Covid-19 Update

Maryland Department of Health

Maryland Primary Care Program

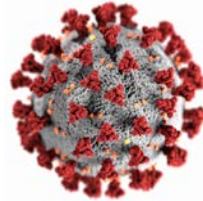**Program Management Office**

16 December 2020

Battle of Marathon

490 BC

A Good Plan violently executed today is better than a perfect plan executed tomorrow

- General George Patton

This is our enemy - heartless, soulless and only intending to hurt us

These are the weapons you have to combat this enemy

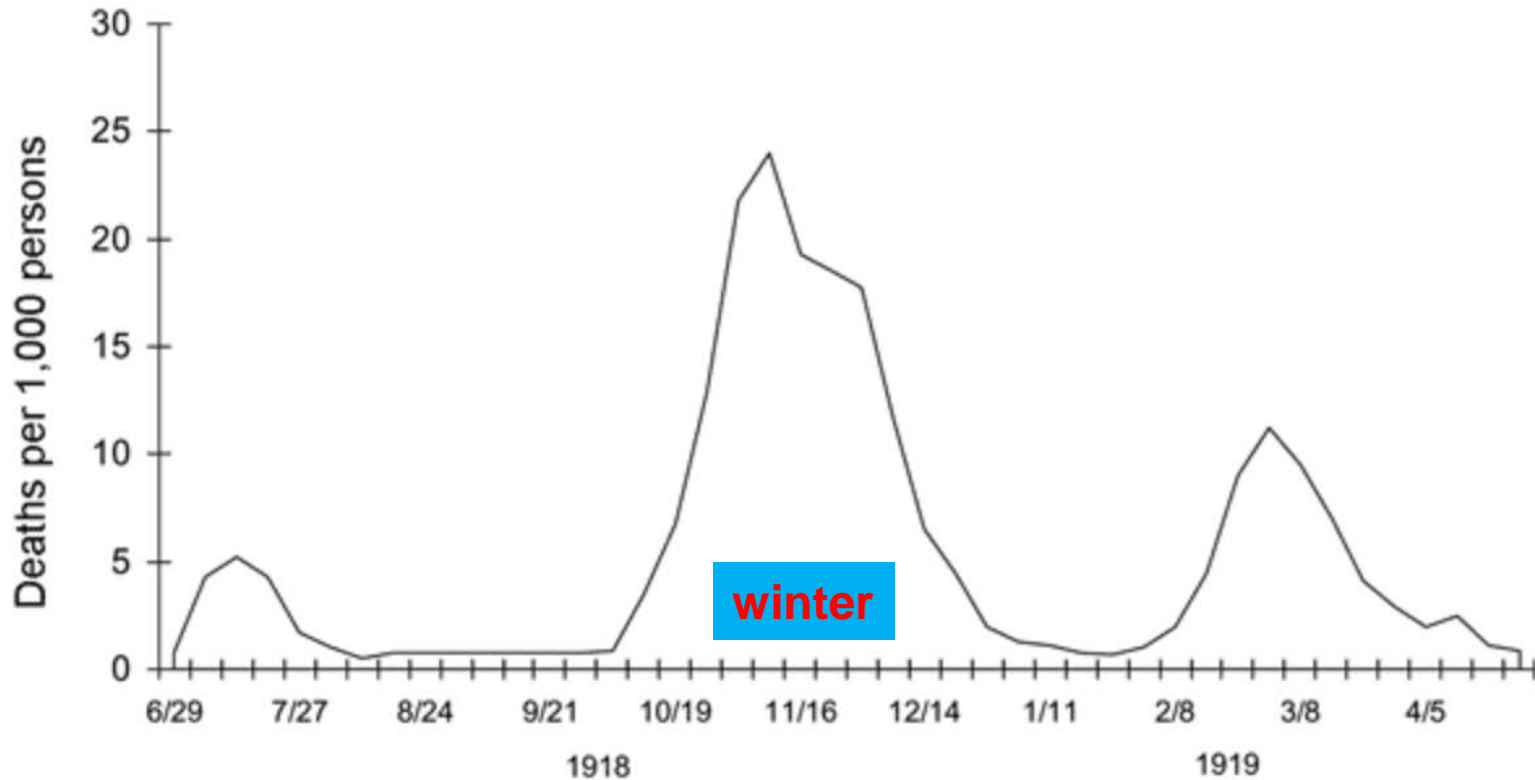It is **now** up to you to use them to the best of your ability through a lens of equity

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1918 Flu Pandemic

Figure 1. Three pandemic waves: weekly combined influenza and pneumonia mortality, United Kingdom, 1918–1919 (*21*).

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Source: https://wwwnc.cdc.gov/eid/article/12/1/05-0979-f1

Agenda

❖ Maryland Morbidity and Mortality Data
❖ National Status and Projections
❖ Priorities for the immediate future
  ➢ Vaccines
  ➢ Medical Countermeasures- monoclonal antibodies
  ➢ Testing
  ➢ Continue to provide safe care
❖ Guest Speaker and Extended Q & A
❖ Resources Appendix

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Morbidity and Mortality Update

	United States 🇺🇸	Maryland
New Daily Cases (7-day rolling average)	209,600	2,795
Cumulative Cases	16.7 million+	239,362 (MDH)
New Daily Deaths (7-day rolling average)	2,451	40
Cumulative Deaths	303,856	5,309 (MDH)

Cases

Deaths

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Source: All data from the New York Times unless noted as being from the MDH

Updated 12/14

COVID-19 Daily Report - Maryland Department of Health

Data reported as of 12/15/2020

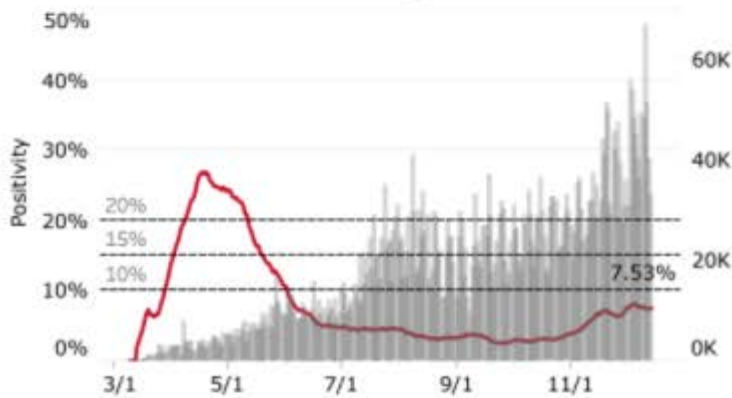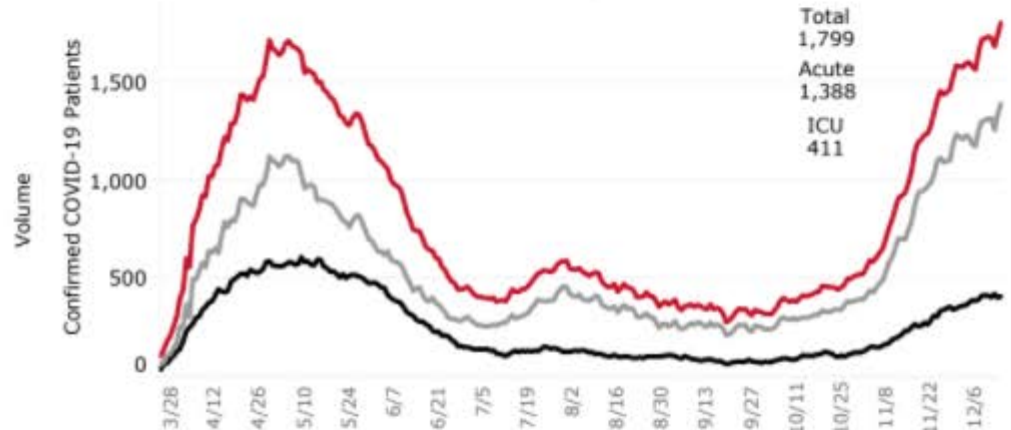| **239,362**	**33,186**	**5,094,572**	**5,039**
confirmed cases	tests reported 12/14	cumulative tests	confirmed deaths
+2,401	**8.58%**	**7.53%**	**+61**
cases reported on 12/14*	daily positivity reported 12/14	7-day avg. positivity** reported 12/14	deaths reported on 12/14

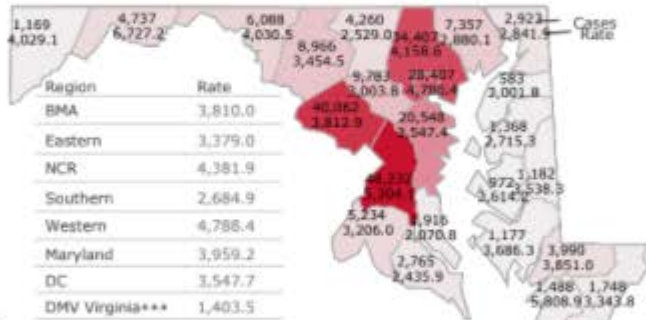## 7-Day Avg. Percent Positive Testing** and Total Testing Volume

Statewide Acute/ICU Beds Occupied by COVID Patients

Total 1,799
Acute 1,388
ICU 411

Cases and Rates by County of Residence

Region	Rate
BMA	3,810.0
Eastern	3,379.0
NCR	4,381.9
Southern	2,684.9
Western	4,788.4
Maryland	3,959.2
DC	3,547.7
DMV Virginia***	1,403.5

Daily Cases
by Specimen Collection Date

Daily Deaths
PROBABLE CONFIRMED

All case-related counts on this dashboard are of individual people infected with COVID-19.
Report date: the day a case was reported to the Maryland Department of Health.
Specimen date: the day the initial lab specimen was collected.
BMA: Baltimore Metro Area; NCR: National Capital Region; DMV: DC, Maryland, and Virginia Area
Rates calculated using total confirmed cases and 2019 population estimates. Rates do not exclude recovered cases. Rates are calculated as cases per 100,000 population. 2019 Maryland Population estimates from the Maryland Department of Planning, March 2020.
*Daily case increase uses report date.
**Positivity calculated using a 7-day rolling average.
***DMV Virginia includes Alexandria, Arlington, Fairfax, Fairfax City, Falls Church, Loudoun, Manassas, Manassas City, and Prince William.

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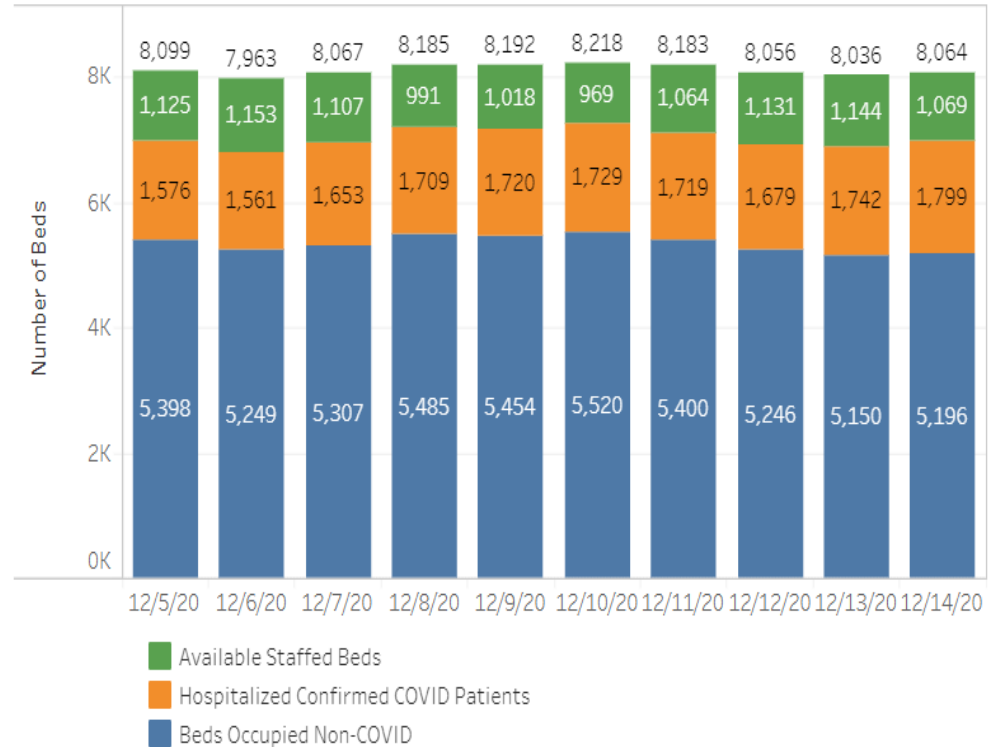# Hospital and ICU Beds Approaching Saturation

