



Covid-19 and Vaccine Equity Update

Maryland Department of Health
Maryland Primary Care Program
Program Management Office

17 March 2021

Primary Care and Vaccine Equity

Soldiers in the final battle against the coronavirus

As we begin the second year of the war



Daily COVID-19 Report

Data reported as of 3/16/2021 for data through 3/15/2021

394,716

cases cumulative

8,336,837

tests cumulative

14.3

7-day avg. case rate

6,722

total hospital adult census

7,896

deaths cumulative

658

cases reported yesterday

12,200

tests reported yesterday

3.96%

7-day avg. positivity

75

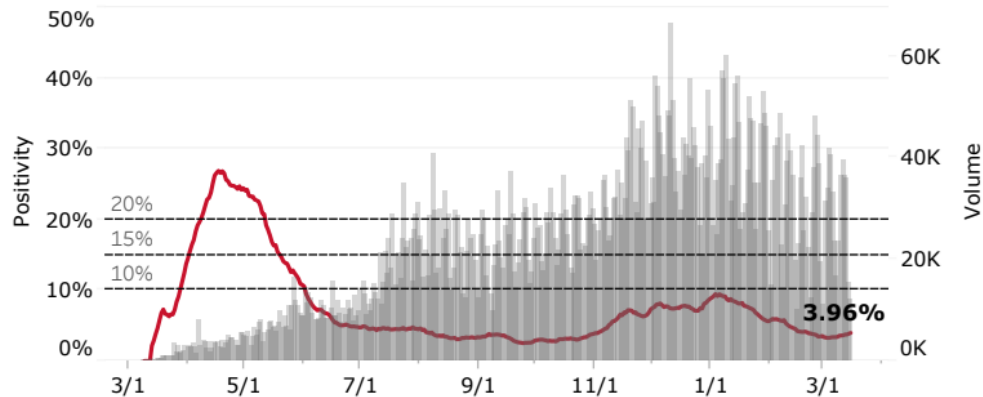
change in total hospital census

23

deaths reported yesterday

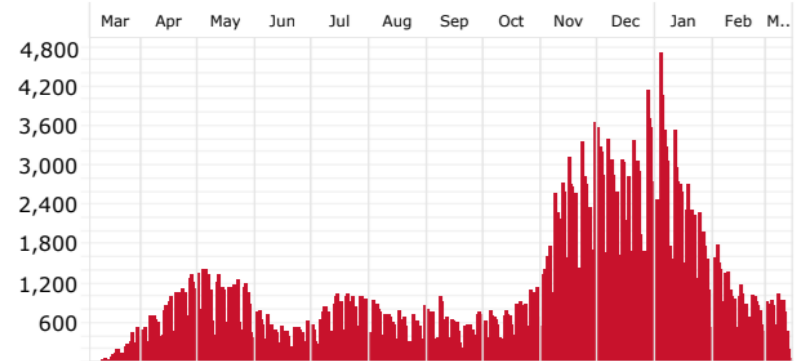
7-Day Avg. Percent Positivity and Total Testing Volume

Since 3/1/20

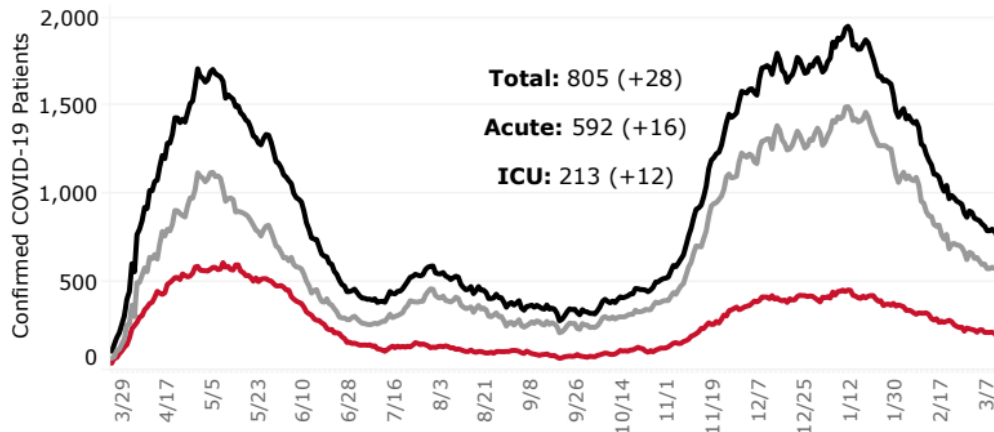


Daily New Cases

by Specimen Collection Date

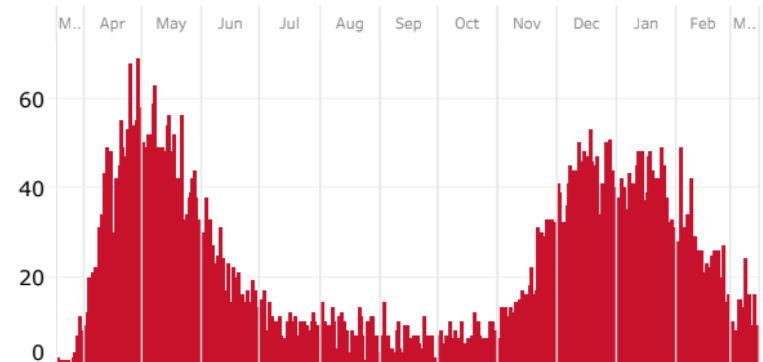


Statewide Acute/ICU Beds Occupied by COVID Patients



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.

Now is the time for Primary Care to play a critical role in the battle against Covid-19

- ❖ Primary Care in Phase 1 A, B, C - now
 - Focus on seniors and minority populations
- ❖ Primary Care in Phase 2 - expected April 2021
 - Focus on underlying conditions
 - Primary care best positioned to know who qualifies
- ❖ Primary Care in Phase 3 - expected May 2021
 - The no wrong door phase

Power of Primary Care

- ❖ Broad distribution across the state
- ❖ Serves the vast majority of Marylanders every day
- ❖ Most patients prefer to go to their primary care for vaccines
- ❖ Trusted source of information for those who are hesitant
- ❖ Ability to identify and outreach to most vulnerable - avoiding the confusing registration systems
- ❖ Trained and ready workforce and offices

Primary Care takes center stage in Vaccine Administration

- ❖ Pilot begins this week - 17 practices
- ❖ Pilot expansion in following weeks depending on results and vaccine availability
- ❖ Focus on improving equitable vaccination
- ❖ Leveraging existing relationships
- ❖ Filling the gaps in current vaccine administration
- ❖ Expanded and key role in Phase 2

