



# **COVID-19 Update “In the Middle?”**

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

24 June 2020

# Phase 2 Maryland Strong Recovery Advanced Primary Care on the Front Line



Even as we emerge from our shelters the COVID-19 virus remains among us. To get through this phase we must protect our vulnerable patients or fall backward.

# Agenda

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- ❖ Today's Morbidity and Mortality Data
- ❖ Projections
- ❖ Testing
- ❖ Contact Tracing
- ❖ Phase 2 Opening – risk and reward
- ❖ Future webinars info
- ❖ Behavioral Health Guest Speaker
- ❖ Q & A
- ❖ Resources Appendix

# Morbidity and Mortality Update

	New Cases (6/23)	Cumulative Cases	Cumulative Hospitalized	Cumulative Deaths
<b>United States</b>		2,302,288 (6/23)		120,333 (6/23)
<b>Maryland</b>	330	65,337	16.0%	2978

	20-29	30-39	40-49	50-59	60-69	70-79	80+
<b>% of cases</b>	14.58	18.68	17.81	15.79	11.28	7.19	6.73
<b>Case rate (per 100,000)</b>	1181.45	1492.72	1500.67	1190.40	1086.83	1231.38	2018.82
<b>% of cases hospitalized</b>	6.06	8.59	12.02	19.75	29.09	40.08	32.05
<b>Rate hospitalized (per 100,000)</b>	71.58	128.18	180.31	235.15	316.17	493.50	647.09

# COVID-19 Daily Report - Maryland Department of Health

Data reported as of 6/24/2020

**65,337**  
confirmed cases

**8,887**  
tests reported 6/23

**591,962**  
cumulative tests

**2,978**  
confirmed deaths

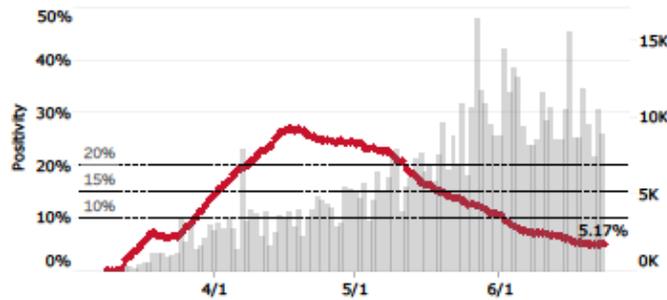
**+330**  
cases reported on 6/23\*

**5.22%**  
daily positivity reported 6/23

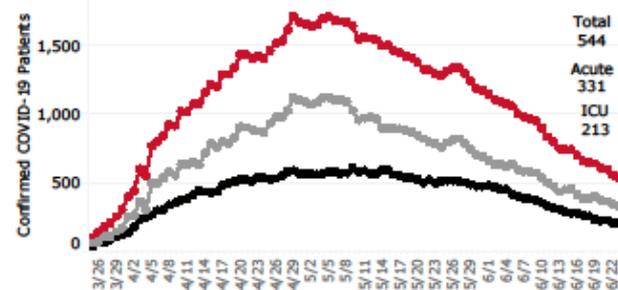
**5.17%**  
7-day avg. positivity\*\* reported 6/23

**+15**  
deaths reported on 6/23

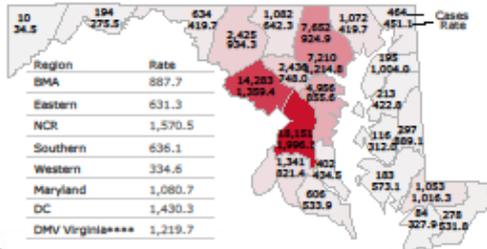
7-Day Avg. Percent Positive Testing\*\* and Total Testing Volume



