



Covid-19 Update

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

2 December 2020

Health Equity

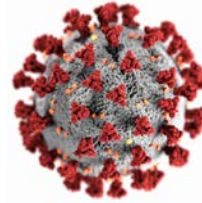
Raft of the Medusa- Gericault 1818



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

1918 Flu Pandemic

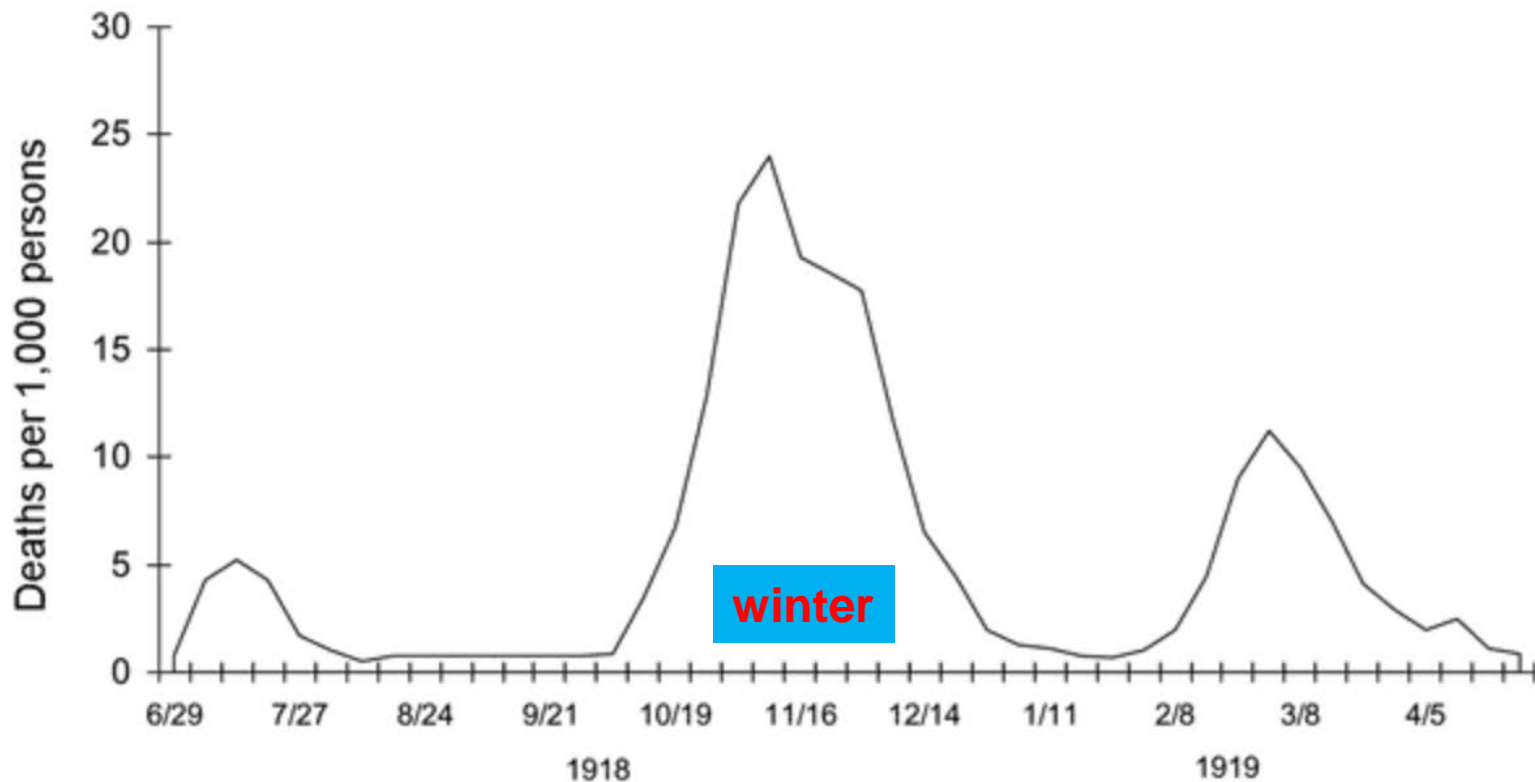




Figure 1. Three pandemic waves: weekly combined influenza and pneumonia mortality, United Kingdom, 1918–1919 (21).

Agenda

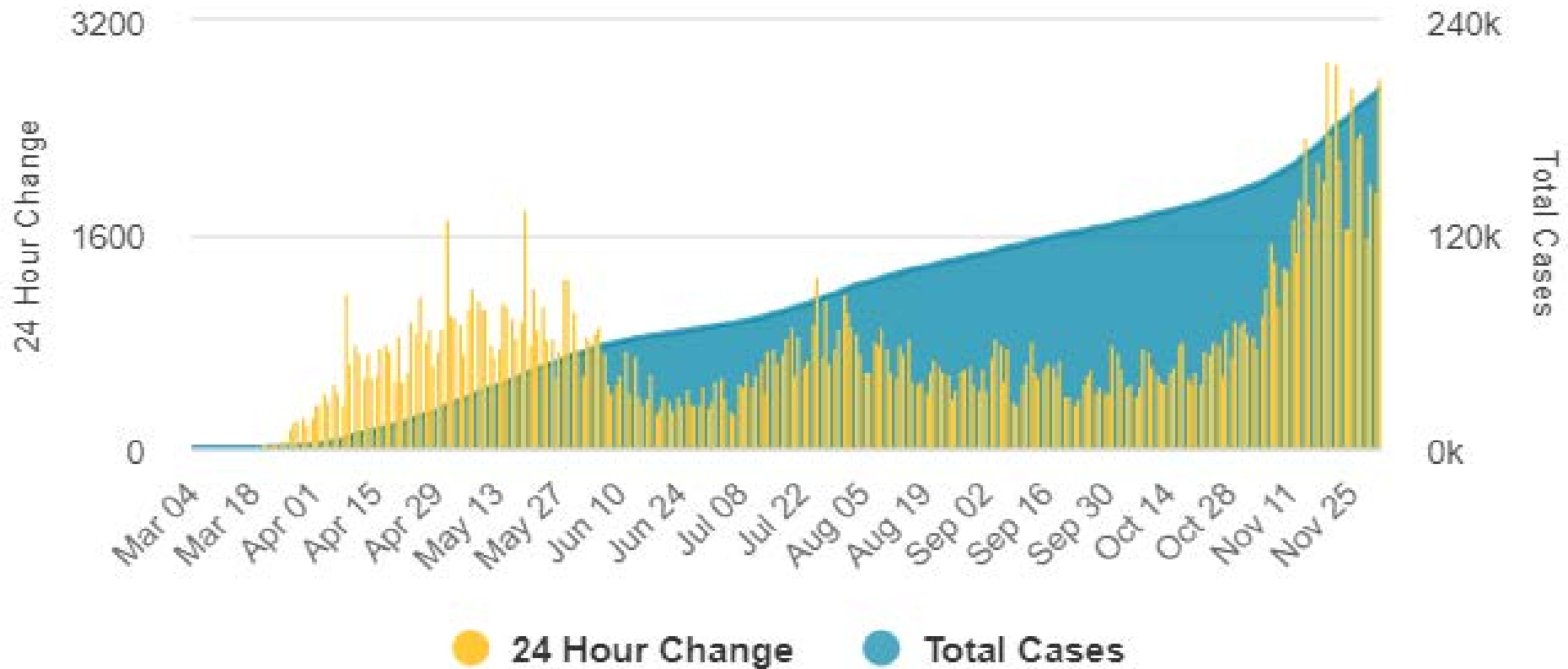
- ❖ Maryland Morbidity and Mortality Data
- ❖ National Status and Projections
- ❖ Additional Information
 - Continue Testing – office based – patient administered testing
 - Prepare to Vaccinate
 - Medical Countermeasures- monoclonal antibodies
 - Prepare Safe workflows and stock sufficient PPE
- ❖ Guest Speaker and Extended Q & A
- ❖ Resources Appendix

