



# **Covid-19 Update**

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

30 December 2020

# Happy Holidays

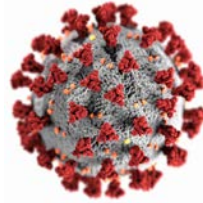
---

- ❖ This is a year end to celebrate- Celebrate the end of 2020
- ❖ 2020 defined you as heroes
  - Caring for your patients even in the face of incredible hardships
  - Testing for Covid even when it puts you at risk
  - Crash course in efficiently using telehealth and safer workflows
  - Keeping the doors open even without revenue
  - Balancing work, family and life
- ❖ We all look forward to a final battle against the unseen enemy the coronavirus
- ❖ And a happier, healthier and prosperous 2021

# The Final Battles

---

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

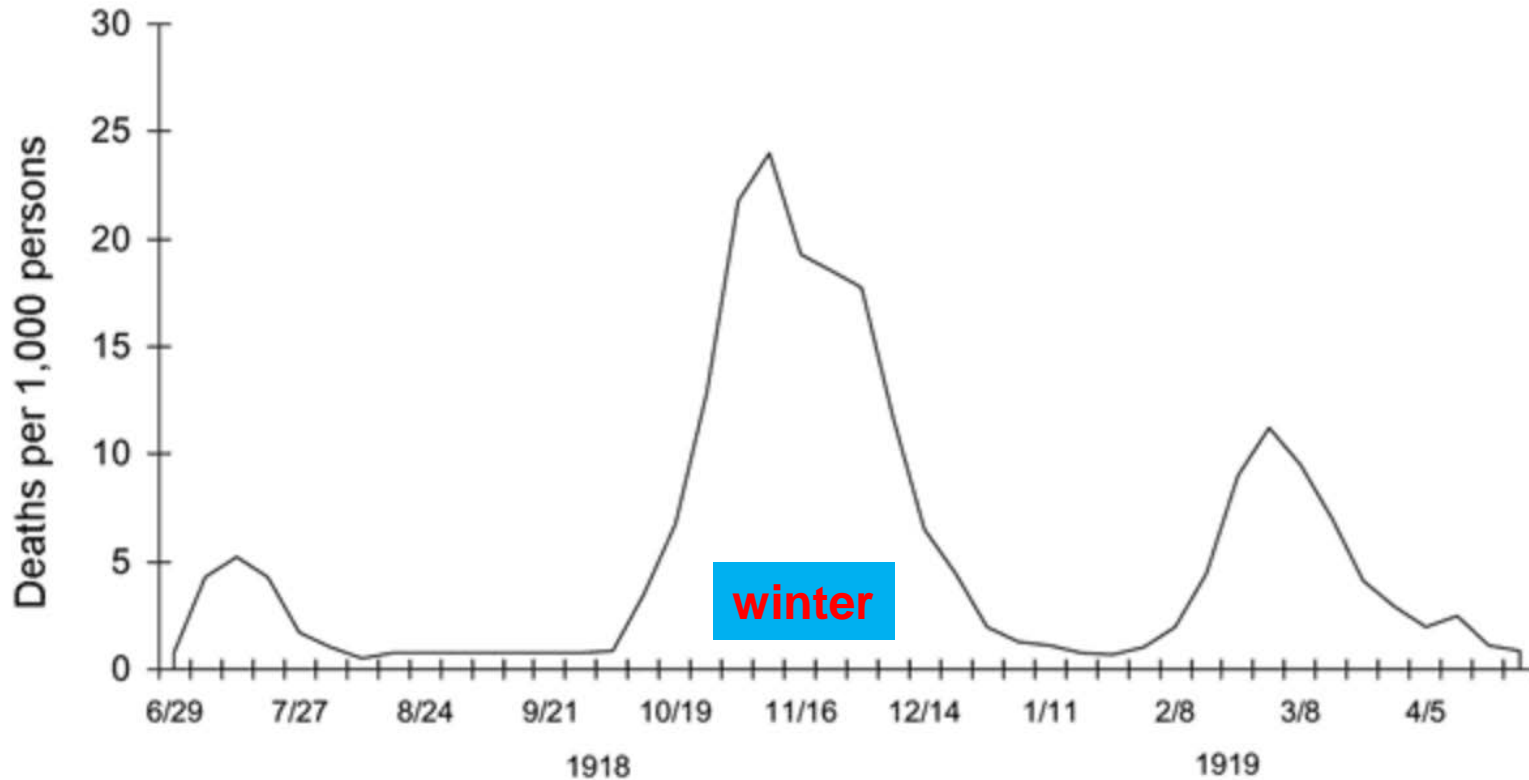




Figure 1. Three pandemic waves: weekly combined influenza and pneumonia mortality, United Kingdom, 1918-1919 (21).

# Agenda

---

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

# Morbidity and Mortality Update

	United States 	Maryland 	
<i>Cases</i>	<b>New Daily Cases (7-day rolling average)</b>	183,140	2,300
	<b>Cumulative Cases</b>	19.3 million+	271,061 (MDH)
<i>Deaths</i>	<b>New Daily Deaths (7-day rolling average)</b>	2,197	38
	<b>Cumulative Deaths</b>	335,141	5,636 (MDH)

# COVID-19 Daily Report - Maryland Department of Health

Data reported as of 12/30/2020

**273,689**  
confirmed cases

**40,279**  
tests reported 12/29

**5,672,680**  
cumulative tests

**5,681**  
confirmed deaths

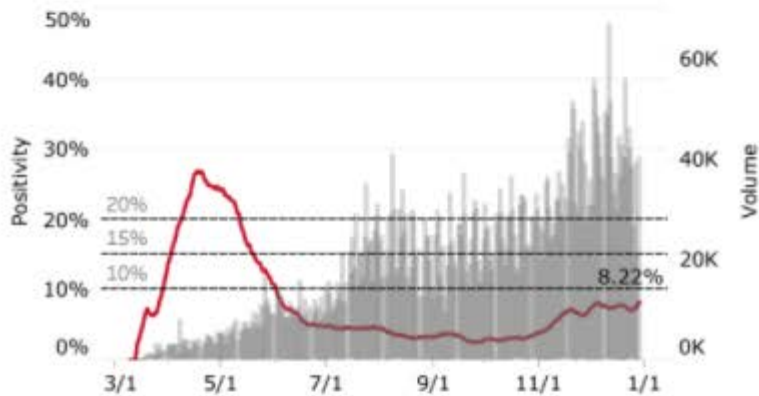
**+2,628**  
cases reported on 12/29\*

**8.77%**  
daily positivity reported 12/29

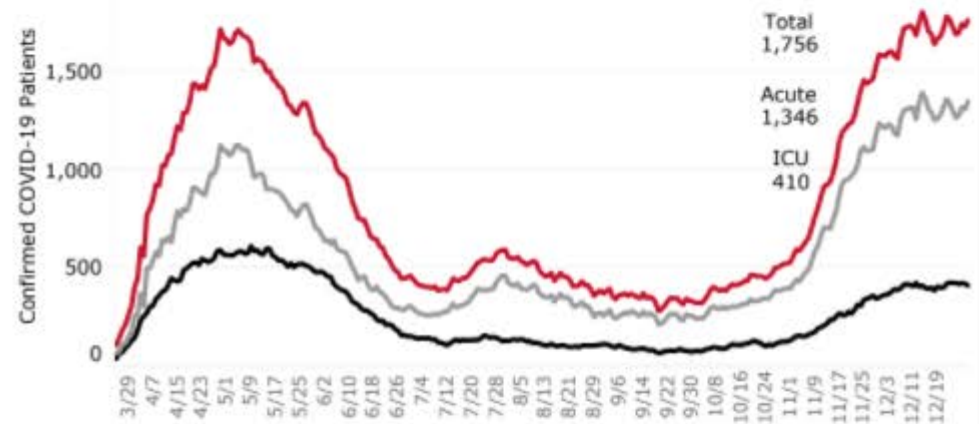
**8.22%**  
7-day avg. positivity\*\* reported 12/29

**+45**  
deaths reported on 12/29

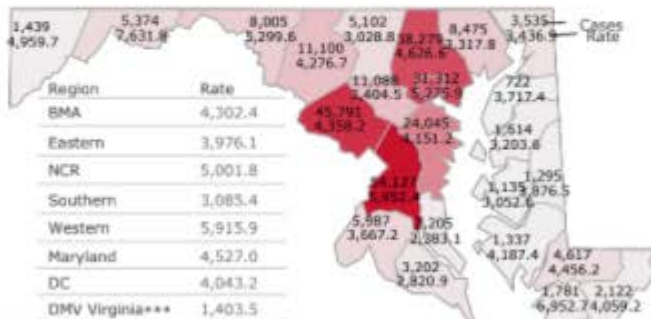
7-Day Avg. Percent Positive Testing\*\* and Total Testing Volume



