



Covid-19 and Vaccine Equity Update

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

31 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 3/31/2021 for data through 3/30/2021

411,344
cases cumulative

8,766,709
tests cumulative

20.7
7-day avg. case rate

7,277
total hospital adult census

8,101
deaths cumulative

1,366
cases reported yesterday

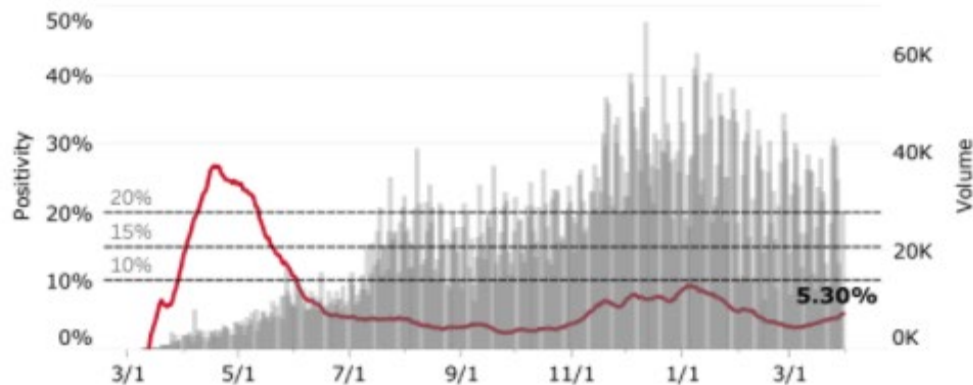
27,795
tests reported yesterday

5.30%
7-day avg. positivity

183
change in total hospital census

13
deaths reported yesterday

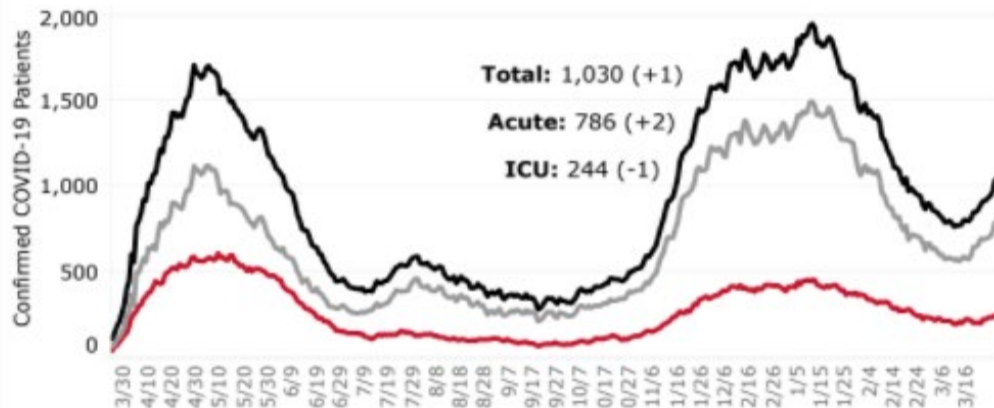
7-Day Avg. Percent Positivity and Total Testing Volume Since 3/1/20



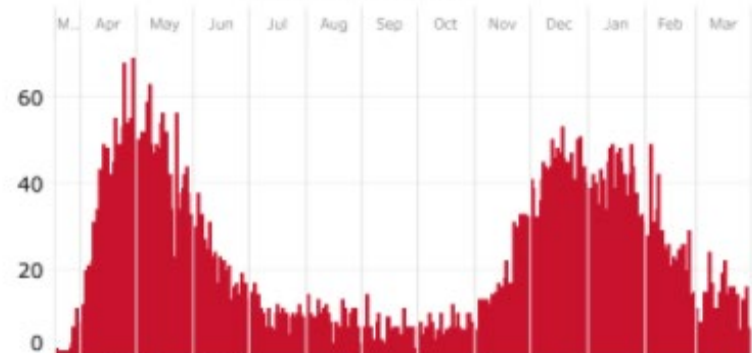
Daily New Cases by Specimen Collection Date



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 take play a critical role in the battle against Covid-19

