



Covid-19 Update

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

3 February 2021

The third wave is receding- will there be more waves?



Daily COVID-19 Report

Data reported as of 2/3/2021 for data through 2/2/2021

357,483
cases cumulative

7,066,871
tests cumulative

25.8
7-day avg. case rate

7,039
total hospital adult census

7,043
deaths cumulative

942
cases reported yesterday

14,607
tests reported yesterday

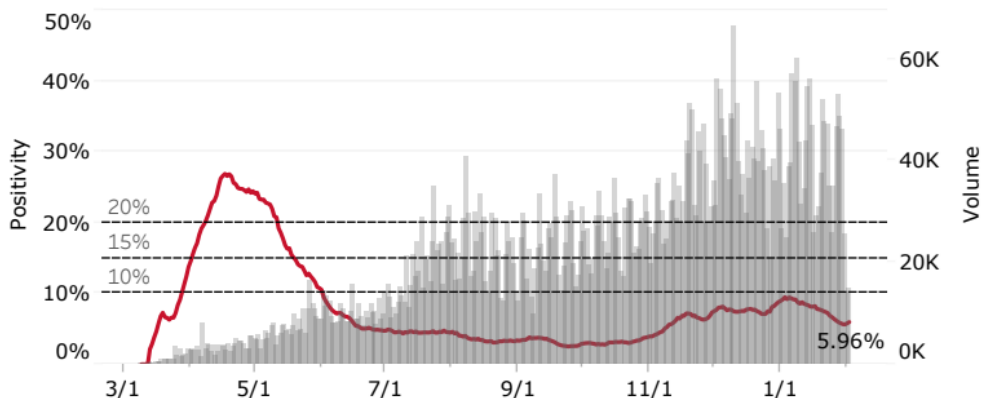
5.96%
7-day avg. positivity

312
change in total hospital census

31
deaths reported yesterday

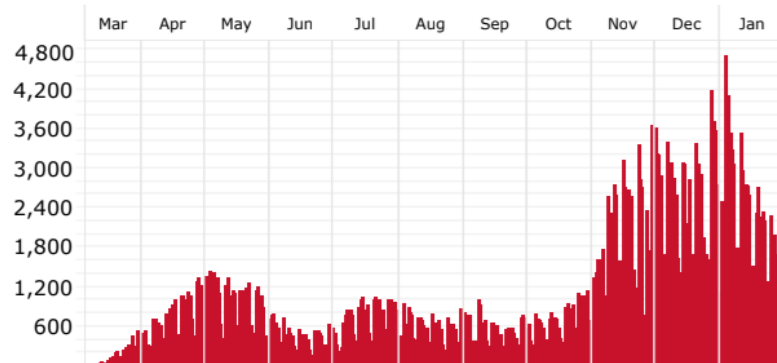
7-Day Avg. Percent Positivity and Total Testing Volume

Since 3/1/20

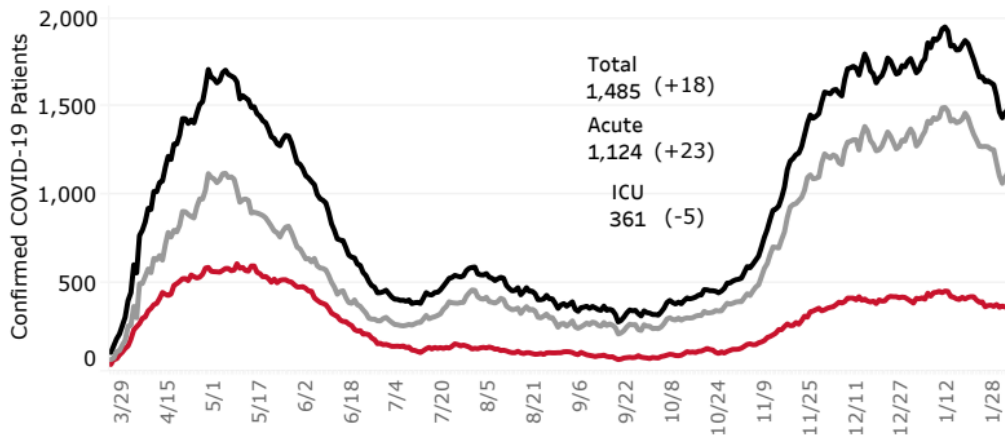


Daily New Cases

by Specimen Collection Date

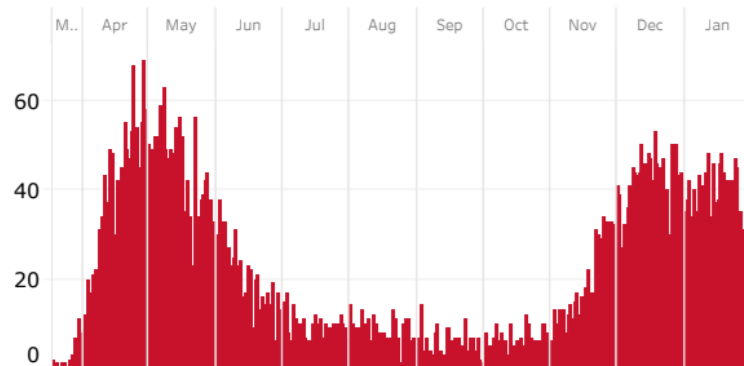


Statewide Acute/ICU Beds Occupied by COVID Patients



Daily Deaths

Confirmed and Probable

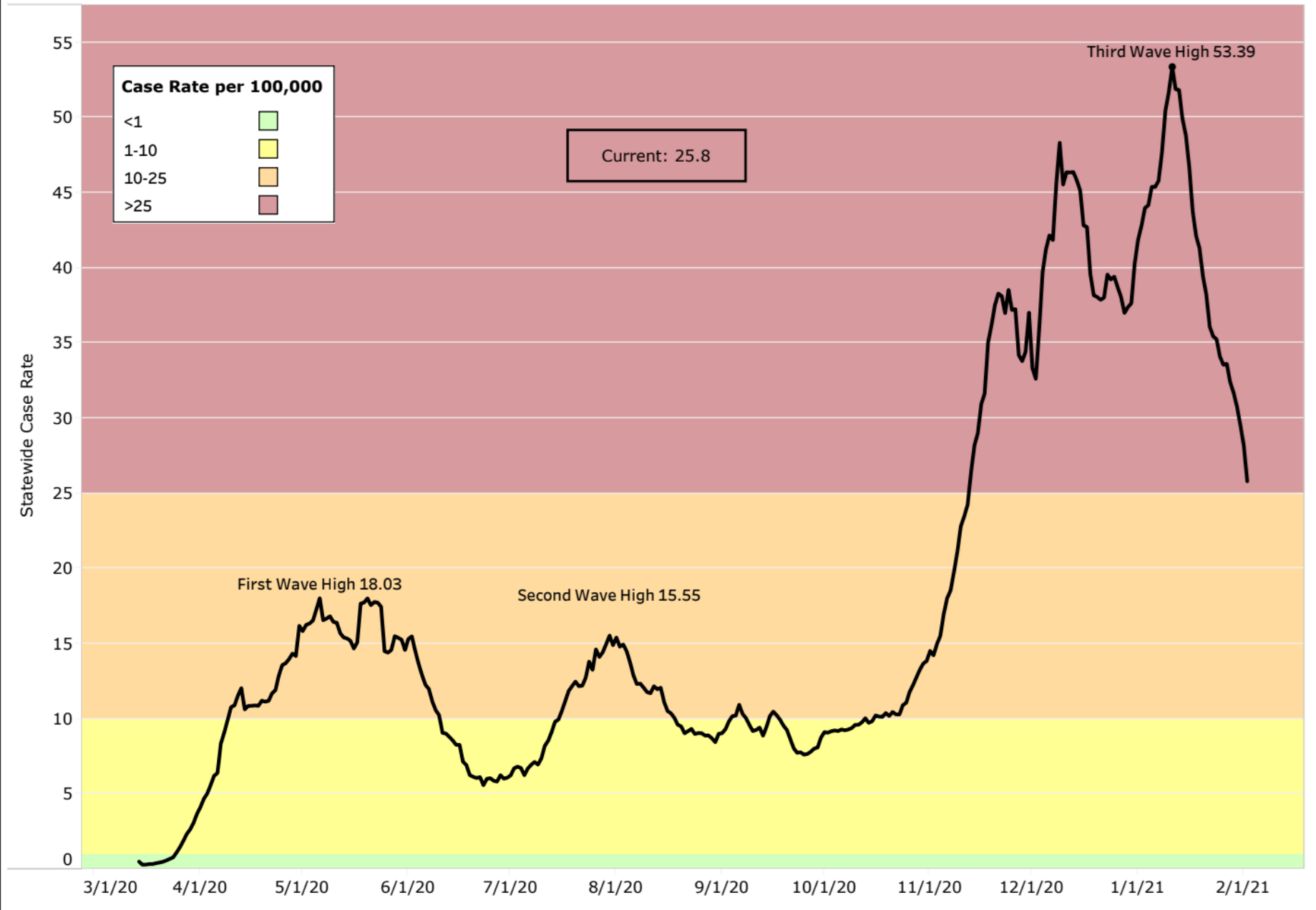


Case rate calculated as total confirmed cases per 100,000 population using the 2019 Maryland Population estimates from the Maryland Department of Planning, March 2020.

