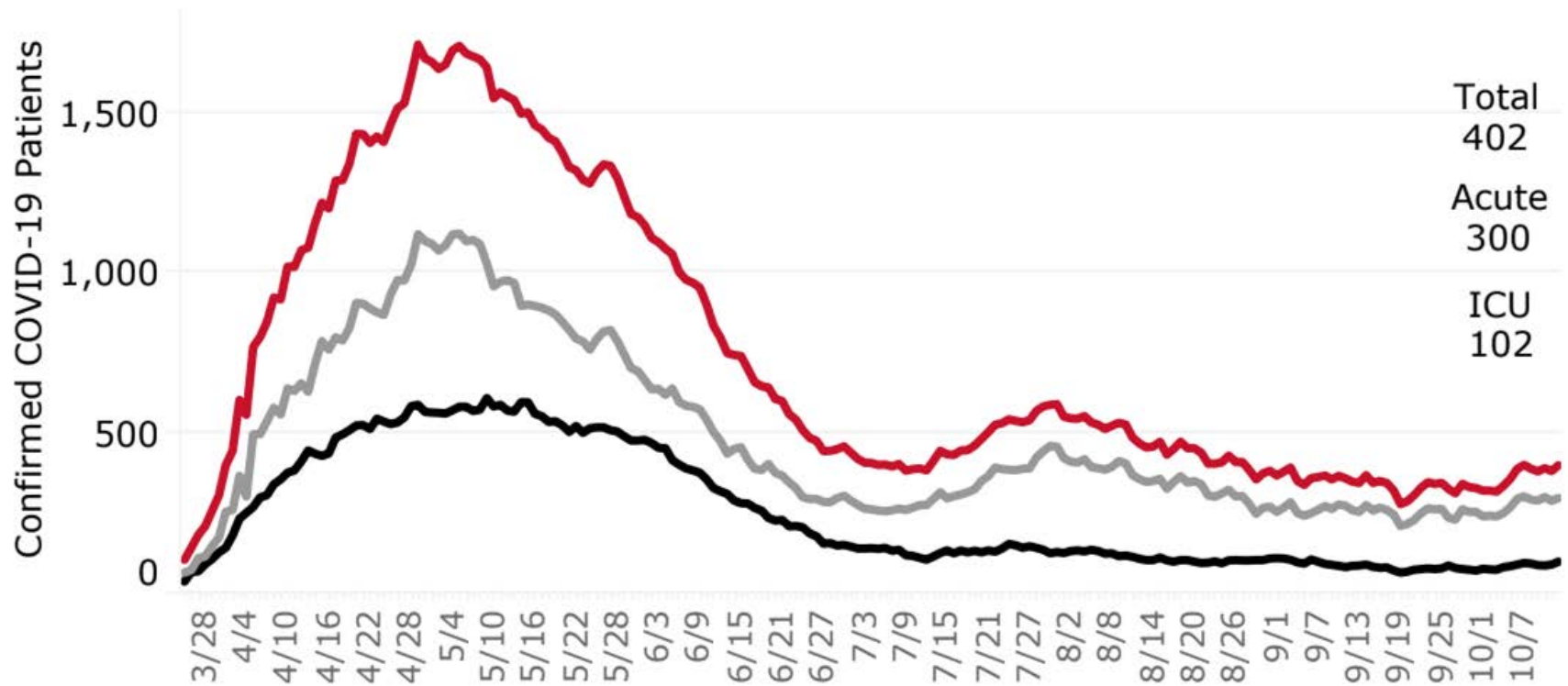
7-day average percent positive rate and testing volume

Testing Volume, Tests per Day and Percent Positive Rate (7-Day Avg)
- Methodology

Positivity Rate

— 7-Day Positive (%)   ● Testing Volume

Updated 10/13
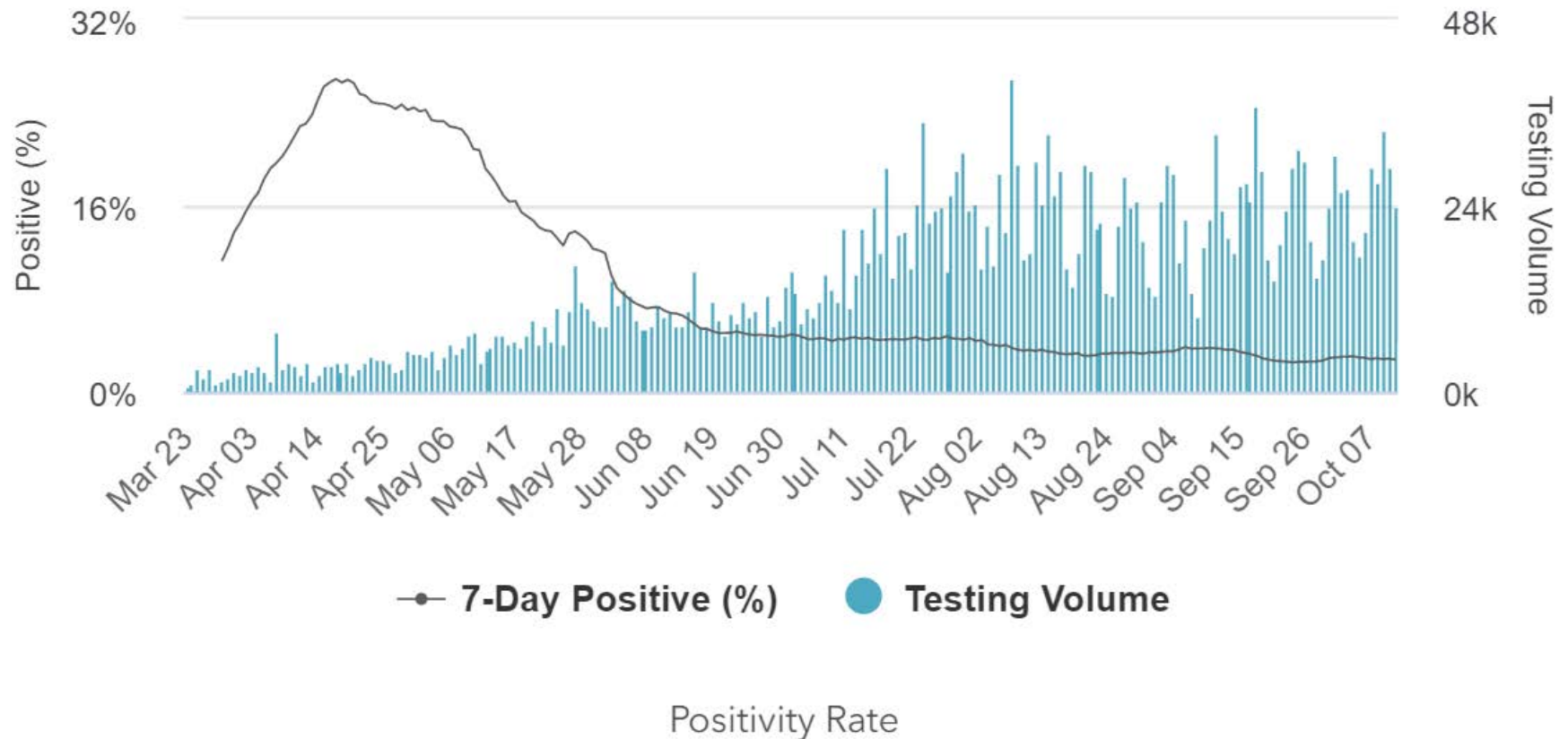
Statewide 7-day Average Case Rate per 100K