Morbidity and Mortality Update

		United States 	Maryland 
	Cases		
Deaths	New Daily Cases (7-day rolling average)	160,387	2,081
	Cumulative Cases	13.6 million+	201,135 (MDH)
	New Daily Deaths (7-day rolling average)	1,484	28
	Cumulative Deaths	269,234	4,516 (MDH)

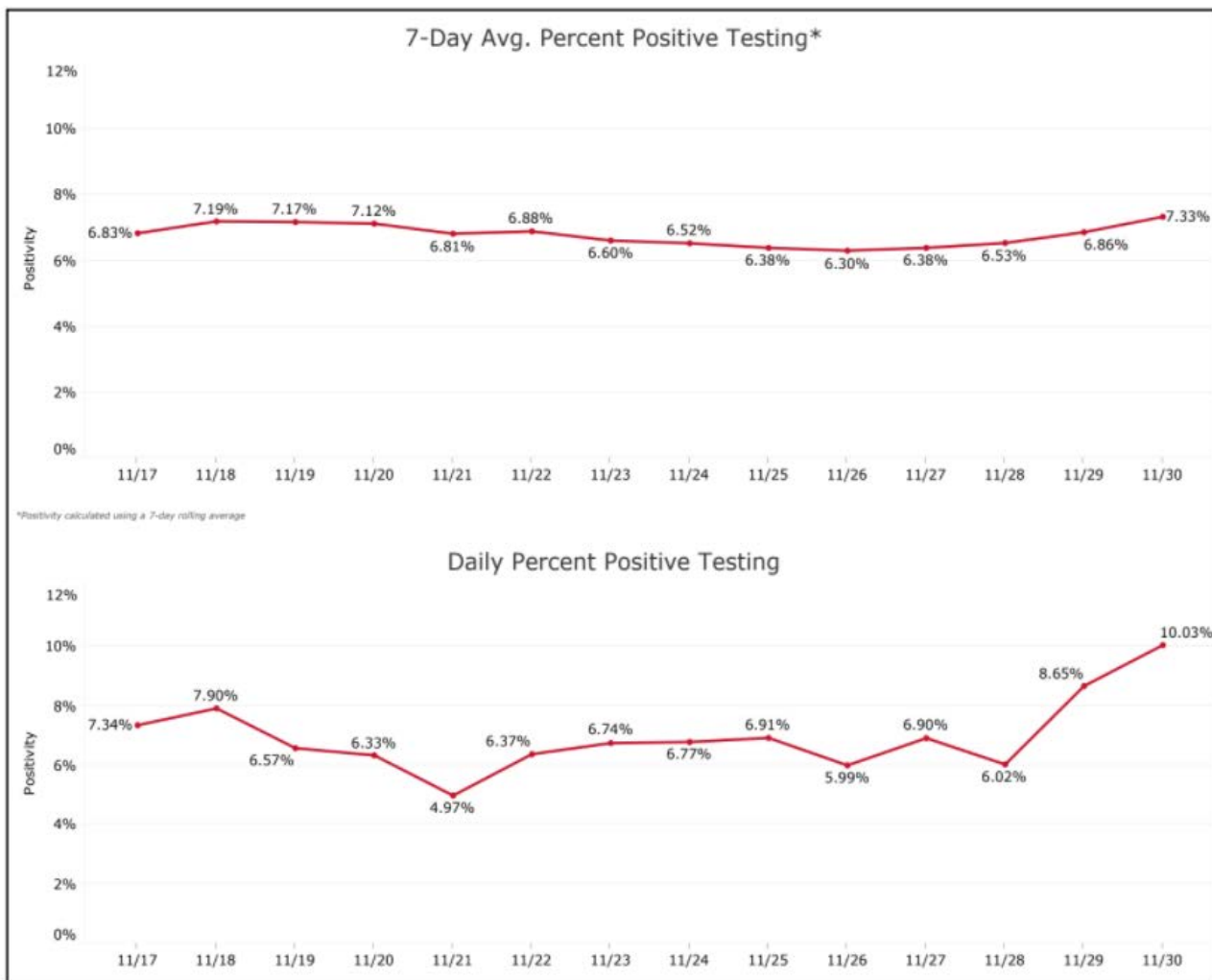
Highest Daily New Case Increase in Maryland 11/21 (2,885 new cases)