MDPCP Covid Vaccine Pilot: Purpose

1. Nationally and in Maryland there has been little emphasis on engaging primary care in the Covid vaccine campaign
2. Serve as proof of concept for successful Covid vaccination at primary care practices
3. Achieve more equitable vaccine distribution through targeted outreach to African American and Hispanic populations
4. Focus on 65+ in advance of Phase 2 start up
5. Focus on underlying conditions in Phase 2

Refrigeration

Acceptable storage unit(s)

- ❖ Refrigerator (Stand Alone and/or Pharmaceutical grade)
- ❖ Freezer (Stand Alone and/or Pharmaceutical grade)
- ❖ Combination household unit (refrigerator and freezer in one unit with one compressor) using refrigerator or freezer compartment only for vaccines



Unacceptable storage unit(s)

- ❖ Dorm style refrigerator
- ❖ Mini refrigerator
- ❖ Small under the counter refrigerator with a freezer/refrigerator combination



Vaccine Toolkit

- ❖ Workflows
- ❖ Access
- ❖ Immunet registration
- ❖ Vaccine Storage and handling
- ❖ Billing and coding

Toolkit link
[here!](#)

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 will keep you and your patients from getting seriously ill even if you do get COVID-19.

STEPS

- 1 Complete ImmuNet requirements AND**
including site onboarding AND vaccinator registration (vaccination ordering not available currently)
Complete MDH "New Entity COVID VAX Clinic Info" form
- 2 Educate and encourage your team to get vaccinated**
as part of the Maryland Vaccination Priority Phase 1A
- 3 Share with your patients how to locate a vaccination site**
and identify patients for each vaccination priority phase
- 4 Prepare for vaccine* administration**
 - *by developing workflows for storage, handling and administration*
 - *identifying patients to outreach based on risk and equity using CRISP*

Current
Phase:

1C

as of 2/17/21

*NOTE: Due to the ultra cold storage and allocation size requirements for the Pfizer vaccine, it is unlikely this vaccine will be used in many primary care offices.

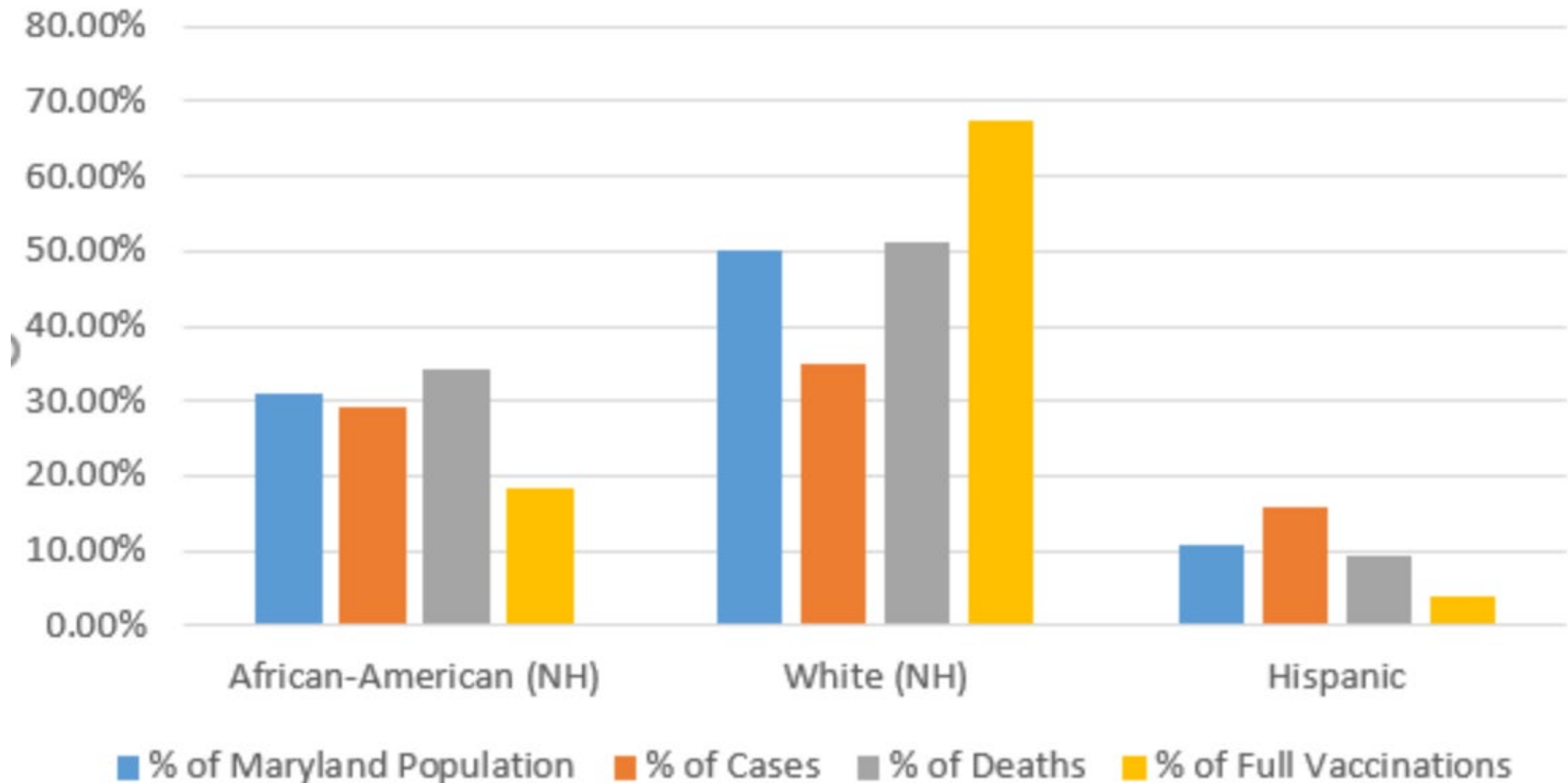
mdh.pcmol@maryland.gov

Page 1

Lack of equity during Covid-19

- ❖ Testing - less
- ❖ Cases - more
- ❖ Hospitalization - more
- ❖ Deaths - higher rates
- ❖ Monoclonal antibody therapy - less
- ❖ Vaccination - lower rates - *this is where primary care will make a big difference*