7 Day Moving Average Case Rate per 100K by Jurisdiction

Select County

Updated 10/12

Maryland Testing and Positivity by County

State and Jurisdiction	Positives	Total Pop Tested	% Pop Tested	Daily Testing Volume	Total Testing Volume	7-day Positivity %	7-day Case Rate
Maryland	**132,343**	**1,751,309**	**29.00%**	**18,709**	**2,934,933**	**2.90%**	**9.6**
Allegany County	528	21,967	30.90%	171	39,874	2.20%	6.1
Anne Arundel County	10,915	155,537	27.00%	1,572	241,106	3.40%	11
Baltimore County	19,102	246,852	29.80%	2,427	424,353	3.30%	10.9
Baltimore City	16,543	216,497	35.90%	2,216	383,106	2.70%	11.7
Calvert County	1,074	18,262	19.90%	196	27,051	2.90%	9.9
Caroline County	684	9,261	27.80%	28	15,042	3.30%	8.1
Carroll County	2,092	42,907	25.50%	297	73,186	2.00%	6.6
Cecil County	1,179	19,836	19.30%	117	30,670	3.10%	6.5
Charles County	2,947	37,697	23.30%	243	60,096	2.50%	7.2
Dorchester County	642	11,762	36.80%	24	19,671	2.90%	12.1
Frederick County	4,379	78,705	30.80%	581	130,817	2.30%	7.7
Garrett County	82	5,752	19.70%	53	12,504	0.80%	3
Harford County	3,288	59,485	23.40%	547	96,567	2.40%	6.9
Howard County	5,473	96,647	29.90%	1,141	156,808	2.30%	8.6
Kent County	325	7,150	36.90%	118	11,912	2.00%	9.6
Montgomery County	23,817	310,133	29.50%	4,785	495,705	2.30%	8.4
Prince George's County	30,878	255,861	28.10%	2,842	405,308	4.30%	10.6
Queen Anne's County	705	12,818	25.50%	61	19,084	2.20%	6.2
Somerset County	345	9,853	38.30%	170	18,483	3.50%	17.8
St. Mary's County	1,373	26,010	23.10%	129	45,995	1.30%	2.9
Talbot County	589	12,583	34.00%	16	20,781	1.50%	3.8
Washington County	2,008	47,223	31.30%	522	82,346	2.90%	12.4
Wicomico County	2,242	31,202	30.20%	213	55,094	3.90%	17.9
Worcester County	1,133	17,309	33.40%	144	25,737	2.20%	10.7

USA

Daily Testing Volume	7-day Positivity %
1,002,859	5.1%

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Updated 10/13
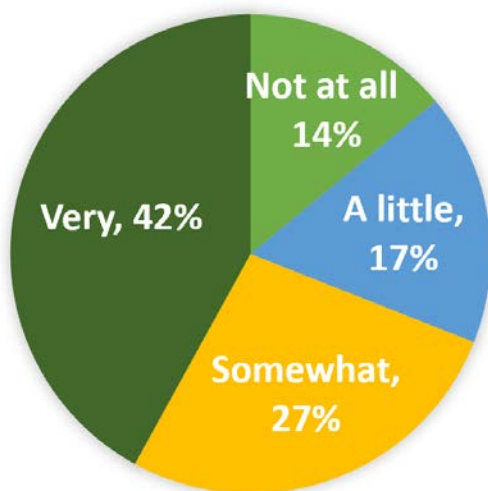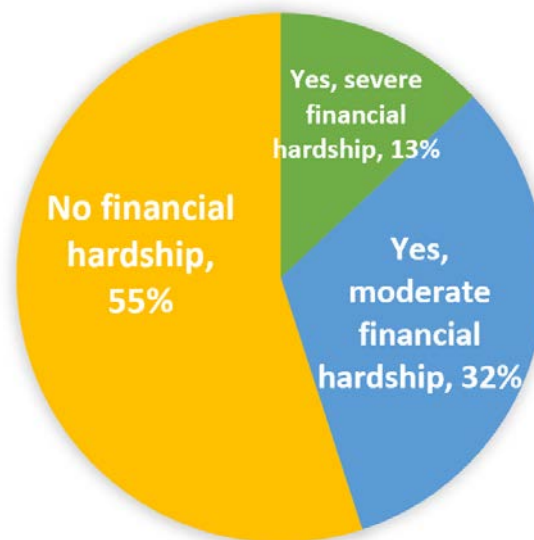
Marylanders Views on Covid

October 2020 Goucher College Poll of 1,002 Marylanders

How concerned are you—[very, somewhat, a little, or not at all]— about yourself personally or a close family member getting the coronavirus?

Has the coronavirus outbreak **caused any financial hardship** for you or your household?

If "yes," follow-up with: Is that a severe hardship that affects your ability to maintain your current standard of living, or is it a moderate hardship that affects you somewhat but does not jeopardize your current standard of living?

Left pie chart:
- Not at all 14%
- A little, 17%
- Somewhat, 27%
- Very, 42%

Right pie chart:
- Yes, severe financial hardship, 13%
- Yes, moderate financial hardship, 32%
- No financial hardship, 55%

Maryland's Overall COVID-19 Status in Context
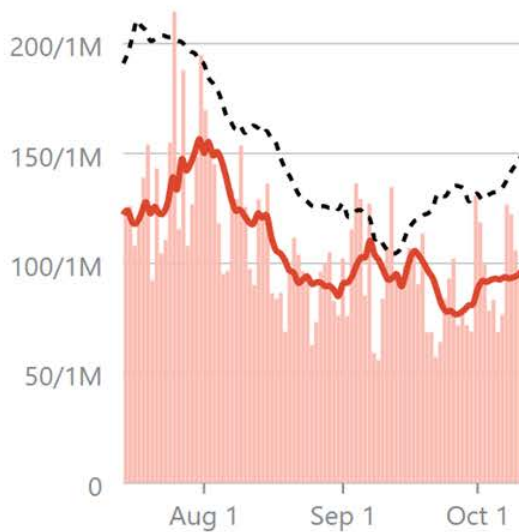
❖ Testing widely available: 20,000+ per day on average
❖ Statewide contact tracing program
❖ Preparing mass vaccination plan
❖ Cases rising in much of the US, still fairly stagnant in Maryland
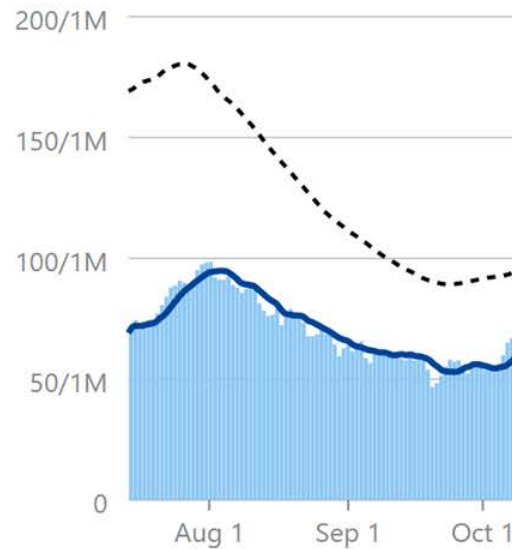❖ [Renewal of Declaration of State of Emergency in Maryland](#)

