Covid-19 Flash Update

Maryland Department of Health

Maryland Primary Care Program

Program Management Office

8 February 2021

The third wave is receding- what is on the other side?

Daily COVID-19 Report

Data reported as of 2/8/2021 for data through 2/7/2021

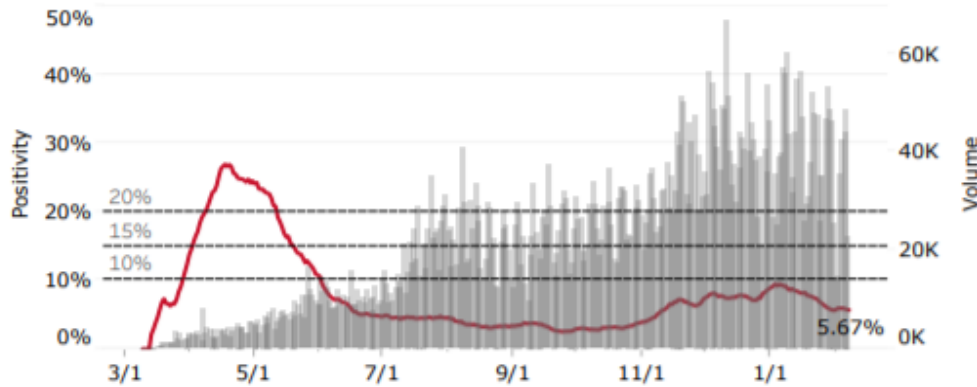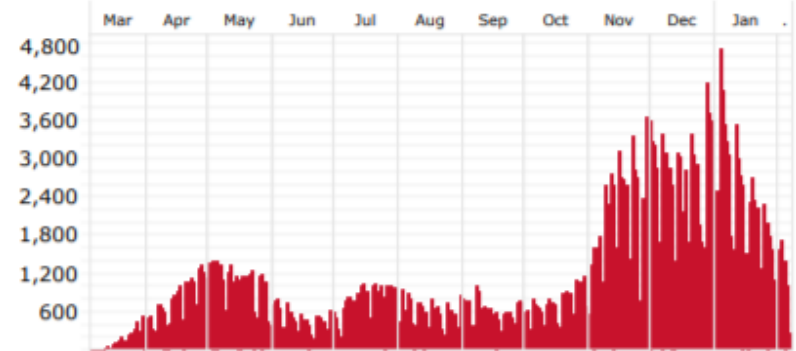| **364,553**	**7,260,091**	**21.1**	**7,013**	**7,193**
cases cumulative	tests cumulative	7-day avg. case rate	total hospital adult census	deaths cumulative
903	**22,844**	**5.67%**	**-52**	**23**
cases reported yesterday	tests reported yesterday	7-day avg. positivity	change in total hospital census	deaths reported yesterday

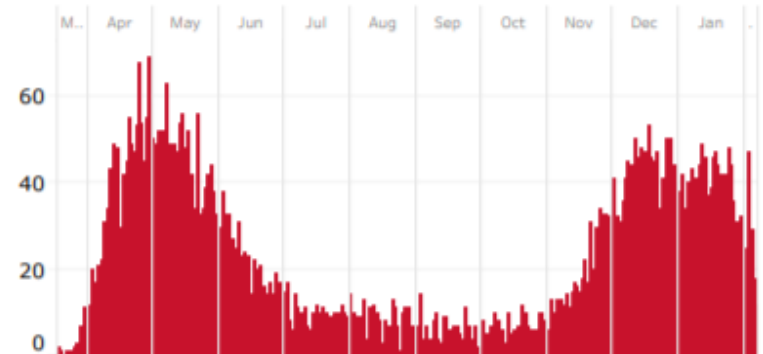## 7-Day Avg. Percent Positivity and Total Testing Volume
Since 3/1/20

Statewide Acute/ICU Beds Occupied by COVID Patients

Total 1,413 (+11)

Acute 1,095 (+19)

ICU 318 (-8)

Daily New Cases
by Specimen Collection Date
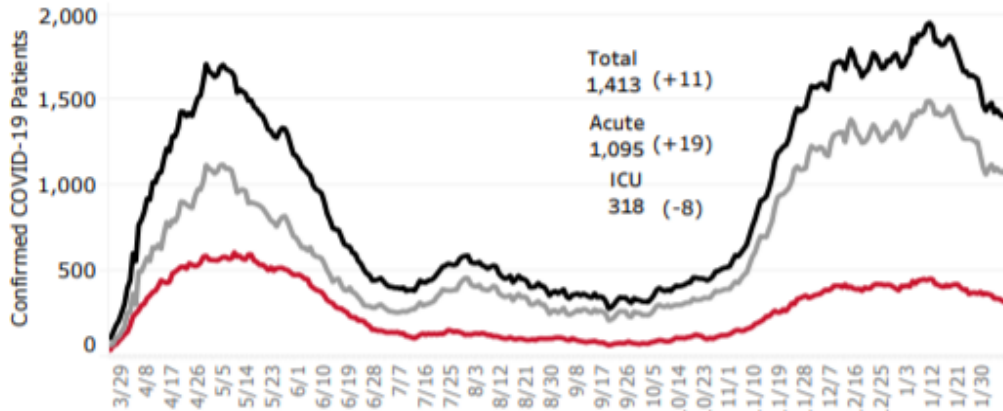
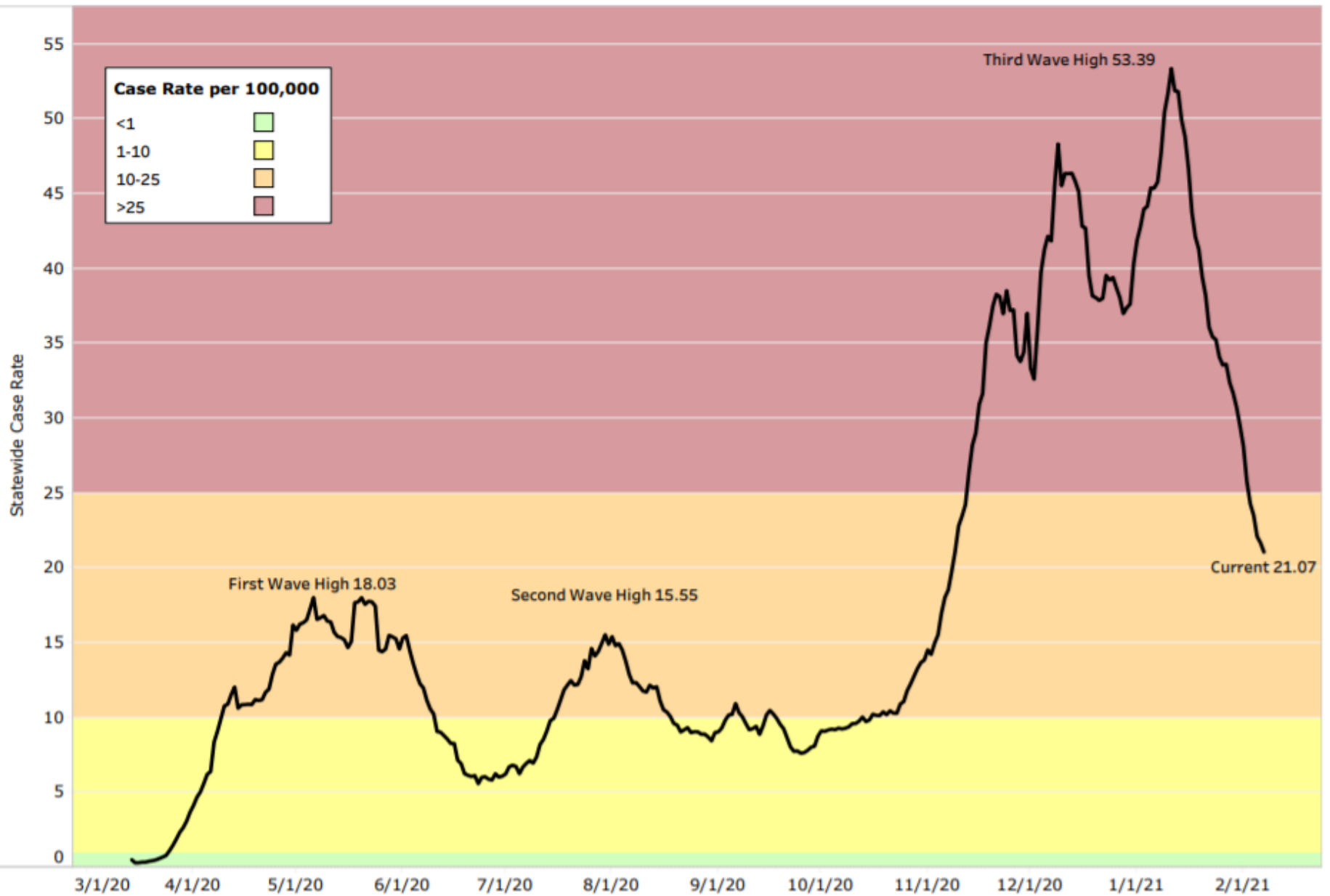## Daily Deaths
Confirmed and Probable

Case rate calculated as total confirmed cases per 100,000 population using the 2019 Maryland Population estimates from the Maryland Department of Planning, March 2020.

