



# COVID-19 Update

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

21 October 2020

# Global Network Acceptance (a model for vaccine acceptance)

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- ❖ George Woodruff – Coca-Cola
- ❖ Patent medicine to global beverage
- ❖ Consistent Message based on quality



**BORN:** 1889, Columbus, GA



**DIED:** 1985, Atlanta, GA

# Agenda

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1. Maryland morbidity and mortality data
2. National status and projections
3. Focus
  - a. Continue testing - office-based - patient-administered
  - b. Prepare to vaccinate
  - c. Treatments - not cures
4. The Five Things to Do as Primary Care Providers
5. Guest Speaker - Monica Schoch-Spana, PhD
6. Q&A
7. Resources & Appendix

# Morbidity and Mortality Update

	United States 	Maryland 
<i>Cases</i>	<b>New Daily Cases (7-day rolling average)</b>	612
	<b>Cumulative Cases</b>	136,744
<i>Deaths</i>	<b>New Daily Deaths (7-day rolling average)</b>	5
	<b>Cumulative Deaths</b>	3,904

# COVID-19 Daily Report - Maryland Department of Health

Data reported as of 10/20/2020

**136,744**  
confirmed cases

**17,967**  
tests reported 10/19

**3,121,799**  
cumulative tests

**3,904**  
confirmed deaths

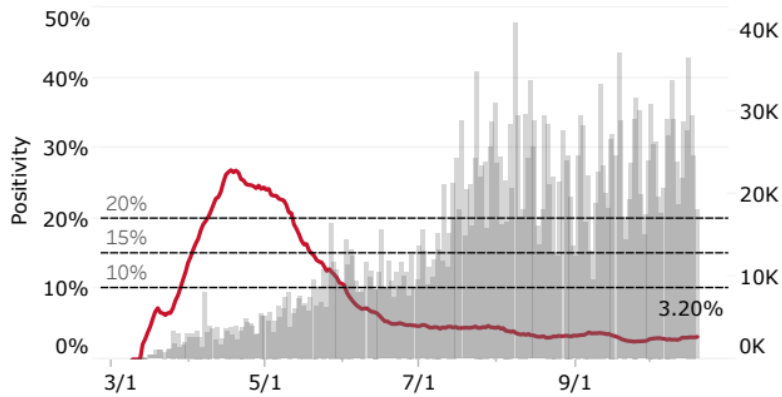
**+590**  
cases reported on 10/19\*

**3.94%**  
daily positivity reported 10/19

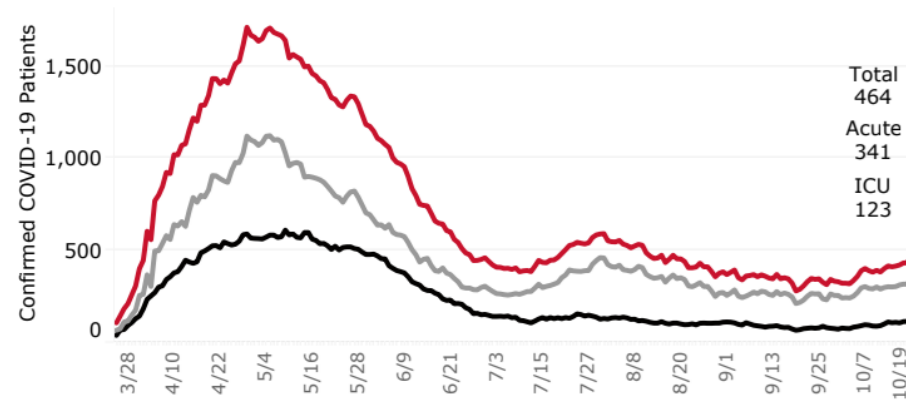
**3.20%**  
7-day avg. positivity\*\* reported 10/19

**+9**  
deaths reported on 10/19

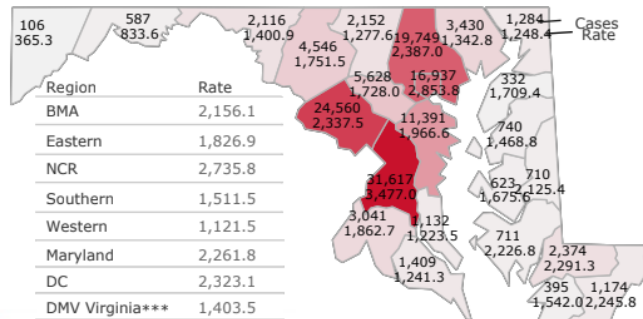
7-Day Avg. Percent Positive Testing\*\* and Total Testing Volume



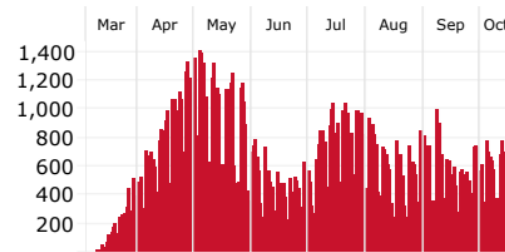
Statewide Acute/ICU Beds Occupied by COVID Patients