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Maryland cases, hospitalizations, and deaths compared to the US

| Totals | **Per 1M people** | **Last 90 days** | Full range |

- - - - - - National 7-day average ———— Maryland 7-day average

New cases (Calculated)
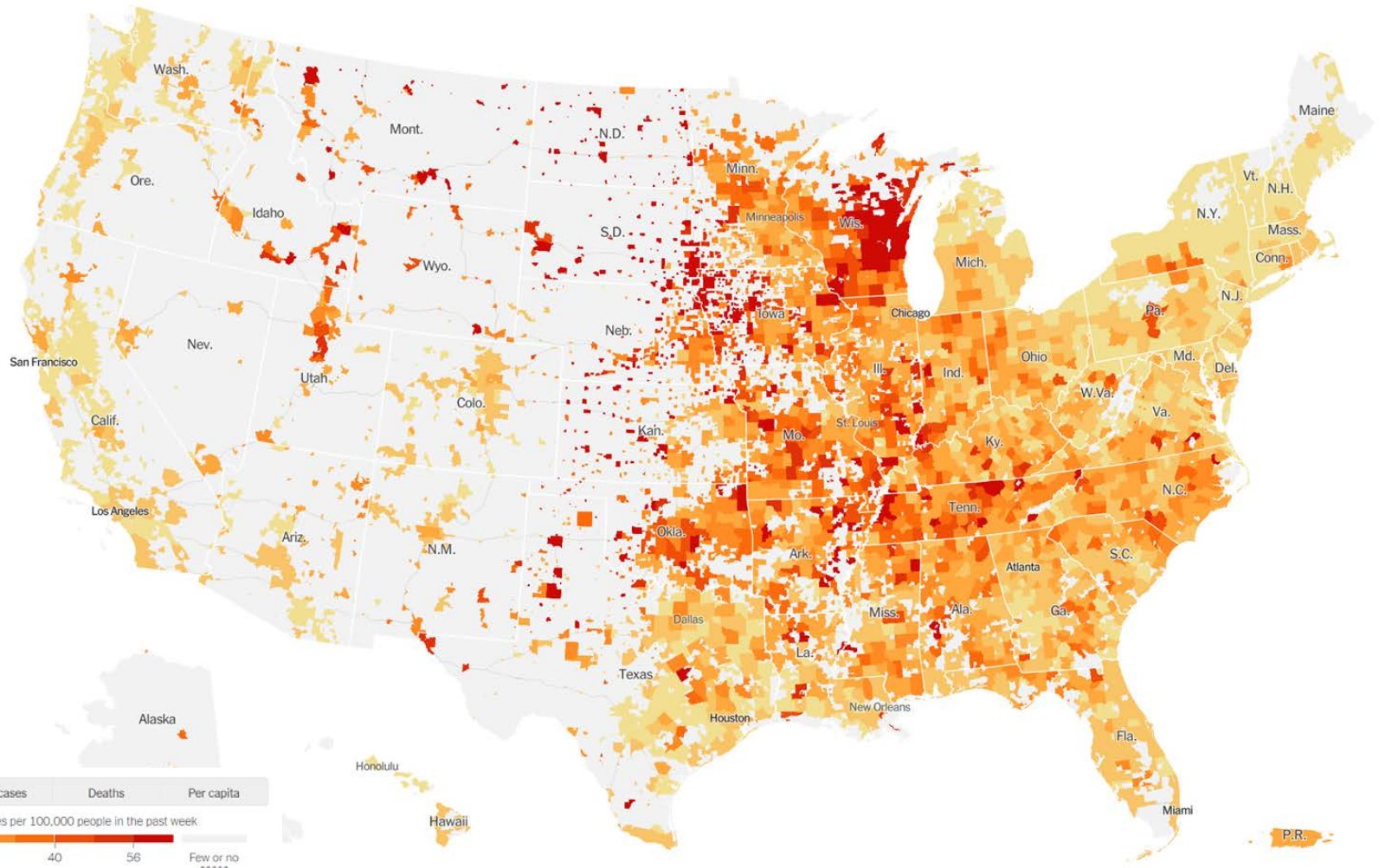
Current hospitalizations

New deaths (Calculated)

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Source: https://covidtracking.com/data/state/maryland

Updated 10/12
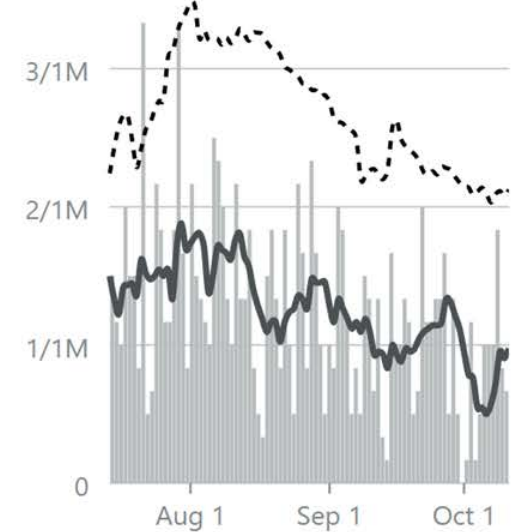
COVID-19 Outbreak US Hotspots

Source: New York Times

Updated 10/13

Fall surge underway

New cases per 1 million

New coronavirus cases per million residents, last seven days
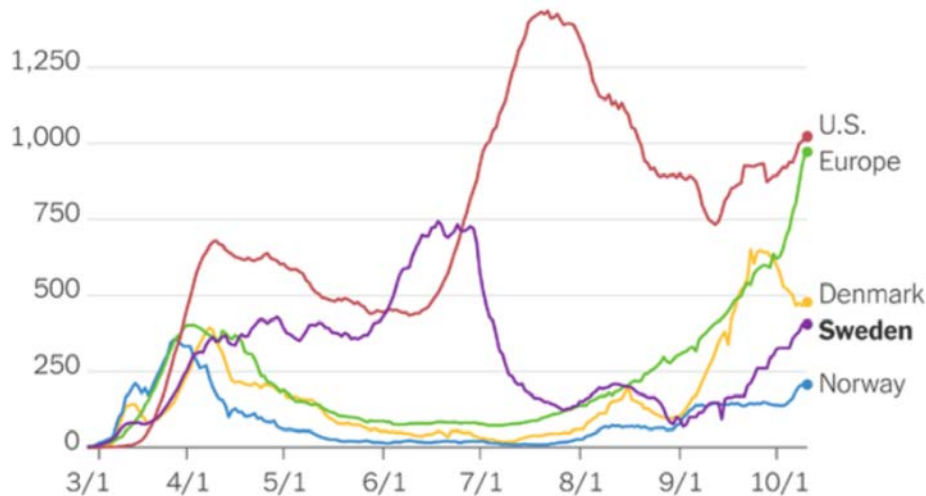
By The New York Times | Sources: Johns Hopkins University, World Bank