Statewide 7-Day Average New Case Rate

Data reported as of 2/3/2021 for data through 2/2/2021

Since 3/14/20

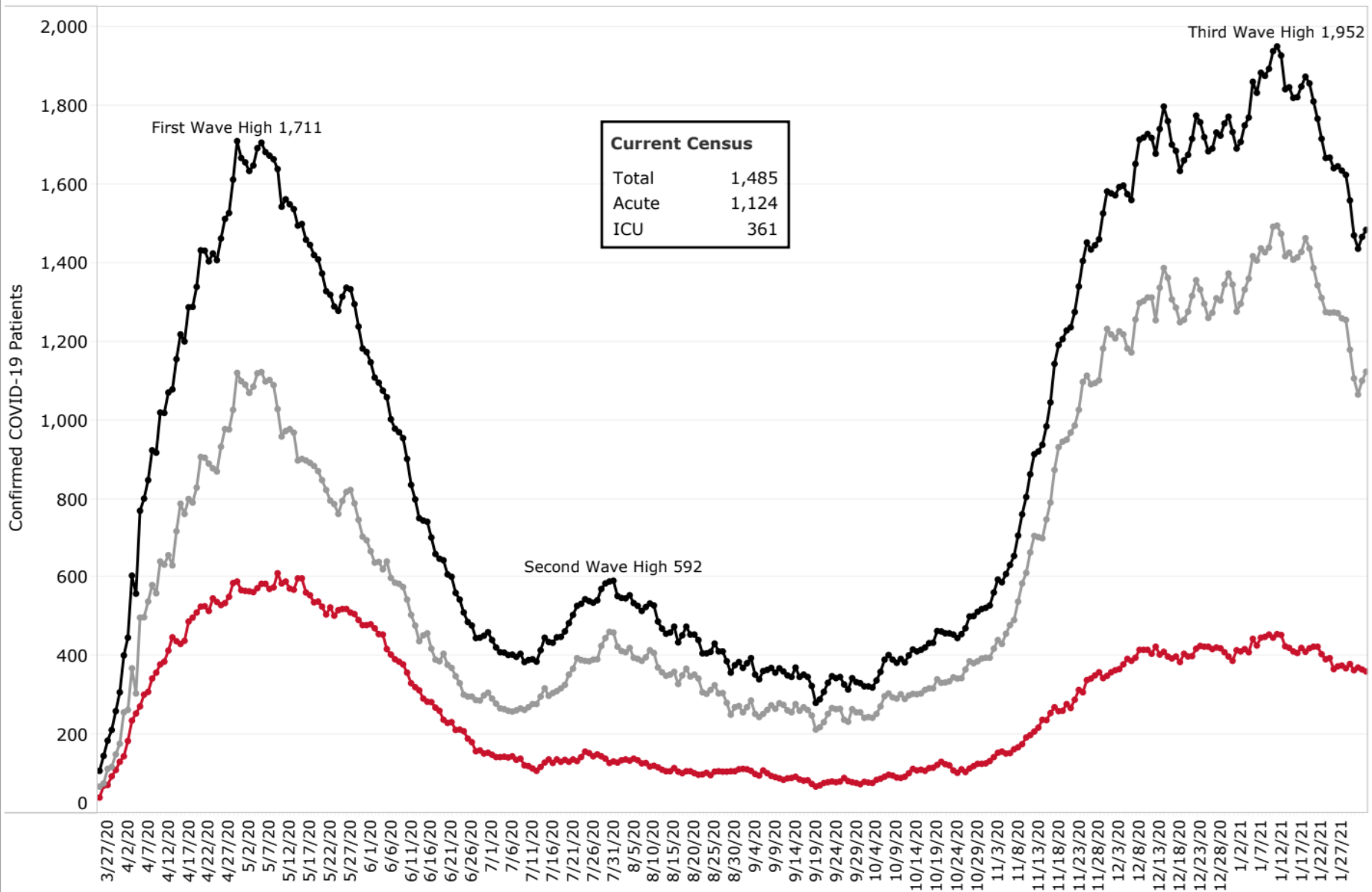


Statewide Acute/ICU Beds Occupied by COVID Patients

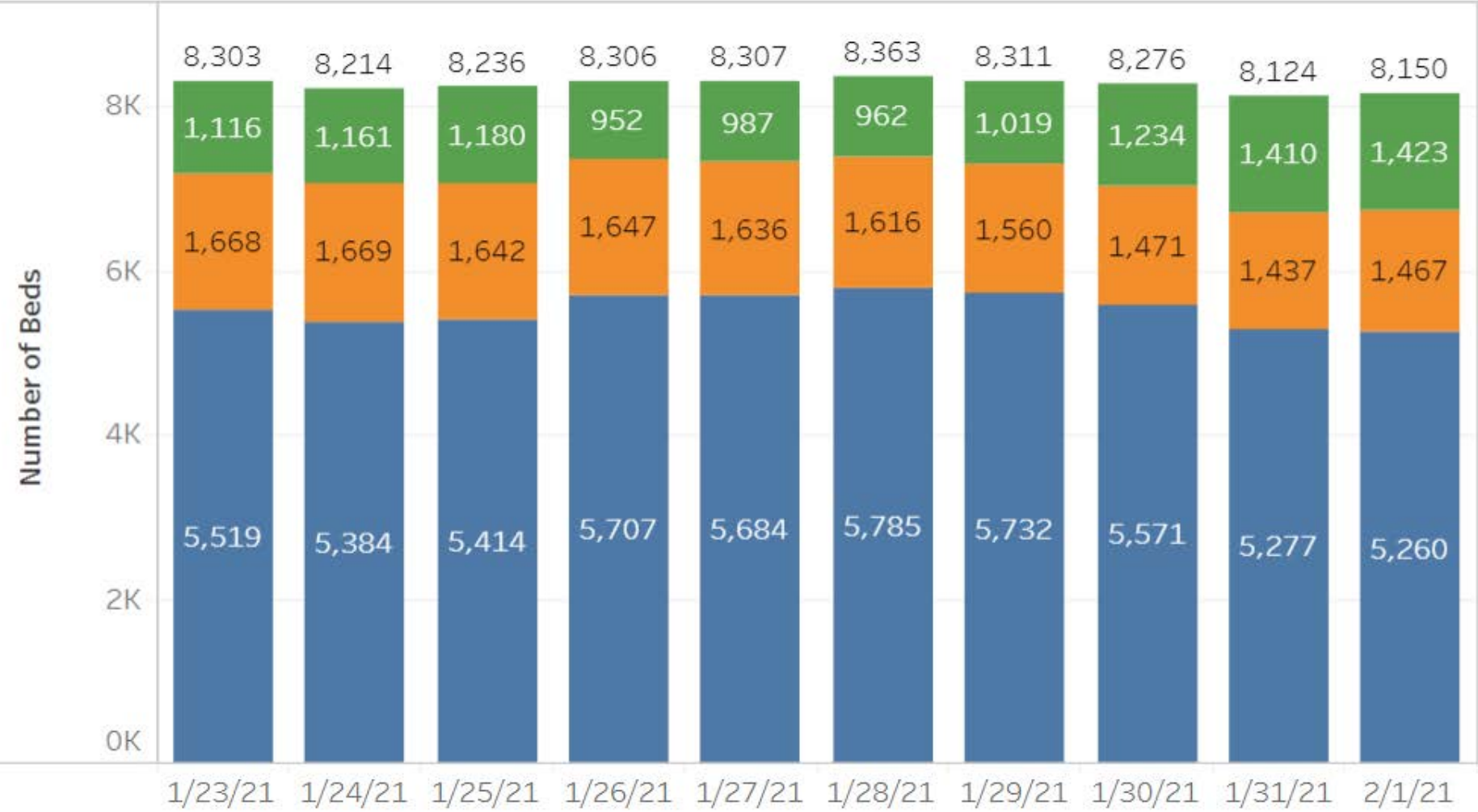
Data reported as of 2/3/2021 for data through 2/2/2021

Since 3/25/20

■ Total ■ Acute ■ ICU



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



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



Maryland Resident Recorded COVID-19 Deaths

Reported as of February 2, 2021 at 5:00pm

	Confirmed	Probable*
Total	7,043	177

Age Group	Confirmed		Probable*	
	Number	% of Total	Number	% of Total
0-9 yrs	3	0%	0	
10-19 yrs	6	0%	1	1%
20-29 yrs	32	0%	1	1%
30-39 yrs	71	1%	6	3%
40-49 yrs	197	3%	5	3%
50-59 yrs	537	8%	23	13%
60-69 yrs	1,106	16%	18	10%
70-79 yrs	1,786	25%	33	19%
80+ yrs	3,301	47%	90	51%
Unknown	4	0%	0	

Gender	Confirmed		Probable*	
	Number	% of Total	Number	% of Total
Male	3,636	52%	90	51%
Female	3,407	48%	87	49%

Race / Ethnicity	Confirmed		Probable*	
	Number	% of Total	Number	% of Total
Hispanic	657	9%	15	8%
NH Black	2,447	35%	63	36%
NH White	3,576	51%	92	52%
NH Asian	246	3%	7	4%
NH Other	71	1%	0	
Unknown	46	1%	0	

Place of Death	Confirmed		Probable*	
	Number	% of Total	Number	% of Total
DOA	3	0%	1	1%
ER/Outpatient	238	3%	37	21%
Home	352	5%	39	22%
Hospice	551	8%	7	4%
Inpatient	4,060	58%	35	20%
Nursing Home	1,590	23%	48	27%
Other	249	4%	10	6%

Race / Ethnicity	Population by Race 2019	Mortality Rate per 100,000 population**
Hispanic	643,822	102.0
NH Black	1,866,852	131.1
NH White	3,090,330	115.7
NH Asian	426,593	57.7
NH Other		
Unknown		

