Maryland
DEPARTMENT OF HEALTH

COVID-19 Update
Avoid the Surge

Maryland Department of Health
Maryland Primary Care Program
Program Management Office

12 August 2020

Phase 2 Maryland Strong Recovery

Common sense, self discipline and perseverance will get us through safely. Self indulgence, denial of reality and impatience will hurt us badly.

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Agenda

- Maryland Morbidity and Mortality Data
- National status and projections and projections
- Transmission
- Vaccine Development Update
- The Five Things to Do as Primary Care Providers
- Testing
- CDC Updates
- MDH Secretary Orders and
- What's open and what is not in your community
- Contact tracing
- The future of primary care
- Future Webinars Info
- Guest Speaker
- Q & A
- Resources Appendix

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Morbidity and Mortality Update - the past 2 weeks

	New Cases (7/28)	Cumulative Cases	Cumulative Hospitalized	Cumulative Deaths
United States		3,819,139 (7/21)		140,630 (7/21)
Maryland	761	86,285	14.0%	3347

	New Cases (8/11)	Cumulative Cases	Cumulative Hospitalized	Cumulative Deaths
United States		5,064,171 (8/11)		162,407 (8/11)
Maryland	541	97,384	14.0%	3474

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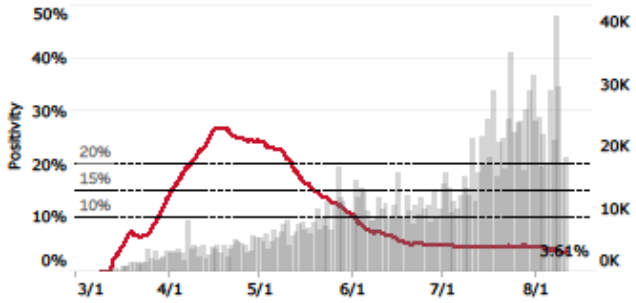
COVID-19 Daily Report - Maryland Department of Health

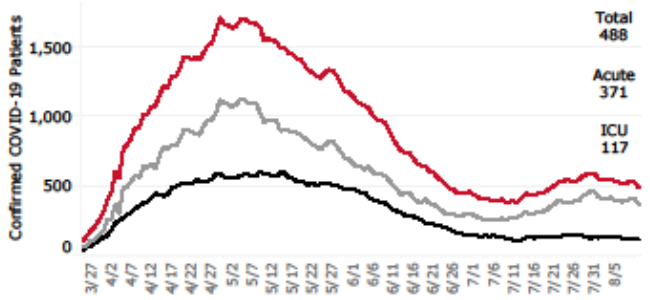
Data reported as of 8/12/2020

97,384	18,015	1,503,630	3,474
confirmed cases	tests reported 8/11	cumulative tests	confirmed deaths
+541	**3.59%**	**3.61%**	**+7**
cases reported on 8/11*	daily positivity reported 8/11	7-day avg. positivity** reported 8/11	deaths reported on 8/11

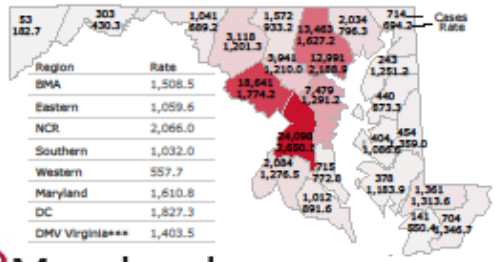
7-Day Avg. Percent Positive Testing** and Total Testing Volume



Statewide Acute/ICU Beds Occupied by COVID Patients



Cases and Rates by County of Residence



Region	Rate
BMA	1,508.5
Eastern	1,059.6
NCR	2,066.0
Southern	1,032.0
Western	557.7
Maryland	1,610.8
DC	1,827.3
DMV Virginia***	1,403.5

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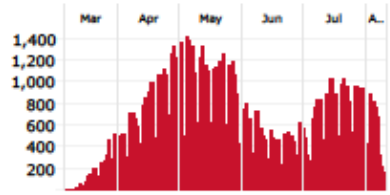
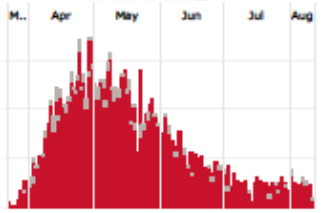
Daily Cases

by Specimen Collection Date



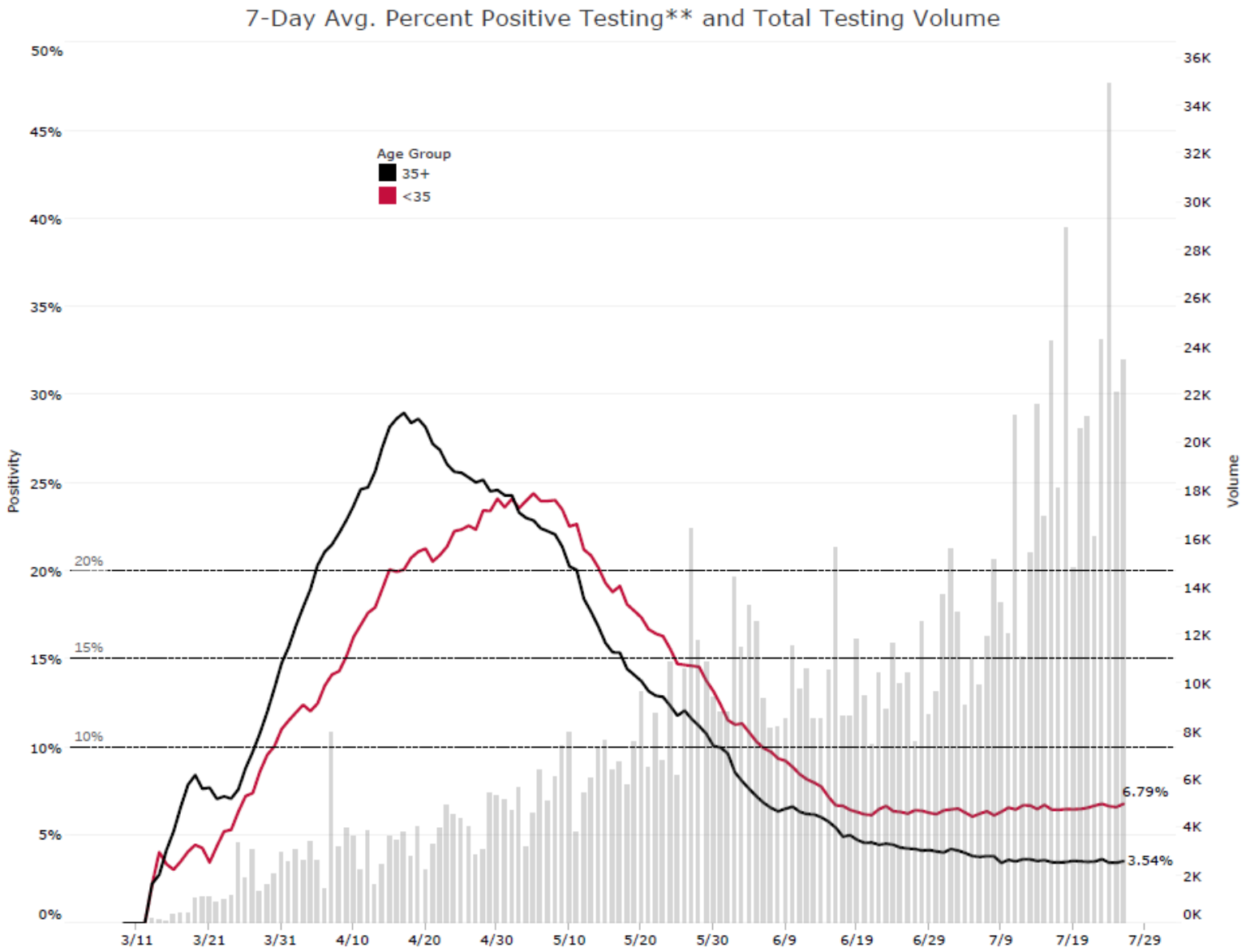
Daily Deaths

PROBABLE CONFIRMED



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

Maryland Daily Positivity Rate



TOTAL TESTS REPORTED	POSITIVE TESTS REPORTED	% OF POSITIVE TESTS
65,756,307	5,888,400	9%

USA

State and Jurisdiction	Positives	Total Pop Tested	% Pop Tested	Daily Testing Volume	Total Testing Volume	7-day Positivity %
Maryland	96,843	1,067,459	17.7%	17,145	1,485,615	3.5%
Allegany County	300	13,406	18.9%	235	18,306	2.1%
Anne Arundel County	7,450	91,310	15.9%	1,539	123,183	2.7%
Baltimore County	13,374	153,750	18.6%	2,485	221,526	4.2%
Baltimore City	12,893	133,990	22.2%	2,138	188,851	4.4%
Calvert County	713	11,051	12.0%	182	14,318	3.8%
Caroline County	453	5,938	17.8%	58	7,846	1.6%
Carroll County	1,567	26,754	15.9%	434	37,358	1.6%
Cecil County	708	12,044	11.7%	102	16,112	2.8%
Charles County	2,067	23,032	14.3%	346	31,572	4.4%
Dorchester County	378	7,747	24.2%	107	10,546	2.4%
Frederick County	3,093	47,123	18.4%	1,052	64,797	1.3%
Garrett County	51	3,529	12.1%	23	6,159	1.9%
Harford County	2,012	34,813	13.7%	390	47,059	3.2%
Howard County	3,913	57,516	17.8%	887	75,878	3.0%
Kent County	242	4,497	23.2%	55	6,470	1.7%
Montgomery County	18,558	185,513	17.6%	2,466	247,266	3.0%
Prince George's County	24,009	155,185	17.1%	3,399	207,718	5.3%
Queen Anne's County	433	7,674	15.3%	104	9,963	5.1%
Somerset County	141	6,720	26.1%	48	8,313	2.3%
St. Mary's County	1,003	16,124	14.3%	177	25,053	2.8%
Talbot County	403	8,323	22.5%	64	11,191	3.4%
Washington County	1,029	32,266	21.4%	505	44,013	1.5%
Wicomico County	1,356	18,968	18.4%	183	26,756	3.1%
Worcester County	697	10,186	19.7%	51	12,601	3.7%

