



# COVID-19 Update

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

4 November 2020

# Preparing for Mass Vaccination, Testing and challenging times

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*"A number of our men, indeed all who have not had the small pox are & soon will be under Inoculation." Alexander Scammell to Timothy Pickering, Jr. Valley Forge, 28 February 1778*

# Agenda

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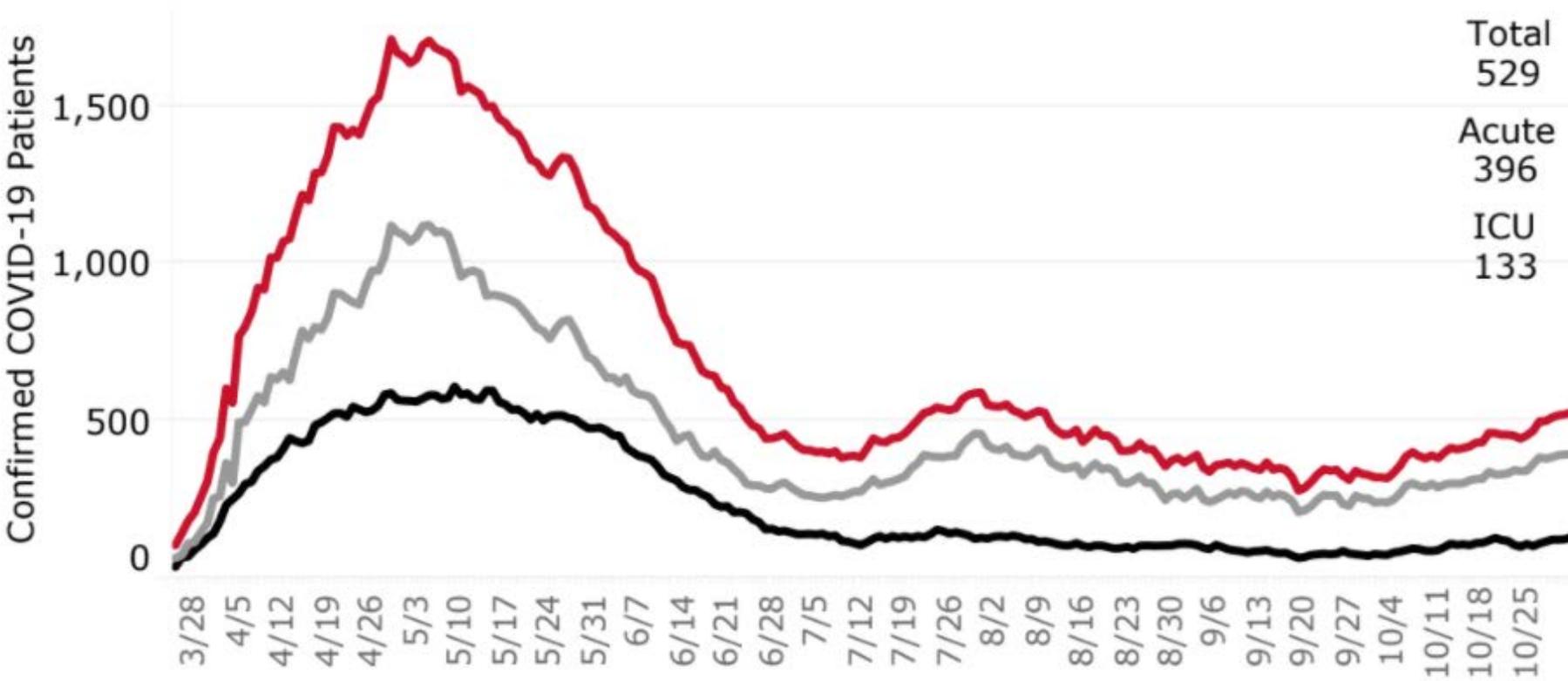
- ❖ Maryland Morbidity and Mortality Data
- ❖ National Status and Projections
- ❖ Focus
  - Continue Testing – office based – patient administered testing
  - Prepare to Vaccinate
- ❖ The Five Things to Do as Primary Care Providers
- ❖ Guest Speaker – Maulik Joshi, DrPH
- ❖ Q & A
- ❖ Resources Appendix