Confirmed Cases, Total over Time



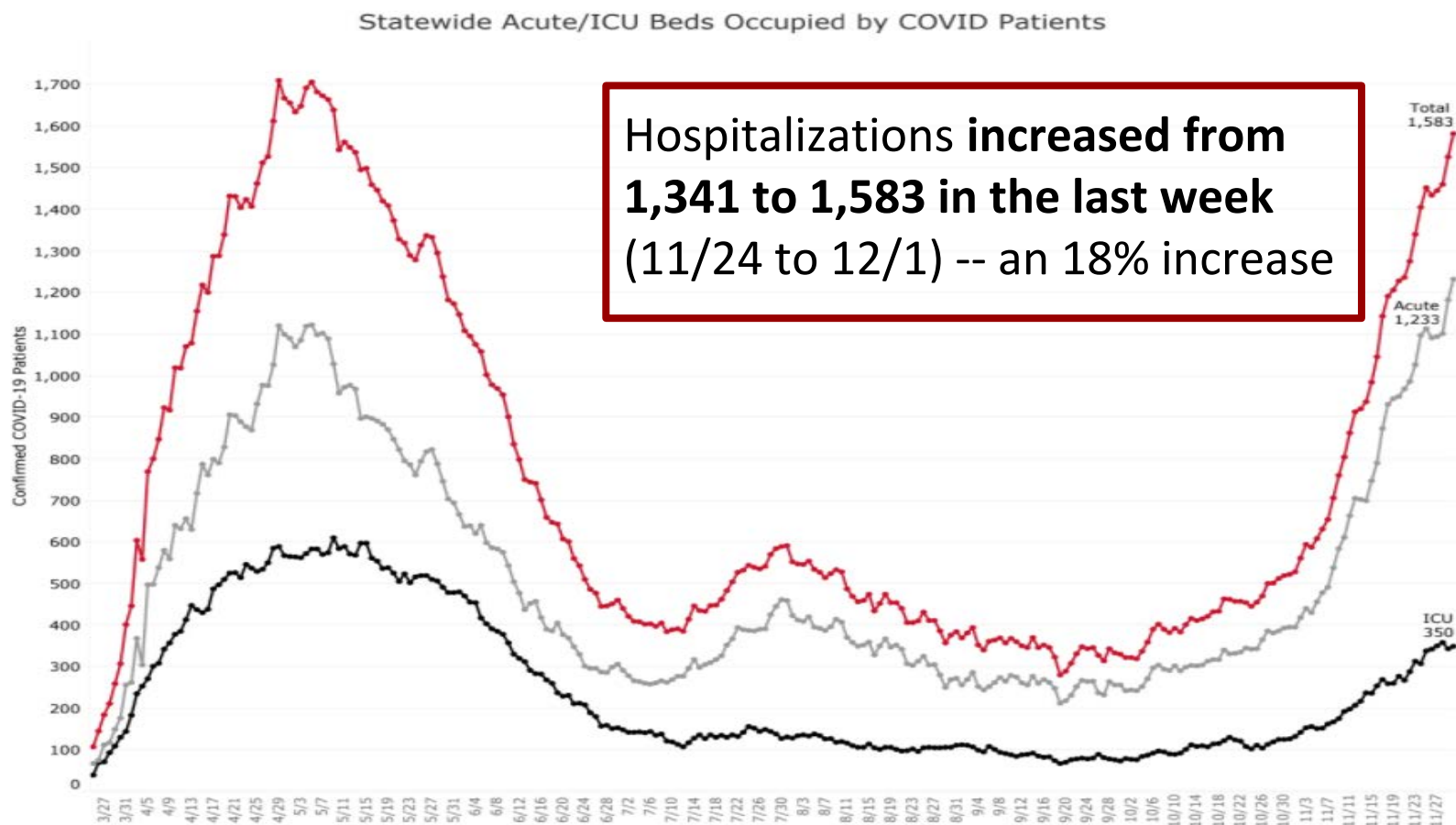
Cases, Total Reported

Percent Positive Test Rate is Steadily Increasing



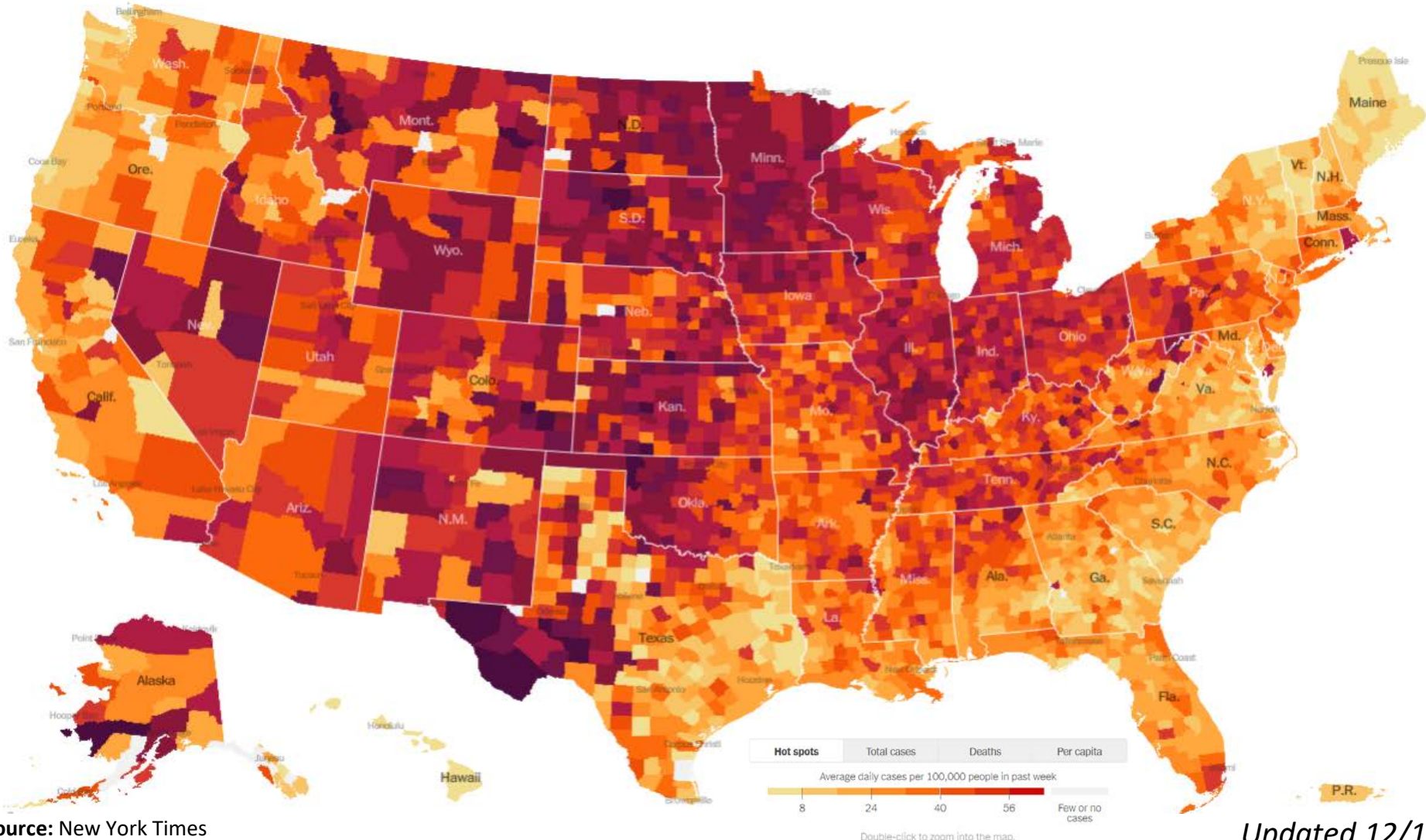
“The sad truth is the next several months will likely be by far the most difficult we have faced” -- Gov. Larry Hogan, 11/12

Hospital and ICU Beds Approaching Saturation



18% of all acute hospital beds, 29% of all ICU hospital beds, and 19% of all hospital beds were occupied by Covid patients as of 12/1

Significant Increases in # of New Covid-19 Cases in the United States



Source: New York Times

Primary Care: Call to Action

Now is the time to act. The fight against this virus belongs to all healthcare professionals.