Statewide Acute/ICU Beds Occupied by COVID Patients



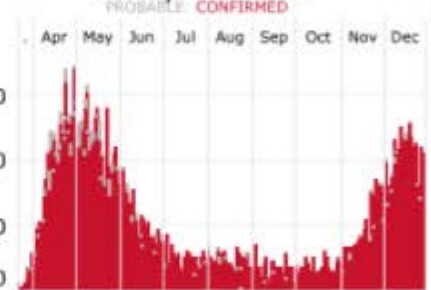
Cases and Rates by County of Residence



Daily Cases by Specimen Collection Date



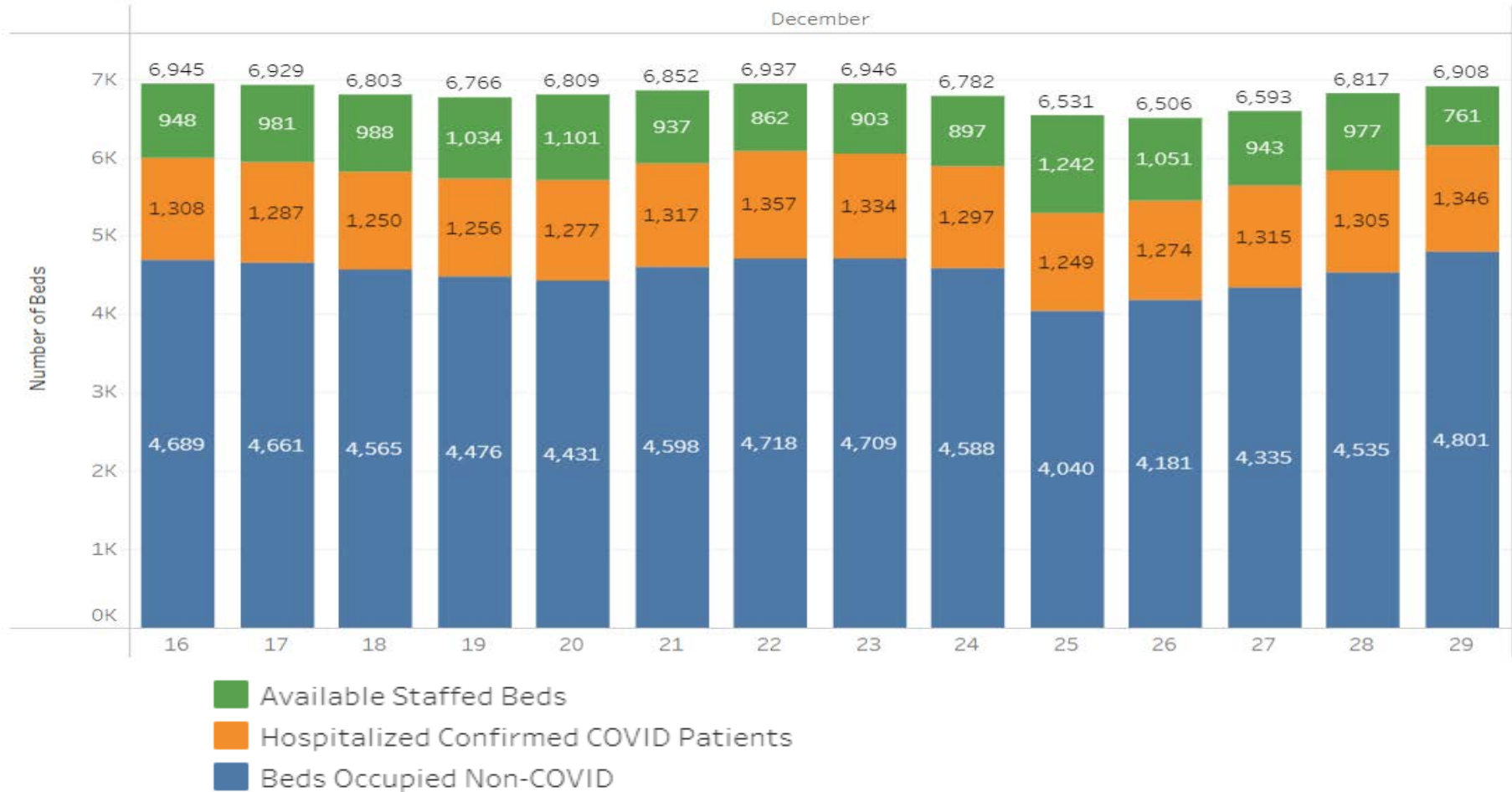
Daily Deaths



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

# Hospital Beds – Holding Steady

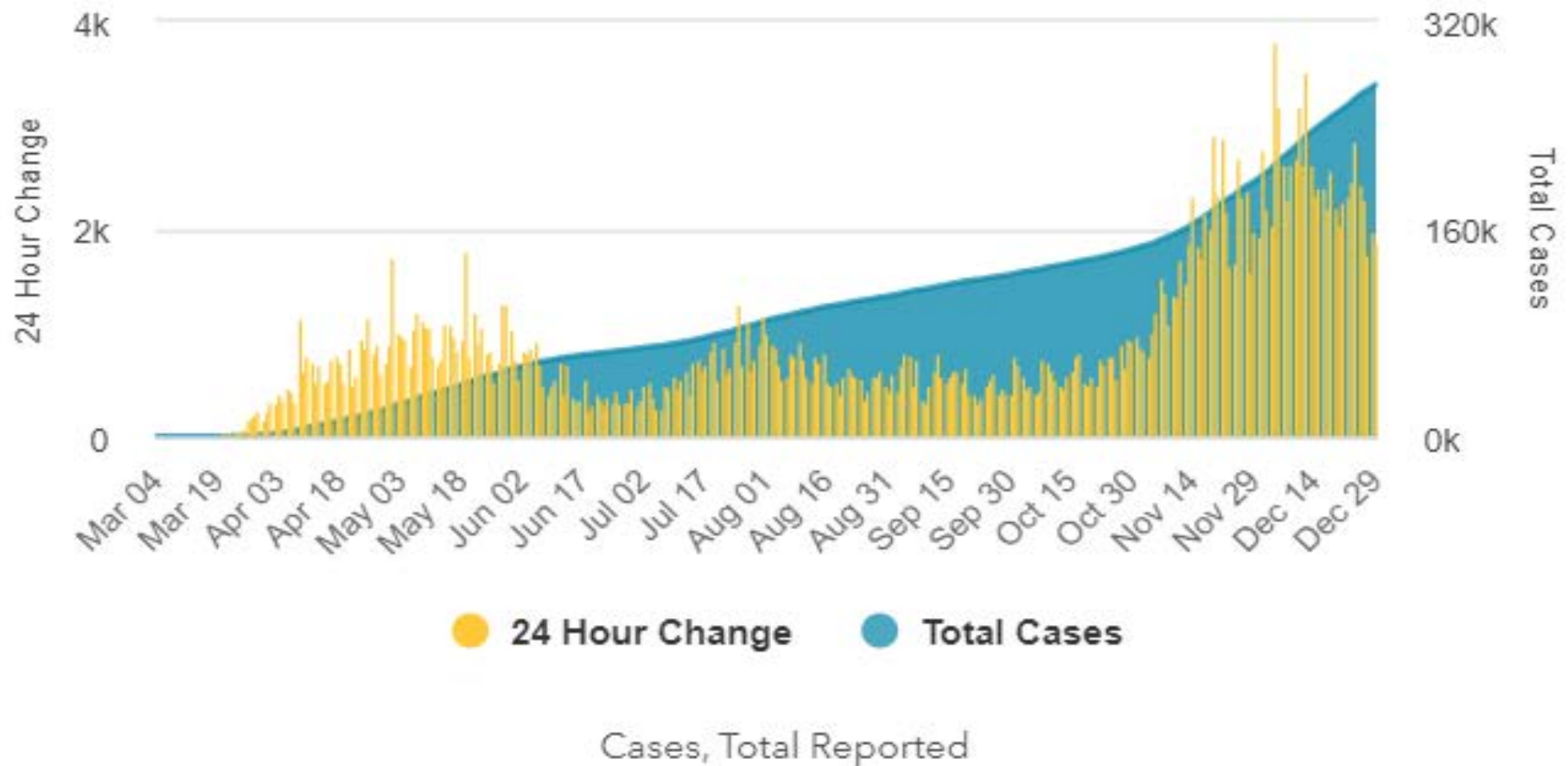
## Occupied Staffed - Adult Acute Care





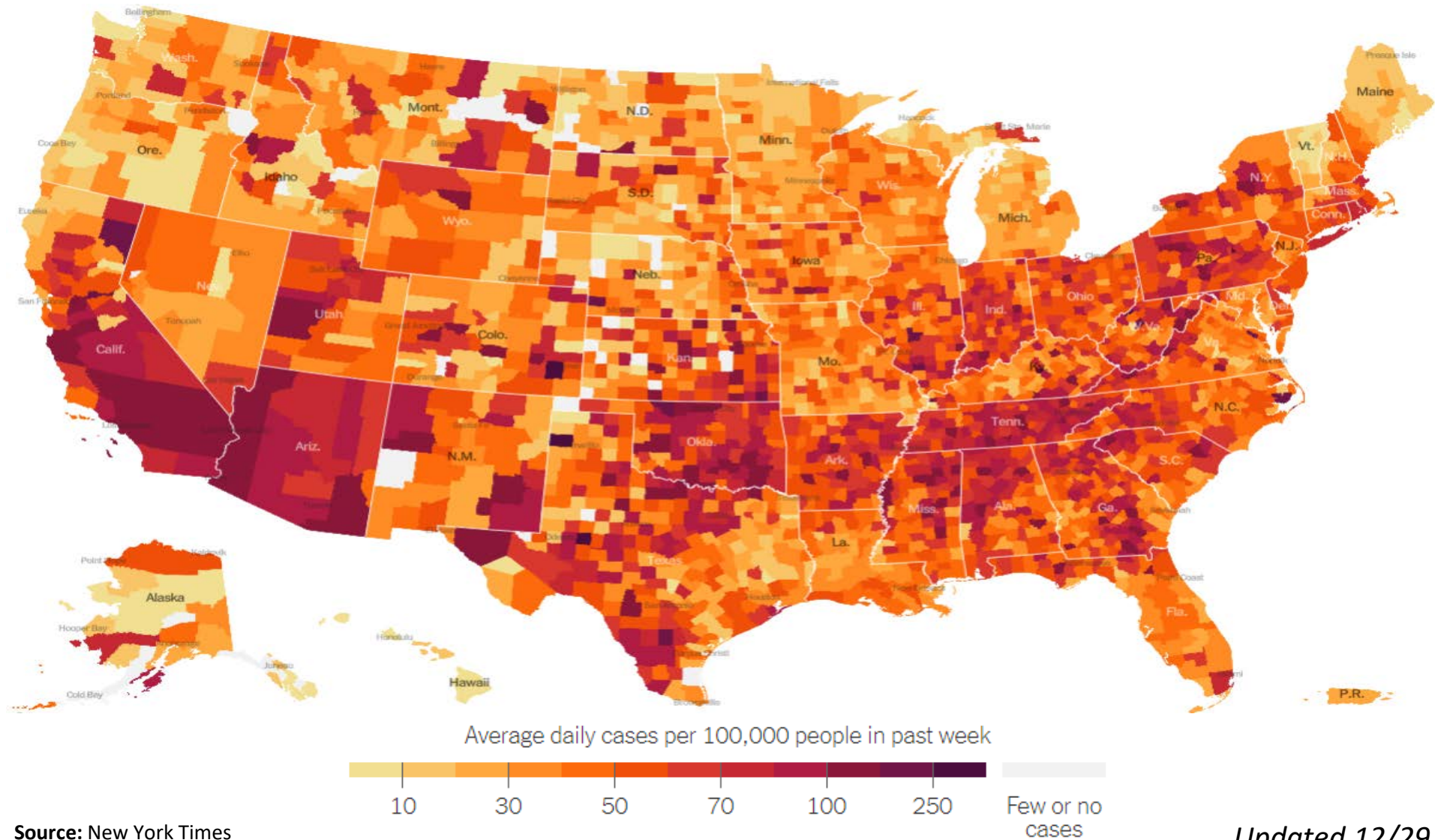
# The Rate of New Positive Covid Cases in Maryland

