Maryland
DEPARTMENT OF HEALTH

Covid-19 Update

Maryland Department of Health
Maryland Primary Care Program
Program Management Office

10 February 2021

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

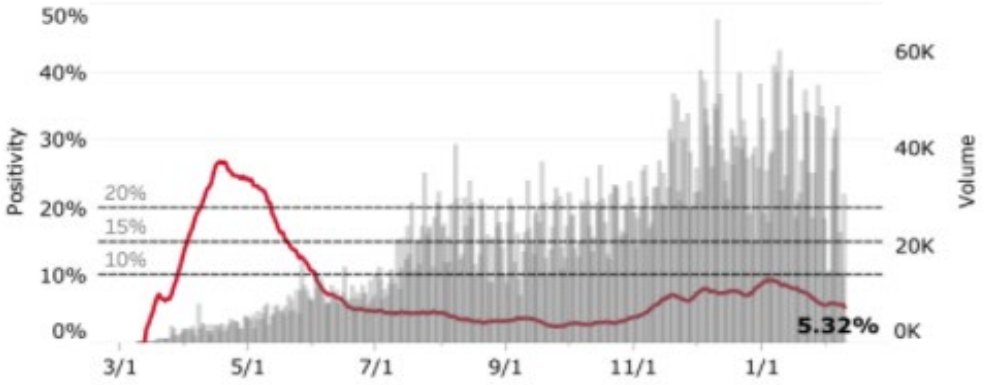
Daily COVID-19 Report

Data reported as of 2/10/2021 for data through 2/9/2021

366,666 cases cumulative	**7,304,817** tests cumulative	**21.7** 7-day avg. case rate	**7,111** total hospital adult census	**7,267** deaths cumulative
1,137 cases reported yesterday	**30,379** tests reported yesterday	**5.32%** 7-day avg. positivity	**186** change in total hospital census	**33** deaths reported yesterday

7-Day Avg. Percent Positivity and Total Testing Volume

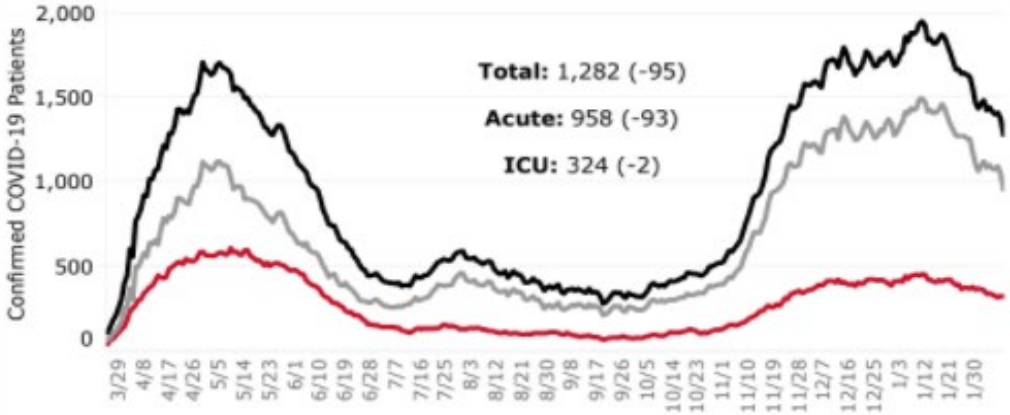
Since 3/1/20



Daily New Cases

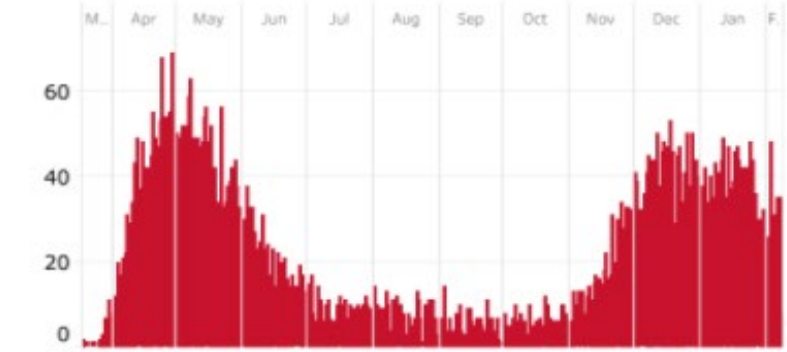
by Specimen Collection Date

Statewide Acute/ICU Beds Occupied by COVID Patients



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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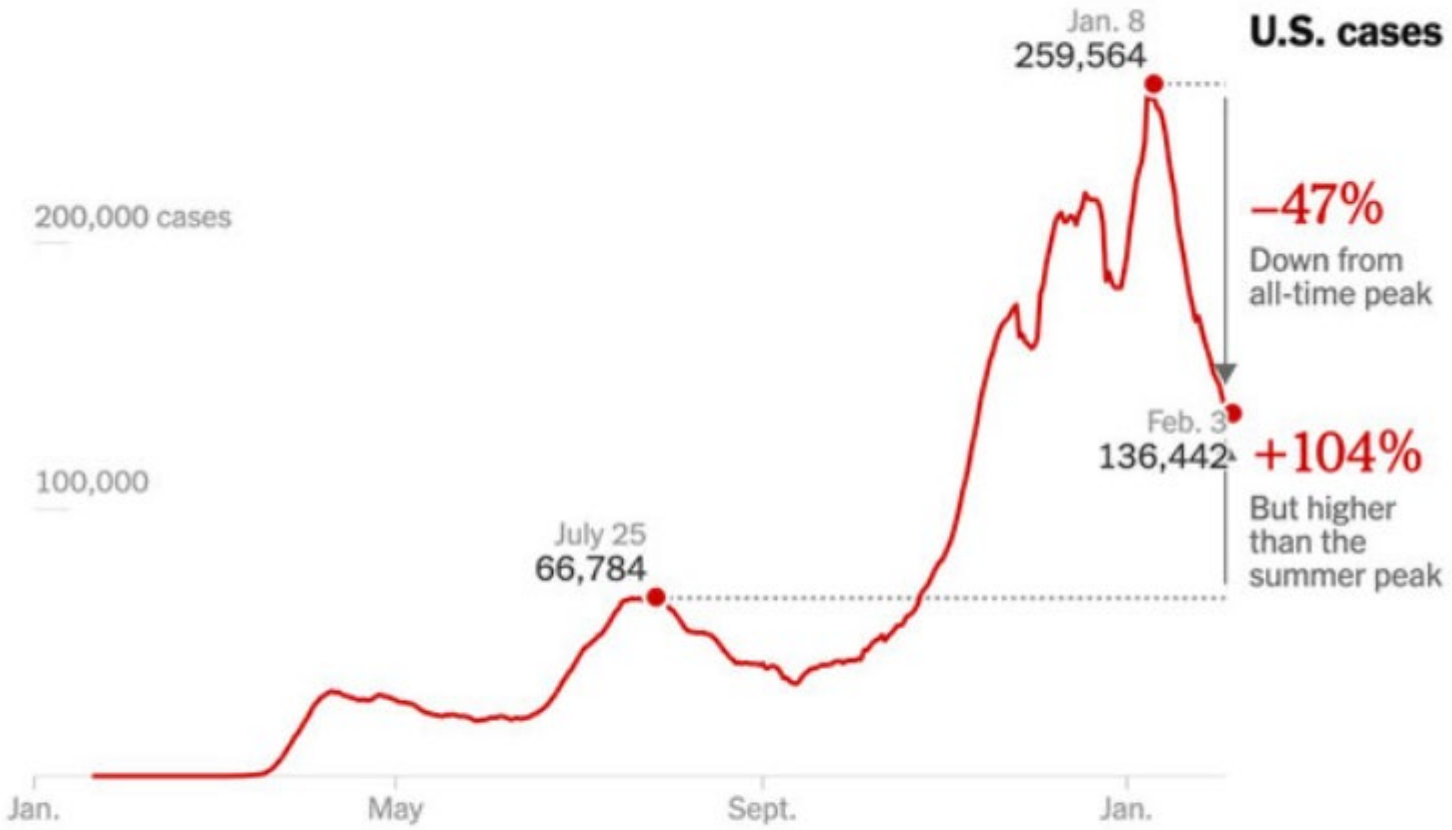