Statewide Acute/ICU Beds Occupied by COVID Patients



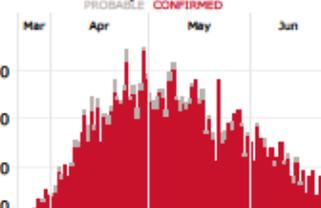
Cases and Rates by County of Residence



Daily Cases by Specimen Collection Date



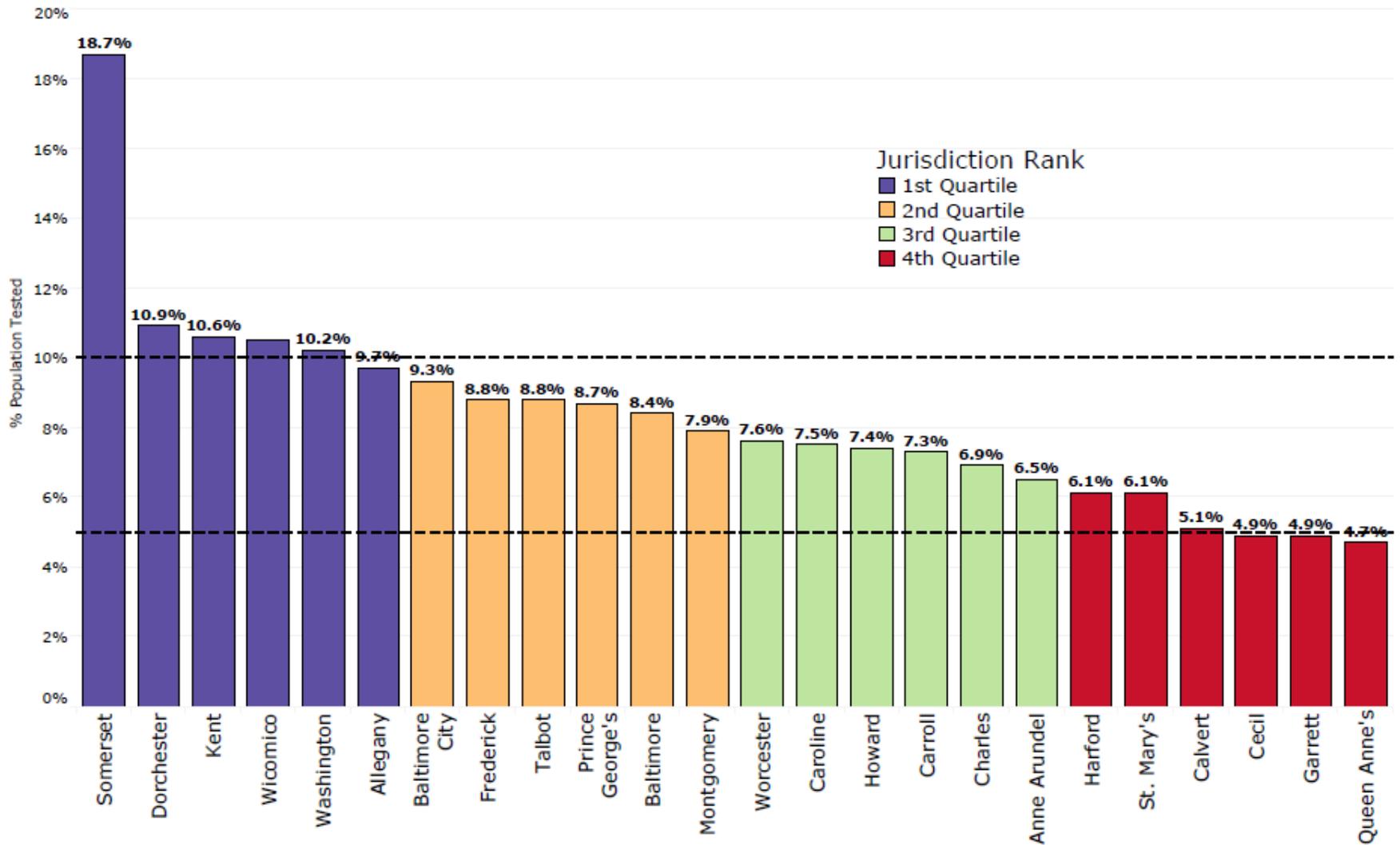
Daily Deaths



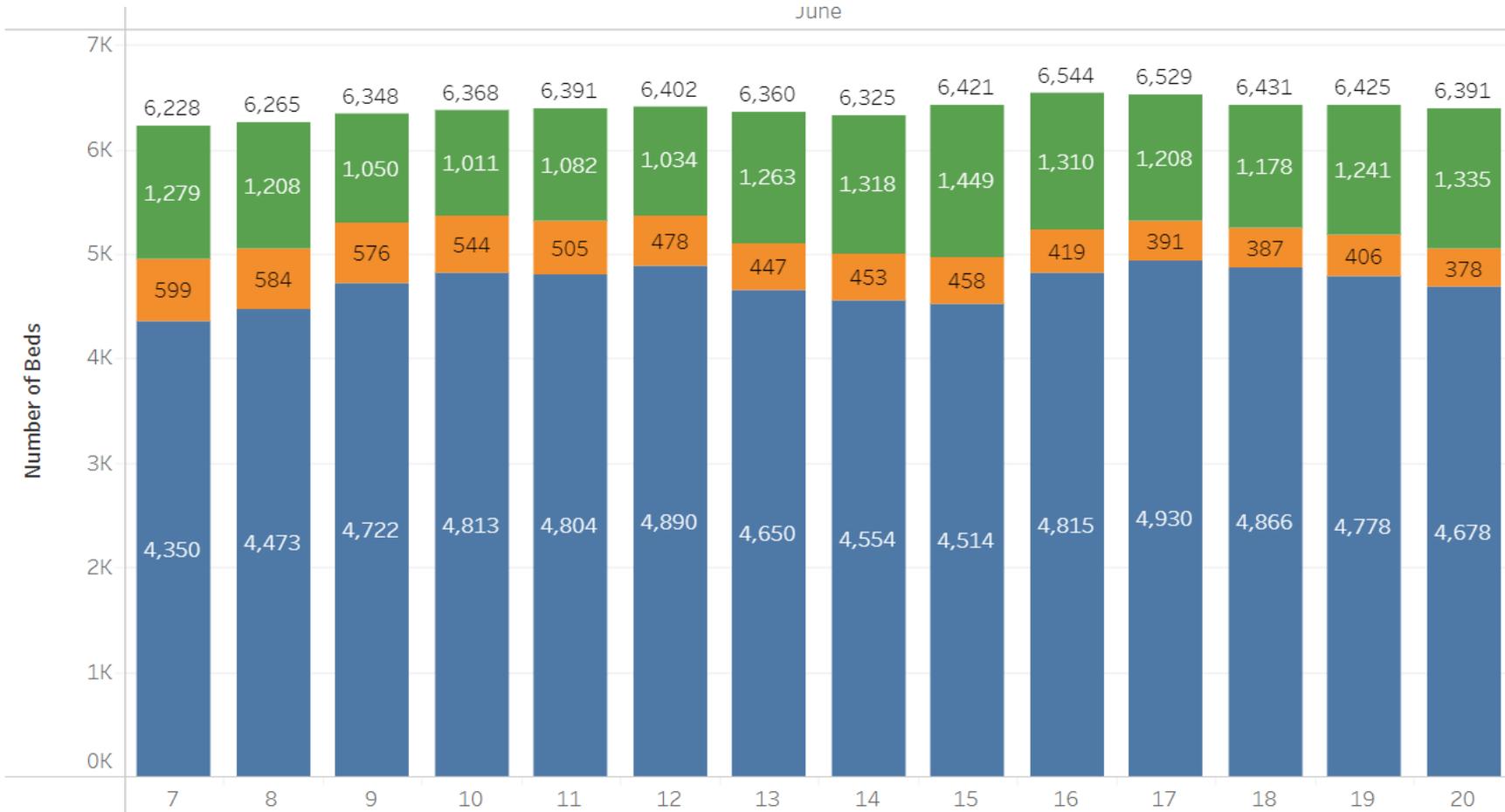
All case-related counts on this dashboard are of individual people infected with COVID-19.  
 Report date: the day a case was reported to the Maryland Department of Health.  
 Specimen date: the day the initial lab specimen was collected.  
 BMA: Baltimore Metro Area; NCR: National Capital Region; DMV: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

# Percent of Population Tested for COVID-19 in Maryland Counties

Data reported as of 6/23/2020



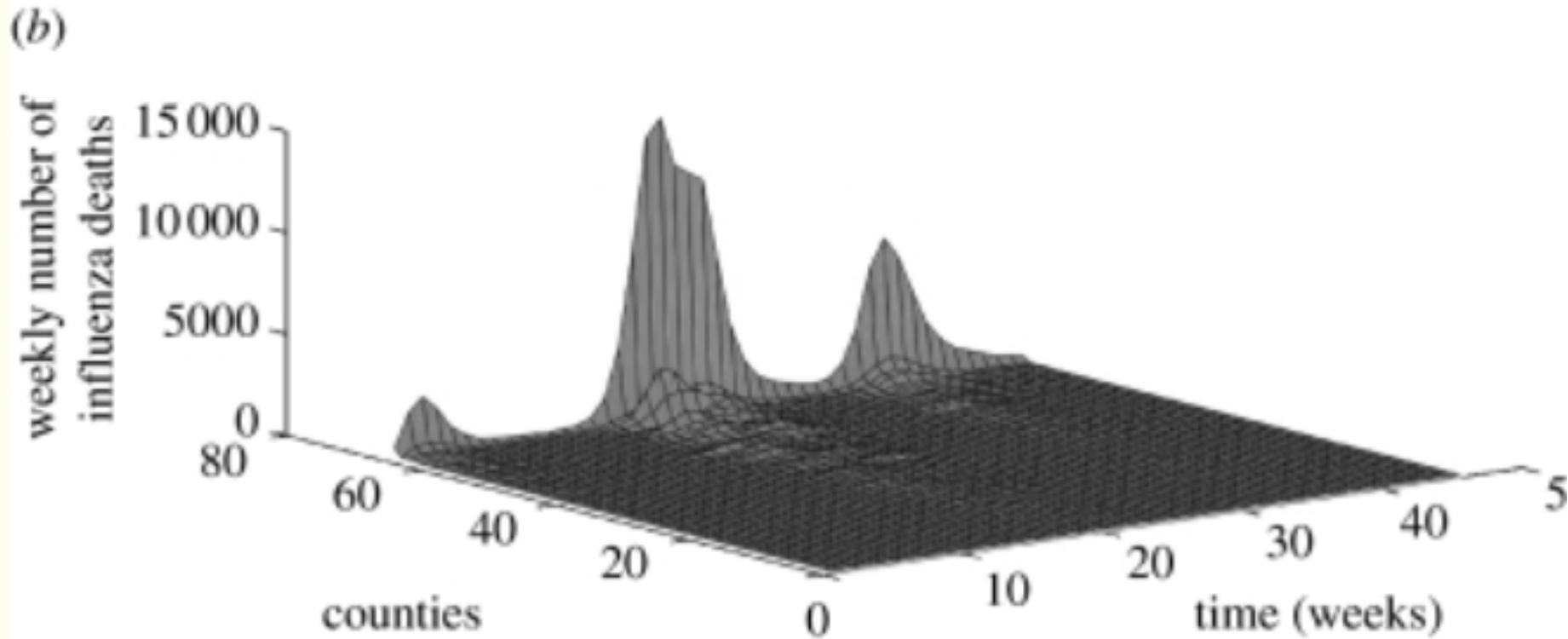
# Hospital Capacity and Usage



- Available Beds
- Hospitalized Confirmed COVID Patients
- Beds Occupied Non-COVID