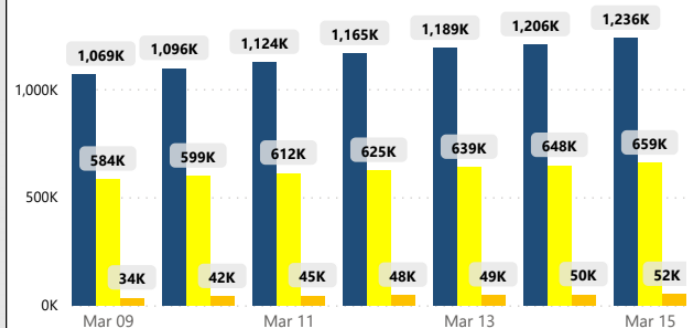
Vaccine Distribution by Race/Ethnicity



Vaccine Administration

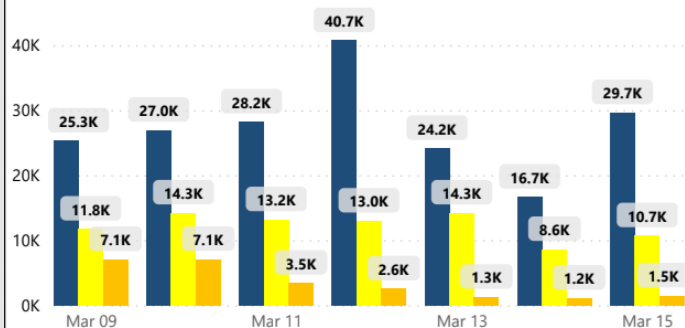
Cumulative Vaccines Administered

1st Dose 2nd Dose Single Dose



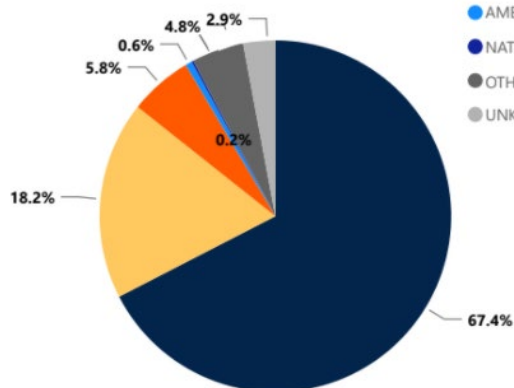
Daily Vaccines Administered

1st Dose 2nd Dose Single Dose



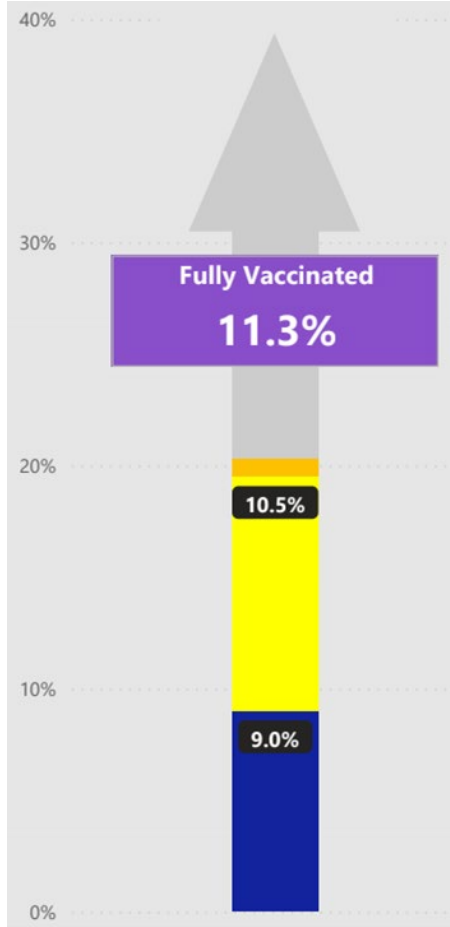
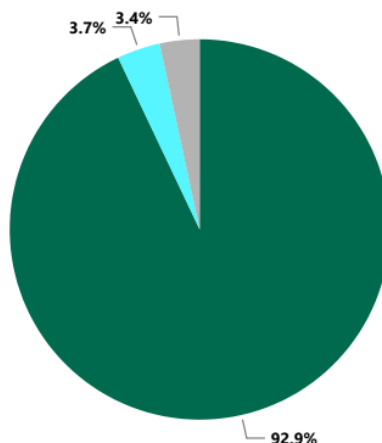
Fully Vaccinated by Race