# Morbidity and Mortality Update

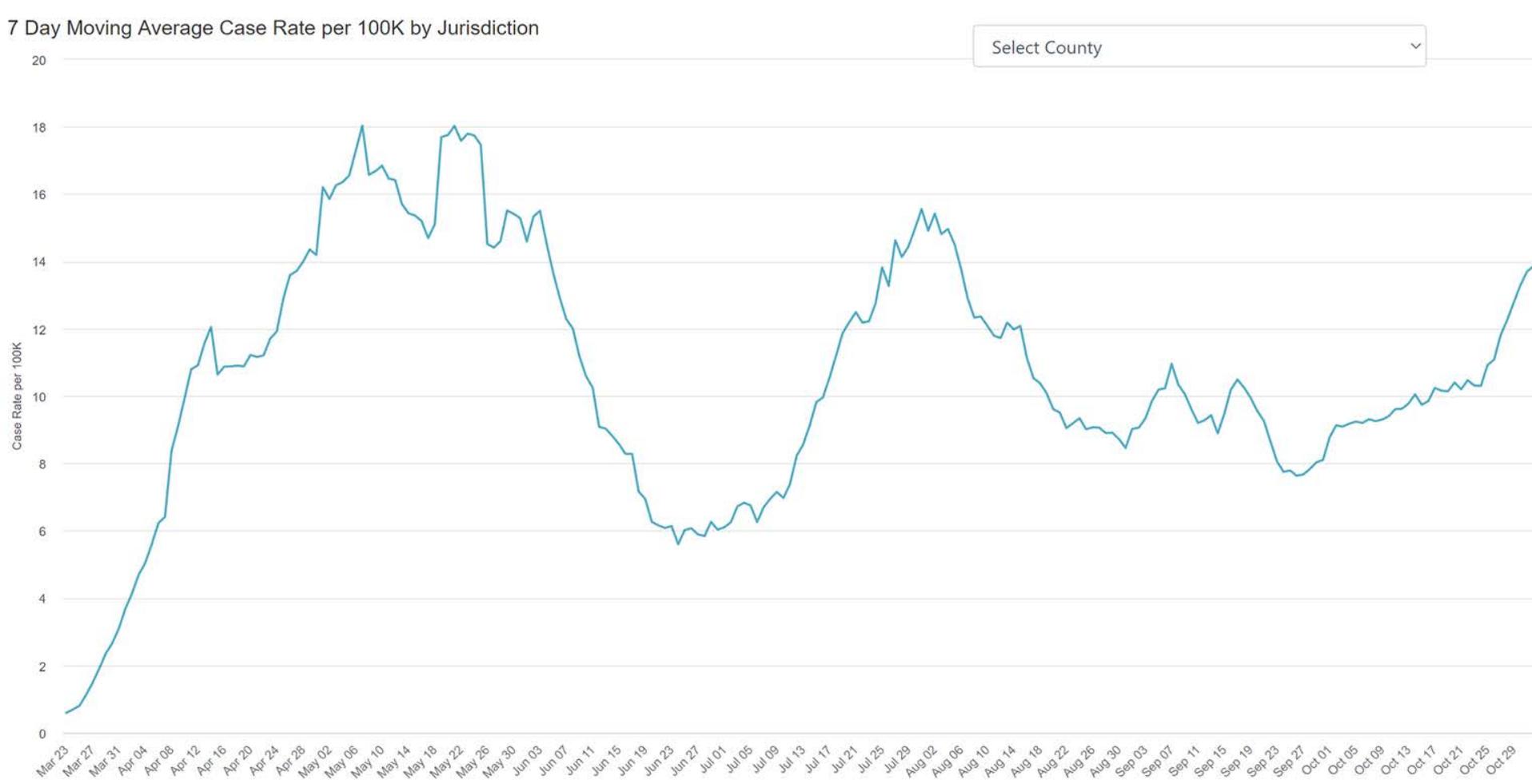
	United States 	Maryland 	
<i>Cases</i>	<b>New Daily Cases (7-day rolling average)</b>	82,829	837
	<b>Cumulative Cases</b>	9.2 million+	146,995
<i>Deaths</i>	<b>New Daily Deaths (7-day rolling average)</b>	825	8
	<b>Cumulative Deaths</b>	230,937	4,007

# Hospital and ICU Beds in Use

## Statewide Acute/ICU Beds Occupied by COVID Patients



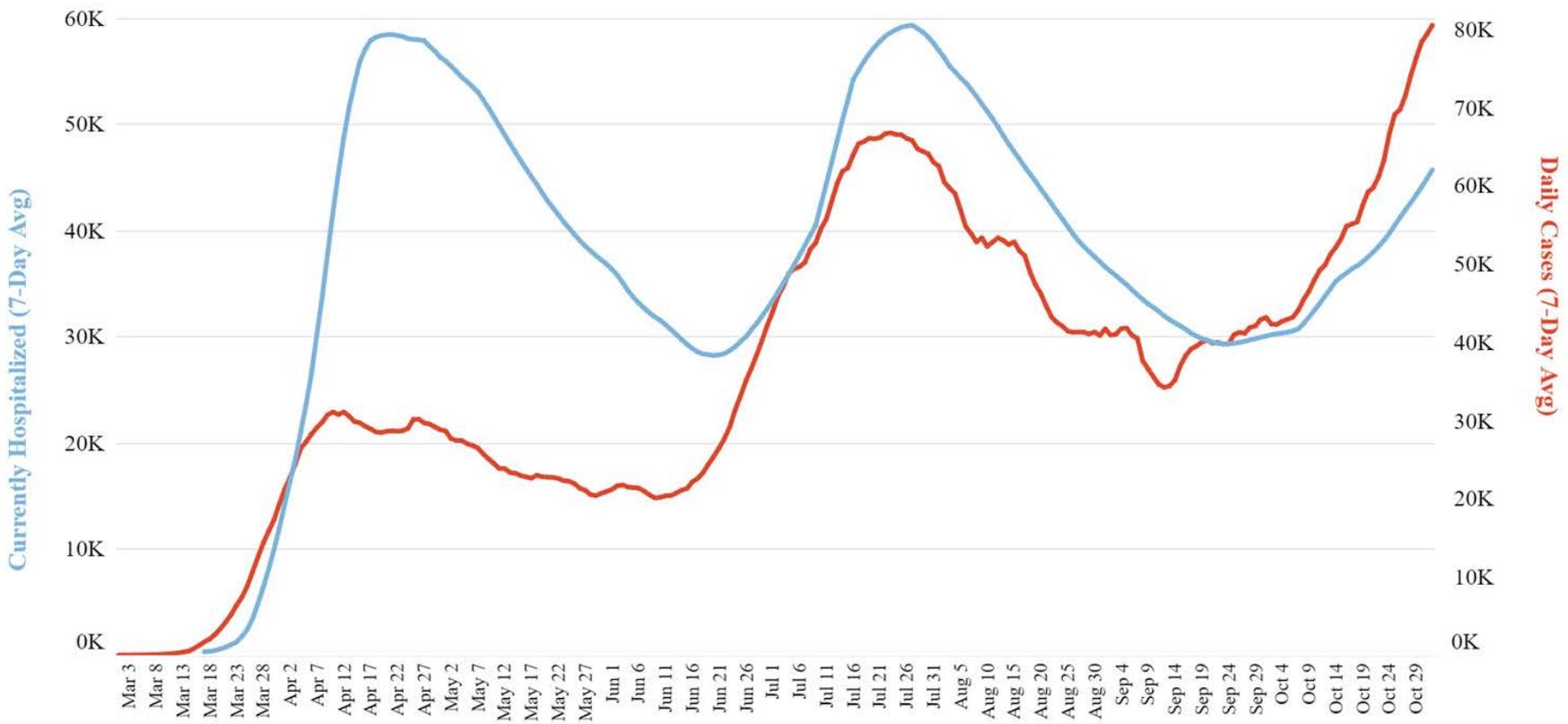
# Statewide 7-day Average Case Rate per 100K