# 1918 Flu Pandemic-



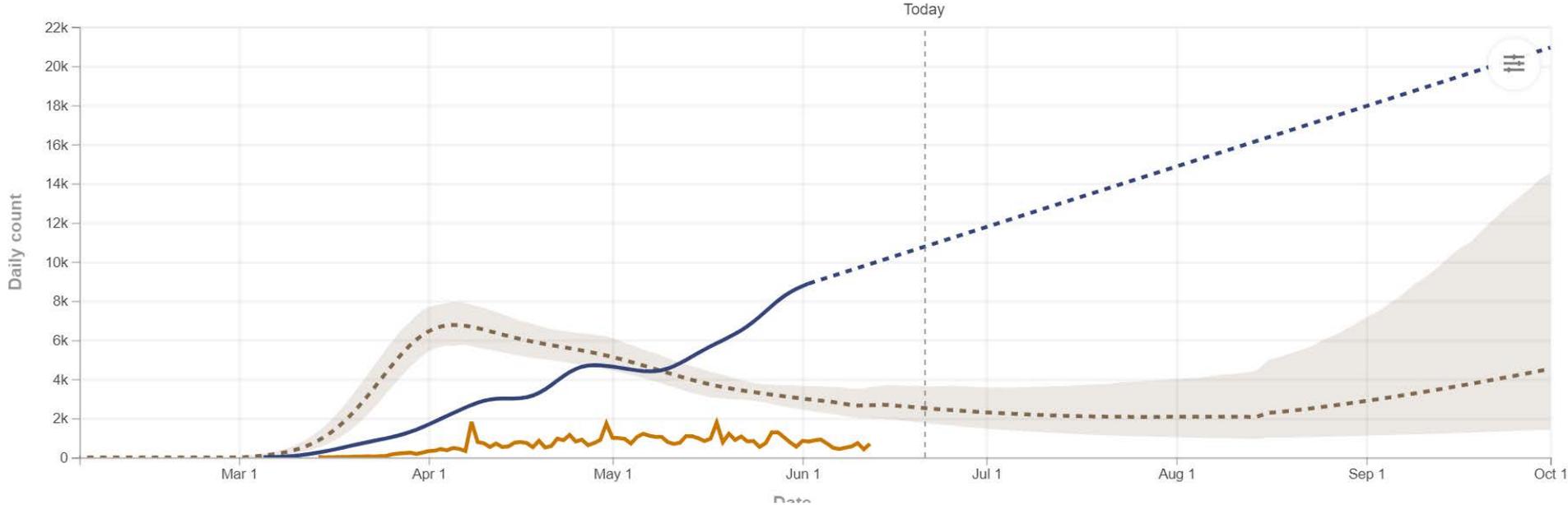
# Population Mobility



# Testing and Infections

Daily infections and testing ⓘ

All Estimated infections Confirmed infections Tests

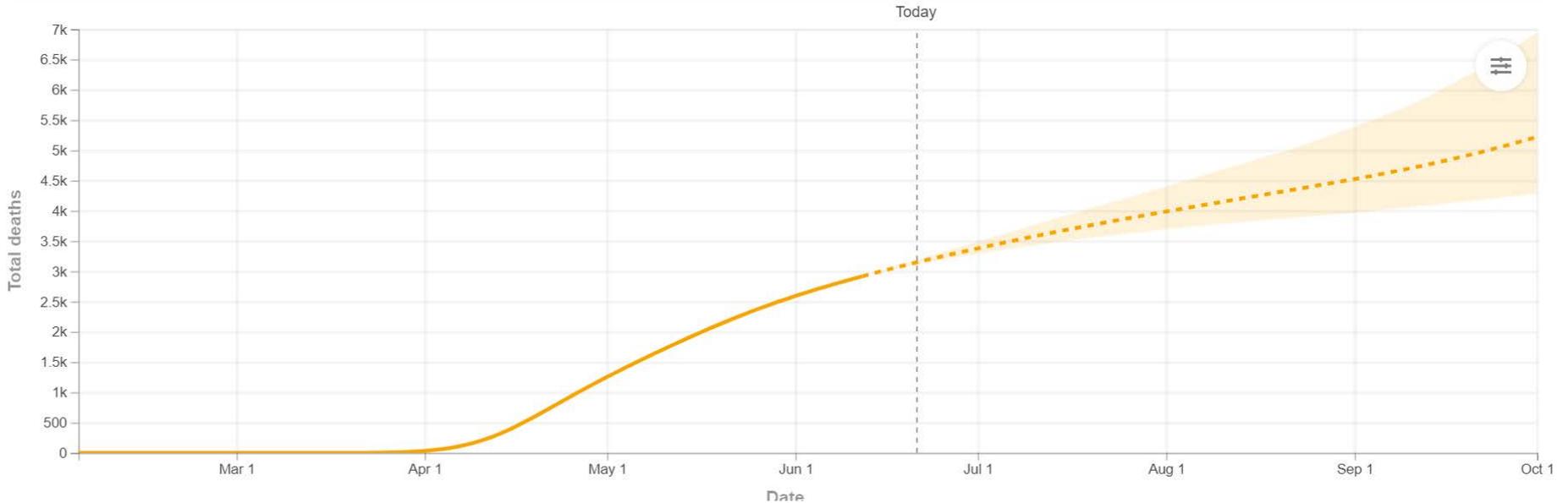


# Daily Deaths



# Total Deaths Most in Vulnerable Individuals

**5,219** COVID-19 deaths  
projected by October 1, 2020



# Pent-Up Demand and Excess Deaths Maryland

Total number of deaths above average since 2/1/2020, by cause of death

Respiratory diseases	Influenza and pneumonia		61
	Chronic lower respiratory disease		104
	Other diseases of the respiratory system		40
Circulatory diseases	Hypertensive diseases		169
	Ischemic heart disease		195
	Heart failure		16
	Cerebrovascular diseases		178
	Other diseases of the circulatory system		142
Malignant neoplasms	Malignant neoplasms		161
Alzheimer disease and dementia	Alzheimer disease and dementia		359
Other select causes	Diabetes		168
	Renal failure		7
	Sepsis		31

# Testing Marylanders in Primary Care

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***Governor Hogan is encouraging all primary care providers to test their patients for COVID-19 in support of the long-term, statewide testing program.***