Case Count per Day in the US

	TOTAL REPORTED	ON OCT. 12	14-DAY CHANGE
Cases	7.8 million+	45,927	+19% →
Deaths	214,955	351	−5% →

Updated 10/12

Global Pandemic Hotspots

Updated 10/13
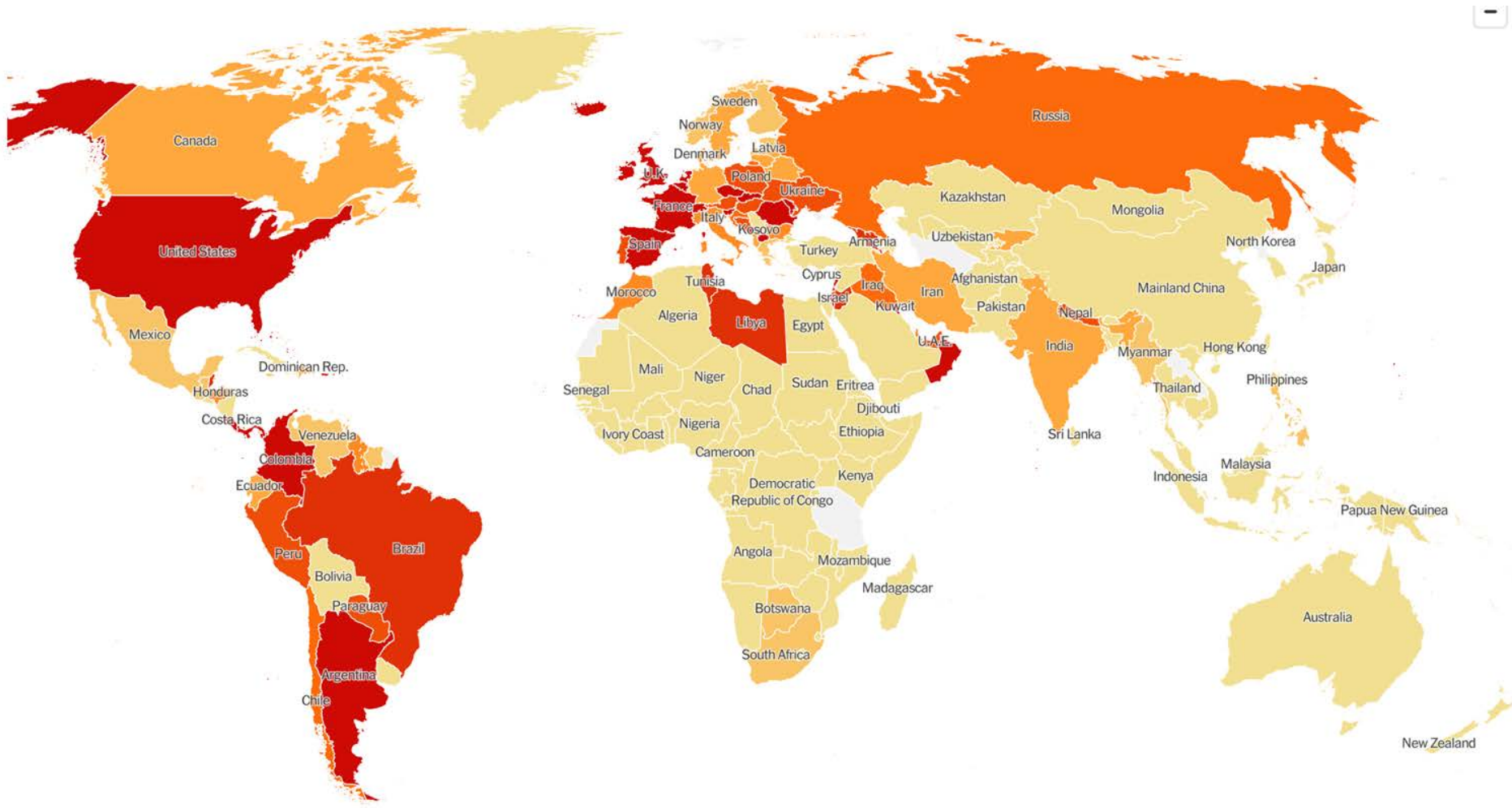
Excess mortality video from JAMA

[Video link](#)

Excess mortality gives a more complete picture by measuring deaths from any cause that are above normal.

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Covid Vaccination

Herd Immunity

❖ Two paths to herd immunity:
1. Protection by **natural immunity** after infection (8-15% current population)
2. Protection by **immunization**
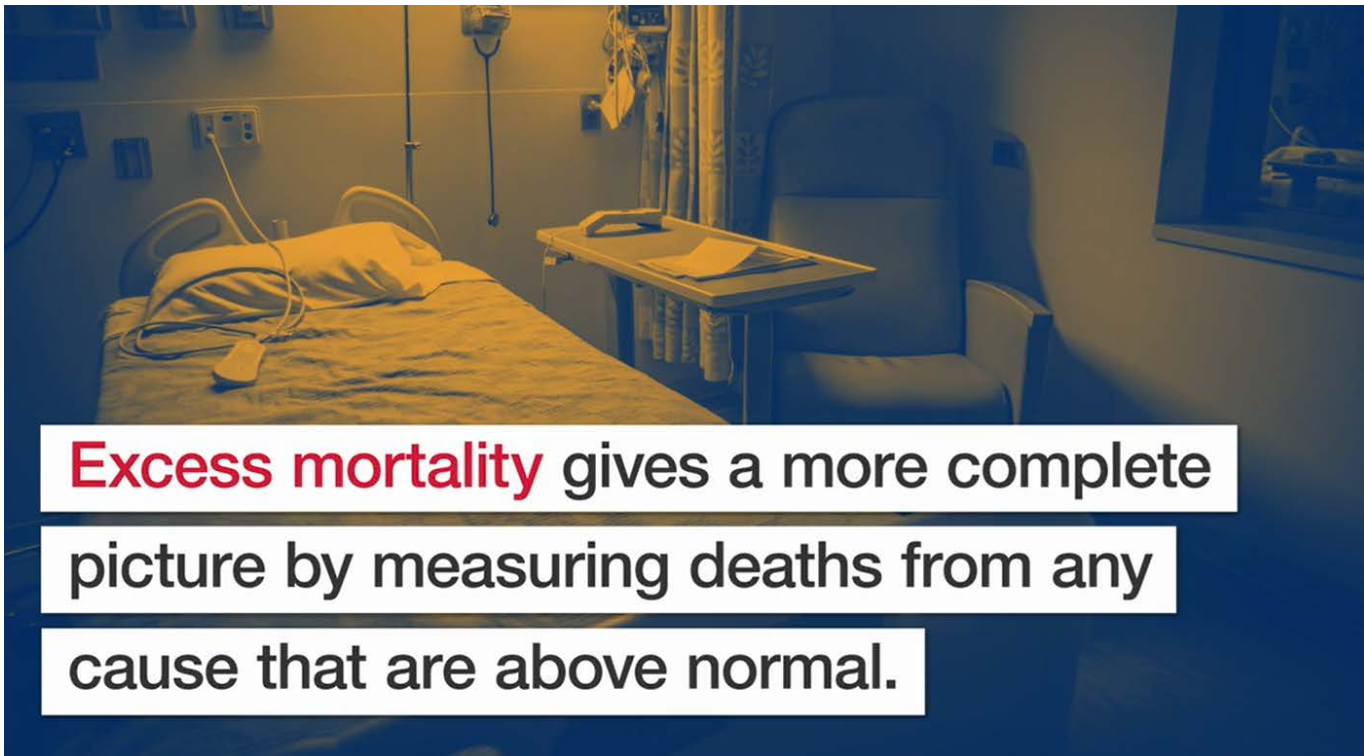   i. 60-75% protective - not all who are immunized will develop protection and remain vulnerable - no way to tell who is and who isn't
    ii. Reduce vs eliminate disease
    iii. Time frame of immunity