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

**Based on confirmed COVID-19 deaths.

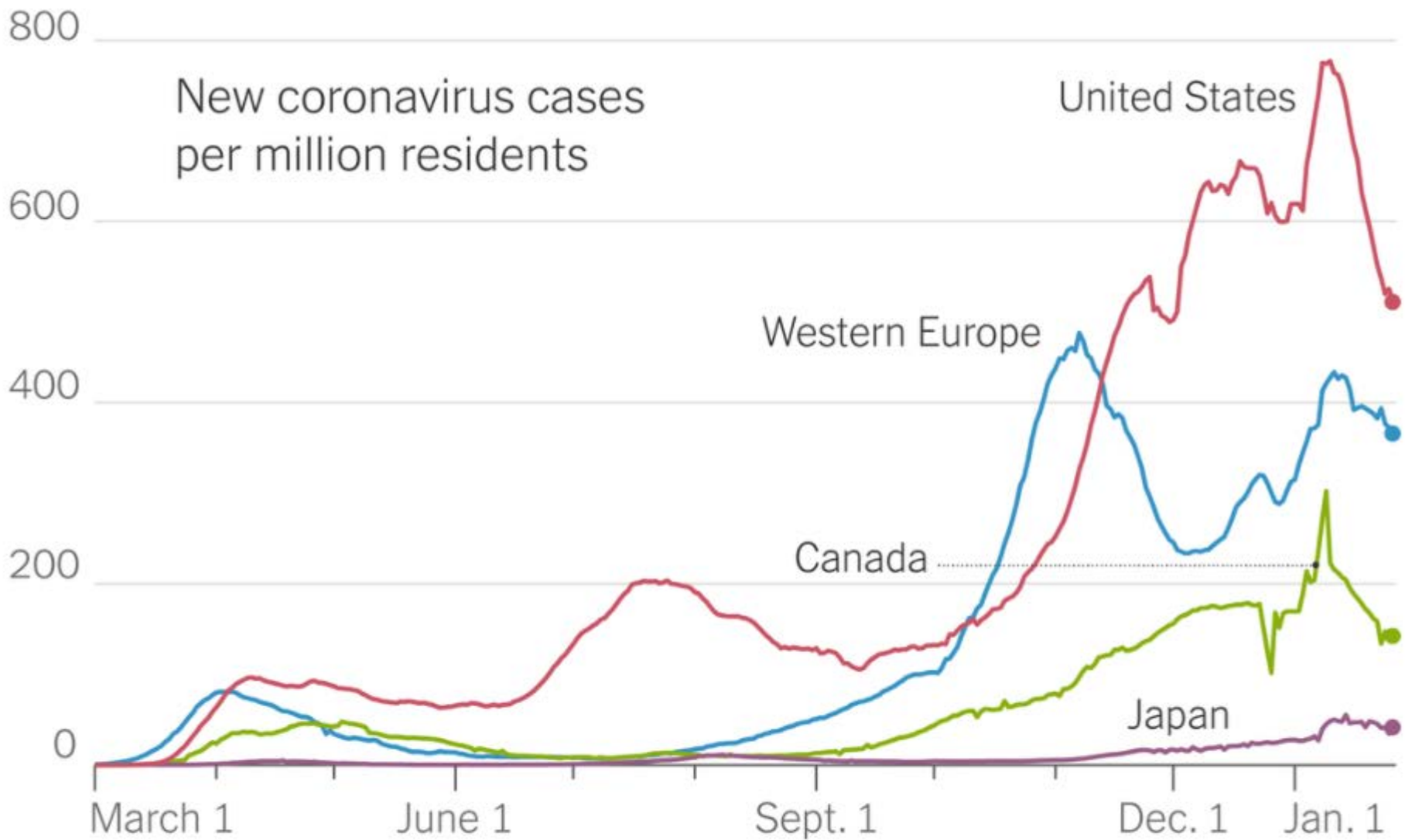
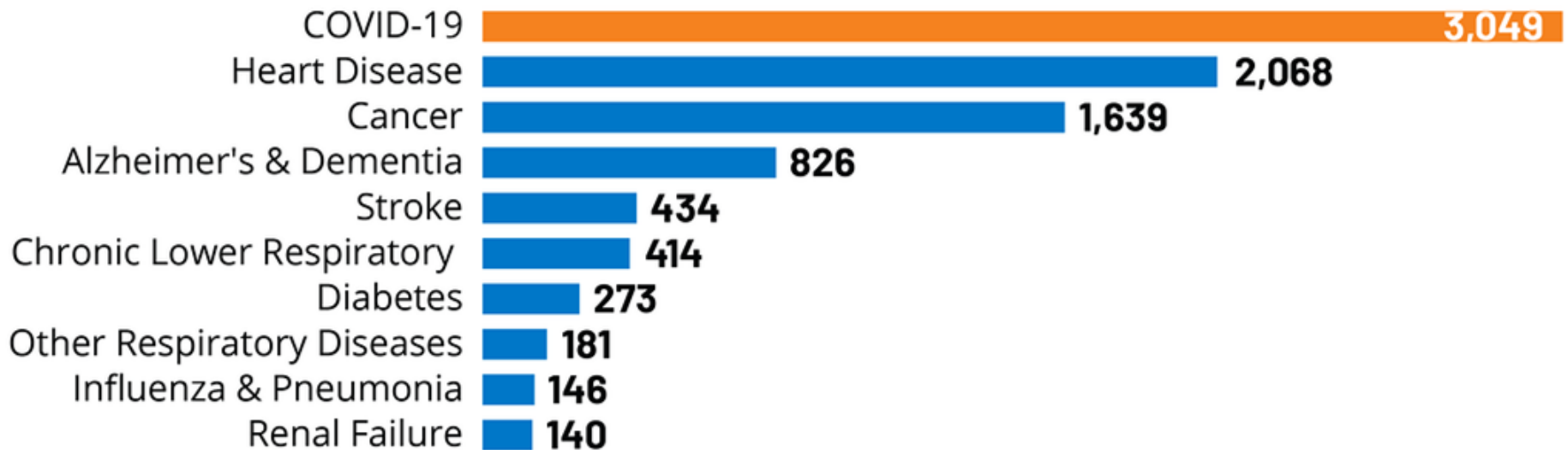


Chart shows averages of previous seven days. Western Europe includes 11 countries, from Germany to Britain.

COVID-19 is the Number One Cause of Death in the U.S. in Early 2021

Average daily deaths in the U.S. from COVID-19 (Jan. 2021) and other leading causes (2020)

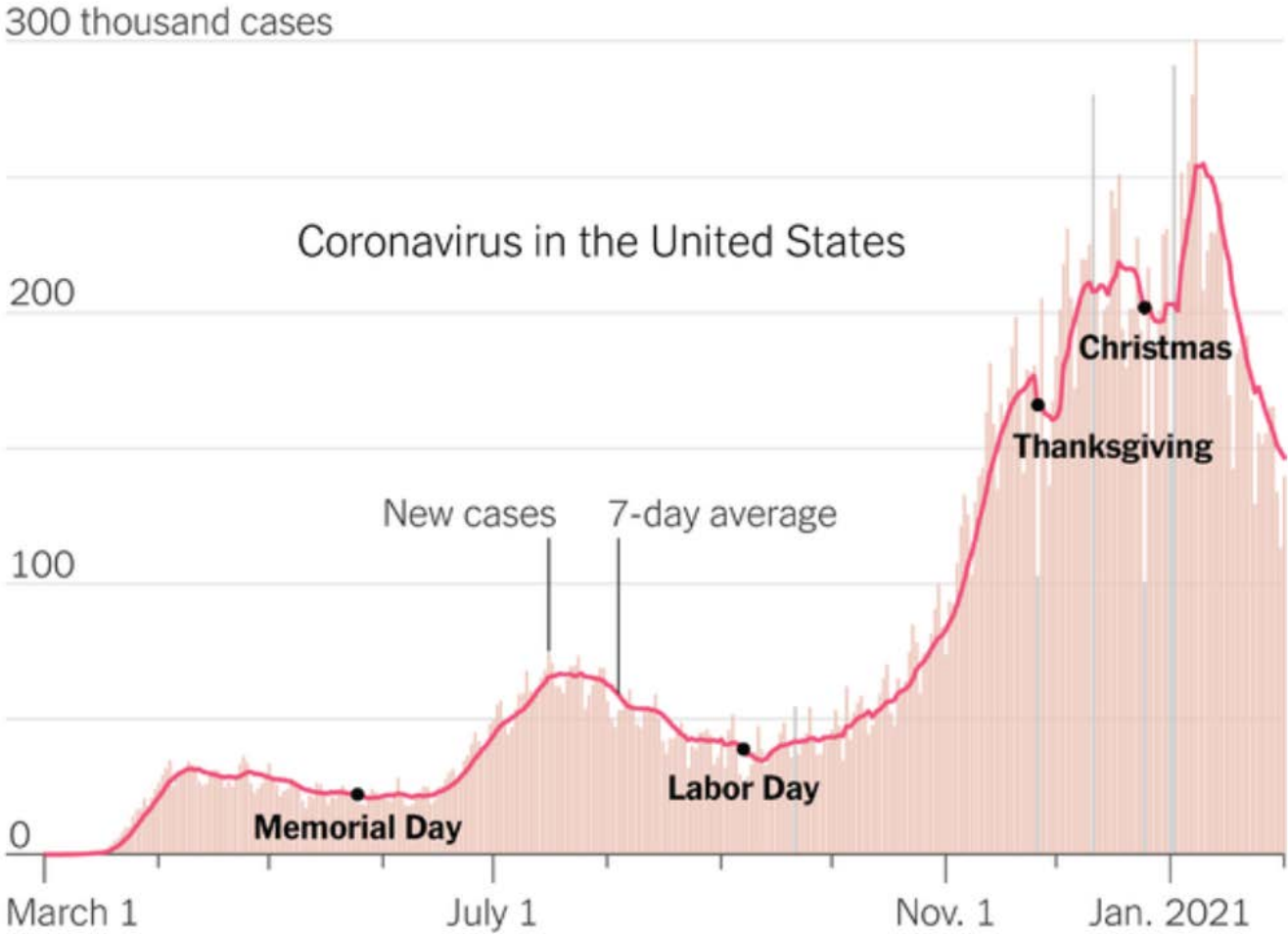


NOTES: The COVID-19 mortality rate is the daily average for January 2021 through January 26, 2021 using the KFF COVID-19 Tracker data. Mortality rates for causes other than COVID-19 are the average of Morbidity and Mortality Weekly Report (MMWR) weeks 1-52 in 2020 reported by CDC. Heart disease refers to all circulatory diseases except stroke. Accidents are not included in the data source, but typically rank as the 3rd leading cause of death.

SOURCE: KFF analysis of 2020 CDC mortality data

Peterson-KFF
Health System Tracker

Super Bowl Weekend is Here



Bars in gray represent days with data reporting anomalies.