- ❖ Governor requesting the help of MDPCP practices to expand testing
- ❖ Broad testing of symptomatic and asymptomatic patients
- ❖ PPE will be provided to practices that are testing
- ❖ Testing supplies will be provided to practices that are testing
- ❖ Patients should be tested regardless of payer
- ❖ Practices may want to prioritize testing based on the COVID Vulnerability Index (CVI)
- ❖ Collection and interpretation of samples is reimbursable
- ❖ Will your practice test? Please [complete our two-question survey](#) or email [mdh.pcmode@Maryland.gov](mailto:mdh.pcmode@Maryland.gov) including your practice ID and willingness to test (Yes/No). **Do it today! Deadline is Thursday, June 25**

# Contact Tracing

- Contact Tracing
  - COVID-19 testing is no longer restricted to patients with specific signs and symptoms
  - Providers should make sure the patient's phone number is updated in the electronic medical record before ordering a test
  - Providers should advise tested patients to monitor their telephones closely for 72 hours after specimen collection, as they will receive a contact tracing call from MD COVID (240-466-4488) if positive

# Phase 2 Reopening- Risk and Reward

- Malls
- Casinos
- All businesses
- Personal Services - Nails, Hair, Massage, Tattoo, etc.
- Manufacturing
- Restaurants
- Fitness Centers
- Sporting events
- Pools
- Community, Recreational, Leisure and Cultural Gatherings and Events
- And more.....

# Facemasks - Required

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- ❖ Retail Establishments
- ❖ Public Transportation
- ❖ Food Service Facilities
- ❖ Alcohol Manufacturers/Sales - Outdoor Dining
  
- ❖ Personal Services (Salons, Tanning, Tattoos, Massage Parlors)
- ❖ Indoor & Outdoor Sporting Activities (when feasible)
- ❖ Youth Camps (when feasible)
- ❖ Swimming Pools (when possible)

# Gating Benchmark Metrics

Primary Care Roadmap to Recovery

Focus on gating benchmarks for continued safe rollout of expanding reopening efforts, and as we transition from “Stay at Home,” to voluntary “Safer at Home”



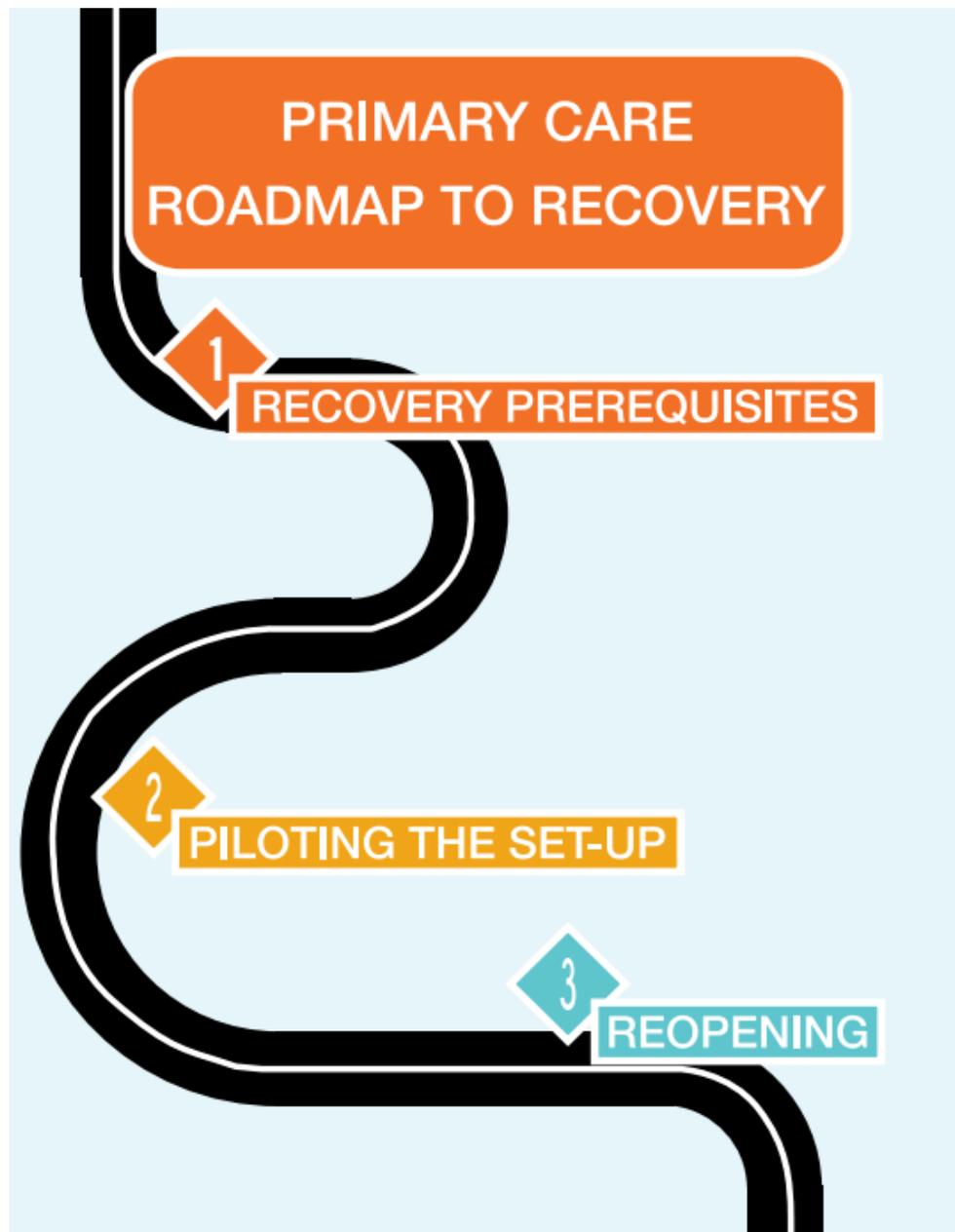
## “Stop Signs”

- An unexpected increase in hospitalizations or a sustained increase in cases requiring intensive care; and sustained increase in cases over a period of five or more days
- Increase in number of daily COVID deaths
- Indications that Marylanders are disregarding physical distancing guidelines
- Significant outbreaks of community transmission (not clusters or outbreaks in particular nursing homes or vulnerable communities) where contact tracing cannot establish the route of the spread

13



# The Path Ahead



## ■ In-Person/Office Visits

- Consider using a triage zone for in-person patient triage (including walk-ins)
- **Scheduling: Different days for At-risk and vulnerable patients; more time between visits, etc.**
- **In-office COVID testing protocol**



## ■ Telemedicine Visits

- Ensure smooth handoffs & good WEBSITE manners
- **Physical Examination:** conduct physical exams with telemedicine allowing visual observation and assessment of common vital signs

 [VIDEO: How to Conduct a Physical Exam Via Telemedicine](#)

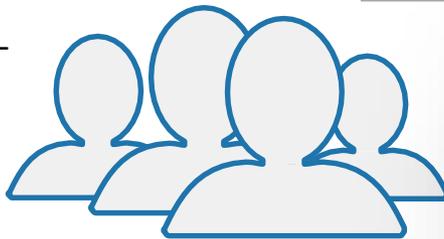
 [Video: Provider WEBSITE Manners](#)  
 [Video: Conduct an Abdominal Exam through video](#)  
 [Video: MKS Exam through video](#)  
 [BP Check at Home](#)