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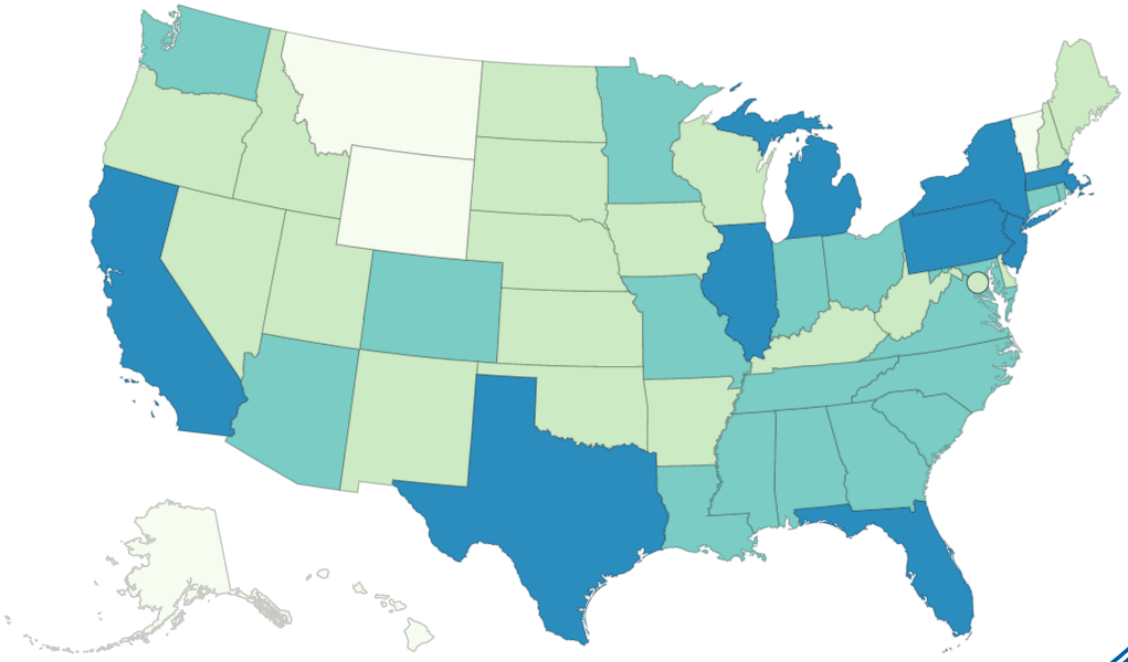
State-by-State Deaths

This map shows COVID-19 cases reported by U.S. states, the District of Columbia, New York City, and other U.S.-affiliated jurisdictions. Hover over the maps to see the number of deaths reported in each jurisdiction. To go to a jurisdiction's health department website, click on the jurisdiction on the map.



Reported Deaths

- 0 to 100
- 101 to 1,000
- 1,001 to 5,000
- 5,001 or more

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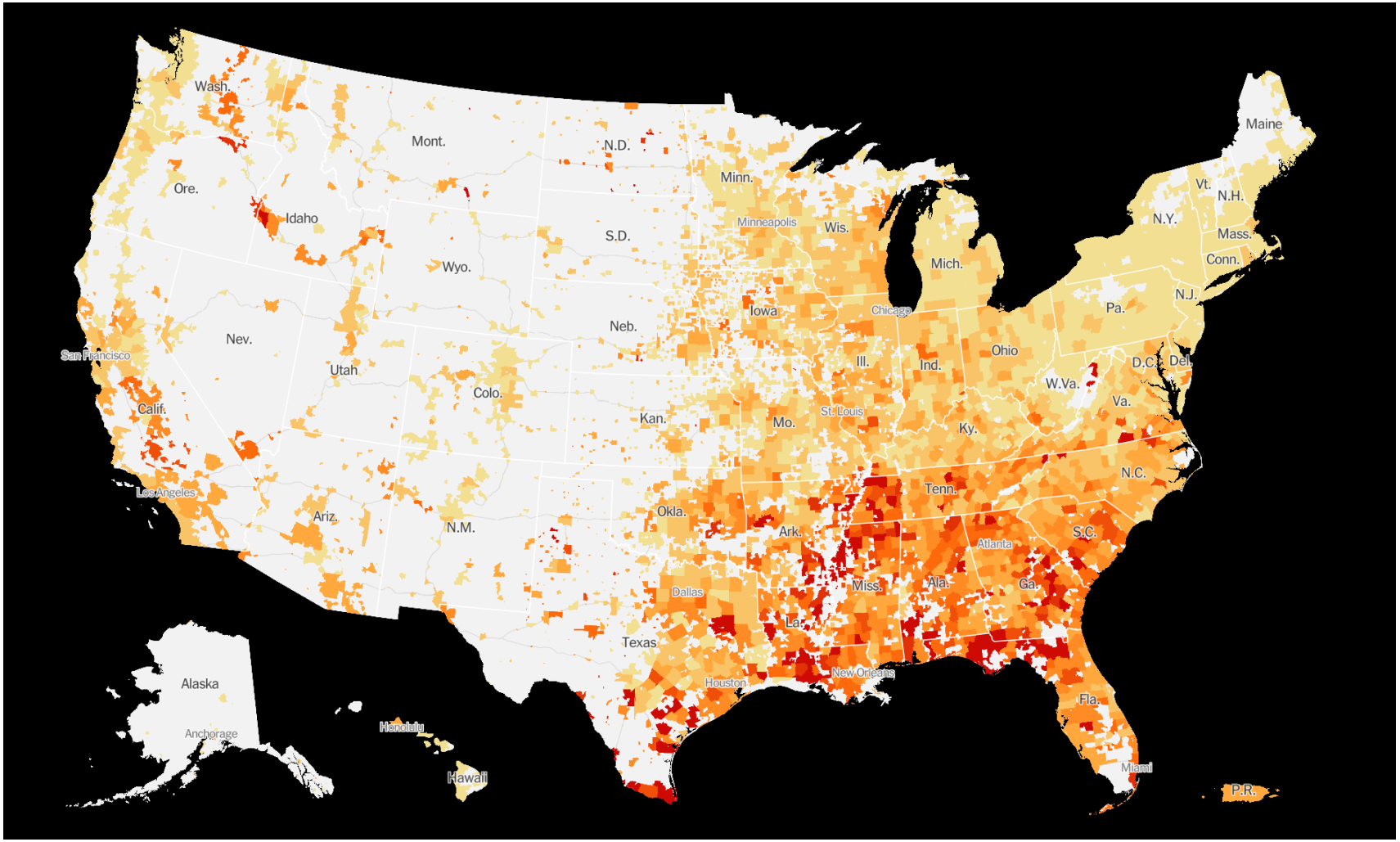
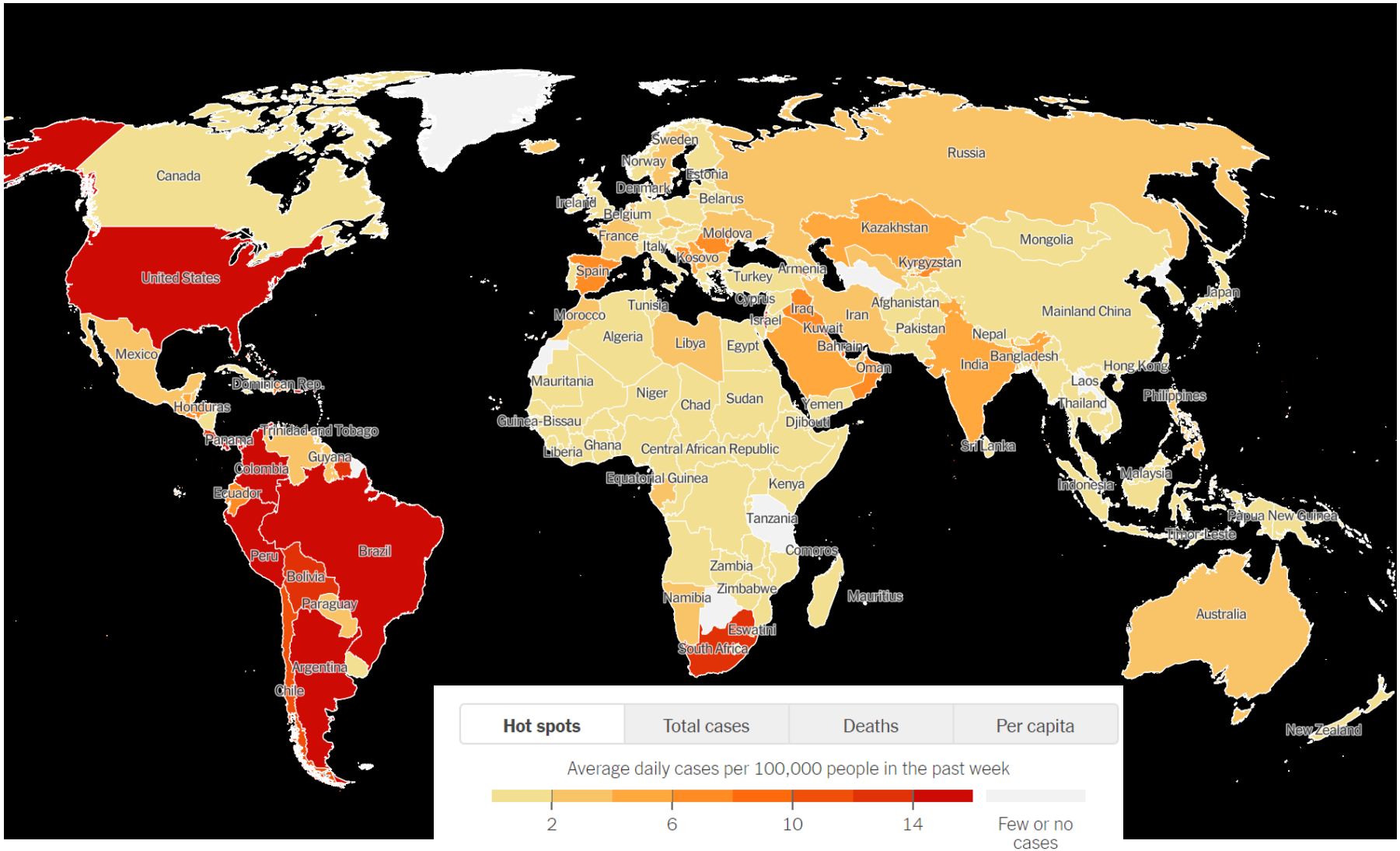
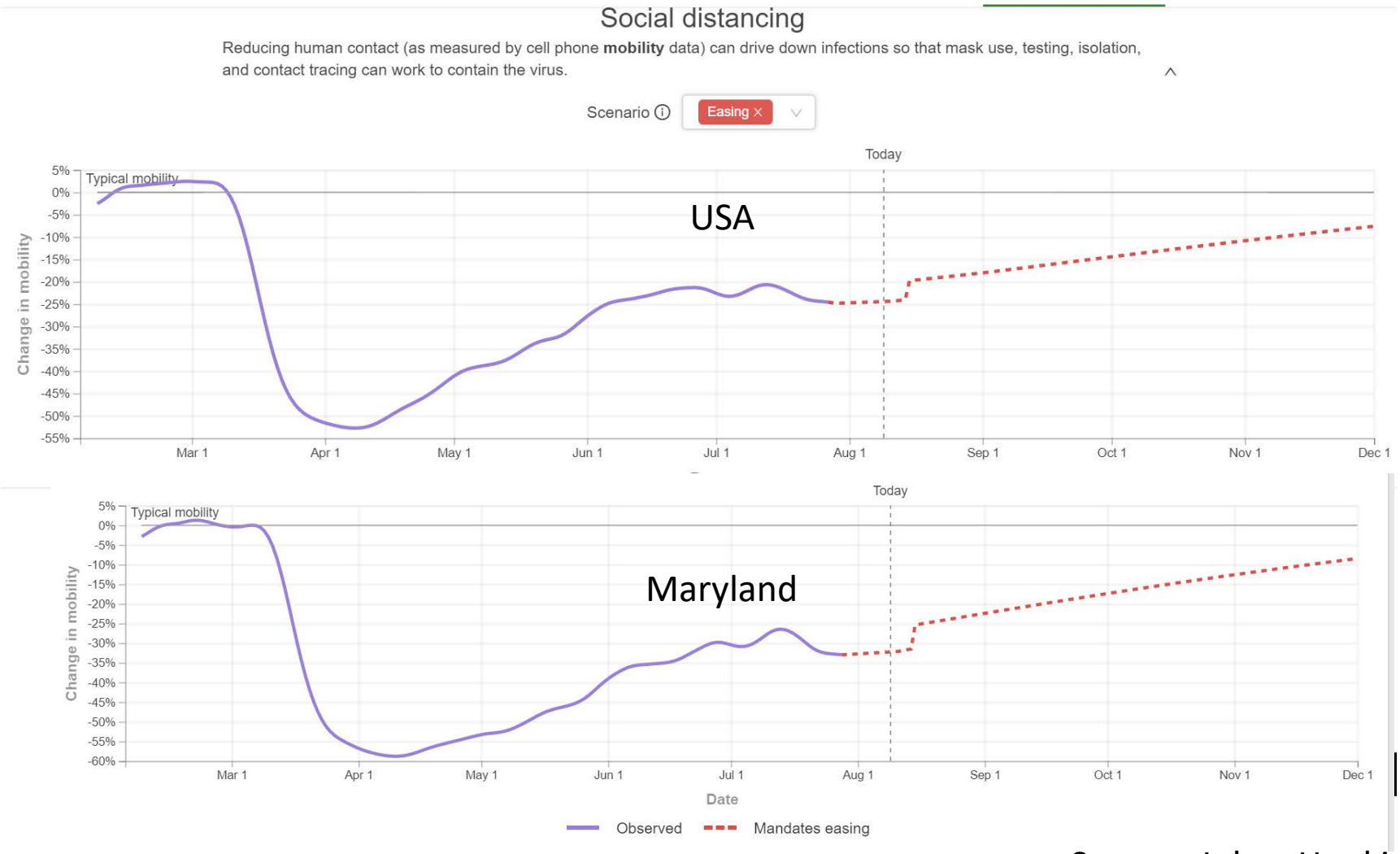
COVID-19 Outbreak US Hotspots