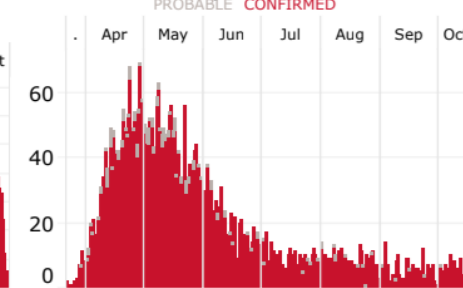
Cases and Rates by County of Residence



Daily Cases by Specimen Collection Date



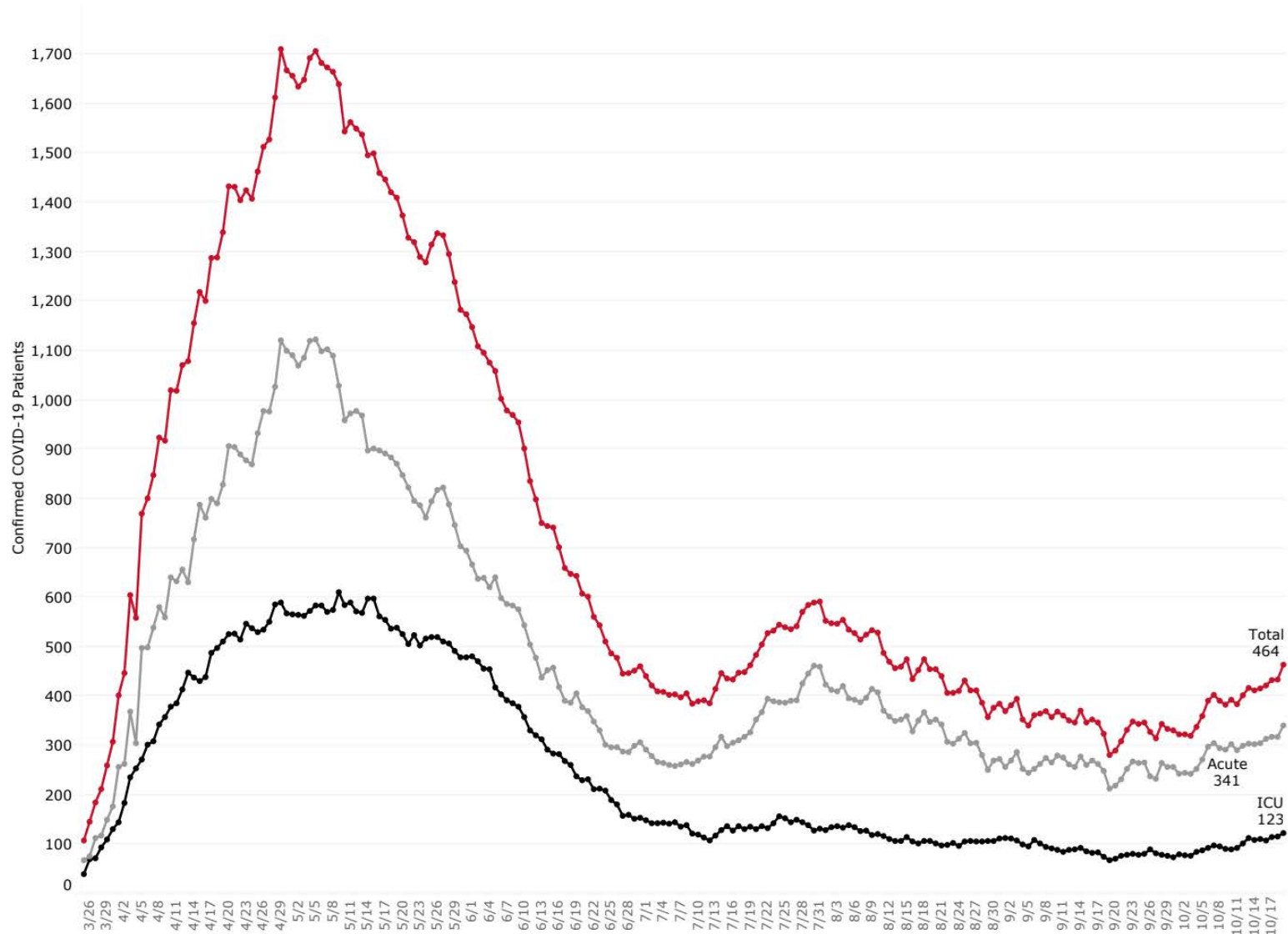
Daily Deaths



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 and ICU Beds in Use

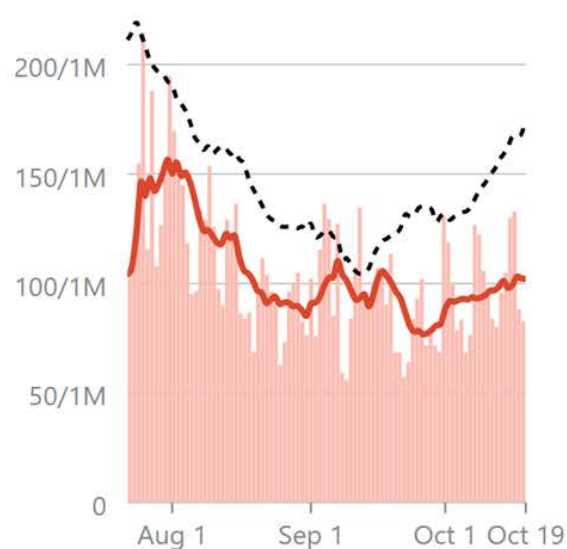


# Maryland cases, hospitalizations, and deaths compared to the US

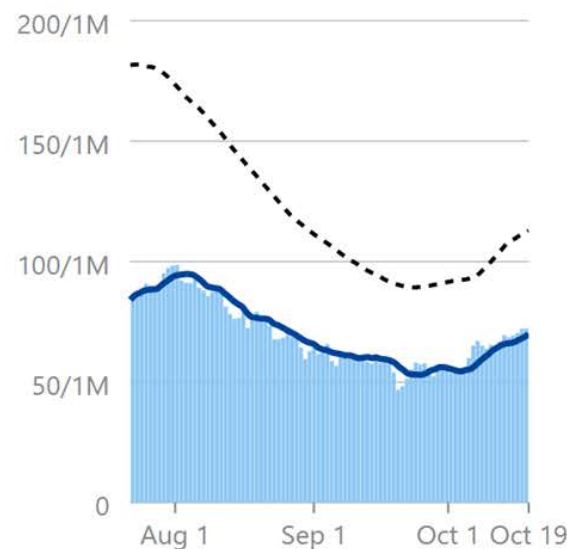
Totals **Per 1M people** Last 90 days Full range