# Fall surge underway

Currently Hospitalized & Daily Cases. 7-Day Average Lines

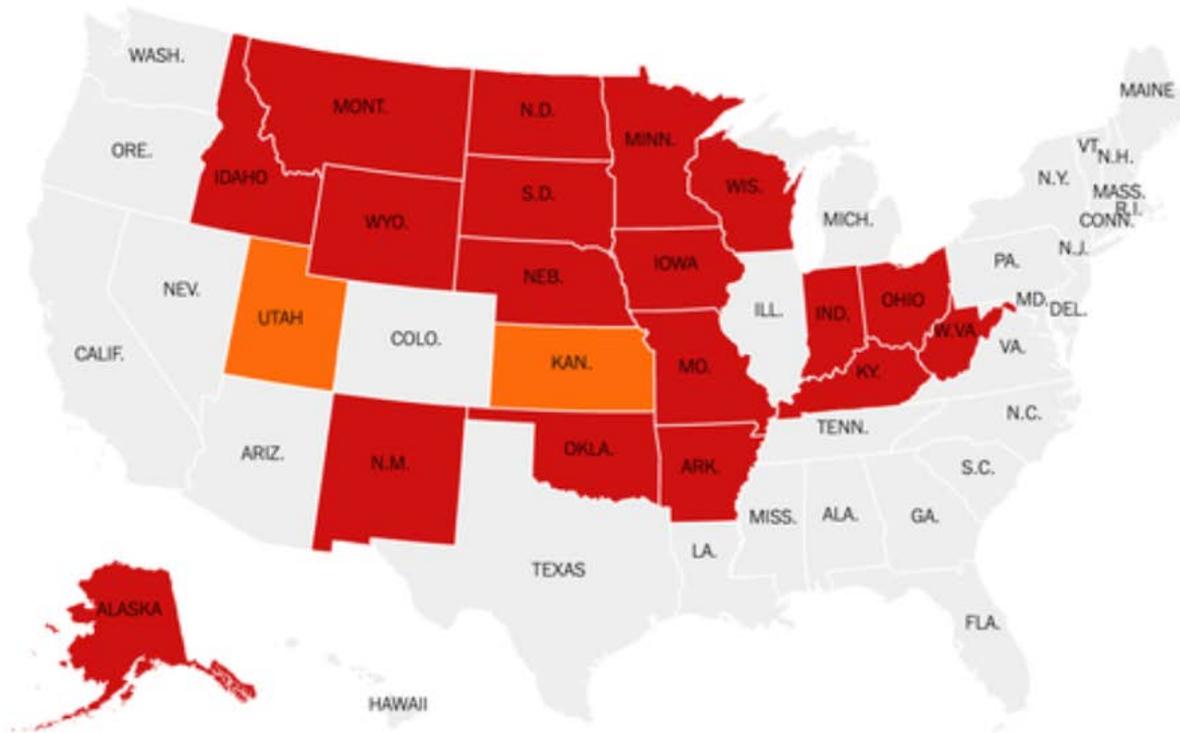
Mar 1  Nov 1



Left Axis: CURRENTLY HOSPITALI...
Right Axis: DAILY CASES
States Included: (All)
Regions Included: (All)

# Fall surge underway

States where hospitalizations peaked in the **past month** or the **past week**



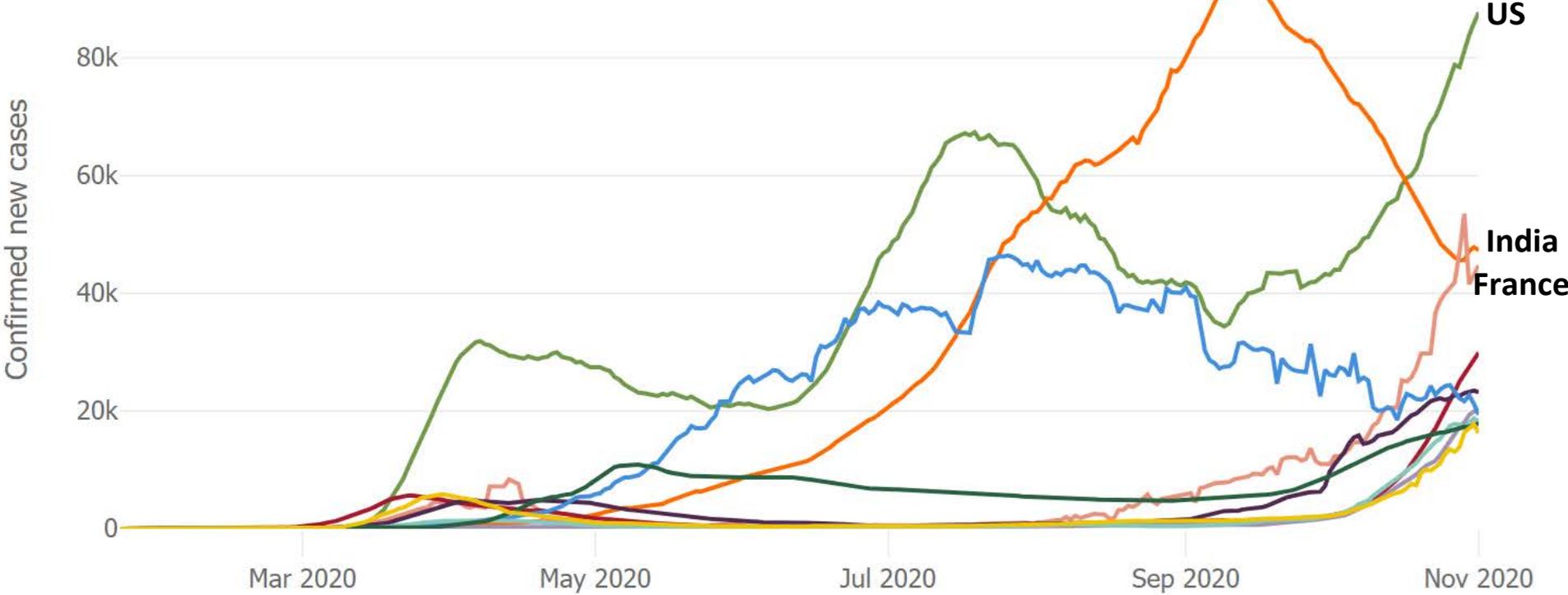
Note: The map shows where the number of hospitalizations hit its highest point. Data is as of Oct. 28. | Source: The Covid Tracking Project