Hospitalized COVID-19 Patients

Number of COVID-19 Positive Patients in Acute Care and ICU
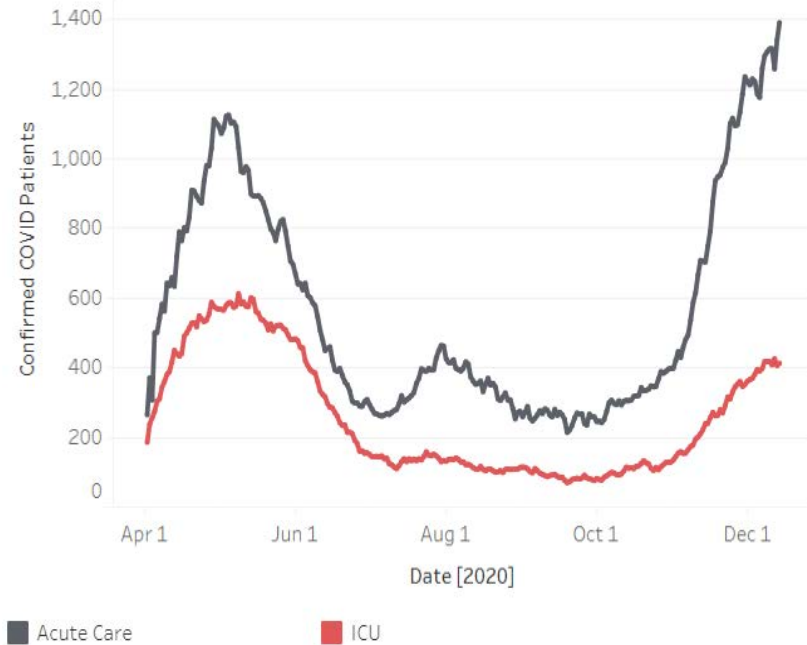
Statewide Occupied Staffed - Adult Acute Care and ICU - Last 10 Days

Updated 12/14

The Rate of New Positive Cases in Maryland Has Increased Significantly Over The Last Month

Confirmed Cases, Total over Time
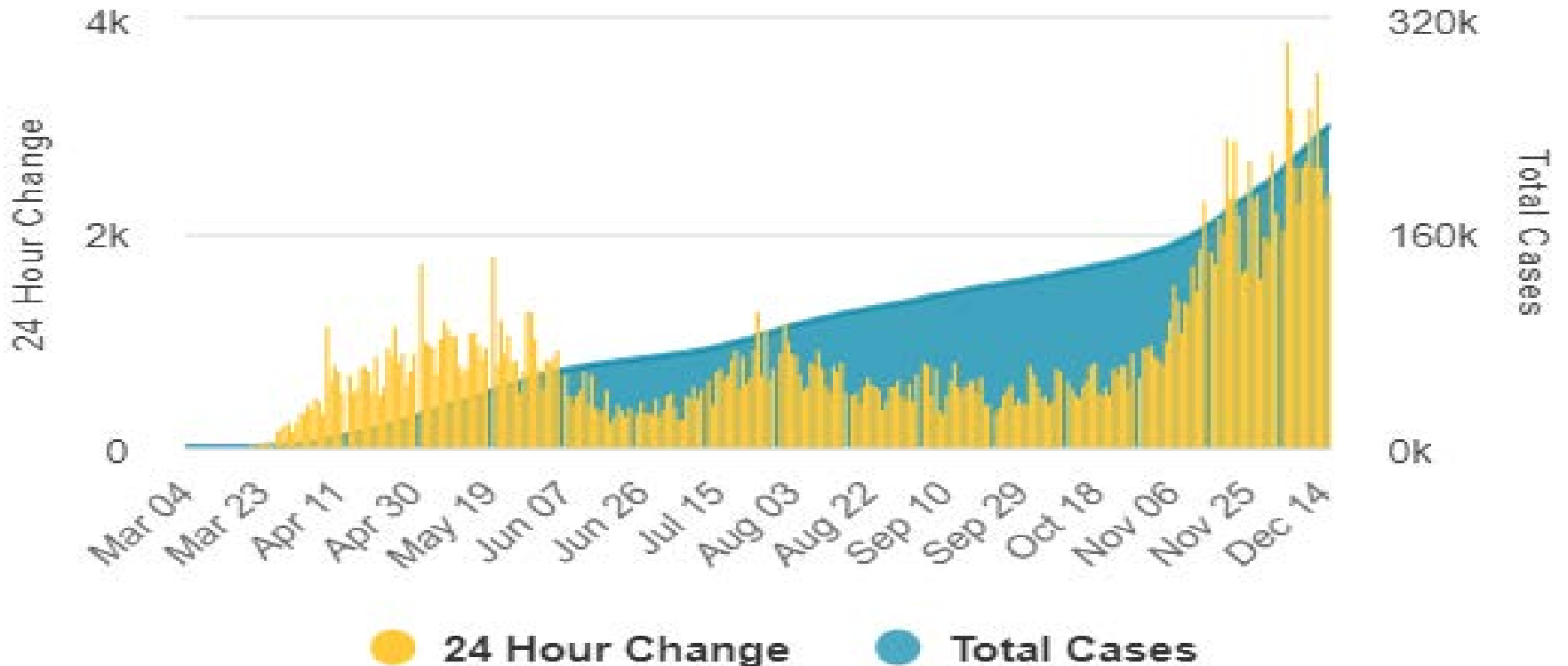
Cases, Total Reported

Updated 12/14

New Covid Cases in the United States Continue to Increase

Hot spots | Total cases | Deaths | Per capita

Average daily cases per 100,000 people in past week

8   24   40   56   Few or no cases

Double-click to zoom into the map.

Updated 12/14

Covid Testing Adoption Teams

❖ Teams will support office-based Covid testing with technical assistance and best practices starting now. Support includes guidance on:

➢ Workflows
➢ New safe PPE requirements
➢ Patient self administered testing
➢ Shallow nasal testing
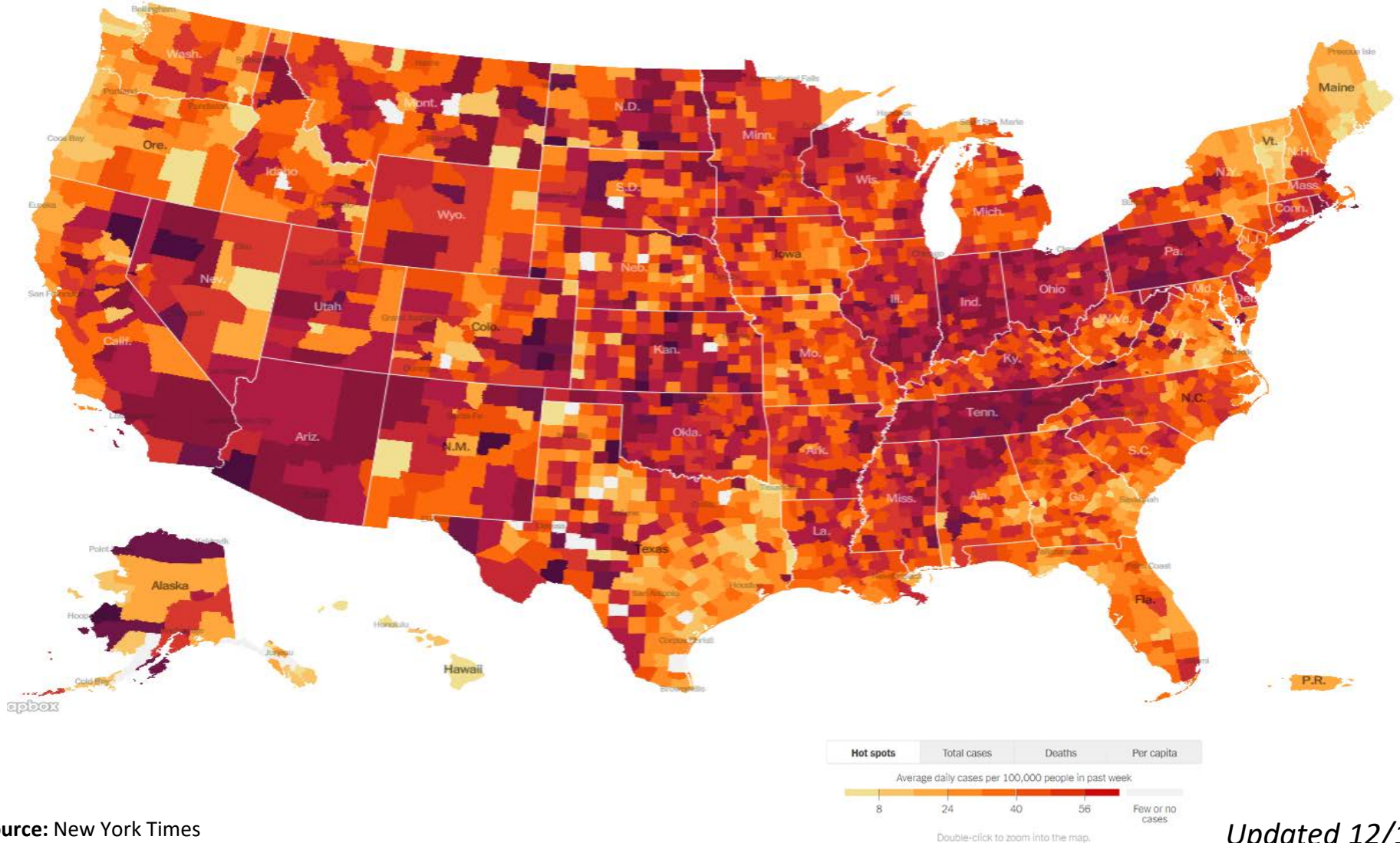➢ Saliva testing
➢ Testing patients at home

➢ Identifying highly vulnerable patients
➢ Coding and reimbursement support
➢ Testing supplies
➢ Testing reports
➢ Point of Care testing options

❖ **The Testing Adoption Team will be in the field and virtual over the next several weeks. Reach out to your MDPCP Practice Coach if you are interested in working with Testing Adoption Teams.**

FDA Authorization of At-Home Covid Test

❖ FDA has granted [emergency use authorization](#) for a Covid test (the Ellume COVID-19 Home Test) that consumers can take at home without a prescription

➢ Test kit include a swap that consumers use to collect a sample from the nose (takes about five minutes)

➢ After taking the sample, consumers add drops of liquid to it and place it into a small plastic device

✓ Consumers then receive results via transmission to a smart phone in approximately 15 minutes

➢ Is an antigen test

➢ Can be used on children as young as two years old

➢ Test will cost about $30 and go on sale in January

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Source: Ellume, NPR

Pfizer Vaccine FDA Data and ACIP comments

❖ Safety

❖ Efficacy

❖ Allergic reactions

❖ Pregnancy and lactation

❖ Active Infections

❖ Post Vaccine signs and symptoms and isolation

❖ Use in Immunocompromised

❖ Delayed doses

❖ Mixed vaccines

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Vaccine(s) Distribution

❖ 155,000 doses over next 2 weeks (Pfizer and Moderna)

❖ Pfizer only week 1

❖ Doses reserved at Federal level for second injection

❖ Portion (25%) goes to Pharmacy chains for SNF staff and residents

❖ Subsequent weeks anticipate more of both

❖ Adding others (Astra Zeneca in future)

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Vaccine Prioritization

Health care workers
Residents and staff of long-term care facilities
First responders

1A

People at significantly higher risk of severe COVID-19 illness

1B

People in critical, essential infrastructure roles
People at moderately higher risk of severe COVID-19 illness

