COVID-19 Update
“In the Middle?”

Maryland Department of Health
Maryland Primary Care Program
Program Management Office

24 June 2020
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

- 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

<table>
<thead>
<tr>
<th></th>
<th>New Cases (6/23)</th>
<th>Cumulative Cases</th>
<th>Cumulative Hospitalized</th>
<th>Cumulative Deaths (6/23)</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td></td>
<td>2,302,288</td>
<td></td>
<td>120,333</td>
</tr>
<tr>
<td>Maryland</td>
<td>330</td>
<td>65,337</td>
<td>16.0%</td>
<td>2978</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>20-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
<th>60-69</th>
<th>70-79</th>
<th>80+</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of cases</td>
<td>14.58</td>
<td>18.68</td>
<td>17.81</td>
<td>15.79</td>
<td>11.28</td>
<td>7.19</td>
<td>6.73</td>
</tr>
<tr>
<td>Case rate (per 100,000)</td>
<td>1181.45</td>
<td>1492.72</td>
<td>1500.67</td>
<td>1190.40</td>
<td>1086.83</td>
<td>1231.38</td>
<td>2018.82</td>
</tr>
<tr>
<td>% of cases hospitalized</td>
<td>6.06</td>
<td>8.59</td>
<td>12.02</td>
<td>19.75</td>
<td>29.09</td>
<td>40.08</td>
<td>32.05</td>
</tr>
<tr>
<td>Rate hospitalized (per 100,000)</td>
<td>71.58</td>
<td>128.18</td>
<td>180.31</td>
<td>235.15</td>
<td>316.17</td>
<td>493.50</td>
<td>647.09</td>
</tr>
</tbody>
</table>
COVID-19 Daily Report - Maryland Department of Health

Data reported as of 6/24/2020

65,337 confirmed cases
+330 cases reported on 6/23*

8,887 tests reported 6/23
5.22% daily positivity reported 6/23

591,962 cumulative tests
5.17% 7-day avg. positivity** reported 6/23

2,978 confirmed deaths
+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

*Daily case increase uses report date.
**7-Day rolling average.
***DMV Virginia includes Alexandria, Arlington, Fairfax, Fairfax City, Falls Church, Loudoun, Manasses, Manasses City, and Prince William.
Percent of Population Tested for COVID-19 in Maryland Counties

Data reported as of 6/23/2020

Jurisdiction Rank
- 1st Quartile
- 2nd Quartile
- 3rd Quartile
- 4th Quartile

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>% Population Tested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somerset</td>
<td>18.7%</td>
</tr>
<tr>
<td>Dorchester</td>
<td>10.9%</td>
</tr>
<tr>
<td>Kent</td>
<td>10.6%</td>
</tr>
<tr>
<td>Wicomico</td>
<td>10.2%</td>
</tr>
<tr>
<td>Washington</td>
<td>9.7%</td>
</tr>
<tr>
<td>Allegany</td>
<td>9.3%</td>
</tr>
<tr>
<td>Baltimore City</td>
<td>8.8%</td>
</tr>
<tr>
<td>Frederick</td>
<td>8.8%</td>
</tr>
<tr>
<td>Talbot</td>
<td>8.7%</td>
</tr>
<tr>
<td>Prince George's</td>
<td>8.4%</td>
</tr>
<tr>
<td>Baltimore</td>
<td>7.9%</td>
</tr>
<tr>
<td>Montgomery</td>
<td>7.6%</td>
</tr>
<tr>
<td>Worcester</td>
<td>7.5%</td>
</tr>
<tr>
<td>Caroline</td>
<td>7.4%</td>
</tr>
<tr>
<td>Howard</td>
<td>7.3%</td>
</tr>
<tr>
<td>Carroll</td>
<td>6.9%</td>
</tr>
<tr>
<td>Charles</td>
<td>6.5%</td>
</tr>
<tr>
<td>Anne Arundel</td>
<td>6.1%</td>
</tr>
<tr>
<td>Harford</td>
<td>6.1%</td>
</tr>
<tr>
<td>St. Mary's</td>
<td>5.1%</td>
</tr>
<tr>
<td>Calvert</td>
<td>4.9%</td>
</tr>
<tr>
<td>Cecil</td>
<td>4.9%</td>
</tr>
<tr>
<td>Garrett</td>
<td>4.7%</td>
</tr>
<tr>
<td>Queen Anne's</td>
<td>4.7%</td>
</tr>
</tbody>
</table>
1918 Flu Pandemic -
Population Mobility

Chart showing changes in mobility over time, with key dates and events noted:

- Stay-at-home order
- Any business closure
- All non-essential businesses closed
- Travel severely limited

The chart includes a section labeled "Social distancing" and shows typical mobility, mobility (reported), and mobility (projected) over the months from March 1 to October.