WHITE
BLACK OR AFRICAN AMERICAN
ASIAN
AMERICAN INDIAN OR ALASKA...
NATIVE HAWAIIAN OR OTHER PA...
OTHER RACE
UNKNOWN



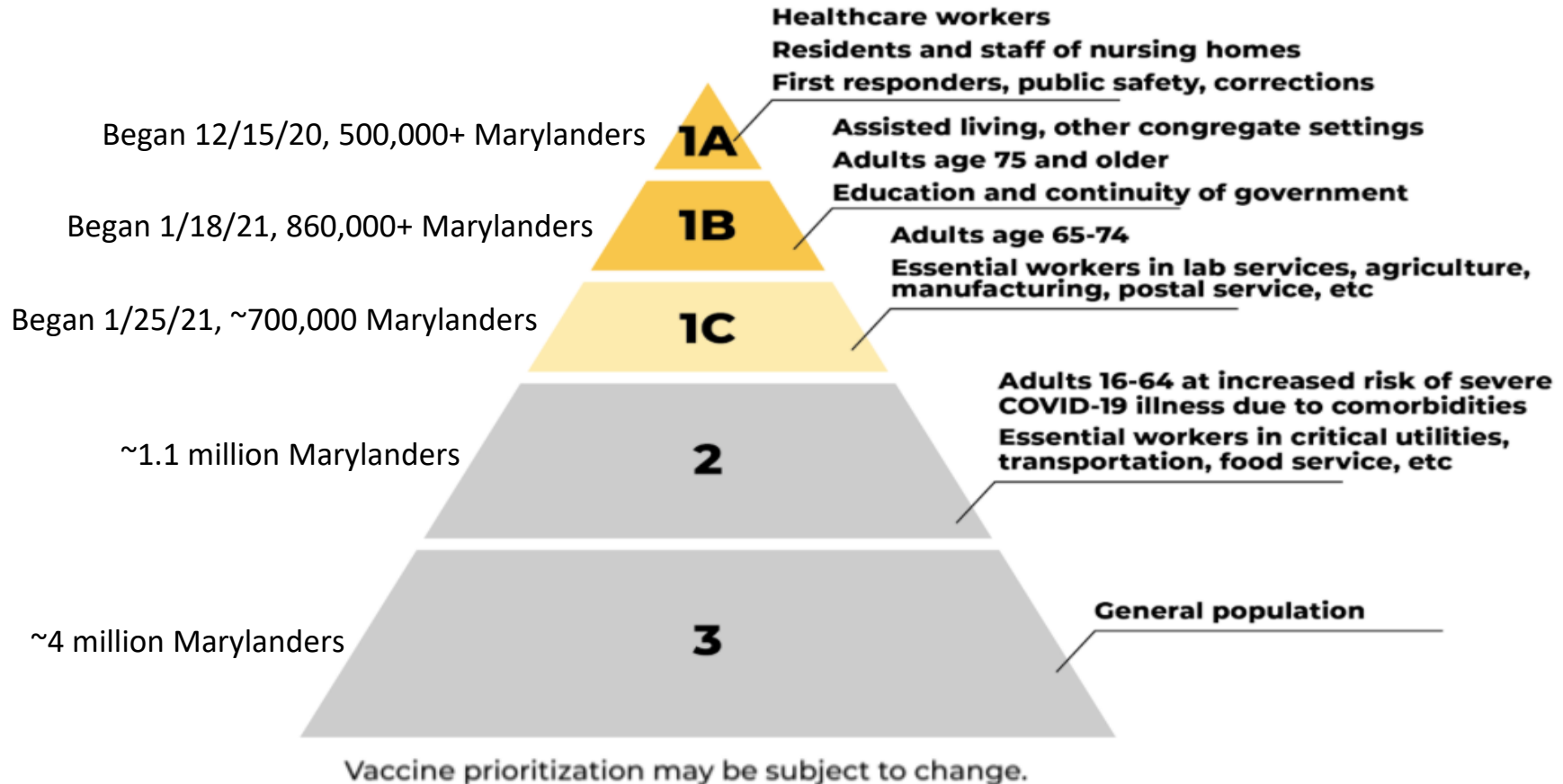
Fully Vaccinated by Ethnicity

NOT HISPANIC
HISPANIC
UNKNOWN



1st Dose Only
2nd Dose
Single Dose
Not Vaccinated

Priority Groups



Three Vaccines

❖ Moderna

- First to be used for primary care
- Two doses
- Standard freezer / refrigeration
- 100 dose boxes



❖ Pfizer

- 2 doses
- More stringent storage requirements
- 1000+ dose boxes

❖ Johnson and Johnson

- One dose
- Standard storage requirements
- 50 dose boxes

Next Potential Vaccines

	AstraZeneca 	NOVAVAX 
<i>Vaccine Type</i>	Viral Vector	Protein-Based
<i>Schedule</i>	<ul style="list-style-type: none">• Two dose regimen• 4 weeks apart	<ul style="list-style-type: none">• Two dose regimen• 3 weeks apart
<i>Efficacy</i>	<ul style="list-style-type: none">• 62% to 90%, depending on dosage	<ul style="list-style-type: none">• 89.3%, UK trial
<i>Storage</i>	<ul style="list-style-type: none">• Stable in refrigerator for at least 6 months	<ul style="list-style-type: none">• Stable in refrigerator

Current Vaccine Providers

No wrong door approach

- ❖ Local Health Departments
- ❖ Hospitals
- ❖ National Pharmacy Chains
- ❖ Local Pharmacies
- ❖ FQHCs
- ❖ State Mass vax sites
- ❖ **Primary care pilot - week of 15 March**
- ❖ **Primary care expansion – as soon as end of March**

Current State Mass Vax Sites

- Baltimore Convention Center
- M/T Stadium
- Six Flags
- Regency stadium
- Wicomico Civic Center: *opens tomorrow 3/18*
- Hagerstown Premium outlets: *opens 3/25*

CRISP Vaccine Tracker Tool

- ❖ Powerful tool unique to Maryland providers
- ❖ Visibility on patients vaccine status
- ❖ Ability to sort by age, race, ethnicity, medical conditions to facilitate process and equitable outreach
- ❖ Crisp Reporting Services (CRS) tool
- ❖ Uses Medicare attribution
- ❖ Adds ENS panel at your request to expand reach
 - Reach out to support@crisphealth.org to add your ENS panel

CRISP Vaccine Tracking Tool

CRISP VACCINE DATA SERVICE

Connecting Providers with Technology to Improve Patient Care

ENS Panel / MDCPC Practice: Demo Practice-1 [MDCPC Practice - 9999995] Apply

Vaccination data from ImmuNet available through 01/24/2021
 ENS Panel Subscription data available through 01/14/2021
 * Double click on row to edit