# Global Pandemic Hotspots

DAILY CONFIRMED NEW CASES (7-DAY MOVING AVERAGE)

Outbreak evolution for the current 10 most affected countries

- US
- India
- France
- Italy
- United Kingdom
- Poland
- Brazil
- Belgium
- Russia
- Germany



Source: <https://coronavirus.jhu.edu/data/new-cases>

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

# Current and Evolving Landscape for Covid Testing in Maryland

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- ❖ Average ~26,000 tests per day - more is better
- ❖ State supported sites (VEIPs) closed
- ❖ A few state sites in tents opening for the winter months
- ❖ Convention Center testing moving indoors
- ❖ Current approximate contributions:

Hospitals	22%
SNF/ALF	20%
Urgent care	16%
<b>Ambulatory practices</b>	<b>14%</b>
Other	14%
State sites	7%
Pharmacies	4%
Universities	3%

# Covid Testing Outreach Teams

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- ❖ Three teams supporting office-based Covid testing in November and December with technical assistance and best practices. Support includes guidance on:
  - Workflows
  - New safe PPE requirements
  - Patient self administered testing
  - Shallow nasal testing
  - Saliva testing
  - Testing patients at home
  - Identifying highly vulnerable patients
  - Coding and reimbursement support
  - Testing supplies
  - Testing reports
  - Point of Care testing options

# *Covid Vaccination*

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# Tools in War Against Covid-19

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*Even after vaccination, we will likely still need our other tools for some time before herd immunity is reached*

## ❖ Mitigation

- Masks, social distancing, hygiene

## ❖ **Testing**, contact tracing, and isolation

## ❖ Hospital treatment modalities

- ICU support
- Medications

## ❖ Therapeutics

- Prevention, symptom reduction, “cure”

## ❖ **Immunizations**

## ❖ Others

# Maryland COVID-19 Vaccination Plan

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- ❖ Maryland has developed a COVID-19 vaccination plan to vaccinate all Marylanders interested in receiving vaccine
- ❖ Plan was released on Tuesday, October 20, 2020
- ❖ This is a working plan and subject to change as new information is received and the COVID-19 pandemic continues to evolve
- ❖ Copy of the plan can be found here:  
[https://phpa.health.maryland.gov/Documents/10.19.2020\\_Maryland\\_COVID-19\\_Vaccination\\_Plan\\_CDCwm.pdf](https://phpa.health.maryland.gov/Documents/10.19.2020_Maryland_COVID-19_Vaccination_Plan_CDCwm.pdf)

# Phased Approach: Phase 1

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## Employment Field

- a) High Risk Healthcare Workers (Direct Exposure)
  - Hospital, LTCs, Freestanding EDs, Urgent Care, Primary Care Providers, School Nurses
- b) First Responders
  - High Risk Law Enforcement (e.g. specialized units), Emergency Medical Services, High Risk Fire Fighters (e.g. specialized units), Emergency Management
- c) Vaccinators - expanded workforce (e.g. pharmacists, dentists, doctors, nurses, administrative clinic staff)
- d) Local Health Department staff

# Phased Approach: Phase 1 (cont)

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## Other Risk Factors

- ❖ People at Increased Risk for severe COVID-19 Illness
- ❖ LTCF residents
- ❖ Persons with underlying medical conditions that are risk factors for severe COVID-19 illness
- ❖ People at Increased Risk of Acquiring or Transmitting COVID-19
- ❖ People with Limited Access to Routine Vaccination Services

**NOTE: Priority groups subject to change based on the recommendations of the Advisory Committee on Immunization Practices (ACIP)**

# Phased Approach: Phase 2

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- ❖ Phase 2: Widespread Vaccine Availability - General Public
- ❖ Move to Phase 2 will depend on:
  - Availability of COVID-19 vaccine
  - Achievement of targeted metrics for vaccination of high priority groups
  - Notification by CDC and other authorities that the general public phase can begin because vaccine supply allows
  - Vaccine available through health care providers, pharmacies, urgent care, local health departments, etc.

# Provider Recruitment and Enrollment

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Maryland HCP interested in receiving COVID-19 vaccine will have to:

- 1. Onboard with ImmuNet** to report vaccination data
  - **EHR connected to ImmuNet** to report all vaccine doses administered
  - Effective Oct 1, 2019, statute requiring ALL vaccinations to be reported to ImmuNet
  - Allows for dose level accountability for COVID-19 vaccine
- **MDPCP practice coaches will be communicating with all practices regarding their current onboarding status and next steps to register and enroll**

Where is your practice?

Enrolled and reporting

Enrolled, but not reporting

Not enrolled and not reporting

Verify patients' records in ImmuNet are being accurately transmitted to ImmuNet by:  
> [logging in](#), and  
> viewing a recently immunized patient's record for completeness.

Follow the steps on the [Immunet website](#) under "Providers with Electronic Health or Medical Records Systems (EHR/EMR)" to be added to the ImmuNet queue.

Complete [ImmuNet enrollment form](#)

Put in a ticket with EHR vendor to implement immunization interface. Be sure to include:  
> ImmuNet-assigned Org ID (contact [HelpDesk](#) for Org ID)  
> [Technical specs](#) for interface  
> ImmuNet HelpDesk [contact information](#)

Wait for email containing username and password. Review links.