Source: Maryland Department of Health
Testing and Infections
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

<table>
<thead>
<tr>
<th>Category</th>
<th>Cause</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory diseases</td>
<td>Influenza and pneumonia</td>
<td>61</td>
</tr>
<tr>
<td></td>
<td>Chronic lower respiratory disease</td>
<td>104</td>
</tr>
<tr>
<td></td>
<td>Other diseases of the respiratory system</td>
<td>40</td>
</tr>
<tr>
<td>Circulatory diseases</td>
<td>Hypertensive diseases</td>
<td>169</td>
</tr>
<tr>
<td></td>
<td>Ischemic heart disease</td>
<td>195</td>
</tr>
<tr>
<td></td>
<td>Heart failure</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Cerebrovascular diseases</td>
<td>178</td>
</tr>
<tr>
<td></td>
<td>Other diseases of the circulatory system</td>
<td>142</td>
</tr>
<tr>
<td>Malignant neoplasms</td>
<td>Malignant neoplasms</td>
<td>161</td>
</tr>
<tr>
<td>Alzheimer disease and dementia</td>
<td>Alzheimer disease and dementia</td>
<td>359</td>
</tr>
<tr>
<td>Other select causes</td>
<td>Diabetes</td>
<td>168</td>
</tr>
<tr>
<td></td>
<td>Renal failure</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Sepsis</td>
<td>31</td>
</tr>
</tbody>
</table>
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.pcmmodel@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

- 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)
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
The Path Ahead

1. Recovery Prerequisites
2. Piloting the Set-Up
3. Reopening

Primary Care Roadmap to Recovery
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 WEBSIDE 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 WEBSIDE Manners*
*Video: Conduct an Abdominal Exam through video*
*Video: MKS Exam through video*
*BP Check at Home*
• **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

• **After Patients are Assessed**
  - First ask patients about their symptoms
  - Notify LHD of patients with COVID-19 symptoms
  - **Offer testing**
  - Clean up after patients

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*CDC: Getting Your Practice Ready*

*MDPCP Scheduling In-Office Appointments*

*MDPCP Patient Rooming Workflow*
Reopening
(Next)

- 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
- Consider more permanent designating separate waiting areas for “well” and “sick” patients
- Maintain Telemedicine/Telehealth
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

- 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
Announcements

- 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

[Graph showing the rise in opioid overdose deaths from 1999 to 2017, with three waves highlighted:

- Wave 1: Rise in Prescription Opioid Overdose Deaths
- Wave 2: Rise in Heroin Overdose Deaths
- Wave 3: Rise in Synthetic Opioid Overdose Deaths

Source: National Vital Statistics System Mortality File.]
U.S. rate is 19.8 per 100,000 standard population.

- Green: Statistically lower than U.S. rate
- Light Blue: Statistically the same as U.S. rate
- Dark Blue: 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](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

Haffajee, RL et al. JAMA Network Open 2019
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
...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).
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
Please type into the Questions box on the right side of your screen.
Appendix

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

These measures must be in effect:

1. Licensed healthcare providers will use their judgment to determine what appointments and procedures are appropriate

2. Facilities and providers must have at least one week’s supply of personal protective equipment (PPE) for themselves, staff, and as appropriate, for patients
   i. PPE requests to any State or local health or emergency management agency will be denied for elective and non-urgent medical procedures
   ii. The healthcare facility or healthcare provider must be able to procure all necessary PPE for its desired services via standard supply chains
   iii. For hospitals with COVID-19 patients, MDH will determine a daily PPE per patient use rate for PPE requests

3. Social distancing must be maintained in all waiting areas

4. All healthcare workers, patients, and others must be screened for COVID-19 symptoms upon arrival for shift or visit. Staff must stay home if they are showing COVID-19 symptoms.

5. All healthcare facilities and healthcare providers must implement enhanced workplace infection control measures > CDC guidelines: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html
   i. All healthcare providers and staff shall wear appropriate face coverings, to include cloth face coverings, surgical face masks or N-95 masks, respirators, and/or face shields
   ii. Patients should wear a face covering whenever possible

6. Any healthcare facility or provider unable to provide PPE for themselves, staff, and patients where appropriate must immediately restrict operations to urgent and non-elective procedures and appointments
## Maryland Companies Producing Personal Protective Equipment in Response to COVID-19

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

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

- 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
Help your patients get health coverage

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
   ➢ 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

- 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

- 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

- Billable event with AWV 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

- **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

- 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
Opportunities to Volunteer and Serve

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

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
Federal Emergency Funds for Small Business

- **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](https://www.sba.gov) and Treasury-approved banks, credit unions, and some nonbank lenders
State Emergency Funds for Small Business

- **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
Food Resources

- Nutrition: Inform patients that children can receive three free meals/day at sites listed on:
  - Maryland Summer Meals
  - Montgomery County
  - Prince Georges County
  - Charles County
  - Frederick County
  - Howard County
  - Anne Arundel County
  - St. Mary's County
  - Harford County
  - Calvert County

- Free meals available from 42 rec centers in Baltimore
  - Call 311 for locations and to schedule pickup time
Resources

Resources for Specific Groups

- Community- and Faith-Based Organizations

- Mass Gatherings and Large Community Events

- Non-Pharmaceutical Interventions for Specific Groups
Resources

Resources and References

- Maryland Department of Health Coronavirus Website (https://coronavirus.maryland.gov)
- CDC Travel Website (https://wwwnc.cdc.gov/travel/)
State Emergency Funds for Small Business

- **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.