- ❖ Continue to care for your **most vulnerable patients by continuing to use the CVI tool**
- ❖ Ensure your patients are being safe (masks, social distancing) and they know they can call on you
- ❖ **Test** as much as possible
- ❖ **Immunize** when called to do so, be fully prepared
- ❖ **Priority referrals** to therapeutics like monoclonal antibodies

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 4 weeks. Reach out to your MDPCP Practice Coach if you are interested in working with Testing Adoption Teams.**

12/1 Governor's Announcements

- ❖ Expectation that there will be a record high for Covid hospitalization in the coming days
- ❖ More than 130 beds in use at expansion sites
- ❖ 21 Maryland hospitals are at more than 90% capacity
- ❖ Announcement of various measures to try to meet Maryland's health care needs, including
 - The establishment of the [MarylandMedNow](#) program to recruit clinicians
 - By 12/8, hospitals must submit by Patient Surge Plan to expand hospital beds and make staffing surge adjustments
 - If and when there are 8,000 hospitalizations statewide, all hospitals will be required to expand their staffed bed capacity by 10% within seven days
 - Hospitals must immediately begin making adjustments by adding or redeploying staff, reducing elective procedures that require a bed or ventilator, and transferring patients to appropriate treatment facilities
 - The Health Services Cost Review Commission is reinstating emergency policies to provide more financial stability

11/17 Governor's Order & MDH order 2020-11-17-01

- ❖ Hospital visitation prohibited (with exceptions)
- ❖ Guidance to hospitals to avoid elective procedures (does not mean refraining from administration of primary care services)
- ❖ Hospital surge plans and patient transfer
 - Hospitals nearing capacity may transfer patients to hospitals with capacity
 - Both Covid-19 positive and Covid-19 negative patients
 - Daily transfer reporting to Maryland Institute for Emergency Medical Services System (MIEMSS)
- ❖ Bars and restaurants required to close by 10pm
- ❖ Statewide mask order remains in effect, required in indoor public areas

Updates on Vaccines

- ❖ Pfizer EUA submitted on November 20
- ❖ Moderna EUA submitted on November 30
- ❖ Anticipate 4-6 additional vaccine candidates
- ❖ Maryland will receive about 155,000 vaccines during first round, enough to cover about half of frontline healthcare workers
- ❖ ACIP emergency meeting occurred yesterday, recommended prioritizing health care workers and long-term care facility residents and staff for Phase 1a
 - Will be official CDC recommendations on immunization if they are approved by HHS leadership
 - ACIP will make recommendations about other priority groups at future meetings

15 ❖ 10 December FDA meets



Update on Vaccines

❖ Covid vaccines and cold storage

➤ Pfizer vaccine

- ✓ Needs to be stored at -70 degrees celsius
- ✓ Can be refrigerated for five days after thawing, but needs to be used within five days of thawing

➤ Moderna vaccine

- ✓ Needs to be stored at -20 degrees celsius
- ✓ Can be stored at -20 degrees celsius for up to six months
- ✓ Can be stored in a regular refrigerator for 30 days after thawing
- ✓ Can be kept at room temperature for 12 hours

➤ Length of time for both vaccines to thaw is unclear

Phased Approach

Phase 1 (1-3 months)

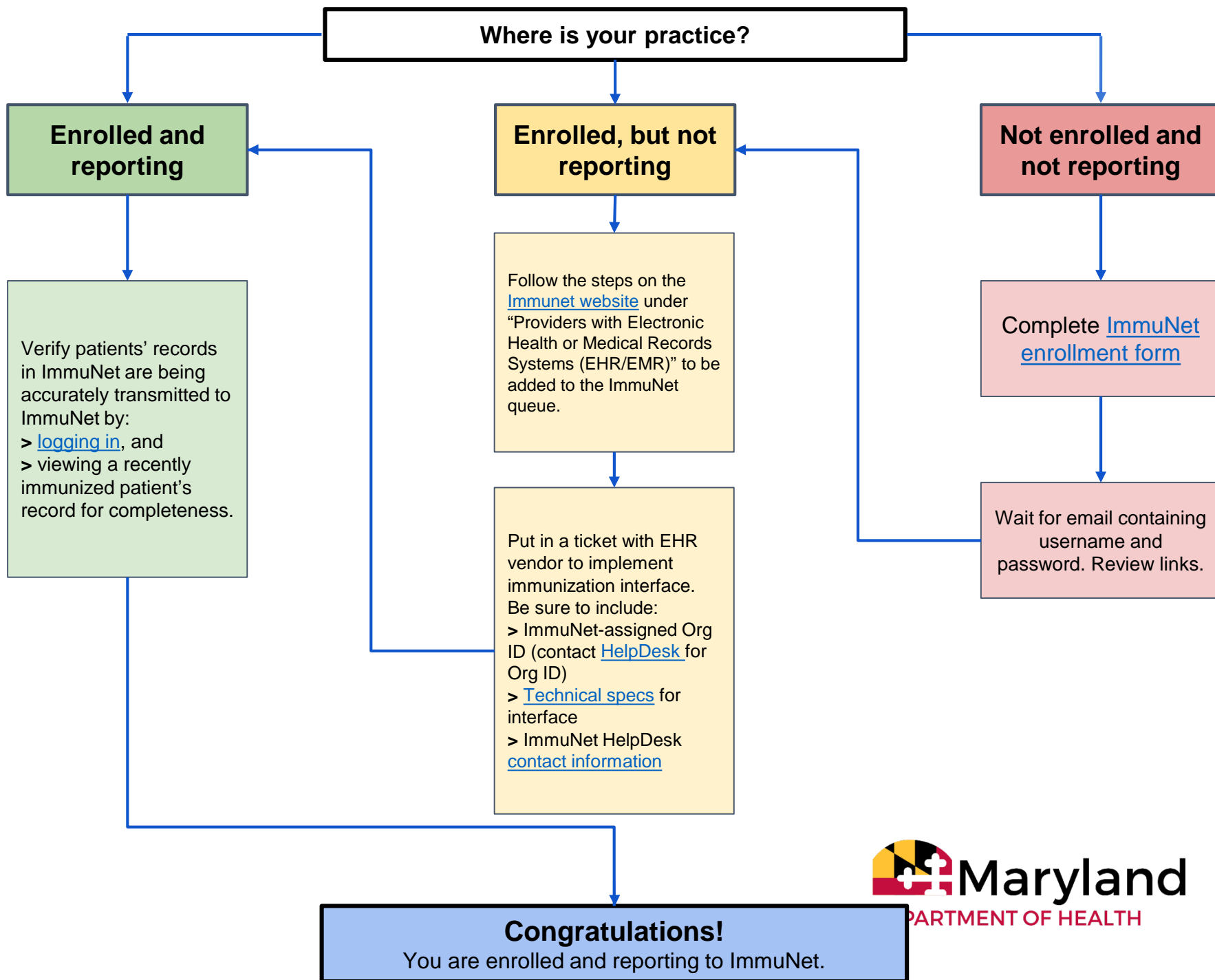
Phase 2

<i>Vaccine availability</i>	Limited	Widespread
<i>Approach</i>	Targeted	Universal
<i>Vaccine available to:</i>	<ul style="list-style-type: none"> • Frontline healthcare workers • Other essential workers • Those at highest risk of developing complications from Covid-19 (ACIP high risk conditions) 	<ul style="list-style-type: none"> • General public
<i>Vaccine distribution by:</i>	<ul style="list-style-type: none"> • Local health departments • Hospitals • Vaccination clinics (through LHDs) • Essential employer work sites 	<ul style="list-style-type: none"> • Local health departments • Hospitals • Pharmacies • Primary care practices • Urgent care centers • School vaccination clinics