The New York Times

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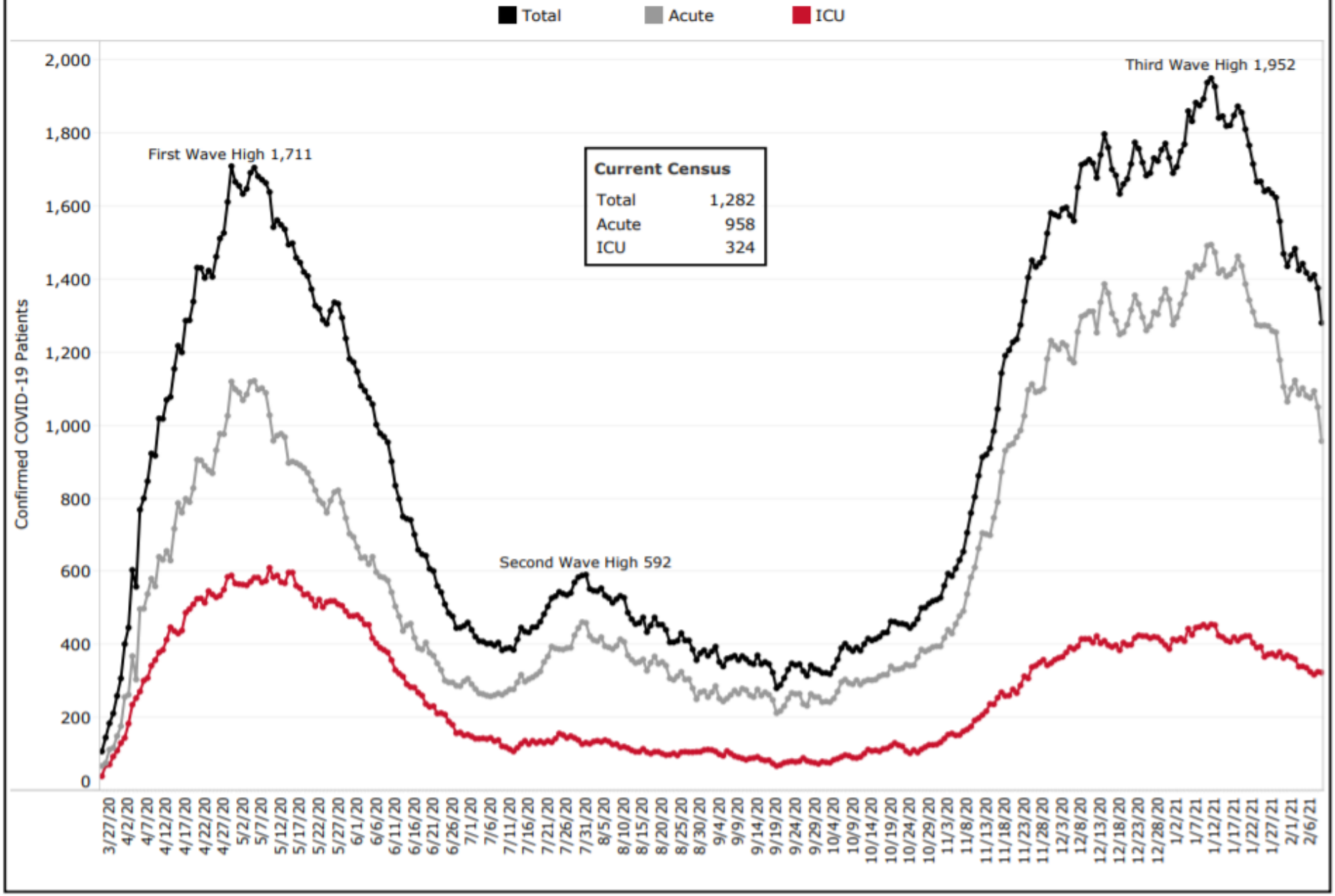
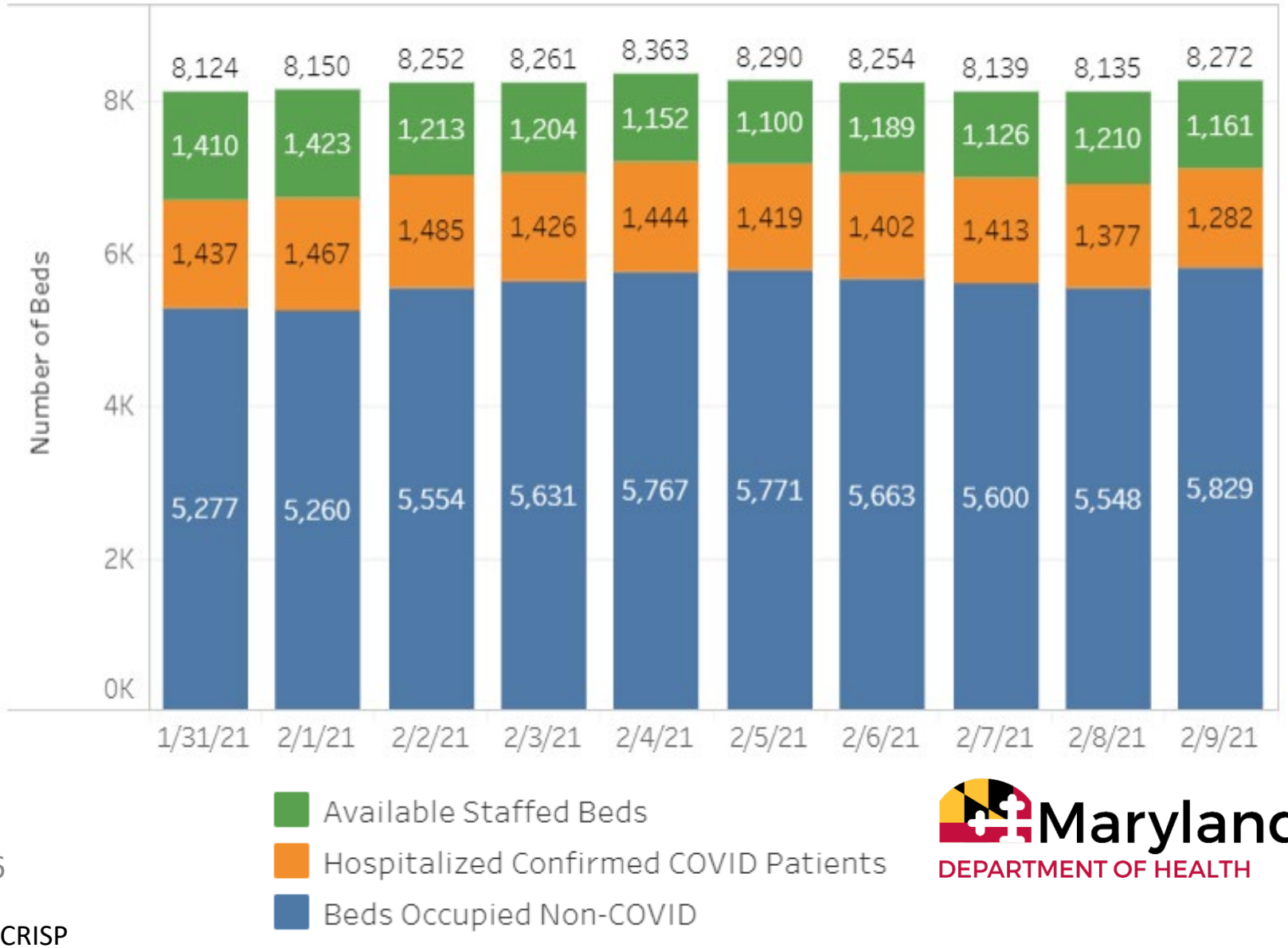
Statewide Acute/ICU Beds Occupied by COVID Patients

Data reported as of 2/10/2021 for data through 2/9/2021

Since 3/25/20



Statewide Occupied Staffed - Adult Acute Care and ICU - Last 10 Days



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Source: CRISP

Maryland Resident Recorded COVID-19 Deaths

Reported as of February 9, 2021 at 5:00pm

	Confirmed	Probable*
Total	7,267	179

	Confirmed		Probable*	
Age Group	Number	% of Total	Number	% 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	201	3%	5	3%
50-59 yrs	551	8%	23	13%
60-69 yrs	1,144	16%	18	10%
70-79 yrs	1,845	25%	35	20%
80+ yrs	3,407	47%	90	50%
Unknown	3	0%	0	

	Confirmed		Probable*	
Place of Death	Number	% of Total	Number	% of Total
DOA	4	0%	1	1%
ER/Outpatient	244	3%	37	21%
Home	369	5%	40	22%
Hospice	568	8%	7	4%
Inpatient	4,189	58%	35	20%
Nursing Home	1,628	22%	49	27%
Other	265	4%	10	6%

	Confirmed		Probable*	
Gender	Number	% of Total	Number	% of Total
Male	3,763	52%	91	51%
Female	3,504	48%	88	49%

	Confirmed		Probable*	
Race / Ethnicity	Number	% of Total	Number	% of Total
Hispanic	679	9%	15	8%
NH Black	2,510	35%	64	36%
NH White	3,703	51%	93	52%
NH Asian	249	3%	7	4%
NH Other	73	1%	0	
Unknown	53	1%	0	

Race / Ethnicity	Population by Race 2019	Mortality Rate per 100,000 population**
Hispanic	643,822	105.5
NH Black	1,866,852	134.5
NH White	3,090,330	119.8
NH Asian	426,593	58.4
NH Other		
Unknown		