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

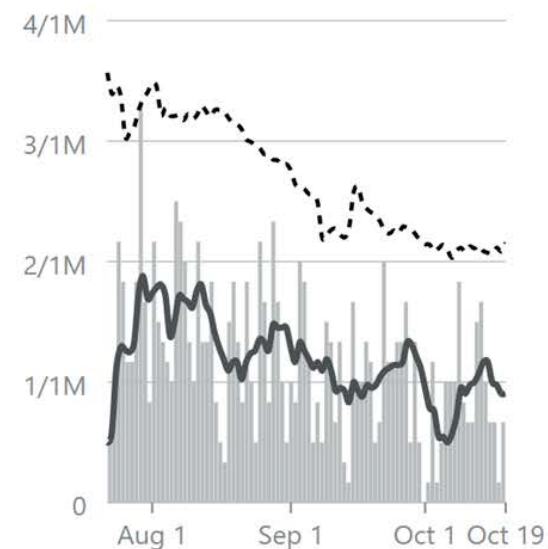
**New cases** (Calculated)



**Current hospitalizations**

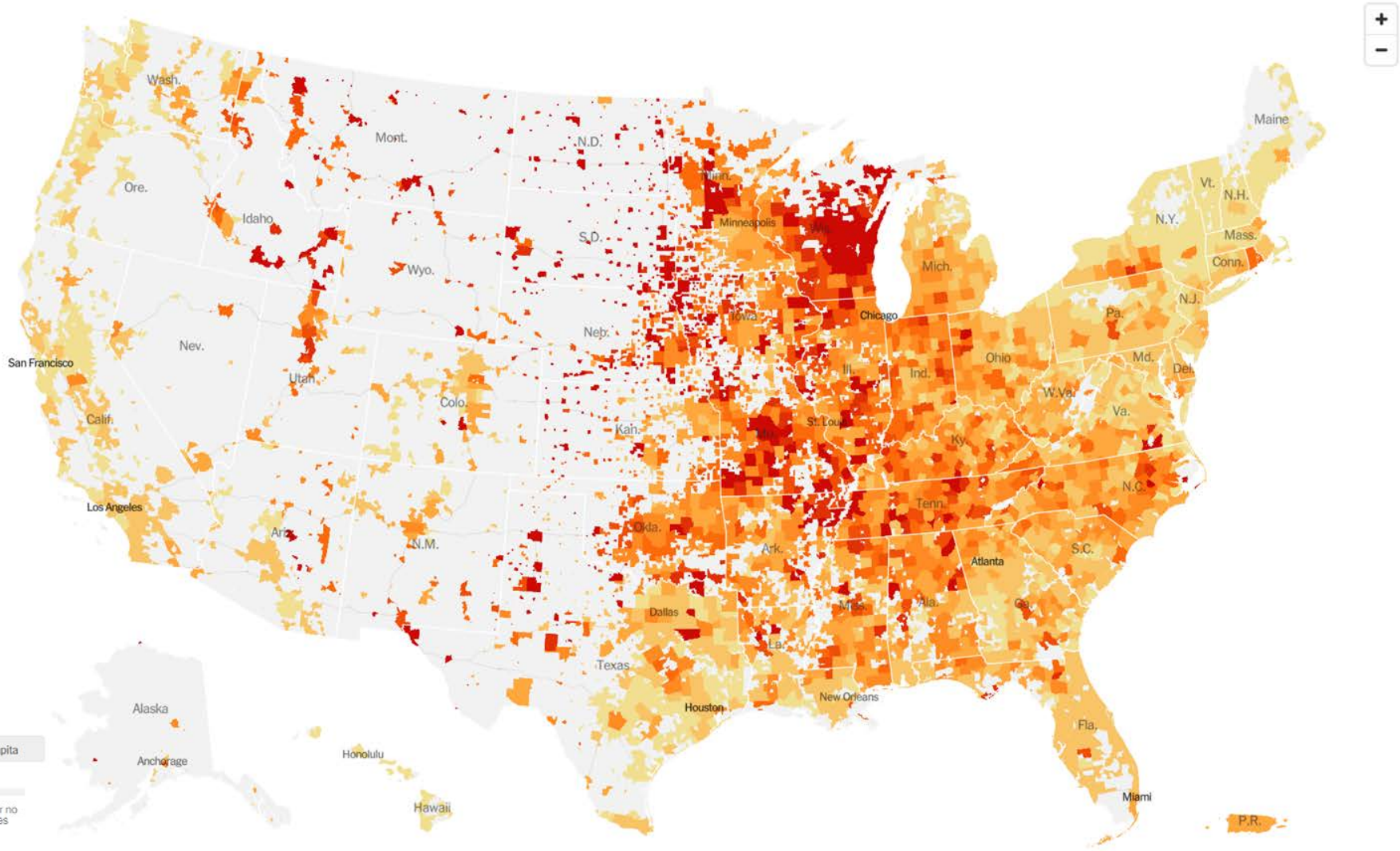


**New deaths** (Calculated)





# COVID-19 Outbreak US Hotspots



Updated 10/20

Source: New York Times



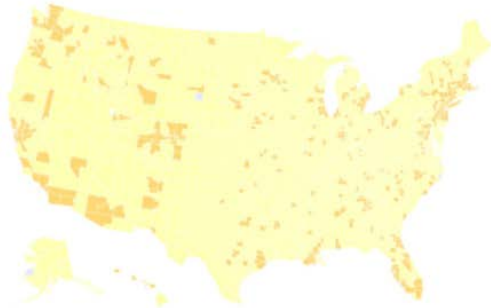
# Geographic trends over time

## Coronavirus in the United States

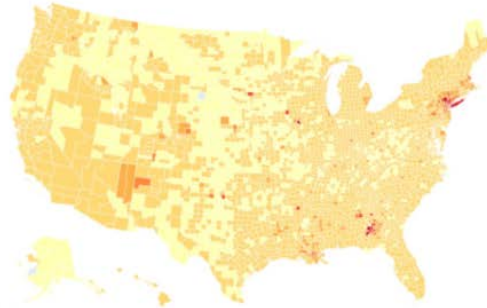
Seven-day average of daily new cases per 100,000 people