Before

After

### ■ After Patients are Assessed

- First ask patients about their symptoms
- Notify LHD of patients with COVID-19 symptoms
- **Offer testing**
- Clean up after patients



### ■ Before Patients Arrive

- Prepare the clinic
- Communicate with patients
- Prepare the waiting area and patient rooms

### ■ When Patients Arrive

- Place staff at the entrance to ask patients about their symptoms
- Separate sick patients with symptoms

 [CDC: Getting Your Practice Ready](#)  
[MDPCP Scheduling In-Office Appointments](#)  
[MDPCP Patient Rooming Workflow](#)

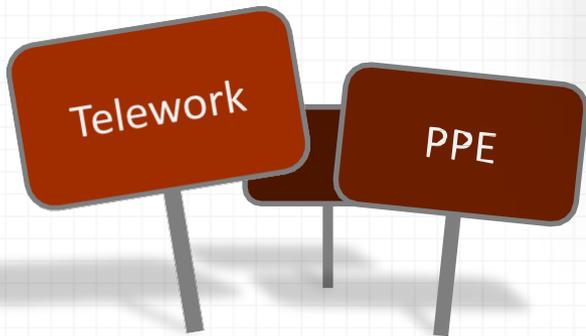
## Reopening (Next)

- Consider more permanent designating separate waiting areas for “well” and “sick” patients
  - Maintain Telemedicine/Telehealth
- **Build on prior activities**
  - Open practice for ALL essential office and medical functions
    - Conduct panel analysis before more broadly opening office
    - Take precautions to protect vulnerable patients

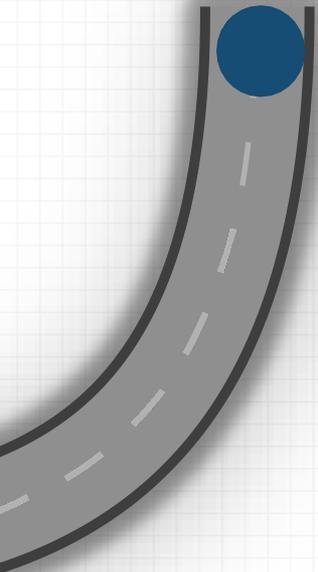
# Resurge Preparedness

- Stock up on supplies (at least 3-4 month inventory)
- Consider pre-planning for staff telework set-up
- Stay up to date with MD recovery status & on COVID prevalence and incidence rate

 [COVID 19 & MDPCP Practices](#)  
 [MD COVID-19 Response](#)



- Plan stricter enforcement of Practice Safety procedures/guidelines
- Plan to wind down on in-person visits and staff work schedule
- Plan to accelerate telemedicine and telehealth patient visits
- Prepare for surge in testing



## Additional Resources

- ✦ • [Framework for Healthcare Systems providing Non-COVID-19 Clinical Care during the COVID-19 Pandemic](#)
- ✦ • [PPE Emergency Medical Material Request Form](#)
- ✦ • [MGMA COVID-19 Medical Practice Reopening Checklist](#)
- ✦ • [AMA: A Physician's Guide to Reopening](#)
- ✦ • CDC Coronavirus (COVID-19) [Homepage](#) and [Facebook](#) pages
- ✦ • [CDC Guidelines: Recommendations for Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare](#)
- ✦ • [CDC Print Resources to support COVID-19 recommendations](#)
- ✦ • [Medical Group Management Association \(MGMA\) COVID-19: Sample Letter for Reopening a Practice](#)
- ✦ • [National Governor's Association: Roadmap to Recovery and Public Health Guide for Governors](#)

# CME Accreditation and Designation

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- ❖ This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of MedChi, The Maryland State Medical Society, and The Maryland Department of Health. MedChi is accredited by the ACCME to provide continuing medical education for physicians.
- ❖ MedChi designates this live webinar educational activity for a maximum of 1 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Contact Frank Berry at [fberry@medchi.org](mailto:fberry@medchi.org)

# CME Disclosures and Evaluation

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

# Announcements

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- ❖ Learn from our [Frequently Asked Questions page](#)
- ❖ Future Webinars
  - Mondays (through June): data updates and Minority Health
  - **Beginning in July – will be only on Wednesdays - alternating weekly between Behavioral Health and Minority Health guest speakers**
- ❖ Today - Dr. Eric Weintraub, Associate Professor of Psychiatry, Director Division of Addiction Research and Treatment, University of Maryland, School of Medicine
  - Introduced by Dr. Aliya Jones, MDH Deputy Secretary of Behavioral Health

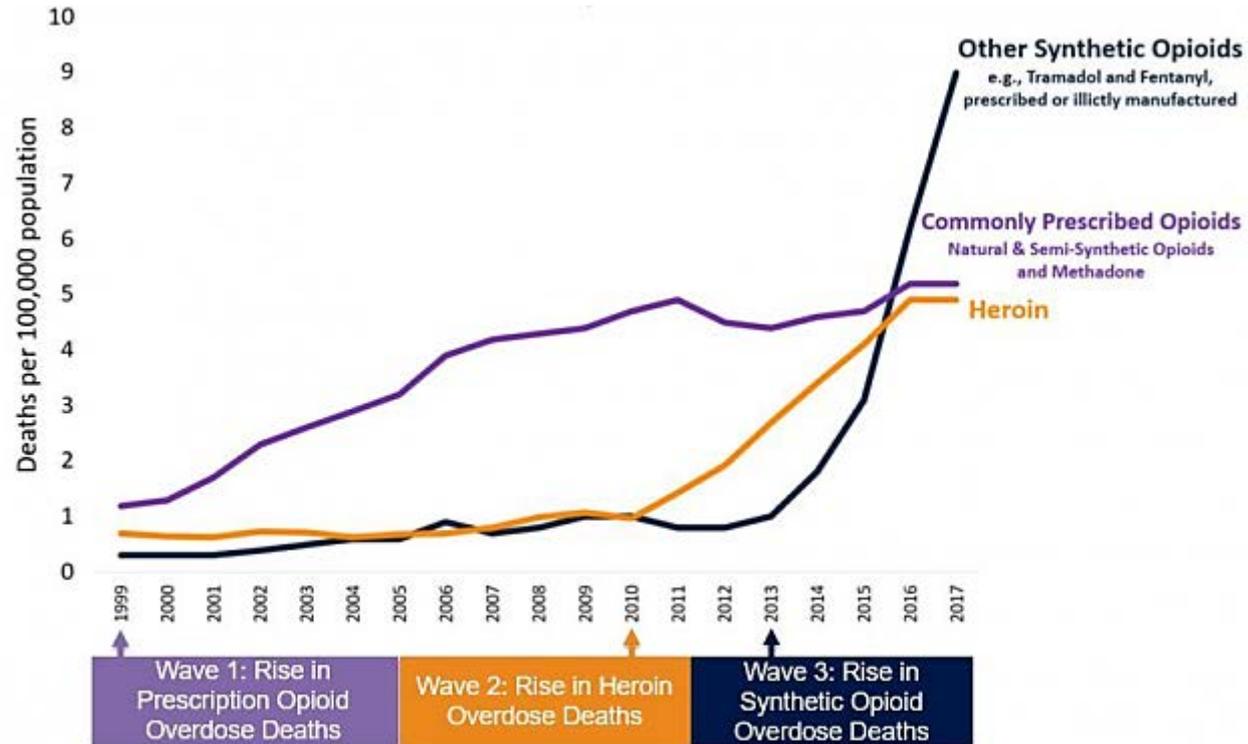
# *Prescribing Buprenorphine Through Telemedicine: Practical and Regulatory Issues*