Confirmed Cases, Total over Time

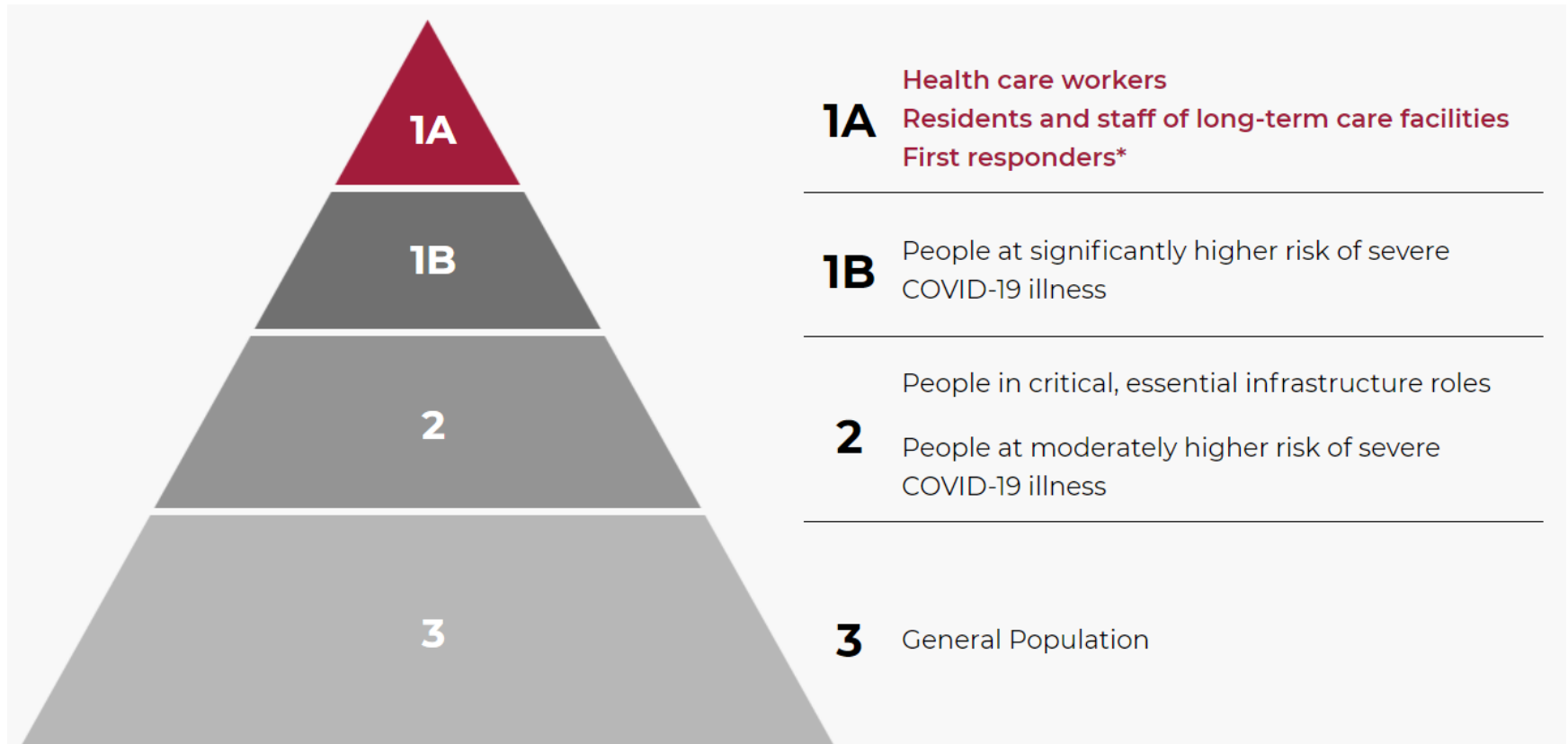


Cases, Total Reported

# New Covid-19 Cases in the United States Continue to Increase



# Vaccine Prioritization



Vaccine prioritization may be subject to change.

# When and Where Will Vaccines be Given

---

- ❖ 1a (1-3 months)
  - Hospitals
  - Local Health Departments
  - Chain Pharmacies (SNF Residents/Staff)
- ❖ 1b (2 months+)
  - All of the above
  - Community providers
- ❖ 2 (beginning when 1a largely completed)
  - All of above
  - Provider Offices- ordered through ImmuNet
  - Local Pharmacies
- ❖ 3 (remainder of 2021)
  - All of the above

# mRNA Vaccines- 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
- ❖ Mixing vaccines

# Vaccine(s) Distribution

---

- ❖ Maryland's total vaccine allotment through the end of the week will be 273,875 doses
  - 140,300 doses of Moderna vaccine
  - 133,375 doses of Pfizer vaccine
- ❖ 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 ( Johnson/Johnson in future)

# Vaccine(s) Distribution

---

## ❖ Uses of this week's vaccine allotment

- Local health departments will begin first responder vaccination clinics
  - ✓ Local health departments will receive 33,100 doses of Moderna vaccine
  - ✓ Each local health department will receive a minimum of 600 doses, with remainder allocated based off size of jurisdiction's population
- Hospitals will have enough doses to vaccinate all critical frontline staff after this week
  - ✓ Hospitals will receive 29,700 doses of Moderna and Pfizer vaccine this week
  - ✓ 500 vaccine doses will go to frontline staff at Kaiser Permanente
- Long-term care facilities
  - ✓ CVS and Walgreens will receive 19,500 doses of Pfizer vaccine to vaccinate nursing home residents and staff



# Vaccine Distribution to Community-Based Providers

---

- ❖ Local health departments will
  - Administer vaccines to community, non-hospital-based providers
- ❖ The Montgomery County Department of Health and Human Services has asked independent practices in the county fill out a [survey](#) to help determine the number of individuals who will likely receive a vaccine



# National-Level Process for Vaccine Distribution

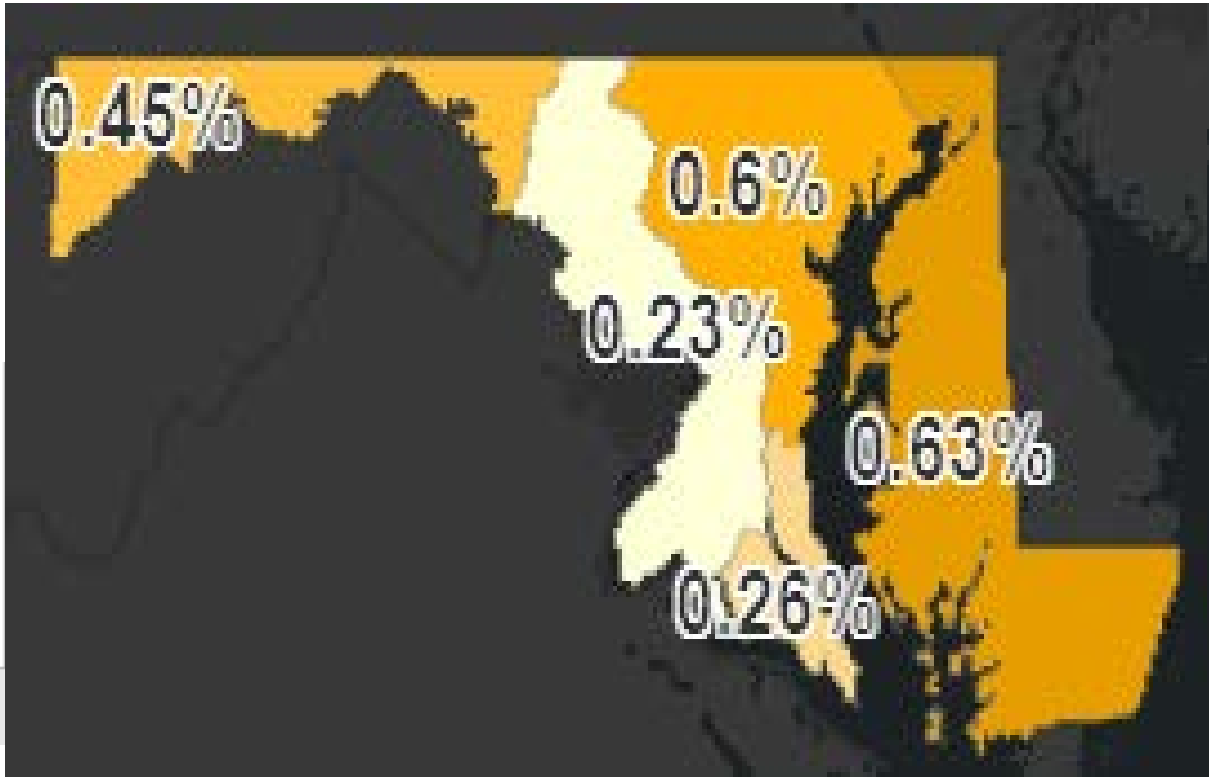
---

- ❖ Federal government determines the amount of Covid vaccine designated for each jurisdiction
  - Initial allocation based on a formula of per capita over the age of 18 for the first 6.4 million doses
- ❖ Weekly allocations are provided to states on Tuesdays, after doses are ordered by states, shipments begin the following Monday