Global Pandemic Hotspots

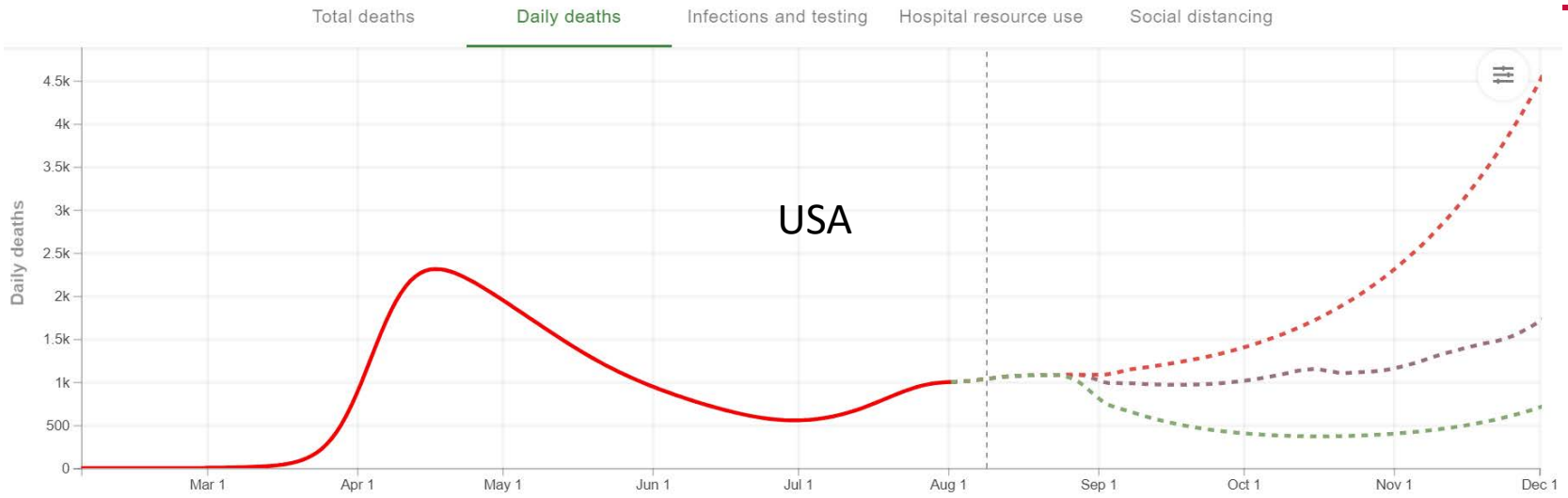


Physical Distancing

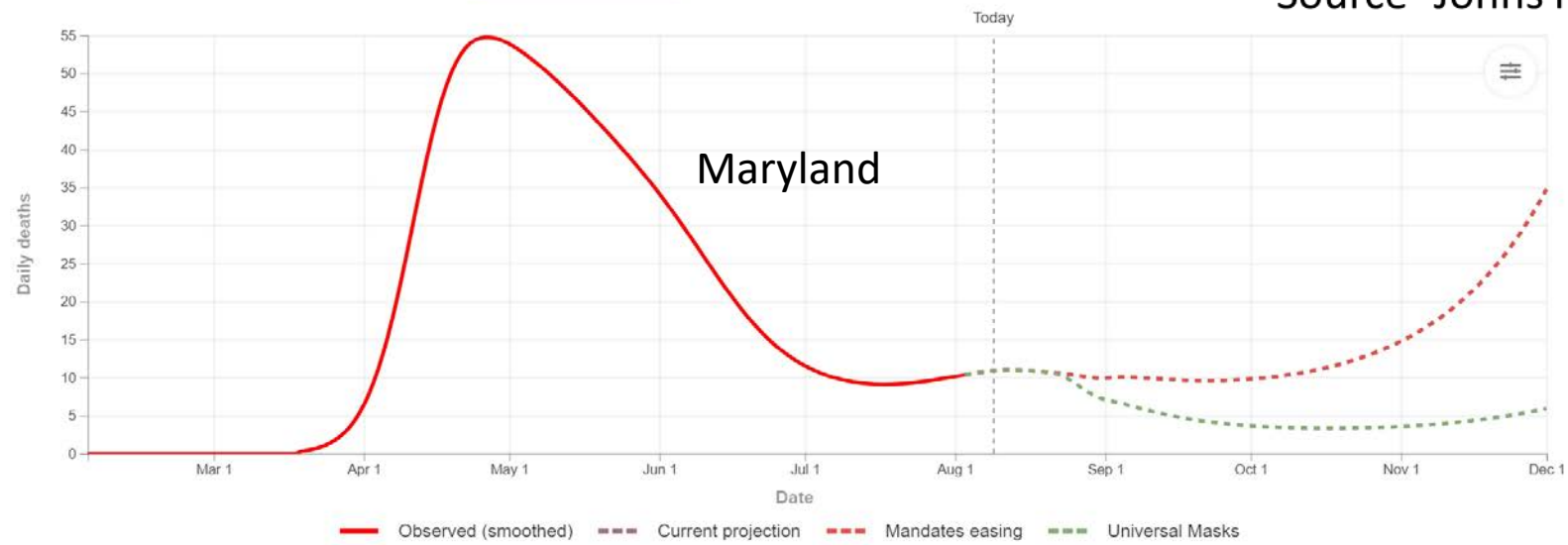


Source- Johns Hopkins

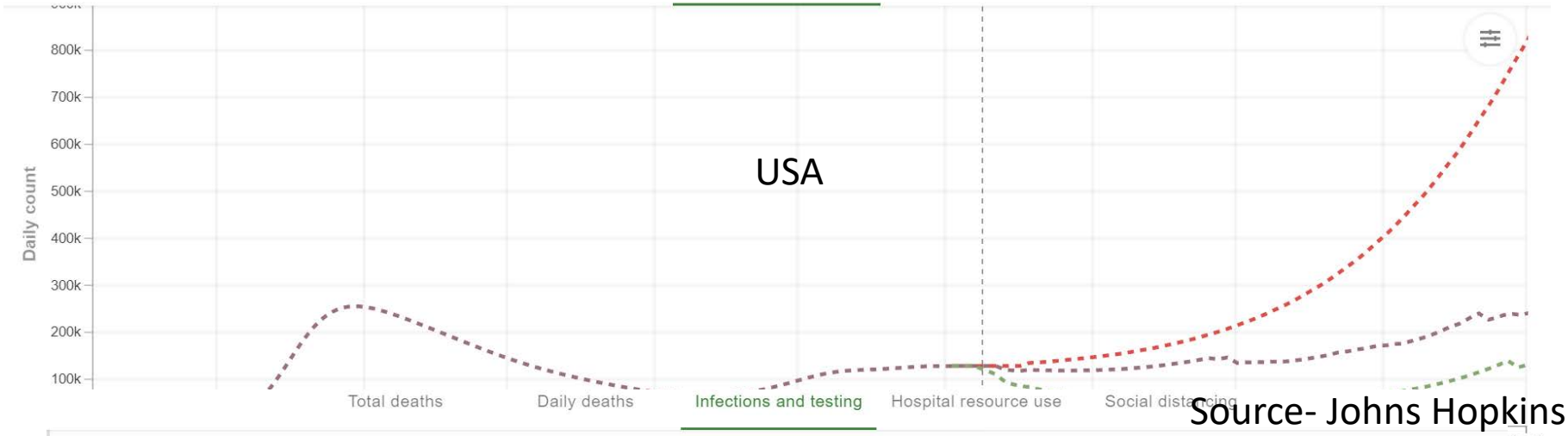
Daily Deaths



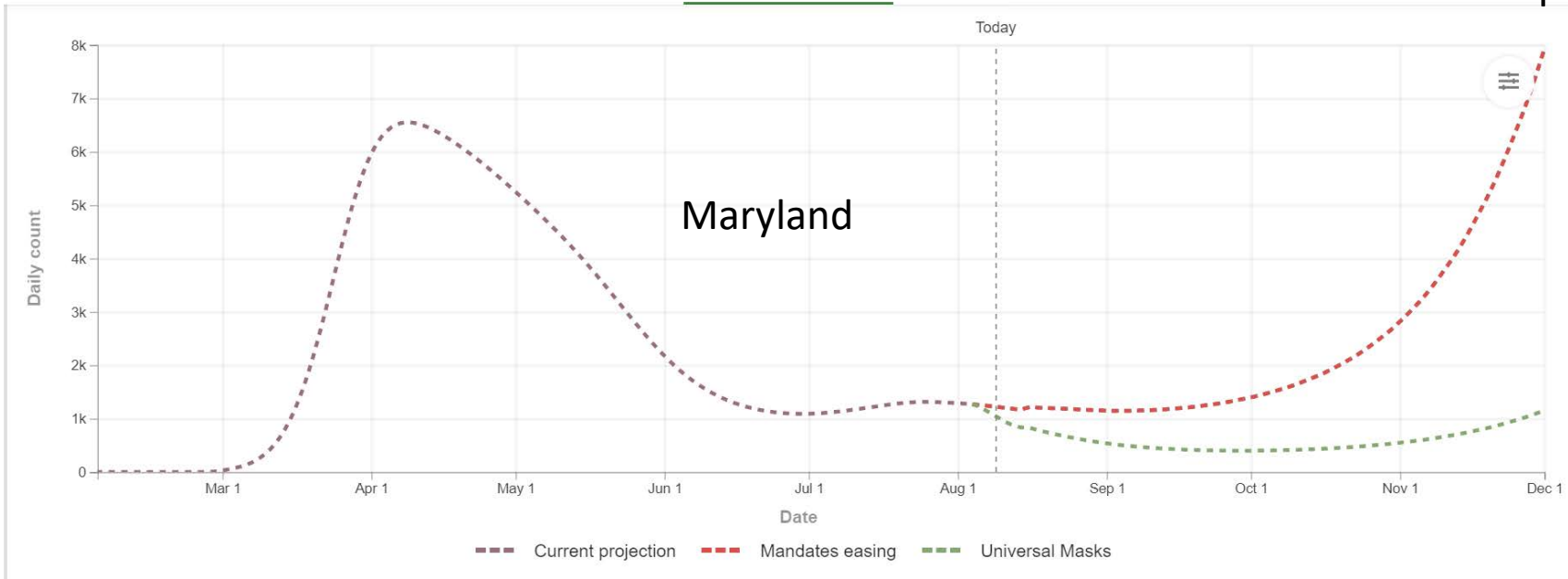
Source- Johns Hopkins



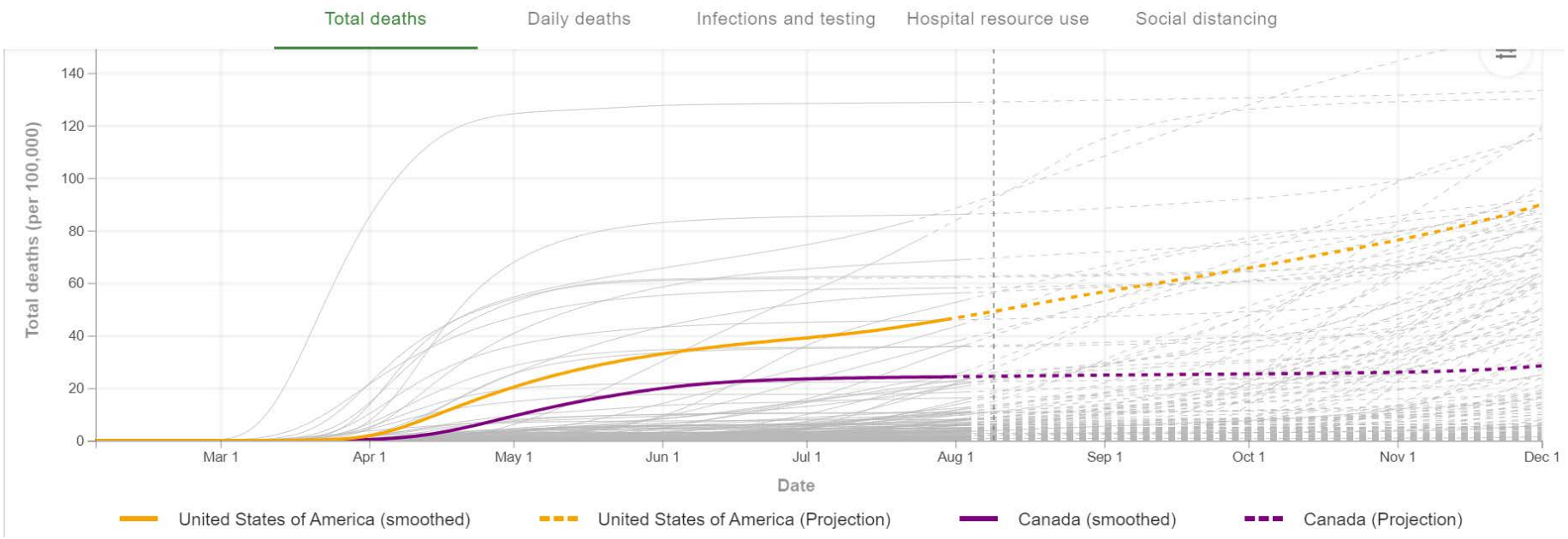
Infections and Testing



Source- Johns Hopkins



Total deaths per 100k compared to Canada



Source- Johns Hopkins

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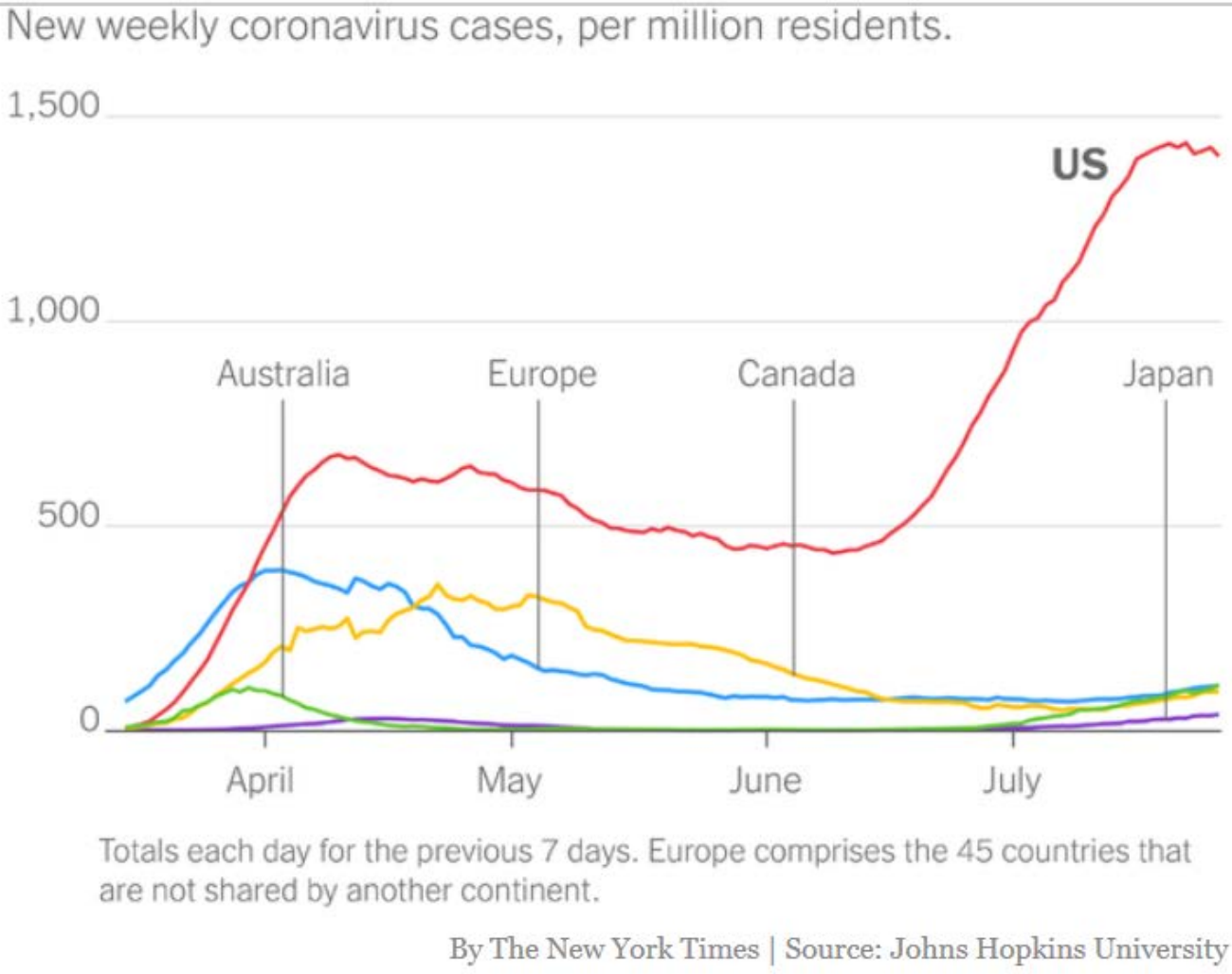
Global Pandemic Cases



COVID-19 Transmission Facts

- Droplets vs. aerosol - both occur
- Enough viral particles required for infection
- Both masks and face shields work
- Effective range ~ 6 feet, reduced by facial coverings
- Closed space, low volume highest risk- highest density
- UV may kill the virus
- HEPA filtration can also help fight transmission
- Venting to outdoors is the best approach
- Youthful sense of immortality and behavior spread the virus