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

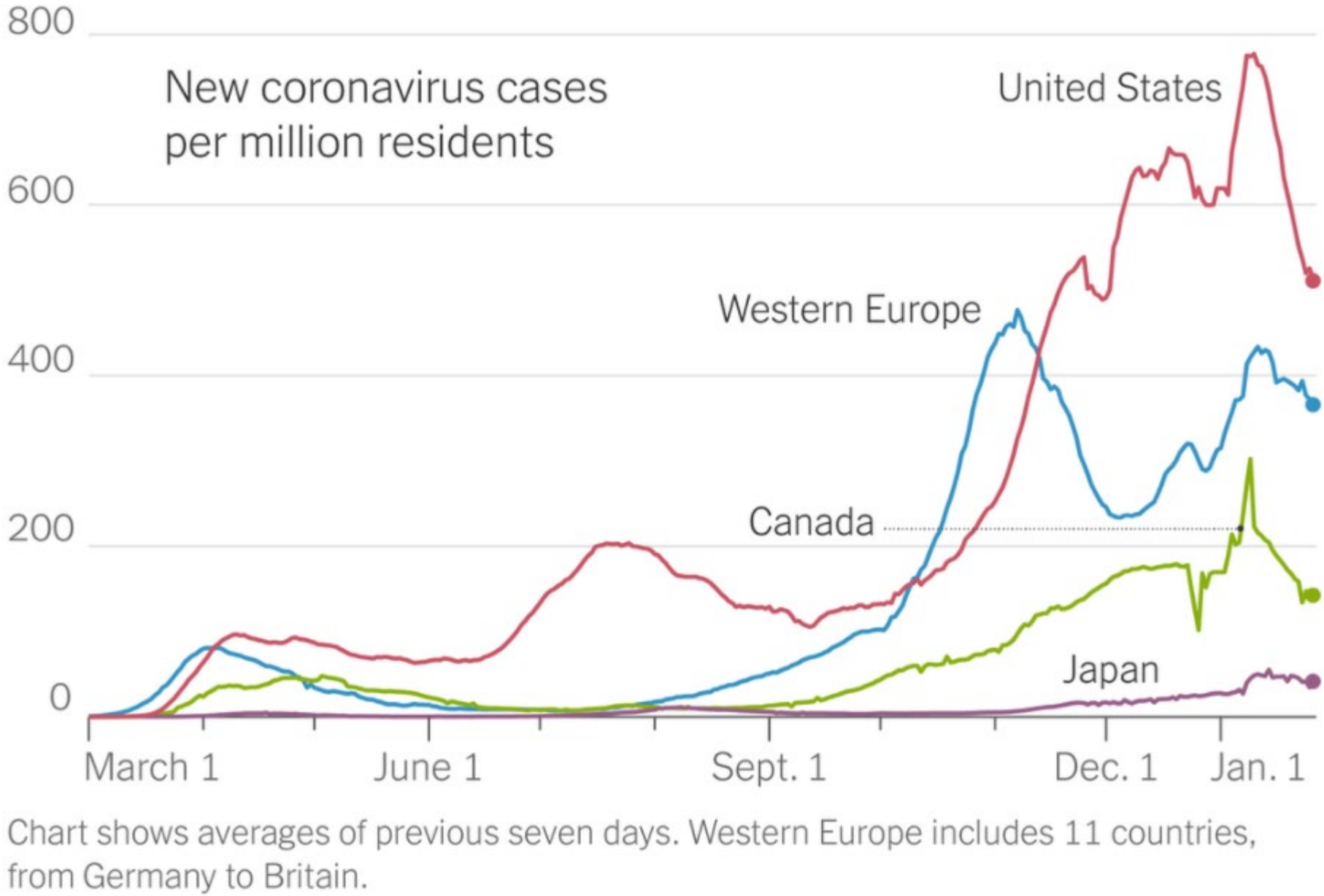
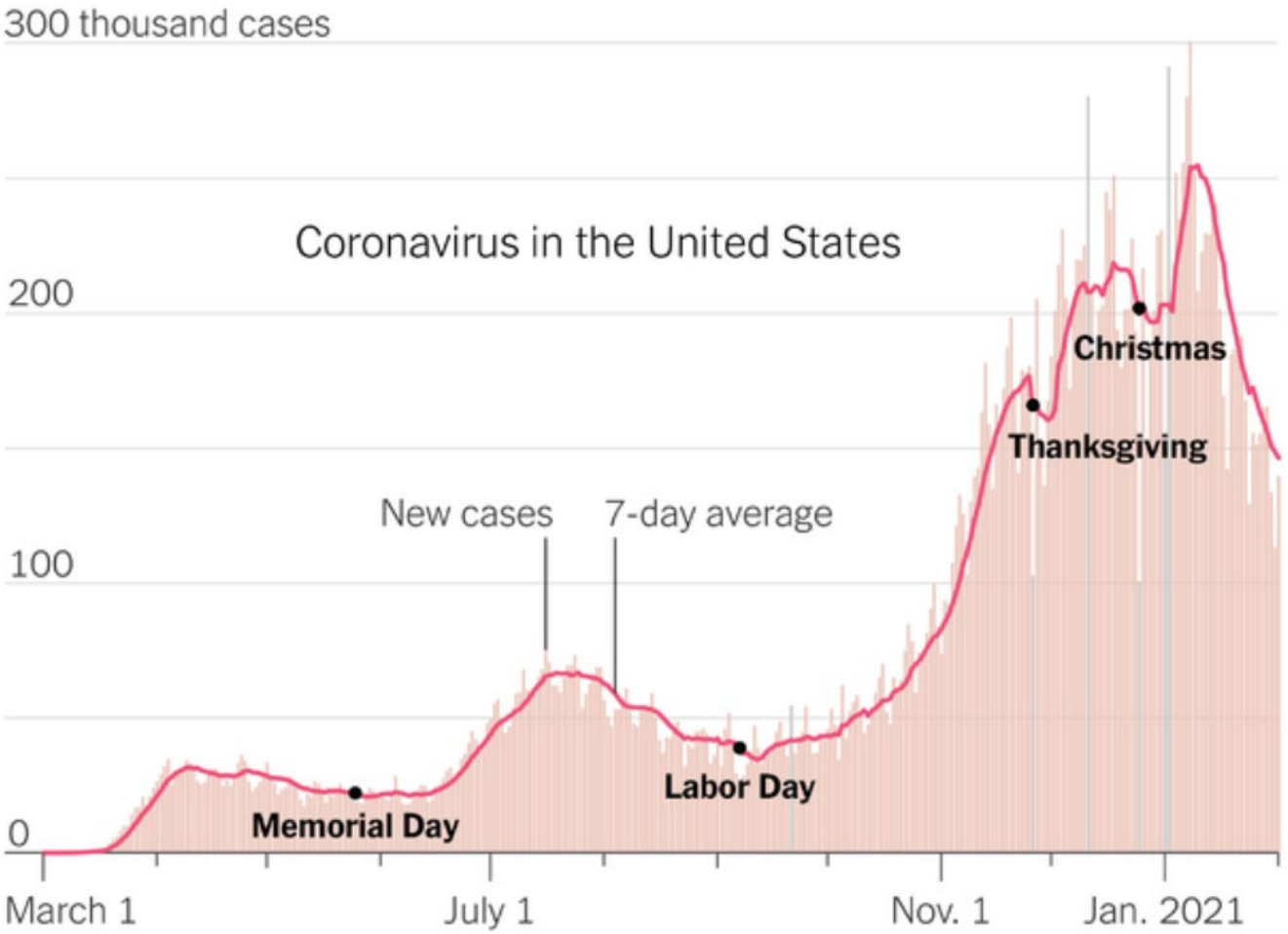


Chart shows averages of previous seven days. Western Europe includes 11 countries, from Germany to Britain.

Source: New York Times

Super Bowl Weekend is past
Will we see a spike?



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 monoclonal antibodies
- Important to continue testing
- Emerging variants of Covid virus and contact tracing
- 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
- **Now is the time to prepare for provider vaccination programs**

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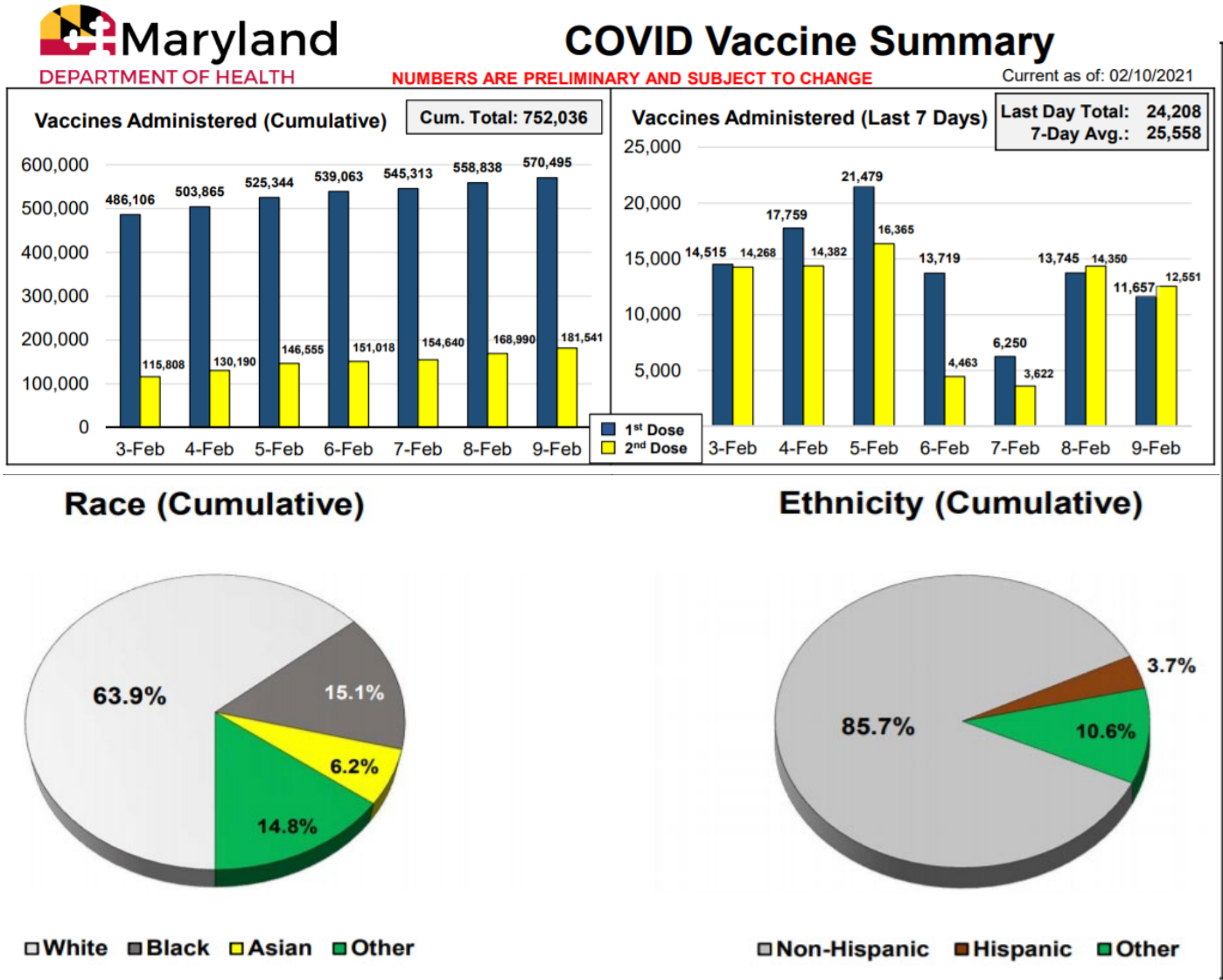
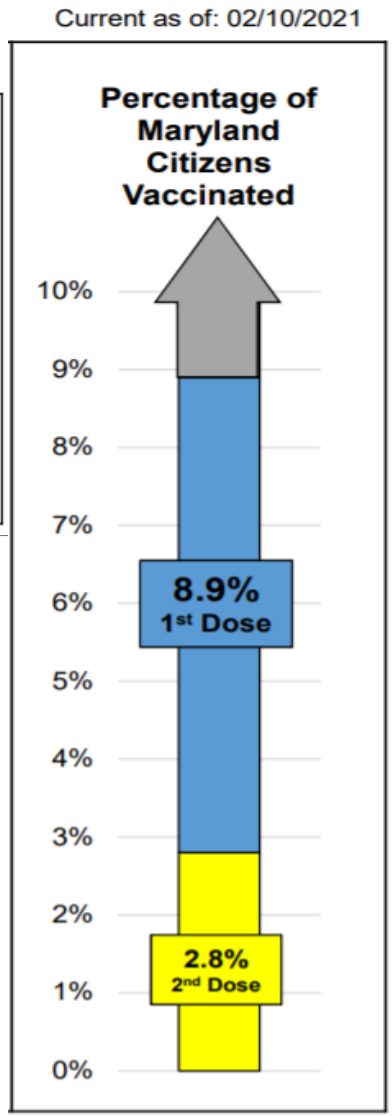
Vaccine Administration