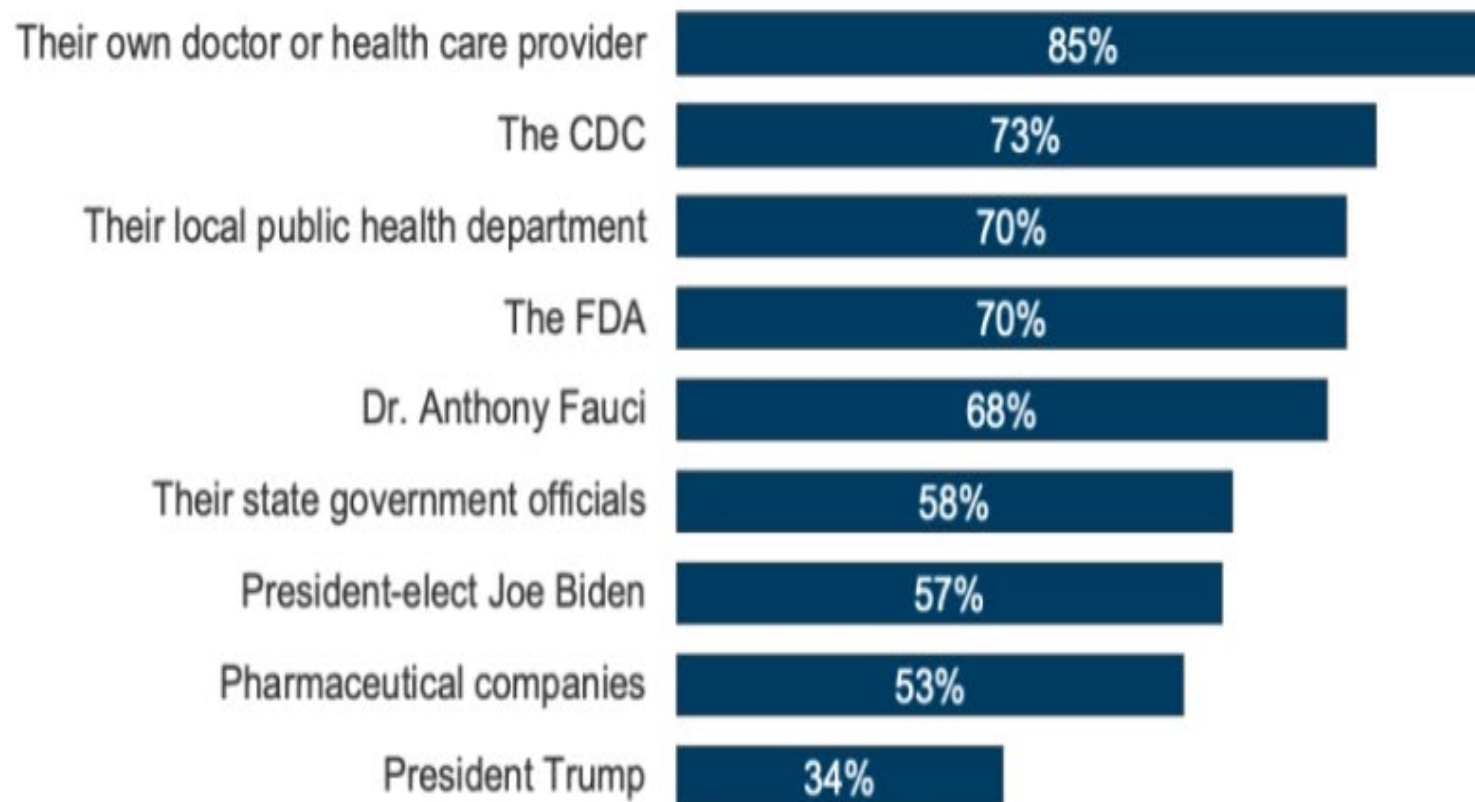
- ❖ Primary Care in Phase 1 A, B, C - now
 - Focus on seniors and minority populations
- ❖ Primary Care in Phase 2A,B- now
 - Focus on underlying conditions
 - Primary care best positioned to know who qualifies
- ❖ Primary Care in Phase 2C - mid-April 2021
- ❖ Primary Care in Phase 3 - May 27,2021
 - Everyone 16 and over

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

Personal Health Care Providers Are Most Trusted Source Of Information On COVID-19 Vaccine

Percent who say they have a **great deal** or a **fair amount** of trust in each of the following to provide reliable information about a COVID-19 vaccine:



SOURCE: KFF COVID-19 Vaccine Monitor (KFF Health Tracking Poll, Nov. 30-Dec. 8, 2020). See topline for full question wording.