- Many Susceptible – Few Infectious – Few Recovered… progression

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COVID-19 Vaccine Update

- mRNA candidate by Moderna and NIAID
- Phase 1 dose-escalation open-label trial
- 45 healthy adults (18-55 years of age), received 2 vaccinations, 28 days apart
- After the 2nd vaccination, serum-neutralizing activity was detected by 2 methods in all participants evaluated, with values similar to control convalescent serum specimens
- The mRNA-1273 vaccine induced anti–SARS-CoV-2 immune responses in all participants, and no trial-limiting safety concerns were identified
- These findings support further development of this vaccine
- Still need data on whether the neutralizing antibody titers will predict efficacy
  - Need a large clinical efficacy study
- Authors report a planned phase 3 trial of this mRNA SARS-CoV-2 vaccine is imminent

NEW YORK STATE Department of Health

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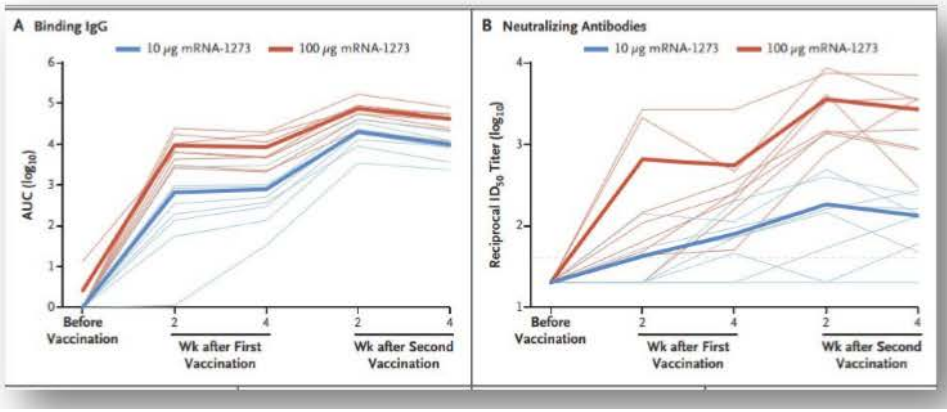
COVID-19 Vaccine Update