# Vaccine Administration

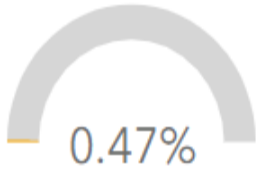
---

- ❖ CDC guidance notes that administration of both the [Pfizer](#) and [Moderna](#) vaccines should be via intramuscular injection
  
- ❖ Intravascular injection is not recommended

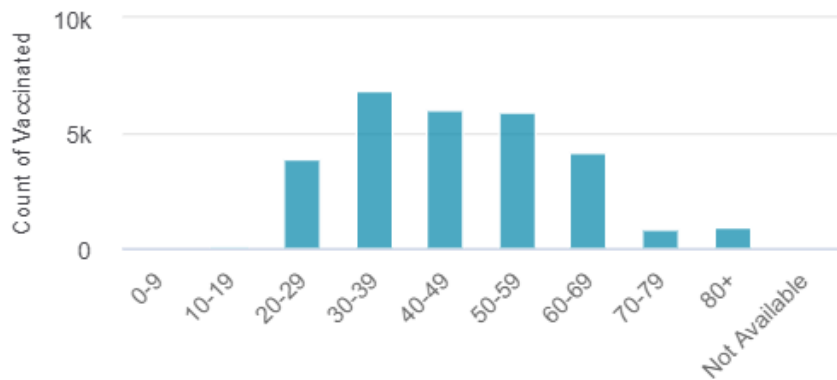


Total Vaccinations  
**28,615**  
 24hr Change +7,816

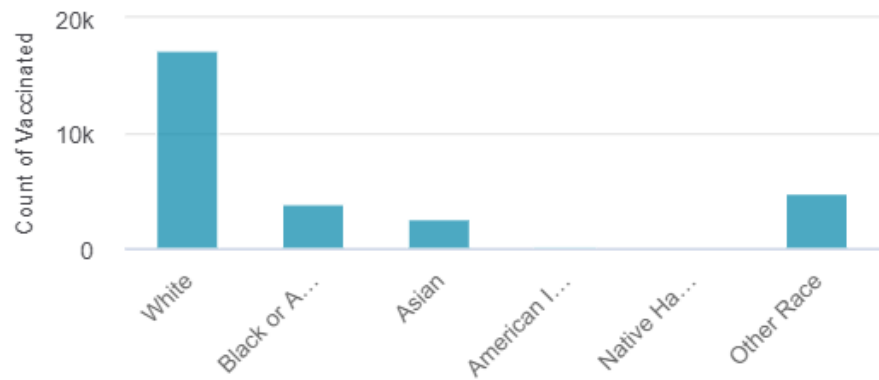
Percent of Statewide  
 Population  
 Vaccinated



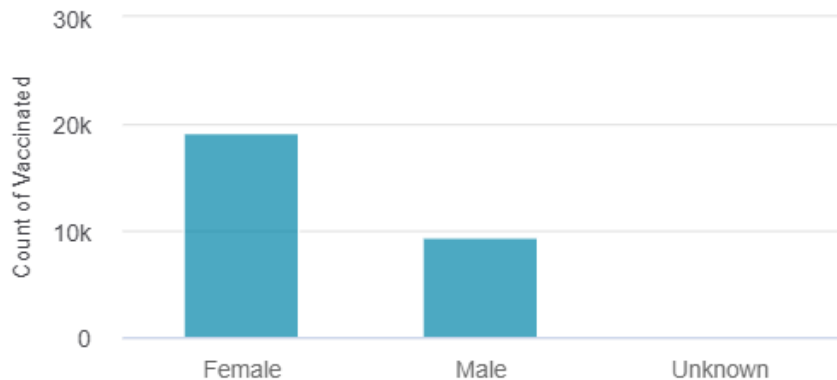
Vaccinations Statewide by Age



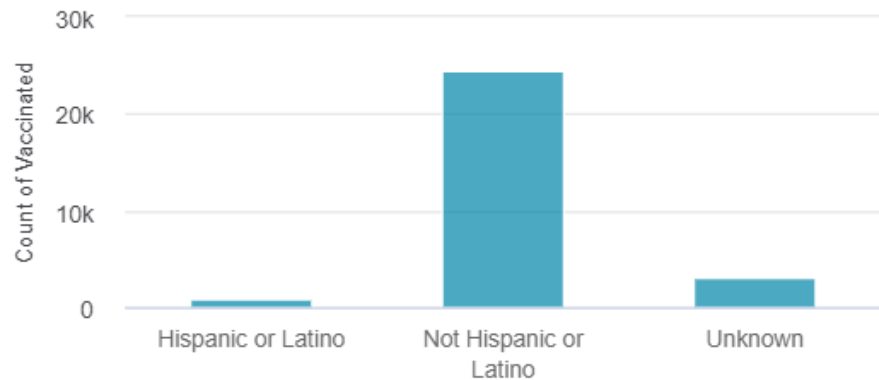
Vaccinations Statewide by Race



Vaccinations Statewide by Gender



Vaccinations Statewide by Ethnicity



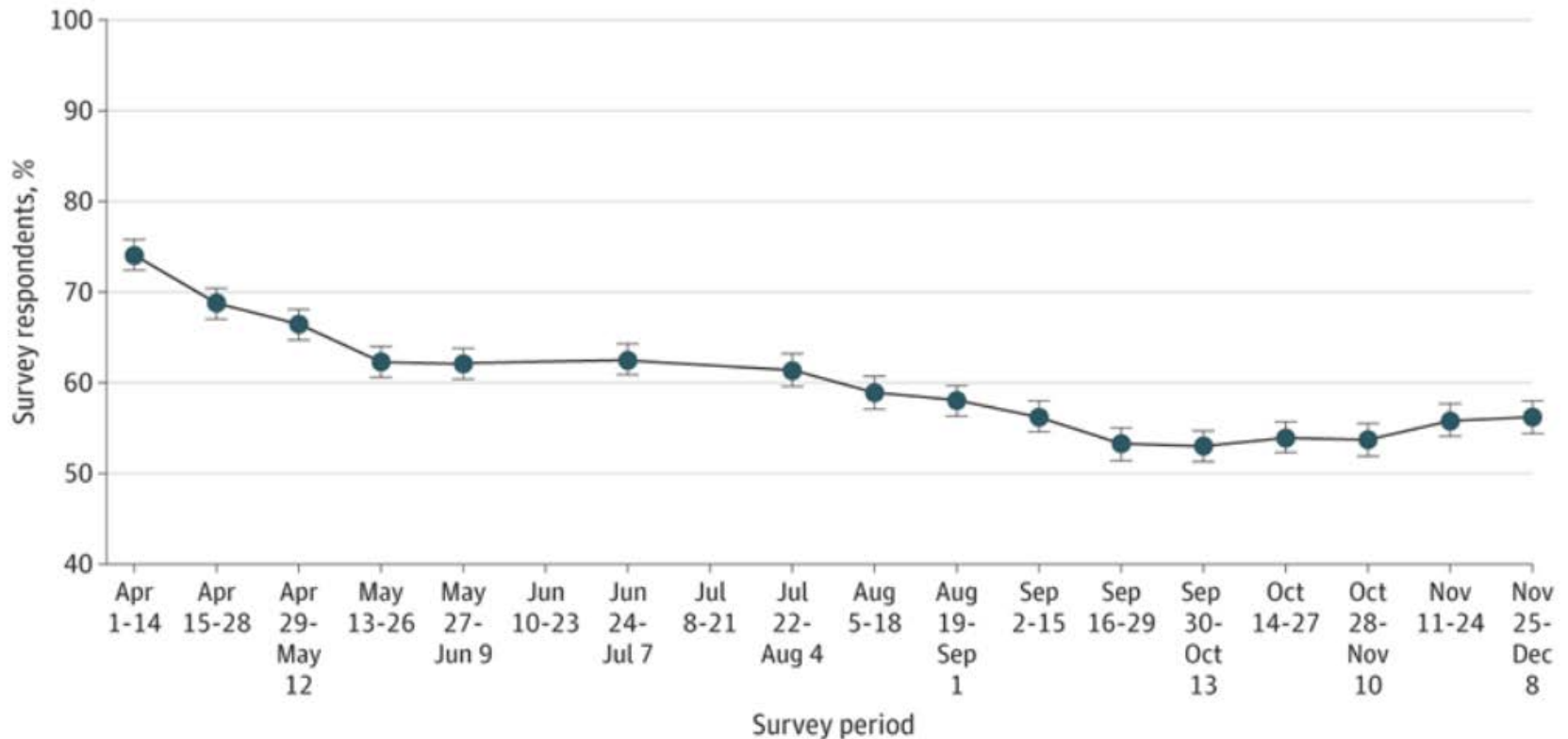
# Vaccine Safety

---

- ❖ 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 – CDC guidance available [here](#)