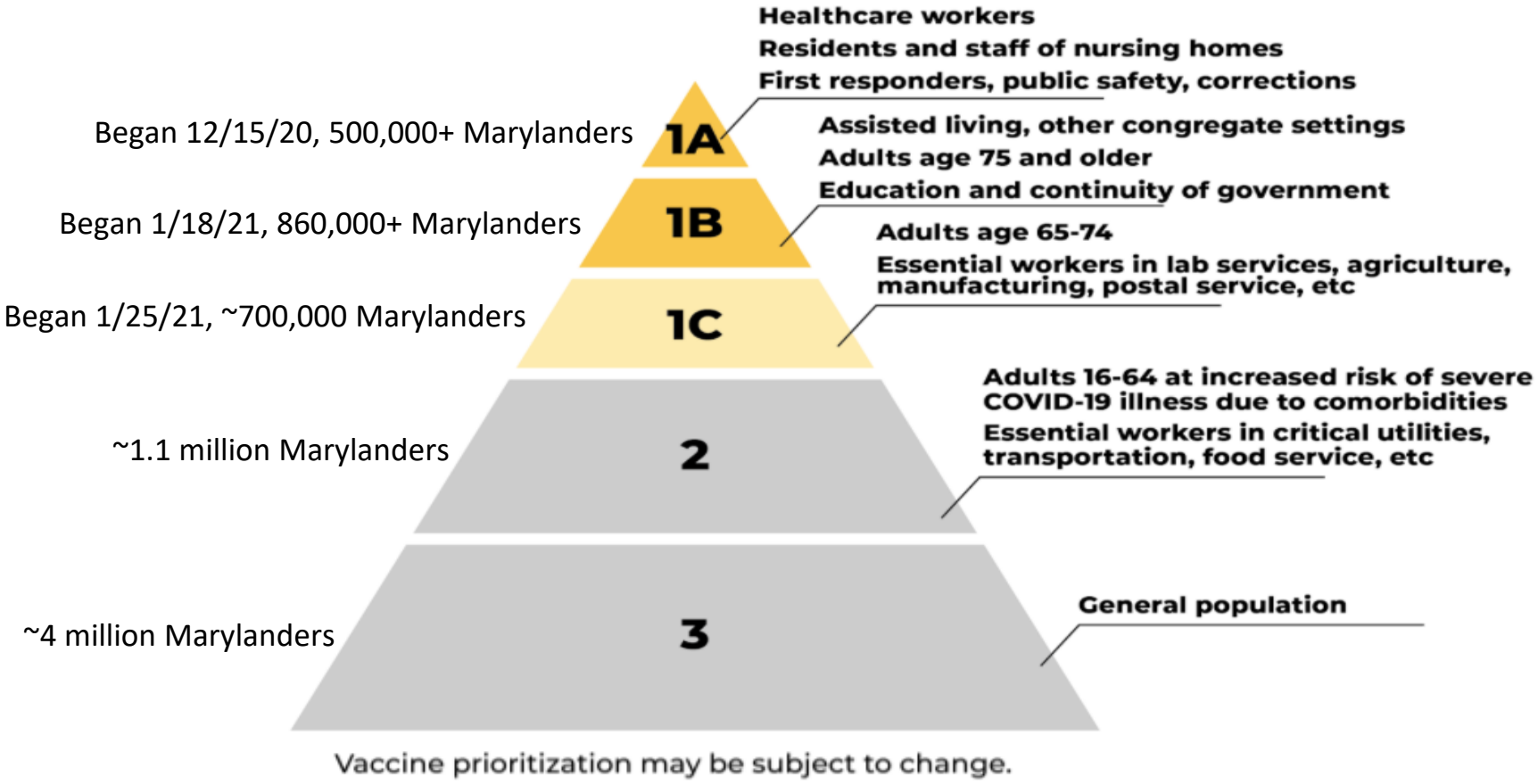




Projection and Current Allocation - Vaccination

Current Allocation	~72,000 per week
Current number vaccinated (1st dose)	768,350
Target for Herd Immunity (70%)	4,200,000
Approximate left to reach target	3,431,650
Weeks to herd immunity at current rate	48
ETA Herd Immunity ❖ Sooner as vaccine rate increases ❖ Sooner if count natural immunity ❖ May be affected by variants, new vaccines	February 2022

Priority Groups



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Source: Maryland Department of Health, Office of Governor Larry Hogan, WBALTV, WBALTV

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

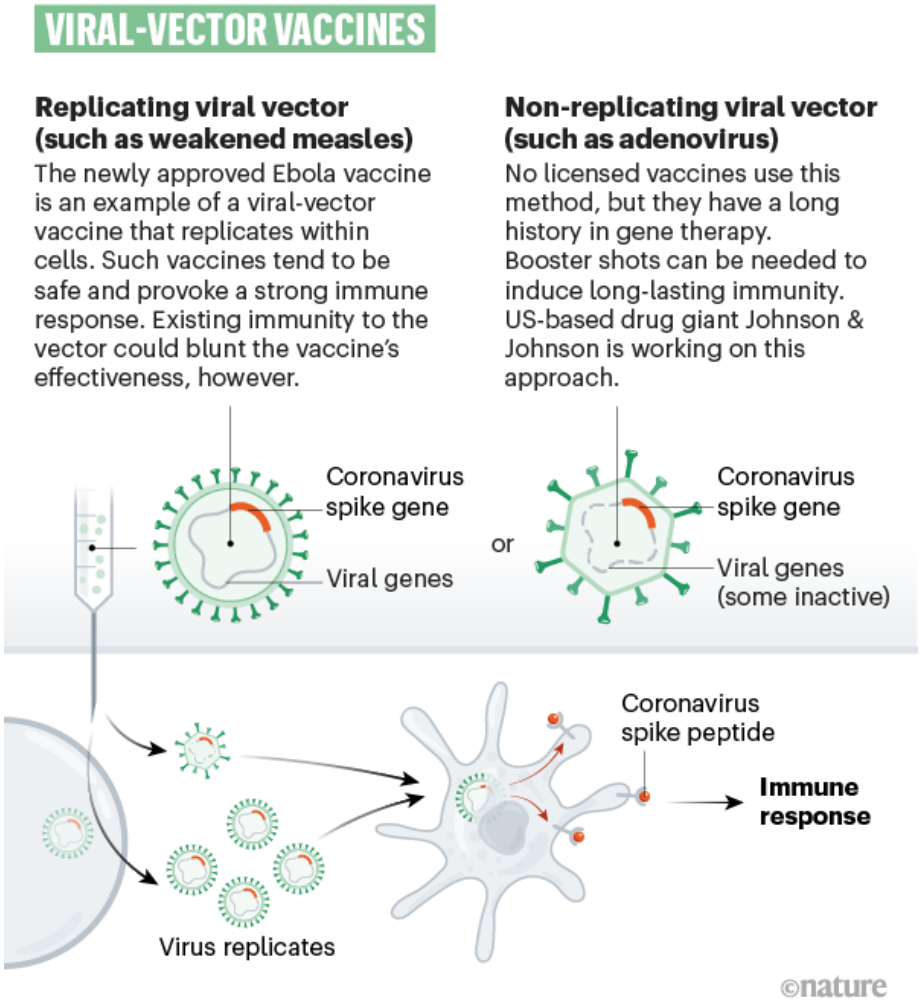
Source: CDC

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

Source: New York Times

Vector Vaccine Delivery



- 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- soon
  - Baltimore Convention Center
  - M/T Stadium
  - Six Flags