**Eric Weintraub, M.D.**

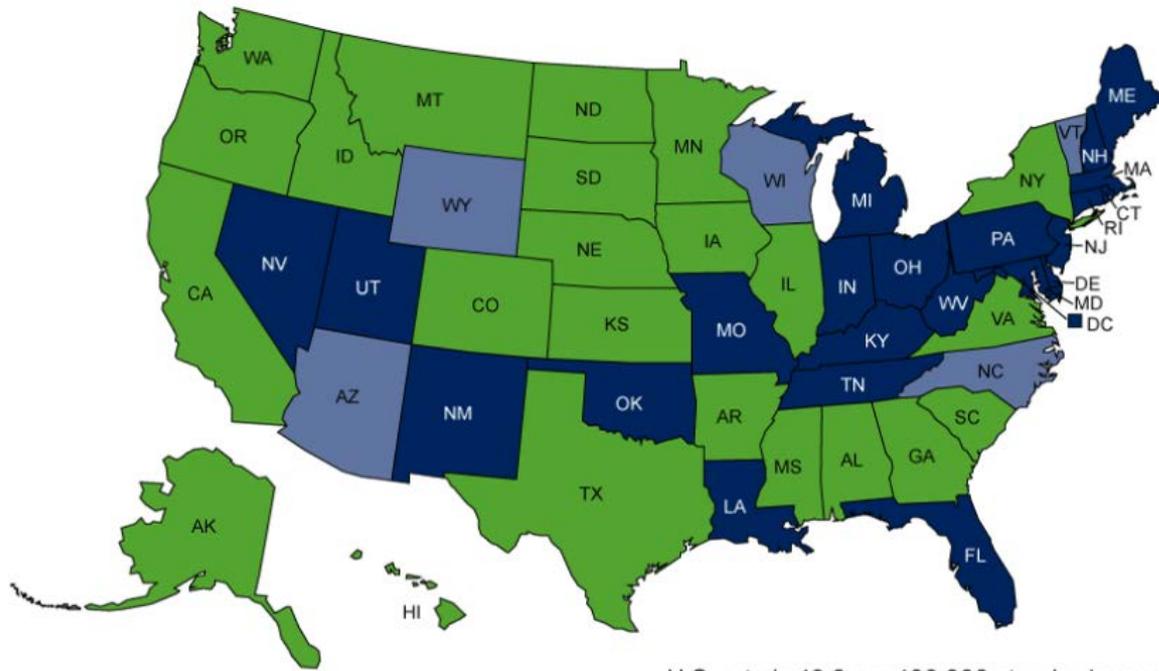
Associate Professor of Psychiatry  
Director Division of Addiction Research and Treatment  
University of Maryland, School of Medicine



### 3 WAVES OF THE RISE IN OPIOID OVERDOSE DEATHS



SOURCE: National Vital Statistics System Mortality File.



U.S. rate is 19.8 per 100,000 standard population.

- Statistically lower than U.S. rate
- Statistically the same as U.S. rate
- Statistically higher than U.S. rate

Source: CDC

# Rural America

- Certain rural areas disproportionately impacted
- Higher overdose rates
- Higher rates of opioid prescribing
- Physical jobs with more injuries and chronic pain
- Higher rates of NAS
- Increased incidence of Hepatitis C infection

Recent CDC study demonstrated that those in rural counties had an 87 percent higher rate of receiving prescriptions than those in large metro counties, Athena health over 30,000 PCP's 9.6 percent to 5.2 percent. 14 rural counties were the among the 15 counties with the highest prescribing rates. [https://www.cdc.gov/mmwr/volumes/68/wr/mm6802a1.htm?s\\_cid=mm6802a1\\_w](https://www.cdc.gov/mmwr/volumes/68/wr/mm6802a1.htm?s_cid=mm6802a1_w) <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2592302> NAS increase five fold between 2000-12 with an greater increase in rural areas. Incidence twice as high in rural areas, younger than 30, non urban white