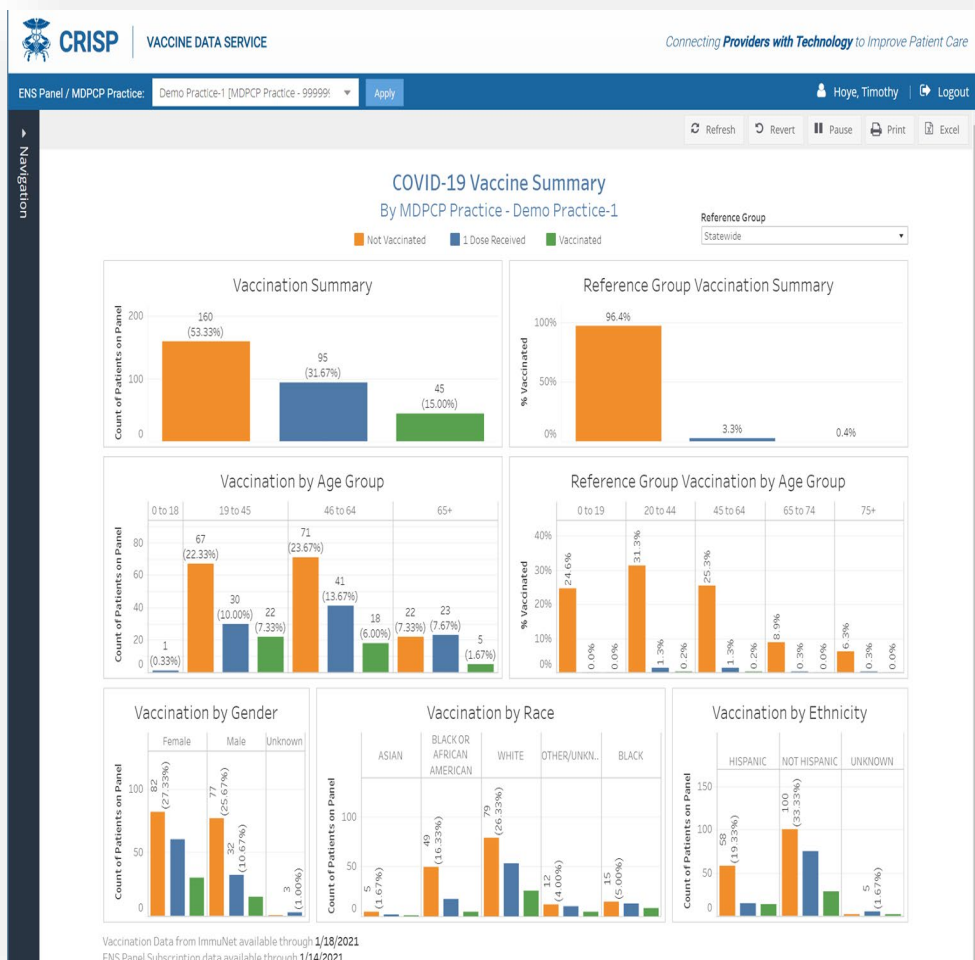
Quick Filter: Select Quick Filter

Save Filters Clear Filters Excel Export

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
ALICE THOMAS	Not Vaccinated	1st Dose Scheduled	Called Patient on 1/25 ...			71	0			
AMANDA THOMAS	Vaccinated			12/14/2020	01/11/2021	67	2	Pfizer - COVID-19, ...	Pfizer - COVID-19, m...	CVS Pharmacy S...
ALYSSA	1 Dose Received			01/04/2021		64	1	Moderna - COVID-1...		JH Howard Coun...
AMANDA JAMES	Not Vaccinated	Vaccine Hesitant				44	0			
ETHEL MICHELLE	Vaccinated			12/15/2020	01/12/2021	93	0	Pfizer - COVID-19, ...	Pfizer - COVID-19, m...	CVS Pharmacy S...
AMANDA JAMES	Not Vaccinated					62	0			
ALYSSA JAMES	1 Dose Received			12/20/2020		62	5	Pfizer - COVID-19, ...		Walgreens #1511
AMANDA JAMES	1 Dose Received	Final Dose Outreach		12/27/2020		76	0	Moderna - COVID-1...		Anne Arundel Co...
AMANDA JAMES	1 Dose Received			01/08/2021		62	0	Pfizer - COVID-19, ...		Holy Cross Hosp...

- ❖ User Guide Link: <https://vacctrac.crisphealth.org/#help/User%20Guide>
- ❖ Vaccination data updated daily from ImmuNet (IIS)
- ❖ User editable status to track outreach efforts

CRISP Vaccine Tracking Tool



Summary Reports

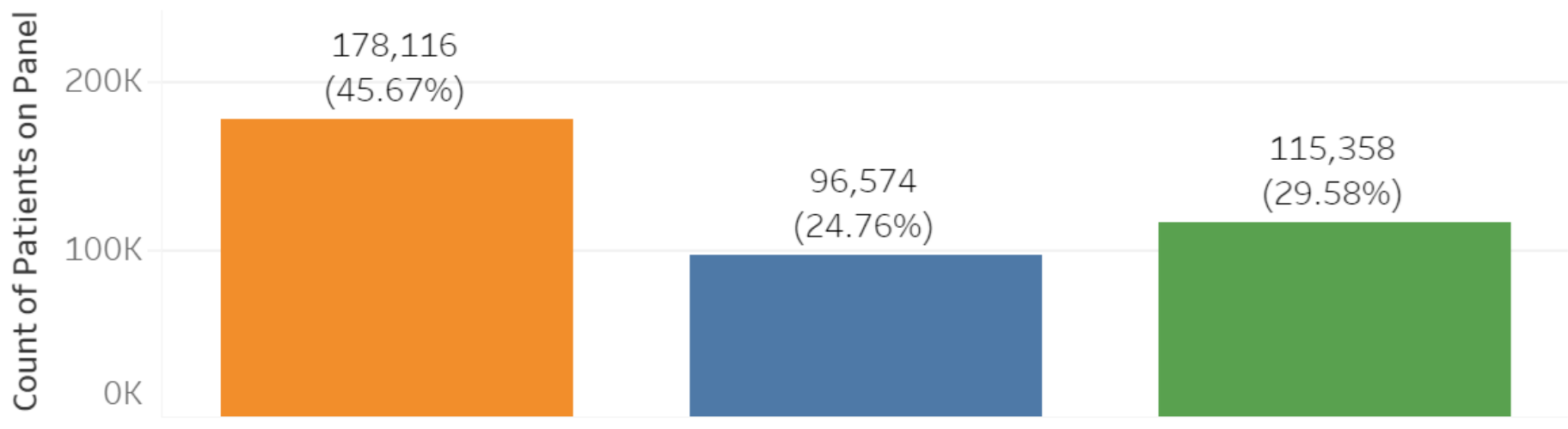
- ❖ Compare your Practice to MD Statewide population or relevant Peer Groups
- ❖ Compare by demographic fields
- ❖ Track a practice's patient vaccination status over time