2

General population

3
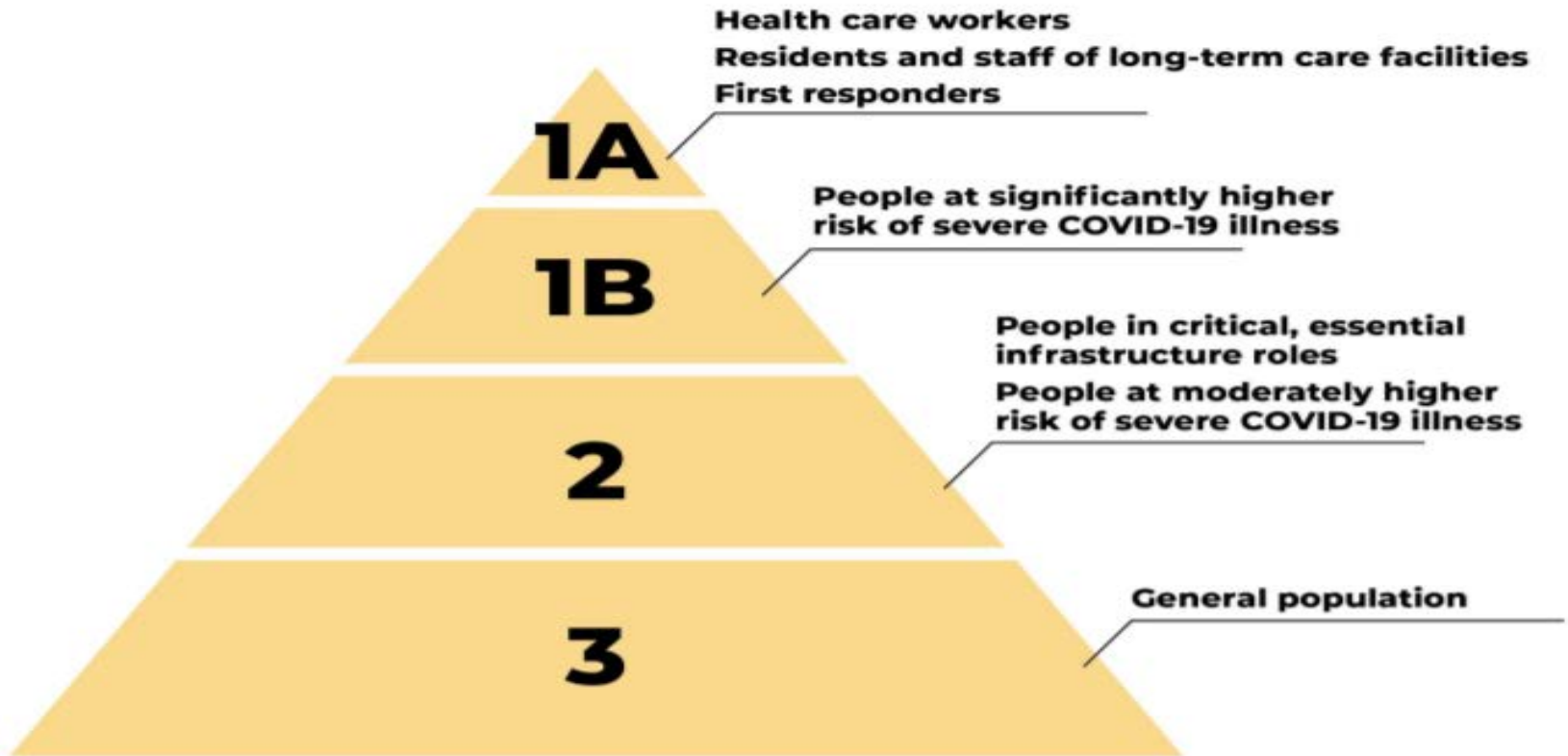
Vaccine prioritization may be subject to change.

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Vaccine Safety
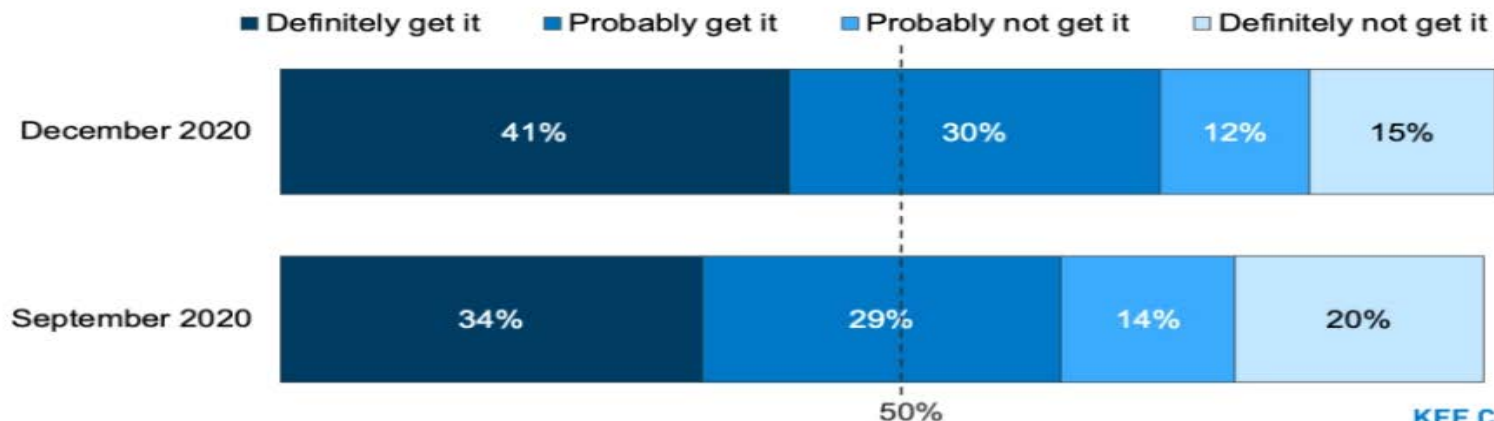
❖ Serious adverse event rare in 2 month follow up

❖ Frequent side effects
  ➢ Local reaction
  ➢ Fatigue
  ➢ Fever, chills, headache

❖ Consider side effects when vaccinating critical workers in closed units

❖ Caution with allergic reactions

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Vaccine Hesitancy

❖ "Manufacturing, distribution, and administration still pose challenges, but the biggest threat remaining may be people's willingness to get vaccination" – the Dr. Susan Bailey, the American Medical Association President, 12/12/2020

Share Saying They Would Get A COVID-19 Vaccine If It Were Free And Deemed Safe By Scientists Has Increased Since September

If a COVID-19 vaccine was determined to be safe by scientists and available for free to everyone who wanted it, would you…?

■ Definitely get it ■ Probably get it ■ Probably not get it □ Definitely not get it

	Definitely get it	Probably get it	Probably not get it	Definitely not get it
December 2020	41%	30%	12%	15%
September 2020	34%	29%	14%	20%

50%

SOURCE: KFF COVID-19 Vaccine Monitor (KFF Health Tracking Poll, Nov. 30–Dec. 8, 2020); KFF/The Undefeated Survey on Race and Health (conducted Aug. 20–Sept. 14, 2020). See topline for full question wording.

KFF COVID-19 Vaccine Monitor

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Vaccine Hesitancy

Willingness To Get COVID-19 Vaccine Has Increased Across Racial/Ethnic Groups

If a COVID-19 vaccine was determined to be safe by scientists and available for free to everyone who wanted it, would you...?

━●━ Definitely/Probably get it   ━●━ Definitely/Probably NOT get it

Total
- Sep-20: 63% / 34%
- Dec-20: 71% / 27%

Black
- Sep-20: 50% / 49%
- Dec-20: 62% / 35%

Hispanic
- Sep-20: 60% / 37%
- Dec-20: 71% / 26%

White
- Sep-20: 65% / 33%
- Dec-20: 73% / 26%

SOURCE: KFF COVID-19 Vaccine Monitor (KFF Health Tracking Poll, Nov. 30-Dec. 8, 2020); KFF/The Undefeated Survey on Race and Health (conducted Aug. 20-Sept. 14, 2020). See topline for full question wording.
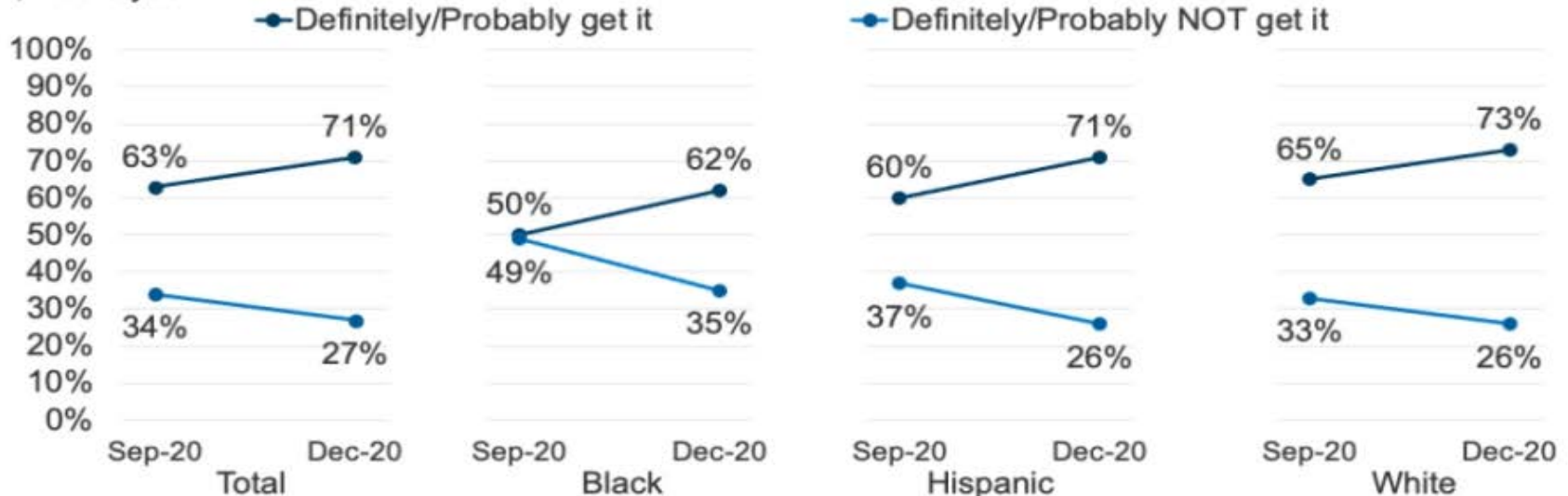
KFF COVID-19 Vaccine Monitor

Additional KFF analysis about vaccine hesitancy is available here

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Pfizer Vaccine Efficacy - from [FDA Briefing Document](#)

❖ End point Symptomatic, PCR(+) 7 days after second injection

Table 6. Final Analysis of Efficacy of BNT162b2 Against Confirmed COVID-19 From 7 Days After Dose 2 in Participants Without Evidence of Prior SARS-CoV-2 Infection - Evaluable Efficacy Population

Pre-specified Age Group	BNT162b2 N[a] = 18198 Cases n1[b] Surveillance Time[c] (n2[d])	Placebo N[a] =18325 Cases n1[b] Surveillance Time[c] (n2[d])	Vaccine Efficacy % (95% CI)	Met Predefined Success Criterion*
All participants	8 2.214 (17411)	162 2.222 (17511)	95.0 (90.3, 97.6)[e]	Yes
16 to 55 years	5 1.234 (9897)	114 1.239 (9955)	95.6 (89.4, 98.6)[f]	NA
> 55 years and older	3 0.980 (7500)	48 0.983 (7543)	93.7 (80.6, 98.8)[f]	NA

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Source: [FDA](#)