By The New York Times | Sources: State and local health agencies and hospitals

Important Items This Week

- ❖ We are on the downside of the third wave
- ❖ Hospitals have capacity
- ❖ Vaccines in Phase 1a and 1b and 1c but supply is short
- ❖ Opportunity to reduce hospitalization and treat patients using monoclonal antibodies
- ❖ Important to continue testing
- ❖ Emerging variants of Covid virus
- ❖ Health equity during and after the pandemic falls short
- ❖ Vaccine and mAb hesitancy are still an issue and best addressed by trusted providers

Vaccine Administration



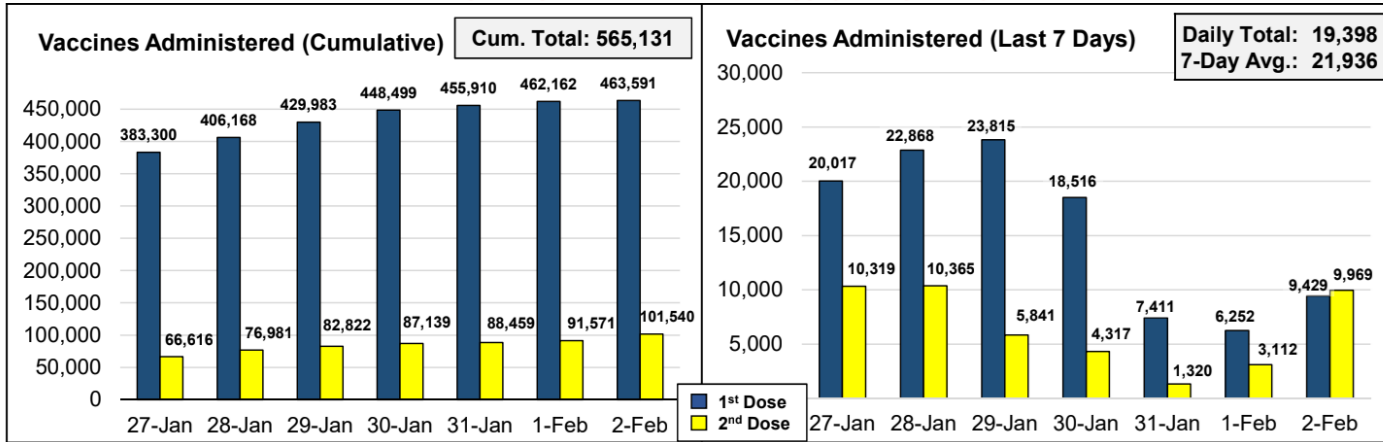
DEPARTMENT OF HEALTH

COVID Vaccine Summary

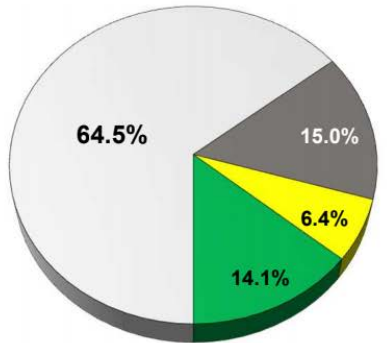
NUMBERS ARE PRELIMINARY AND SUBJECT TO CHANGE

Current as of: 02/03/2021

Current as of: 02/03/2021

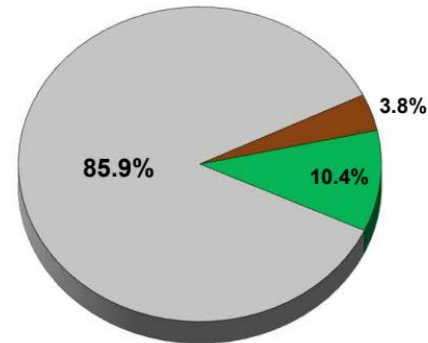


Race (Cumulative)



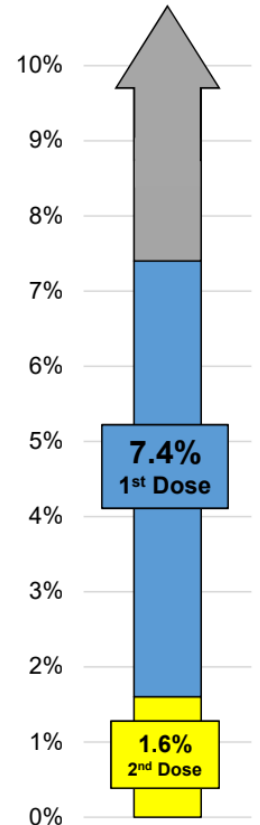
White Black Asian Other

Ethnicity (Cumulative)



Non-Hispanic Hispanic Other

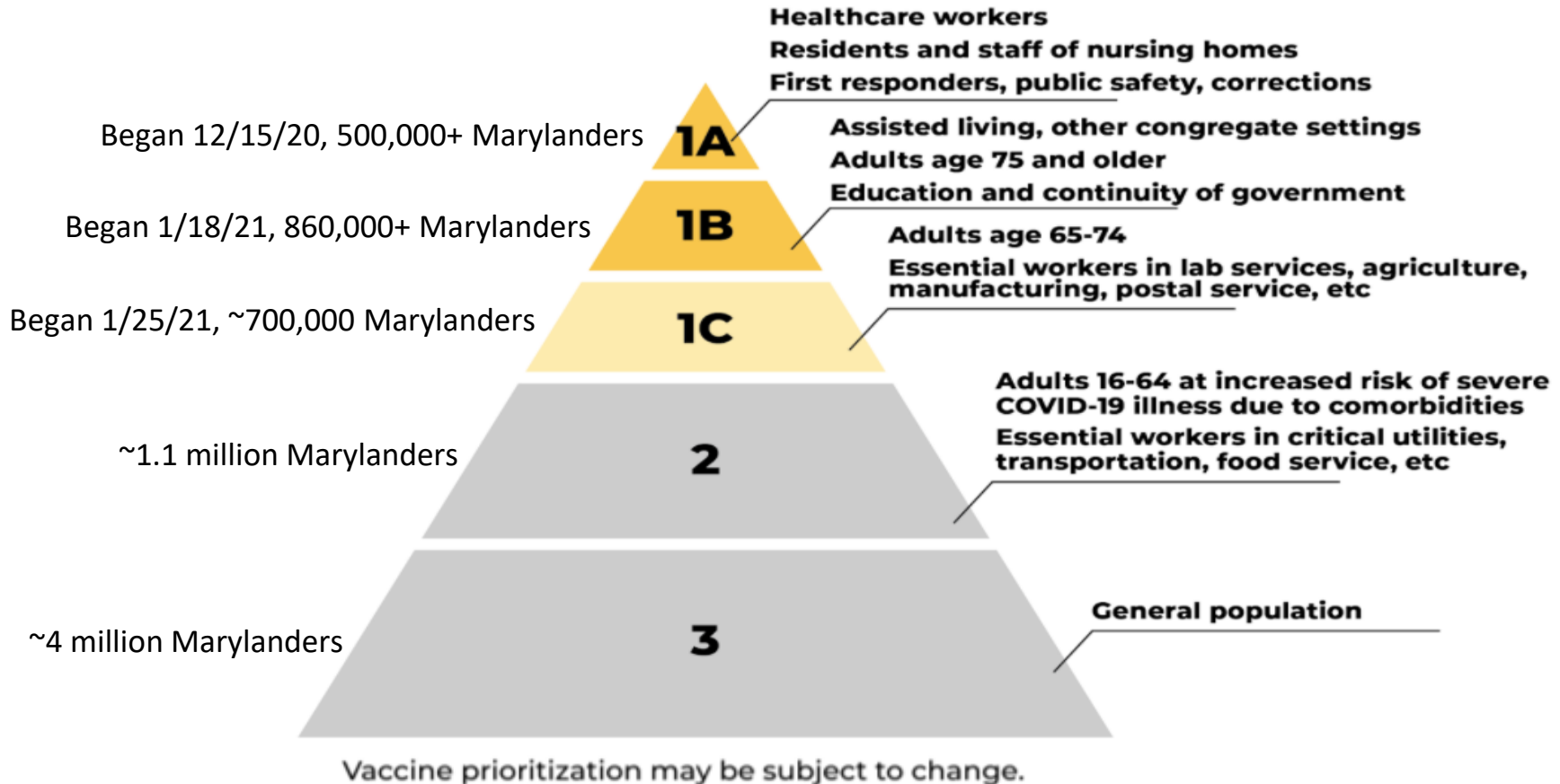
Percentage of Maryland Citizens Vaccinated



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	February 2022
<ul style="list-style-type: none">❖ Sooner as vaccine rate increases❖ Sooner if count natural immunity❖ May be affected by variants, new vaccines	

Priority Groups






Current Vaccines



<i>Schedule</i>	<ul style="list-style-type: none"> • Two dose regimen • 17-21 days apart (can extend) 	<ul style="list-style-type: none"> • Two dose regimen • 28 days apart (can extend)
<i>Indications</i>	<ul style="list-style-type: none"> • 16 years and older • Pregnant and lactating can be considered • Caution with those with h/o anaphylaxis 	<ul style="list-style-type: none"> • 18 years and older • Pregnant and lactating can be considered • Caution with those with h/o anaphylaxis
<i>Administration and Distribution</i>	<ul style="list-style-type: none"> • Ultracold storage, 5 days in refrigeration • 985 doses per box • 15 and 30 minute observation periods 	<ul style="list-style-type: none"> • Up to 30 days in refrigerator • 100 doses per box • 15 and 30 minute observation periods

Next Potential Vaccines

			
Vaccine Type	Viral Vector	Viral Vector	Protein-Based
Schedule	<ul style="list-style-type: none"> One dose regimen 	<ul style="list-style-type: none"> Two dose regimen 4 weeks apart 	<ul style="list-style-type: none"> Two dose regimen 3 weeks apart
Efficacy	<ul style="list-style-type: none"> 72% in United States, 66% in Latin America, 57% in South Africa 	<ul style="list-style-type: none"> 62% to 90%, depending on dosage 	<ul style="list-style-type: none"> 89.3%, UK trial
Storage	<ul style="list-style-type: none"> Up to two years frozen at -4°F (-20°C), and up to three months refrigerated at $36\text{--}46^{\circ}\text{F}$ ($2\text{--}8^{\circ}\text{C}$) 	<ul style="list-style-type: none"> Stable in refrigerator for at least 6 months 	<ul style="list-style-type: none"> Stable in refrigerator

Vector Vaccine Delivery

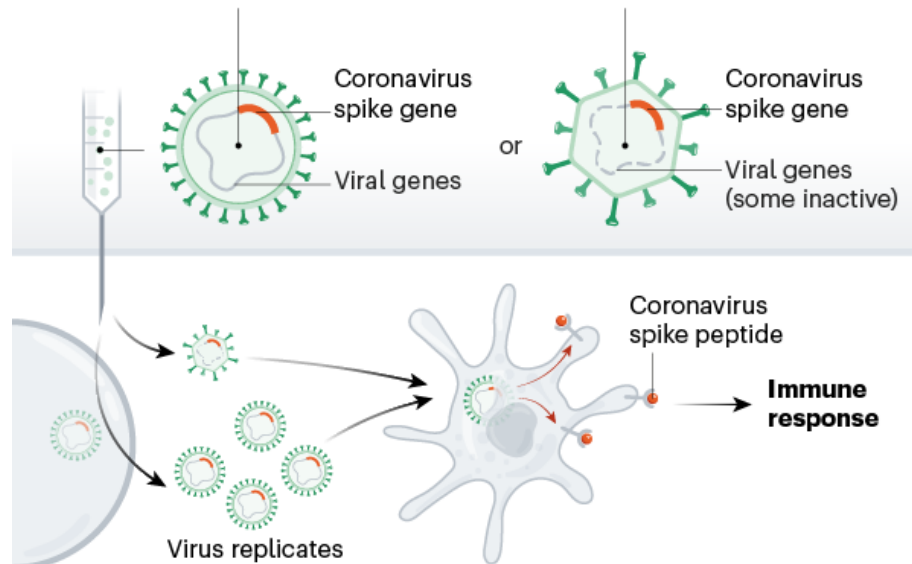
VIRAL-VECTOR VACCINES

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.