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Statewide 7-Day Average New Case Rate

Data reported as of 2/8/2021 for data through 2/7/2021
Since 3/14/20

Case Rate per 100,000

<1	(green)
1-10	(yellow)
10-25	(orange)
>25	(red)

First Wave High 18.03

Second Wave High 15.55

Third Wave High 53.39
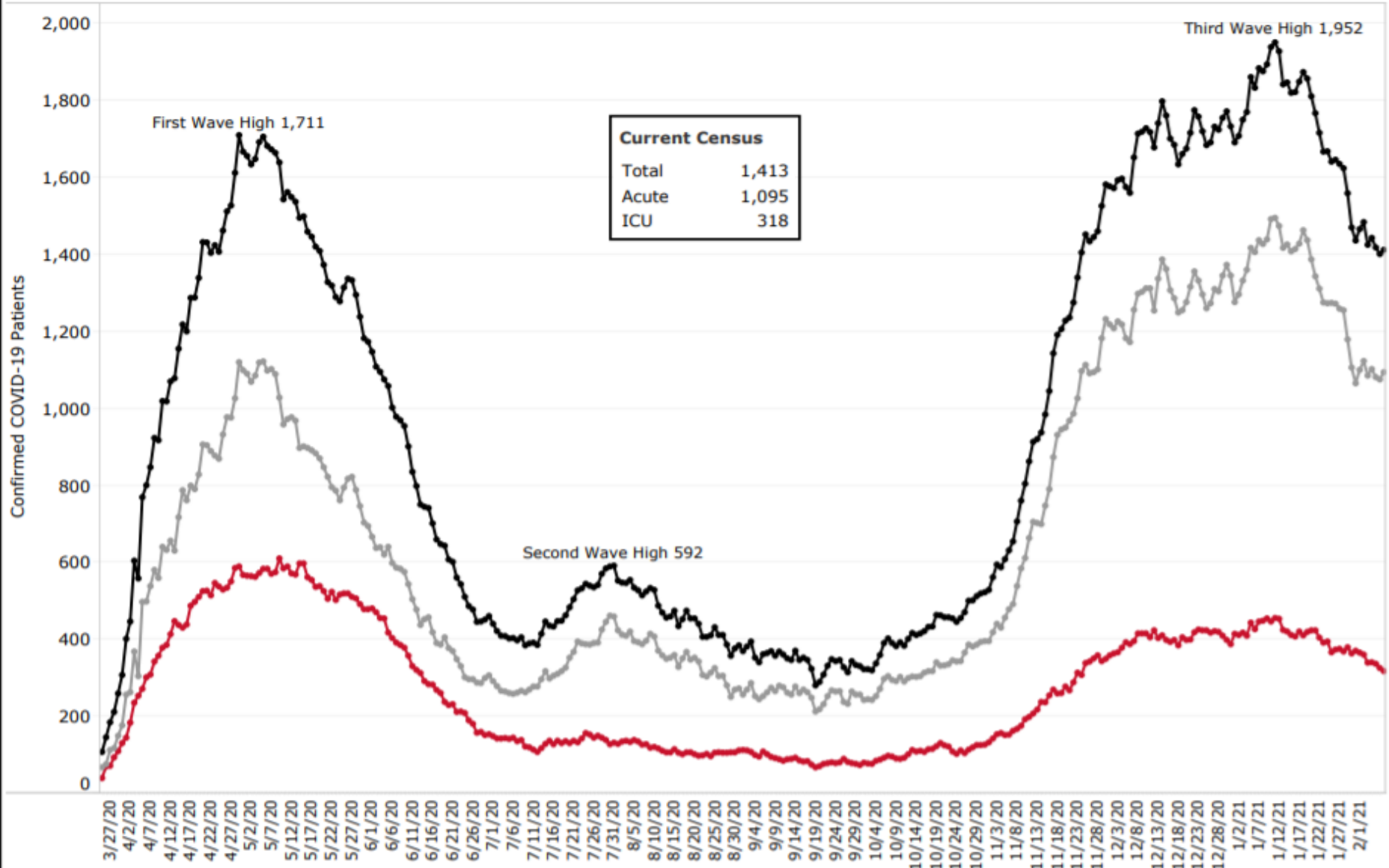
Current 21.07

Statewide Case Rate

Statewide Acute/ICU Beds Occupied by COVID Patients

Data reported as of 2/8/2021 for data through 2/7/2021

Since 3/25/20

■ Total   ■ Acute   ■ ICU

First Wave High 1,711

Second Wave High 592

Third Wave High 1,952

Current Census	
Total	1,413
Acute	1,095
ICU	318

Confirmed COVID-19 Patients

3/27/20 4/2/20 4/7/20 4/12/20 4/17/20 4/22/20 4/27/20 5/2/20 5/7/20 5/12/20 5/17/20 5/22/20 5/27/20 6/1/20 6/6/20 6/11/20 6/16/20 6/21/20 6/26/20 7/1/20 7/6/20 7/11/20 7/16/20 7/21/20 7/26/20 7/31/20 8/5/20 8/10/20 8/15/20 8/20/20 8/25/20 8/30/20 9/4/20 9/9/20 9/14/20 9/19/20 9/24/20 9/29/20 10/4/20 10/9/20 10/14/20 10/19/20 10/24/20 10/29/20 11/3/20 11/8/20 11/13/20 11/18/20 11/23/20 11/28/20 12/3/20 12/8/20 12/13/20 12/18/20 12/23/20 12/28/20 1/2/21 1/7/21 1/12/21 1/17/21 1/22/21 1/27/21 2/1/21

Maryland Resident Recorded COVID-19 Deaths

Reported as of February 7, 2021 at 5:00pm

	Confirmed	Probable*
Total	7,193	179

Age Group	Confirmed Number	Confirmed % of Total	Probable* Number	Probable* % of Total
0-9 yrs	3	0%	0	
10-19 yrs	6	0%	1	1%
20-29 yrs	34	0%	1	1%
30-39 yrs	73	1%	6	3%
40-49 yrs	199	3%	5	3%
50-59 yrs	550	8%	23	13%
60-69 yrs	1,135	16%	18	10%
70-79 yrs	1,821	25%	35	20%
80+ yrs	3,370	47%	90	50%
Unknown	2	0%	0	

Place of Death	Confirmed Number	Confirmed % of Total	Probable* Number	Probable* % of Total
DOA	4	0%	1	1%
ER/Outpatient	245	3%	37	21%
Home	363	5%	40	22%
Hospice	565	8%	7	4%
Inpatient	4,149	58%	35	20%
Nursing Home	1,612	22%	49	27%
Other	255	4%	10	6%

Gender	Confirmed Number	Confirmed % of Total	Probable* Number	Probable* % of Total
Male	3,726	52%	91	51%
Female	3,467	48%	88	49%

Race / Ethnicity	Confirmed Number	Confirmed % of Total	Probable* Number	Probable* % of Total
Hispanic	674	9%	15	8%
NH Black	2,489	35%	64	36%
NH White	3,660	51%	93	52%
NH Asian	248	3%	7	4%
NH Other	74	1%	0	
Unknown	48	1%	0	

Race / Ethnicity	Population by Race 2019	Mortality Rate per 100,000 population**
Hispanic	643,822	104.7
NH Black	1,866,852	133.3
NH White	3,090,330	118.4
NH Asian	426,593	58.1
NH Other		
Unknown		

*Probable indicates signs and symptoms of COVID-19 but lab test results not available.
**Based on confirmed COVID-19 deaths.