KFF COVID-19
Vaccine Monitor

Primary Care takes center stage in Vaccine Administration

- ❖ No longer pilot status
- ❖ 91 practices are currently participating
- ❖ Will expand to additional ~66 practices next week
- ❖ Continued rapid expansion to practices that are fully enrolled and willing- TBD after next week
- ❖ Focus on improving equitable vaccination
- ❖ Leveraging existing relationships
- ❖ Filling the gaps in current vaccine administration

MDPCP Covid Vaccine Primary Care Program: Purpose

1. Nationally and in Maryland there has been little emphasis on engaging primary care in the Covid vaccine campaign- Attention by White House Vaccine leadership
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 underlying conditions in Phase 2

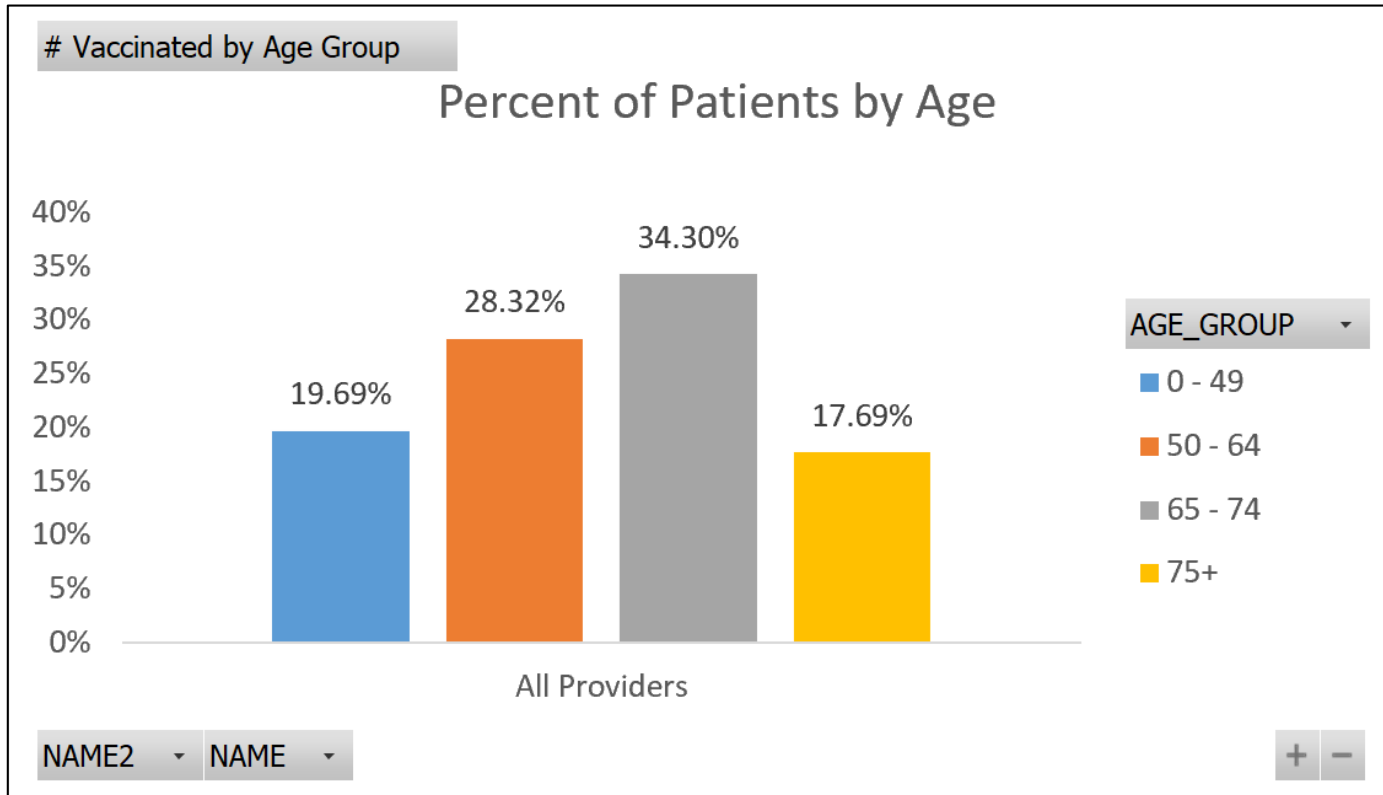