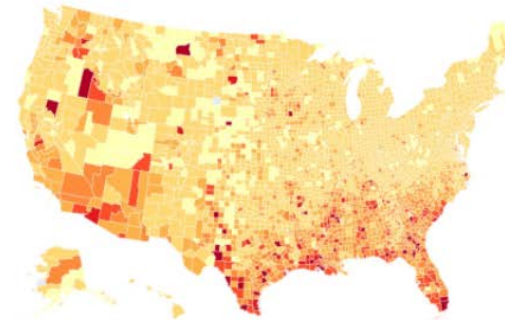
March 15



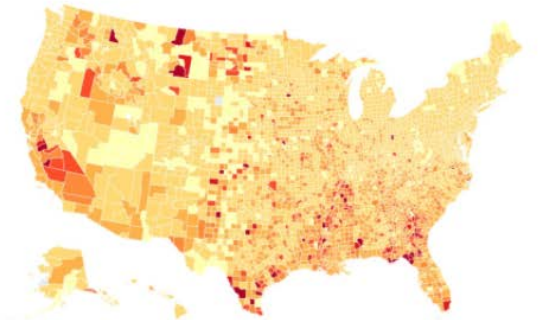
April 15



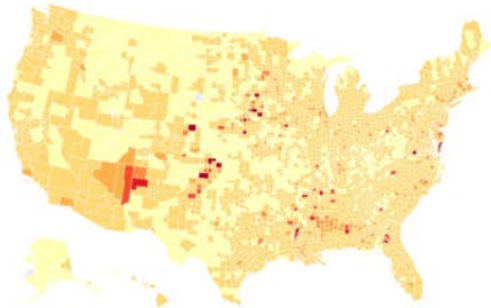
July 15



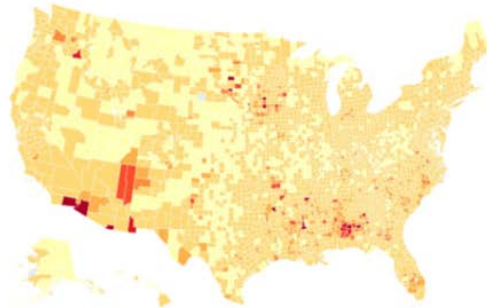
August 15



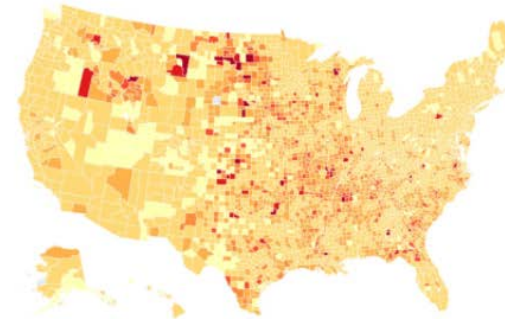
May 15



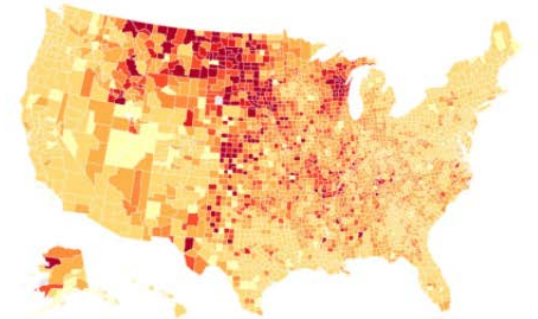
June 15



September 15

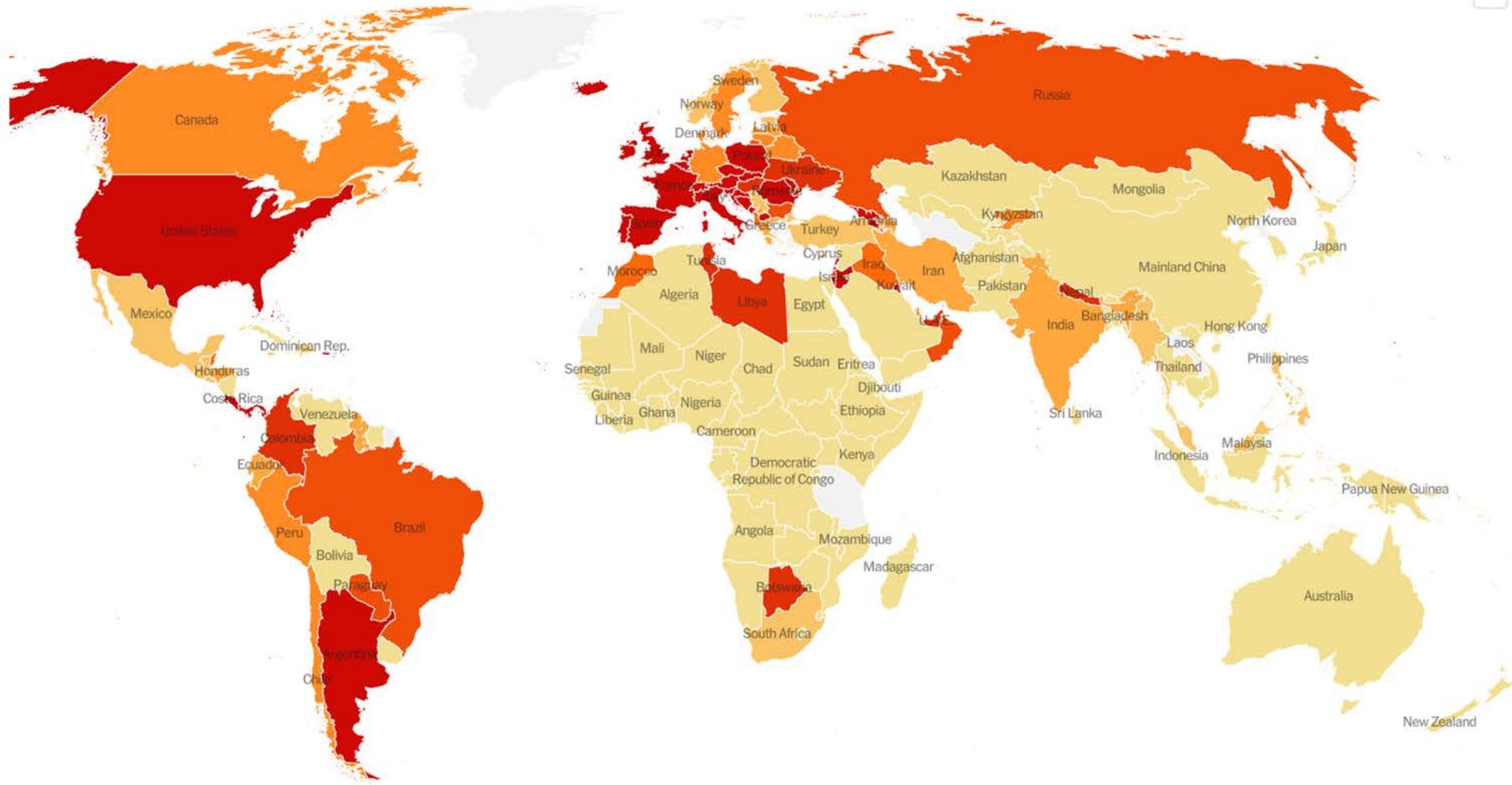


October 15



***\*Note: color key is on a different scale than the previous slide***

# Global Pandemic Hotspots



# *Covid Testing*

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# Testing Marylanders in Primary Care

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- ❖ 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 continues to evolve with Point of Care tests and saliva tests
- ❖ [MDPCP Guidance on testing in primary care \(from July 2020\)](#)