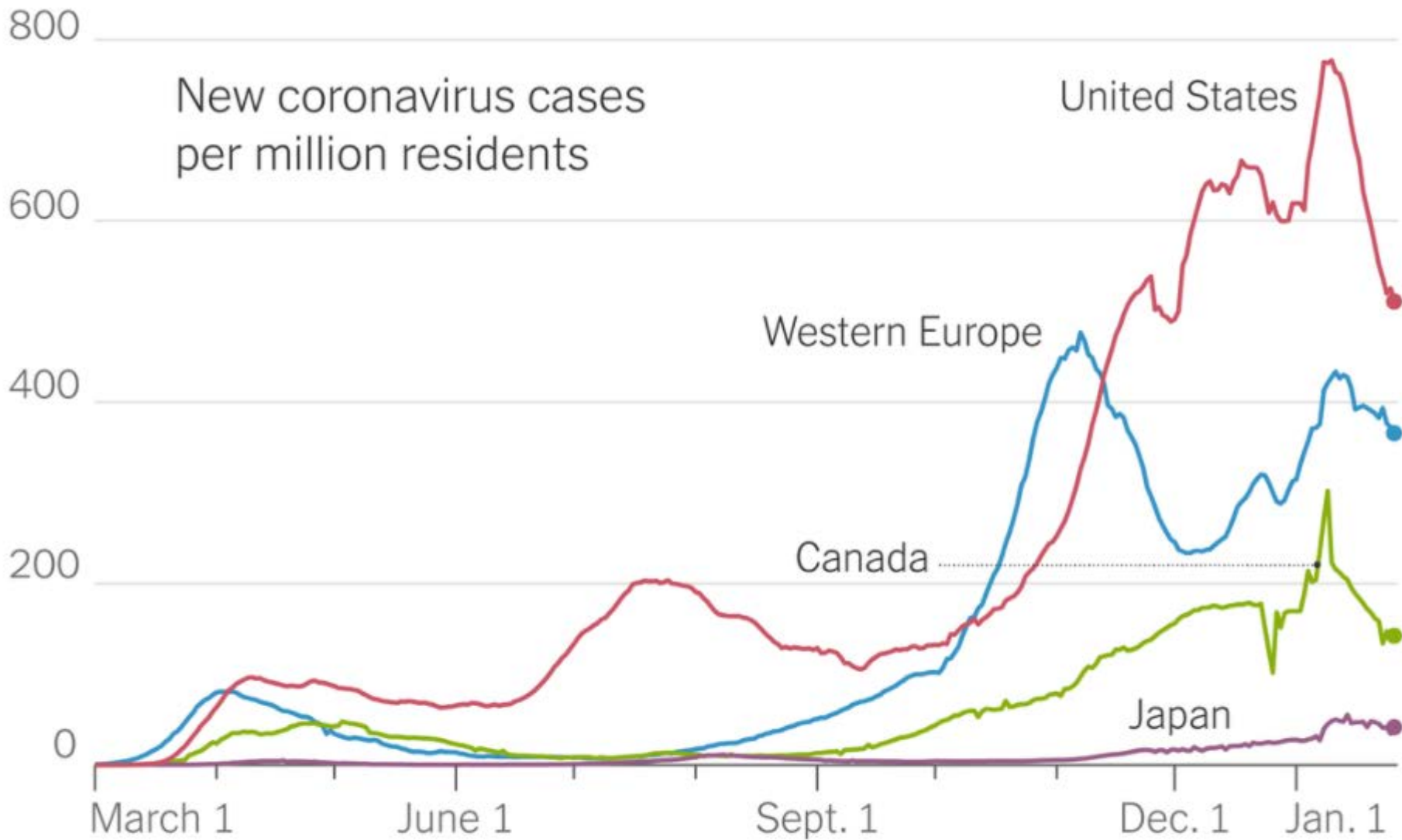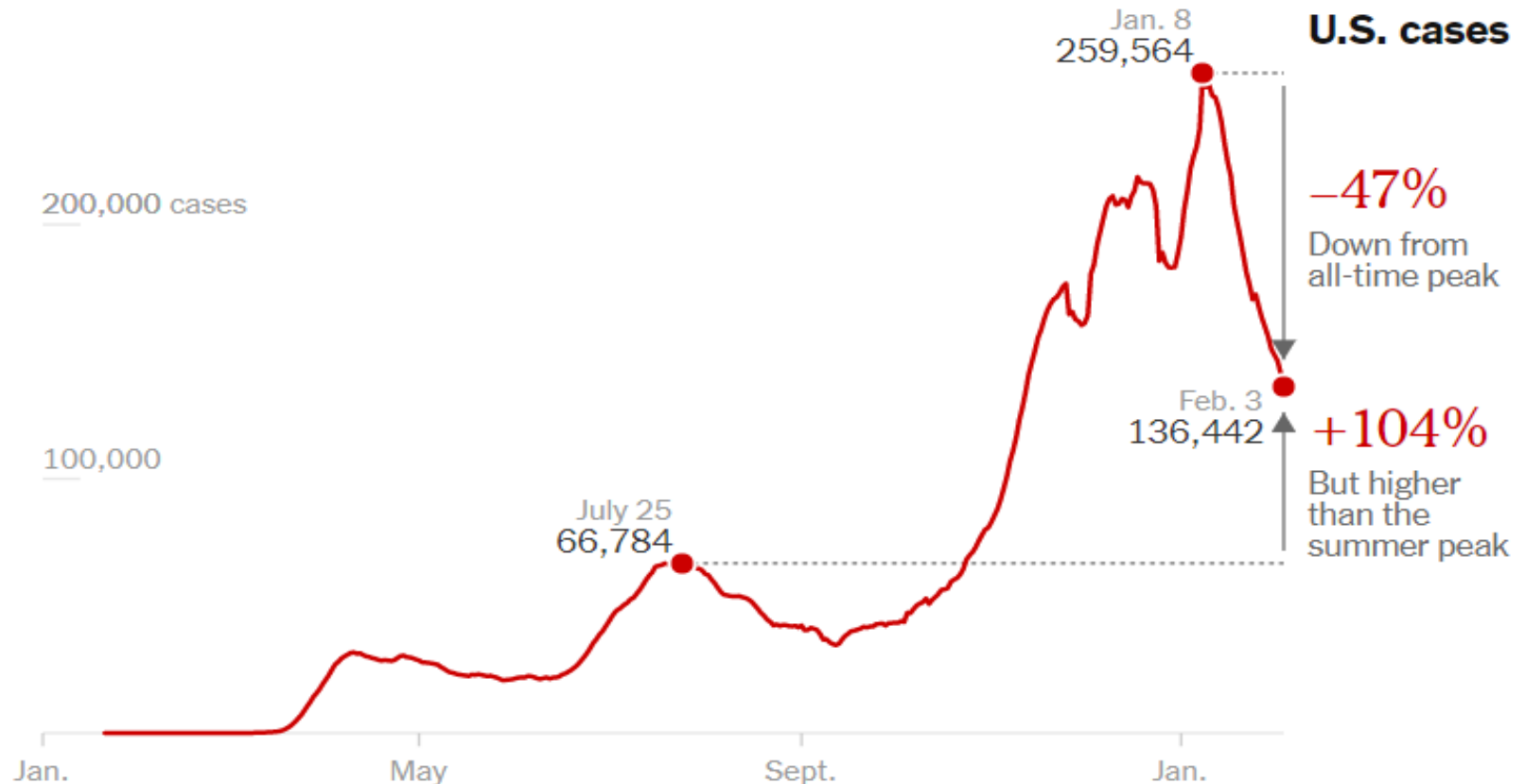New coronavirus cases per million residents

United States

Western Europe

Canada

Japan

Chart shows averages of previous seven days. Western Europe includes 11 countries, from Germany to Britain.

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Source: New York Times

The Number of Covid Cases in the United States is Falling

Jan. 8
259,564

U.S. cases

200,000 cases

−47%
Down from all-time peak

100,000

Feb. 3
136,442

+104%
But higher than the summer peak

July 25
66,784

Jan.   May   Sept.   Jan.

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Source: New York Times

Important Items This Week

❖ **Encouraging leading indicators, deaths are trailing indicator**

❖ **Vaccines in Phase 1a and 1b and 1c but supply is short**

❖ **Mass Vaccine sites opened**

❖ **Identify and treat patients using <u>monoclonal antibodies</u>**

❖ **Important to continue testing**

❖ **Emerging variants of Covid virus**

❖ **Continue using COVID-19-specific workflows to mitigate virus spread**

❖ **Health equity is still an issue**

❖ **Vaccine and mAb hesitancy are best addressed by trusted providers**

❖ **<u>Now is the time to prepare for provider vaccination programs</u>**

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Vaccine Administration

Priority Groups

Began 12/15/20, 500,000+ Marylanders

Began 1/18/21, 860,000+ Marylanders

Began 1/25/21, ~700,000 Marylanders

~1.1 million Marylanders

~4 million Marylanders

1A

1B

1C

2

3

Healthcare workers
Residents and staff of nursing homes
First responders, public safety, corrections

Assisted living, other congregate settings
Adults age 75 and older
Education and continuity of government

Adults age 65-74

Essential workers in lab services, agriculture, manufacturing, postal service, etc

Adults 16-64 at increased risk of severe COVID-19 illness due to comorbidities
Essential workers in critical utilities, transportation, food service, etc

General population

Vaccine prioritization may be subject to change.