MDPCP Covid Vaccine Allocation Process

- ❖ Only available to MDPCP practices currently
- ❖ If your practice is fully onboarded with ImmuNet and registered as a Covid vaccinator, you are eligible for vaccine allocation through MDPCP
- ❖ As vaccine supply is still limited, not all eligible practices will receive vaccine immediately
- ❖ If your practice is chosen for vaccine allocation, you will receive a survey on Monday asking if you are ready and willing to administer 100 doses the following week. The survey will come with additional information for your practice
- ❖ After the initial week, you will receive a survey every Monday asking your ideal capacity for doses for the following week

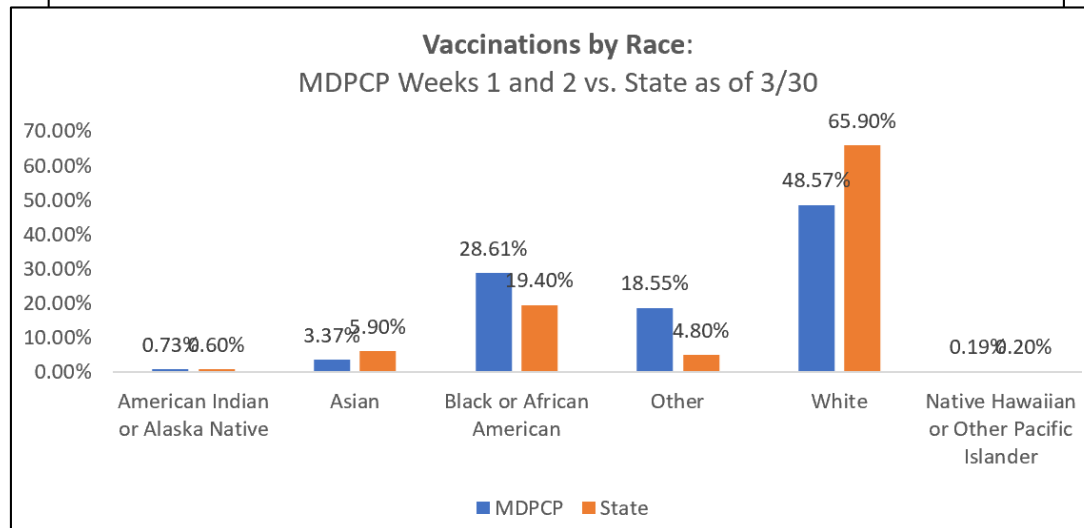
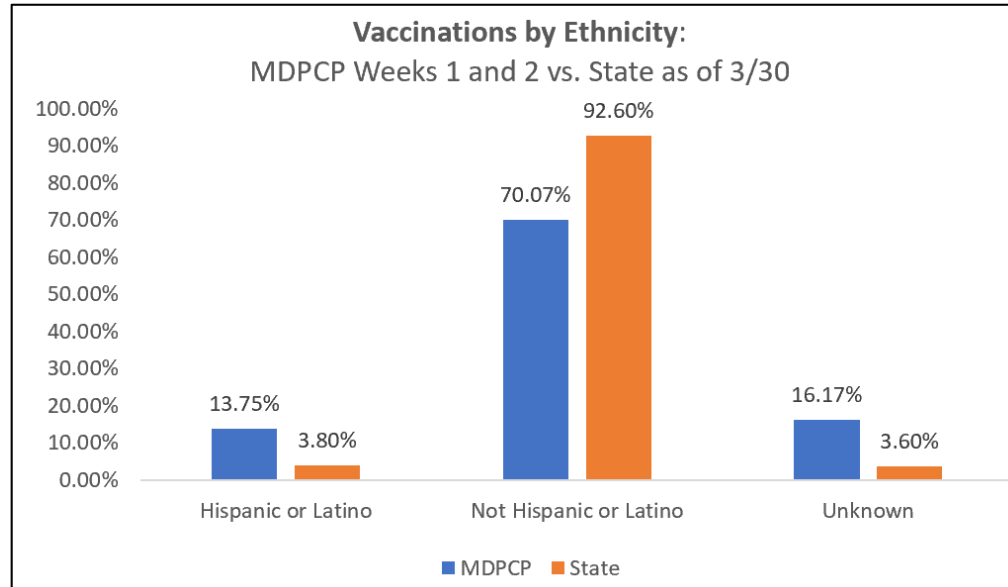
MDPCP Practices - Current Status