# MDH Testing Guidance

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[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](#)

# Safer and easier testing in ambulatory settings

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- ❖ 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



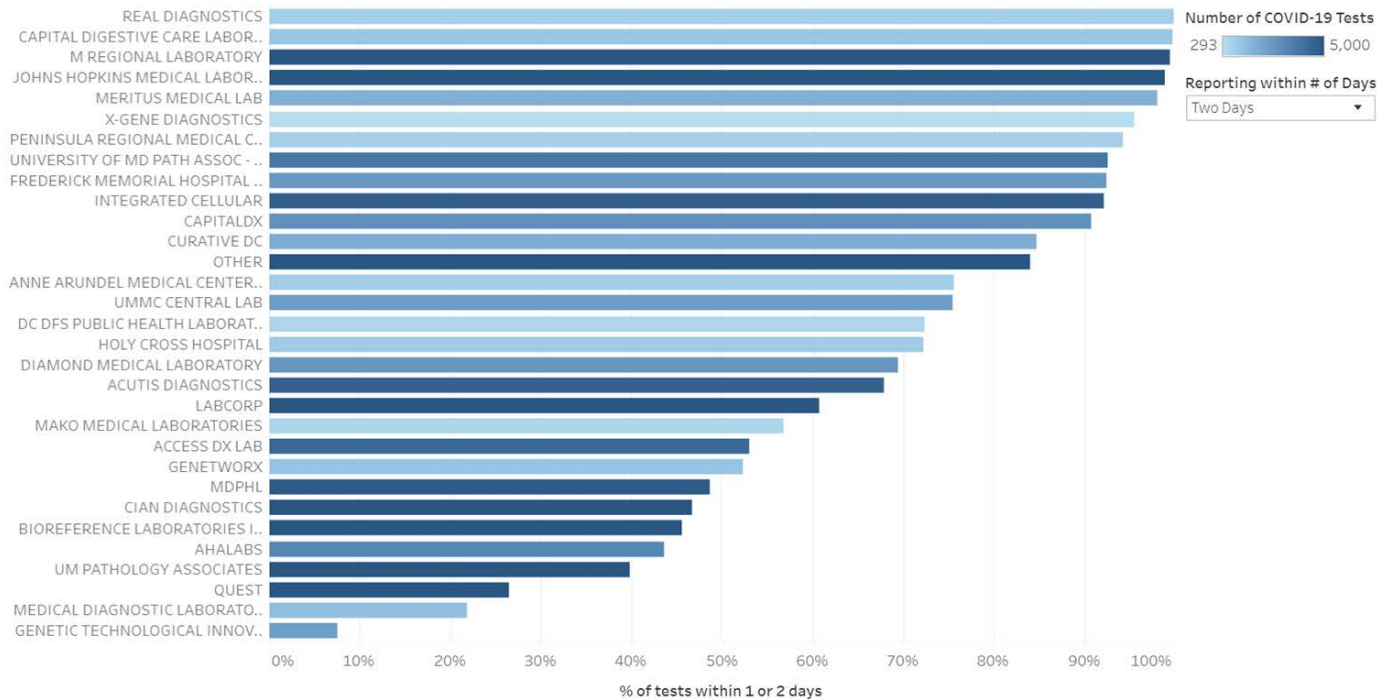
# % Test Results in Under Two Days

Maryland - National Electronic Disease Surveillance System (NEDSS)  
Labs data through 10/16/2020 11:59:00 PM

CRISP compiles the data in this report from HL7 laboratory transactions provided to Maryland Department of Health through the National Electronic Disease Surveillance System (NEDSS). The State of Maryland requires all laboratories to submit all COVID-19 positive and negative test results for any Maryland resident.