- ❖ 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

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

Vaccination Prep Guide Available

Primary Care Practice Preparation for COVID-19 Vaccinations



- 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 vaccinators 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:

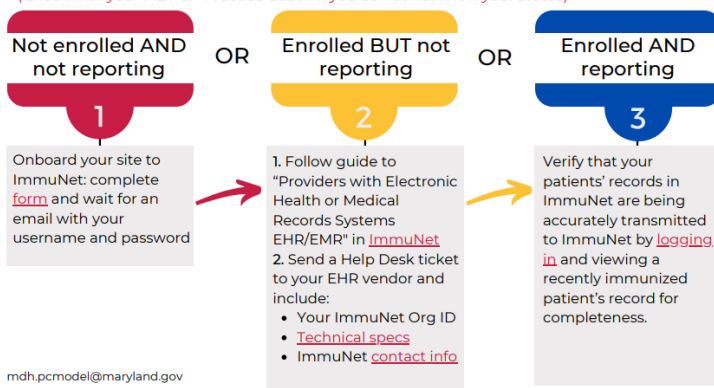
1C

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 know your status)



mdh.pcmode@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.

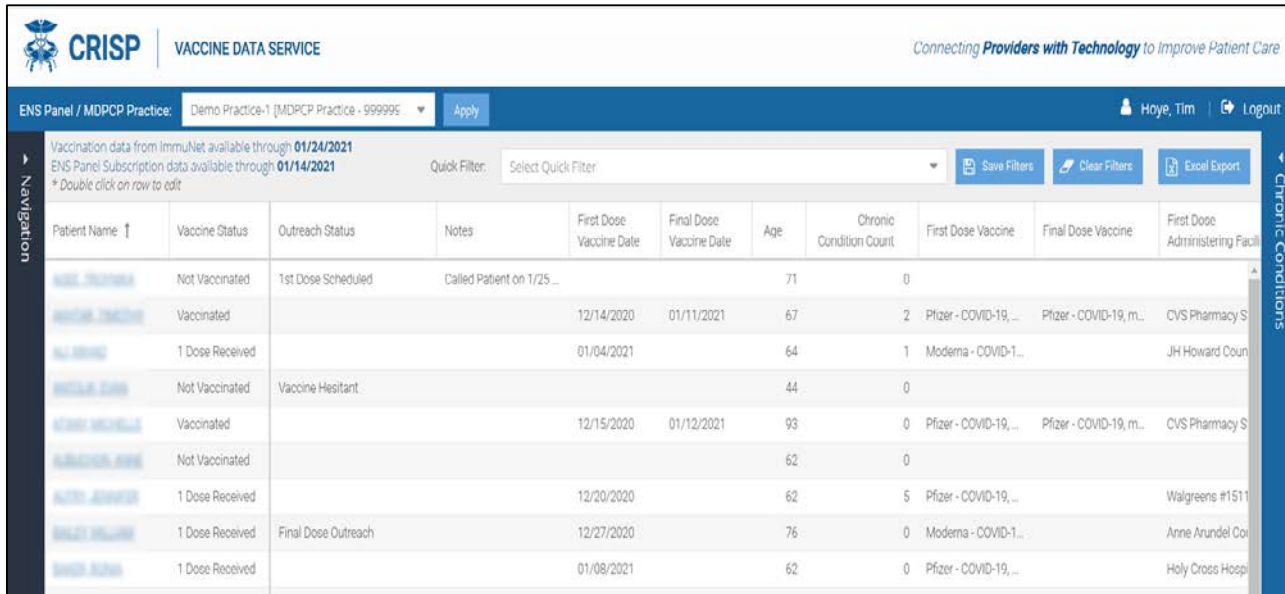
3B: Share information on vaccination sites

Vaccine locator 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.

Access this guide [here](#) for steps to prepare for vaccination

CRISP Vaccine Tracking Tool

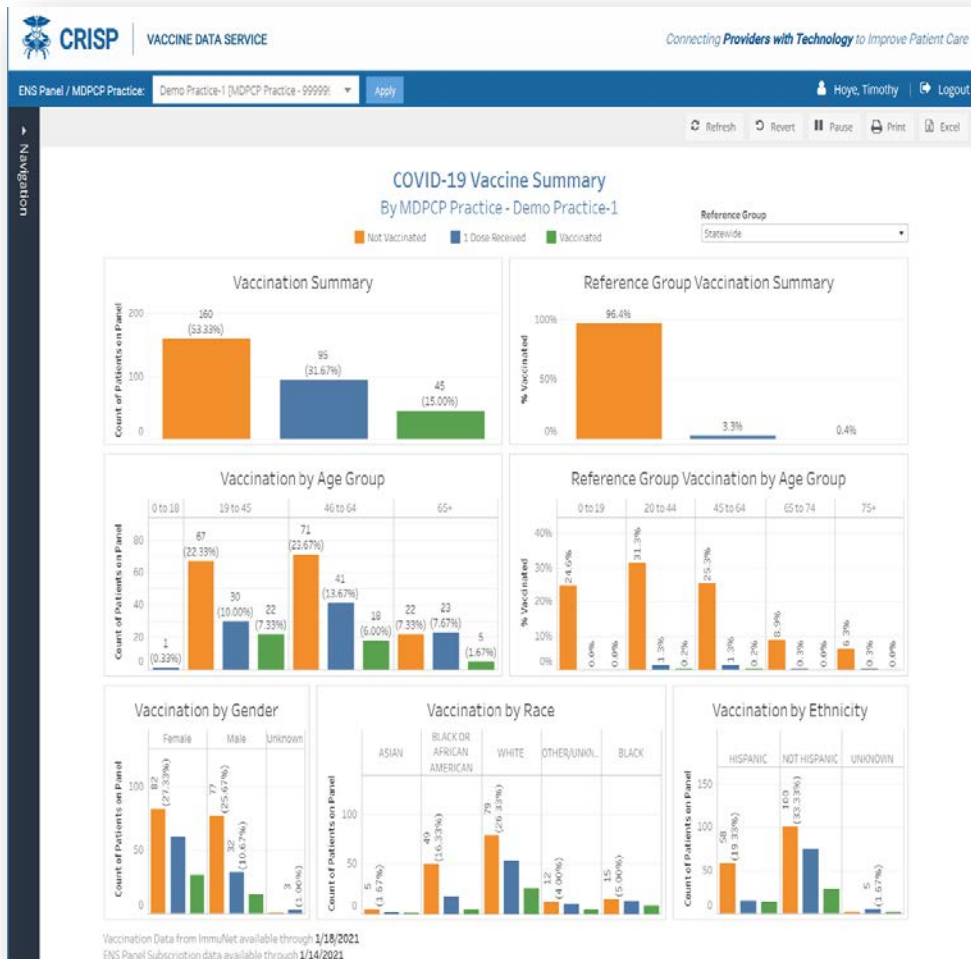


The screenshot displays the CRISP Vaccine Data Service interface. At the top, it shows the CRISP logo and the text 'VACCINE DATA SERVICE' and 'Connecting Providers with Technology to Improve Patient Care'. Below this, there is a navigation bar with 'ENS Panel / MDPCP Practice: Demo Practice-1 [MDPCP Practice - 999995] Apply' and a user profile for 'Hoye, Tim' with a 'Logout' button. The main content area features a table of patient records with columns for Patient Name, Vaccine Status, Outreach Status, Notes, First Dose Vaccine Date, Final Dose Vaccine Date, Age, Chronic Condition Count, First Dose Vaccine, Final Dose Vaccine, and First Dose Administering Facility. The table includes several rows of data, such as 'JESSICA THORNTON' (Not Vaccinated, 1st Dose Scheduled) and 'JESSICA THORNTON' (Vaccinated, 12/14/2020, 01/11/2021). A 'Navigation' sidebar is on the left and a 'Chronic Conditions' sidebar is on the right. Above the table, there are filters for 'Vaccination data from ImmuNet available through 01/24/2021' and 'ENS Panel Subscription data available through 01/14/2021', along with 'Save Filters', 'Clear Filters', and 'Excel Export' buttons.

Patient Name	Vaccine Status	Outreach Status	Notes	First Dose Vaccine Date	Final Dose Vaccine Date	Age	Chronic Condition Count	First Dose Vaccine	Final Dose Vaccine	First Dose Administering Facility
JESSICA THORNTON	Not Vaccinated	1st Dose Scheduled	Called Patient on 1/25 ...			71	0			
JESSICA THORNTON	Vaccinated			12/14/2020	01/11/2021	67	2	Pfizer - COVID-19, ...	Pfizer - COVID-19, m...	CVS Pharmacy S...
ALLIANCE	1 Dose Received			01/04/2021		64	1	Moderna - COVID-1...		JH Howard Cou...
JESSICA THORNTON	Not Vaccinated	Vaccine Hesitant				44	0			
JESSICA THORNTON	Vaccinated			12/15/2020	01/12/2021	93	0	Pfizer - COVID-19, ...	Pfizer - COVID-19, m...	CVS Pharmacy S...
JESSICA THORNTON	Not Vaccinated					62	0			
JESSICA THORNTON	1 Dose Received			12/20/2020		62	5	Pfizer - COVID-19, ...		Walgreens #1511
JESSICA THORNTON	1 Dose Received	Final Dose Outreach		12/27/2020		76	0	Moderna - COVID-1...		Anne Arundel Co...
JESSICA THORNTON	1 Dose Received			01/08/2021		62	0	Pfizer - COVID-19, ...		Holy Cross Hosp

- ❖ 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

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](#)



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

Primary Care Practice 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

Send an e-Referral via the CRISP Unified Landing Page ([Starter guide: pp. 1-7, 24-34](#))

OR

Option 2

Complete this [referral form](#) 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