Figure 13 Cumulative Incidence Curves for the First COVID-19 Occurrence After Dose 1 – Dose 1 All-Available Efficacy Population
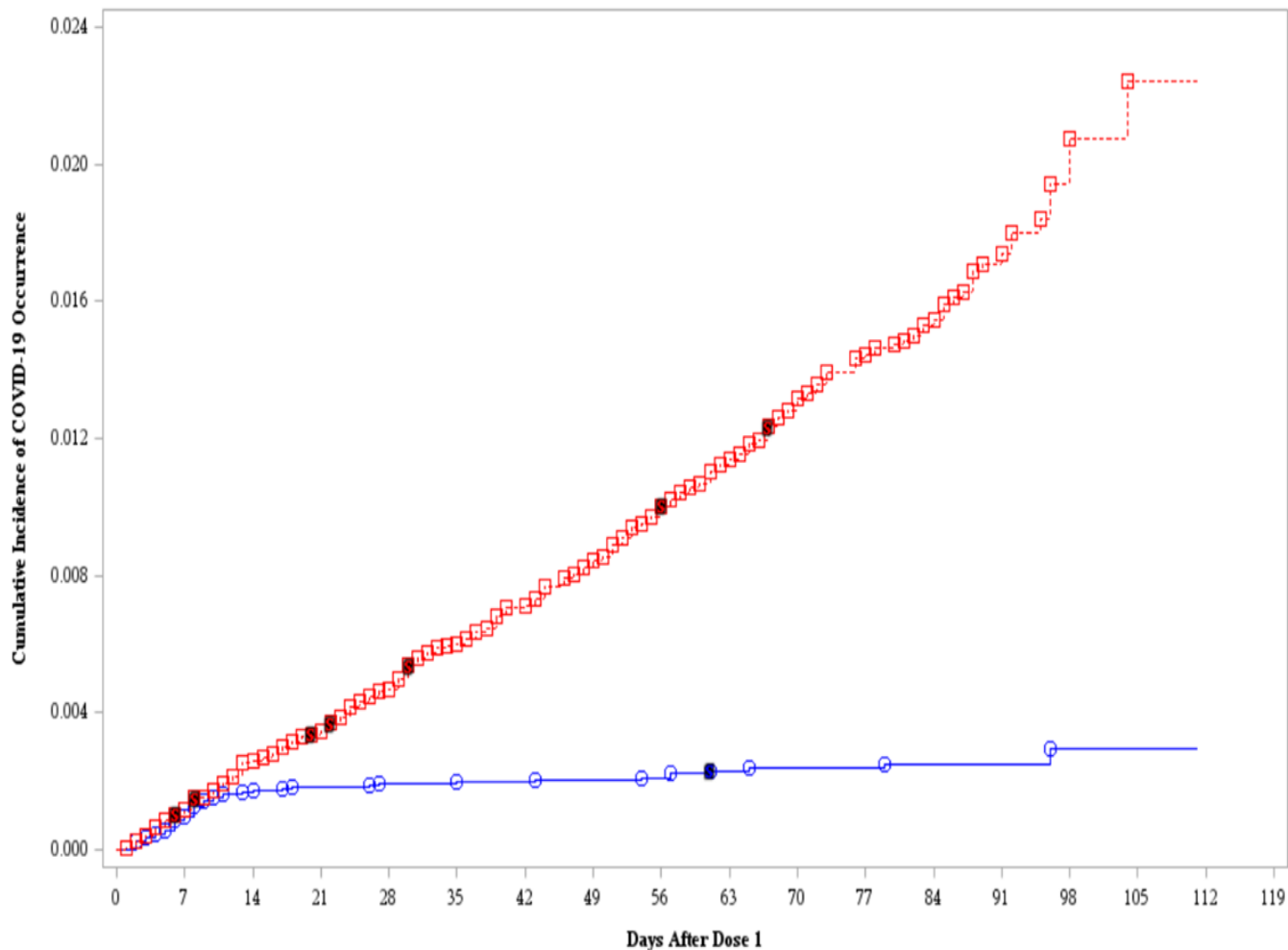
No. with events/No. at risk

A: 0/21314 21/21230 37/21054 39/20481 41/19314 42/18377 42/17702 43/17186 44/15464 47/14038 48/12169 48/9591 49/6403 49/3374 50/1463 50/398 50/0

B: 0/21258 25/21170 55/20970 73/20366 97/19209 123/18218 143/17578 166/17025 192/15290 212/13876 235/11994 249/9471 257/6294 267/3301 274/1449 275/398 275/0

A: BNT162b2 (30 μg)   B: Placebo

Moderna Vaccine

❖ Effectiveness assessed by RCT

  ➢ Volunteers received vaccine or placebo

  ➢ Of 196 cases, 185 occurred in the placebo group, 11 occurred in the vaccination group – 94.1% effective

  ➢ Earlier analysis based 95 cases suggested 94.5% effectiveness

❖ The FDA met to discuss EUA for the Moderna vaccine Monday, 12/14

  ➢ FDA will likely grant EUA for the Moderna vaccine

  ➢ Distribution expected to begin on 12/21

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Source: FDA, Becker's Hospital Review, NYT

AstraZeneca Vaccine

❖ Data from trials in Brazil and the UK showed:

➢ 62% efficacy in groups receiving 2 full doses of vaccine

➢ 90% efficacy in group receiving half dose, then full dose (3,000 participants)

❖ Results from US-based clinical trial with 30,000 participants expected in January, with two full doses

❖ Viral-vectored vaccine

❖ Does not require super cold storage (normal fridge temperatures) so is easier to distribute

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Governor Hogan's 12/15 Announcements

❖ National Guard reactivated to assist with vaccine distribution

  ➢ Special field teams will be deployed to provide logistical support with vaccination planning and operations to points of distribution

  ➢ As more vaccines become available, the National Guard will provide additional coordination and logistical support for

    ✓ Set-up of mobile vaccination clinics

    ✓ Addressing outbreaks at nursing homes and long-term care facilities

❖ An aggressive public outreach regarding Covid vaccines will include

  ➢ Briefings to Maryland congressional delegation, General Assembly leaders, county leaders, faith-based leaders, and community stakeholders

  ➢ Public service announcements about the safety and importance of vaccinations

Source: Officer of the Governor of Maryland

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Phased Approach

	Phase 1 (1-3 months)	Phase 2
Vaccine availability	Limited	Widespread
Approach	Targeted	Universal
Vaccine available to:	• Frontline healthcare workers • Other essential workers • Those at highest risk of developing complications from Covid-19 (ACIP high risk conditions)	• General public
Vaccine distribution by:	• Local health departments • Hospitals • Vaccination clinics (through LHDs) • Essential employer work sites	• Local health departments • Hospitals • Pharmacies • Primary care practices • Urgent care centers • School vaccination clinics

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Provider Recruitment and Enrollment

Maryland healthcare providers interested in receiving Covid-19 vaccine will have to take two steps:

1. **Onboard with ImmuNet** to report vaccination data
   - **EHR connected to ImmuNet** to report all vaccine doses administered
   - *Reach out to your MDPCP Practice coach if you do not know your current ImmuNet onboarding status*

2. **Register with ImmuNet as a Covid-19 vaccine provider** in order to receive and administer vaccine.
   More information soon - not open currently for ambulatory providers. If you try to register now, it will not work.

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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.

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

Complete ImmuNet enrollment form

Wait for email containing username and password. Review links.

Congratulations!
You are enrolled and reporting to ImmuNet.

Register as a Covid-19 vaccinator
Registration for ambulatory providers not yet open

Vaccine Payments

❖ [CMS website link: Covid-19 Medicare Billing and Coding](#)

❖ No cost sharing for patient

❖ 15 day mandate for coverage

❖ Vaccines will be provided at no cost to provider

| Medicare Payment	Category
$28.39	Single-dose Covid-19 vaccine
$16.94; $28.39	First and second dose of a two-dose Covid-19 vaccine

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Monoclonal Antibodies Clinician Letter (Updated 12/16/20)

❖ Bamlanivimab and Regeneron monoclonal antibody EUAs

❖ Limited supplies- ~ 1500 doses/week

❖ **For ambulatory Covid positive at risk of hospitalization within 10 days on onset of symptoms**

❖ 6 infusion centers + SNFs open - more to follow
- ➢ Baltimore Convention Center Field Hospital
- ➢ Peninsula Regional- Tidal Health
- ➢ Meritus Health
- ➢ Adventist – Takoma Park
- ➢ UPMC
- ➢ Atlantic General
- ➢ SNFs

Referrals are currently low. Refer your patients using this referral form (updated 12/16/20)

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Monoclonal Antibody Treatment Screening Tool

Source: Minnesota Department of Health
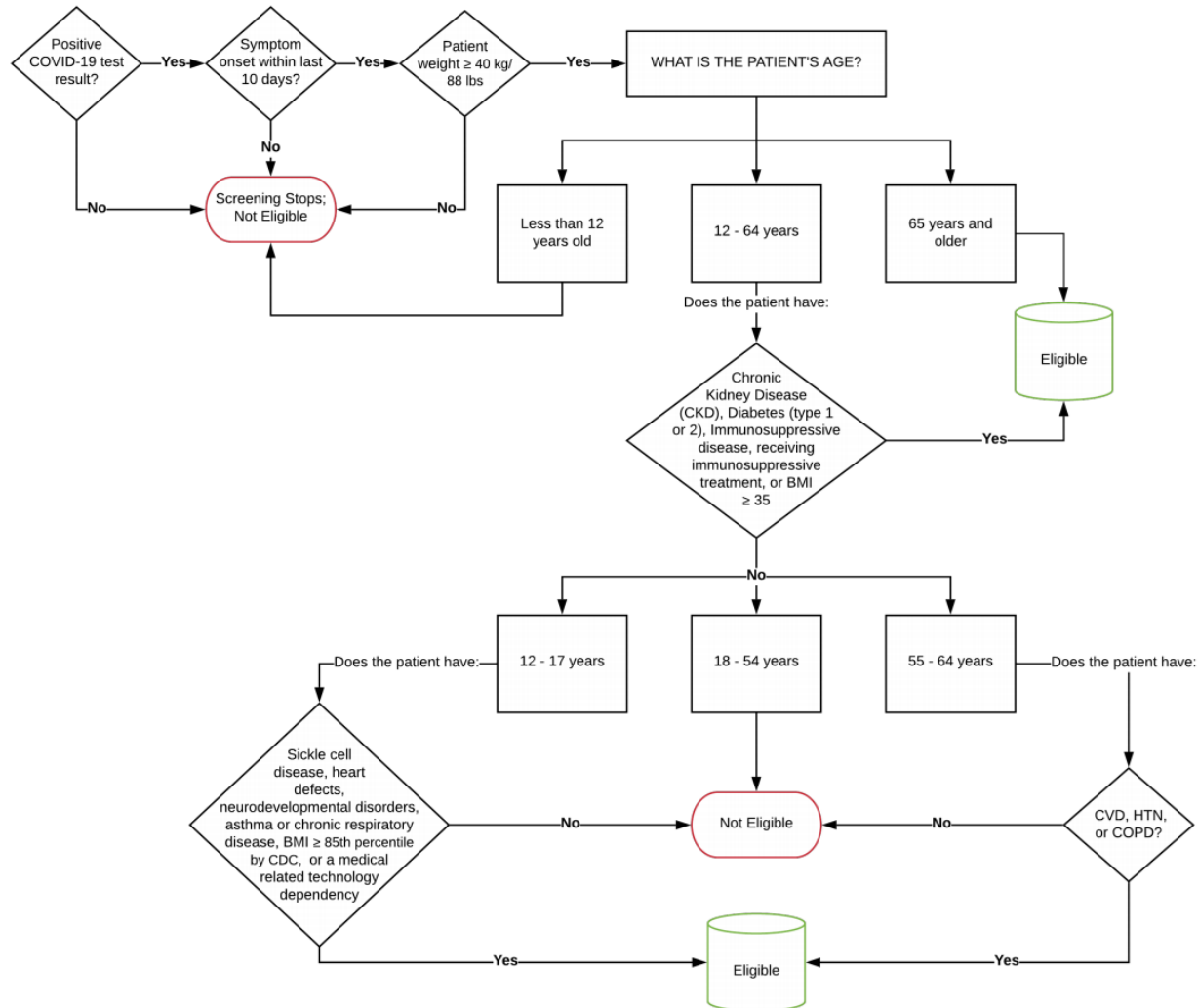
Prepare Safe Workflows and Stock Sufficient PPE

❖ Ensure your practice has 30 days of PPE immediately available

❖ Consult usual suppliers and order PPE well in advance of anticipated need. There may be PPE shortages in the future.