## Percent of Tests Reporting Results in Under Two Days by Laboratory - COVID-19

CRISP refreshes the data daily overnight. Report totals may differ from Maryland Department of Health figures. The figures may include some non-Maryland residents. This information is intended to assist Maryland health care providers and public health leaders in understanding the progression and direction of COVID-19 testing. The data are unverified and not publicly available. Any indicator of a pending test period is an approximation by CRISP based on review of the NEDSS data.



**In 2021, CMS will reimburse labs \$25 less per test if COVID-19 results take more than 2 days to return**

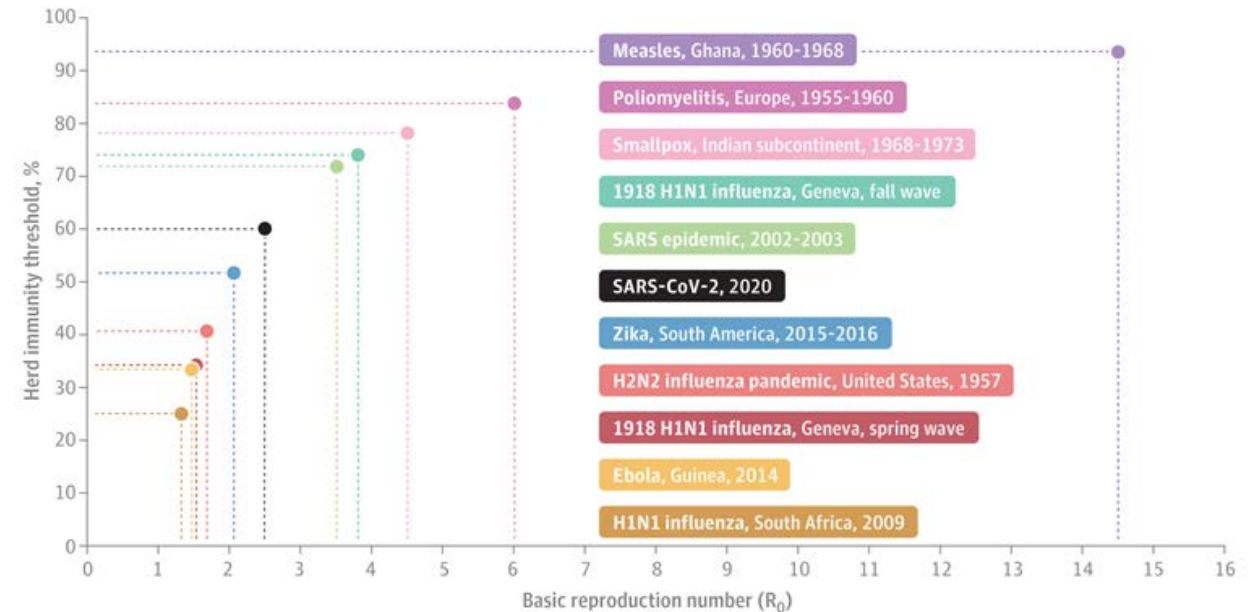


# *Covid Vaccination*

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# 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  $> \sim 60\%$
- ❖ 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

# Prioritization Considerations

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- ❖ 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

# Vaccine FAQ

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## Can Vaccinated People Stop Worrying About COVID-19?

While a vaccine will help protect individual patients and those around them, a large proportion of the population must be immunized and protected before transmission is substantially reduced. Especially for 2-dose regimens, this will take months. No vaccine will be 100% effective and a vaccine that protects against developing clinical illness may not prevent transmission to others. Also, the duration of naturally occurring immunity to infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is unknown and may wane with time.<sup>9</sup> Therefore, the likely duration of protection by new COVID-19 vaccines is unknown.

For these reasons, even after vaccines become available, SARS-CoV-2 will be a continuing concern. Effective public health measures, such as social distancing, limiting the size of gatherings, and wearing masks, will be needed for at least several more months, and potentially longer.

# ImmuNet Enrollment and Reporting

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- ❖ 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***

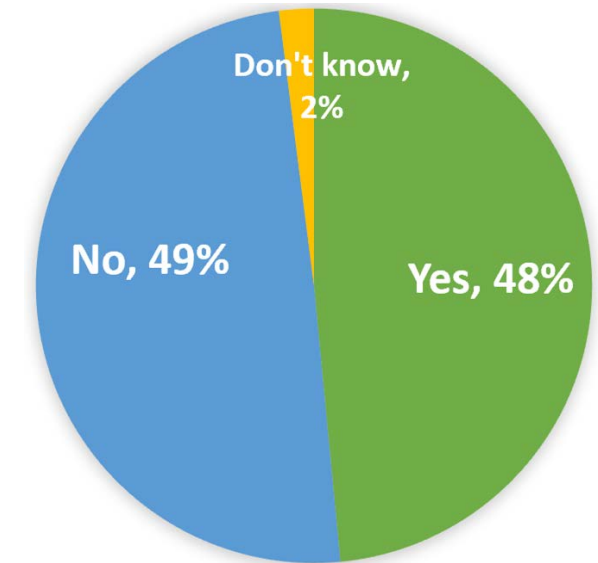


# Vaccine Hesitancy

- ❖ 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)***

Goucher College Poll, October 2020

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



# Covid Impact on African American Communities

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

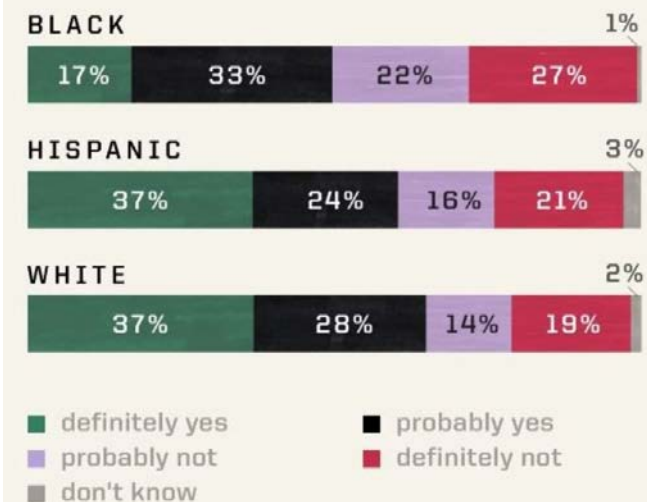
## ❖ Covid Impact on Black households:

- 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?**



# Covid Vulnerability Index

- ❖ Guide to prioritization
- ❖ Based on:
  - Medical conditions (claims)
  - Demographic factors
  - Array of social determinants
    - ✓ Economic climate
    - ✓ Food landscape
    - ✓ Housing environment
    - ✓ Transportation network
    - ✓ Health literacy
    - ✓ Crime and violence
    - ✓ COVID-19 social susceptibility
- ❖ Goes beyond CDC SVI and ADI

Likelihood of Avoidable Hospital Events

Claims available through 2/29/2020

Practice: F9MB5954 - PRACTICE\_NAME9  
CTO: BUJ76476 - CTO - BUJ76476

Risk Score Key

- Top 1st Percentile
- Between 2nd and 5th Percentile
- Between 6th and 10th Percentile
- Between 11th and 20th Percentile
- Between 21st and 100th Percentile

The percentiles are determined at a single practice-level and do not vary when selecting more than one practice or sub-populations within a practice

Search By: Beneficiary ID      Key: (All)

MBI	Beneficiary Name	Gender	DOB	Age	Medicare Status	Dual Status	PracticeID	HCC Tier	COVID-19 Vulnerability Index *	Likelihood of Avoidable Hospital Events	Claim Payment Amount
						Yes	F9MB5954	Complex	5	39.39%	\$227,279
						Yes	F9MB5954	Complex	4	19.51%	\$224,609
						No	F9MB5954	Complex	5	18.39%	\$73,764
						Yes	F9MB5954	Complex	4	16.28%	\$168,469
						Yes	F9MB5954	Tier 2	5	12.21%	\$49,850
						No	F9MB5954	Complex		11.54%	\$275,128
						Yes	F9MB5954	Complex	3	9.39%	\$62,541
						No	F9MB5954	Complex		8.37%	\$74,991
						Yes	F9MB5954	Complex		8.30%	\$55,984
						Yes	F9MB5954	Complex	3	8.23%	\$50,155
						Yes	F9MB5954	Complex	5	7.33%	\$36,300

Demonstration data only. No PHI is disclosed.

# 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.***

## *Other updates*

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# 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





# 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:



## 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

## Five things you can do as Primary Care Providers

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1. **Identify all your high-risk patients**—use the COVID Vulnerability Index (CVI) in CRISP, your EHR, and your intuition and do outreach
2. **Provide vulnerable patients with expanded care** through telemedicine and special accommodations if they need face-to-face care
3. Offer testing for all patients, every visit
4. **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
5. **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

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- ❖ 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](mailto:fberry@medchi.org)

# CME Disclosures and Evaluation

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

# Announcements

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- ❖ Learn from our [Frequently Asked Questions page](#)
- ❖ Future Webinars
  - Today - Monica Schoch-Spana, PhD  
*The Public's Role in COVID-19 Vaccination*
  
  - Next Week - Kurt Seetoo, MPH  
*Chief, MDH Center for Immunization*



# The Public's Role in **COVID-19 Vaccination**

October 21, 2020 | Monica Schoch-Spana, PhD

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Center for  
**Health Security**

# Report Context

**The Public's Role in  
COVID-19 Vaccination:**  
Planning Recommendations Informed by  
Design Thinking and the Social, Behavioral,  
and Communication Sciences

Working Group on Readyng Populations  
for COVID-19 Vaccine

July 2020



PANDEMIC  
DISTRESS



UNCERTAIN  
UPTAKE

## Central Finding

Both bioscience and social science are key to successful COVID-19 vaccines.







Nurse administering intramuscular vaccination to adolescent girl as her sister, mother, and grandmother watch (2006). CDC/ Judy Schmidt

It's not enough for a vaccine to be **clinically successful...**

It must also be **socially acceptable** as well as readily accessible.



# Recommendations and Action Items

## RECOMMENDATIONS

1

**Communicate** in meaningful terms, crowding out misinformation.

2

Earn the public's confidence that allocation and distribution are evenhanded.

3

Make vaccination available in safe, familiar, and convenient places.

4

Establish accountability systems to instill public ownership of vaccines.



**FEDERAL:** Conduct urgent and **ongoing study of attitudes and beliefs** about vaccine safety, benefits, and supply – via national panel surveys; use findings to inform the nation's COVID-19 vaccine communication approach and to test messages



**STATE/LOCAL:** Perform rapid community-based research **and listen to residents** – esp. communities of color hit hard by the pandemic – to explain in their own words (versus that of pollsters) what affects their ability and willingness to be vaccinated



# Recommendations and Action Items

## RECOMMENDATIONS

- 1 Communicate in meaningful terms, crowding out misinformation.
- 2 **Earn** the public's confidence that allocation and distribution are evenhanded.
- 3 Make vaccination available in safe, familiar, and convenient places.
- 4 Establish accountability systems to instill public ownership of vaccines.



FEDERAL: Hold a national dialogue to **deepen understanding of allocation-related dilemmas** and to boost confidence that decision making is neither capricious nor unjustly weighted in favor of some people



STATE/LOCAL: Provide clear, timely, and ongoing explanations about **how, when, to whom, and in what order** vaccines are being delivered in the jurisdiction, and how initial strategies may need to be adapted depending upon dynamic conditions.