* As of 1/19/21, sites are as follows (in alphabetical order): Adventist - Takoma Park, Atlantic General, Baltimore Convention Center Field Hospital, MedStar Southern Maryland, Meritus Health, Peninsula Regional-Tidal Health, UMPC

mdh.pcmode@maryland.gov



Monoclonal Infusion Sites

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

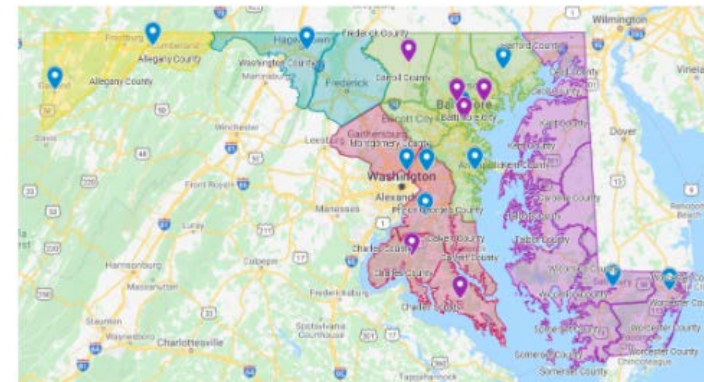
3,034

**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

The screenshot shows a web interface titled "Referral Program". It features two main sections: "Organization" and "Programs". The "Organization" section has a dropdown menu with "ABC Infusion Center" selected. The "Programs" section has a dropdown menu with "Bamlanivimab" selected. A tooltip box is visible over the "Bamlanivimab" selection, containing the text "Description for Infusion Center". Below these sections, there is a paragraph of text starting with an information icon (i) and providing a URL for more information: "Information about Bamlanivimab, including Fact Sheets and Manufacturer Instructions/Package Inserts for Healthcare Providers and for Patients/Parents/Care Givers, can be found at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#coviddrugs> (scroll to section on Drugs and Biologic Products)."

- ❖ 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](#)

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](#)

Multiple COVID-19 variants are circulating globally

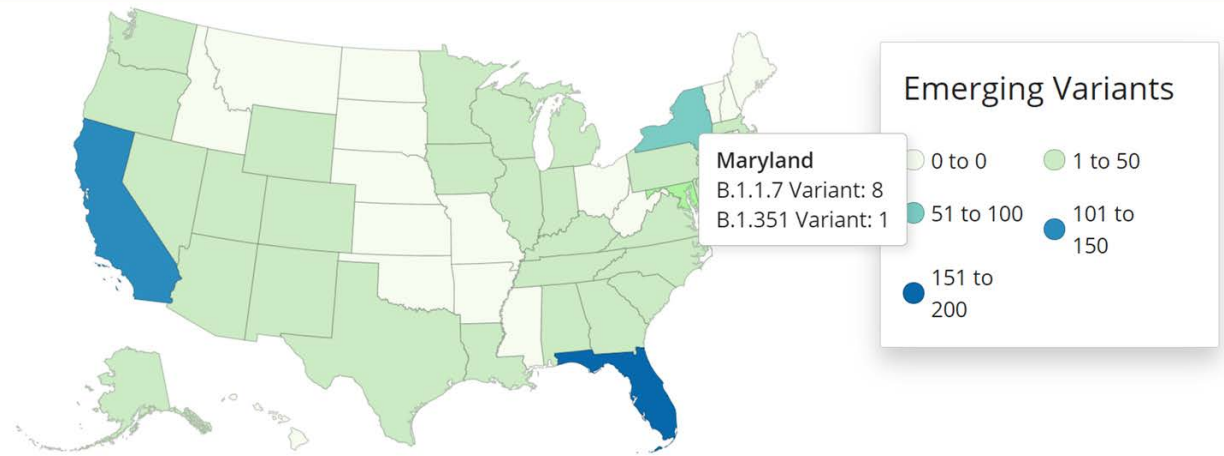
B.1.1.7	B.1.351	P.1
<ul style="list-style-type: none">• Appears to have originated in the UK with an unusually large number of mutations• Was first detected in 9/2020• Spreads more quickly and easily than other variants• Some evidence it causes more severe illness or increased risk of death• Highly prevalent in London and southeast England	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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

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*†



Territories AS GU MH FM MP PW PR VI



Variant	Reported Cases in US	Number of States Reporting
B.1.1.7	541	33
B.1.351	3	2
P.1	2	1

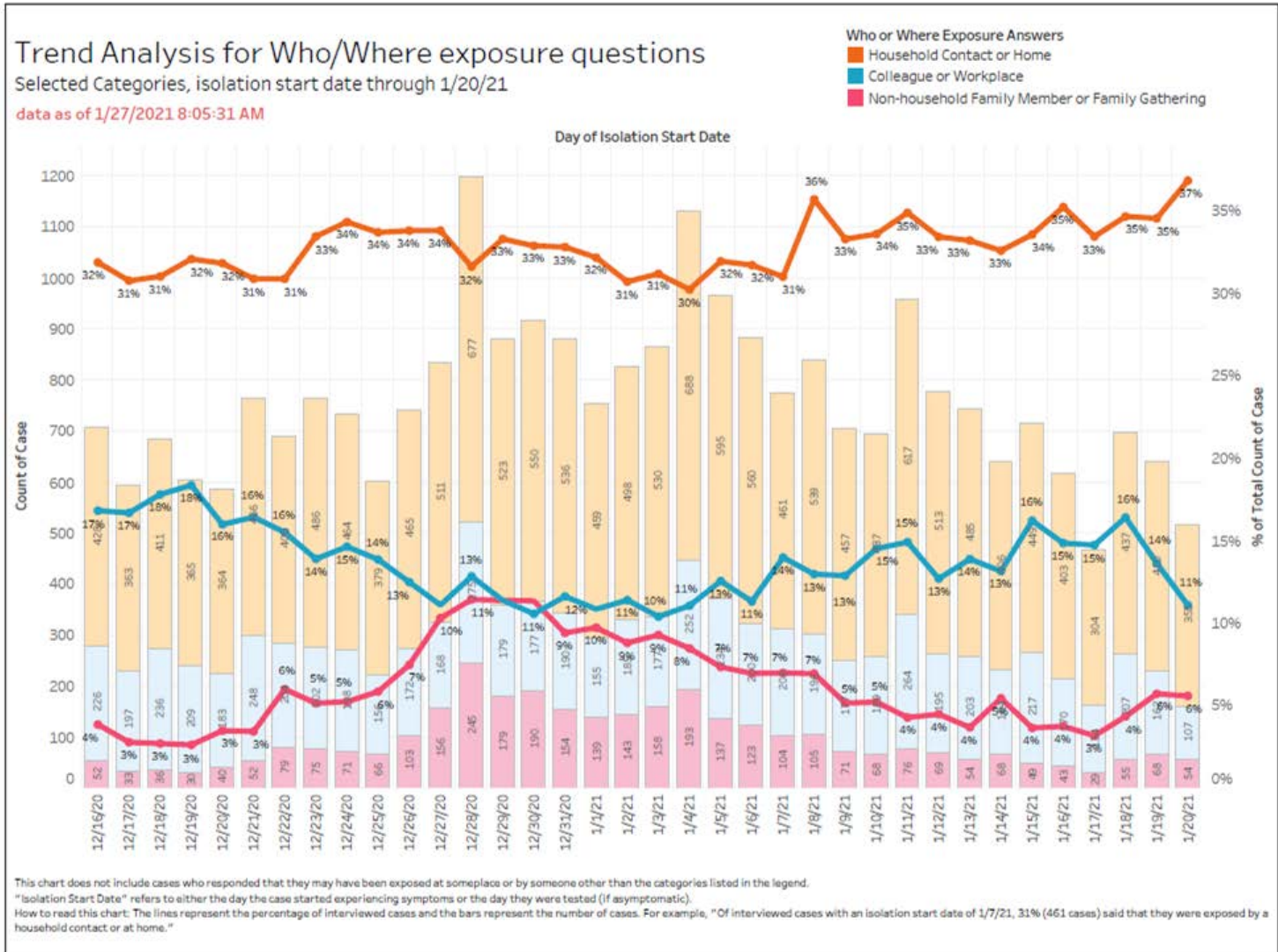
New Variant Reporting to MDH

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.)

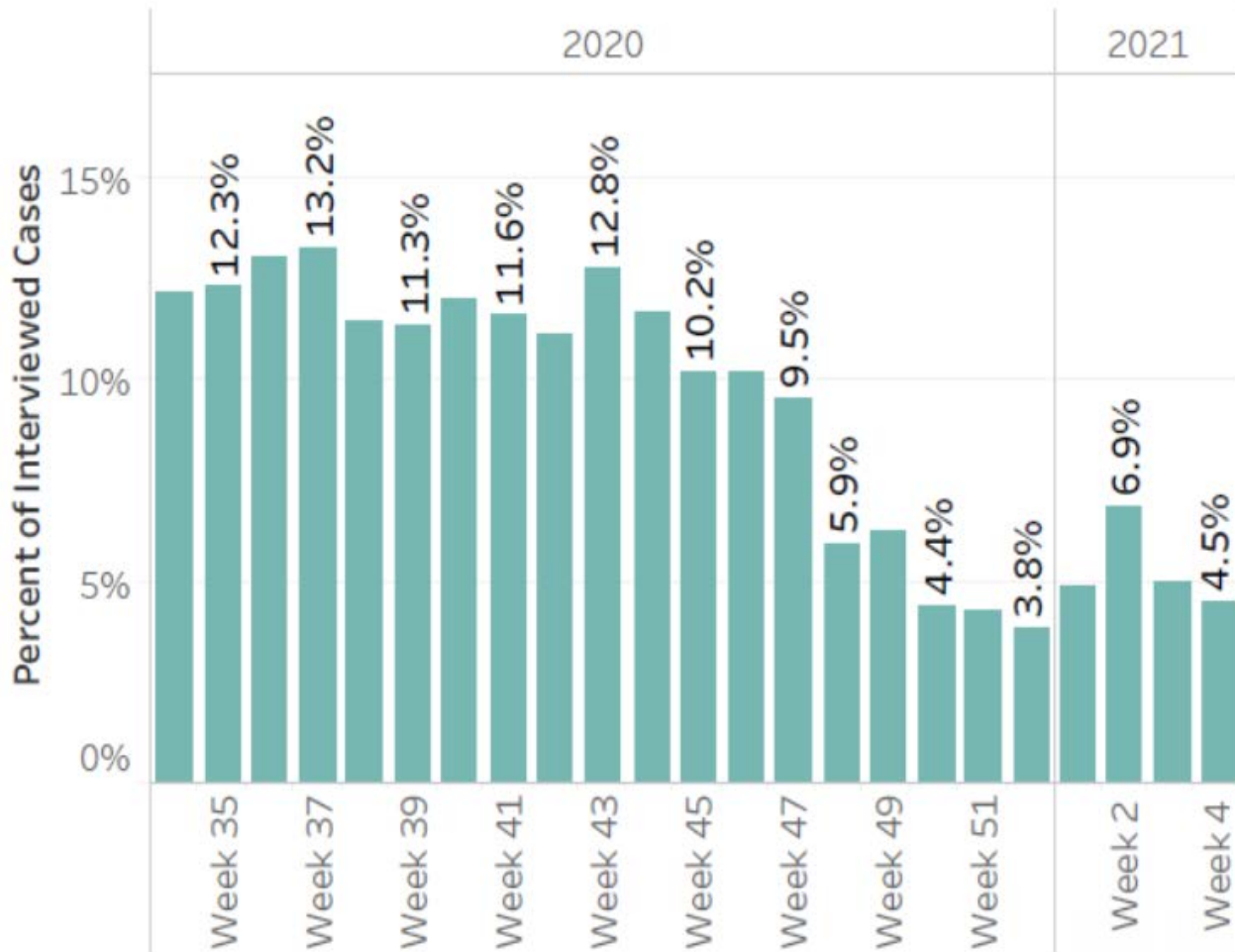
[Clinician Letter Link](#)