Provider Recruitment and Enrollment

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

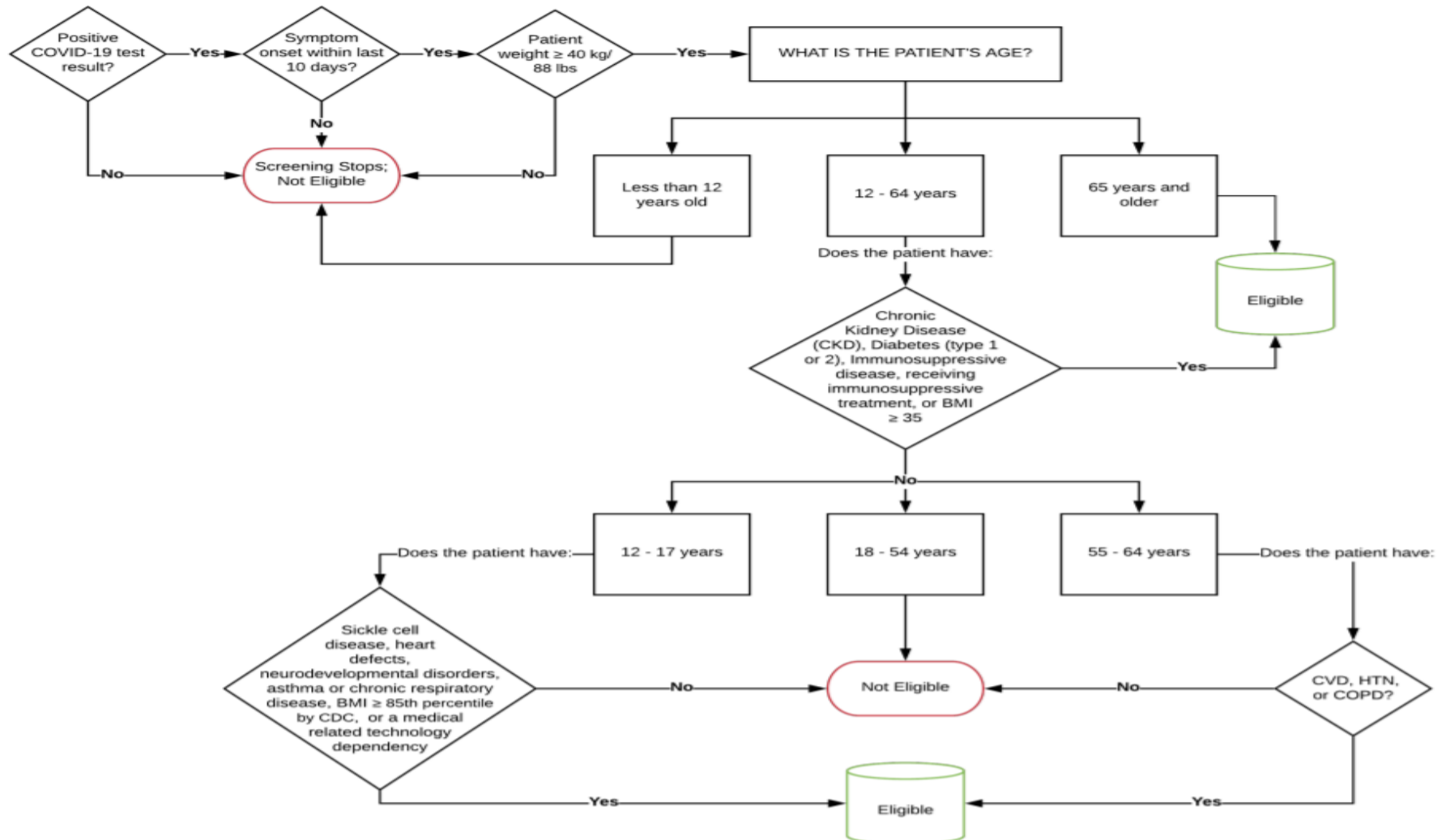
1. **Onboard with ImmuNet** to report vaccination data
 - **EHR connected to ImmuNet** to report all vaccine doses administered
 - ***MDPCP Practices: if you are not yet enrolled in ImmuNet, you can sign up for a video call with ImmuNet staff to complete enrollment. Use this link to sign up:***
<https://calendly.com/cherry-angeles/immunet-mdpcp-practice-enrollment?month=2020-12>
2. **Register with ImmuNet as a vaccine provider** in order to receive and administer vaccine.
More information soon



Monoclonal Antibodies Clinician Letter

- ❖ Early data suggests Banlamnivimab and Regeneron may risk the of hospitalization for people at high risk who are Covid positive and have only mild to moderate symptoms
- ❖ The Maryland Department of Health is working to implement an allocation and distribution process
- ❖ Maryland providers should notify their patients that demand for these treatments will exceed supply currently Limited supplies- ~ 1500 doses/week
- ❖ Five regional infusion locations
 - UPMC Western Maryland
 - Meritus Health
 - Baltimore Convention Center Field Hospital
 - Tidal Health Peninsula Regional
 - Adventist HealthCare Takoma Park Alternate Care Site

Monoclonal Antibody Treatment Screening Tool



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
 - Obtain from usual or extended suppliers
 - Local Health Departments
 - State Emergency Supplies
- ❖ Continue using PPE according to CDC guidelines
- ❖ Ensure safe workflows for all patients, particularly vulnerable patients

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

Webinar Series: Helping the Helpers and Those They Serve

The Maryland Department of Health (MDH) Behavioral Health Administration (BHA) and MedChi are pleased to announce the new 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 3: Coping with Ambiguous Losses and Stress of the Pandemic**
- **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**

CMEs and Participant Certificates will be available at no cost.

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



Announcements

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

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

- [Monday, 12/7/20 \(5:30 – 6 PM\)](#)
- [Monday, 12/16/20 \(5:30 – 6 PM\)](#)
- [Monday, 12/28/20 \(5:30 – 6 PM\)](#)

❖ Future Webinars

- Today- Mark Riddle, MD, Professor of Psychiatry and Pediatrics and former Director of the Division of Child and Adolescent Psychiatry at Johns Hopkins University School of Medicine
- Next week- Sharon Hoover, PhD, Professor of Psychiatry at the University of Maryland

MDPCP COVID-19 Update Seminar

December 2, 2020

Attention-Deficit/Hyperactivity Disorder

Mark A. Riddle, M.D.