MDPCP Only - Vaccination Summary

Medicare Fee-For-Service Attributed Beneficiaries Only

Not Vaccinated 1 Dose Received Vaccinated

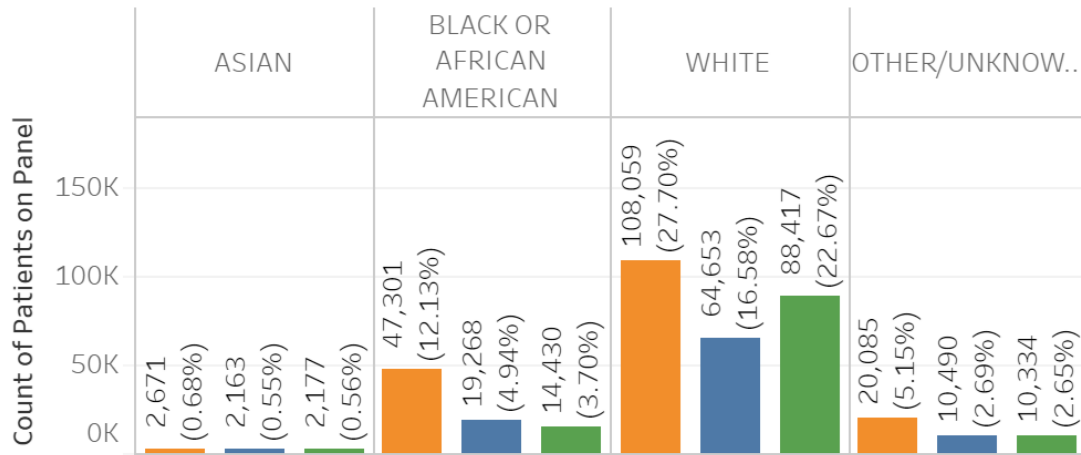
Vaccination Summary



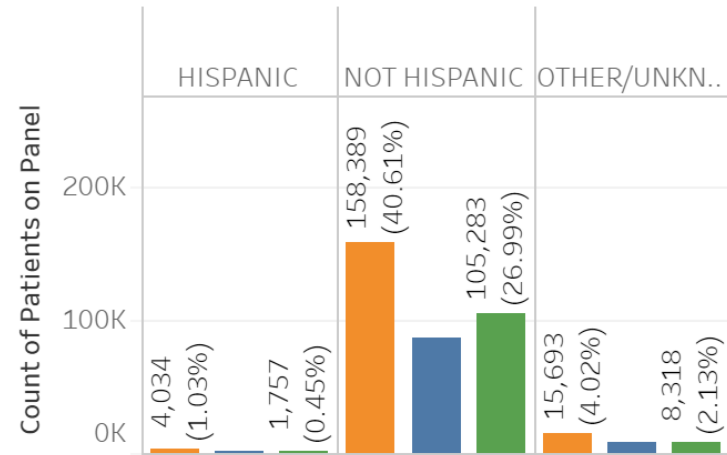
MDPCP Only - Vaccination by Race & Ethnicity

Medicare Fee-For-Service Attributed Beneficiaries Only

Vaccination by Race



Vaccination by Ethnicity



Not Vaccinated

1 Dose Received

Vaccinated

COVID-19 Vaccination Support Center

Patients have options beyond primary care

- ❖ Maryland Departments of Health and Aging collaboration
- ❖ Designed to assist those without internet access to support Covid vaccination appointments
 - Available to all Marylanders who are eligible for a vaccine
- ❖ Open seven days a week, 7am-10pm
- ❖ Also targeting outgoing calls to segmented groups of seniors



**1-855-MDGOVAX
(1-855-634-6829)**

ImmuNet onboarding is a multistep process

1. [Enrolling](#) in ImmuNet
 - a. Most have completed this step
 2. Assuring your system can [exchange information](#) (EHR or CSV file)
 - a. Bi-directional capacity preferred
 3. ImmuNet [registration as Covid vaccinator](#)
 - a. You will receive a PIN and an approval email
- This is a slow process to start now - each site may be contacted by ImmuNet staff to confirm details
 - Working toward greater efficiency

Increase in Vaccine Payments

- ❖ Medicare reimbursement for Covid vaccine administration has increased as of 3/15:

Single Dose	Two Dose Regimen
\$40	\$80 (\$40 for each dose)

- ❖ [CMS website link](#)
- ❖ [Overview of other payers](#)

CDC Public Health Recommendations for Fully Vaccinated People

- ❖ Fully vaccinated = 2 weeks after last dose
- ❖ Fully vaccinated people can
 - Visit with other fully vaccinated people indoors without wearing masks or physical distancing
 - Visit with unvaccinated people from a single household who are at low risk for severe COVID-19 disease indoors without wearing masks or physical distancing
 - Refrain from quarantine and testing following a known exposure if asymptomatic

CDC Public Health Recommendations for Fully Vaccinated People

❖ Fully vaccinated should continue to

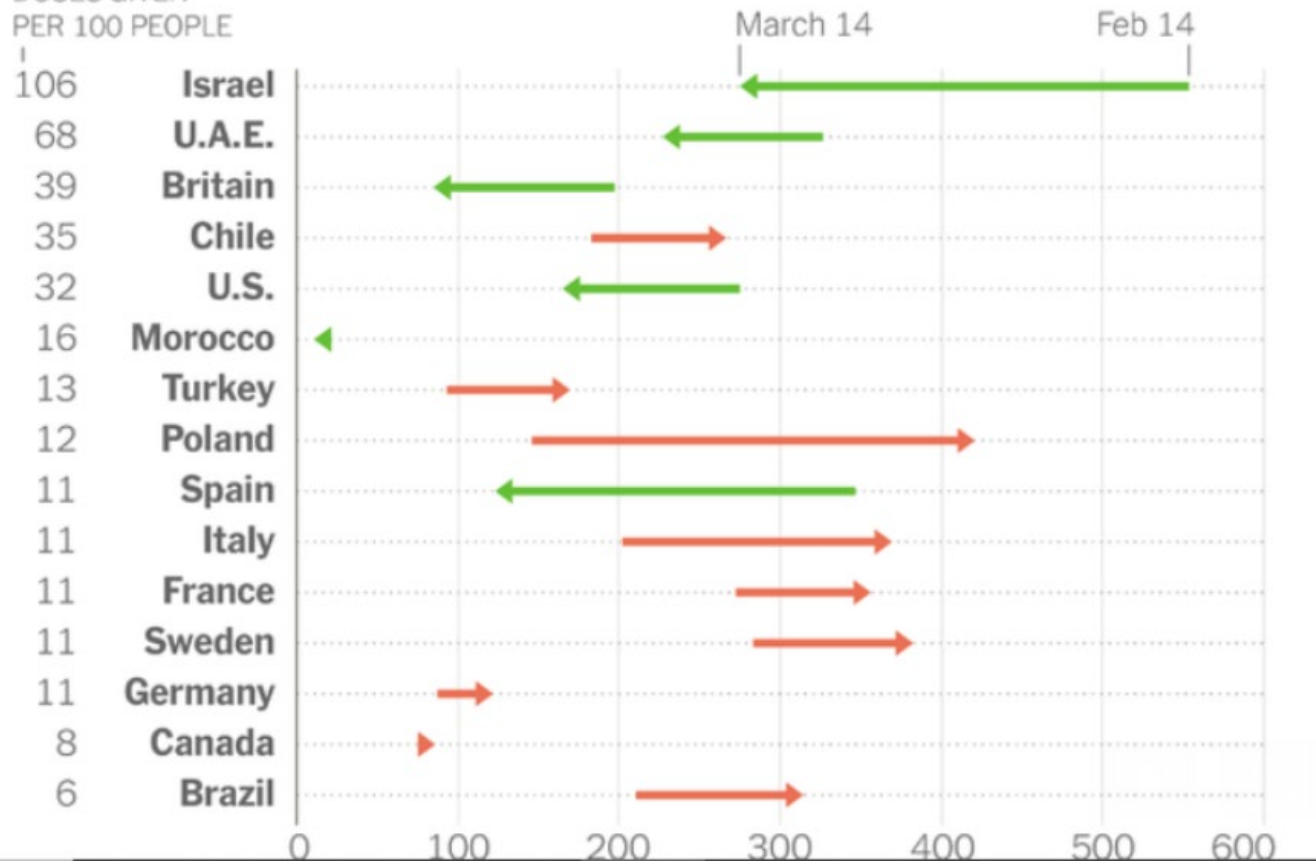
- Take precautions in public like wearing a well-fitted mask and physical distancing
- Wear masks, practice physical distancing, and adhere to other prevention measures when visiting with unvaccinated people who are at increased risk for severe COVID-19 disease or who have an unvaccinated household member who is at increased risk for severe COVID-19 disease
- Wear masks, maintain physical distance, and practice other prevention measures when visiting with unvaccinated people from multiple households
- Avoid medium- and large-sized in-person gatherings
- Get tested if experiencing COVID-19 symptoms