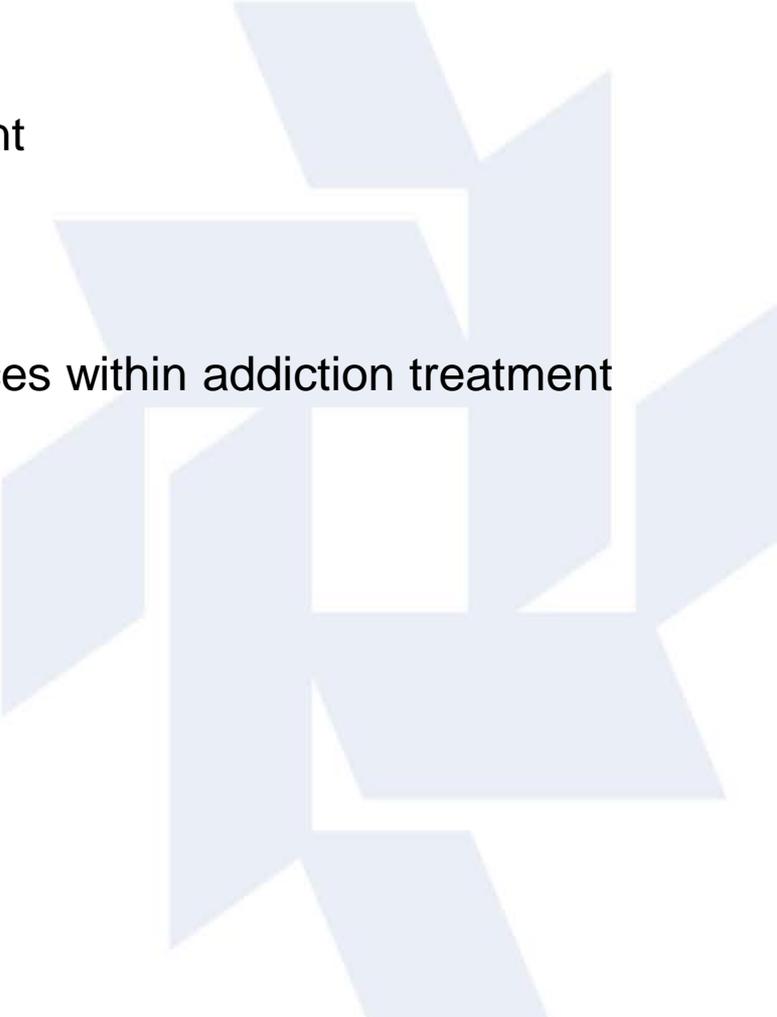
# Medication Assisted Treatment



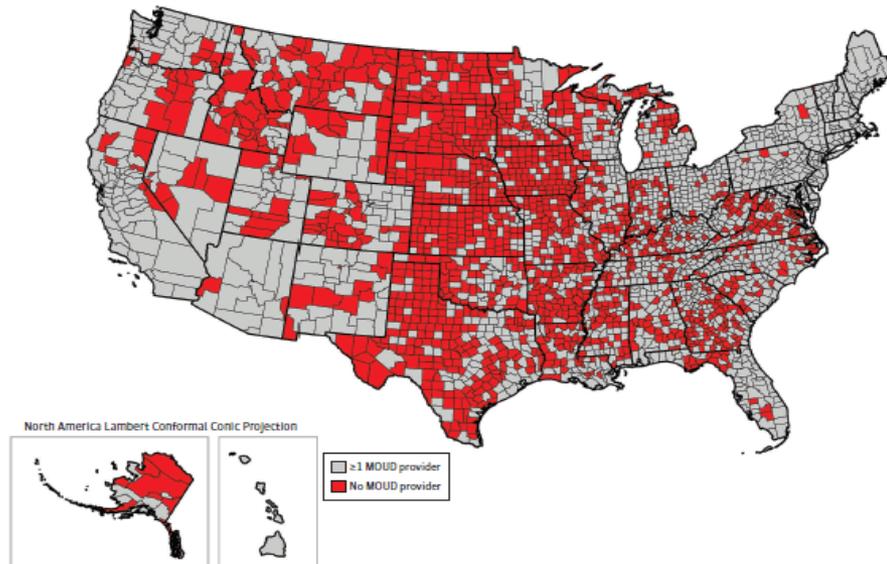
“Access to medication-assisted treatment can mean [the] difference between life or death.”

*Michael Botticelli, October 23, 2014 Director, White House Office of National Drug Control Policy*

# Clinical Goals

- Immediate engagement and linkage to treatment
  - Expanding access to treatment
  - Co-location of medical and mental health services within addiction treatment services
  - Enhancing recovery services for patients
- 

## US COUNTIES LACKING ANY PUBLICLY AVAILABLE MEDICATION FOR OPIOID USE DISORDER--2017



Medication for opioid use disorder providers are defined to include publicly listed opioid treatment programs, buprenorphine-waivered clinicians, and/or extended-release naltrexone-prescribing clinicians in late 2017.

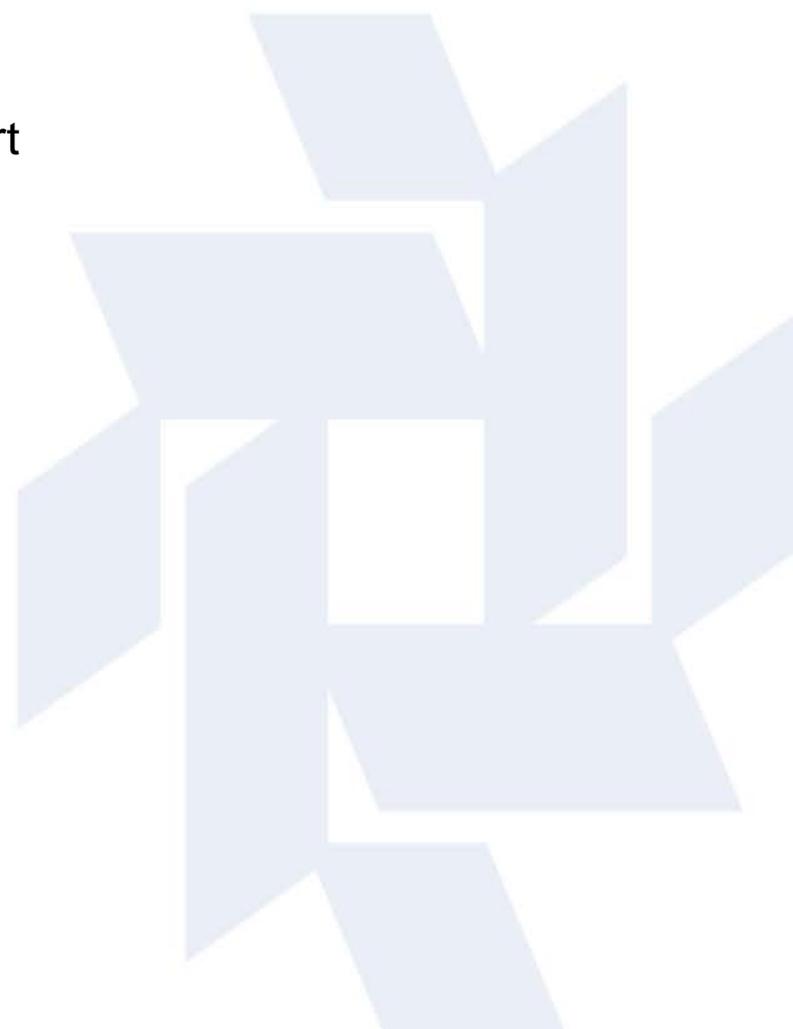
# Barriers to Buprenorphine Tx in Rural Areas: Provider Factors

## All

1. Time constraints
2. Diversion concerns
3. Lack of mental health, psychosocial support

## Non-Prescribers

1. Lack of patient need
2. Resistance from practice partners
3. Lack of specialty back up for complex cases
4. DEA
5. Administrative/infrastructure
6. Lack of confidence



# Telehealth for MAT

- Direct patient care model
- Hub and Spoke collaboration model
- Use of Remote Patient Monitoring/RPM
- Use of Mobile Apps



# RYAN HAIGHT ONLINE PHARMACY CONSUMER PROTECTION ACTO 2008

“...regulates online internet prescriptions, is enforced by the DEA (Drug Enforcement Agency) and imposes rules around the prescription of controlled substances through telepsychiatry (live interactive videoconferencing).”

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 2, 2008

Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned



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## ACT

Substances Act to address online pharmacies.

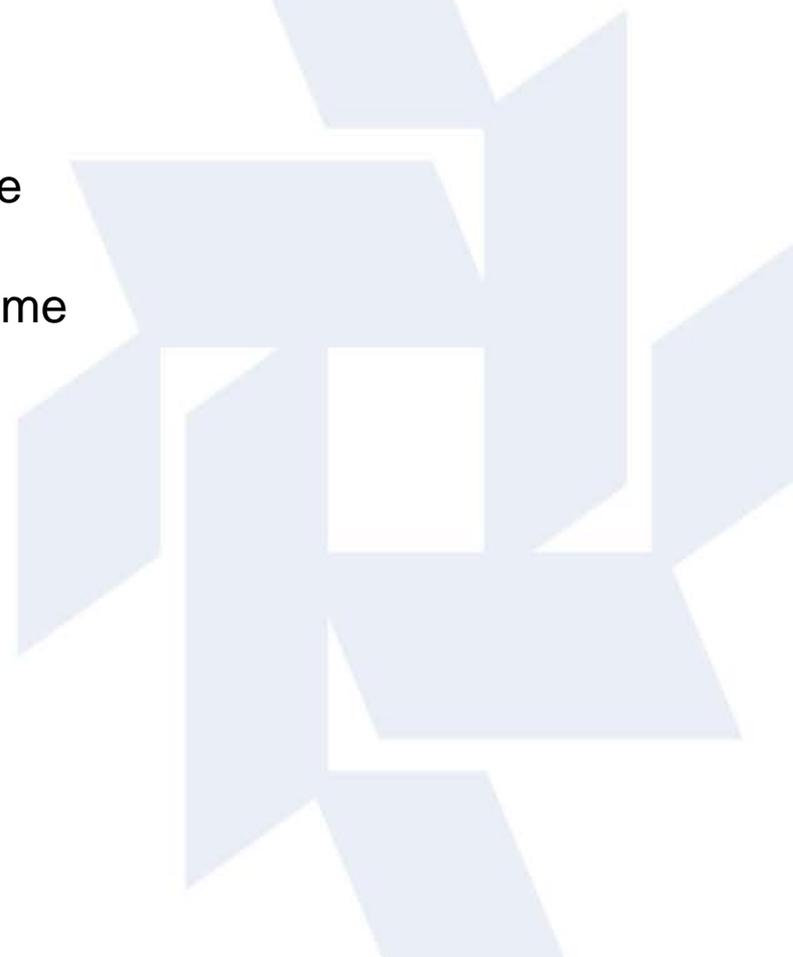
*Senate and House of Representatives of America in Congress assembled,*