855-MD-BHIPP (632-4477)

www.mdbhipp.org

ADHD Treatment & COVID-19: Perfect Hot Mess

- Basic Health Interventions—COVID-19
 - Disrupts sleep schedule & ease of being active
- Medication—COVID-19
 - No useful teacher data for monitoring effect
- Behavior Management Training—COVID-19
 - Parents must manage behavior during school
- School Interventions (eg, 504, IEP)—COVID-19
 - Not effective during virtual learning



Why ADHD?

- Most common chronic illness in children and adolescents in the U.S. (second to asthma)
- Only about 60% get medical care
- Academic, social and emotion consequences are substantial
- Primary care clinicians are best suited to assess and treat ADHD
- Treatments can be provided that are time- and cost-effective



SLOVENLY PETER

(DER STRUWWELPETER)

Freely Translated into English Jingles by

MARK TWAIN



*Illustrated in Color from Drawings by Fritz Kredel
Adapted from Dr. Hoffmann's Original Illustrations*
PER & BROTHERS, PUBLISHERS, ESTABLISHED 1817



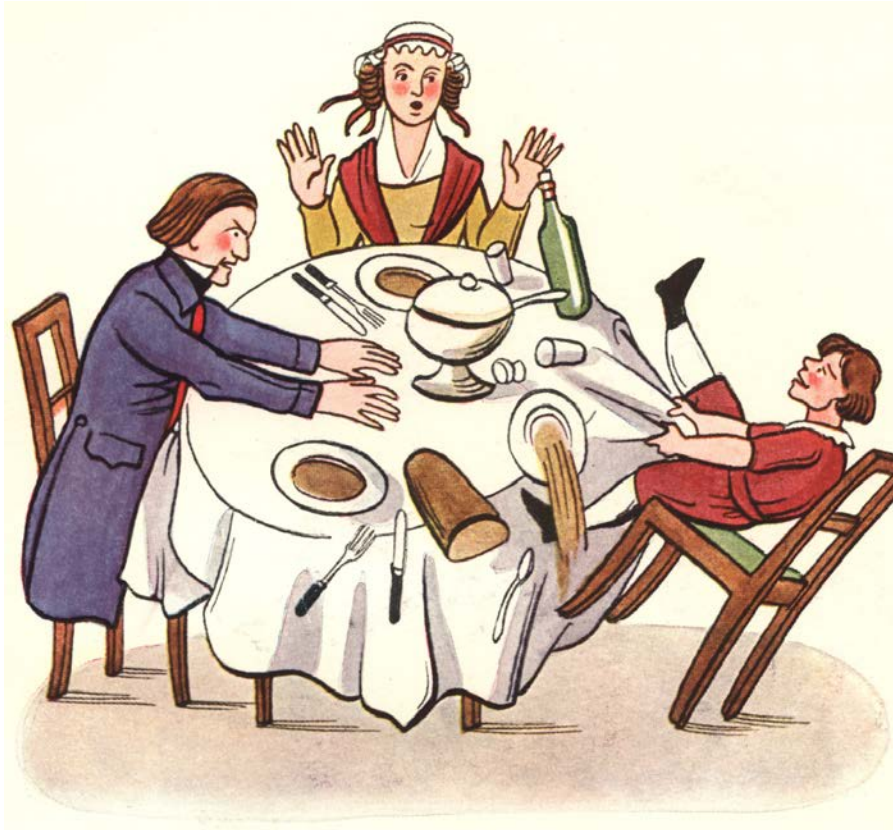


"Philip, if 'twon't make you ill,
 Try to sit a minute still."
 So, in earnest tone and rough
 Spake the father to his tough,
 While the mother's troubled glance
 Prophetised a present dance
 When these two should get a start.
 And so it made her sick at heart
 To see the boy hadn't heard
 His restive father's warning word.
 He jiggered,
 And sniggered,
 And joggled,
 And boggled,
 On his chair and squirmed galore:
 "Philip this doth irk me sore!"



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 Pediatric Primary Care







Prevalence and Natural History of ADHD

- Diagnosis starts about age 3 & peaks age 8
- During normal development, activity level & impulsivity decrease.
 - But, distractibility usually continues into adulthood.
- Research--very difficult, if not impossible to do, finds of children diagnosed by age 12:
 - 1/2-3/4 continue into adolescence
 - 1/3-1/2 continue into adulthood
- Earlier onset likely associated with stability of ADHD diagnosis over time.
- Estimated prevalence = 6% (2-17 yo) to 10% (6-17 yo).

Riddle M et al. The Preschool Attention-deficit/hyperactivity disorder Treatment study (PATs) 6-year follow-up. *Journal Of The American Academy Of Child & Adolescent Psychiatry* . 2013;52:264-278.



Vanderbilt – Parent – Inattention

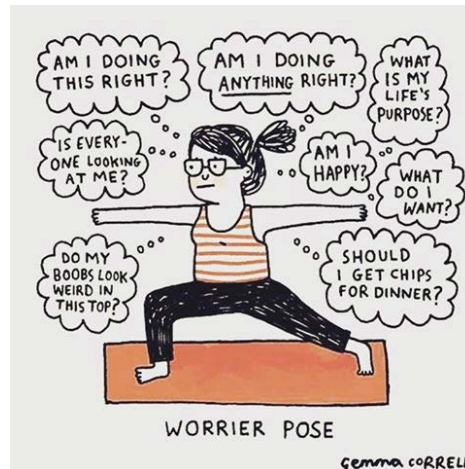
1. Does not pay attention to details or makes careless mistakes, such as in homework.
2. Has difficulty sustaining attention to tasks or activities.
3. Does not seem to listen when spoken to directly.
4. Does not follow through on instruction and fails to finish schoolwork (not due to oppositional behavior or failure to understand).
5. Has difficulty organizing tasks and activities.
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.
7. Loses things necessary for tasks or activities (school assignments, pencils, or books).
8. Is easily distracted by extraneous stimuli.
9. Is forgetful in daily activities.



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Distraction: external vs. internal



ADHD
external

Anxiety
internal

Vanderbilt – Parent – Hyperactivity and Impulsivity

- 10. **Fidgets** with hands or feet or squirms in seat.
- 11. **Leaves seat** when remaining seated is expected.
- 12. **Runs about or climbs excessively** in situations when remaining seated is expected.
- 13. Has **difficulty playing** or engaging in leisure activities **quietly**.
- 14. Is **“on the go”** or often acts as if **“driven by a motor.”**
- 15. **Talks too much.**
- 16. **Blurts out answers** before questions have been completed.
- 17. Has **difficulty waiting his or her turn.**
- 18. Interrupts or intrudes on others (**butts into conversations or games**).