   1. Obtain from usual or extended suppliers
   2. Local Health Departments
   3. State Emergency Supplies, as last resort

❖ Continue using PPE according to CDC guidelines

❖ Ensure safe workflows for all patients, particularly vulnerable patients

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Sources: Washington Post, Nature

Introducing - *Covid-19 Surge: Flash Briefing and Q&A*

As cases and hospitalizations rise, the MDPCP wants to find other ways to engage and support your practice during Covid-19. Flash briefings will focus on brief crucial updates and Q&A.
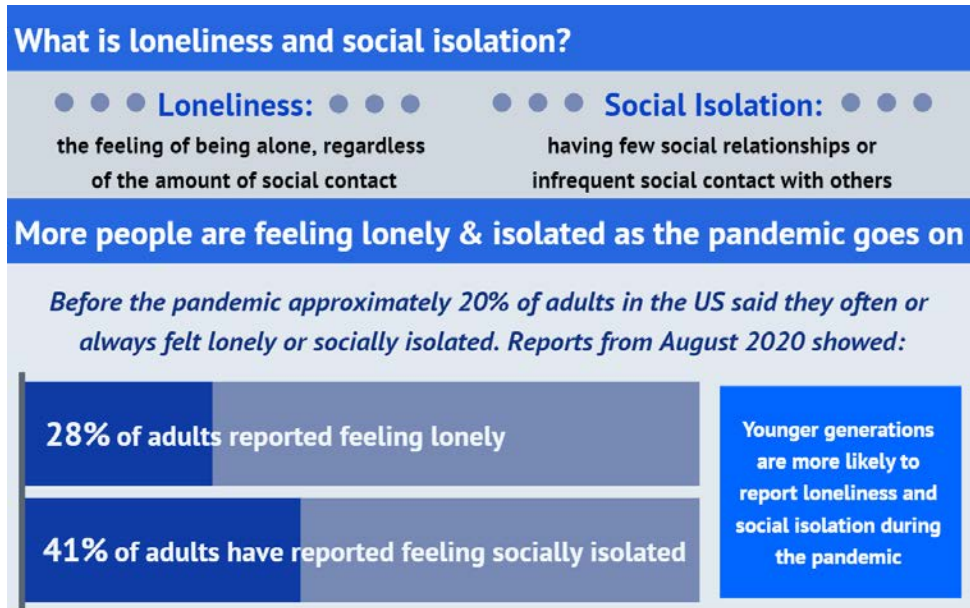
Covid-19 Surge: Flash Briefing and Q&A

❖ Every Monday, 5:30pm-6pm (during surge)
❖ Top 5-10 need-to-know updates
❖ Focus on Q&A

Wednesday webinars will continue with weekly updates

Five things you can do as Health Care Providers

1. **Identify all your high risk patients** —use the Covid Vulnerability Index (CVI) in CRISP, your EHR, and your intuition and do outreach and communication
➤Advise patients to continue to use social distancing and wear masks

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 them flu shots

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Loneliness and Social Isolation During Covid-19

What is loneliness and social isolation?

Loneliness: the feeling of being alone, regardless of the amount of social contact

Social Isolation: having few social relationships or infrequent social contact with others

More people are feeling lonely & isolated as the pandemic goes on

Before the pandemic approximately 20% of adults in the US said they often or always felt lonely or socially isolated. Reports from August 2020 showed:

28% of adults reported feeling lonely

41% of adults have reported feeling socially isolated

Younger generations are more likely to report loneliness and social isolation during the pandemic

Solutions and strategies to combating loneliness & isolation

During COVID-19 social restrictions & beyond

Talk with Family and Friends Regularly
Phone, virtual platform, email and social media

Keep a Healthy Lifestyle
Eat a balanced diet, exercise and get quality sleep

Get Outdoors as Much as Possible
Get as much sunlight, fresh air and nature as you can

Get Help and Reach Out When Needed
Take part in support groups or therapy, virtual or in person

Source: NIHCM

Webinar Series: Helping the Helpers and Those They Serve

The Maryland Department of Health (MDH) Behavioral Health Administration (BHA) and MedChi are jointly sponsoring a webinar series, the BHA/MedChi Behavioral Health Webinar Series: Helping the Helpers and Those They Serve.

These webinars are for Maryland's behavioral health and medical health care workers of all disciplines, whether working in community or hospital settings. **They are designed to enhance both health care worker self-care and resultantly the care they provide, as health care workers combat numerous stressors including the COVID-19 pandemic, social justice issues, and other stressors that can potentially impact delivered care.** The below webinars are open for registration. All webinars are from 5-6 p.m.

BHA/MedChi Behavioral Health Webinars Series will be held on:

- **Thursday, December 17: The Impact of Racial Trauma on Providers**
- **Thursday, January 14: The Approach to Impaired Clinicians**
- **Thursday, January 28: Vicarious Trauma and Self-Care for Health Care Workers During COVID-19**
- **Thursday, February 11: Balancing Work and Parenting During the COVID-19 Pandemic**

CMEs and Participant Certificates will be available at no cost.

For information and to register, visit: bha.health.maryland.gov

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CME Accreditation and Designation

❖ This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of MedChi, The Maryland State Medical Society, and The Maryland Department of Health. MedChi is accredited by the ACCME to provide continuing medical education for physicians.

❖ MedChi designates this live webinar educational activity for a maximum of 1 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Contact Frank Berry at **fberry@medchi.org**

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CME Disclosures and Evaluation

❖ Presenters and Planners: Howard Haft, MD, has reported no relevant financial relationships to disclose.

❖ MedChi CME Reviewers: The reviewers from the MedChi Committee On Scientific Activities (COSA) for this activity have reported no relevant financial relationships to disclose.

❖ Please complete an evaluation at: Covid-19 Update Evaluation

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Announcements

❖ Learn from our [Frequently Asked Questions page](#)

❖ Monday Covid-19 Surge: Flash Briefing and Q&A

➢ [Monday, 12/28/20 (5:30 – 6 PM)](#)
➢ [Monday, 1/4/21 (5:30 – 6 PM)](#)
➢ [Monday, 1/11/21 (5:30 – 6 PM)](#)

❖ Wednesday Covid-19 Updates

➢ [Wednesday, 12/30/20 (5 – 6 PM)](#)
➢ [Wednesday, 1/6/20 (5 – 6 PM)](#)
➢ [Wednesday, 1/13/20 (5 – 6 PM)](#)

❖ Future Webinars

➢ Today - Laundette Jones, PhD, MPH

Partnerships to achieve health equity

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Building Community-Academic partnerships to achieve Health Equity

Laundette P. Jones, PhD, MPH
Departments of Epidemiology and Public Health & Pharmacology
University of Maryland School of Medicine
LPJones@som.umaryland.edu

MDPCP
December 16, 2020

Building a bridge between Communities and Academia

Community/civic organizations
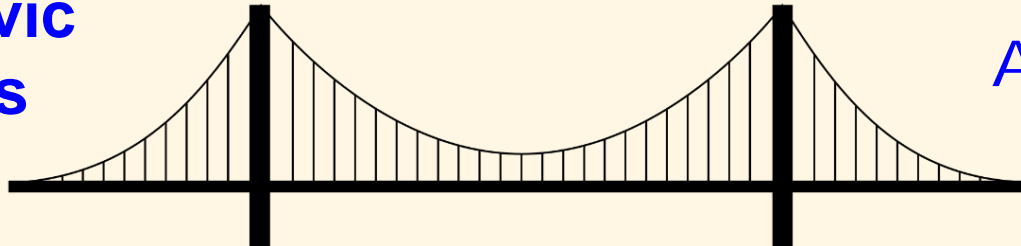
Academia

Bringing two worlds together

(Professionals from various academic backgrounds & Community & Civic Organizations) to build a culture that fosters relationships, trust, and respect across participants.

Health Equity
Preventive care
Stable living
Conditions, etc.

COVID-19 PANDEMIC
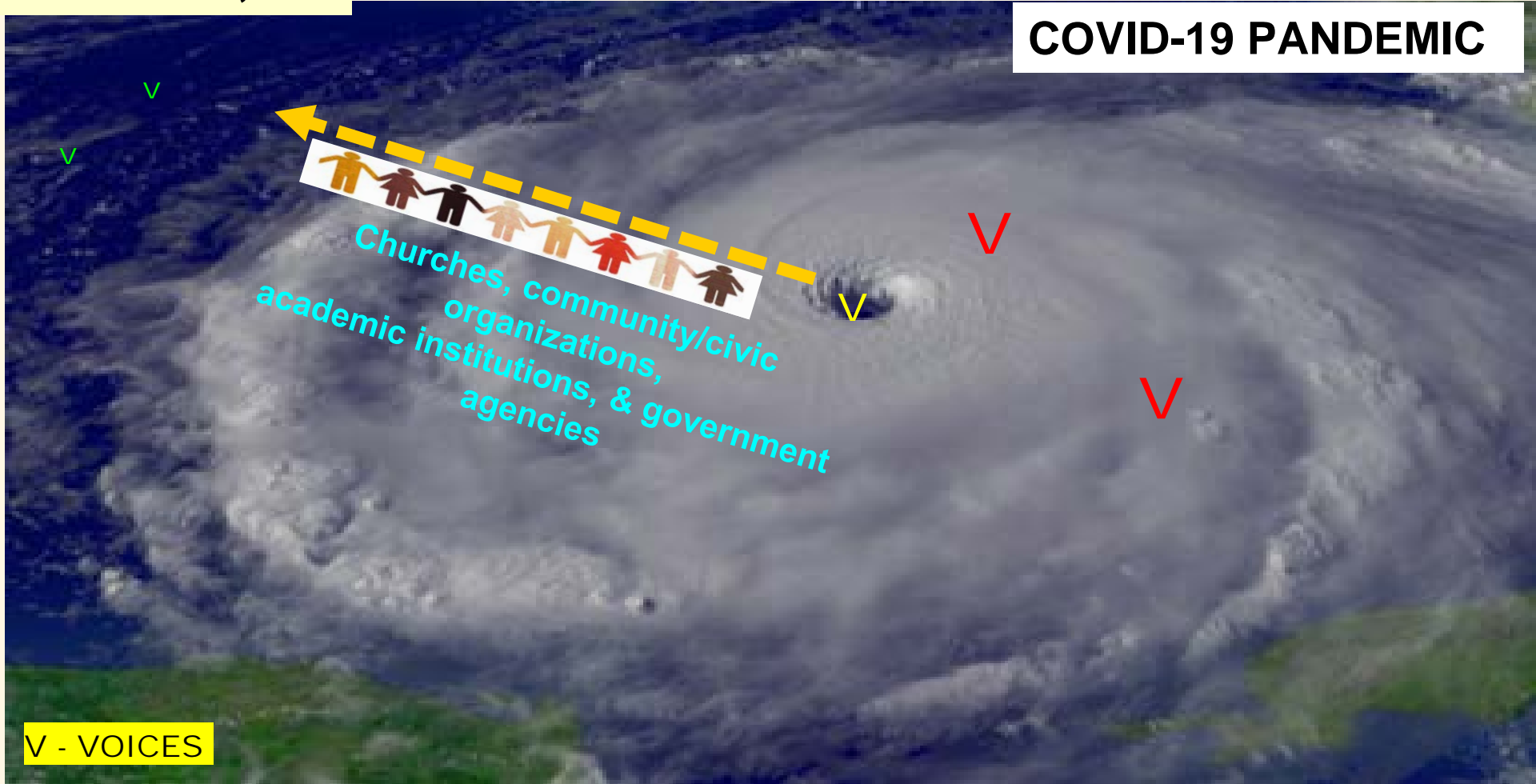
Churches, community/civic organizations, academic institutions, & government agencies