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Source: Maryland Department of Health, Office of Governor Larry Hogan, WBALTV, WBALTV
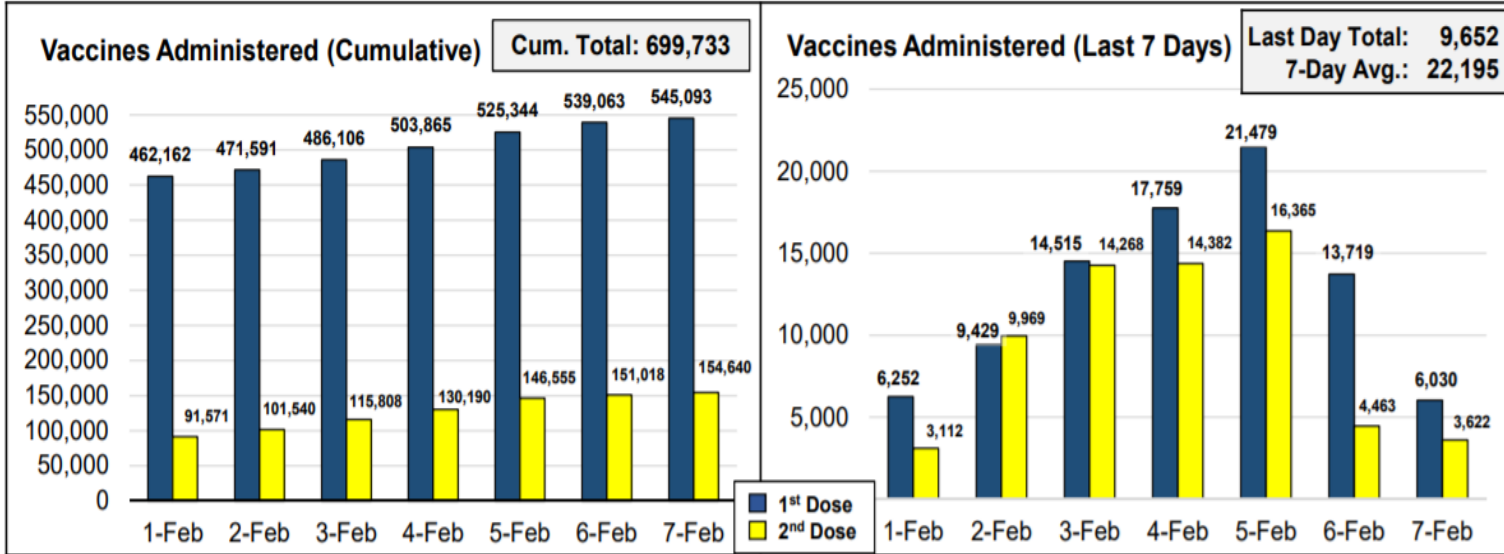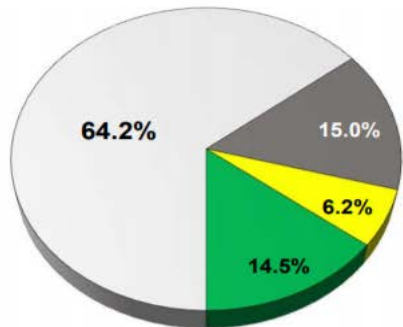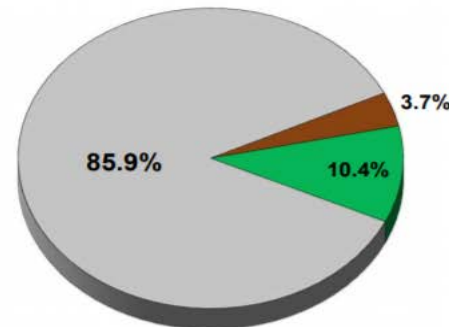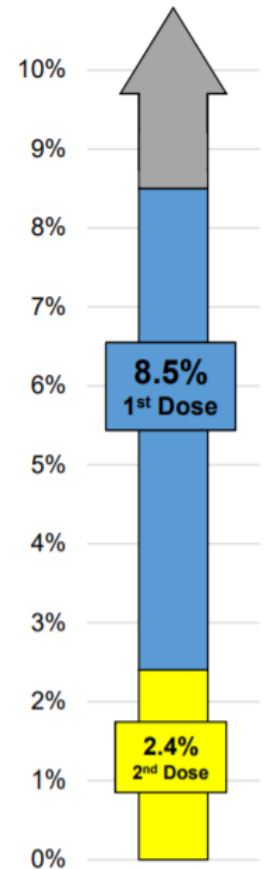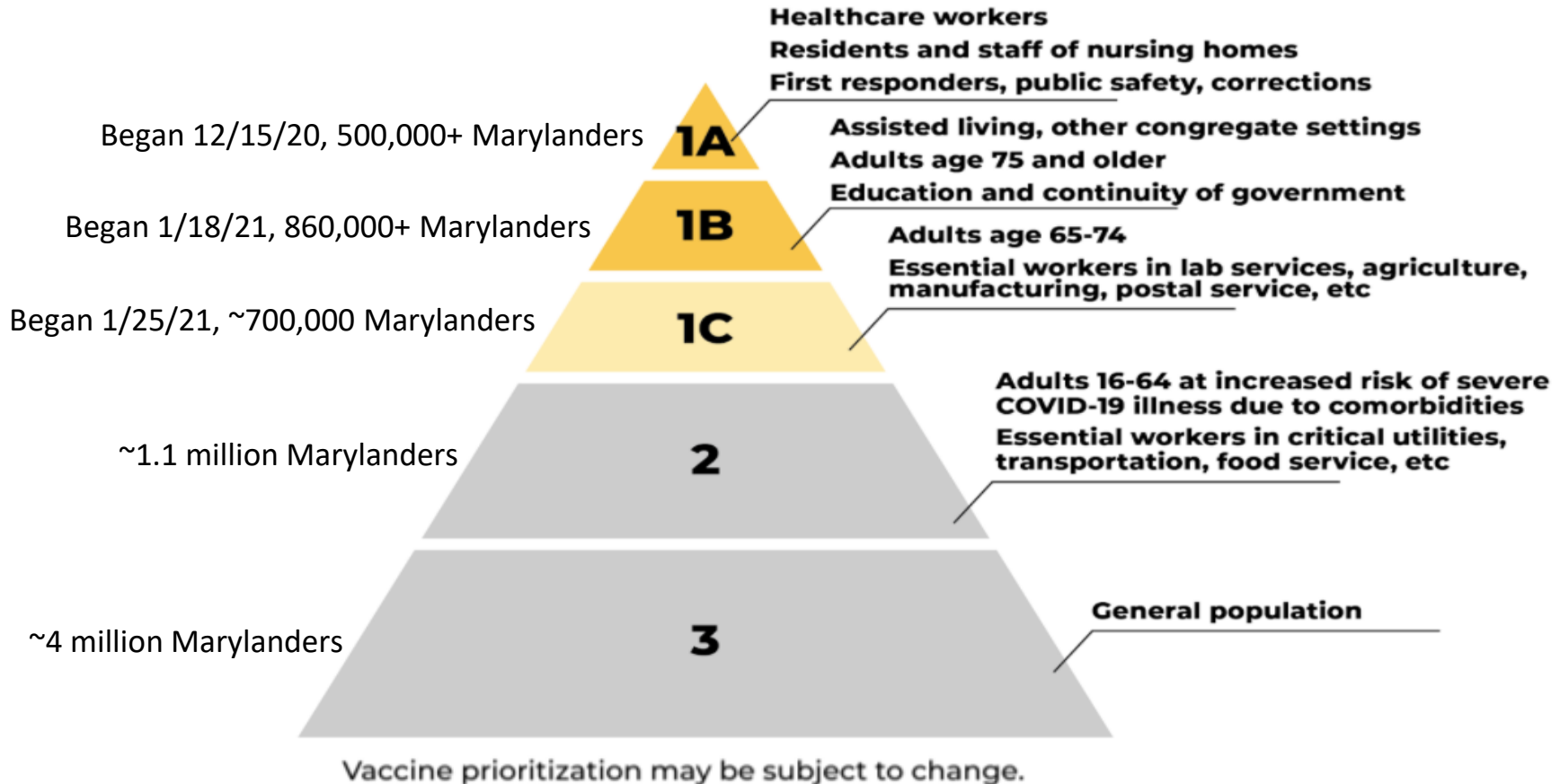
Projection and Current Allocation - Vaccination