Contact Tracing - Source



Contact Tracing - Out of State Travel

Travel by Week, 8/16/20 to 1/23/2021




Contact Tracing

Methods


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

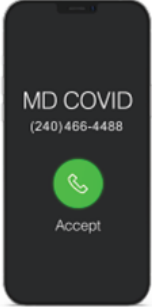
Thank You for Getting Tested for COVID-19

Follow directions from your testing facility on when and how you will receive your test results.



What Happens Next



- ▶ **Stop the spread.** Stay at home and separate from others if you were tested because you have symptoms or were exposed.
- ▶ **Identify the people you might have exposed.** Make a list of everyone you came in close contact with starting two days before your symptoms started or two days before your test date (if you don't have symptoms). Close contact means within 6 feet for a total of 15 minutes or more. If you test positive, a contact tracer will provide guidance to the people on the list.
- ▶ **Scan the QR code** and opt-in or download the MD COVID Alert app.
- ▶ **Add MD COVID**, (240) 466-4488, to your contacts.
- ▶ **Answer the call** when you see "MD COVID" or (240) 466-4488 on your caller ID. If you test positive, a contact tracer will call you. Your participation helps slow the spread of COVID-19. Any information you share is **CONFIDENTIAL**.
- ▶ **Learn more** at covidlink.maryland.gov



ADD YOUR PHONE. FIGHT COVID-19. GET COVID-19 EXPOSURE ALERTS

MDCOVID ALERT

Learn more about how contact tracing can fight COVID-19 at covidlink.maryland.gov

  @MDHealthDept
Updated 1/7/2021

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

CME Accreditation and Designation

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

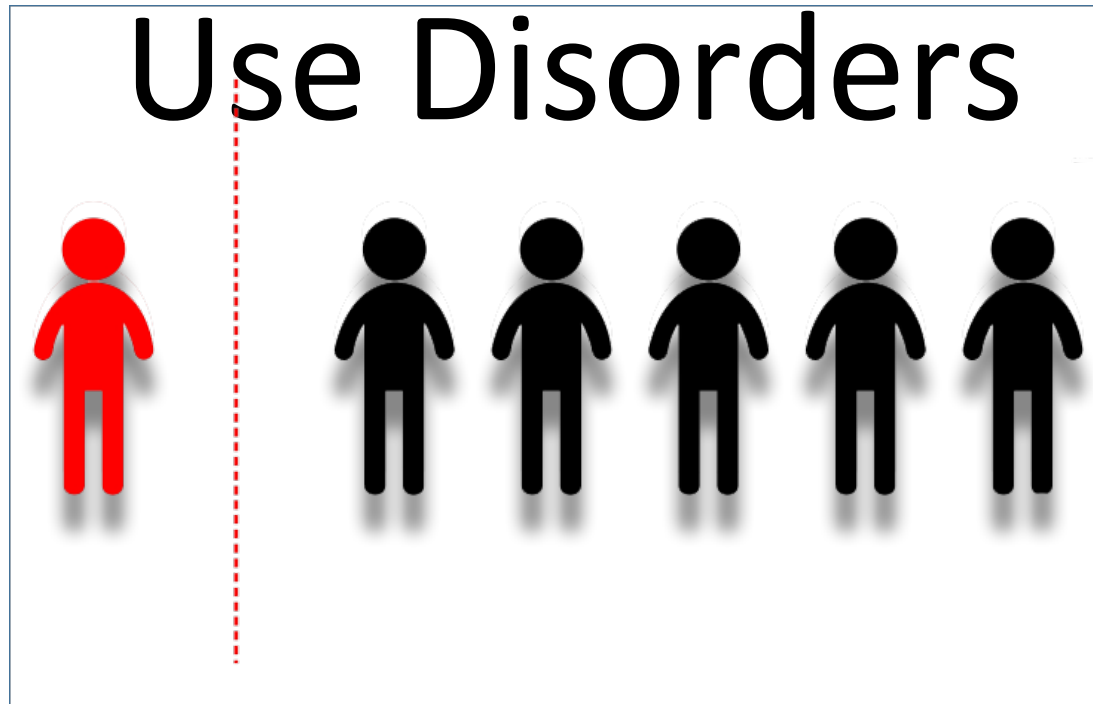
CME Disclosures and Evaluation

- ❖ Presenters and Planners: Howard Haft, MD, has reported no relevant financial relationships to disclose.
- ❖ MedChi CME Reviewers: The reviewers from the MedChi Committee On Scientific Activities (COSA) for this activity have reported no relevant financial relationships to disclose.
- ❖ *Attendees can receive CME credit by completing [this evaluation](#) after each webinar. MedChi will then be in contact with the certificate*

Announcements

- ❖ Learn from our [Frequently Asked Questions page](#)
- ❖ Monday Flash Briefing and Q&A - *Last one next week*
 - [Monday, 2/8/21 \(5:30 – 6 PM\)](#)
- ❖ Wednesday Covid-19 Updates
 - [Wednesday, 2/10/21 \(5 – 6:30pm\)](#)
 - [Wednesday 2/17/21 \(5-6:30pm\)](#)
- ❖ Guest Speaker
 - Today – **Megan Buresh, MD** *Stigma and Substance Use Disorders*
 - Future
 - ✓ 2/10 - Caitlin Murphy *Prince George's County's COVID Care Program*
 - ✓ 2/17 - Rupali Limaye, PhD *Vaccine hesitancy in minority populations*

Stigma and Substance



MDPCP February 3, 2021

Megan Buresh, MD

Assistant Professor, Medicine and Epidemiology

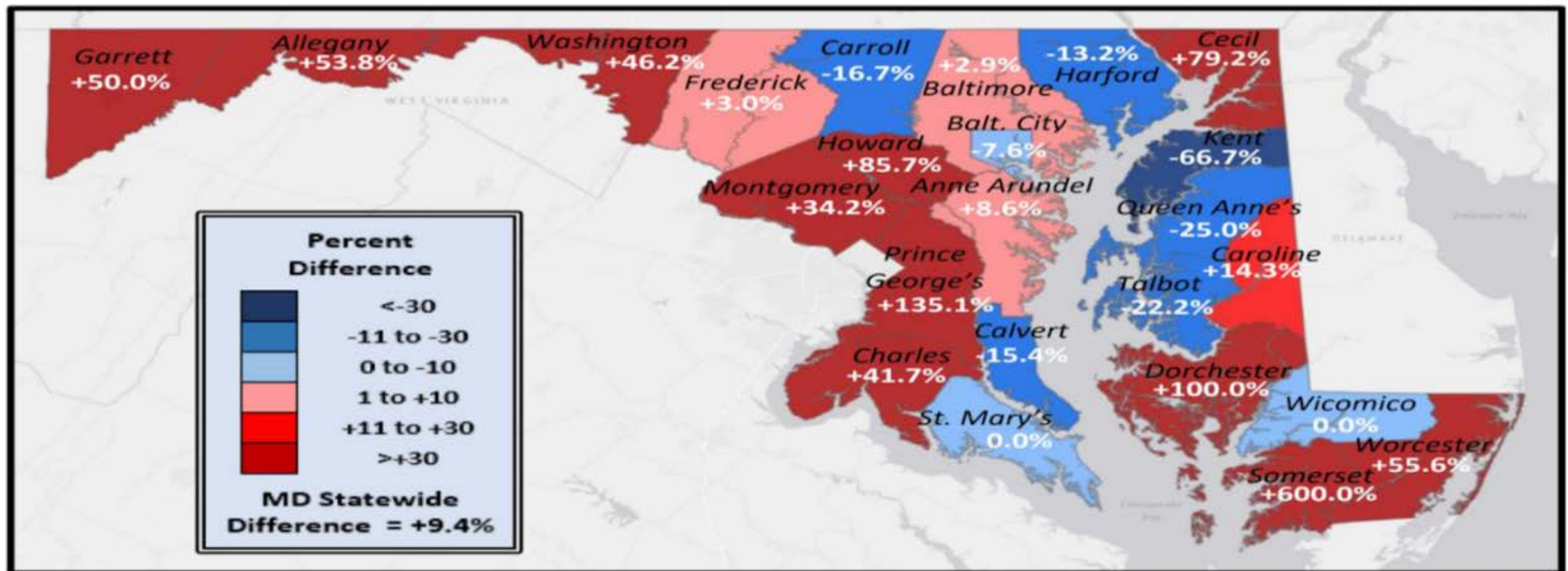
Division of Addiction Medicine, Johns Hopkins School of Medicine

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Disclosures

- I have no disclosures to report.

Opioid-Related Overdose Deaths by County, January-June 2020



Baker would give hospitals the power to hold addicts

Opioid epidemic brings call for 'coerced treatment'

MOVIES · Published March 25

Julia Roberts admits she's a stricter parent after playing junkie's mother in new movie

The New York Times

An Addict Dies in a School Restroom. He Was a Teacher.