# Vaccine Hesitancy

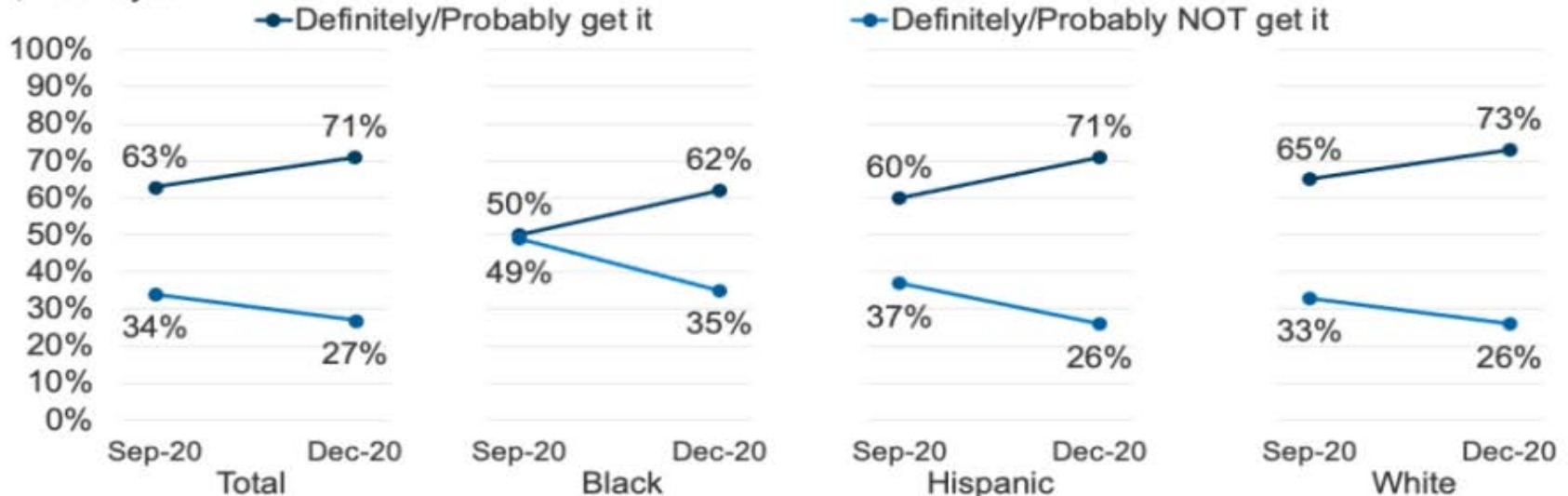
Percentage of US Adults Who Say They Are Likely to Get a COVID-19 Vaccine



# 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...?



SOURCE: KFF COVID-19 Vaccine Monitor (KFF Health Tracking Poll, Nov. 30-Dec. 8, 2020); KFF/The Undeclared 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](#)



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

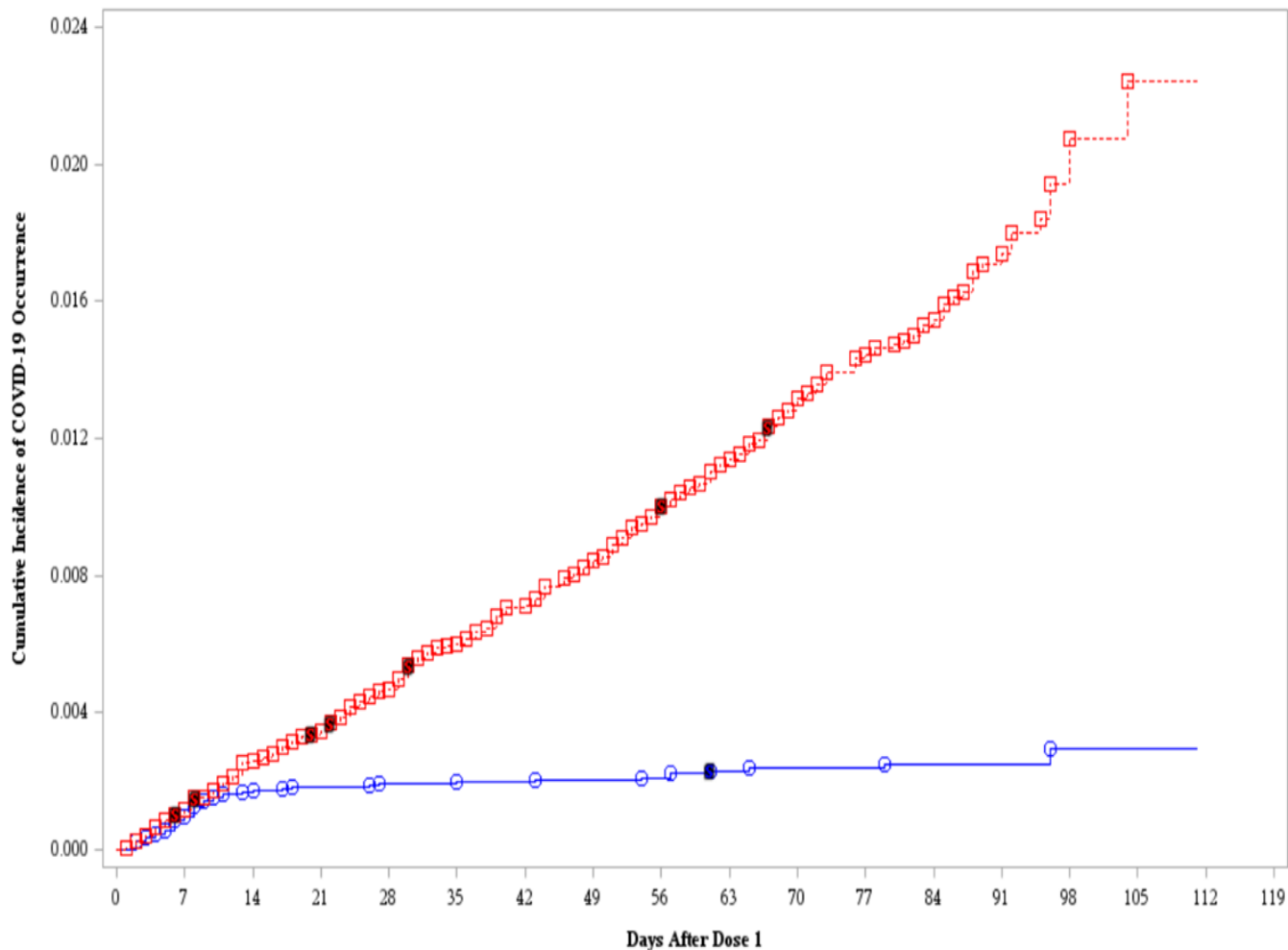
❖ End point Symptomatic, PCR(+) 7 days after second injection

**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**

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



**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

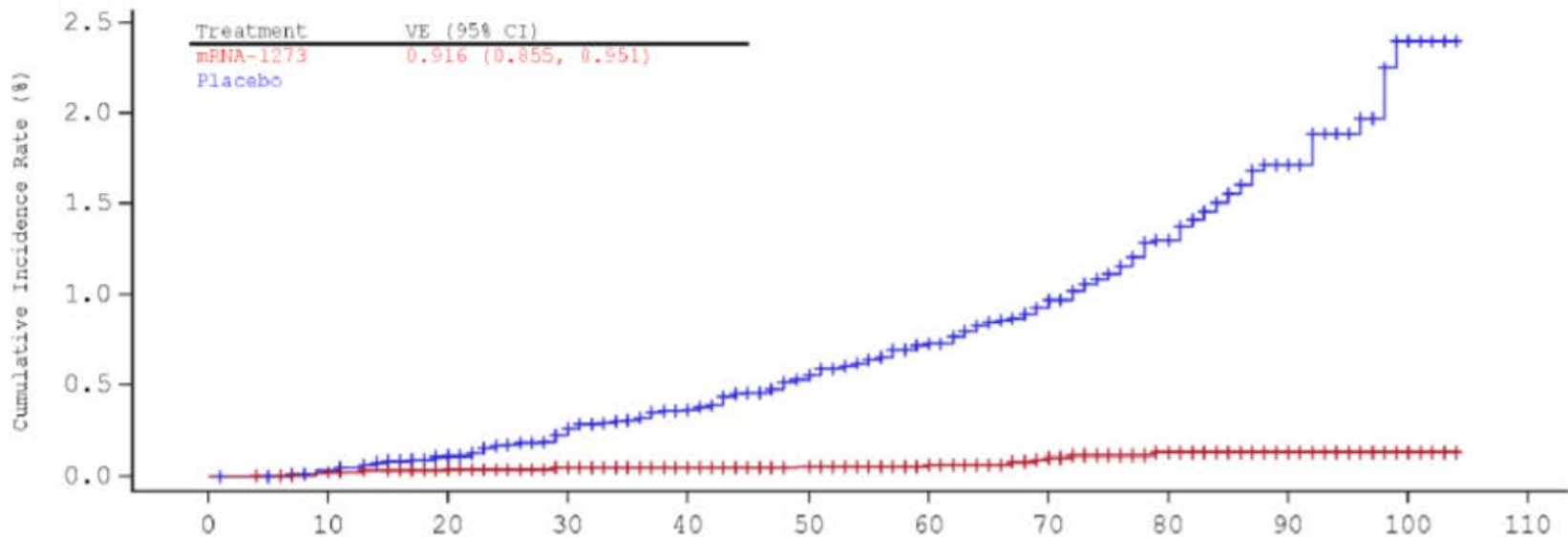
# Moderna Vaccine

---

- ❖ Effectiveness assessed by RCT
  - Volunteers received vaccine or placebo (30,350)
  - 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
  - 18 and over
  - Does not require ultracold storage
- ❖ The FDA met to discuss EUA for the Moderna vaccine Monday, 12/14
  - FDA granted EUA for the Moderna vaccine 12/19
  - Distribution began on 12/21