Current Allocation	~72,000 per week
Current number vaccinated (1st dose)	461,000
Target for Herd Immunity (70%)	4,200,000
Approximate left to reach target	3,780,000
Weeks to herd immunity at current rate	52
ETA Herd Immunity ❖ Sooner as vaccine rate increases ❖ Sooner if count natural immunity ❖ May be affected by variants, new vaccines	February 2022

Next Potential Vaccines

	Johnson&Johnson	AstraZeneca	NOVAVAX
Vaccine Type	Viral Vector	Viral Vector	Protein-Based
Schedule	• One dose regimen	• Two dose regimen • 4 weeks apart	• Two dose regimen • 3 weeks apart
Efficacy	• 72% in United States, 66% in Latin America, 57% in South Africa	• 62% to 90%, depending on dosage	• 89.3%, UK trial
Storage	• Up to two years frozen at –4° F (–20° C), and up to three months refrigerated at 36–46° F (2–8° C)	• Stable in refrigerator for at least 6 months	• Stable in refrigerator

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Johnson & Johnson Vaccine Information

❖ *Vaccine Candidate 72% Effective in the US and 66% Effective Overall at Preventing Moderate to Severe COVID-19, 28 Days after Vaccination*

❖ *85% Effective Overall in Preventing Severe Disease and Demonstrated Complete Protection Against COVID-19 related Hospitalization and Death as of Day 28*

❖ *Protection Against Severe Disease Across Geographies, Ages, and Multiple Virus Variants, including the SARS-CoV-2 Variant from the B.1.351 Lineage[1] Observed in South Africa*

❖ *Single-shot compatible with standard vaccine distribution channels provides important tool in pandemic setting*

❖ *The FDA has scheduled a meeting for 2/26/2021 to discuss the request for EUA for this vaccine*

[1] The B.1.351 lineage also known as 501Y.V2 variant and 20H/501Y.V2 (formerly 20C/501Y.V2) is a variant of SARS-CoV-2, the virus that causes COVID-19
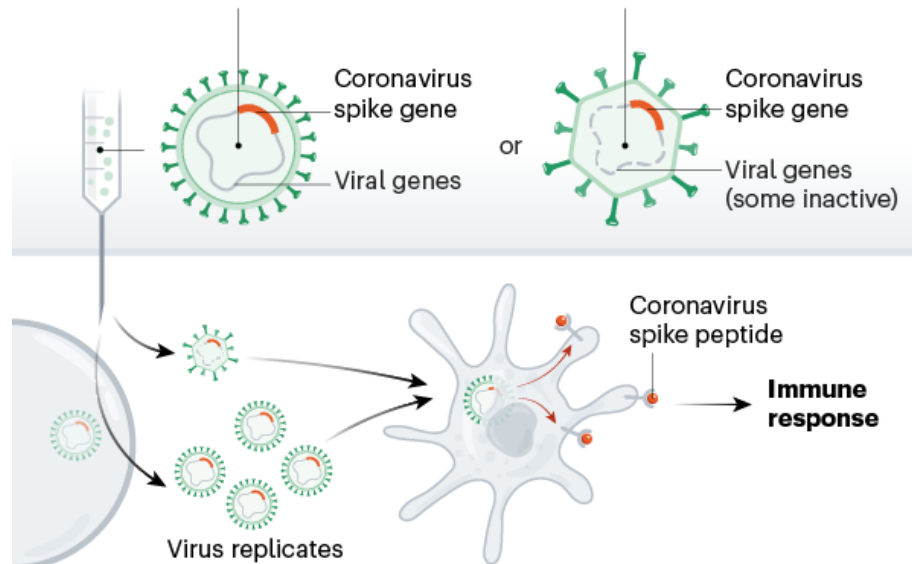
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Source: FDA

Vector Vaccine Delivery

VIRAL-VECTOR VACCINES

Replicating viral vector (such as weakened measles)
The newly approved Ebola vaccine is an example of a viral-vector vaccine that replicates within cells. Such vaccines tend to be safe and provoke a strong immune response. Existing immunity to the vector could blunt the vaccine's effectiveness, however.

Non-replicating viral vector (such as adenovirus)
No licensed vaccines use this method, but they have a long history in gene therapy. Booster shots can be needed to induce long-lasting immunity. US-based drug giant Johnson & Johnson is working on this approach.

Coronavirus spike gene

Viral genes

or

Coronavirus spike gene

Viral genes (some inactive)

Coronavirus spike peptide

Immune response

Virus replicates

©nature

- ❖ Non replicating human/chimp virus
- ❖ DNA for spike protein added
- ❖ Virus injected into muscle
- ❖ Virus produces immunogenic response
- ❖ Virus goes to host cells and produces spike protein
- ❖ Host cell with spike protein induces cascade of cellular and humoral immunity

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Source: Nature

Current Vaccine Providers

❖ Local Health Departments

❖ Hospitals

❖ National Pharmacy Chains- SNF and LTC facilities

❖ Local Pharmacies

❖ Kaiser

❖ FQHCs

❖ State Mass vax sites-
  ➢ Six Flags
  ➢ Baltimore Convention Center
  ➢ State Fairgrounds

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Vaccination Prep Guide Available

Access this guide here for steps to prepare for vaccination

Primary Care Practice Preparation for
COVID-19 Vaccinations

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- Wearing masks and social distancing help reduce your chance of being exposed to the virus or spreading it to others, but these measures are not enough. Vaccines boost your immune system so it will be ready to fight the virus if you are exposed.
- Getting a COVID-19 vaccine may help keep you and your patients from getting seriously ill even if you do get COVID-19.

STEPS

1. Complete ImmuNet requirements *including site onboarding AND vaccinator registration (vaccination ordering not available currently)*
2. Educate and encourage your team to get vaccinated *as part of the Maryland Vaccination Priority Phase 1A*
3. Direct your patients to a vaccination site *by identifying patients for each vaccination priority phase*

Current Phase:
1C
as of 1/25/21

STEP 1: Complete ImmuNet Requirements 🖥

1A: Onboard your site to ImmuNet
(Check with your MDPCP Practice Coach if you do not not know your status)

Not enrolled AND not reporting — 1
OR
Enrolled BUT not reporting — 2
OR
Enrolled AND reporting — 3

Onboard your site to ImmuNet: complete form and wait for an email with your username and password

1. Follow guide to "Providers with Electronic Health or Medical Records Systems EHR/EMR" in ImmuNet
2. Send a Help Desk ticket to your EHR vendor and include:
   - Your ImmuNet Org ID
   - Technical specs
   - ImmuNet contact info

Verify that your patients' records in ImmuNet are being accurately transmitted to ImmuNet by logging in and viewing a recently immunized patient's record for completeness.

mdh.pcmodel@maryland.gov

STEP 3: Direct Your Patients ▶▶

3A: Identify patients with COVID-19 vaccine priority criteria

1A
- All licensed, registered and certified health care providers
- Residents and staff of nursing homes
- First responders, public safety, corrections

1B
- Residents and staff of Assisted living facilities, independent living, and other congregate facilities
- Adults age 75 and older
- Education staff, including K-12 teachers, support staff and daycare providers
- People in Continuity of government
- Law enforcement and firefighters, EMS
- Correctional health care staff and officers
- Front line judiciary staff

1C
- Adults age 65-74
- Essential workers in lab services, food/agriculture, manufacturing, postal service, grocery/convenience stores, public transit

2
- Adults 16-64 at increased risk of severe COVID-19 illness due to comorbidities
- Essential workers in critical utilities, transportation, food service, etc

3
- General population, including healthy adults age 16-64

Vaccine prioritization may be subject to change. The state has adopted a rolling vaccine allocation model, meaning it may not wait for every member of a particular group to get vaccinated before moving ahead; individuals will still have the opportunity to be vaccinated in subsequent phases.

3B: Share information on vaccination sites

Vaccine locater and scheduling site: **covidvax.maryland.gov**
Instruct your patients to schedule directly with the hyperlink listed above. Please note that vaccine supply and appointment availability are limited currently.