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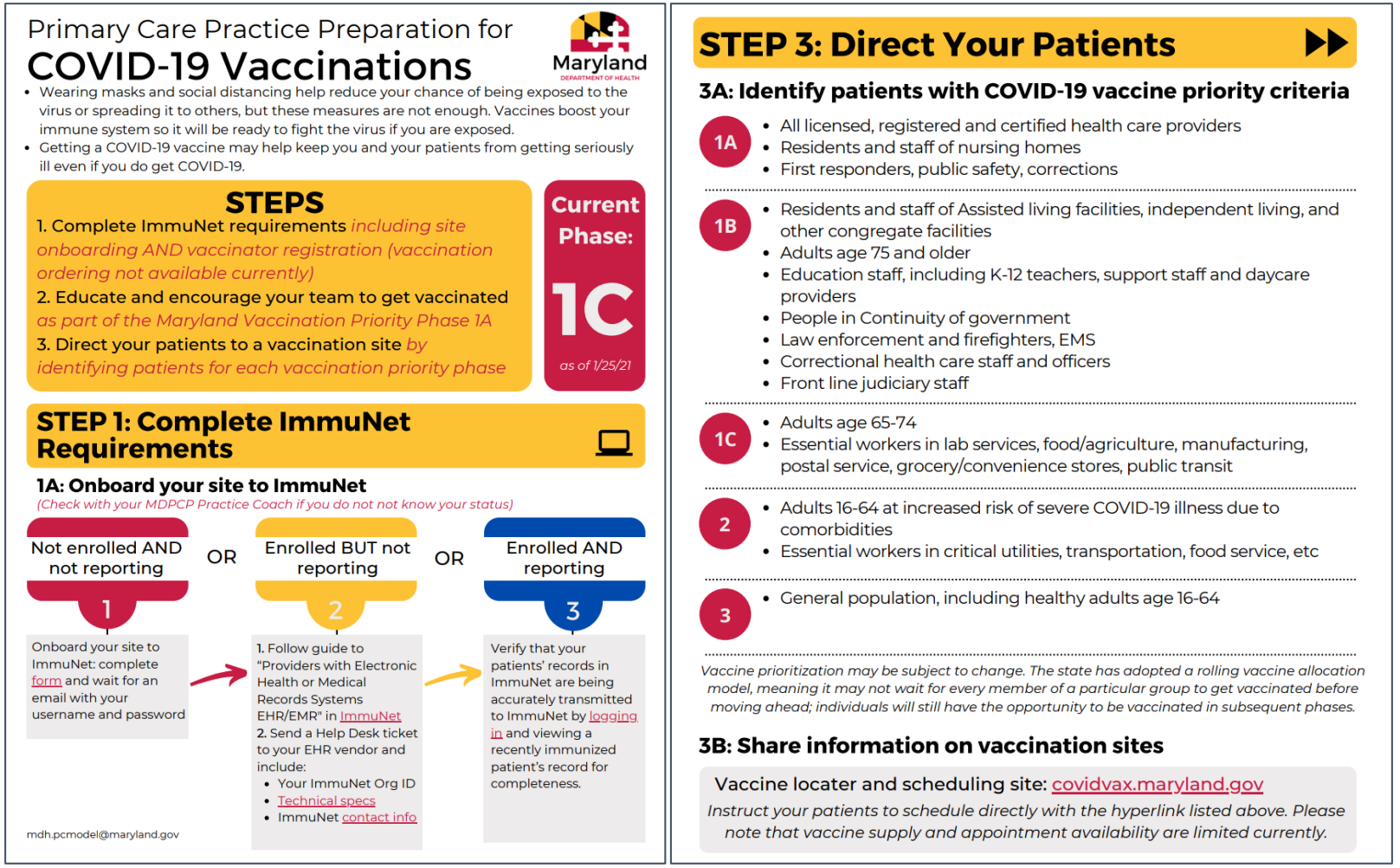
Vaccination Prep Guide Available

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	OR	Enrolled BUT not reporting	OR	Enrolled AND reporting
1		2		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

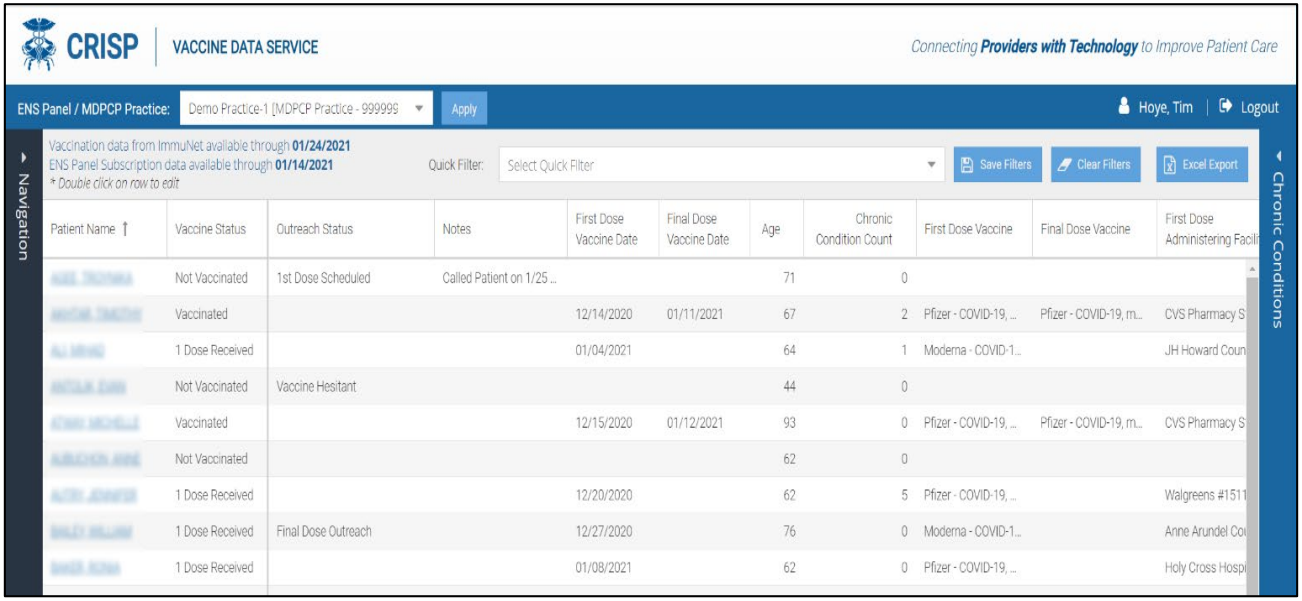
3
- General population, including healthy adults age 16-64

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.

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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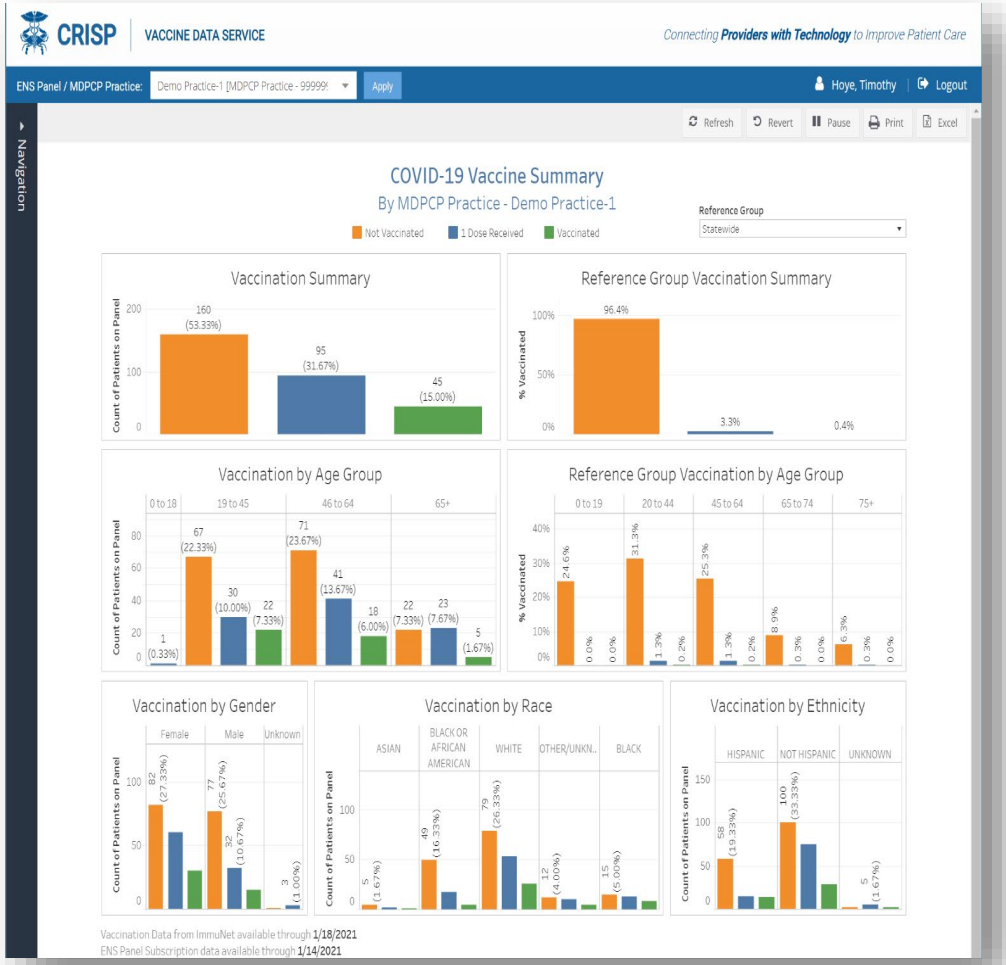
CRISP Vaccine Tracking Tool