# Telehealth Changes due to COVID-19

- Ryan Haight Regulations Suspended- no requirement for in-person eval
- Maryland Medicaid Reimbursement

Distant site may be providers home office

Originating site may be from patient's home



# Eastern Shore Mobile Care Collaborative



New grant-funded initiative

Increase engagement in addiction/overdose hotspots

Direct referral source for local Emergency Departments

Ability to collect urine toxicology, meet with peer, counselor, and nurse, and see MD via secure video link

Active since 2/20/19

Q&A

# Questions and Answers

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Please type into the Questions box on the right side of your screen.



# Appendix

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## Resources and Links

# Scheduling In-Office Appointments

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

# Scheduling In-Office Appointments

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

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

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## These measures must be in effect:

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

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

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

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

# Personal Protective Equipment (PPE) Sources and Requests

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

# State Launches Maryland PPE Network Supplier Portal

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

# Help your patients get health coverage

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Maryland Health Connection, the state's health insurance marketplace, has a Coronavirus Emergency Special Enrollment Period until June 15 for uninsured Marylanders. All plans on Maryland Health Connection cover testing and treatment of COVID-19.

## ❖ How to enroll

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

# Considerations when Reusing N95 Respirators (CDC)

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

[Source](#)

## CDC Guidelines - N95 Respirators and Infection Control

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

# CDC Guidelines - Reusing N95 Respirators

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

# CDC Guidelines - When to Discard N95 Respirators

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

# COVID-19 Testing Site Information

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

# CDC Guidelines for COVID Patient Management

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

# Billing for End-of-Life Planning

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

# Support for Patients at Home

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## ❖ Food

- Meals on Wheels

## ❖ Caregivers

- Visiting nurses and caregivers

## ❖ Emotional support

- Support from family
- Phone calls and videochat to fight loneliness
- MD Department of Aging [Senior Call Check Program](#)

# Caregiver Services Corps (CSC)



- ❖ **OPEN for primary care providers STATEWIDE!**
- ❖ The **CSC** call center (**800-337-8958**), staffed with specialists 7 days a week, matches volunteers for urgent and temporary assistance to people over 65 years old in their homes to help with:
  - Self-administration of medications
  - Ambulation and transferring
  - Bathing and completing personal hygiene routines
  - Meal preparation and arranging for delivery of groceries and/or prepared meals
  - Teaching how to use video technologies to connect with loved ones and/or healthcare providers
- ❖ Healthcare providers should alert their patients they are being referred
- ❖ **Seniors, their families and friends may call 211 to seek help and referrals to the elderly in need**

# Hospital Surge Preparedness

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- ❖ Convention Center needs medical staff – Visit <https://www.linkedin.com/jobs/view/1788387174>
- ❖ Tents and Modular Units - including ICUs
- ❖ Expansion within facilities
- ❖ Professional student staffing
- ❖ Employment opportunities for healthcare professional and support staff: [www.MarylandMedNow.com](http://www.MarylandMedNow.com)

# Opportunities to Volunteer and Serve

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

# Staying Current - Sources

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

# MedChi/CareFirst/Backline Grant

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

## Eligibility Requirements

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

## Application Steps

Can be completed in less than 5 minutes

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

## Grant Amount

\$300 per eligible physician



# Federal Emergency Funds for Small Business

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- ❖ [Disaster Loan Assistance](#) (from Small Business Administration)
  - Low-interest financial disaster loans for working capital in small businesses suffering substantial economic injury due to COVID-19
  - [FAQs](#)
- ❖ [CARES Act](#) (pending federal legislation)
  - Sets up a \$350 billion loan program for small businesses
  - Small businesses can apply for low-interest loans that cover up to 2.5 months of expenses
  - Maximum loan amount is \$10 million
  - Loans can cover payroll, rent, utilities, or existing debt obligations
  - Interest rates cannot exceed 4%
  - If employer continues to pay workers through June, the amount of the loans that went toward eligible costs would be forgiven
  - Loans will be available through the [Small Business Administration](#) and Treasury-approved banks, credit unions, and some nonbank lenders

# State Emergency Funds for Small Business

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- ❖ [COVID-19 Layoff Aversion Fund](#) (from Maryland Governor Larry Hogan and Maryland Dept. of Labor)
  - Designed to support businesses undergoing economic stresses due to the pandemic by minimizing the duration of unemployment resulting from layoffs
  - Award of up to \$50,000 per applicant
  - Will be quick deployable benefit and customizable to specific business needs
- ❖ [View the One-Pager](#)
- ❖ [COVID-19 Layoff Aversion Fund Policy](#)
- ❖ [COVID-19 Layoff Aversion Fund Application](#) (Excel)
- ❖ Submit your completed application to: [LaborCOVID19.layoffaversion@maryland.gov](mailto:LaborCOVID19.layoffaversion@maryland.gov).

# Food Resources

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❖ Nutrition: Inform patients that children can receive three free meals/day at sites listed on:

➤ [Maryland Summer Meals](#)

[Howard County](#)

➤ [Montgomery County](#)

[Anne Arundel County](#)

➤ [Prince Georges County](#)

[St. Mary's County](#)

➤ [Charles County](#)

[Harford County](#)

➤ [Frederick County](#)

[Calvert County](#)

❖ Free meals available from 42 rec centers in Baltimore

➤ Call 311 for locations and to schedule pickup time

# Resources for Specific Groups

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- ❖ Community- and Faith-Based Organizations  
(<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-community-faith-organizations.html>)
- ❖ Mass Gatherings and Large Community Events  
(<https://www.cdc.gov/coronavirus/2019-ncov/community/mass-gatherings-ready-for-covid-19.html>)
- ❖ Non-Pharmaceutical Interventions for Specific Groups  
(<https://www.cdc.gov/nonpharmaceutical-interventions/index.html>)

# Resources and References

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

# State Emergency Funds for Small Business

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- ❖ [Maryland Small Business COVID-19 Emergency Relief Loan Fund](#)
  - \$75 million loan fund (to be paid to for-profit business only)
  - Loans are up to \$50,000
  - No interest or principal payments due for the first 12 months
  - Thereafter converts to 36-month term loan of principal and interest payments, with interest rate of 2% per annum
- ❖ [Maryland Small Business COVID-19 Emergency Relief Grant Fund](#)
  - \$50 million grant program for businesses and non-profits
  - Grant amounts of up to \$10,000
  - Grant amounts not to exceed three months of demonstrated cash operating expenses for Q1 2020
- ❖ [Emergency Relief Fund FAQ](#)
- ❖ Questions or concerns  
email [fpaaworkflowcoordinator.commerce@maryland.gov](mailto:fpaaworkflowcoordinator.commerce@maryland.gov).