Group	# MDPCP Practices
Current participants	91
Expansion next week	55
Completed all ImmuNet requirements, not currently receiving vaccine	10
Enrolled and reporting to ImmuNet, need to register to get a PIN	182
Enrolled in ImmuNet with a PIN, need to set up EHR reporting	36

MDPCP – Vaccinations by Age



MDPCP – Vaccinations by Race & Ethnicity compared to State



Launch of First Federal Mobile Vaccination Units

- ❖ Two mobile federal vaccination will focus on
 - Workers in the manufacturing and food processing plants on the Eastern Shore, specifically those working in poultry processing plants
 - Minority and migrant populations, and those who may lack adequate transportation to commute to and from a standstill vaccination site outside of their community or place of work
 - Those living in small towns and enclaves on the Eastern Shore
- ❖ Appointments will be booked through the health department in individuals' county of residence
- ❖ Each mobile unit is designed to provide a minimum of 250 doses per day
- ❖ Mass vaccination site will open in Greenbelt on April 7

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 vaccinators 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

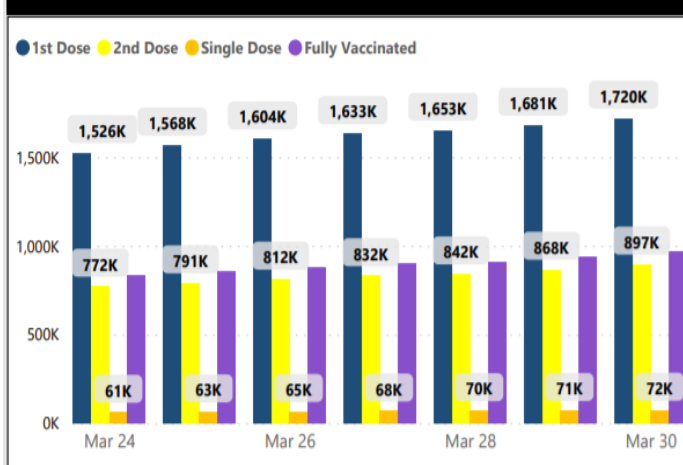
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Lack of equity during Covid-19

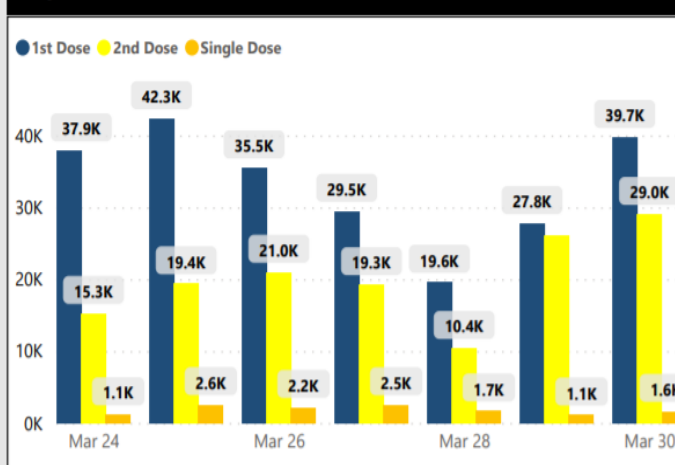
- ❖ Testing - less
- ❖ Cases - more
- ❖ Hospitalization - more
- ❖ Deaths - higher rates
- ❖ Monoclonal antibody therapy - less
- ❖ Vaccination - lower rates - *this is where primary care will make a big difference*