Effect of Vaccines Globally

How Vaccinations Are Slowing the Spread

Change in new daily Covid-19 cases per million residents over the past month

DOSES GIVEN
PER 100 PEOPLE



Please do not forget

❖ Testing

- Point of Care Testing in office - interested practices should fill out this [Google Form](#) as soon as possible

❖ Monoclonal antibody therapy for ambulatory patients

- CRISP online referral system

❖ Virus variants - [reporting](#)

What you have done and what is left to be done

1. You have **identified all your high risk patients**
2. You have **provided vulnerable patients with expanded care**
3. You have **offered testing for all patients, as much as every visit – POC for those eligible for mAb therapy**
4. You have **stayed current and stayed safe**
5. **Now is the time to be a vaccinator - address vaccine hesitancy with patients, register as a Covid vaccinator in ImmuNet and plan for administration**

Now is the time for Primary Care to demonstrate the enormous value you bring to the health and well being of all Marylanders

How do we know when it is over?

- ❖ Now is the time for you to make this a reality
- ❖ It is over when
 - Cases rates are at or near zero
 - Hospitalizations are at or near zero
 - Deaths are at or near zero
- ❖ Until then- facial coverings, social distancing, hand hygiene, avoid crowds- with increasing exceptions among vaccinated persons



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

— John Lennon

General 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
 - ❖ CDC [Moderna vaccine storage](#)

WEBINAR

Monoclonal Antibody Therapy for Covid-19: Scientific Basis and Ongoing Studies

An in depth, scientific discussion of the current and future use of monoclonal antibody therapy, the impact of viral variants, and the interactions of mAb therapy and vaccines followed by a Q&A.

TUESDAY, MARCH 23

5:00 PM - 6:00 PM



[Register Now](#)

PRESENTERS:

Dr. Gentry Wilkerson

University of Maryland

Dr. Zishan Siddiqui

John's Hopkins University, BCCFH

Dr. Shivakumar Narayanan

University of Maryland

Dr. Joel Chua

University of Maryland

Organized by:



[Registration Link](#)



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 [FAQs page](#) (last updated November 2020)
- [MDH FAQs](#)

❖ Wednesday Covid-19 Updates

- [Wednesday, 3/24/21 \(5-6:30pm\)](#)
- [Wednesday, 3/31/21 \(5-6:30pm\)](#)

❖ State and Regional Approaches to Equitable COVID-19 Vaccination Efforts – webinar from the Network for Regional Healthcare Improvement and the Duke-Margolis Health Policy Center

- [Thursday, 3/25/2021 \(3-4pm\)](#)

❖ Guest Speaker

- Today – Stephanie Slowly MSW, LCSW-C, *The Role of Racial Trauma and Microaggression in Health Disparities for Primary Care*
- Next week - Dr. Gregory Branch, Health Officer for Baltimore County



The Role of Racial Trauma and Microaggression in Health Disparities for Primary Care

Stephanie Slowly, MSW, LCSW-C

March 17, 2021



Today's Objective

1. Review of Key Term
2. Overview of Trauma: Provider Risk
3. Microaggressions in Action
4. Impact of Microaggressions in Healthcare
5. How to Respond to Microaggressions
6. How to Heal from Microaggressions
7. Doing Our Part — Call to Action
8. Next Steps and Takeaways

Key Terms

- **Bias:** Is defined as a prejudice in favor of or against one thing, person or group compared with another usually in a way that's considered to be unfair. (individual, group or institution)
- **Implicit (Unconscious) Bias:** Attitudes towards people or associate stereotypes with them without our conscious knowledge.
- **Micro aggressions:** a statement, action, or incident regarded as an instance of indirect, subtle, or unintentional discrimination against members of a marginalized group such as a racial or ethnic minority.
- **Micro-assaults:** are explicit racial or derogatory actions that are intended to hurt.
- **Race:** a social construct that refers to belonging to a group of people who shared a common ancestry from a particular region of the globe. Common ancestry is accompanied by superficial secondary physical characteristics such as skin color, facial features, and hair texture.
- **Racism:** prejudicial treatment based on racial or ethnic group and the societal institutions or structures that perpetuate this unfair treatment. Racism can be expressed on interpersonal, structural/institutional, or internalized levels.

Overview of Trauma: Provider Risk

Trauma care professionals are at high risk of burnout, PTSD and other mental health conditions

- Provider stress is a serious issue. How can providers learn how to take better care of themselves?
- Trauma providers experience "**normalized stress**" — becoming so accustomed to being stressed that it becomes the norm
- Providers experience lots of **stressors**: life-threatening situations, critically ill patients, high mortality rates, administrative demands, personal life
 - They need to be equipped with strategies to deal with these stressors
- **Compassion fatigue**: focused so much on needs of others that you neglect your own needs
 - Feeling emotionally exhausted, depressed or anxious is common
 - May experience depersonalization, feeling of becoming disconnected
 - Often providers' responses to this is "**I get it, but I don't have time**"
 - Providers feel that they do not have time to take care of themselves
- Providers often reluctant to acknowledge feelings of depression, compassion fatigue or burnout because they feel they are "**not living up to expectations**"

Microaggressions in Action



Microaggression in action



Dr. Tamika Cross
28-year-old
OB/Gyn University Texas



Impact of Micro-Aggression in Healthcare

Age-adjusted percentage of persons 18 years of age and over with diabetes, 2018

	Non-Hispanic Black	Non-Hispanic White	Non-Hispanic Black / Non-Hispanic White Ratio
Men	13.4	8.7	1.5
Women	12.7	7.5	1.7
Total	13.0	8.0	1.6

Cancer Death Rates per 100,000 – Women

Cancer	African American Women	Non-Hispanic White Women	African American / Non-Hispanic White Ratio
Liver & IBD*	4.7	3.4	1.4

Cancer Death Rates per 100,000– Men

Cancer	African American Men	Non-Hispanic White Men	African American / Non-Hispanic White Ratio
Liver & IBD*	13.2	8.3	1.6