**Congratulations!**

You are enrolled and reporting to ImmuNet.

# Provider Recruitment and Enrollment

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2. **Register with ImmuNet as a vaccine provider** in order to receive and administer vaccine. Provider Registration in ImmuNet is a two step process:
  - i. Complete Provider Screening Questionnaire
    - o Determines eligibility to receive vaccine
  - ii. Complete Provider Registration
    - o Complete the non-VFC provider registration by entering profile information and sign the CDC COVID-19 provider agreement
    - o Current VFC providers will need to confirm their current ImmuNet profile information and sign the CDC COVID-19 provider agreement

**Registration expected to begin in Nov 2020**

# Primary Care Involvement

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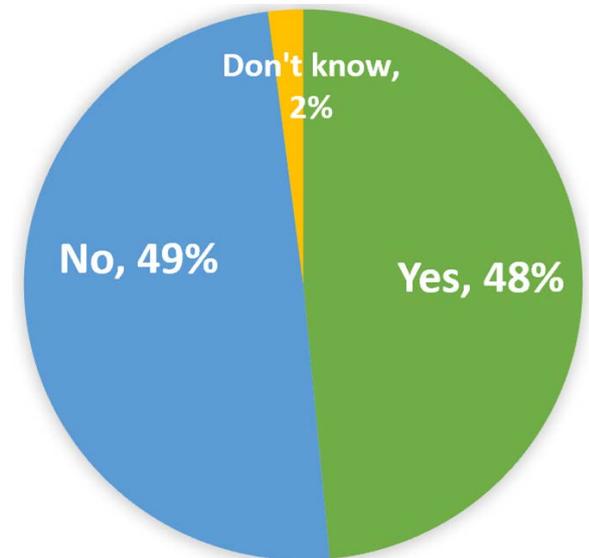
- ❖ Continue to encourage immunization and address vaccine hesitancy
- ❖ Ensure that you are onboarded (connected) with ImmuNet to report vaccinations administered
- ❖ Once available, register to become a COVID vaccine provider
- ❖ Begin to identify your patients that are at a higher risk for COVID (Covid Vulnerability Index)
- ❖ Don't forget flu shots

# 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

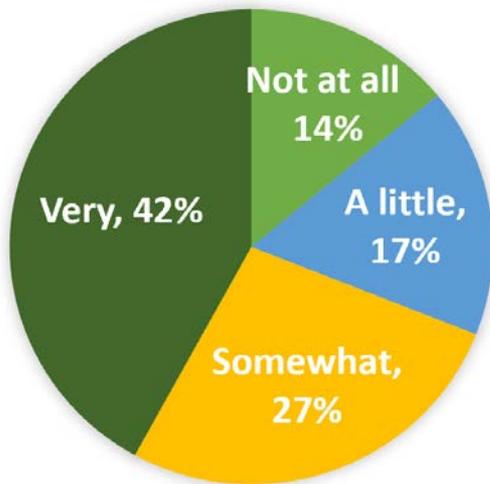
If an FDA-approved vaccine to prevent coronavirus was available right now at no cost, would you agree to be vaccinated?



# Marylanders Views on Covid

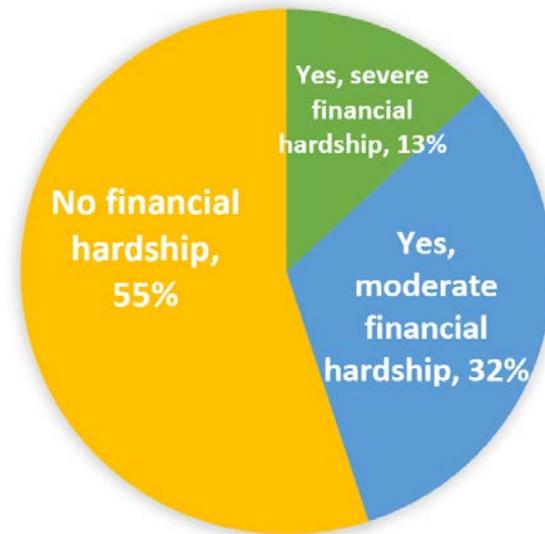
*October 2020 Goucher College Poll of 1,002 Marylanders*