# Moderna Efficacy Compared to Placebo

Figure 2. Cumulative Incidence Curves for the First COVID-19 Occurrence After Randomization, mITT Set



# Vaccine Population Characteristics

---

- ❖ Includes chronic diseases- Covid vulnerable (20%)
- ❖ Diverse populations
  - 80% white
  - 10% African American
  - 20% Hispanic ethnicity
- ❖ Median age 51 years, 25% 65 and older, range 18-95 years

# Contraindications and Precautions to mRNA Covid Vaccines

---

- ❖ Prescribing information for both Pfizer-BioNTech and Moderna Covid vaccines
  - Severe allergic reaction (e.g. anaphylaxis) to **any component of the vaccine** is a contraindication to vaccination
  - Appropriate medical treatment used to manage immediate allergic must be immediately available in the event an acute anaphylactic reaction occurs following administration of the vaccine

# Contraindications and Precautions to mRNA Covid Vaccines

---

- ❖ Precautions to vaccination: Pfizer and Covid vaccines
  - History of severe allergic reaction (e.g. anaphylaxis) **to any other vaccine or injectable therapy** (e.g., intramuscular, intravenous, or subcutaneous)
    - ✓ Risk assessment should be conducted in persons who report history (e.g., whether reaction required use of epinephrine [EpiPen, etc.], resulted in hospitalization)
  - These persons may still receive vaccination, but should be counseled about the unknown risks of developing a severe allergic reaction and balance these risks against the benefits of vaccination

# Allergies That Do Not Constitute a Contraindication or Precaution to Vaccination

---

- ❖ Persons with the following allergies do not have a contraindication or precaution to vaccination
  - History of food, pet, insect, venom, environmental, latex, or other allergies not related to vaccines or injectable therapies
  - History of allergy to oral medications (including the oral equivalent of an injectable medication)
  - Non-serious allergy to vaccines or other injectables (e.g., no anaphylaxis)
  - Family history of anaphylaxis
  - Any other history of anaphylaxis that is not related to a vaccine or injectable therapy
  
- ❖ More CDC information about Covid vaccine contraindications and precautions is available [here](#)

# Ingredients\* included in mRNA COVID-19 vaccines

Description	Pfizer-BioNTech	Moderna
mRNA	Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2	Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2
Lipids	2[( <b>polyethylene glycol</b> )-2000]-N,N-ditetradecylacetamide	<b>Polyethylene glycol</b> (PEG) 2000 dimyristoyl glycerol (DMG)
	1,2-distearoyl-sn-glycero-3-phosphocholine	1,2-distearoyl-sn-glycero-3-phosphocholine
	Cholesterol	Cholesterol
	(4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate)	SM-102
Salts, sugars, buffers	Potassium chloride	Tromethamine
	Monobasic potassium phosphate	Tromethamine hydrochloride
	Sodium chloride	Acetic acid
	Dibasic sodium phosphate dihydrate	Sodium acetate
	Sucrose	sucrose



# Vaccine 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 (enrollment form available [here](#))
  - **EHR connected to ImmuNet** to report all vaccine doses administered (done through EHR vendor)
  - *Reach out to your MDPCP practice coach if you do not know your current ImmuNet onboarding status*
- 2. Register with ImmuNet as a 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*

# 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

# About monoclonal antibodies

---

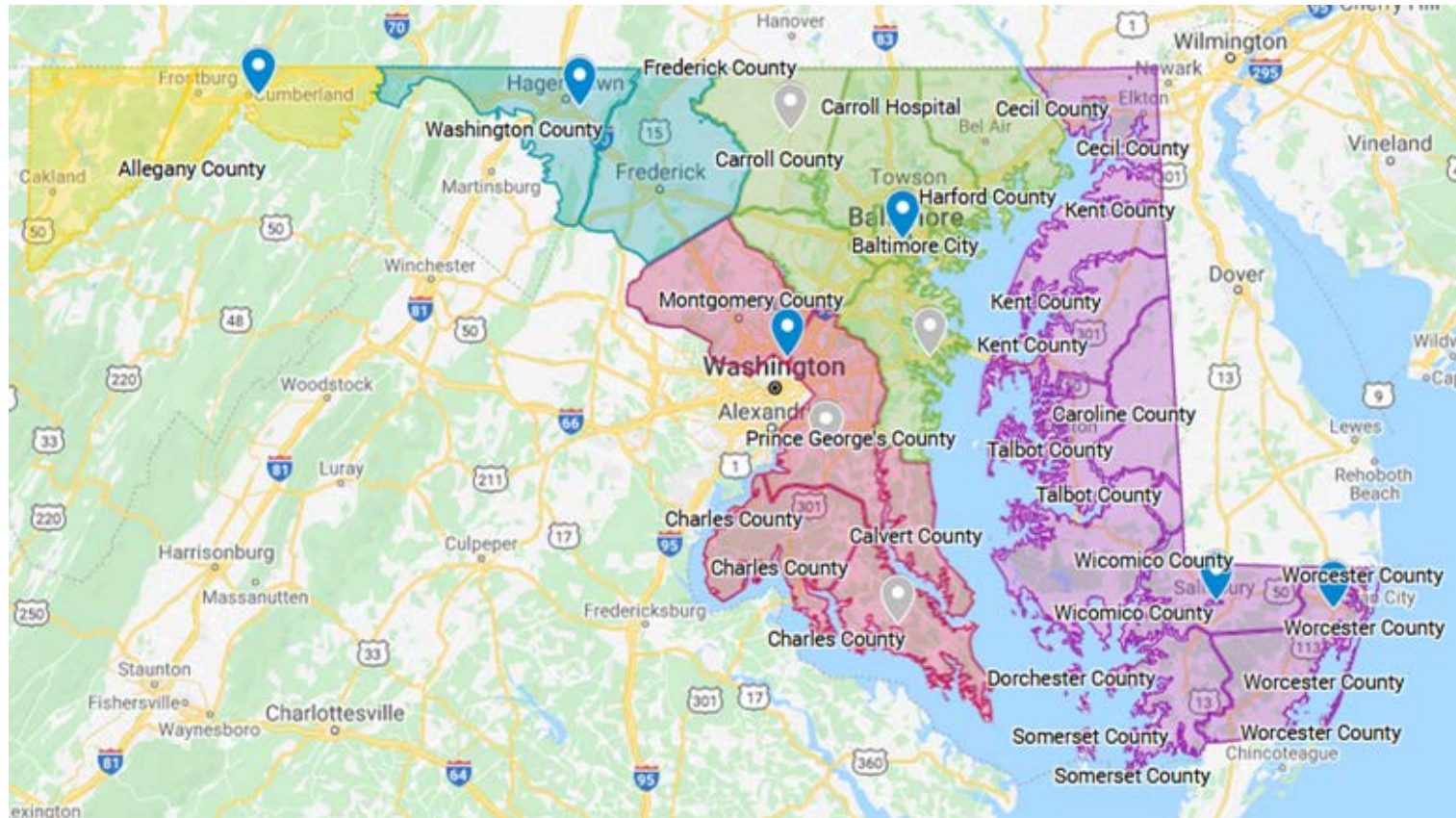
- ❖ Monoclonal antibodies (mAbs) directly neutralize the COVID-19 virus and are intended to prevent the progression of disease
- ❖ mAbs likely to be most beneficial if given to patients early in symptom progression
- ❖ Product delivered via single IV infusion administration
- ❖ Early evidence suggest promise of mAb products in **OUTPATIENT** settings to **REDUCE HOSPITALIZATION**

# Phase I: Implementation Timeline

---

- ❖ **Week 1:** MDH & MHA discuss mAb approach w/ hospitals
- ❖ **Week 2:**
  - FDA EUA approval for Bamlanivimab (11/09), Regeneron (11/21)
  - Established regional infusion sites for geographic equity across the state, and one subsidiary site
- ❖ **Week 3:** MD hospital-based infusion sites receive week 1 allocation of Bamlanivimab
- ❖ **Week 4:** Infusion sites initiate treatment administration and the first MD patients receive mAb treatments
- ❖ **Week 5:** Clinician Letter and Referral Form is distributed
- ❖ **Today:** A total of 595 patients have been infused with monoclonal antibodies

# Regional Hospital-based Infusion Sites



# 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**
- ❖ 7 infusion centers + SNFs open - more to follow
  - Baltimore Convention Center Field Hospital
  - Peninsula Regional- Tidal Health
  - Meritus Health
  - Adventist – Takoma Park
  - UPMC
  - Atlantic General
  - MedStar Southern Maryland
  - SNFs

***Referrals are currently low. Refer your patients using [this referral form \(updated 12/16/20\)](#)***

# 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

# 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, 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](https://bha.health.maryland.gov)

# 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](mailto: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](#)

# Announcements

---

- ❖ Learn from our [Frequently Asked Questions page](#)
- ❖ Monday Covid-19 Surge: Flash Briefing and Q&A
  - [Monday, 1/4/21 \(5:30 – 6 PM\)](#)
  - [Monday, 1/11/21 \(5:30 – 6 PM\)](#)
- ❖ Wednesday Covid-19 Updates
  - [Wednesday, 1/6/20 \(5 – 6 PM\)](#)
  - [Wednesday, 1/13/20 \(5 – 6 PM\)](#)
- ❖ Future Webinars
  - Today – “Implementing PCR Testing at Your Primary Care Practice,” *The Maryland Department of Health – Testing Adoption Project*



# **Implementing PCR Testing at your Primary Care Practice**

**Maryland Department of Health - Testing Adoption Project**

# Agenda

---

- ❖ Who We Are (MDH TAP) & Why We're Here
- ❖ Possible Testing Implementation Methods
- ❖ Labs and Test Kits
- ❖ Questions?