V

V

V - VOICES
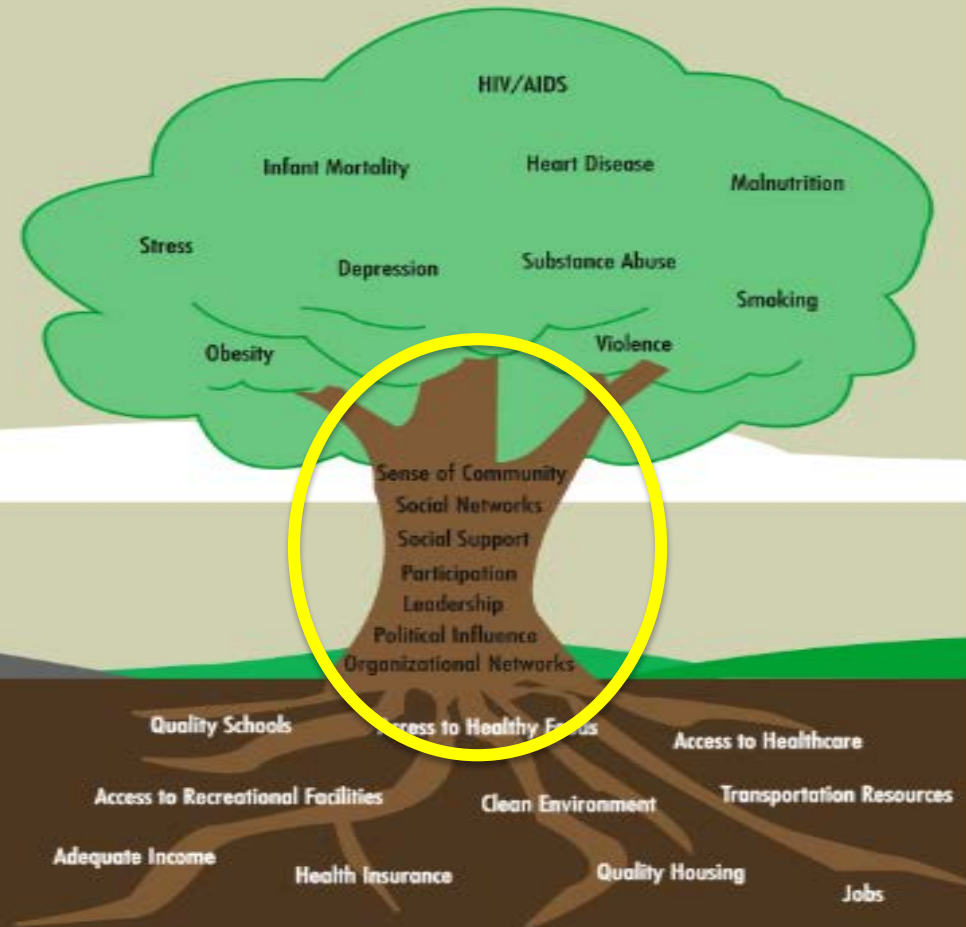
How do you care for the whole person in their complex bio-psycho-socio-economic context
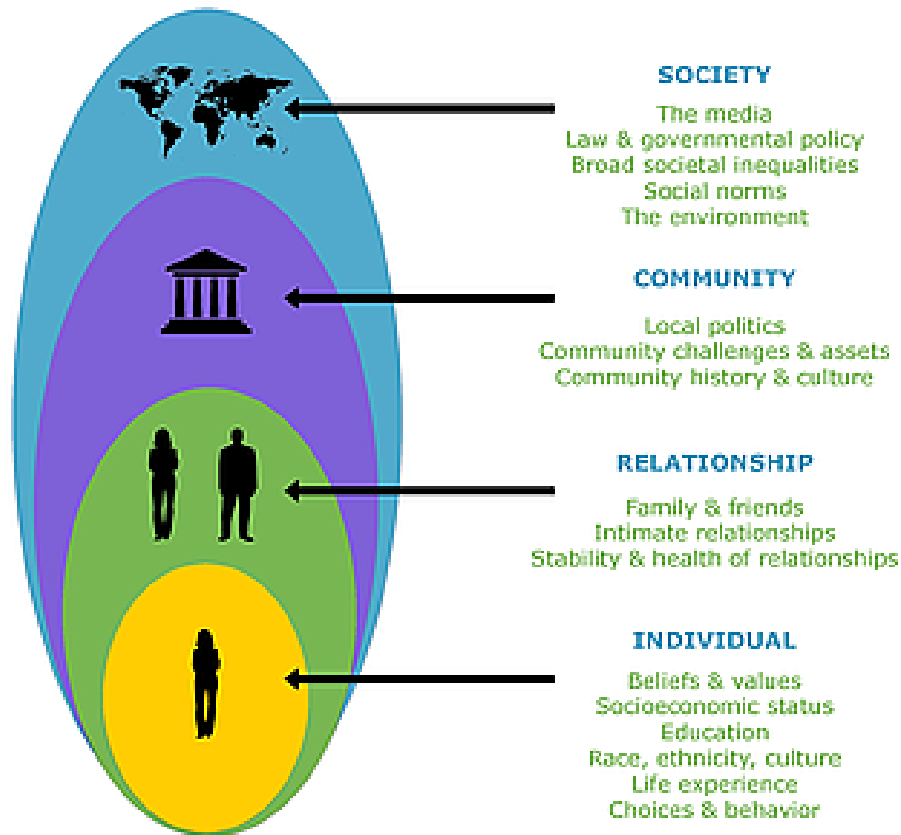
Improving health and achieving health equity will require broad approach that address social, economic, and environmental factors that influence health.

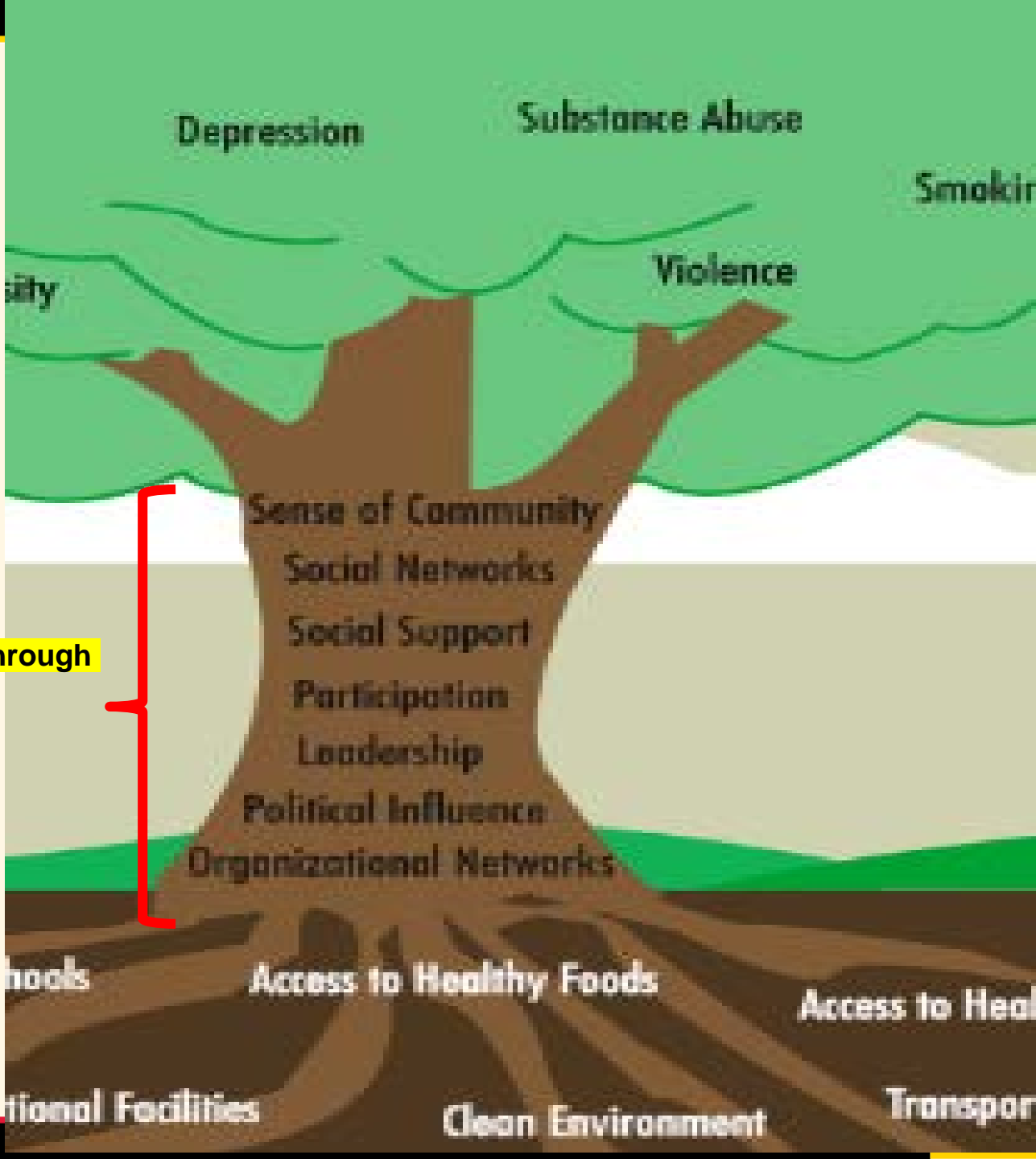Our environments cultivate our, communities and our communities nurture our health.

When inequities are high and community assets are low, health outcomes are worst.

When inequities are low and community assets are high, health outcomes are best.

SAFER · HEALTHIER · PEOPLE™

CDC

Depression   Substance Abuse   Smokin

sity   Violence

Sense of Community
Social Networks
Social Support
Participation
Leadership
Political Influence
Organizational Networks