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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Vaccine Payments

- CMS website link: Covid-19 Medicare Billing and Coding
- No cost sharing for patient
- Vaccines will be provided at no cost to provider

Medicare Payment	Category
$28.39	Single-dose Covid-19 vaccine
$16.94; $28.39	First and second dose of a two-dose Covid-19 vaccine

- CareFirst information about billing and submitting claims for Covid vaccines available here

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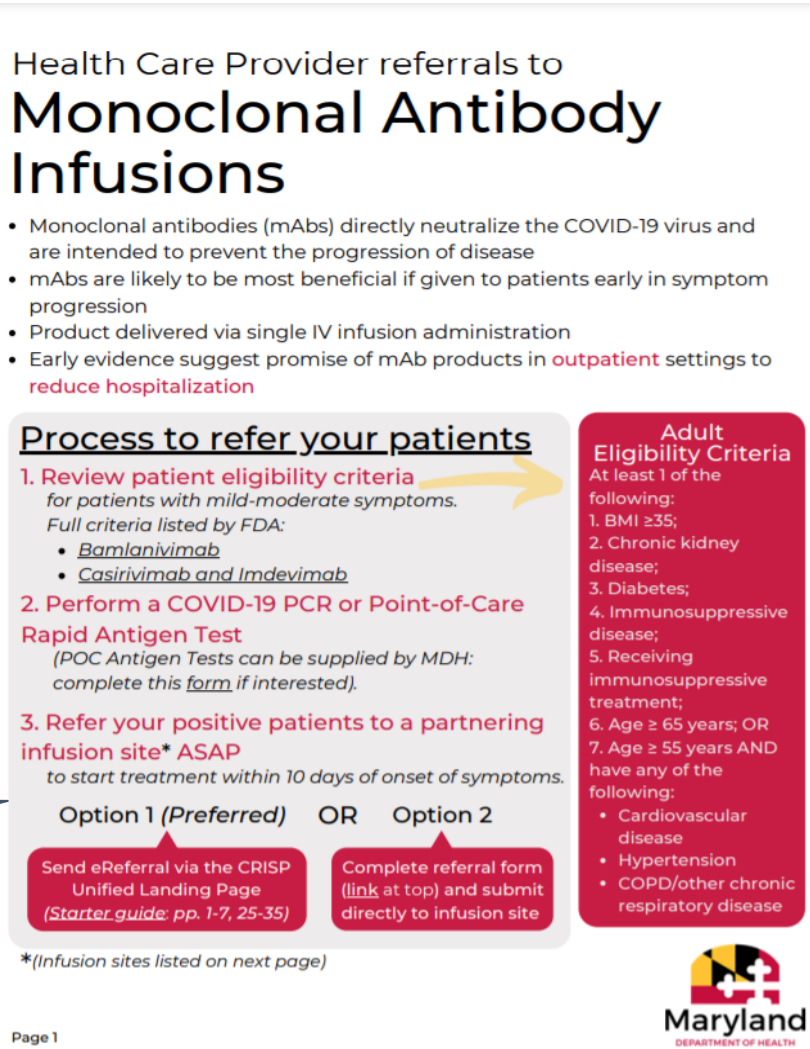
Monoclonal Antibody Referrals

- 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



Health Care Provider referrals to

Monoclonal Antibody Infusions

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

Process to refer your patients

1. Review patient eligibility criteria
   for patients with mild-moderate symptoms.
   Full criteria listed by FDA:
   - *Bamlanivimab*
   - *Casirivimab and Imdevimab*
2. Perform a COVID-19 PCR or Point-of-Care Rapid Antigen Test
   (POC Antigen Tests can be supplied by MDH: complete this form if interested).
3. Refer your positive patients to a partnering infusion site* ASAP
   to start treatment within 10 days of onset of symptoms.

Option 1 *(Preferred)* OR Option 2

Send eReferral via the CRISP Unified Landing Page *(Starter guide: pp. 1-7, 25-35)*

Complete referral form (link at top) and submit directly to infusion site

Adult Eligibility Criteria

At least 1 of the following:
1. BMI ≥35;
2. Chronic kidney disease;
3. Diabetes;
4. Immunosuppressive disease;
5. Receiving immunosuppressive treatment;
6. Age ≥ 65 years; OR
7. Age ≥ 55 years AND have any of the following:
   - Cardiovascular disease
   - Hypertension
   - COPD/other chronic respiratory disease

**Infusion sites listed on next page)*

Page 1

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

Monoclonal Infusion Sites

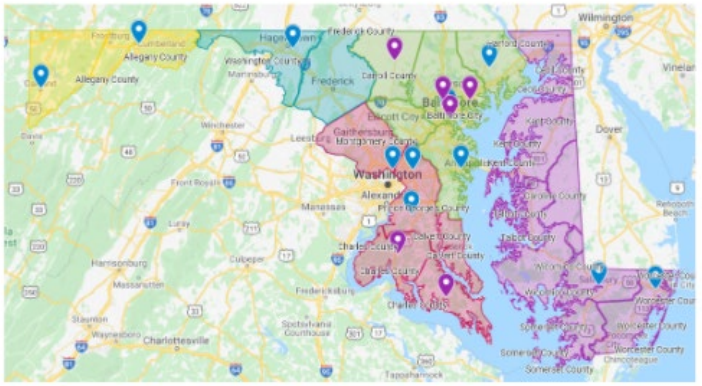
- Hospital based sites – 10+
- Alternative Sites - 2
- Independent sites
- SNFs

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*

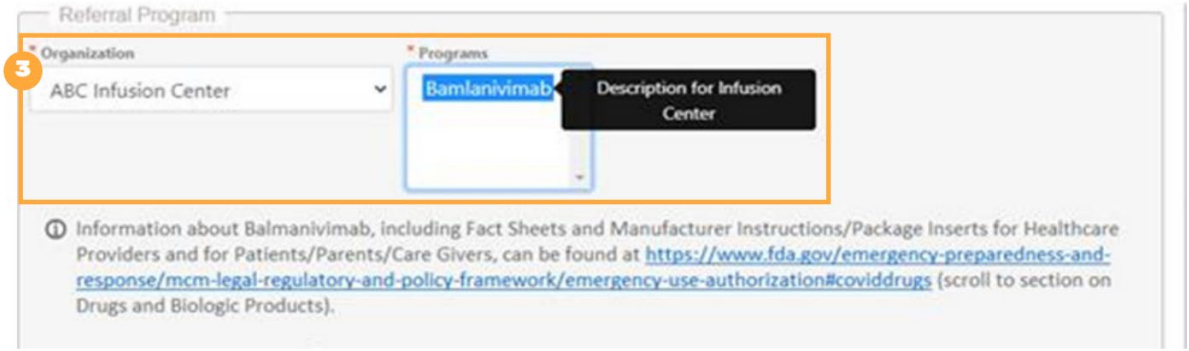
Updated as of 2/02/2021 for previous weeks (11/23 – 1/31/2021)

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.

CRISP eReferral Tool for Monoclonal Infusion Treatment



- Allows providers to refer patients to Monoclonal Antibody Infusion Site
  - Not used by Baltimore Convention Center Field Hospital and Hatzalah of Baltimore
  - All other sites use the tool
- Monoclonal Antibody eReferral Instructions

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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
• Variant name is a reference to its lineage • 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 • Doubling every 10 days in the United States • Vaccines appear to work well against it	• Variant name is a reference to its lineage 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 • Clinical trials of vaccines show they offer less protection against this variant than other variants • The FDA is preparing a plan to update vaccines if B.1.351 surges in the United States	• Variant name is a reference to its lineage • 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 • Is a close relative of B.1.351 • May be able to overcome the immunity developed after infection by other variants

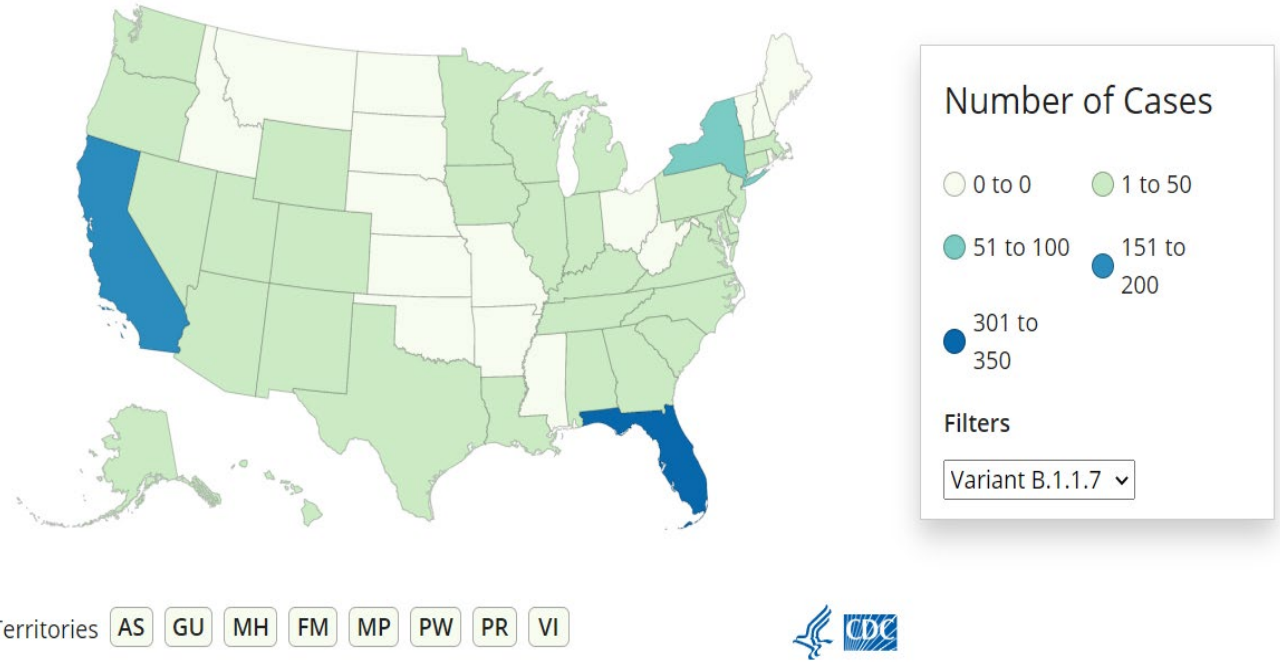
Source: CDC, New York Times, Office of the Governor of Larry Hogan

Emerging Variants in the United States

"By the time someone has symptoms, gets a test, has a positive result and we get the sequence, our opportunity for doing real case control and contact tracing is largely gone.