❖ Herd Immunity hurdle >~70%

❖ Caution regarding eliminating or reducing mitigation efforts

❖ We will know we have achieved this when the number of new cases has dropped significantly, rare hospitalizations, and rare deaths
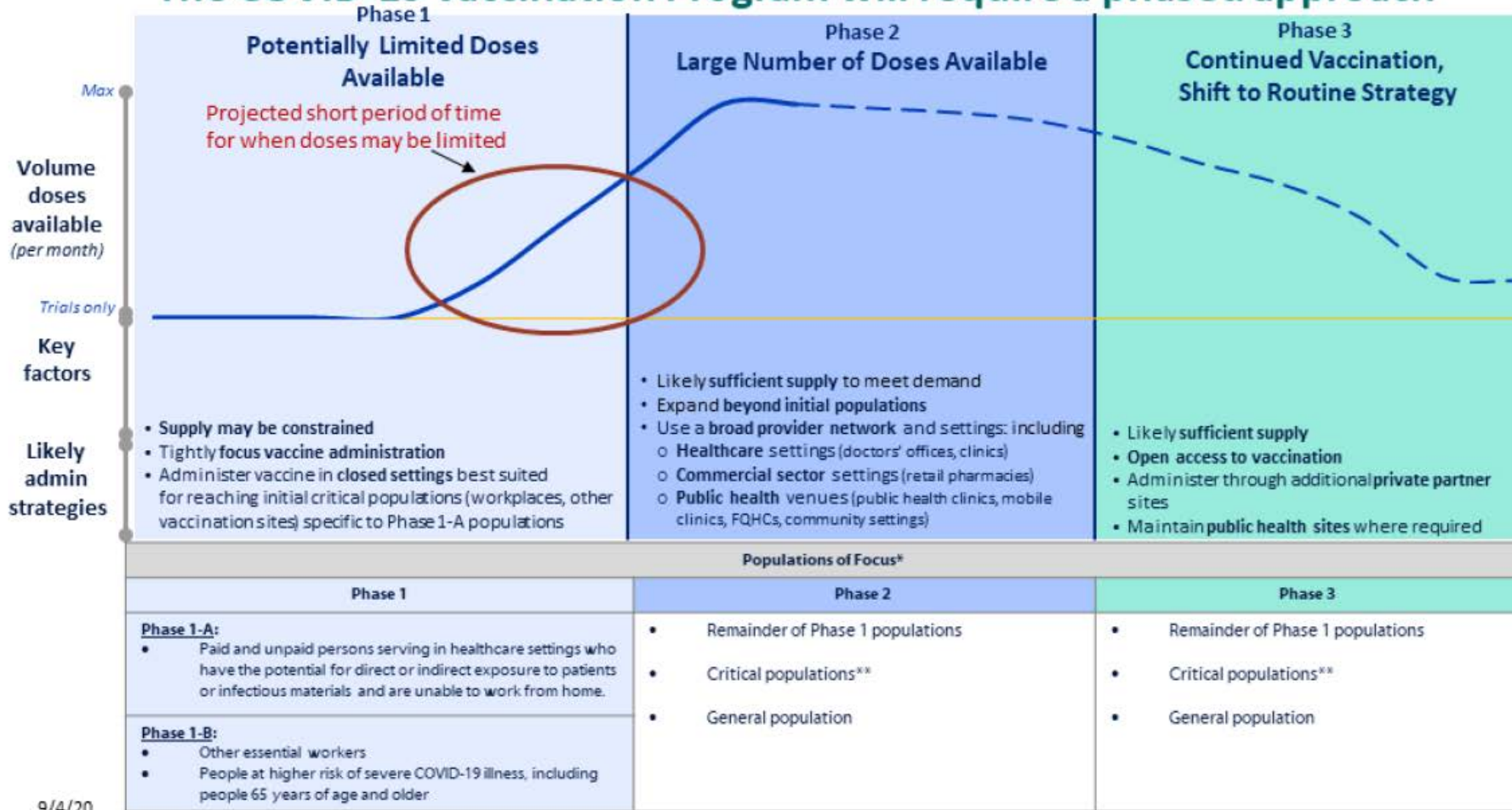
Draft Covid Immunization plan Early Information

❖States Informed to have a plan by 16 October 2020 and be ready to receive vaccine in 24 hours

❖Have broad infrastructure

❖Prioritize in 3 phases

https://www.cdc.gov/vaccines/pandemic-guidance/index.html

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The COVID-19 Vaccination Program will require a phased approach

	Phase 1 **Potentially Limited Doses Available**	Phase 2 **Large Number of Doses Available**	Phase 3 **Continued Vaccination, Shift to Routine Strategy**
Volume doses available (per month)	Projected short period of time for when doses may be limited		
Key factors		• Likely sufficient supply to meet demand • Expand beyond initial populations	

Likely admin strategies	• Supply may be constrained
	• Tightly focus vaccine administration
	• Administer vaccine in **closed settings** best suited for reaching initial critical populations (workplaces, other vaccination sites) specific to Phase 1-A populations
		• Use a broad provider network and settings: including
		  o Healthcare settings (doctors' offices, clinics)
		  o Commercial sector settings (retail pharmacies)
		  o Public health venues (public health clinics, mobile clinics, FQHCs, community settings)
			• Likely sufficient supply
			• Open access to vaccination
			• Administer through additional private partner sites
			• Maintain public health sites where required

Populations of Focus*		
Phase 1	**Phase 2**	**Phase 3**
Phase 1-A: • Paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials and are unable to work from home. **Phase 1-B:** • Other essential workers • People at higher risk of severe COVID-19 illness, including people 65 years of age and older	• Remainder of Phase 1 populations • Critical populations** • General population	• Remainder of Phase 1 populations • Critical populations** • General population

9/4/20

*Planning should consider that there may be initial age restrictions for vaccine products.
**See Section 4: Critical Populations for information on Phase 1 subset and other critical population groups.