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CRISP Vaccine Tracking Tool

❖ This tool is live now! User Guide Link:
https://vacctrac.crisphealth.org/#help/User%20Guide

❖ Vaccination data updated daily from ImmuNet (IIS)

❖ Includes patient demographics, Chronic Condition Flags to identify patients at high risk

❖ User editable status to track outreach efforts

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CRISP Vaccine Tracking Tool
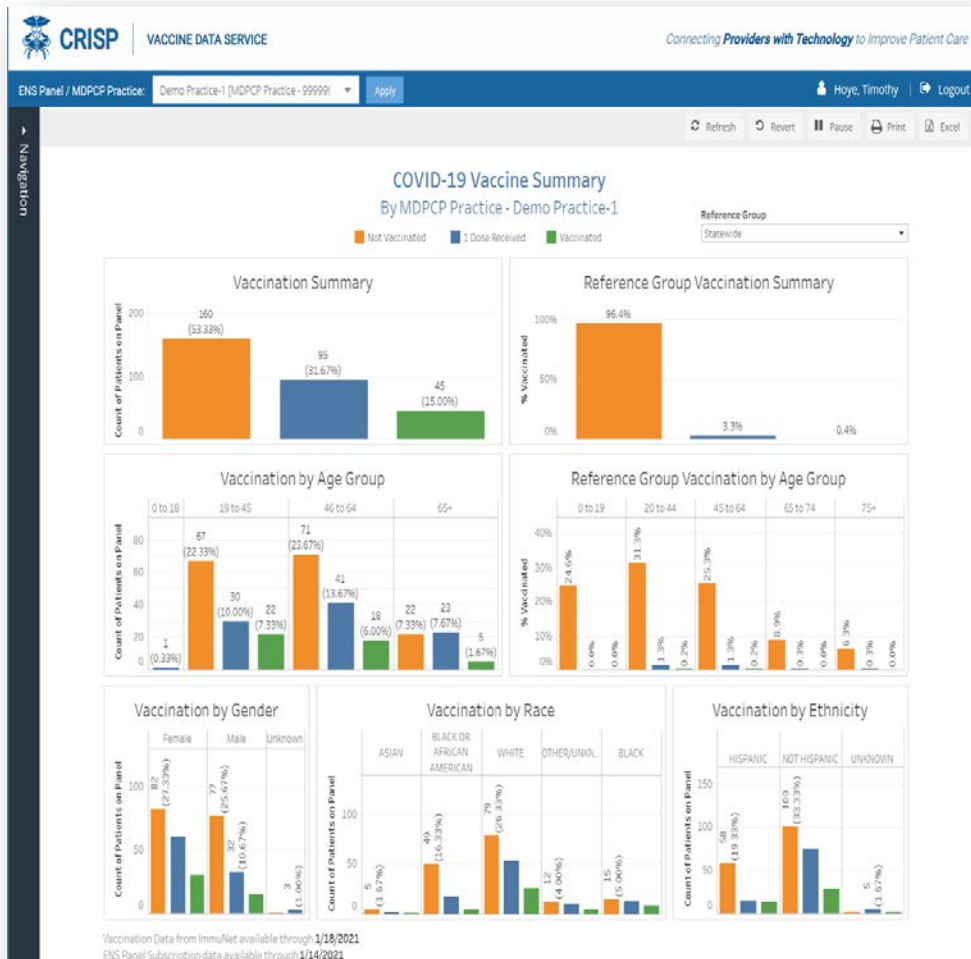
Summary Reports

❖ Compare your Practice to MD Statewide population or relevant Peer Groups

❖ Compare by demographic fields

❖ Track a practice's patient vaccination status over time

Report Training Webinars

❖ Wed 2/10, 1pm
❖ Tues 2/16, 3pm
❖ Friday 2/26, 10am

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Prepare for Vaccine Administration

❖ Fully enrolled and ImmuNet capable

❖ Reviewed the Vaccine Tracking Tool on CRISP

❖ Review vaccine storage and administration requirements

❖ Plan vaccine clinics

❖ Plan for vaccines during regular visits

❖ Plan outreach to vulnerable populations

❖ Educate staff and patients on vaccines- reduce hesitancy

❖ Advise all vaccines are safe and effective- get the first you can

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About Monoclonal Antibodies

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

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Source: Operation Warp Speed Therapeutics: Monoclonal Antibody Playbook for outpatient administration (Version 2.0)

Monoclonal Antibody Referrals

❖ Early evidence suggests promise of mAb products in **OUTPATIENT** settings to **REDUCE HOSPITALIZATION**

❖ mAbs **likely to be most beneficial if given to patients early** in symptom progression

> *Keep this reference document handy for quick info on mAb referrals*

Key Facts

1. **Allocation Rhythm: Maryland will receive a new allocation tomorrow (2/03/2021 - 2/16/2021).**
2. **Expanding hospital-based sites: A total of nine new sites go-live as of 2/08: Union of Cecil, JHHS Howard & JHH, LifeBridge (Sinai & Grace), Calvert Health and Mercy; two others include MedStar Harbor (2/11) & Suburban (2/15). See [Work plan](#).**
3. **Expanding non-hospital-based sites:**
   - **FQHC: Onboarding with FQHCs are in progress for Choptank Eastern Shore, Chase Brexton, Mary's Center, FHCB Health System, and CCI.**
   - **Nursing Homes: Regular cadence meetings w/ Pharmacy Partners and the Nursing Home Associations are on Fridays.**
   - **Corrections: DPSCS received doses for the Hagerstown and Cumberland sites as an initial pilot on 1/07/2021.**
4. **Communications: mAb information is live on the [MDH website](#) as well as [CRISP](#) with a [user guide](#). [General audience FAQ](#)s are updated weekly on the Covid LINK website. MDH continues to promote the availability of mAbs to providers and the public.**
5. **Health Information Systems: The CRISP eReferral system went live on 1/21/2020 and collection of health outcome data began 1/22/2021.**

3,034	Maryland Monoclonal Antibody Infusion Treatments Administered: Nov - Jan 31 2021

❖ *Maryland has avoided 142 hospitalizations due to monoclonal antibody infusions (number needed to treat = [21.3](#))*

❖ *A total of approximately 219 infusions have occurred in the nursing home settings (out of the 3,034 infusions)*

❖ *Approximately 29% of monoclonal antibody treatment received in state has been utilized at this point in time*

❖ *[Monoclonal Antibody eReferral Instructions](#)*

Updated as of 2/02/2021 for previous weeks (11/23 – 1/31/2021)

Figure 1. Summary Distribution of Infusion Sites across Maryland by Region
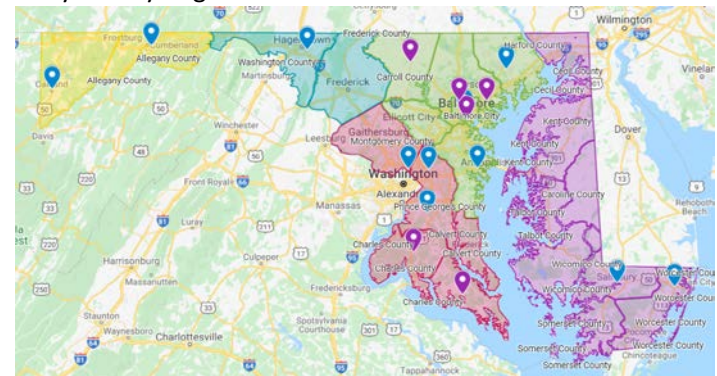
Note: Blue indicated established hospital-based infusion sites.
Purple indicates planned regional subsidiary sites.