**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?

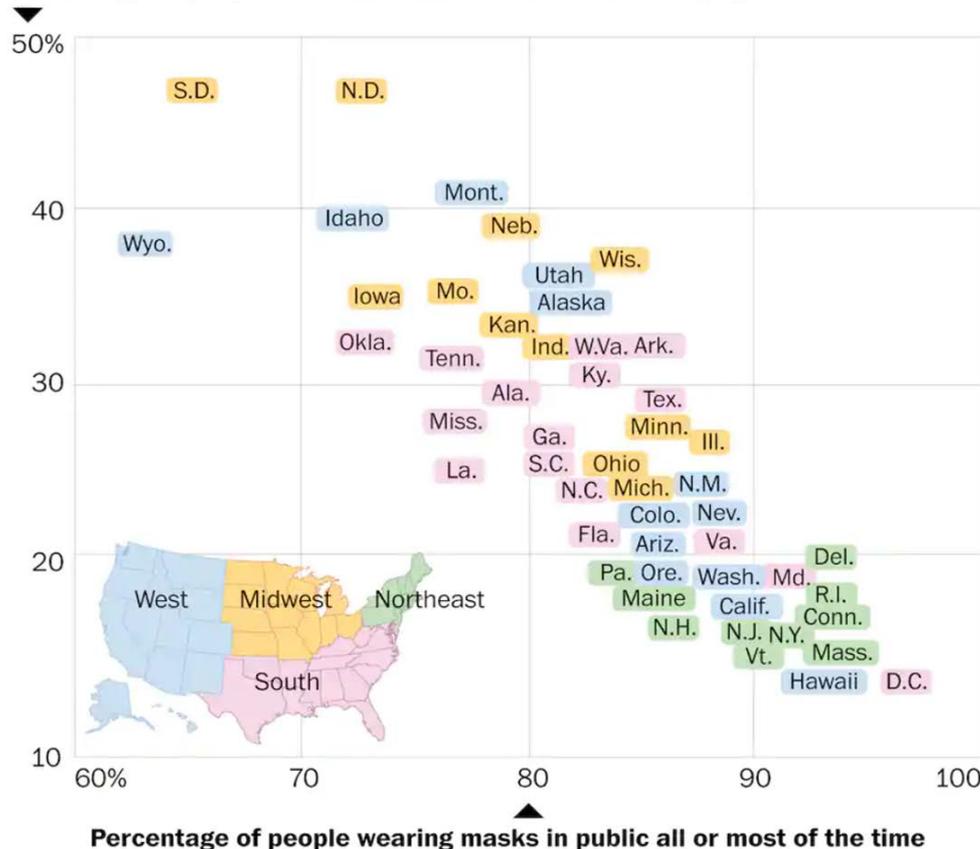


# Masks and Distancing Remain Critical

## Masking up

Fewer covid-19 symptoms reported in states with higher rates of mask use.

Percentage of people who know someone with covid-19 symptoms



Data as of Oct. 19

Source: Delphi CovidCast, Carnegie Mellon University

THE WASHINGTON POST

Sources: [Washington Post](#), [Nature](#)

## ❖ IHME model:

- Universal mask use *saves 129,574 lives* before Feb 2021
- 85% mask use *saves 95,814 lives* before Feb 2021

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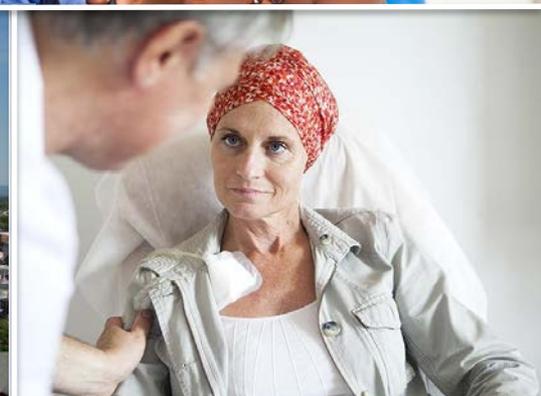
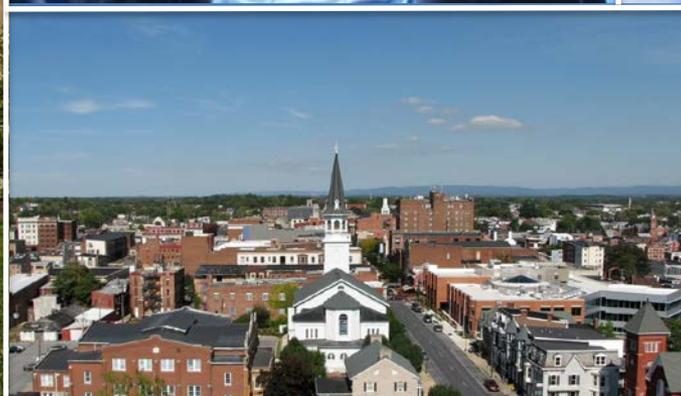
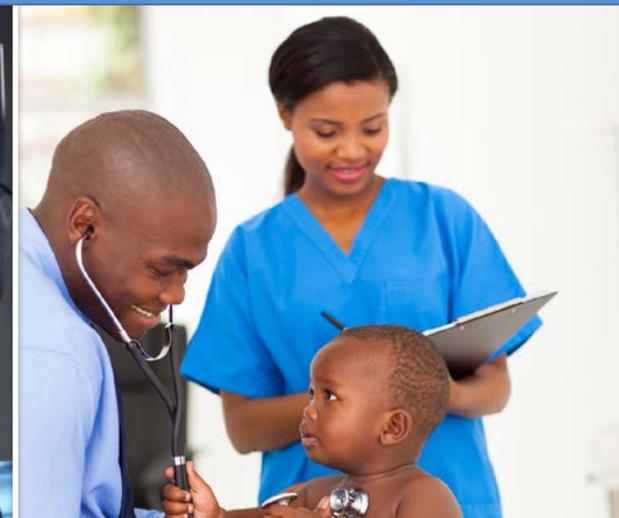
- ❖ Presenters and Planners: Howard Haft, MD, has reported no relevant financial relationships to disclose.
- ❖ MedChi CME Reviewers: The reviewers from the MedChi Committee On Scientific Activities (COSA) for this activity have reported no relevant financial relationships to disclose.
- ❖ Please complete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

# Announcements

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- ❖ Learn from our [Frequently Asked Questions page](#)
- ❖ Future Webinars
  - Today - Maulik Joshi, DrPH, President and CEO, Meritus Health
    - Health Equity: “Asking Takes Humility, Doing Takes Courage”*
  - Next Week - No Webinar - Veteran’s Day
  - 11/18 - Letitia Dzirasa, MD
    - Commissioner of Health, Baltimore City

# MDPCP COVID -19 Webinar



**Health Equity: “Asking Takes  
Humility, Doing Takes Courage”**

Maulik Joshi, DrPH  
President and CEO, Meritus Health  
Email:  
[Maulik.joshi@meritushealth.com](mailto:Maulik.joshi@meritushealth.com)

# Asking Takes Humility, Doing Takes Courage

**Maulik Joshi, Dr.P.H. is the President and CEO of Meritus Health, a regional health system serving western Maryland, southern Pennsylvania and the eastern panhandle of West Virginia with 3,000+ employees and 500+ medical staff.** Meritus Health includes 300 bed Meritus Medical Center (Magnet designation), a 100 provider Meritus Medical Group, Meritus Home Health and is also a 25% owner of Maryland Physicians Care, a 215,000 Medicaid health plan.