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Prioritization Considerations

❖ Early vaccine in limited supply

❖ Requires cold chain supply support

❖ Priority guided by effectiveness data

❖ High priority given to:

- ➢ Healthcare workers
- ➢ First Responders
- ➢ SNF residents and staff
- ➢ Those with underlying medical conditions
- ➢ Critical workers
- ➢ Over 65

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ImmuNet Enrollment and Reporting

❖ ImmuNet is the statewide Immunization Information System
❖ Reporting to ImmuNet is a necessary prerequisite for receiving/reporting on a Covid vaccine
❖ All practices should:
  1. Enroll in ImmuNet
  2. Set up EHR vaccination data reporting to ImmuNet
❖ More to come from MDPCP practice coaches

Primary Care should be registered and trained now

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Vaccine Hesitancy

❖ Pre-existing group of anti-vaccine people

❖ Current political push for a vaccine before the election

❖ Warp Speed connotation of cutting corners

❖ Inconsistent messaging

❖ Novel types of vaccines

❖ *Requires consistent accurate and timely messaging from trusted sources (Primary Care Providers)*

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Goucher College Poll
If an FDA-approved vaccine to prevent coronavirus was available right now at no cost, would you agree to be vaccinated?

Don't know, 2%
No, 49%
Yes, 48%

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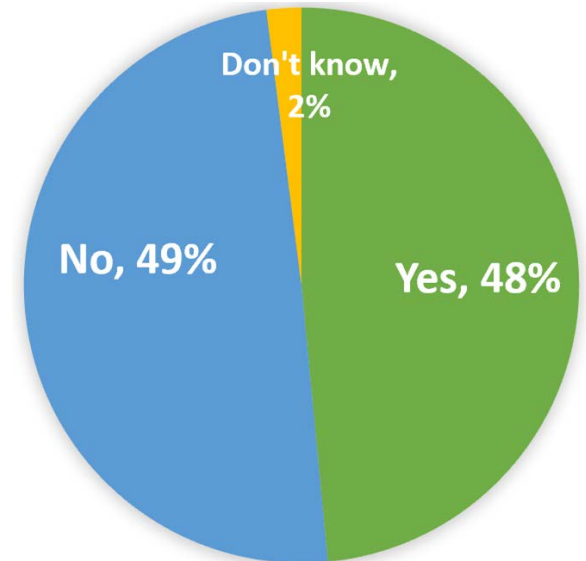
Covid Impact on African American Communities

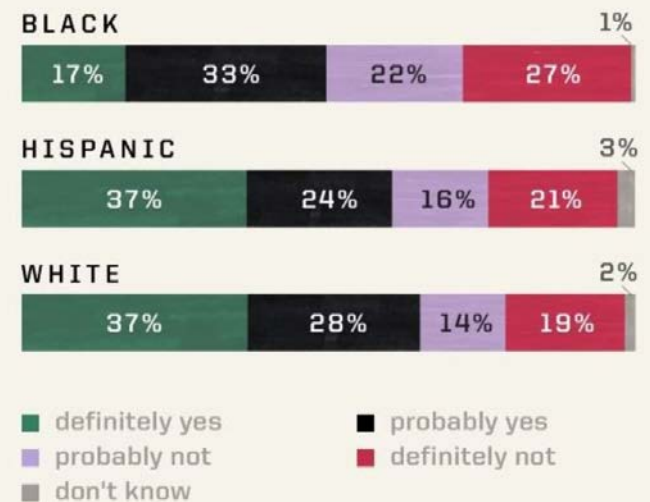*October 2020 KFF/The Undefeated Survey on Race and Health*

Covid Impact on Black households:

- 39% percent of Black adults said they know someone who has died from the coronavirus, nearly double the rate for white adults
- The pandemic has left one-third of Black adults and nearly half of Black parents struggling to pay bills

Distrust of the healthcare system:

- Nearly **six in 10 African Americans** said they trust the nation's health care system only some or almost none of the time to do what is right for their communities

If a coronavirus vaccine was determined to be safe by scientists and was available for free to everyone who wanted it, would you get it?

BLACK					1%
17%	33%	22%	27%		
HISPANIC					3%
37%	24%	16%	21%		
WHITE					2%
37%	28%	14%	19%		

- definitely yes
- probably yes
- probably not
- definitely not
- don't know

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Flu Vaccine

❖ As flu season approaches, flu vaccines will be especially important this year:

➢ Keeps people out of the hospital, ED, and ICU

➢ Respiratory illness like the flu can be mistaken for COVID-19, can strain testing capacity

❖ CDC guidance on flu vaccines during COVID

➢ Flu vaccine recommended for all >6 months old without contraindications, emphasis on high risk groups

➢ Timing: Aim for September – October

➢ Patient FAQ Link

Flu vaccines are more critical this year.
Encourage your patients to get a flu vaccine.

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Source: https://www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm; https://www.baltimoresun.com/coronavirus/bs-hs-flu-coronavirus-20200825-hba46ik7xragzm2zajmmkljoam-story.html; https://www.cdc.gov/flu/season/faq-flu-season-2020-2021.htm

Covid Testing

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Testing Marylanders in Primary Care

❖ Testing in offices serves patients and normalizes the process

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

❖ 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 saliva tests

❖ [MDPCP Guidance on testing in primary care (from July 2020)](#)

MDH Testing Guidance

2020.10.01.01 - MDH Order - Amended Various Health Care Matters Order (POC2).pdf

❖ Testing
   ➢ All Marylanders can get tested, regardless of symptoms (wording below)
   ➢ Positive and negative test results must be reported to MDH
   ➢ Point of care testing available if approved by FDA
      ■ Must be CLIA certified
      ■ Test results must be reported to MDH

POC Clinician Letter_10122020_final.pdf

Testing Guidance Table_10092020.pdf

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Table 1: Currently Available SARS-Cov-2 Antigen Tests

Test Name	Separate Instrument Required	Authorized for Use in Waived Settings	Specimen Types	Time to Result	Test Performance*	Learn More
Quidel Sofia 2 SARS Antigen FIA	Yes Sofia 2 FIA Analyzer	Yes	NP or Nasal Swabs Directly; Specimens should be collected within 5 days of symptom onset VTM is not recommended	15-30 minutes	Positive Percent Agreement: 96.7% (CI 83.3-99.4%) Negative Percent Agreement: 100% (CI 97.9%-100%)	IFU HCP
BD Veritor System for Rapid Detection of SARS-CoV-2	Yes BD Veritor Plus Analyzer	Yes	Nasal Swabs (supplied with kit) Directly Only	15 minutes	Positive Percent Agreement: 85% (CI 67%-93%) Negative Percent Agreement: 100% (CI 98%-100%)	IFU HCP
LumiraDx SARS-Cov-2 Ag Test	Yes LumiraDX Instrument	Yes	Nasal Swab; Should be collected within the first 12 days of symptom onset	12 minutes	Positive Percent Agreement: 97.6% (CI 91-6-99.3%) Negative Percent Agreement: 96.6% (CI 92.7%-98.4%)	IFU HCP
Abbott BinaxNOW COVID-19 Ag CARD	No	Yes	Direct nasal swab; collected within 7 days of symptom onset	15 minutes	Positive Percent Agreement: 97.1% (95% CI: 85.1%-99.9%) Negative Percent Agreement: 98.5% (95% CI: 92.0%-100%)	IFU HCP

* Test performance data taken from assay's IFU

Safer and easier testing in ambulatory settings

❖ Shallow nasal and saliva tests

➢ Patient self-administered test 6 feet away limits risk and PPE usage

➢ Commercial kits available

➢ Easy sampling and less expensive

❖ Testing Resource Document for myLAB Box

➢ No cost for the kit

➢ Can be ordered by telemedicine and sent directly to patient

➢ Billing codes for tests included

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Other updates

Tools in War Against Covid-19

❖ Mitigation

  ➢ Masks, social distancing, hygiene

❖ Testing, contact tracing, and isolation

❖ Hospital treatment modalities

  ➢ ICU support

  ➢ Medications

❖ Therapeutics

  ➢ Prevention, symptom reduction, "cure"

❖ Immunizations

❖ Others

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CDC Guidance on COVID-19 Spread

Updated 10/5

❖ COVID-19 spreads very easily

❖ Most commonly during close contact

❖ Sometimes spread by airborne transmission

❖ Less commonly through surfaces

❖ Rarely between people and animals

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Source: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html

NIH Covid Treatment Guidelines
Updated 10/9

DISEASE SEVERITY

PANEL'S RECOMMENDATIONS
(Recommendations are listed in order of preference in each category below; however, all options are considered acceptable.)