Point-of-Care Rapid Antigen Tests to Identify Monoclonal Antibody Eligible Patients

❖ Tests provided to practices willing to test and refer symptomatic patients eligible for mAb therapy

❖ Interested practices should fill out this Google Form as soon as possible

  ➢ After filling out the form, Maryland Department of Health staff will contact you with next steps
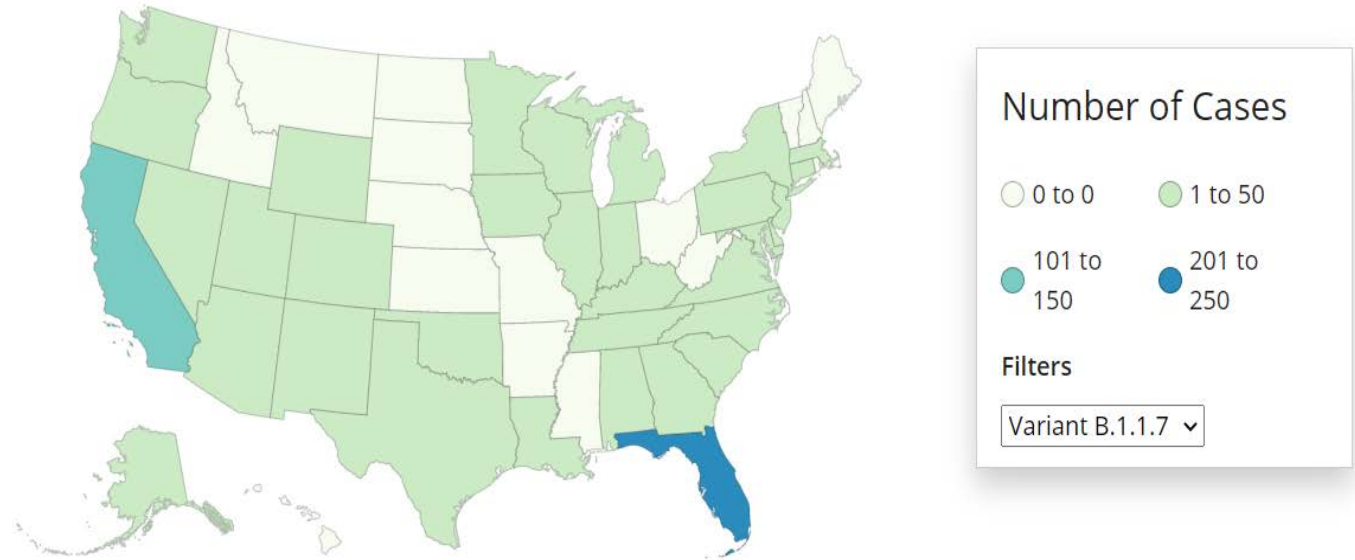
❖ More information is available here

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Multiple COVID-19 variants are circulating globally

B.1.1.7	B.1.351	P.1
• Appears to have originated in the UK with an unusually large number of mutations • Was first detected in 9/2020 • Spreads more quickly and easily than other variants • Some evidence it causes more severe illness or increased risk of death • Highly prevalent in London and southeast England	• Has emerged in South Africa, is independent of B.1.1.7 • Originally detected in 8/2020 • Shares some mutations with B.1.1.7	• Emerged in Brazil • Was identified in four travelers from Brazil,who were tested during routine screening at Haneda airport outside Tokyo, Japan • Contains a set of additional mutations that may affect its ability to be recognized by antibodies

Source: Office of the Governor of Larry Hogan

Emerging Variants in the United States

Emerging Variant Cases in the United States*†

Number of Cases

- ○ 0 to 0
- ● 1 to 50
- ● 101 to 150
- ● 201 to 250

Filters

Variant B.1.1.7 ▾

Territories: AS | GU | MH | FM | MP | PW | PR | VI

CDC

Variant	Reported Cases in US	Number of States Reporting
B.1.1.7	690	33
B.1.351	6	3
P.1	3	2

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Source: CDC

Vaccine Variant Nomenclature

- ❖ Inconsistent

- ❖ WHO seeking standardization

- ❖ Vaccine lineage

- ❖ Point mutation

- ❖ Other

- ❖ Avoid using country of "origin" as stigmatizing

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Contact Tracing

- ❖ Contact tracers
- ❖ Cell Phone notice
- ❖ Provider alerts

Patient Information and Workflows

❖ Reinforce scheduled visits

❖ Separate sick and well to the extent possible

❖ Avoid waiting room crowds

❖ Outdoors screening and testing as possible

❖ Tailor staff and resources to need

❖ Telehealth, including testing, when applicable

❖ Quarantine period for positive tests shortened to 10 days for asymptomatic and 7 days based n negative test (after 5 days)

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Five things you can do to serve you patients

1. **Identify all your high risk patients** —use the Covid Vulnerability Index (CVI) in CRISP, your EHR, and your intuition and do outreach and communication
➢ Advise patients to continue to use social distancing and wear masks

2. **Provide vulnerable patients with expanded care** through telemedicine and special accommodations if they need face-to-face care

3. **Offer testing for all patients, every visit – POC for those eligible for mAb therapy**

4. **Stay current, stay safe**—stay current by keeping up-to-date with CDC guidelines and case rates in your area. For up-to-date information, visit CDC, MDH, and MDPCP sites. Stay safe by taking all necessary infection control precautions when seeing patients

5. **Prepare for a vaccine** - address vaccine hesitancy with patients, enroll in ImmuNet and plan

for administration

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Discussion and Q/A

❖ Wednesday webinars continue through duration of Catastrophic Health Emergency declaration

❖ Swan Song for Flash Webinars

Let music sound while he doth make his choice; then, if he lose, he makes a swan-like end, fading in music.

Merchant of Venice Wm. Shakespeare 1596

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Appendix

Resources and Links

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Maryland Covid-19 Vaccination Plan

❖ Maryland has developed a Covid-19 vaccination plan to vaccinate all Marylanders interested in receiving vaccine

❖ Plan was released on Tuesday, October 20, 2020

❖ This is a working plan and subject to change as new information is received and the Covid-19 pandemic continues to evolve

❖ Copy of the plan can be found here:

https://phpa.health.maryland.gov/Documents/10.19.2020_Maryland_Covid-19_Vaccination_Plan_CDCwm.pdf

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Phased Approach

	Phase 1	Phase 2
Vaccine availability	Limited	Widespread
Approach	Targeted	Universal
Vaccine available to:	• Frontline healthcare workers • Other essential workers • Those at highest risk of developing complications from Covid-19 (ACIP high risk conditions)	• General public
Vaccine distribution by:	• Local health departments • Hospitals • Vaccination clinics (through LHDs) • Essential employer work sites	• Local health departments • Hospitals • Pharmacies • Primary care practices • Urgent care centers • School vaccination clinics

Current Vaccines

	BIONTECH Pfizer	**moderna** messenger therapeutics
Schedule	• Two dose regimen • 17-21 days apart (can extend)	• Two dose regimen • 28 days apart (can extend)
Indications	• 16 years and older • Pregnant and lactating can be considered • Caution with those with h/o anaphylaxis	• 18 years and older • Pregnant and lactating can be considered • Caution with those with h/o anaphylaxis
Administration and Distribution	• Ultracold storage, 5 days in refrigeration • 985 doses per box • 15 and 30 minute observation periods	• Up to 30 days in refrigerator • 100 doses per box • 15 and 30 minute observation periods

Johnson and Johnson to follow (Likely This Month)

Source: CDC

Vaccine Resources

❖ [CDC Covid-19 Vaccination Communication Toolkit](#) - ready made materials, how to build vaccine confidence, social media messages

❖ [New York Times Vaccine Tracker](#) - information on every Covid vaccine in development

❖ [New York Times Vaccine Distribution Tracker](#) – information on the distribution of Covid vaccines in the United States

❖ [MDH Covidlink Vaccine Page](#) - information on vaccine priority groups in Maryland

❖ [CDC Vaccine Storage and Handling Toolkit](#)

❖ [Project ECHO Webinar](#) - webinar on vaccines and Long Term Care Facilities, relevant for primary care

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Covid-19 Vaccines/Immunization Information

❖ Maryland Covid-19 Vaccination Plan

❖ New York Times Coronavirus Vaccine Tracker

❖ ImmuNet Information

  ➢ ImmuNet enrollment form

  ➢ ImmuNet helpdesk contact information

  ➢ Guidance for practices how about reporting to ImmuNet

  ➢ Technical specifications for the EHR interface with ImmuNet

  ➢ ImmuNet log-in information portal

❖ Summary of vaccines under development

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Covid-19 mAb Treatment Criteria

❖ Patient Criteria

➢ Have BMI >= 35

➢ Have chronic kidney disease

➢ Have diabetes

➢ Are currently receiving immunosuppressive treatment

➢ Are >= 65 years old

➢ Are >=55 years old and have

    ✓ Cardiovascular disease, or

    ✓ Hypertension, or

    ✓ Chronic obstructive pulmonary disease/other chronic respiratory disease

➢ Are 12 – 17 years old AND have

    ✓ BMI >=85th percentile for their age and gender based on CDC growth charts, or

    ✓ Sickle cell disease, or

    ✓ Congenital or acquired heart disease, or

    ✓ Neurodevelopmental disorders, or

    ✓ A medical-related technological dependence, or

    ✓ Asthma

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Source: FDA

Covid-19 Testing Information

❖ [Maryland Department of Health testing announcements and accessibility information and resources](#)

❖ [CDC Covid-19 testing overview](#)

❖ [MDPCP Roadmap to Recovery – Covid-19 testing guidelines](#)