ADHD: 3 Subtypes in DSM-5

- Combined

- 6 of 9 inattention + 6 of 9 hyperactivity/impulsivity
- common
- *mostly in boys*

- Inattentive

- 6 of 9 inattention
- less common
- *mostly in girls and adults*

- Hyperactive-Impulsive

- 6 of 9 H/I symptoms
- *uncommon; may be something else*



Other Dsm-5 ADHD Criteria

- Symptoms persist for 6+ months
- Symptoms present prior to age 12 years
- *Symptoms in 2 or more settings*
- *Symptoms impact social, academic or occupational functioning*
- Symptoms not due to another disorder



Common Comorbidities

- Intellectual Disability (2.5%)
- Learning Disabilities (5-10%)
- Autism Spectrum Disorders (1.5%)
- Behavioral Disorders (**ODD** 3-5%, CD, IEP)
- Substance Use Disorders
- Anxiety Disorders
- Depressive Disorders
- Demoralization
- Parent-Child Interaction Problems
- Peer Interaction Problems



Vanderbilt – Parent – Oppositional Defiant Disorder

- 19. Argues with adults
- 20. Loses temper
- 21. Actively defies or refuses to comply with adults' requests or rules
- 22. Deliberately annoys people
- 23. Blames others for his or her mistakes or misbehaviors
- 24. Is touchy or easily annoyed by others
- 25. Is angry or resentful
- 26. Is spiteful and vindictive

Functional Consequences of ADHD in Children

- During Childhood
 - Reduced school performance
 - Social rejection
 - Conduct Disorder in adolescence
- During Adulthood
 - Antisocial Personality Disorder as adult
 - Subsequent substance abuse disorders
 - Poorer occupational performance
 - Higher probability of unemployment
 - Elevated interpersonal conflict



Definitive Study Multimodal Treatment of ADHD (MTA)

- Participants: 579 7.0-9.9 year olds
- Diagnosis: ADHD Combined Type
- Randomization: to 1 of 4 interventions
- Duration: 4 mo. treatment; 10 mo. maintenance
- Outcomes in multiple domains
- Long-term f/u at 2, 3, & 8 years

A 14-month randomized clinical trial of treatment strategies for attention-deficit/hyperactivity disorder. *Archives Of General Psychiatry* [serial online]. December 1999;56(12):1073-1086.



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MTA Design Random Assignment to Treatment Arm

- Medication (MED; start with stimulant)
- Intensive Psychosocial Intervention (BEH)
- Combination (COMB = MED + BEH)
- Community Control (CC; referral)



MTA Study Primary Results

- *All 4 groups* showed sizable reductions in ADHD symptoms over time.
- For most core *ADHD symptoms* COMB and MED > BEH and CC.
- *COMB > MED* for: oppositional, aggressive & internalizing symptoms; teacher-rated social skills; parent-child relations; reading achievement.
- **CONCLUSION:** Psychosocial & medication treatment important!



Stimulant Delivery Systems (3/19)

<u>Preparation</u>	<u>Time (hrs)</u>	<u>Methylphenidate</u>	<u>Amphetamine</u>
▪ IR	3-4 4-6	Ritalin Focalin	Adderall/EVEKEO ZENZEDI (dex)
▪ Pulse	7-8	Metadate ER APTENSIO XR	Dex Spansule MYDAYIS
▪ Pearls	8-12	Metadate CD Ritalin LA Focalin XR	Adderall XR
▪ Pump	≤12	Concerta	
▪ Modified IR	≤12		VYVANSE
▪ Solution//Chewable 3-5 (8-12)		Methylphenidate//methylphenidate	PROCENTRA & (ADZENYS ER)
▪ Liquid Susp.	8-12	QUILLIVANT XR	DYANAVEL XR
▪ Chewable//Disint	8-12	QUILLICHEW ER	VYVANSE//ADZENYS XR-ODT
▪ Patch	≤12	DAYTRANA	



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Main Side Effects of Stimulants

Most Common

- Appetite suppression
- Difficulty falling asleep

Less Common

- Long-term suppression of growth (2 cm, 2.7 kg, 3 years)
- Tics
- Cardiac/Hemodynamic (small increases)
- Dysphoria (young patients)
- Behavioral/cognitive constriction (high dose)
- *RARE: serious cardiovascular events



Dosing α -Adrenergic Agonists

	<u>Guanfacine</u>	<u>Clonidine</u>
▪ Start	0.5-1.0	0.05-0.1
▪ Increases	0.5-1.0	0.05-0.1
▪ Max/day	(4.0) 7.0	0.4
▪ Long-acting	<u>Intuniv®</u>	<u>Kapvay®</u>
▪ Start generic <u>Intuniv</u> at 1 mg/day (bedtime); increase weekly by 1/mg/day with <u>once daily</u> dosing		
▪ Start generic <u>Kapvay</u> at 0.1 mg at bedtime; increase weekly by 0.1 mg/day weekly with <u>twice daily</u> dosing		

For Positive Outcomes

- Emphasize & support child's strengths
- Emphasize functional outcomes
- Continue treatment as long as needed
- Treat comorbid disorders
- Educate regarding natural history
 - Activity and Impulsivity decrease with age
- Be positive because treatments work and most children have good outcomes



ADHD Treatment & COVID-19: Perfect Hot Mess

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 - Disrupts sleep schedule & ease of being active
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Thank you!