Impact of Micro-Aggression in Healthcare

- A study from the **University of Washington's Surgical Outcomes** Research Center found six common microaggressions reported in healthcare settings: mistaken identity, mistaken relationships, fixed forms, entitled examiner, pervasive stereotypes and intersectionality.
- Of the **150 American Indian patients** surveyed by the University of Minnesota, over 36 percent reported experiencing microaggressions in health clinics.
- A study from the **University of Colorado Boulder** finds that “clinicians’ implicit bias may jeopardize their clinical relationships with black patients, which could have negative effects on other care processes. As such, clinician bias may contribute to health disparities.”
- “I’m risking my own personal health, and then to be vilified just because of what I look like,” said Li, 28, wary that one of her patients, too, could harbor such prejudices.(Washington Post Article)
- In 2015, researchers from the **University of Tennessee** “found that microaggressions can trigger intrusive memories of traumatic racially related incidents. This supports that for some, microaggressions are experienced as traumatic events, which is of serious concern. Many of the same principles used to care for survivors of abusive trauma might be adapted to explore and intervene on effects of racial microaggressions, referred to as trauma-informed care.

How to respond to Microaggression

Seek support.

“One of the most important ways to manage our mental health in the face of racism is to make sure that we have supportive people to help us in processing our experiences,” says Dr. Bradford. “This can be in the form of colleagues, a therapist, or family and friends. It’s important to have a space where you can give voice to what’s happening to you.”

Don’t internalize racism.

It can be tempting to want to change something about yourself or your behavior in order to be more accepted, but “it’s important to stay grounded in the fact that you are not the issue, racism is the issue,” adds Dr. Bradford.

Know when it’s time to leave a situation.

Certain situations can and will be challenging, like in the workplace, but it’s important to understand when you need to distance yourself from a toxic situation. “Remaining in a situation where you’re experiencing repeated acts of racism and discrimination can be incredibly taxing and harmful,” says Dr. Bradford. “It’s important to recognize when you’ve hit your limit and need to prioritize yourself.”

How to Heal Microaggression

Can one ever heal from racial microaggression?

3 Truths that one must adopt:

1. Your Experience Are Real
2. Your Feelings Are Valid
3. You Deserve To Heal

You have the right to prioritize YOUR mental health, safety and well-being.

How to Heal Microaggression

- **Engage in self-care:** This looks different for everyone, but it can include meditation, prayer, healthy eating, and physical exercise.
- **Limit news consumption:** Of course, it's important to keep up with current events. However, repetitive coverage of violence against people from the BIPOC community can be traumatizing. Be sure to take a break when you need one.
- **Cultivate an excellent support system:** Surround yourself with people who will listen to and validate your experiences.
- **Create art:** Expressing yourself through art can be cathartic.
- **Recognize and verbalize your feelings:** Just getting your emotions off of your chest can make a big difference in how you feel. Whether you confide in a good friend or a therapist, be sure to get it all out.
- **Make a list of things to avoid:** If certain people, places, or situations make you feel unsafe, put them on a list. Do whatever you can to avoid anything on the list.
- **Engage in activism:** If and when you are able, engage in activism that you feel comfortable with. Doing so can help you connect with the community and work toward anti-racist goals.

BHA Action Steps

Operation Courage:

- A collaborative partnership focused providing crisis supports to essential workers who remain on the frontline during this time of COVID response.
- We are working with the **Psych Associates of Maryland** to provide crisis support to anyone who is in need and referral to greater clinical supports if necessary.

What can we all do to improve Behavior Health Equity?

Examine	Take some time to examine the beliefs you grew up with and ask yourself: Do those beliefs and values still resonate with me? Use this time for self-reflection and assess whether they still ring true for you now, as an adult.
Acknowledge	While important to take stock of your own emotions, it's also our responsibility to acknowledge how others feel by validating the fact that their feelings matter. As you go about your day, practice being more mindful about how what you say and do might affect those around you.
Lead	Lead with Equity when beginning strategic planning, data analysis, program design or collaborative partnerships identify recipients who are in the greatest need — develop with them in mind.
Build	Build a culture of awareness of how personal beliefs, values, and attitudes associated are directly tied to one's cultural background and will influence the delivery of behavioral health services.

Summary: What can we all do to improve Health Disparities?

Embrace	Put yourself in other people's shoes. Ask yourself how you would feel if you were in their situation. By exploring another person's perspective, you can glean insight into your behaviors. Just as your experience and feelings are true for you, their experience and feelings are true for them.
Resist	If you've been called out for doing or saying something hurtful, resist getting defensive. Instead, embrace curiosity and ask questions that can help you understand a person's point of view.
Diminish	Combat/diminish stigma associated with BH disorders that can also prevent individuals from seeking treatment
Normalize	We have to normalize the language of mental health and encourage others to seek supports.

Some Resources for You

For COVID-19 guidance specific to behavioral health professionals, visit bha.health.maryland.gov/Pages/bha-covid-19.aspx.

Operation Courage: [Operation Courage](#)

For information and resources regarding COVID-19, visit coronavirus.maryland.gov.

[National Institute of Health/National Institute of Minority Health](#)

[SAMHSA Office of Behavioral Health Equity](#)

[National Network to Eliminate Disparities in Behavioral Health](#)

[THERE'S NOTHING 'MICRO' ABOUT THE IMPACT OF MICROAGGRESSIONS](#)

Final Thought

*Self-care is giving the
world the best of you,
instead of what's left
of you.*



Questions?

THANK YOU

Stephanie Slowly, MSW LCSW-C
Acting Chief of Staff & Director, Systems Management
Behavioral Health Administration

Stephanie.slowly1@maryland.gov



Appendix

Resources and Links

Contact Tracing

Methods


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

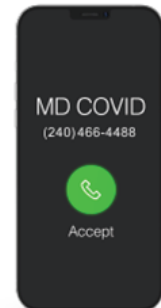
Thank You for Getting Tested for COVID-19

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

Multiple COVID-19 variants are circulating globally

B.1.1.7	B.1.351	P.1
<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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

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](#)

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](#)

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**

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’](#)

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

Food Resources

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

➤ [Maryland Summer Meals](#)

➤ [Montgomery County](#)

➤ [Prince Georges County](#)

➤ [Charles County](#)

➤ [Frederick County](#)

[Howard County](#)

[Anne Arundel County](#)

[St. Mary's County](#)

[Harford County](#)

[Calvert County](#)

❖ Free meals available from 42 rec centers in Baltimore

➤ Call 311 for locations and to schedule pickup time

Resources 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/>)