Vaccine Administration

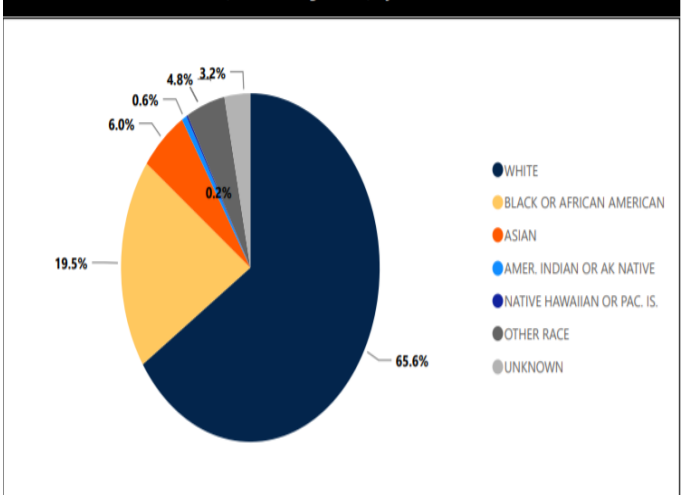
Cumulative Vaccines Administered



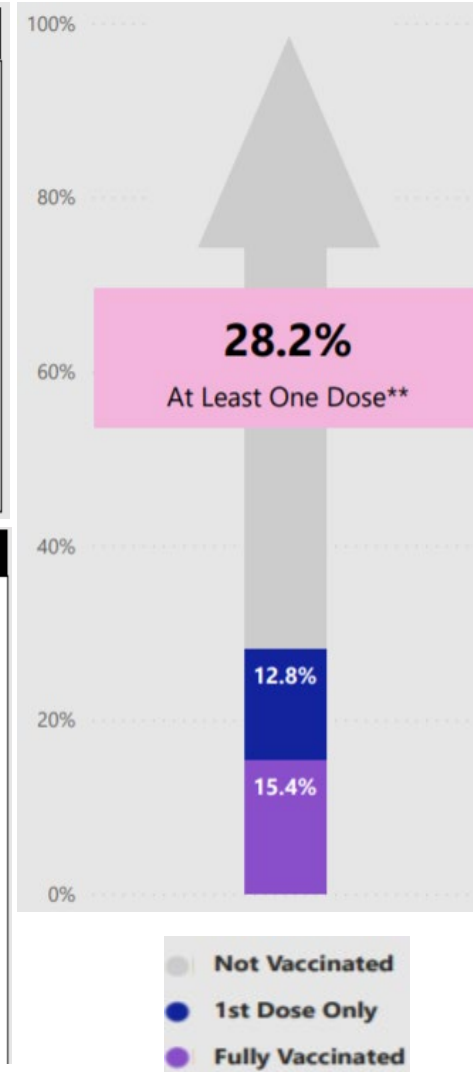
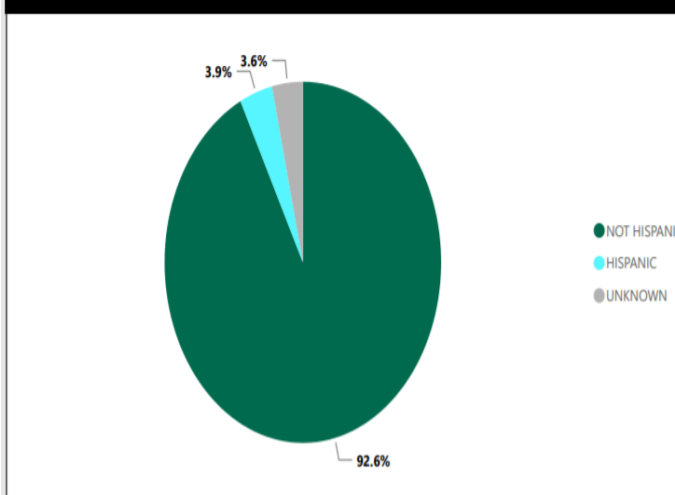
Daily Vaccines Administered