Previously, Maulik was the COO and Executive Vice President at the Anne Arundel Health System (AAHS). Prior to AAHS, Maulik was at the American Hospital Association as Associate Executive Vice President and President of the Health Research and Educational Trust.

Maulik has a Doctorate in Public Health and a Master's degree in Health Services Administration from the University of Michigan. He co-edited *The Healthcare Quality Book: Vision, Strategy and Tools* (4<sup>th</sup> edition published in April 2019) and coauthored *Healthcare Transformation: A Guide for the Hospital Board Member* and *Leading Healthcare Transformation: A Primer for Clinical Leaders*. Maulik is adjunct faculty at the University of Michigan School of Public Health in the Department of Health Management & Policy.



# COVID-19 and Disparities



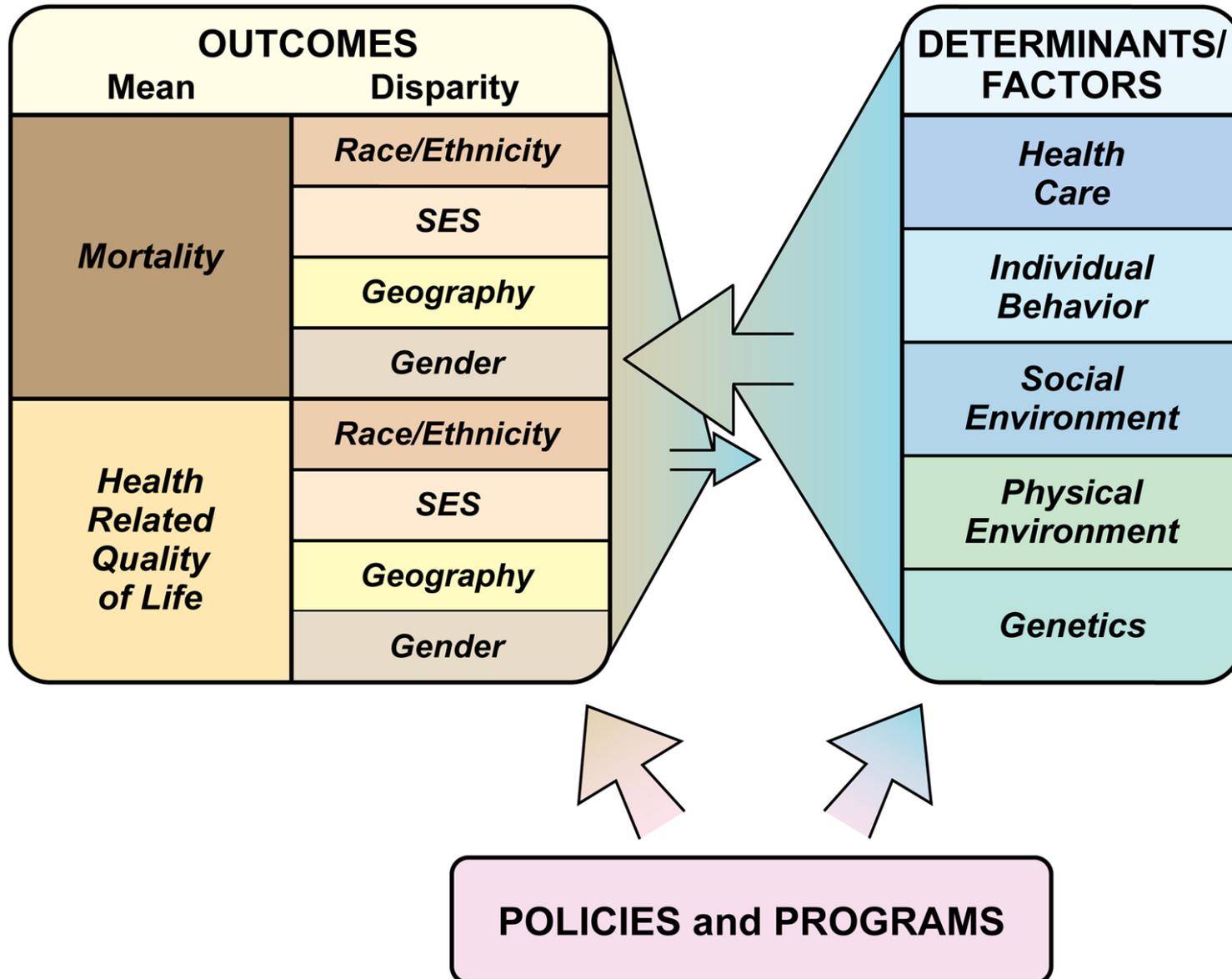
**COVID-19 has made more visible,  
more real, more stark that  
disparities in care and patient  
outcomes exist**

# Asking Takes Humility, Doing Takes Courage

1. There is Health Inequity
2. There is a lot of talk that we must do something
3. We need specific, measurable action to improve
4. Let's do it

- **Health Disparities** can be defined as inequalities that exist when members of certain population groups do not benefit from the same health status as other groups.
- Increase **Diversity** (gender, disability, racial, ethnic, cultural, sexual orientation) of leaders to reflect the diverse communities we serve.

# Asking Takes Humility, Doing Takes Courage



# NATIONAL HEALTHCARE QUALITY & DISPARITIES REPORT

2018



Overall, some disparities were getting smaller from 2000 through 2016-2017, but **disparities persist, especially for poor and uninsured populations in all priority areas.**

Racial and ethnic disparities vary by group:

- Blacks, American Indians and Alaska Natives (AI/ANs), and Native Hawaiians/Pacific Islanders (NHPIs) received worse care than Whites for about 40% of quality measures.
- Hispanics received worse care than Whites for about 35% of quality measures.
- Asians received worse care than Whites for 27% of quality measures but better care than Whites for 28% of quality measures.