Not Hospitalized
or
Hospitalized but Does Not Require Supplemental Oxygen

No specific antiviral or immunomodulatory therapy recommended

The Panel **recommends against** the use of **dexamethasone (AI)**

See the Remdesivir section for a discussion of the data on using this drug in hospitalized patients with moderate COVID-19.[a]

Hospitalized and Requires Supplemental Oxygen

(but Does Not Require Oxygen Delivery Through a High-Flow Device, Noninvasive Ventilation, Invasive Mechanical Ventilation, or ECMO)

Remdesivir 200 mg IV for one day, followed by remdesivir 100 mg IV once daily for 4 days or until hospital discharge, whichever comes first **(AI)[b,c,d]**
or
Remdesivir (dose and duration as above) plus **dexamethasone**[e] 6 mg IV or PO for up to 10 days or until hospital discharge, whichever comes first **(BIII)[f]**

If **remdesivir** cannot be used, **dexamethasone**[e] may be used instead **(BIII)**

Hospitalized and Requires Oxygen Delivery Through a High-Flow Device or Noninvasive Ventilation

Dexamethasone[d] plus **remdesivir** at the doses and durations discussed above **(AIII)[f]**
or
Dexamethasone[d,e] at the dose and duration discussed above **(AI)**

Hospitalized and Requires Invasive Mechanical Ventilation or ECMO

Dexamethasone[d,e] at the dose and duration discussed above **(AI)**
or
Dexamethasone[e] plus **remdesivir** for patients who have recently been intubated at the doses and durations discussed above **(CIII)[f]**

Rating of Recommendations: A = Strong; B = Moderate; C = Optional
Rating of Evidence: I = One or more randomized trials with clinical outcomes and/or validated laboratory endpoints; II = One or more well-designed, nonrandomized trials or observational cohort studies; III = Expert opinion

Source: https://www.covid19treatmentguidelines.nih.gov/therapeutic-management/

Phase 3 Provider Relief Fund

- ❖ Financial support to healthcare providers for expenses and lost revenue attributable to COVID-19
- ❖ Providers that have already received PRF funds can apply for more funding
- ❖ HHS webinar on 10/15 on application process: link
- ❖ **Application deadline November 6**

Provider Relief Fund

October / November 2020

NEW funding available! Healthcare providers can now apply for additional payments from the **Phase 3 General Distribution**

Provider Relief Fund offers financial support to healthcare providers who have experienced lost revenues and/or expenses attributable to COVID-19.

Up to $20 billion
in payments to be distributed in the Phase 3 General Distribution

Click here to apply!
Applications open Oct. 5, 2020

Application & Payment

Nov. 6, 2020 at 11:59 p.m. ET is the deadline to submit both your Taxpayer Identification Number (TIN) and all financial information.

Please submit your application quickly to expedite payment process

Payment is based on:
- Assessed revenue losses and expenses attributable to COVID-19
- 2% of annual patient care revenue (if not previously received)
- Prior Provider Relief Fund distributions

Recipients must attest to terms & conditions within 90 days of payment

Distributions do not need to be repaid if providers comply with terms & conditions

For additional information, please call (866) 569-3522

Eligibility

Apply for Phase 3 if you experienced a decrease in operating income attributable to COVID-19

You are eligible to apply whether you were eligible for, applied for, received, accepted, or rejected prior PRF payment

You may be eligible if you are a:
- Behavioral health provider
- Dental provider
- Home and community-based services
- Primary care or specialty practice
- And many others
- See if you're eligible

Download:
- Step-by-step provider guide
- Application instructions
- Sample application form
- HHS.gov/providerrelief

HRSA
Health Resources & Services Administration

🔒 heroeshealth.unc.edu

Heroes Health Initiative

You are doing so much for *others*. Heroes Health is to support *you*.

Join Heroes Health ▾   Newsroom ▾   Resources   Discounts   FAQ   Give

Download Heroes Health to your smart device:

GET IT ON Google Play

Download on the App Store

Welcome to the Heroes Health Initiative

Heroes Health is a free mobile application from the UNC School of Medicine that allows healthcare workers and first responders to track their mental health and access mental health resources. We invite healthcare workers and first responders to join independently or through their employers:

👥 I am a Healthcare Worker   🏥 I am an Organizational Leader

Heroes Health empowers healthcare workers to care for themselves and each other

Anonymously let your organization know how they're doing

Track your wellness with weekly, 5-minute surveys

Access mental health resources specific to your organization

Six things you can do as Primary Care Providers

1. **Identify all your high-risk patients**—use the COVID Vulnerability Index (CVI) in CRISP, your EHR, and your intuition

2. **Reach out to every patient on those lists**

3. **Provide vulnerable patients with expanded care** through telemedicine and special accommodations if they need face-to-face care

4. Offer testing for all patients, every visit

5. **Stay current, stay safe**—stay current by keeping up-to-date with CDC guidelines and case rates in your area. For up-to-date information, visit CDC, MDH, and MDPCP sites. Stay safe by taking all necessary infection control precautions when seeing patients

6. **Prepare for a vaccine** - address vaccine hesitancy with patients, enroll in ImmuNet and set up reporting now, and work with your patients to get a flu shot

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

➤ Today - Tonya Phillips, PhD, LCSW-C, LCADC

Vicarious Trauma: COVID-19 Impact to Front Line Health Care Teams

➤ Next Week - Monica Schoch-Spana, PhD

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Learning Objectives

At the end of this webinar, participants will be able to:

Define	vicarious trauma and its relation to professional practice
Describe	the process of vicarious trauma impact on a worker
Discuss	the impact to personal emotional and mental health during COVID-19
Understand	the different dimensions of vicarious trauma, burn out, and compassion fatigue.
Identify	healthy adaptive skills for balancing work life routines
Examine	the emotional impact of helping and its potential impact to practice and client outcomes

Trauma Definition

Trauma is a response to an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being (SAMHSA, 2019).

Vicarious trauma is the emotional residue of exposure that helping professionals have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured (Campagne, 2012).

Mccann and Pearlman (1990) coined the term to describe disruptions in cognitive schemas that are transformed as a result of empathetic engagement with trauma survivors. Helping professionals are said to be vulnerable to vicarious trauma over time as they are exposed to the graphic details of clients' trauma narratives.