Stigma and Substance Use Disorders

- Stigma occurs when certain groups are stereotyped, devalued, and discriminated against, in the context of unequal power relationships
 - *External stigma* - negative attitudes from community, family or staff
 - *Internal stigma* - a patient feeling negatively toward themselves about their disease or needing medication
- Despite the fact that over 20.3 million people in the United States struggle with substance use disorder, nearly half of Americans don't think that addiction is a disease.

Consequences of Stigma

- People less likely to seek treatment
 - *In 2018, 16 percent of individuals with a SUD did not seek treatment because they worried that it would have a negative impact on their employment; and approximately 15 percent felt it would impact their community's view of them.*
- Segregation of addiction treatment from other medical care
- Criminal-legal approach (War on Drugs) rather than medical/public health approach
- Discrimination in health care, criminal justice, employment, child custody, and housing
- Negative attitudes toward evidenced-based treatments such as methadone and buprenorphine
- High overdose death rate as people suffering from SUD are isolated
- Has exacerbated racial and socioeconomic disparities in health (disproportionate criminal approach to communities of color and disparities in access to treatment)

Myth

- Substance use disorder (SUD) is a moral failing or choice
- Opioid agonist therapies (methadone, buprenorphine) are replacing one drug with another

Fact

- SUD is a chronic disease with complex risk factors (genetics, environment, exposure)
 - *People may choose to use a substance but no one chooses the disease of addiction*
- These are highly effective medication that helps people in recovery (*difference between physical dependence and addiction*)

Stigma and mOUD

- mOUD = medication for opioid use disorder
 - Don't use term MAT or medication-assisted treatment – implies that medication is a crutch and not part of treatment
- High stigma towards opioid agonists buprenorphine (Suboxone) and methadone
 - Externalized stigma: segregation of care (methadone in OTPs), lack of PCPs willing to prescribe buprenorphine
 - Internalized stigma: "Not really in recovery if on medication"
- **Fact: buprenorphine and methadone are safe, effective, life-saving medications that help people in long-term recovery and there is evidence that both are effective in primary care settings***

**Use of methadone for OUD outside of federally regulated OTPs is illegal in the US but done successfully in Canada and Europe (example of stigmatizing regulations)*

Language Matters!

- Research has shown examining attitudes of mental health professionals in response to clinical vignettes using term “having a substance use disorder” vs. “substance abuser”
 - those in the "substance abuser" condition agreed more with the notion that the character was personally culpable and that punitive measures should be taken

Words Strongly Tied to Images



Principles of Non-Stigmatizing Language

1. Respects the worth and dignity of all persons (“person-first language”)
Ex. “person with opioid addiction” rather than “addict, alcoholic”
2. Focuses on the medical nature of substance use disorders and treatment
3. Promotes the recovery process
4. Avoids perpetuating negative stereotypes and biases through the use of slang and idioms

Ways to Reduce Stigma

- 1) Check your own biases (we all have them!)
- 2) Use non-stigmatizing language
- 3) Ask ALL patients about their drug and alcohol use in non-judgmental way
- 4) Promote faces of recovery and hope (www.stopstigmanow.org)
- 5) Treat substance use disorder as a treatable, chronic disease like diabetes or hypertension
- 6) Integrate SUD treatment into general medical settings (ex. buprenorphine in primary care, pharmacotherapy for AUD)
- 7) Provide patient-centered treatment approaches
- 8) Integrate peer recovery specialists into care team

Questions?



Resources

- BMC Words Matter Pledge:
https://www.bmc.org/sites/default/files/Patient_Care/Specialty_Care/Addiction-Medicine/LANDING/files/Words-Matter-Pledge.pdf
- StopStigmaNow.org
- intherooms.com - great site for online recovery supports that patients can use during COVID



Grayken Center
for Addiction
Boston Medical Center

WORDS MATTER: MY PLEDGE

**What we say and how we say it makes a difference
to our patients with substance use disorder.**

As a member of the BMC community, I believe that the language I use about substance use disorders is important. Using the right language helps decrease stigma that can prevent patients from seeking care. I pledge to treat all people with a substance use disorder with dignity and respect. I believe that words matter and I pledge to talk about addiction as a chronic illness, not a moral failing. I pledge to be a leader in reducing stigma and promoting recovery from this disease.



Non-Stigmatizing Language

- PERSON with a substance use disorder
-
- Substance use disorder or addiction
 - Use, misuse
 - Risky, unhealthy, or heavy use



Stigmatizing Language

- Substance abuser or drug abuser
 - Alcoholic
 - Addict
 - User
 - Abuser
 - Drunk
 - Junkie
-
- Drug habit
 - Abuse
 - Problem



- Person in recovery
- Abstinent
- Not drinking or taking drugs

-
- Treatment or medication for addiction
 - Medication for Addiction Treatment
 - Positive, negative (toxicology results)



- Clean
- “Drug-free”

-
- Substitution or replacement therapy
 - Medication-Assisted Treatment
 - Clean, dirty

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- Harris J, Felman K. A Guide to the Use of Recovery-Oriented Language in Service Planning, Documentation, and Correspondence. Pittsburgh, PA: Mental Health America Allegheny County; 2012. Available at:<http://www.mhaac.net/Files/Admin/The%20Use%20of%20Recovery-Oriented%20Language%208-21-12.pdf>.

Appendix

Resources and Links

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)

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

Phased Approach

	Phase 1	Phase 2
<i>Vaccine availability</i>	Limited	Widespread
<i>Approach</i>	Targeted	Universal
<i>Vaccine available to:</i>	<ul style="list-style-type: none"> • Frontline healthcare workers • Other essential workers • Those at highest risk of developing complications from Covid-19 (ACIP high risk conditions) 	<ul style="list-style-type: none"> • General public
<i>Vaccine distribution by:</i>	<ul style="list-style-type: none"> • Local health departments • Hospitals • Vaccination clinics (through LHDs) • Essential employer work sites 	<ul style="list-style-type: none"> • 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

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](#)

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 $\geq 85^{\text{th}}$ 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

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](#)

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

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

Scheduling In-Office Appointments

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

Scheduling In-Office Appointments

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

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

- ❖ 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**

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

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](#)

Personal Protective Equipment (PPE) Sources and Requests

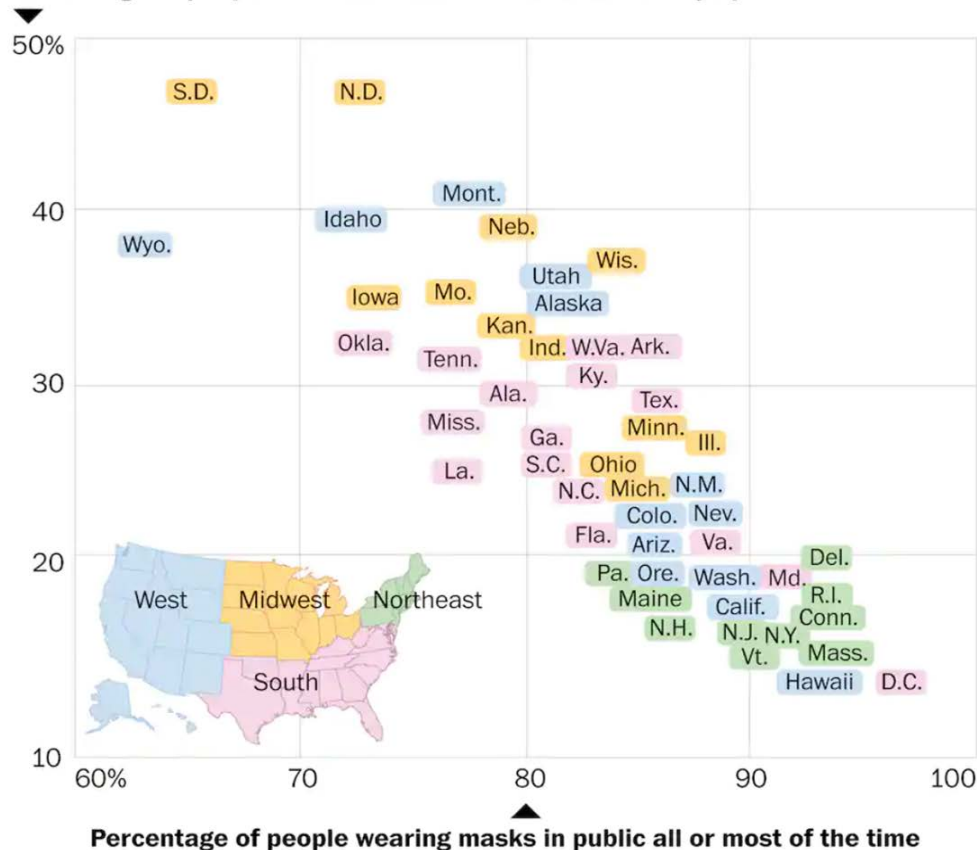
- ❖ Increasing Maryland's supply of PPE – one of the 4 building blocks on the Road to Recovery
- ❖ Maryland has launched the [Maryland Manufacturing Network Supplier Portal](#), an online platform that helps connect Maryland suppliers with buyers in need of critical resources
- ❖ For additional business resources during Covid-19, visit businessexpress.maryland.gov/coronavirus
- ❖ Providers may also request PPE from the non-profit ['Get Us PPE'](#)

Masks and Distancing Remain Critical

Masking up

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

Percentage of people who know someone with covid-19 symptoms



Data as of Oct. 19

Source: Delphi CovidCast, Carnegie Mellon University

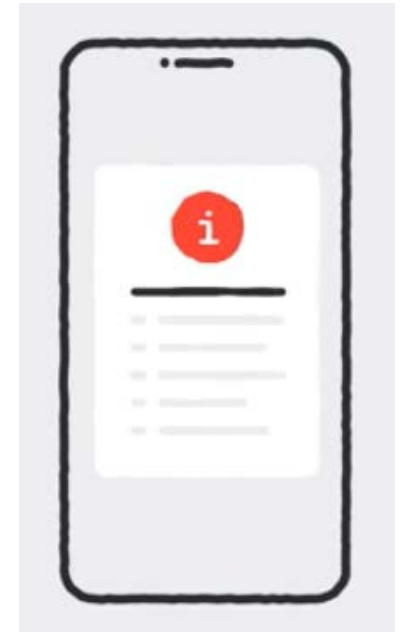
THE WASHINGTON POST

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



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

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

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](#)

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](#)

Staying Current - Sources

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

MedChi/CareFirst/Backline Grant

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

Eligibility Requirements

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

Application Steps

Can be completed in less than 5 minutes

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

Grant Amount

\$300 per eligible physician



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

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/>)