- Rhesus macaque, nonhuman primates, received low or high dose of mRNA-1273, a vaccine encoding the spike protein of SARS-CoV-2, or no vaccine, at week 0 and week 4
- Induced antibody levels and neutralizing activity (exceeding those in human convalescent-phase serum) and type 1 helper T-cell (Th1) CD4 T-cell responses and low or undetectable Th2 or CD8 T-cell responses



The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Evaluation of the mRNA-1273 Vaccine against SARS-CoV-2 in Nonhuman Primates

K.S. Corbett, B. Flynn, K.E. Foulds, J.R. Francica, S. Boyoglu-Barnum, A.P. Werner, B. Flach, S. O'Connell, K.W. Bock, M. Minai, B.M. Nagata, H. Andersen, D.R. Martinez, A.T. Noe, N. Douek, M.M. Donaldson, N.N. Nji, G.S. Alvarado, D.K. Edwards, D.R. Flebbe, E. Lamb, N.A. Doria-Rose, B.C. Lin, M.K. Louder, S. O'Dell, S.D. Schmidt, E. Phung, L.A. Chang, C. Yap, J.-P.M. Todd, L. Pessaint, A. Van Ry, S. Browne, J. Greenhouse, T. Putman-Taylor, A. Strasbaugh, T.-A. Campbell, A. Cook, A. Dodson, K. Steingrebe, W. Shi, Y. Zhang, O.M. Abiona, L. Wang, A. Pegu, E.S. Yang, K. Leung, T. Zhou, I.-T. Teng, A. Widge, I. Gordon, L. Novik, R.A. Gillespie, R.J. Loomis, J.I. Moliva, G. Stewart-Jones, S. Himansu, W.-P. Kong, M.C. Nason, K.M. Morabito, T.J. Ruckwardt, J.E. Ledgerwood, M.R. Gaudinski, P.D. Kwong, J.R. Mascola, A. Carfi, M.G. Lewis, R.S. Baric, A. McDermott, I.N. Moore, N.J. Sullivan, M. Roederer, R.A. Seder, and B.S. Graham

ABSTRACT

BACKGROUND

Vaccines to prevent coronavirus disease 2019 (Covid-19) are urgently needed. The effect of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccines on viral replication in both upper and lower airways is important to evaluate in nonhuman primates.

METHODS

Nonhuman primates received 10 or 100 μg of mRNA-1273, a vaccine encoding the prefusion-stabilized spike protein of SARS-CoV-2, or no vaccine. Antibody and T-cell responses were assessed before upper- and lower-airway challenge with SARS-CoV-2. Active viral replication and viral genomes in bronchoalveolar-lavage (BAL) fluid and nasal swab specimens were assessed by polymerase chain reaction, and histopathological analysis and viral quantification were performed on lung-tissue specimens.

RESULTS

The mRNA-1273 vaccine candidate induced antibody levels exceeding those in human convalescent-phase serum, with live-virus reciprocal 50% inhibitory dilution (ID_{50}) geometric mean titers of 501 in the 10-μg dose group and 3481 in the 100-μg dose group. Vaccination induced type 1 helper T-cell (Th1)–biased CD4 T-cell responses and low or undetectable Th2 or CD8 T-cell responses. Viral replication was not detectable in BAL fluid by day 2 after challenge in seven of eight animals in both vaccinated groups. No viral replication was detectable in the nose of any of the eight animals in the 100-μg dose group by day 2 after challenge, and limited inflammation or detectable viral genome or antigen was noted in lungs of animals in either vaccine group.

CONCLUSIONS

Vaccination of nonhuman primates with mRNA-1273 induced robust SARS-CoV-2 neutralizing activity, rapid protection in the upper and lower airways, and no pathologic changes in the lung. (Funded by the National Institutes of Health and others.)

The New England Journal of Medicine

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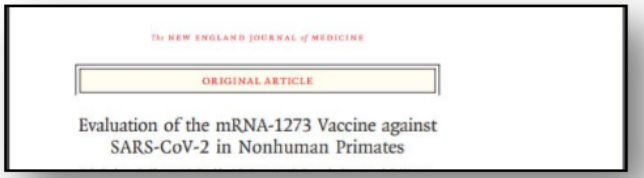
COVID-19 Vaccine Update


The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Evaluation of the mRNA-1273 Vaccine against SARS-CoV-2 in Nonhuman Primates

- At week 8, challenged with SARS-CoV-2, intratracheal and intranasal
- Two days after challenge, only one of eight animals in each of the vaccine dose groups had detectable subgenomic RNA in BAL fluid, as compared with eight of eight animals in the control group
- By day 2, none of the eight animals in the 100-µg dose group had detectable RNA detected in nasal swab specimens, as compared with five of eight animals in the 10-µg dose group, and six of eight animals in the control group
- On day 4, two of eight animals in the 10-µg dose group and one of eight animals in the 100-µg dose group had low levels of RNA detected in the nose
- The peak levels of RNA over days 2 through 7 were significantly lower in both the 100-µg dose group and the 10-µg dose group than in the control group

Five things you can do to avoid the surge

1. **Identify all your high-risk patients**—use the COVID Vulnerability Index (CVI) in CRISP, your EHR, and your intuition
2. **Reach out to every patient on those lists**
3. **Provide vulnerable patients with expanded care** through telemedicine and special accommodations if they need face-to-face care
4. Offer testing for all patients, every visit
5. **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

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Testing Marylanders in Primary Care

- Testing in offices serves patients and normalizes the process
- Testing or referring patients for testing is key to keep the State safe
- Testing in office or sending patients for a test at another site is effective screening
- 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 rapid "Viral Protein" methods
- Antibody tests may become important as they become validated and understood in terms of clinical implications
- **FDA Issues First Emergency Authorization for Sample Pooling in COVID-19 Diagnostic Testing – July 18, 2020**

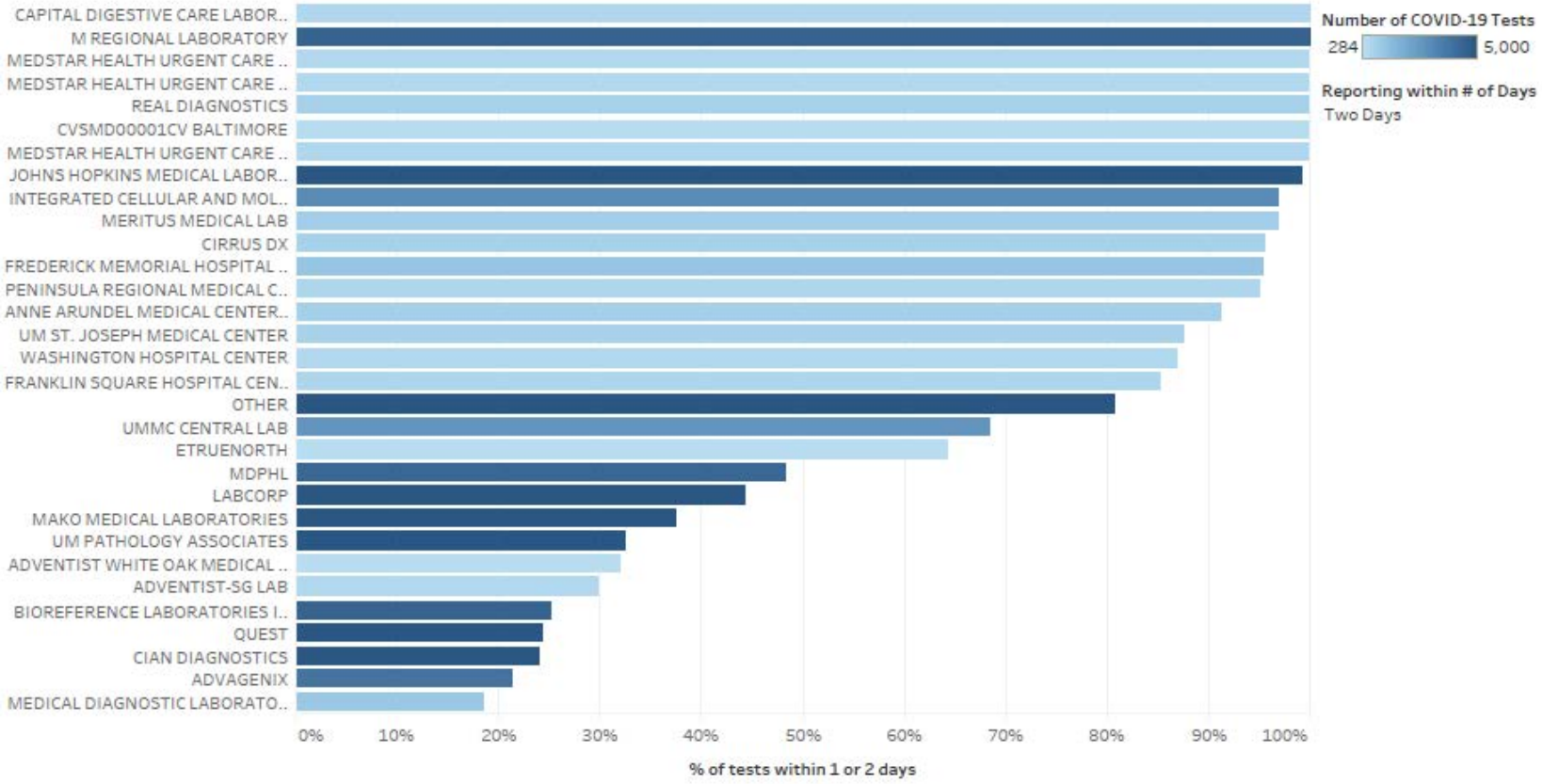
Maryland - National Electronic Disease Surveillance System (NEDSS)

Labs data through 8/8/2020 11:59:00 PM

CRISP compiles the data in this report from HL7 laboratory transactions provided to Maryland Department of Health through the National Electronic Disease Surveillance System (NEDSS). The State of Maryland requires all laboratories to submit all COVID-19 positive and negative test results for any Maryland resident.

CRISP refreshes the data daily overnight. Report totals may differ from Maryland Department of Health figures. The figures may include some non-Maryland residents. This information is intended to assist Maryland health care providers and public health leaders in understanding the progression and direction of COVID-19 testing. The data are unverified and not publicly available. Any indicator of a pending test period is an approximation by CRISP based on review of the NEDSS data.

Percent of Tests Reporting Results in Under Two Days by Laboratory - COVID-19



Source: CRISP, 2020. Based on HL7s NEDSS laboratory notifications provided by the Maryland Department of Health and compiled by CRISP.