# What to Do?

1. Know the social determinants of health for your population AND target resources to needs
2. Look at quality data stratified by race/ethnicity/language AND initiate an improvement project
3. Conduct unconscious bias training for all your staff
4. Have your organization's leadership be representative of the community you serve

# Asking Takes Humility, Doing Takes Courage

**NEJM**

**Catalyst**

Innovations in Care Delivery

ARTICLE

## **Hundreds of Days of Action as a Start to Address Hundreds of Years of Inequity**

Maulik Joshi, DrPH

Vol. No. | July 13, 2020

DOI: 10.1056/CAT.20.0362

Systemic racism and health inequity, revealed in sharp relief by the coronavirus pandemic, have prompted statements and frameworks and commitments throughout society and health care organizations. This heightened awareness is important. So, too, is a specific action plan, with a defined goal and timeline. The author presents a modest plan to get started, suggests a method for implementation, and sets a hard deadline for results that will be shared publicly. He calls on health care leaders to act. Now.

# Asking Takes Humility, Doing Takes Courage

## 1. Know the social determinants of health for your population AND target resources to needs

- Screen patients – e.g., Health Leads tool
- Keep it simple
- Connect needs to resources
- Example: CRISP e-referral tool and Aunt

Bertha

# Asking Takes Humility, Doing Takes Courage

**2. Look at quality data stratified by race/ethnicity/language AND initiate an improvement project**

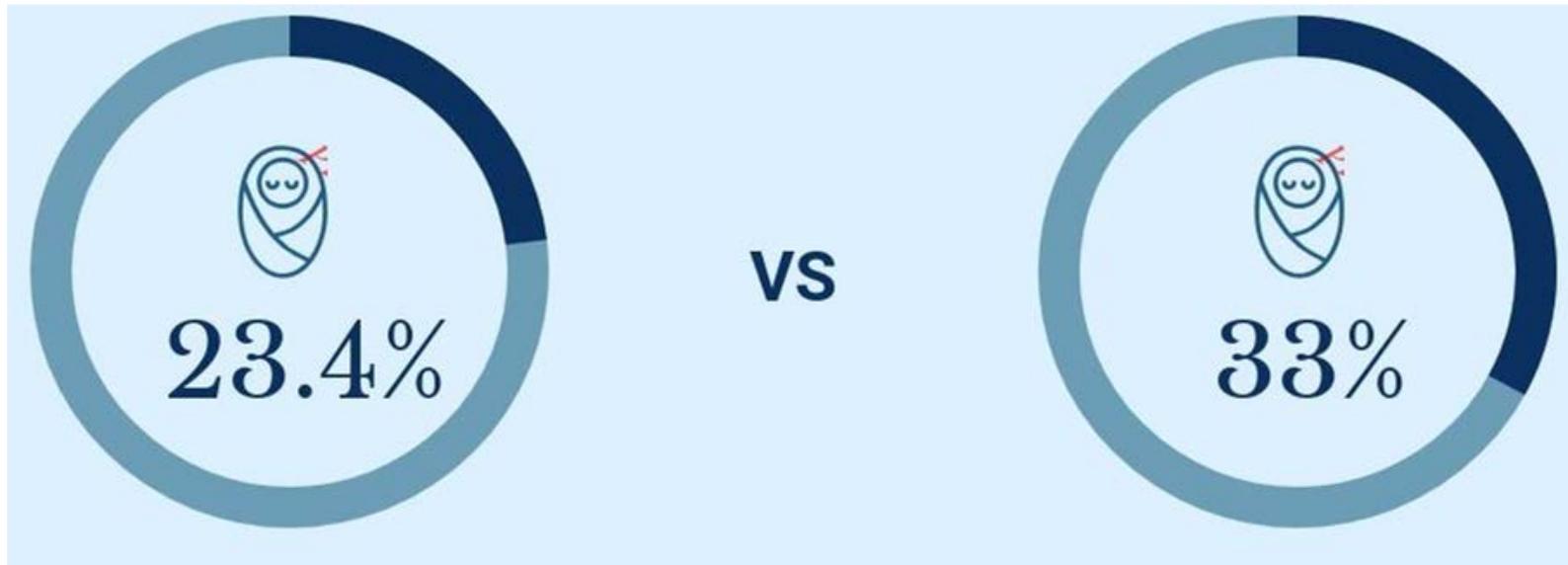
- **Pick 3 measures to start**

# Asking Takes Humility, Doing Takes Courage

NTSV C-SECTION RATE: WHITE VS. AFRICAN AMERICAN/BLACK

WHITE

AFRICAN AMERICAN/BLACK



FY18

# Asking Takes Humility, Doing Takes Courage

## 3. Conduct unconscious bias training for all your staff

- Meaningful
- Applicable

Implicit (subconscious) bias refers to the attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner. These biases, which may be favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or internal control.



Staats C. State of the science: Implicit bias review 2014. Kirwan Institute for the Study of Race and Ethnicity.

43 Rudman LA. Social justice in our minds, homes, and society: The nature, causes and consequences of implicit bias. Social Justice Research, 17(2):129-142.

# Asking Takes Humility, Doing Takes Courage

A study found that people with "black-sounding" names such as Lakisha and Jamal are fifty percent less likely to be interviewed for a job compared to people with "white-sounding" names such as Emily or Greg.

Bertrand, Marianne and Sendhil Mullainathan. "Are Emily And Greg More Employable Than Lakisha And Jamal? A Field Experiment On Labor Market Discrimination," *American Economic Review*, 2004, v94(4,Sep), 991-1013.

# Asking Takes Humility, Doing Takes Courage

## 4. Have your organization's leadership be representative of the community you serve

- Report your leadership diversity percentage
- Implement the Rooney Rule

# Asking Takes Humility, Doing Takes Courage

1. Know the social determinants of health for your population AND target resources to needs
2. Look at quality data stratified by race/ethnicity/language AND initiate an improvement project
3. Conduct unconscious bias training for all your staff
4. Have your organization's leadership be representative of the community you serve

## Doing Takes Courage

- 1. Pick a deadline for each to be completed**
- 2. Make it transparent**
- 3. Have a dashboard to report progress**
- 4. And Repeat**

# 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](#)

[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

# 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).