# Who We Are

---

## Maryland Department of Health (MDH) Testing Adoption Project (TAP)

- ❖ Team consisting of staff across multiple different offices in MDH
- ❖ Goal is to encourage the implementation of COVID-19 PCR testing in the ambulatory care setting
- ❖ Achieve this by:
  - meeting with Primary Care Practices
  - sharing information about testing and implementation options
  - fielding/answering questions you may have
  - assisting with overcoming hurdles preventing COVID-19 testing adoption



# Why We're Here

---

COVID-19 case counts, positivity rate, and mortality rate are all on the rise in both the U.S. and Maryland.

# Why We're Here

---

Our best defenses against COVID-19 are mitigation strategies (mask wearing, social distancing, etc.), **testing**, contact tracing, hospital treatment modalities, therapeutics, and vaccinations.

Ultimately, our job is to help you navigate implementing COVID-19 PCR testing at your Primary Care Practice through information sharing, fielding and answering questions you may have, and helping you overcome obstacles preventing you from testing.

# Possible Testing Implementation Methods

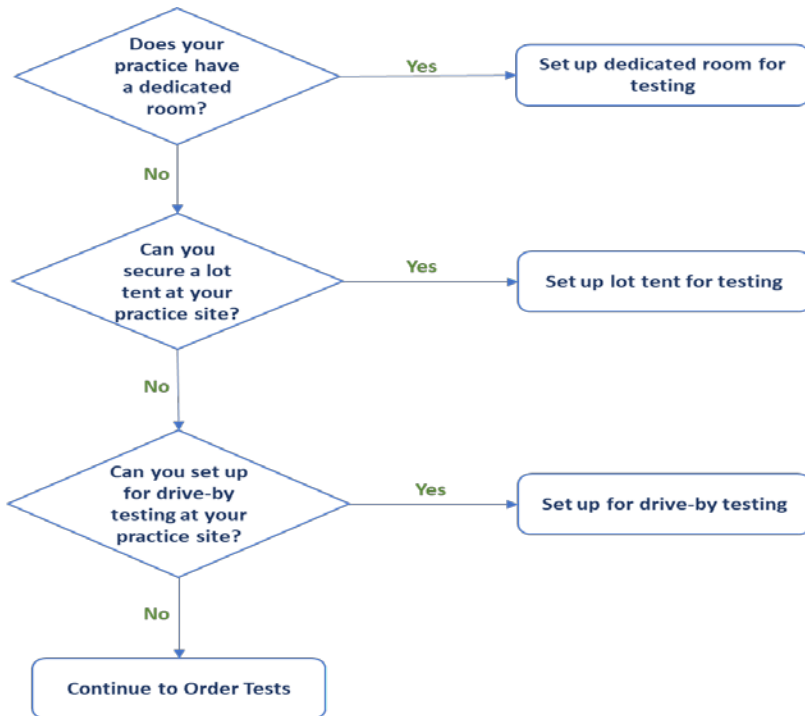
---

# In-Office Testing

---

- ❖ Testing patients for COVID-19 directly at your primary care practice provides several benefits:
  - **Likelihood of timely testing** - when patients are tested immediately on-site, you can guarantee they will be tested without delay. Without in-office testing, patients may not get tested that day or at all, either from choice or circumstance.
  - **Tracking patient status** - in-office testing ensures the testing provider is notified of positive result rather than seeking a result from another source.
  - **Can Reduce PPE Usage** - If test is self-administered by the patient, less PPE is needed.

# Drive-Up/Parking Lot Testing



- ❖ Testing patients for COVID-19 in a drive-up/parking lot setting has several benefits:
  - **Spacing** - Since individuals are in their own vehicle, you do not need to supply a separate space for testing
  - **Reduce PPE Usage** - Fewer staff are interacting with the patient, less PPE would be used
  - **Faster** - Potentially see more patients since intake paperwork can be done in advance

# At-Home Testing/Telehealth

---

- ❖ Testing patients for COVID-19 using At-Home Testing/Telehealth has several benefits:
  - **Control the Spread** - the initial patient visit and results follow-up visit can be via telemedicine, whether the patient is symptomatic or asymptomatic
  - **Access to Homebound** - if your patient is homebound, they are still able to receive testing
  - **Flexible with Patient Comfort Level** - if your patient is not homebound but is not comfortable being at a doctor's office, they are still able to receive testing
  - **No Additional PPE Required**

# Labs & Test Kits

---

# Labs & Test Kits

---

- ❖ MyLAB Box, LabCorp, and Quest offer COVID-19 anterior nares test kits
- ❖ The most cost effective ordering and shipping process is bulk shipping to the provider, and bulk shipping back to the lab
- ❖ Minimums vary from 5-10 kits
- ❖ Another alternative is at-home testing with direct-to-home (of the patient) shipping



# Office-based Testing Option - MyLAB Box

---

- ❖ 2 office order options via web form: <https://forms.gle/VTQuWpUrH6v44zjf8>
  - Option 1: myLAB Box bulk ship test kits to practice, practice will bulk ship samples to the lab. No shipping costs.
  - Option 2: myLAB Box bulk ship test kits to practice, PCP will supply test kit to patient, and the patient will ship their sample to the lab. NOTE: PCP will be charged \$16 for individual overnight shipping per kit. Can bill patient for cost.
- ❖ 10 kit minimum order to practice and to lab
- ❖ Patient results can be accessed
  - By PCP: by provider portal
  - By patient: MyLAB Box patient portal

myLAB



# Office-based Testing Option - LabCorp

---



- ❖ Can bulk order by contacting your LabCorp account representative
- ❖ 10 kit minimum order to practice and return to lab
- ❖ No shipping costs
- ❖ Patient results can be accessed
  - By PCP: by eHR interface, phone, provider portal
  - By patient: LabCorp patient portal

# Office-based Testing Option - Quest

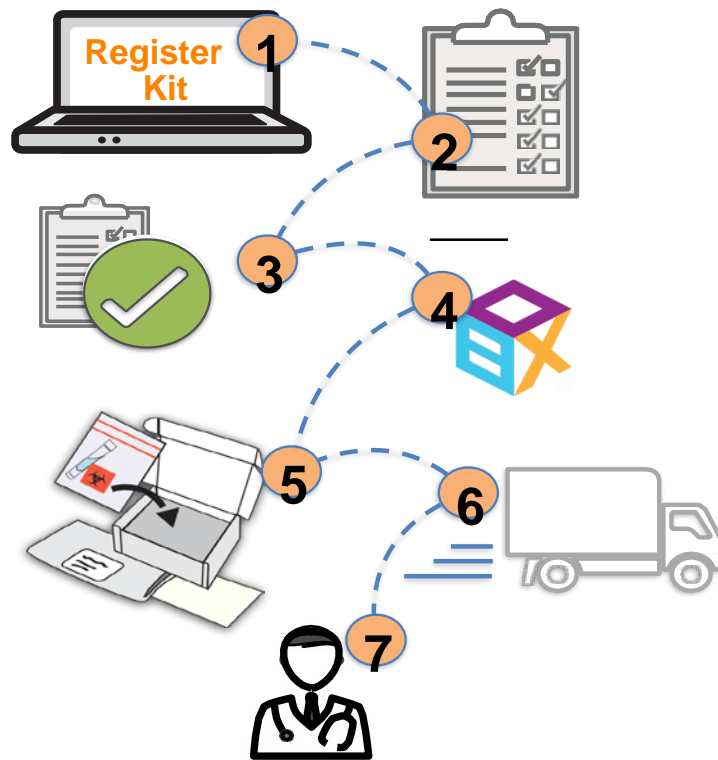
---

- ❖ Can order by contacting your Quest account representative
- ❖ No minimum number of kits to order or ship back to lab
- ❖ No shipping costs
- ❖ Patient results can be accessed
  - By PCP: by eHR interface, phone, provider portal
  - By patient: MyQuest patient portal



# At-Home Testing Option - MyLAB Box

## myLAB Box - COVID-19 Testing Program for Maryland Clinicians



1. Provider/patient orders test
  2. Patient fills out survey
  3. Survey is reviewed & test is shipped to patient
  4. Patient receives and self-administers test
  5. Patient packages administered test and follows return shipping instructions
  6. Test is shipped to MyLAB Box
  7. Test is processed, and results can be reviewed with PCP
- ❖ Portal is HIPAA-compliant & viewable by PCP & patient
  - ❖ Services are billable to insurance except direct-to-home shipping costs (about \$30).
    - Can do kit shipments to and from Primary Care Practice. Shipping cost varies.

# At-Home Testing Option - LabCorp at Home

## LabCorp At Home



- ❖ Provider orders test
- ❖ Provider and patients see results
- ❖ Free Shipping
- ❖ Billable to insurance in full
- ❖ \$19 fee to PCP if patient does not use and return ship in 60 days



\*\*\*Additional information regarding testing options is being shared daily. Information will be updated as we obtain it\*\*\*

# At-Home Testing Option - pixel (LabCorp)

[pixel by LabCorp](#)

## How It Works



1. Complete a short eligibility\* survey

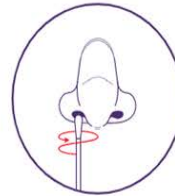
\*Test requests are evaluated and, if appropriate, authorized by an independent physician.



2. Choose a billing option. We can bill your insurance, utilize federal funds to cover the cost of this test on your behalf if you're uninsured, or you can pay with a credit card. Learn more [here](#).