Stability & Sustainability through partnerships

hools   Access to Healthy Foods   Access to Heal

tional Facilities   Clean Environment   Transpor

Introducing My Community Partners

Co-Founders: Baltimore Gift Economy

Ulysses Archie, Jr
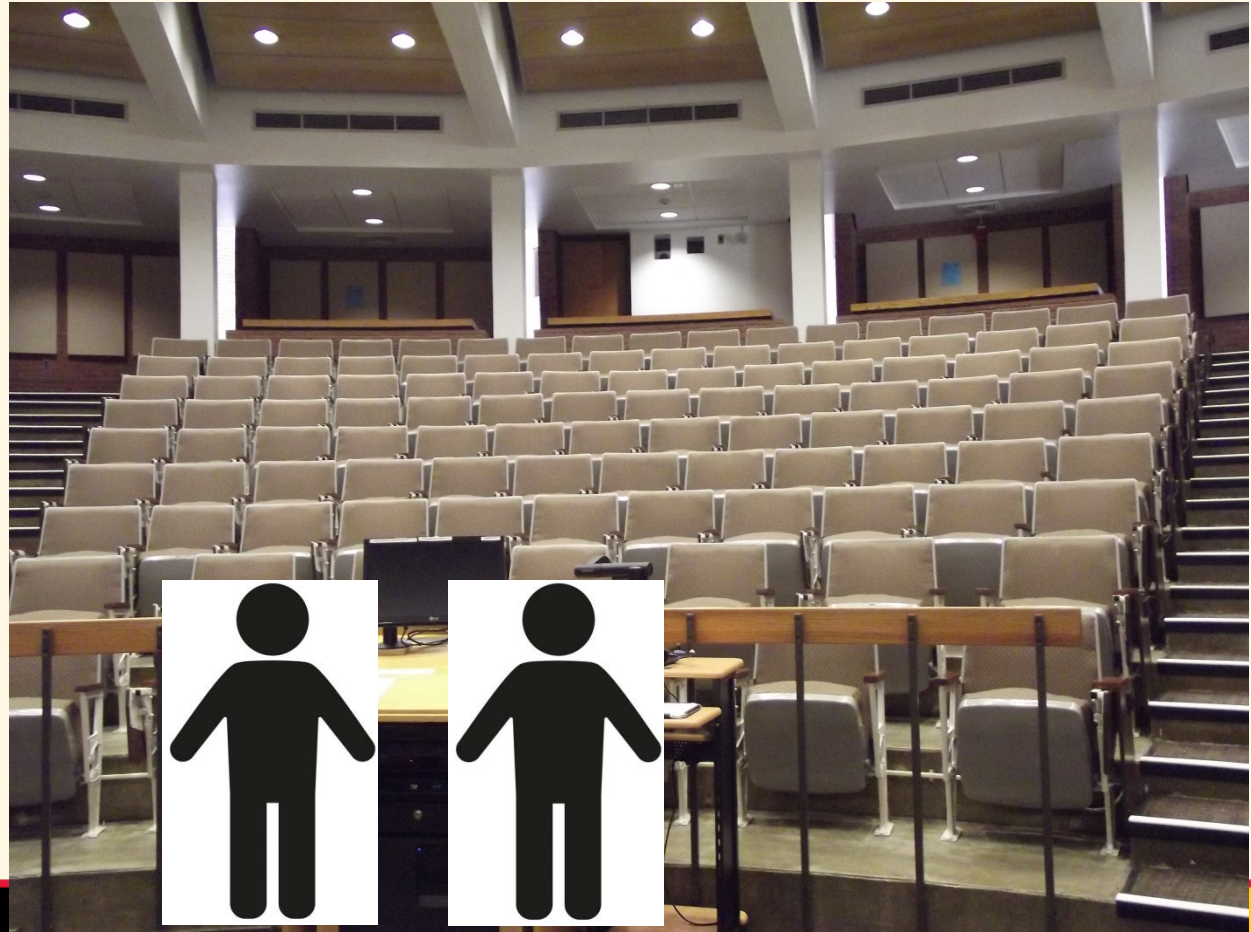
Chrysalinn Archie

A new paradigm for seminars at UMB
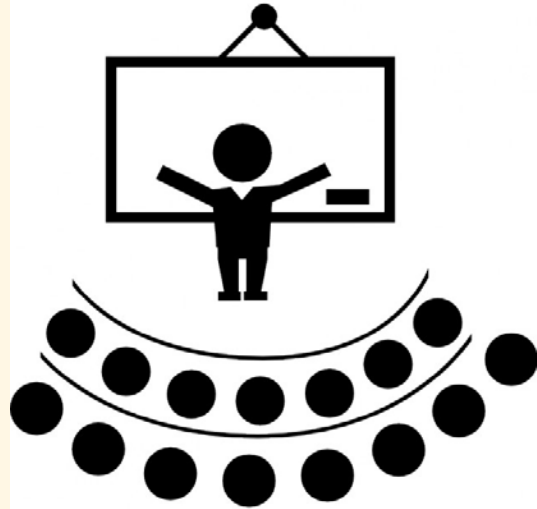
Typical faculty-led seminar

New Paradigm: Faculty AND Community member
both leading the seminar

Focus Groups

Co-Facilitators:
Laundette Jones & Chrysalinn Archie

Example of Questions

- What resources/activities are available for faculty to gain knowledge about the surrounding community?

- What are some of the barriers to gaining trust from members of the community? Ideas for establishing trust?

- What is the value of co-teaching/co-learning?

Reference:
Researcher readiness for participating in community-engaged dissemination and implementation research: a conceptual framework of core competencies (Corbie-Smith UNC Chapel Hill)
Transl Behav Med. 2017 Sep;7(3):393-404. doi: 10.1007/s13142-017-0486-0.

Co-Teaching/Co-learning

UMSOM Mini-Med School

Session 1: October 16, 2018
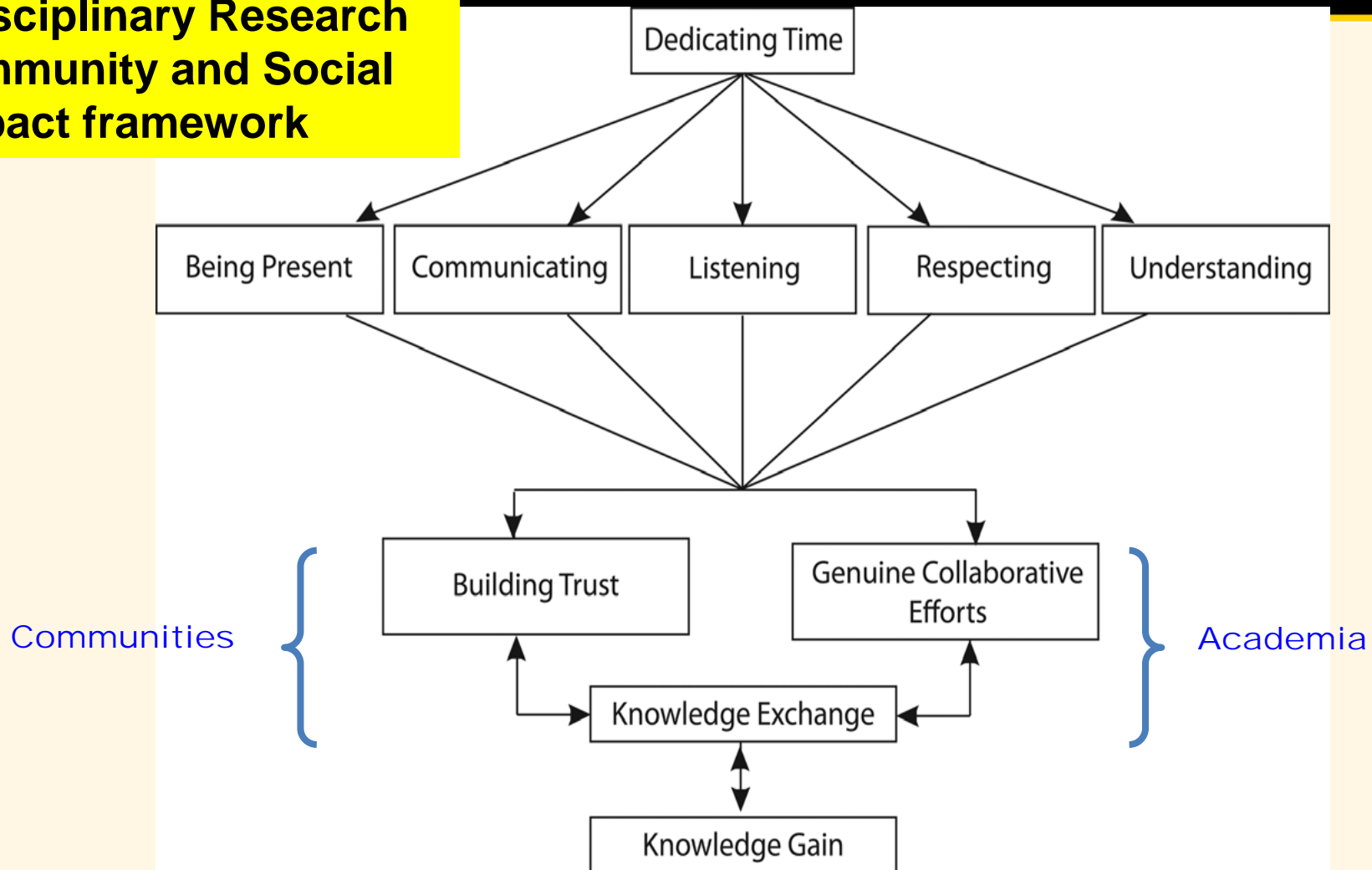
"Stress"

Laundette Jones, PhD, MPH
Ulysses Archie, Community Advocate & Co-Founder
Baltimore Gift Economy

**> 200
participants!!**

Comprehension Begins With Conversation

Transdisciplinary Research for Community and Social Impact framework

Dedicating Time

Being Present | Communicating | Listening | Respecting | Understanding

Communities

Building Trust | Genuine Collaborative Efforts

Academia

Knowledge Exchange

Knowledge Gain

Adapted from Tondu et al., 2014

Coordination of resources and expertise to ultimately design and implement initiatives that achieve social change with a priority placed on _equity_.

Local Impact
UMSOM Program in Health Equity and Population Health

- Mission: To eliminate health disparities in Baltimore City, Maryland, and beyond through research, education, and community engagement

- Vision: Optimal health for everyone through evidence-based solutions

Erin R. Hager, PhD - Director

Laundette Jones, PhD, MPH - Deputy Director

National Institute on Minority Health and Health Disparities Research Framework

		Levels of Influence*			
		Individual	**Interpersonal**	**Community**	**Societal**
Domains of Influence *(Over the Lifecourse)*	**Biological**	Biological Vulnerability and Mechanisms	Caregiver–Child Interaction Family Microbiome	Community Illness Exposure Herd Immunity	Sanitation Immunization Pathogen Exposure
	Behavioral	Health Behaviors Coping Strategies	Family Functioning School/Work Functioning	Community Functioning	Policies and Laws
	Physical/Built Environment	Personal Environment	Household Environment School/Work Environment	Community Environment Community Resources	Societal Structure
	Sociocultural Environment	Sociodemographics Limited English Cultural Identity Response to Discrimination	Social Networks Family/Peer Norms Interpersonal Discrimination	Community Norms Local Structural Discrimination	Social Norms Societal Structural Discrimination
	Health Care System	Insurance Coverage Health Literacy Treatment Preferences	Patient–Clinician Relationship Medical Decision-Making	Availability of Services Safety Net Services	Quality of Care Health Care Policies
Health Outcomes		**Individual Health**	**Family/ Organizational Health**	**Community Health**	**Population Health**

https://www.nimhd.nih.gov/about/overview/research-framework/nimhd-framework.html

Thanks for your time and attention!

Email: LPJones@som.umaryland.edu

University of Maryland School of
Medicine, Health Equity and Population
Health
https://www.medschool.umaryland.edu/
programs/equity/

Thank you!

Appendix

Resources and Links

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Tools in War Against Covid-19

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

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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
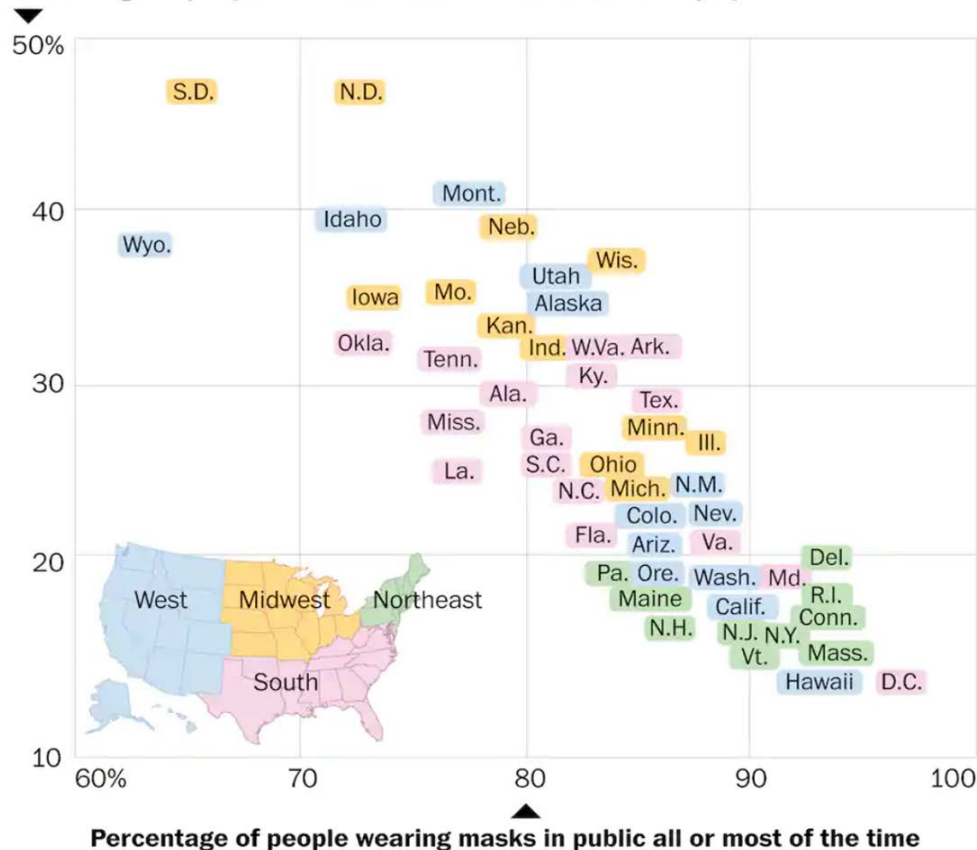
Data as of Oct. 19

Source: Delphi CovidCast, Carnegie Mellon University

THE WASHINGTON POST

❖ IHME model:
  ➢ Universal mask use *saves 129,574 lives* before Feb 2021

  ➢ 85% mask use *saves 95,814 lives* before Feb 2021

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Sources: Washington Post, Nature

Primary Care Involvement

❖ Continue to encourage and vaccinate your patients with the flu shot

❖ Ensure that you are onboarded (connected) with ImmuNet to report vaccinations administered

❖ Once available, register to become a Covid vaccine provider

❖ Use the CVI tool to begin to identify your patients that are at a higher risk for Covid

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Covid-19 Guidance for the Holidays

1) Celebrate with the people in your own immediate household

2) Don't attend events or social gatherings if you're feeling ill or if you have had close contact with someone with Covid-19 in the last 14 days

3) Understand the Covid-19 precautions for the event or social gathering you are attending

4) Wear a face covering

In August, 55 people attended a wedding in Maine. One guest had COVID-19.