❖ [Maryland Department of Health guidance regarding point of Care rapid antigen Covid testing](#)

❖ [myLAB Box - Covid-19 testing program for Maryland clinicians](#)

❖ [FDA letter to clinical laboratory staff and health care providers about the potential for false positive results with rapid antigen tests for Covid-19](#)

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Primary Care Involvement

❖ Continue to encourage and vaccinate your patients with the flu shot

❖ Ensure that you are onboarded (connected) with ImmuNet to report vaccinations administered

❖ Once available, register to become a Covid vaccine provider

❖ Use the CVI tool to begin to identify your patients that are at a higher risk for Covid

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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

❖ Other workflow resources
  ➢ Care management workflows
  ➢ BMJ telemedicine workflow graphics
  ➢ CDC flowchart to identify and assess 2019 novel Coronavirus
  ➢ CDC telephone evaluation flow chart for flu
  ➢ CDC guidance for potential Covid-19 exposure associated with international or domestic travel

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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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Prepare Safe Workflows and Stock Sufficient PPE

❖ Ensure your practice has 30 days of PPE immediately available

❖ Consult usual suppliers and order PPE well in advance of anticipated need

  ➢ There may be PPE shortages in the future

❖ Continue using PPE according to CDC guidelines

❖ Ensure safe workflows for all patients, particularly vulnerable patients

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Personal Protective Equipment (PPE) Sources and Requests

❖ Practices should initially request PPE through their usual vendors

❖ Practices should make their PPE requests through their local health departments

❖ Maryland PPE Manufacturers List – next slide

❖ National and international PPE supplier list

❖ PPE request form

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Personal Protective Equipment (PPE) Sources and Requests

- ❖ Increasing Maryland's supply of PPE – one of the 4 building blocks on the Road to Recovery

- ❖ Maryland has launched the Maryland Manufacturing Network Supplier Portal, an online platform that helps connect Maryland suppliers with buyers in need of critical resources

- ❖ For additional business resources during Covid-19, visit businessexpress.maryland.gov/coronavirus

- ❖ Providers may also request PPE from the non-profit 'Get Us PPE'

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Masks and Distancing Remain Critical

Masking up

Fewer covid-19 symptoms reported in states with higher rates of mask use.
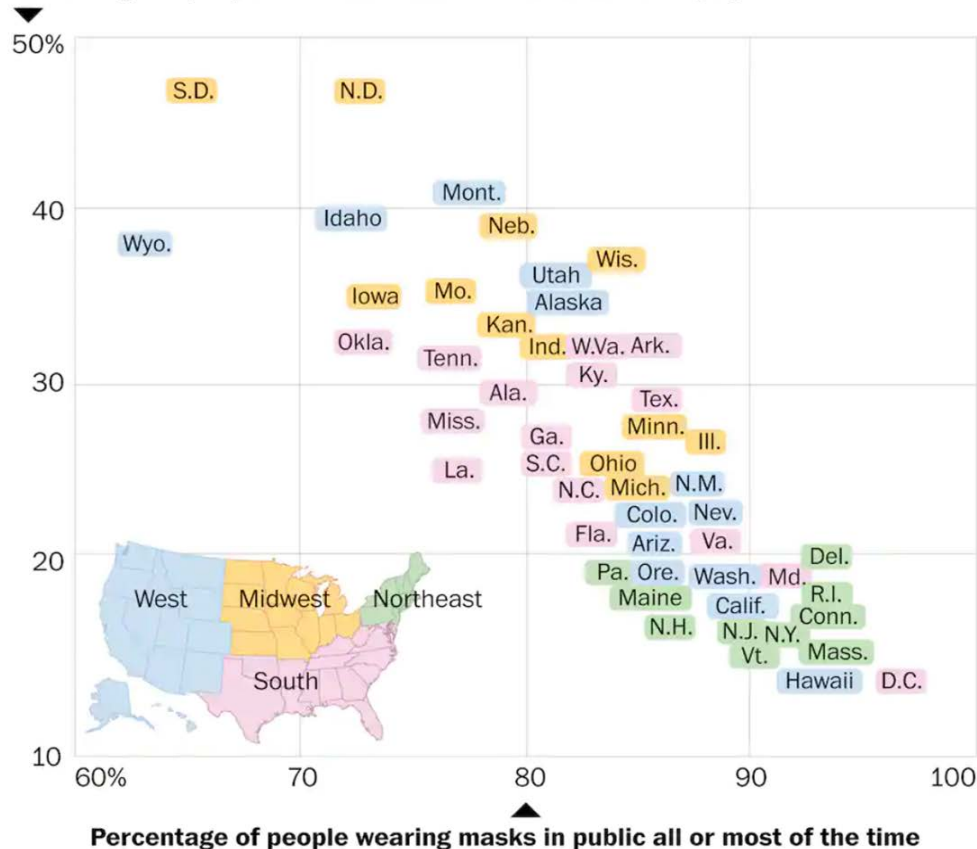
Data as of Oct. 19

Source: Delphi CovidCast, Carnegie Mellon University

THE WASHINGTON POST

❖ IHME model:
  ➢ Universal mask use *saves 129,574 lives* before Feb 2021

  ➢ 85% mask use *saves 95,814 lives* before Feb 2021

Sources: Washington Post, Nature

MD COVID Alert App

❖ New opt-in cell phone app that notifies users if they have been exposed to somebody who is Covid-19 positive

❖ Mimics CDC close contact definition (6-feet or less for >15 minutes) with bluetooth

❖ Individuals who receive exposure notifications:

  ➢ Receive advice to get tested

  ➢ Receive information about possible exposure date

  ➢ COVID-19 positive users may receive a call from a contact tracer

❖ More information is available here
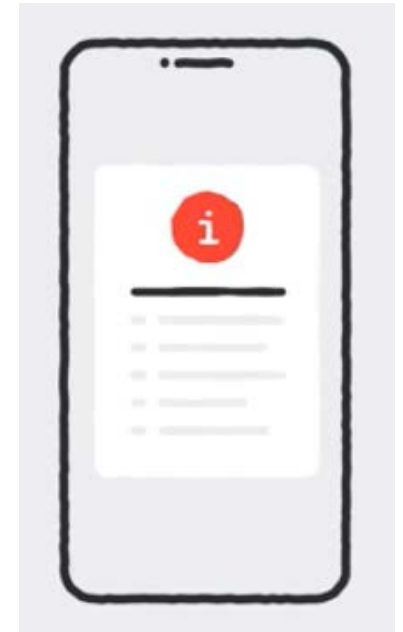
Provider/Patient Mental Health Resources

❖ Providers

➤ "Helping the Helpers and Those They Serve," a webinar series from the Maryland Department of Health Behavioral Health Administration and MedChi (on the 2nd and 4th Thursdays of every month starting 11/12/2020)

➤ Heroes Health Initiative

❖ Patients

➤ Ask Suicide-Screening Questions toolkit

➤ CDC list of resources for coping with stress

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Health Equity Resources

❖ [Maryland Department of Health Office of Minority Health and Health Disparities](#) (MHHD)

❖ Maryland Department of Health Minority Outreach and Technical Assistance Program [overview](#)

❖ MHHD fiscal year 2020 minority outreach and technical assistance [program information](#)

❖ [Description](#) of the term "health disparity"

❖ [Implicit bias test](#)

❖ "Hundreds of Days of Action as a Start to Address Hundreds of Years of Inequality" – New England Journal of Medicine [article](#) by Maulik Joshi, DrPH

❖ "Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine" – [discussion draft](#) for public comment by Committee on Equitable Allocation of Vaccine for the Novel Coronavirus, The National Academies of Science, Engineering, Medicine

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Telehealth Resources

- ❖ [Maryland Health Care Commission Telehealth](#)
- ❖ [Maryland Health Care Commission Telehealth Readiness Assessment Tool](#)
- ❖ [U.S. Department of Health and Human Services Health Insurance Portability and Accountability Act (HIPAA) for Professionals](#)
- ❖ [American Telehealth Association](#)
- ❖ [Maryland Telehealth Alliance](#)
- ❖ [National Consortium of Telehealth Resource Centers](#)

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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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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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Food Resources

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

➢ [Maryland Summer Meals](#)   [Howard County](#)

➢ [Montgomery County](#)   [Anne Arundel County](#)

➢ [Prince Georges County](#)   [St. Mary's County](#)

➢ [Charles County](#)   [Harford County](#)

➢ [Frederick County](#)   [Calvert County](#)

❖ Free meals available from 42 rec centers in Baltimore

➢ Call 311 for locations and to schedule pickup time

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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)

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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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