Appendix

Resources and Links

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**

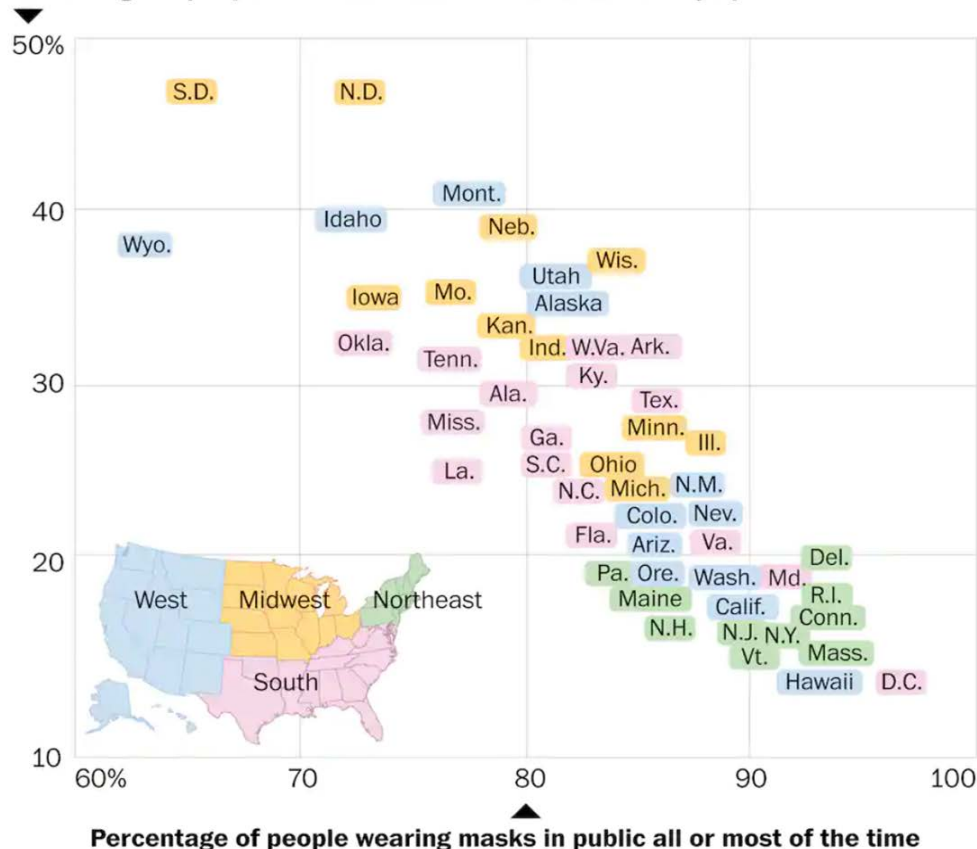
❖ Others

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

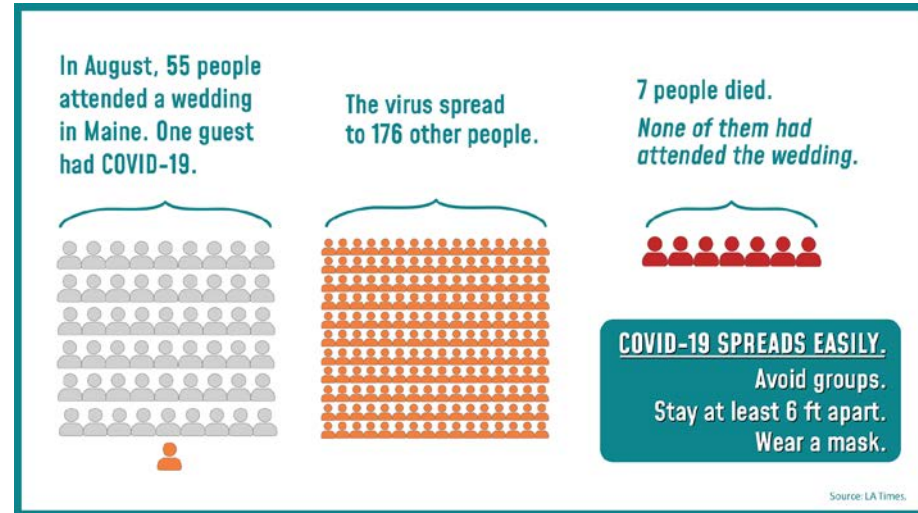


Primary Care Involvement

- ❖ 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

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



Large (and small) social gatherings spread Covid-19

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

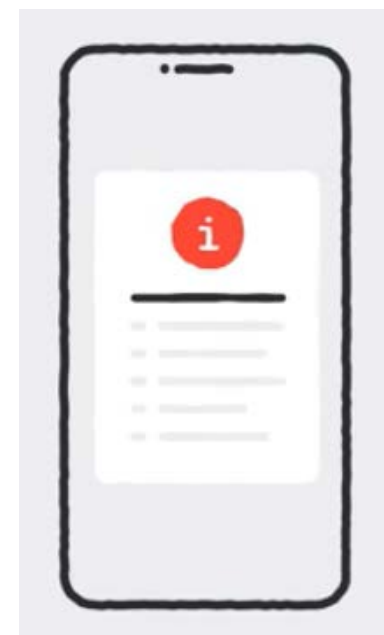
More information is available [here](#)

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**

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](#)



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 \(from July 2020\)](#)

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%

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](#)

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

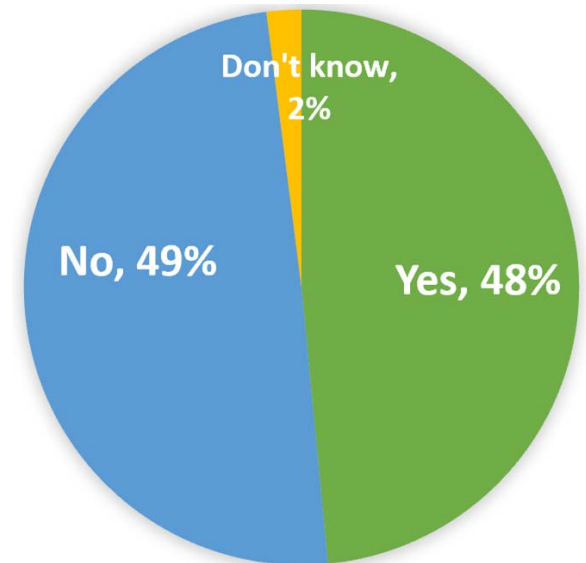
Vaccine Hesitancy

(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?



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](#)

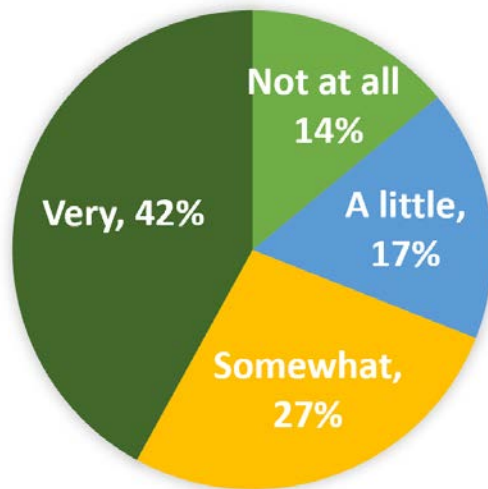
❖ [Summary of vaccines under development](#)

Marylanders' Views on Covid

(You play a critical role in shaping these attitudes)

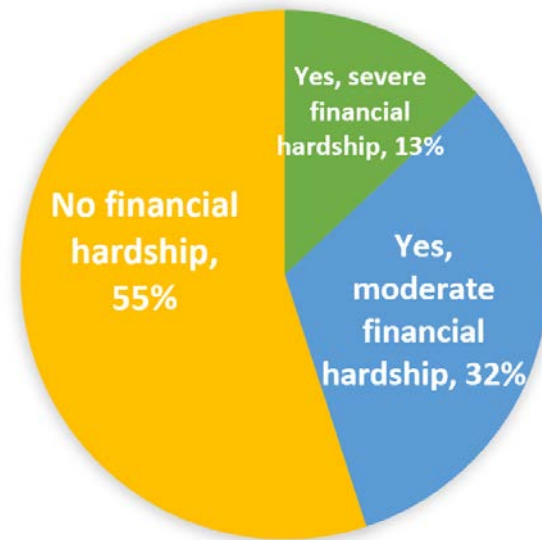
October 2020 Goucher College Poll of 1,002 Marylanders

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

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

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](#)

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

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](#)

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 form](#)

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’](#)

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

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

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](#)

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.

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](#)

Staying Current - Sources

- ❖ [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
- For questions, email or call Andrea Mullin at amullin@medchi.org or 800-492-1056 x3340

Grant Amount

\$300 per eligible physician



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

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>)

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/>)