The virus spread to 176 other people.

7 people died. None of them had attended the wedding.

COVID-19 SPREADS EASILY. Avoid groups. Stay at least 6 ft apart. Wear a mask.

Source: LA Times.
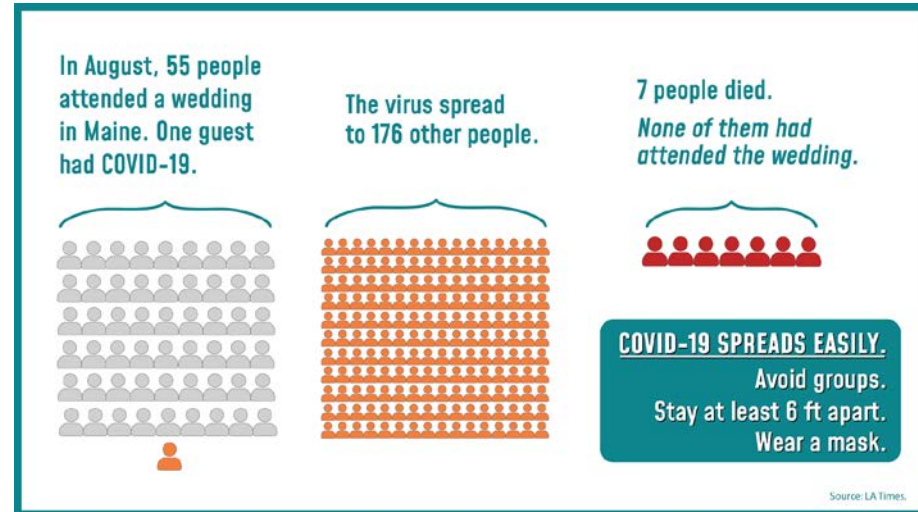
Large (and small) social gatherings spread Covid-19

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Covid-19 Guidance for the Holidays

5) Limit the number of people you come into contact with by avoiding large gatherings or multiple events with different groups of people

6) Check for local travel advisories and guidelines related to testing and quarantining

7) If hosting, clean frequently touched surfaces

8) Wash your hands

9) Eat/celebrate outside if possible

More information is available here

Sources: MDH

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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MD COVID Alert App

❖ New opt-in cell phone app that notifies users if they have been exposed to somebody who is Covid-19 positive

❖ Mimics CDC close contact definition (6-feet or less for >15 minutes) with bluetooth

❖ Individuals who receive exposure notifications:

  ➢ Receive advice to get tested
  ➢ Receive information about possible exposure date
  ➢ COVID-19 positive users may receive a call from a contact tracer

❖ More information is available here

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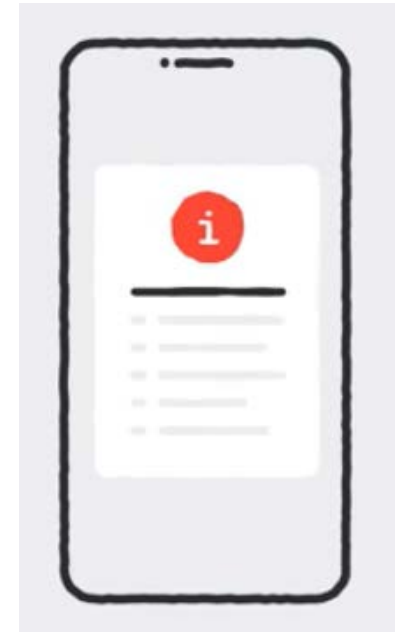
Testing Marylanders in Primary Care

❖ 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)](#)

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Current and Evolving Landscape for Covid Testing in Maryland

❖ 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	23%
SNF/ALF	15%
Urgent care	14%
Ambulatory practices	**12%**
Other	14%
State sites	12%
Pharmacies	5%
Universities	3%

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Source: MDH

Covid-19 Testing Information

❖ Maryland Department of Health testing announcements and accessibility information and resources

❖ CDC Covid-19 testing overview

❖ MDPCP Roadmap to Recovery – Covid-19 testing guidelines

❖ Maryland Department of Health guidance regarding point of Care rapid antigen Covid testing

❖ myLAB Box - Covid-19 testing program for Maryland clinicians

❖ FDA letter to clinical laboratory staff and health care providers about the potential for false positive results with rapid antigen tests for Covid-19

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Maryland Covid-19 Vaccination Plan

❖ 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:

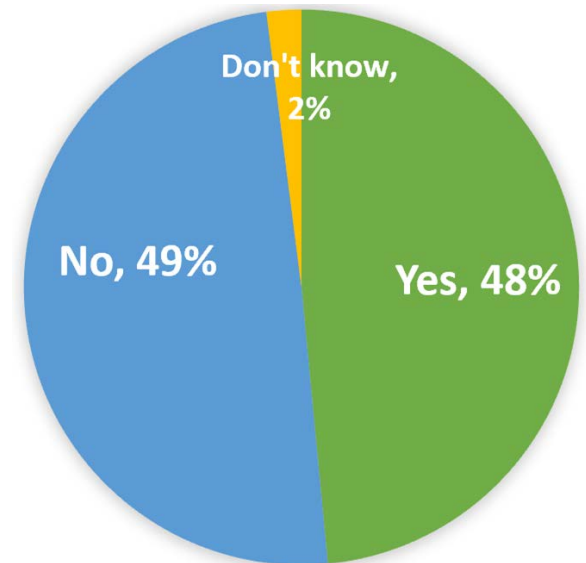https://phpa.health.maryland.gov/Documents/10.19.2020_Maryland_Covid-19_Vaccination_Plan_CDCwm.pdf

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Vaccine Hesitancy
(You play a critical role in shaping these attitudes)

❖ 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 (Healthcare 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?

Don't know, 2%

No, 49%

Yes, 48%

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Source: https://www.goucher.edu/hughes-center/documents/Goucher-College-Poll-Oct-2020-Part-3.pdf

Covid-19 Vaccines/Immunization Information

❖ Maryland Covid-19 Vaccination Plan

❖ ImmuNet Information

> ➤ ImmuNet enrollment form

> ➤ ImmuNet helpdesk contact information

> ➤ Guidance for practices how about reporting to ImmuNet

> ➤ Technical specifications for the EHR interface with ImmuNet

> ➤ ImmuNet log-in information portal

❖ Summary of vaccines under development

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Marylanders' Views on Covid
## (You play a critical role in shaping these attitudes)

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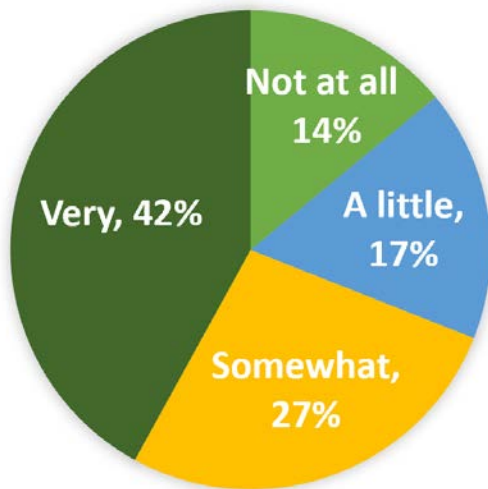
Has the coronavirus outbreak **caused any financial hardship** for you or your household?

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?
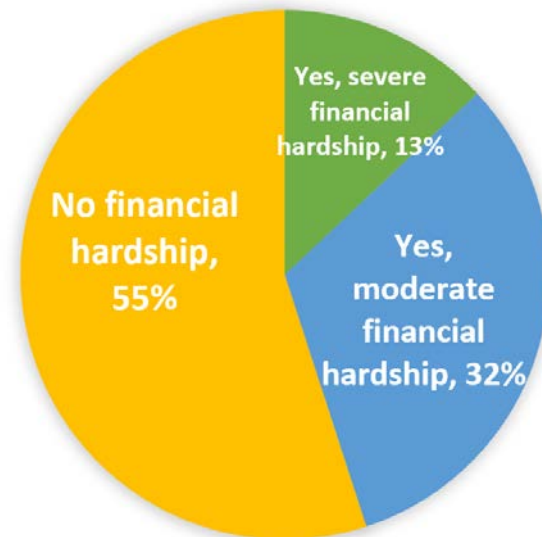
Governor Hogan's 11/12 Covid Announcement

- ❖ Announced $70 million of investments to combat Covid
  - ➢ $20 million for funding for PPE to build state's strategic stockpile
  - ➢ $15 million for unemployment insurance measures
  - ➢ $10 million for renter relief
  - ➢ $10 million to accelerate mass vaccination planning
  - ➢ $10 million for additional support for area food banks
  - ➢ $2 million for supplemental resources for foster care
  - ➢ $2 million for SNAP and energy assistance administration
  - ➢ $1 million for a wastewater testing initiative

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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

❖ Other workflow resources
  ➢ Care management workflows
  ➢ BMJ telemedicine workflow graphics
  ➢ CDC flowchart to identify and assess 2019 novel Coronavirus
  ➢ CDC telephone evaluation flow chart for flu
  ➢ CDC guidance for potential Covid-19 exposure associated with international or domestic travel

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Personal Protective Equipment (PPE) Sources and Requests

❖ Practices should initially request PPE through their usual vendors

❖ Practices should make their PPE requests through their local health departments

❖ Maryland PPE Manufacturers List – next slide

❖ **National and international PPE supplier list**

❖ **PPE request forms and local contacts**

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Personal Protective Equipment (PPE) Sources and Requests

- ❖ 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

- ❖ For additional business resources during Covid-19, visit [businessexpress.maryland.gov/coronavirus](#)

- ❖ Providers may also request PPE from the non-profit ['Get Us PPE'](#)

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Provider/Patient Mental Health Resources

❖ Providers

  ➢ "Helping the Helpers and Those They Serve," a webinar series from the Maryland Department of Health Behavioral Health Administration and MedChi (on the 2nd and 4th Thursdays of every month starting 11/12/2020)

  ➢ Heroes Health Initiative

❖ Patients

  ➢ Ask Suicide-Screening Questions toolkit

  ➢ CDC list of resources for coping with stress

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Health Equity Resources

❖ [Maryland Department of Health Office of Minority Health and Health Disparities](#) (MHHD)

❖ Maryland Department of Health Minority Outreach and Technical Assistance Program [overview](#)

❖ MHHD fiscal year 2020 minority outreach and technical assistance [program information](#)

❖ [Description](#) of the term "health disparity"

❖ [Implicit bias test](#)

❖ "Hundreds of Days of Action as a Start to Address Hundreds of Years of Inequality" – New England Journal of Medicine [article](#) by Maulik Joshi, DrPH

❖ "Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine" – [discussion draft](#) for public comment by Committee on Equitable Allocation of Vaccine for the Novel Coronavirus, The National Academies of Science, Engineering, Medicine

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Telehealth Resources

- ❖ [Maryland Health Care Commission Telehealth](#)
- ❖ [Maryland Health Care Commission Telehealth Readiness Assessment Tool](#)
- ❖ [U.S. Department of Health and Human Services Health Insurance Portability and Accountability Act (HIPAA) for Professionals](#)
- ❖ [American Telehealth Association](#)
- ❖ [Maryland Telehealth Alliance](#)
- ❖ [National Consortium of Telehealth Resource Centers](#)

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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 December 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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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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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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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 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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