CRISP

Testing Update

- With testing now broadly available, Marylanders who believe they should be tested for COVID-19 should contact their healthcare provider. **Healthcare providers shall order a COVID-19 test for any individual who believes it necessary, regardless of symptoms.** Specialty healthcare providers may refer a patient to a primary care provider, if a primary care provider is available.
- **Note**: Individuals should contact their health plans before receiving a COVID-19 test to determine whether testing is covered by the plan in their circumstance. Out-of-pocket expenses may apply if the test is not covered by the health plan.
- **Note**: Maryland Medicaid will cover the costs of COVID-19 testing for its beneficiaries.

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Point of Care Testing

- Any healthcare provider or healthcare facility, subject to the following terms and conditions, may perform COVID-19 point of care (POC) test analysis pursuant to Executive Order 20-03-23-02 (initiating a process for authorization of laboratories in Maryland to develop and perform COVID-19 testing).
- **Note**: This order supersedes, for the duration of the State of Emergency and Catastrophic Health Emergency, any and all other directives from the Maryland Office of Health Care Quality (OHCQ) on the subject of POC testing. OHCQ is directed to prioritize the review and issuance of the necessary permits to effect POC testing.

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Point of Care Testing - continued

- The following devices, which have been given FDA emergency-use authorization (EUA) for COVID-19 testing, are approved for POC testing:
  a. Cepheid Xpert Xpress
  b. Mesa Biotech Accula
  c. Abbott ID Now
  d. Cue Health Inc. Cue Covid Test
  e. Quidel Sofia
  f. BD Veritor System
- A COVID-19 test collection site may perform test analysis if it is licensed by federal and state authorities as a Clinical Laboratory Improvement
- Amendments of 1988 (CLIA)-certified laboratory. The healthcare provider or facility shall enroll in the CLIA program and receive a Maryland laboratory license. Applications for State permits and CLIA may be obtained here: https://health.maryland.gov/ohcq/Labs/Pages/home.aspx

New CLIA lab COVID certification

- Currently licensed laboratories that are **not** CLIA certified or State-licensed to perform COVID-19 testing must submit an application to the Office of Health Care Quality to update their current permits. A list of labs certified to perform COVID-19 testing can be found here: https://health.maryland.gov/ohcq/Documents/COVID-19_Testing_LAB_list.pdf

- Additional information about the CLIA Certificate of Waiver can be found here: https://www.cms.gov/regulations-and-guidance/legislation/clia/downloads/howobtaincertificateofwaiver.pdf

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Test Reporting

- Pursuant to Health General Article §§ 18-205 and 18-904, and COMAR 10.06.01.03 and .04, a medical laboratory performing a test for COVID-19 shall report a positive test result of an individual immediately to MDH and the appropriate local health officer.
- The medical laboratory shall immediately notify the requesting healthcare provider of the positive test result and provide a written or electronic report of the positive test result to the requesting healthcare provider to give to the patient.

Reporting through CRISP

- All POC test results shall be submitted via HL-7-formatted ELRs or another approved electronic format (i.e. a formatted CSV file). If the facility reporting the POC test results cannot do so via either of those methods, the facility shall report the results through the following portal: https://ulp.crisphealth.org/.

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Payments and Costs

- **Availability**: All healthcare providers, facilities, and entities that offer community COVID-19 testing shall make that testing available to any person presenting at the testing site without regard to that person's ability to pay, type of health insurance, or participation in any particular provider network.
- **Costs**: Laboratories processing COVID-19 tests for Maryland residents must accept reimbursement from the patients' insurance - private, Medicare, Medicaid or other payers. If a patient is uninsured, providers and laboratories should use this process for reimbursement: https://phpa.health.maryland.gov//Documents/covid19_FAQ_Uninsured_Reimburse ment.pdf

- MDH shall make available appropriate financial support to those providing testing to mitigate outbreak situations or as directed by MDH or local health departments.

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CDC Update: Isolation Guidelines

- Need to self-quarantine > everyone who has been in close contact with someone who has COVID-19

(Includes people who've had COVID-19 and those who've taken an antibody test and have antibodies to the virus)

- Close contact means:
  - Being within 6 ft for at least 15 mins of someone who has COVID-19
  - You cared for someone sick with COVID-19
  - You touched, hugged or kissed the infected person
  - You shared eating or drinking utensils
  - They sneezed, coughed or somehow got respiratory droplets on you
- Do:
  - Stay home for 14 days after your last contact with a COVID-19-infected person
  - Watch for fever, cough, shortness of breath, or other symptoms of COVID-19
  - If possible, stay away from others, especially people at higher risk of getting sick from COVID-19

Additional CDC information: Duration of Isolation and Precautions for Adults with COVID-19

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CDC - Release from Isolation

- **Duration of isolation and precautions**
  - For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days *after symptom onset*[1] and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.
    - ✓ A limited number of persons with severe illness may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts.
  - For persons who never develop symptoms, isolation and other precautions can be discontinued 10 days *after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.*
- **Role of PCR testing[2] to discontinue isolation or precautions**
  - For persons who are severely immunocompromised, a test-based strategy could be considered in consultation with infectious diseases experts.
  - For all others, a test-based strategy is no longer recommended except to discontinue isolation or precautions earlier than would occur under the strategy outlined in Part 1, above.
- **Role of PCR testing[2] after discontinuation of isolation or precautions**
  - For persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection. In addition, quarantine is not recommended in the event of close contact with an infected person.
  - For persons who develop new symptoms consistent with COVID-19 during the 3 months after the date of initial symptom onset, if an alternative etiology cannot be identified by a provider, then the person may warrant retesting; consultation with infectious disease or infection control experts is recommended. Isolation may be considered during this evaluation based on consultation with an infection control expert, especially in the event symptoms develop within 14 days after close contact with an infected person.
  - For persons who never developed symptoms, the date of first positive RT-PCR test for SARS-CoV-2 RNA should be used in place of the date of symptom onset.
- **Role of serologic testing**
  - Serologic testing should not be used to establish the presence or absence of SARS-CoV-2 infection or reinfection.

Secretary's Orders - Clinician Letter

- Clinical studies
  - Clinical Studies List.pdf
  - NIH COVID Antibody Response Research Study 7.2010.pdf
  - Hopkins CSSC-001 Study ENGLISH.pdf
  - Hopkins CSSC-001 Study SPANISH.pdf

- Out-of-state travel
  - In the Secretary of Health's Order dated July 29, 2020, the Maryland Department of Health strongly recommends that all Marylanders refrain from non-essential travel outside of Maryland, and that any Marylander who travels to a state with a COVID-19 test positivity rate above 10% should be tested and self-quarantine at home until the test result is received. The District of Columbia and the Commonwealth of Virginia are exempt from this recommendation

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What's Open with Restrictions

- Food Service – indoors and outdoors
- Personal Care
- Essential businesses
- Fitness and training
- Religious Facilities
- Sports events - without spectators
- Pools
- Malls
- Casinos, racetracks
- Childcare

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What's Not Open

- Live performance and motion picture theaters (except drive-in) are required to remain closed
- Senior Centers are required to remain closed
- Convention events are prohibited until further notice

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Facemasks - Required

- Retail Establishments
- Public Transportation
- Food Service Facilities
- Alcohol Manufacturer/Sales - Outdoor Dining

- Personal Services (Salons, Tanning, Tattoos, Massage Parlors)
- Indoor & Outdoor Sport Activities (when feasible)
- Youth Camps (when feasible)
- Swimming Pools (when possible)

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Compliance is a Complaint-Driven Process

- Complaints from customers
- Complaints from employees
- Complaints from other sources
- Health department on-site education
- Health department order of immediate compliance
- Health department order for closure
- Enforcement by local and state police
- Contact 301-609-6733 or 301-609-6751 for complaints

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Contact Tracing Overview

- Providers should make sure their patients' phone numbers are 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
- MDH Contact Tracing Information for Healthcare Providers

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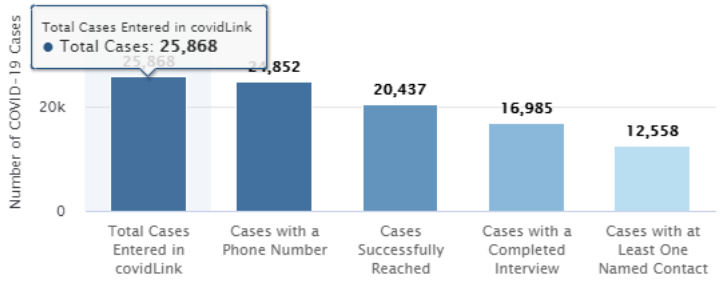
Contact Tracing to Limit the Spread of Virus

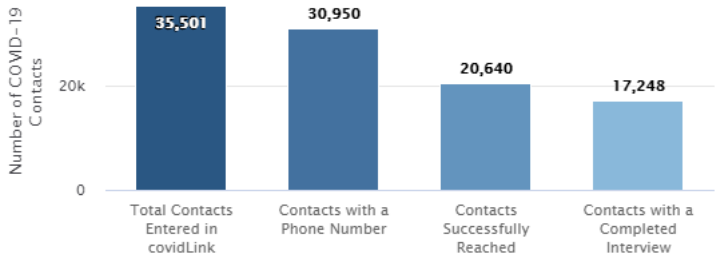
Cases Reached and Interviewed - Cumulative

6/15/20 - 8/01/20



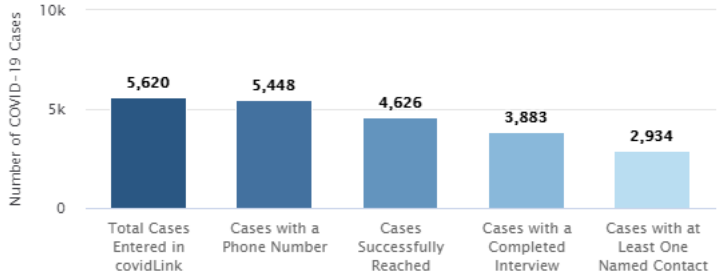
Contacts Reached and Interviewed - Cumulative

6/15/20 - 8/01/20



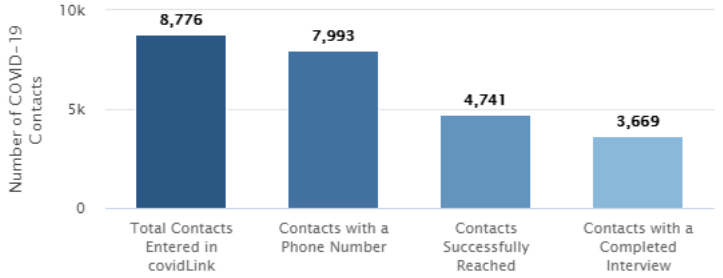
Cases Reached and Interviewed - Weekly

7/26/20 - 8/01/20



Contacts Reached and Interviewed - Weekly

7/26/20 - 8/01/20



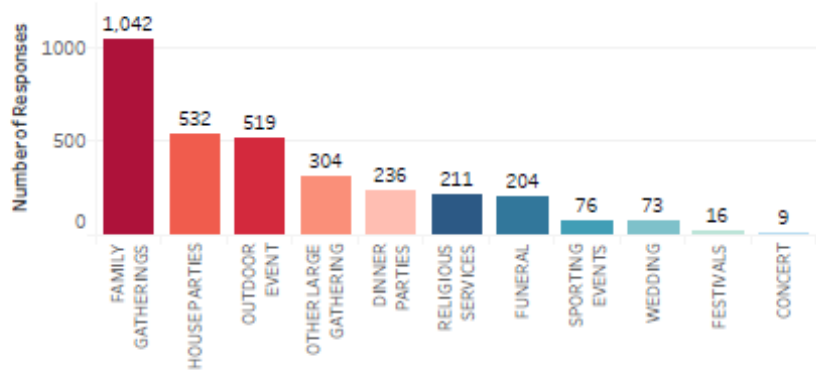
Note: The Maryland Department of Health updates these data weekly on Wednesday during the 10 a.m. hour (data is reported through the previous Saturday). First outreach attempt is defined as a documented phone call. Individuals that responded to outreach attempts and were verified as the intended call recipient are considered successfully reached.