We should be treating every case as if it's a variant during this pandemic right now." - Dr. Rochelle Walensky, CDC Director

Emerging Variant Cases in the United States*†



Variant	Reported Cases in US	Number of States Reporting
B.1.1.7	932	34
B.1.351	9	3
P.1	3	2

Source: CDC *Updated 2/10/21*

New Variant Reporting to MDH

As part of these MDH surveillance efforts, MDH requests that clinicians report, via an online portal, COVID-19 cases among any of the following groups:

- **Individuals who first test positive for COVID-19 after receiving COVID-19 vaccination** (either one or two doses)
- **Severely immunocompromised individuals with prolonged COVID-19 infection**
- **Individuals suspected of reinfection** – specifically, symptomatic individuals who test PCR positive for SARS-CoV-2 more than 90 days after an initial infection from which they clinically recovered
- **Individuals with recent international travel** (travel in the 14 days prior to symptom onset)
- **Any other individuals for whom you have clinical suspicion of infection with a possible variant** (e.g., unusual clinical manifestation, etc.)

Clinician Letter Link

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Variants take home messages

- Variants are normal and expected
- The vaccine are still highly effective against the variants
- Vaccine producers can make alterations if needed
- In regard to which vaccine to take

  - Take the first available

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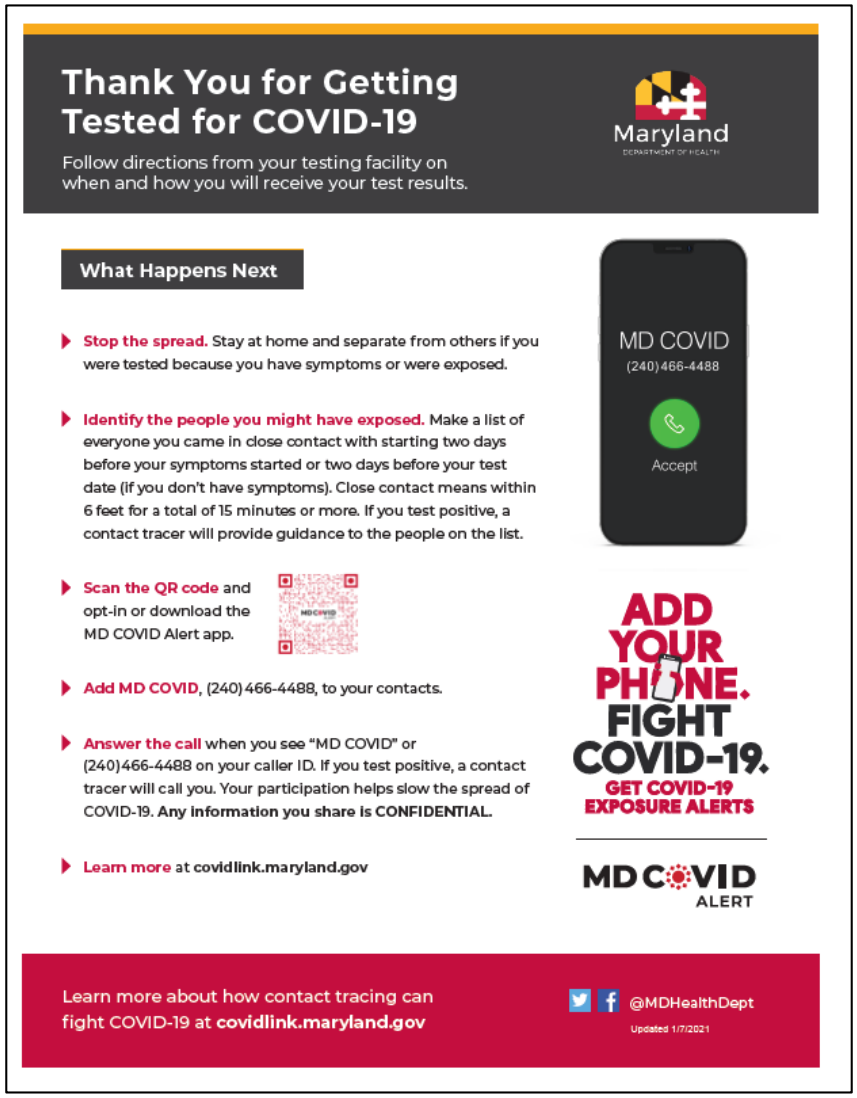
Contact Tracing

Methods

- Contact tracer calls
- MD Covid Alert – cell phone
- Provider alerting



Pediatric Considerations

- No vaccine yet approved for under (16 – Pfizer, 18 – Moderna years of age
- No vaccine likely until Fall of 2021 earliest for adolescents and late 2021 for younger- implications for continued transmission
- Multisystem Inflammatory Disease unfolding
- Late sequelae unknown
- School age children and isolation
- School age children and testing – return to school

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How to Schools Should Respond to Covid-like Illness

- Schools should
  - Make clear to staff and parents that they are expected to notify the school as soon as they are made aware they/their child has tested positive for the virus
  - Have a plan to collaborate and coordinate with local health departments regarding contact tracing
  - Provide written notification to all identified close contacts
  - Safely isolate individuals who develop Covid symptoms during the school day in the designated isolation area, place a surgical mask on the person if they are not wearing a cloth face mask, and begin the process for the person to vacate the school
- More information available here
- MDH developing a testing plan for schools

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How do we know when it is over?

- Vaccine rates and numbers are not the answer
- It is over when
  - Cases rates are at or near zero
  - Hospitalizations are at or near zero
  - Deaths are at or near zero

"Everything will be okay in the end. If it's not okay, it's not the end."

— John Lennon

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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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.
- *Attendees can receive CME credit by completing this evaluation after each webinar. MedChi will then be in contact with the certificate*

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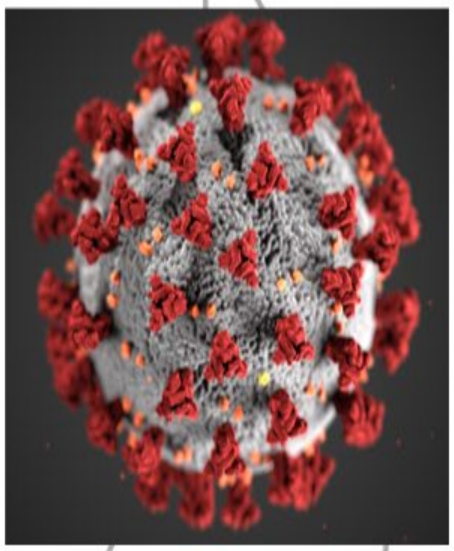
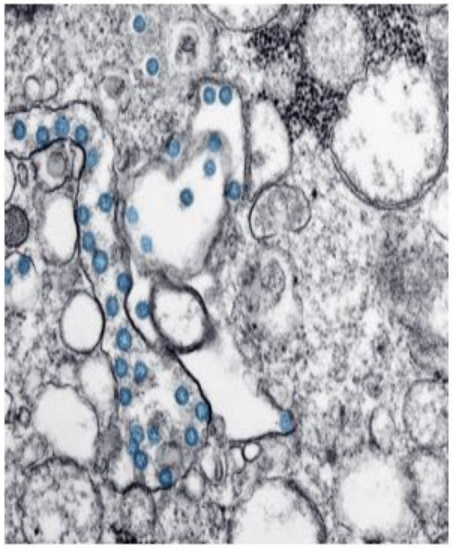
Announcements

- Learn from our Frequently Asked Questions page
- Wednesday Covid-19 Updates
  - Wednesday, 2/17/21 (5-6:30 pm)
  - Wednesday, 2/24/21 (5-6:30pm)
  - Wednesday, 3/3/21 (5-6:30pm)
  - Wednesday, 3/10/21 (5-6:30pm)
- Guest Speaker
  - Today – **Caitlin Murphy, Prince George's County's COVID Care Program**
  - Future
    - ✔ 2/17 - Rupali Limaye, PhD, Vaccine hesitancy in minority populations
    - ✔ 2/24 – Lois Privor-Dumm, MBA, Lessons from community listening sessions on vaccine hesitancy

Prince George's County's COVID Care Program





MDPCP COVID-19 Webinar Presentation

February 10, 2021

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Background: Spring 2020

- April 7, 2020 Prince George's County named a COVID-19 hotspot by the White House, "needing urgent Federal attention"
- Observed a concerning trend of COVID-19 patients dying at home
- Mass testing efforts left some patients falling through the cracks without direct physician supervision