# Recommendations and Action Items

## RECOMMENDATIONS

- 1 Communicate in meaningful terms, crowding out misinformation.
- 2 Earn the public's confidence that allocation and distribution are evenhanded.
- 3 **Make** vaccination available in safe, familiar, and convenient places.
- 4 Establish accountability systems to instill public ownership of vaccines.



STATE/LOCAL: Broaden vaccine delivery strategy to **include non-traditional locations**: faith centers, grocery stores, schools, senior centers, workplaces



Confer among governor, state health officer, state legislature, and state attorney general to **determine how to address any legislative and policy barriers** that may prevent use of non-traditional vaccination locations



“Bundle” vaccines with services (e.g., nutrition support) to streamline delivery and **communicate care for whole person**



# Recommendations and Action Items

## RECOMMENDATIONS

- 1 Communicate in meaningful terms, crowding out misinformation.
- 2 Earn the public's confidence that allocation and distribution are evenhanded.
- 3 Make vaccination available in safe, familiar, and convenient places.
- 4 **Establish** accountability systems to instill public ownership of vaccines.



STATE/LOCAL: Work to **establish a public oversight committee** to review and report on planning and progress for COVID-19 vaccination systems



**Exercise inclusive committee membership** that reflects the jurisdiction's demographic make-up and incorporates diverse sectors including business and faith communities.



# PCP Implications

- 1 Recognize that many members of the public consider their health care providers as among the most trusted spokespersons about vaccines; be prepared to deliver consistent, accurate, and timely messages about SARS-CoV-2 vaccines
- 2 Stay up-to-date on the clinical facts about SARS-CoV-2 vaccines, BUT ALSO on the national and state-level guidance on how to communicate most effectively about the vaccines in the context of dynamic conditions and diverse audiences
- 3 Serve as a critical feedback loop – vis à vis your professional societies – to public health officials at local and state levels on what you are hearing from your patients so that public communications can be adapted and improved accordingly



This COVID-19 Working Group effort was supported by the National Science Foundation-funded Social Science Extreme Events Research (SSEER) Network and the CONVERGE facility at the Natural Hazards Center at the University of Colorado Boulder (NSF Award #1841338). Any opinions, findings, and conclusions or recommendations expressed in this material are those of the authors and do not necessarily reflect the views of the NSF, SSEER, or CONVERGE.

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THANK YOU – [mschoch@jhu.edu](mailto:mschoch@jhu.edu)



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Center for  
**Health Security**



# Thank you!

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# Appendix

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## Resources and Links

# Scheduling In-Office Appointments

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

# Scheduling In-Office Appointments

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

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

## These measures must be in effect:

1. Licensed healthcare providers will use their judgment to determine what appointments and procedures are appropriate
2. Facilities and providers must have at least one week's supply of personal protective equipment (PPE) for themselves, staff, and as appropriate, for patients
  - i. PPE requests to any State or local health or emergency management agency will be denied for elective and non-urgent medical procedures
  - ii. The healthcare facility or healthcare provider must be able to procure all necessary PPE for its desired services via standard supply chains
  - iii. For hospitals with COVID-19 patients, MDH will determine a daily PPE per patient use rate for PPE requests
3. **Social distancing must be maintained in all waiting areas**
4. **All healthcare workers, patients, and others must be screened for COVID-19 symptoms upon arrival for shift or visit. Staff must stay home if they are showing COVID-19 symptoms.**
5. **All healthcare facilities and healthcare providers must implement enhanced workplace infection control measures > CDC guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>**
  - i. **All healthcare providers and staff shall wear appropriate face coverings, to include cloth face coverings, surgical face masks or N-95 masks, respirators, and/or face shields**
  - ii. **Patients should wear a face covering whenever possible**
6. **Any healthcare facility or provider unable to provide PPE for themselves, staff, and patients where appropriate must immediately restrict operations to urgent and non-elective procedures and appointments**

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

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

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

# Personal Protective Equipment (PPE) Sources and Requests

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



# State Launches Maryland PPE Network Supplier Portal

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

# Help your patients get health coverage

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

## Considerations when Reusing N95 Respirators (CDC)

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

[Source](#)

## CDC Guidelines - N95 Respirators and Infection Control

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

# CDC Guidelines - Reusing N95 Respirators

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

# CDC Guidelines - When to Discard N95 Respirators

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

# COVID-19 Testing Site Information

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



# CDC Guidelines for COVID Patient Management

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

# Billing for End-of-Life Planning

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

# Support for Patients at Home

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- ❖ Food
  - Meals on Wheels
- ❖ Caregivers
  - Visiting nurses and caregivers
- ❖ Emotional support
  - Support from family
  - Phone calls and videochat to fight loneliness
  - MD Department of Aging [Senior Call Check Program](#)

# Caregiver Services Corps (CSC)



- ❖ **OPEN for primary care providers STATEWIDE 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

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- ❖ 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](http://www.MarylandMedNow.com)

# Opportunities to Volunteer and Serve

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

# Staying Current - Sources

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

# MedChi/CareFirst/Backline Grant

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

## Eligibility Requirements

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

## Application Steps

Can be completed in less than 5 minutes

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

## Grant Amount

\$300 per eligible physician





# Federal Emergency Funds for Small Business

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- ❖ [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

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- ❖ [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).

# Food Resources

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- ❖ Nutrition: Inform patients that children can receive three free meals/day at sites listed on:
  - [Maryland Summer Meals](#)
  - [Montgomery County](#)
  - [Prince Georges County](#)
  - [Charles County](#)
  - [Frederick County](#)
  - [Howard County](#)
  - [Anne Arundel County](#)
  - [St. Mary's County](#)
  - [Harford County](#)
  - [Calvert County](#)
- ❖ Free meals available from 42 rec centers in Baltimore
  - Call 311 for locations and to schedule pickup time

# Resources for Specific Groups

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- ❖ 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

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

# State Emergency Funds for Small Business

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## ❖ [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](mailto:fpaaworkflowcoordinator.commerce@maryland.gov).