Cumulative High Risk Gathering and Location Information Entered Into covidLINK Between 7/10/2020* and 8/3/2020, Maryland, n=17,681 cases

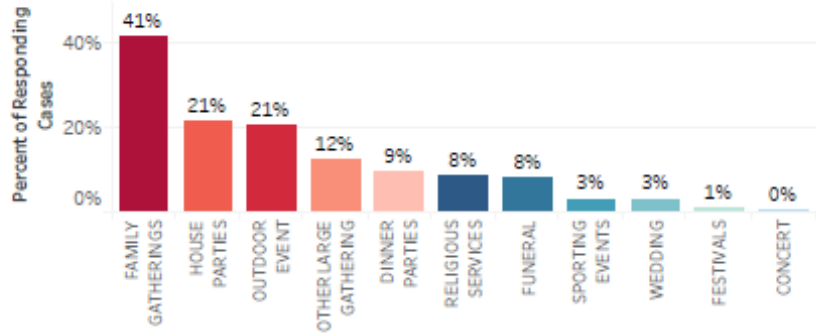
High Risk Gatherings

Number of Cases Reporting No High Risk Gatherings	Number of Cases with >=1 Gathering Identified	Percent of Cases with >=1 Gathering Identified
8,951	2,531	14%

High Risk Gatherings - Number of Selected Responses



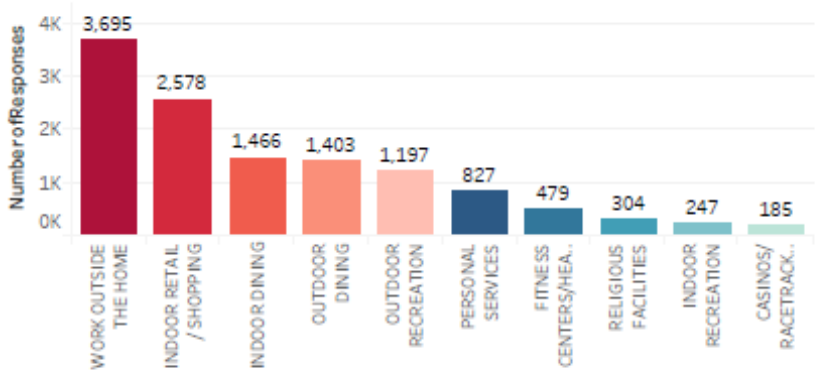
High Risk Gatherings - Percent of Cases with at Least One Response



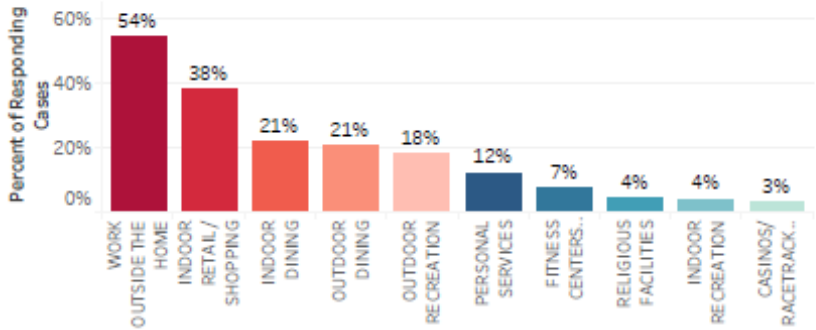
High Risk Locations

Number of Cases Reporting No High Risk Locations	Number of Cases with >=1 Location Identified	Percent of Cases with >=1 Location Identified
4,853	6,834	39%

High Risk Locations - Number of Selected Responses



High Risk Locations - Percent of Cases with at Least One Response



*High risk venue questions were added to covidLINK interview questionnaires beginning July 10, 2020

Gating Benchmark Metrics

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

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Future of Primary Care

- Care delivery transformation
  - Telehealth
  - Modified office workflows
  - Data driven
- More integration with public health
- Research on delivery
- Advocacy
- Payment changes
  - Short-term support
  - Long-term payment strategies and enhancement

We shall not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time - TS Elliott

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You are doing so much for others

heroeshealth.unc.edu

Heroes Health Initiative

You are doing so much for *others*. Heroes Health is to support *you*.

Join Heroes Health | Newsroom | Resources | Discounts | FAQ | Give

Download Heroes Health to your smart device:

GET IT ON Google Play

Download on the App Store

Welcome to the Heroes Health Initiative

Heroes Health is a free mobile application from the UNC School of Medicine that allows healthcare workers and first responders to track their mental health and access mental health resources. We invite healthcare workers and first responders to join independently or through their employers:

I am a Healthcare Worker | I am an Organizational Leader

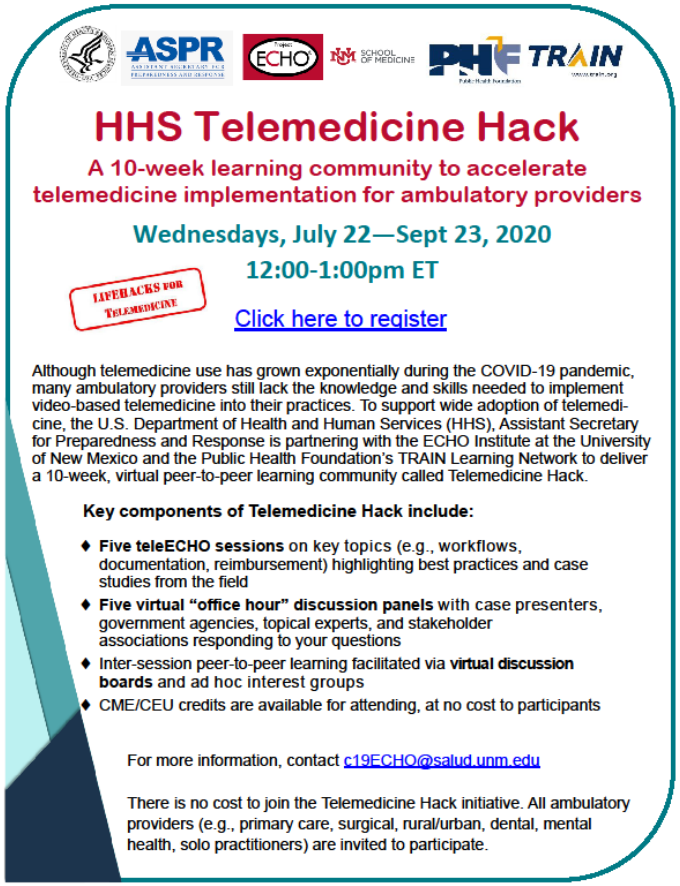
Heroes Health empowers healthcare workers to care for themselves and each other

Anonymously let your organization know how they're doing

Track your wellness with weekly, 5-minute surveys

Access mental health resources specific to your organization

HHS Telemedicine Training - Register



ASPR ECHO SCHOOL OF MEDICINE PHF TRAIN

HHS Telemedicine Hack

A 10-week learning community to accelerate telemedicine implementation for ambulatory providers

Wednesdays, July 22—Sept 23, 2020

12:00-1:00pm ET

LIFEHACKS FOR TELEMEDICINE

Click here to register

Although telemedicine use has grown exponentially during the COVID-19 pandemic, many ambulatory providers still lack the knowledge and skills needed to implement video-based telemedicine into their practices. To support wide adoption of telemedicine, the U.S. Department of Health and Human Services (HHS), Assistant Secretary for Preparedness and Response is partnering with the ECHO Institute at the University of New Mexico and the Public Health Foundation's TRAIN Learning Network to deliver a 10-week, virtual peer-to-peer learning community called Telemedicine Hack.

Key components of Telemedicine Hack include:

- **Five teleECHO sessions** on key topics (e.g., workflows, documentation, reimbursement) highlighting best practices and case studies from the field
- **Five virtual "office hour" discussion panels** with case presenters, government agencies, topical experts, and stakeholder associations responding to your questions
- Inter-session peer-to-peer learning facilitated via **virtual discussion boards** and ad hoc interest groups
- CME/CEU credits are available for attending, at no cost to participants

For more information, contact c19ECHO@salud.unm.edu

There is no cost to join the Telemedicine Hack initiative. All ambulatory providers (e.g., primary care, surgical, rural/urban, dental, mental health, solo practitioners) are invited to participate.

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CME Accreditation and Designation

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

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CME Disclosures and Evaluation

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

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Announcements

- Learn from our Frequently Asked Questions page

- Future Webinars
  - **Wednesdays - alternating between Behavioral Health and Minority Health guest speakers**
  - Today – Dina Lansey, MSN, RN
    - ✓ Assistant Director for Diversity and Inclusion in Clinical Research in the Office of Community Cancer Research at the Johns Hopkins Sidney Kimmel Comprehensive Cancer Center
  - August 19th – Alex Chan, PhD
    - ✓ Mental and behavioral health specialist of University of Maryland's Extension Family & Consumer Sciences (FCS) Program

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COVID-19 AND CANCER CARE

Dina George Lansey, MSN,RN
Assistant Director for Diversity and Inclusion
Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins

JOHNS HOPKINS
MEDICINE

THE SIDNEY KIMMEL
COMPREHENSIVE CANCER CENTER

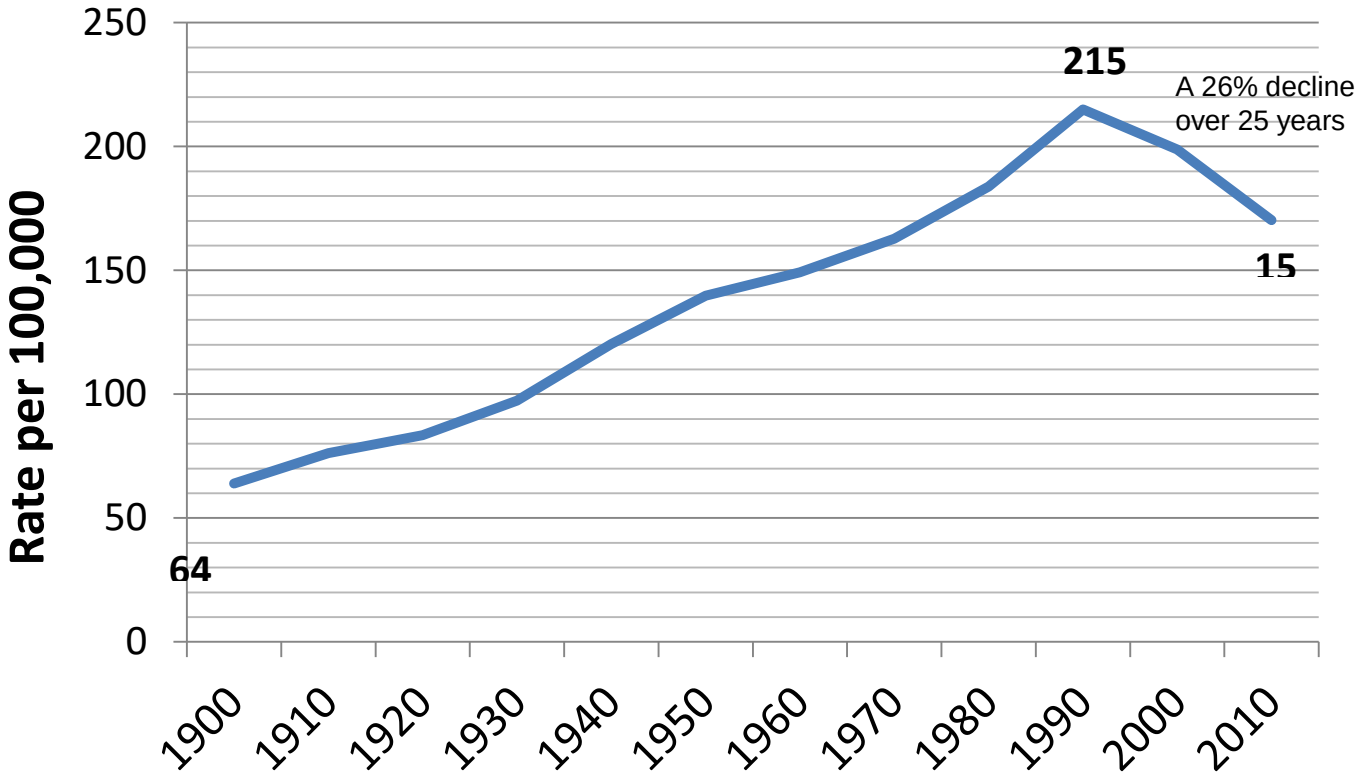
- Effects of the COVID-19 Pandemic on:

  Obtaining cancer services

  - Prevention and Screening which is done by primary care providers
  - Treatment which is done by oncologists (medical, surgical, radiation)

US Cancer Death Rate

1900 to 2016



Age Adjusted to 2000 Standard
1900-1970, US Public Health Service, Vital Statistics of the US, Vol. 1 and Vol 2;
1971-2010, US National Center for Health Statistics, Vital Statistics of the U.S

Causes of the Decline in Cancer Death Rates

- Prevention
- Screening
- Treatment

Prevention During the Pandemic

The shutdown of the economy can lead to:

- Reductions in:
  - Physical activity
  - Pollution
- Increases in:
  - Caloric consumption
  - Alcohol consumption
  - Tobacco use

Cancer Screening

All cancer screening has an element of lead-time bias.

A delay in screening of “several” months is not going to effect mortality trends.

A delay of six or more months can effect mortality in some cancers.

Cancer Screening

Screening reduces cancer specific mortality (i.e. averts cancer specific deaths) when it finds cancers that are growing fast enough to eventually kill, but slow enough such that they can be found and providers can effectively intervene.

Breast Cancer

- There has been a 40% decline in Breast cancer specific mortality 1988 to 2018.*
- CISNET Models estimate that screening leads to 28 to 65% (median 46%) of the decline in breast cancer mortality.**

*Siegel, et al. CA 2018;68:329-339

** Berry et al. NEJM 2005

Breast Cancer

The greater concern is the patient who finds a breast mass and delays getting it assessed and treated due to the pandemic.

Declines in the number treated during a 3-month shut down will have significant effects on mortality.

Colon Cancer Screening

- Colorectal screening is thought to reduce risk of death by at least 35% and risk of cancer (through polypectomy) by at least 20%.
- There has been a 50% reduction in the US colorectal mortality rate since 1980.
- More than half of the US decline is thought due to screening.

Smith RA et al, CA Cancer J Clin 2019

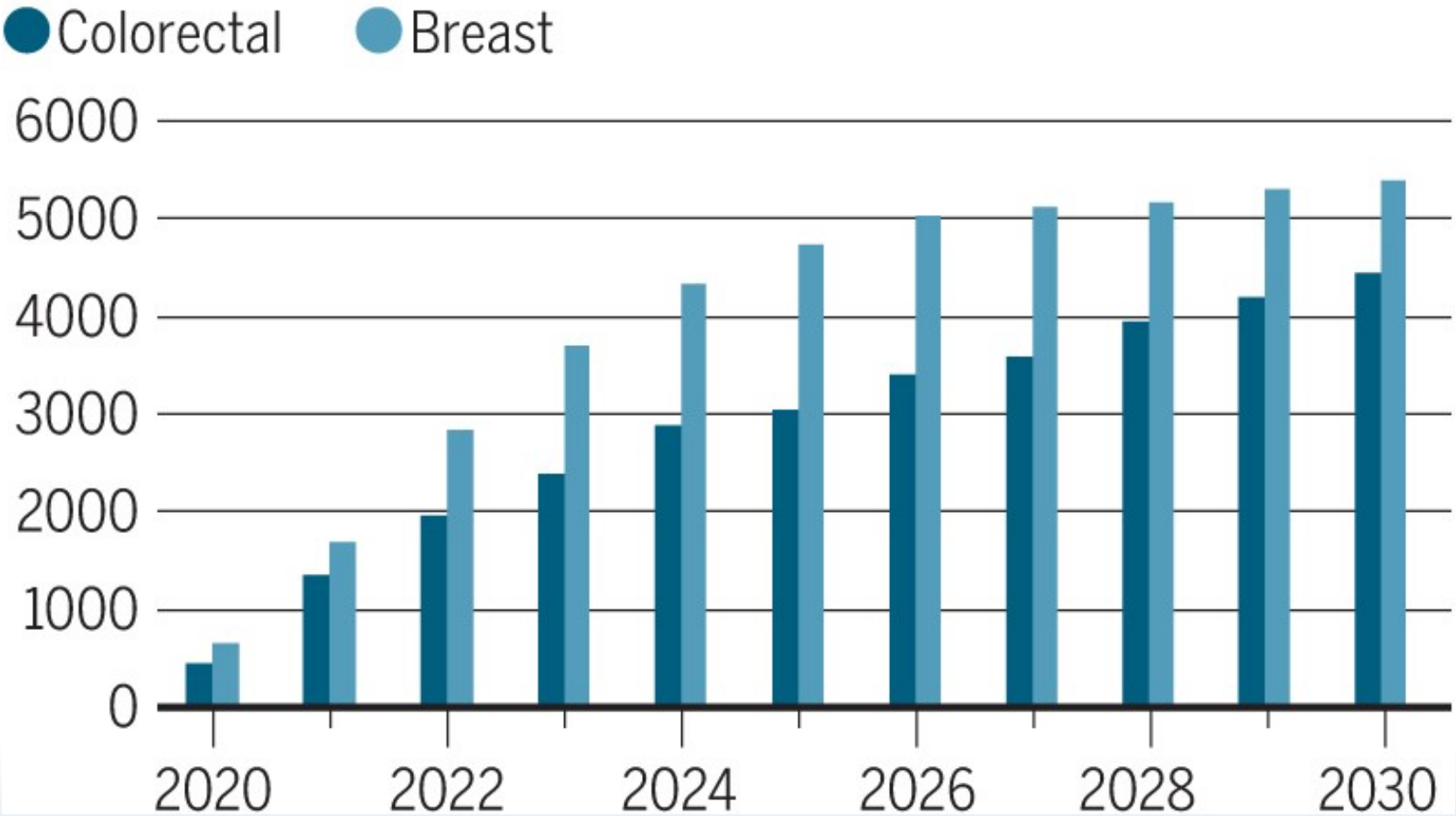
Colon Cancer Mortality

- Delays in screening for “several months” are not a concern.
- The concern is the person who realizes they have blood in their stool and does not present to a physician for care.
- Declines in the number treated during a 3-month shut down will have significant effects on mortality.

Treatment Delays

- Delay in surgery
- Chemotherapy
- Radiation
- Therapeutic clinical trials

Modeled cumulative excess deaths from colorectal and breast cancers, 2020 to 2030*



Sharpless, Science June 2020

Disparities-Important Questions

- How will long standing disparities in cancer care be influenced by COVID-19?
- How can we provide adequate high-quality care to populations who often not receive it?

QUESTIONS?

Appendix

Resources and Links

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Scheduling In-Office Appointments

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

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Scheduling In-Office Appointments

- Checking out
  - Practice remote check out, limit front desk exposure;
  - Or use a barrier at the front desk

- If patient is paying co-pays, etc., set up credit card reader outside of the barrier

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**

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

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

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

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**

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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

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Help your patients get health coverage

Maryland Health Connection, the state's health insurance marketplace, has a Coronavirus Emergency Special Enrollment Period until 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.

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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

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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.

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CDC Guidelines - Reusing N95 Respirators

- N95 respirator must only 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.

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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

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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

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CDC Guidelines for COVID Patient Management

- Healthy people can be monitored, self-isolated at home
- People at higher risk should contact healthcare providers early, even if illness is mild
- Older adults and people with severe underlying chronic medical conditions are at higher risk, need closer contact
- Emergency Department and Hospitals only when needed - not for screening or low risk/minimal disease

- **Guidelines are important and powerful tools, but remember providers' clinical experience and judgment are key to care**

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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

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Caregiver Services Corps (CSC)

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❖ **OPEN for primary care providers STATEWIDE throughout Maryland's reopening!**

❖ 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 grocery or prepared meals delivery
- ➢Teaching how to use video technologies to connect with loved ones and/or healthcare providers for telemedicine

❖ 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

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Opportunities to Volunteer and Serve

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

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Staying Current - Sources

- CDC
- MDH COVID-19 information page
- MDPCP COVID-19 webpage
- Local Health Departments
- CONNECT
- Clinician Letters
- Multiple Resource Links in Appendix

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MedChi/CareFirst/Backline Grant

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

Eligibility Requirements

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

Application Steps

Can be completed in less than 5 minutes

- Complete the application linked here
- Email completed application to amullin@medchi.org
- For questions, email or call Andrea Mullin at amullin@medchi.org or 800-492-1056 x3340

Grant Amount

$300 per eligible physician

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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 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.

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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

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Resources for Specific Groups

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

Resources and References

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

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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.

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