COVID Care Program Goals

- To connect patients to a medical home
- To ensure adequate social supports for isolation/quarantine
- To prevent patients from dying at home by connecting them with medical care during their illness

COVID Care Program Eligibility

- Referral sources include:
  - Health Dept. testing sites and contact tracing efforts
  - Federally Qualified Health Centers and other community providers
  - Community-based organizations
  - Government agencies and elected officials
- Initially restricted to only symptomatic patients but later expanded
- Program now serves County residents who are isolating or quarantining for COVID-19 positivity or exposure

COVID Care Program Overview

- Team of 8 bilingual community health workers provide:
  - Connections to health insurance, medical care, and mental health services
    - Patients referred to Federally-Qualified Health Centers
    - Uninsured visits reimbursed by the County
  - Connections to community and government resources to address social determinants of health (e.g., housing/rental assistance, transportation)
  - COVID Care Kits containing surgical masks, CDC-approved cleaning supplies, tissues, toilet paper, hand sanitizer, and educational materials, and a 2-week supply of food will be home-delivered to patients who consent
    - May also include thermometer and/or pulse oximeter

COVID Care Kit

Food Package

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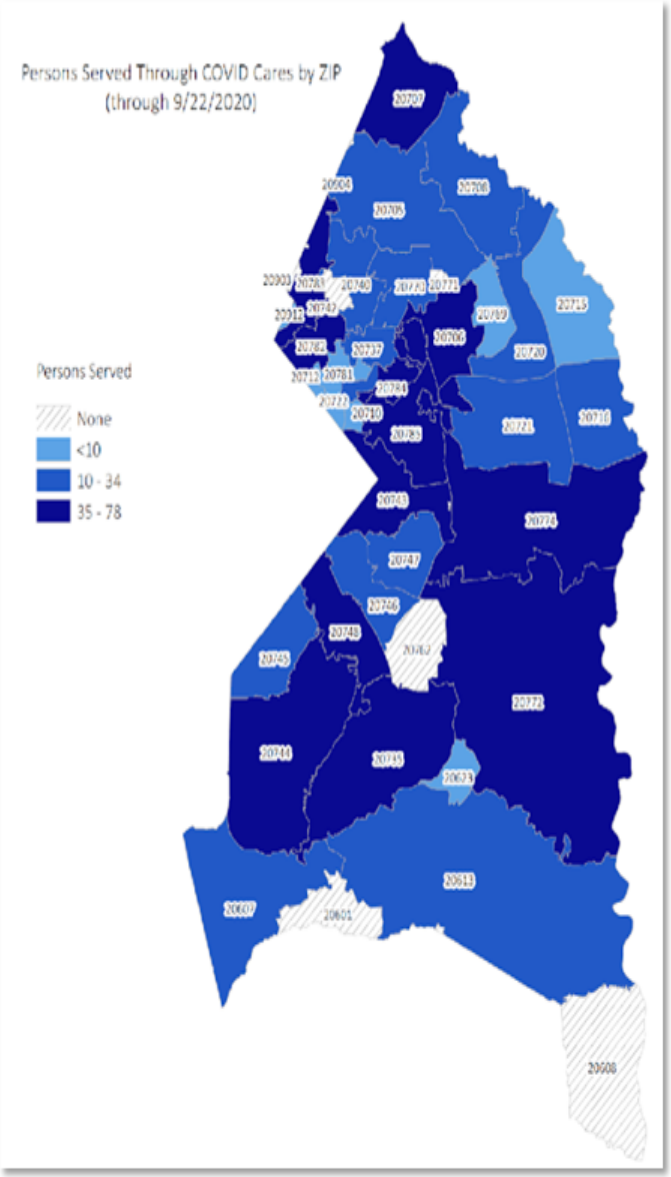
Patients Served in 2020

- Program operated Jul-Dec in 2020
  - Has continued into 2021 so far
- 3,104 patients received full intervention, including home delivery
- Predominately minority:
  - Hispanic – 20%
  - Non-Hispanic Black – 59%
  - Non-Hispanic White – 4%
  - Other – 1%
  - Unknown – 16%



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Program Successes

- Partnership with the Maryland Department of Health's Office of Minority Health & Health Disparities
- Economic investment of CARES funding within the County
  - Food procurement through the University of Maryland, Keany's Produce, and Good Food Markets
  - Delivery drivers hired from the Arc of Prince George's County
- Award-winning: Health Quality Innovator of the Year

2020 HEALTH QUALITY INNOVATOR OF THE YEAR

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Lessons Learned

- Many people are one illness away from crisis
- Trust is key and building trust takes time
  - Fear resulting from the public charge rule
  - Pervasive scams in COVID-19 pandemic increase skepticism
- Majority of our patients did not own thermometers
- Health care hesitancy is pervasive
  - Idea of the hospital as where you go to die

Questions?

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Prince George's County residents can be referred to the program using the online referral form:
https://careflow.pgchd-phin.app/api/surveys/start/covid-care-referral
Program email inbox: COVIDCare@co.pg.md.us

Appendix

Resources and Links

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Monoclonal Infusion Sites

- Adventist–Takoma Park
- Atlantic General
- Baltimore Convention Center
- Hatzalah of Baltimore
- MedStar Health Southern Maryland
- Meritus Health
- TidalHealth Peninsula Regional
- UMPC
- New:
- Garrett Regional Memorial
- Upper Chesapeake Comprehensive Care Center
- Luminis Health @ Doctors and AAMC (2 sites)

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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

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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Emerging Virus Variant

- Known as B.1.1.17
- Was first noticed in Britain. The number of B.1.1.17 cases have grown significantly there and in South Africa
- Has appeared in more than 30 countries, including the United States and Maryland
- B.1.1.17 variant seems to be between 10 percent and 60 percent more transmissible than the original virus

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Source: New York Times

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

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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Sources: Washington Post, Nature

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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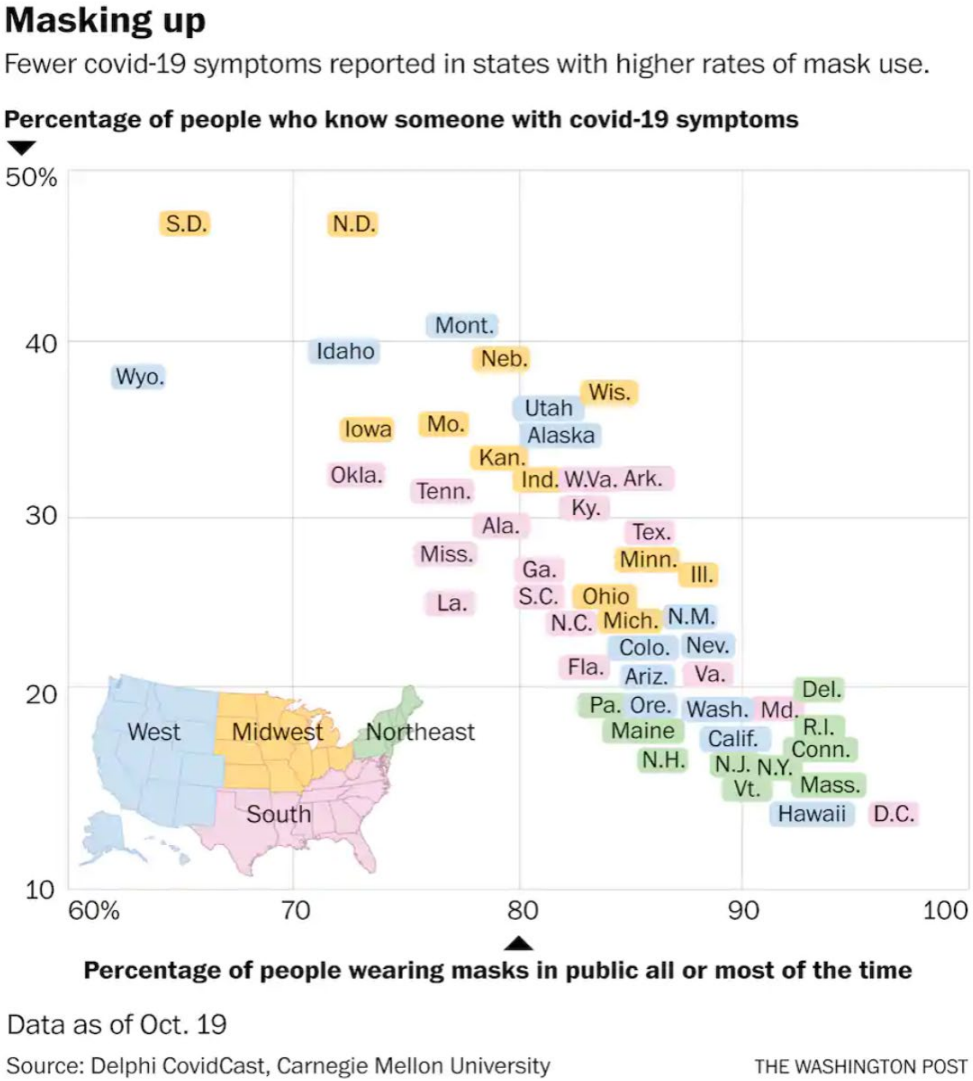
Masks and Distancing Remain Critical



- IHME model:
  - Universal mask use *saves 129,574 lives* before Feb 2021
  - 85% mask use *saves 95,814 lives* before Feb 2021

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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

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Sources: The Baltimore Sun, MDH

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
  - 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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