3. Receive your sample collection kit via FedEx



4. [Collect your sample](#) and send it back to our world-class lab for testing



5. Access your results online

- ❖ Patient orders test via outlined process
- ❖ Only patient sees results
- ❖ Free Shipping
- ❖ Billable to insurance in full

**NOTE:** Only available to individuals who qualify (see step 1 & link)



\*\*\*Additional information regarding testing options is being shared daily. Information will be updated as we obtain it\*\*\*

# At-Home Testing Option - QuestDirect

[QuestDirect](#)

COVID-19 Active Infection \$129.00

Receive At-Home Kit (\$129.00) ▾

ADD TO CART

+\$9.30 Physician Fee ⓘ

- ❖ Patient orders test via outlined process
- ❖ Only patient sees results
- ❖ Free Shipping

In-Person at Quest Patient Service Centers

COVID-19 Active Infection Tests at Drive-Thru Locations

COVID-19 Active Infection At-Home Kits

At-Home Kits



Step 1

Select and purchase your test online with a credit card



Step 2

Receive your kit via FedEx



Step 3

Collect your nasal swab sample by carefully following the included instructions



Step 4

Return your kit via FedEx in its prepaid packaging



Step 5

Access your results online via MyQuest™

**NOTE:** This option is **not** billable to insurance



\*\*\*Additional information regarding testing options is being shared daily. Information will be updated as we obtain it\*\*\*

# COVID-19 Testing Distribution Program

---

- ❖ Only available to Baltimore City Primary Care Practices
- ❖ Partnership with Baltimore City Health Department (BCHD)
- ❖ [Becoming a Designated COVID-19 Testing Partner](#)
- ❖ Two options:
  - BCHD provides test kits, and samples are processed at their Baltimore Disease Control (BDC) laboratory.
  - BCHD provides test kits through a third-party vendor. Samples are processed at the third-party vendor.
- ❖ Email Address: [COVIDTesting.BDCLab@baltimorecity.gov](mailto:COVIDTesting.BDCLab@baltimorecity.gov)





# Brief Recap - Testing Options

	Office or home administered	Patient or Clinician ordered	Costs not covered by insurance?	Results access
myLAB Box	Office or Home	Clinician	Provider-to-lab: No fee. Patient-to-lab: \$16 per kit.	Clinician and Patient
LabCorp	Office	Clinician	No fees	Clinician and Patient
Quest Diagnostics	Office	Clinician	No fees	Clinician and Patient
myLAB Box Home Tests	Home	Patient or Clinician	\$28 shipping fee per kit	Clinician and Patient
Pixel by LabCorp	Home	Patient	No fees	Patient only
LabCorp at Home	Home	Clinician	No fee. If patient does not return sample: \$19 fee billed to clinician.	Clinician and Patient
QuestDirect	Home	Patient	\$138.30 per kit	Patient only



\*\*\*Additional information regarding testing options is being shared daily. Information will be updated as we obtain it\*\*\*

# Consider the Following...

---

- ❖ An office-based testing method (in-office or drive-up/drive-thru)
- ❖ Patient self-administered PCR test (under supervision of your staff)
- ❖ PCR is a shallow-entry nasal test provided by your existing relationship with your testing lab
- ❖ Benefits include:
  - No additional PPE required
  - Confirmation that testing is done in a timely-manner
  - Confirmation that testing is administered appropriately
  - Shallow-entry nasal PCR test is less-invasive and easier to administer than the initial PCR tests produced
  - Obtain test results directly vs. having to obtain them second-hand from patient





**Thank you for your time!  
Questions?**

**Maryland Department of Health - Testing Adoption Project**

**[mdh.pcmode1@maryland.gov](mailto:mdh.pcmode1@maryland.gov)**

# 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**

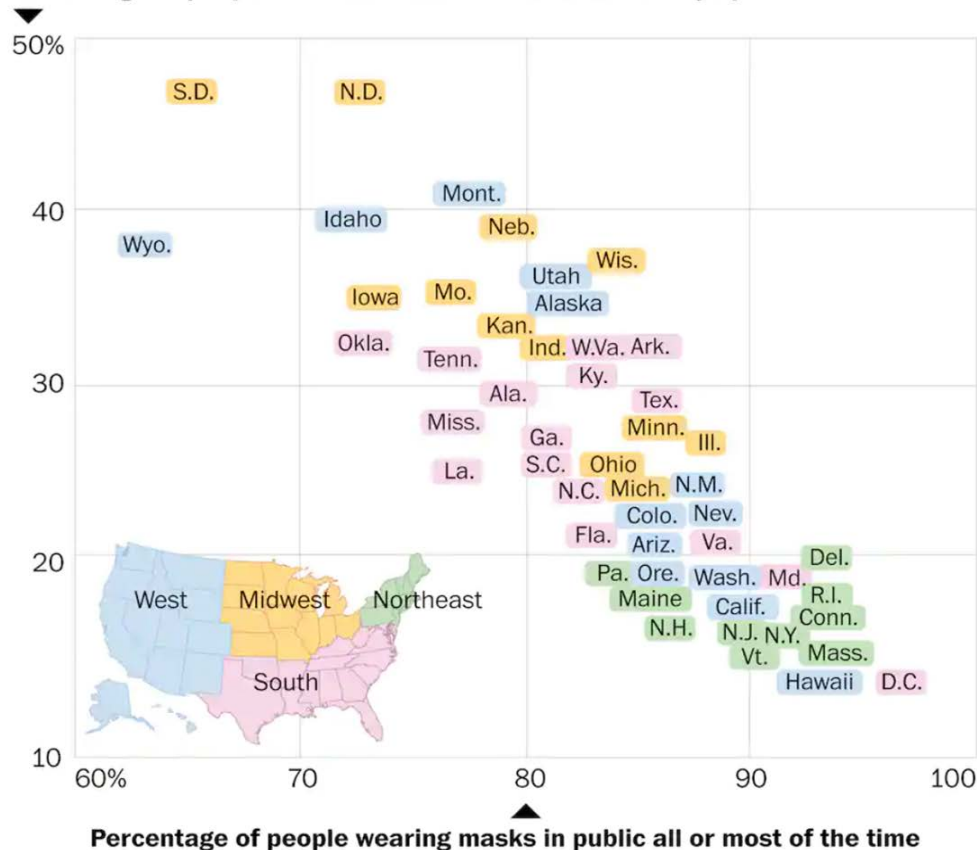
## ❖ Others

# 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



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

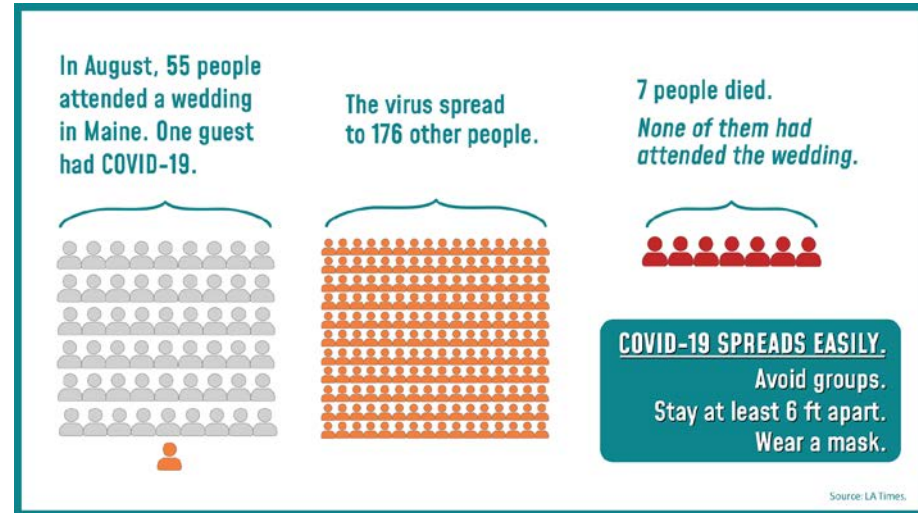
# Primary Care Involvement

---

- ❖ 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](#)

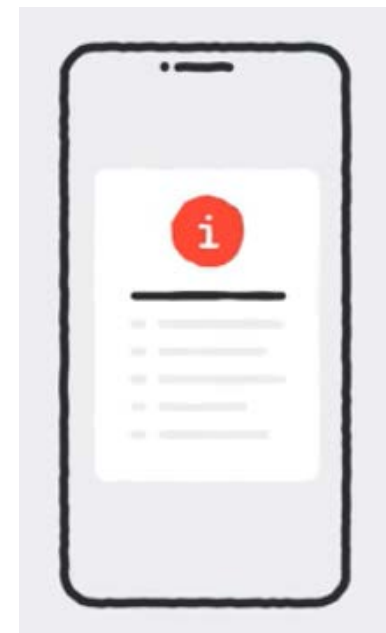
# CDC Guidelines for Covid Patient Management

---

- ❖ 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 \(from July 2020\)](#)

# 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](https://phpa.health.maryland.gov/Documents/10.19.2020_Maryland_Covid-19_Vaccination_Plan_CDCwm.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](#)

# Vaccine Resources

---

- ❖ [CDC Covid-19 Vaccination Communication Toolkit](#) - ready made materials, how to build vaccine confidence, social media messages
- ❖ [New York Times Vaccine Tracker](#) - information on every Covid vaccine in development
- ❖ [New York Times Vaccine Distribution Tracker](#) – information on the distribution of Covid vaccines in the United States
- ❖ [MDH Covidlink Vaccine Page](#) - information on vaccine priority groups in Maryland
- ❖ [CDC Vaccine Storage and Handling Toolkit](#)
- ❖ [Project ECHO Webinar](#) - webinar on vaccines and Long Term Care Facilities, relevant for primary care



# 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 forms and local contacts](#)

# 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](https://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 2<sup>nd</sup> and 4<sup>th</sup> 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](#)

# 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](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



# 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/>)