Vicarious Trauma Symptoms

- Increased arousal
- Avoidance
- Thinking about work when off work
- Losing sleep due to trauma narratives
- Worried about if you are doing enough
- Loss of interest in activities

- Feeling hopeless about work
- Irritability
- Anger
- Hyper critical of work/clients
- Concentration and sleep changes
- Negative ideas about work and your role in duties

Factors of Vulnerability

- Workers with a personal history of trauma (Sprang, et al., 2007)

- Mental health workers with higher rate of ACEs (Elliott & Guty, 1993)

- Limited supports

- Workers with high caseloads of survivors of violent or human-induced trauma (especially against children) seemed to be at greater risk for compassion fatigue

- Long work hours

- Poor work life balance

- Extensive care taking responsibilities outside of work

Compassion Fatigue vs. Vicarious Trauma

❑ **Compassion Fatigue** (CF) refers to the profound emotional and physical erosion that takes place when helpers are unable to refuel and regenerate. Compassion fatigue has been described as the "cost of caring" for others in emotional pain (Figley, 1982).

❑ **Vicarious trauma** profound shift in worldview that occurs in helping professionals when they work with clients who have experienced trauma. Helpers notice that their fundamental beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material.

Burnout vs. Vicarious (Secondary) Trauma

Burnout: work-related hopelessness and feelings of inefficacy

Secondary Trauma: work-related secondary exposure to extremely or traumatically stressful events

Both share negative effect
❑ Burnout is about being worn out
❑ Secondary trauma is about being afraid

Impact To Professional Practice

|			
Changes to insight and judgment	Lowered work Satisfaction	Diminished levels of competence	Boundary Violations
Diminished productivity	Changes to Client Outcomes	Ethical Violations	Professional Sanctions

Reflective Questions

How has the mandated changes related to COVID-19 impacted your mental health and professional practice over the last 3 months?

Have you noticed any of the symptoms of VT, burnout or compassion fatigue in the last month?

How are you addressing these symptoms and prioritizing self care?
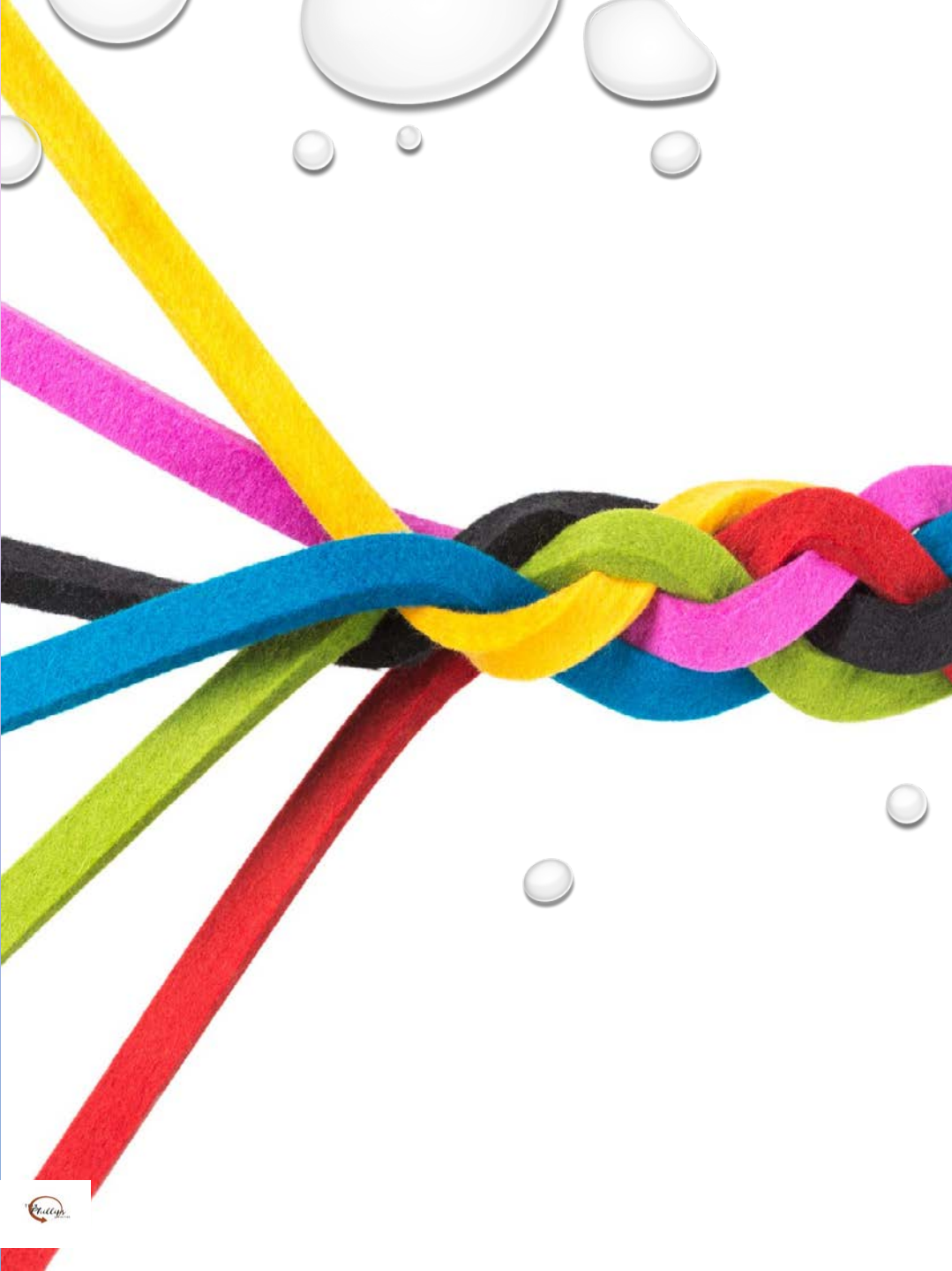
Self-Care Discussion

Self-Care Strategies

Work/Life Balance

Journaling

Therapy

Exercise

Personal leave

Music

Hobbies

RESOURCES

- Disaster Distress Hotline: 1-800-985-5990

- National Suicide Prevention Hotline: 1-800-273-TALK (8255)

- Pro-Bono Counseling Project: 410.825.1388

- COVID Coach App (download from App or Google Play Store)
    The COVID Coach app was created to support self-care and overall mental health during the coronavirus (COVID-19) pandemic.

Closing Remarks & Questions…

GIVE YOURSELF THE SAME CARE &
ATTENTION THAT YOU GIVE TO OTHERS
AND WATCH YOURSELF BLOOM

The Sprouting Sunflower

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Thank you!

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

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

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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)

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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 throughout Maryland's reopening!**

❖ 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 grocery or prepared meals delivery

➢ Teaching how to use video technologies to connect with loved ones and/or healthcare providers for telemedicine

❖ 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.](#)

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Food Resources

❖ Nutrition: Inform patients that children can receive three free meals/day at sites listed on:
  - ➤ [Maryland Summer Meals](#)   [Howard County](#)
  - ➤ [Montgomery County](#)   [Anne Arundel County](#)
  - ➤ [Prince Georges County](#)   [St. Mary's County](#)
  - ➤ [Charles County](#)   [Harford County](#)
  - ➤ [Frederick 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

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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