Share of Vaccines Administered (2nd and Single Dose) by Race



Share of Vaccines Administered (2nd and Single Dose) by Ethnicity



Updated 3/31

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• NIAID has expressed concern recently announced results of 79% efficacy are based on faulty information	<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

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
- Reach out to your MDPCP Practice Coach if you do not know where you are in the process

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



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

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](#)

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 (will move to biweekly after March)

- [Wednesday, 4/14/21 \(5-6:30pm\)](#)
- [Wednesday, 4/28/21 \(5-6:30pm\)](#)

❖ Guest Speaker

- Today - Dr. Monica Neel, Licensed Psychologist

Motivational Interviewing to Facilitate Behavior Change

Monica Neel, Psy.D. (she/her/hers)
Licensed Psychologist

MDPCP Covid-19 Webinar Series

“Bad Habits” During the Pandemic

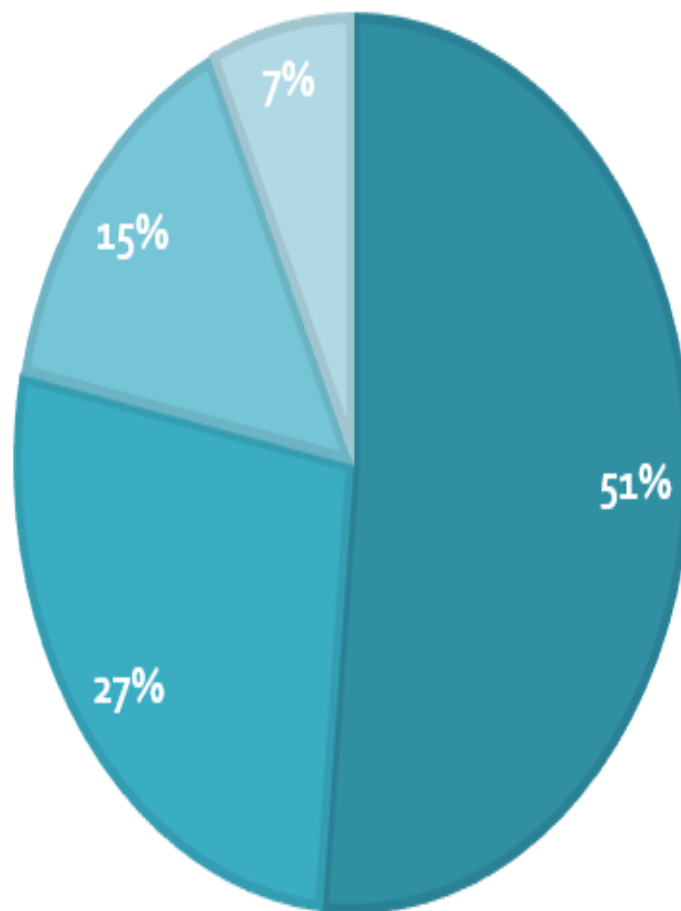
- Avoidance of health care – preventative monitoring
 - 40% avoided health care
 - 58% of expected routine screening mammograms, and 38% of expected diagnostic mammograms, went unperformed between March 11 and July 28, 2020
 - Delays in colorectal cancer screenings during this year’s coronavirus pandemic will result in a 12% increase in cancer deaths over the next five years
- 13% started or increased in substance use
- Decrease in physical activity
 - 27.3 percent drop in steps worldwide within 30 days of onset
- Weight gain (panic/comfort eating)
 - On average, they gained about 0.6 pounds every 10 days or 1.8 pounds per month during shelter in place orders
- Increased use of addictive tech use (doomscrolling, gaming, porn)
 - 46% increase in gaming



Vaccine Hesitancy

LIKELIHOOD OF GETTING VACCINE

■ Very Likely ■ Somewhat Likely ■ Not Likely ■ Definitely Not



Transtheoretical Model of Change

"Stages of Change" Model



GOAL:

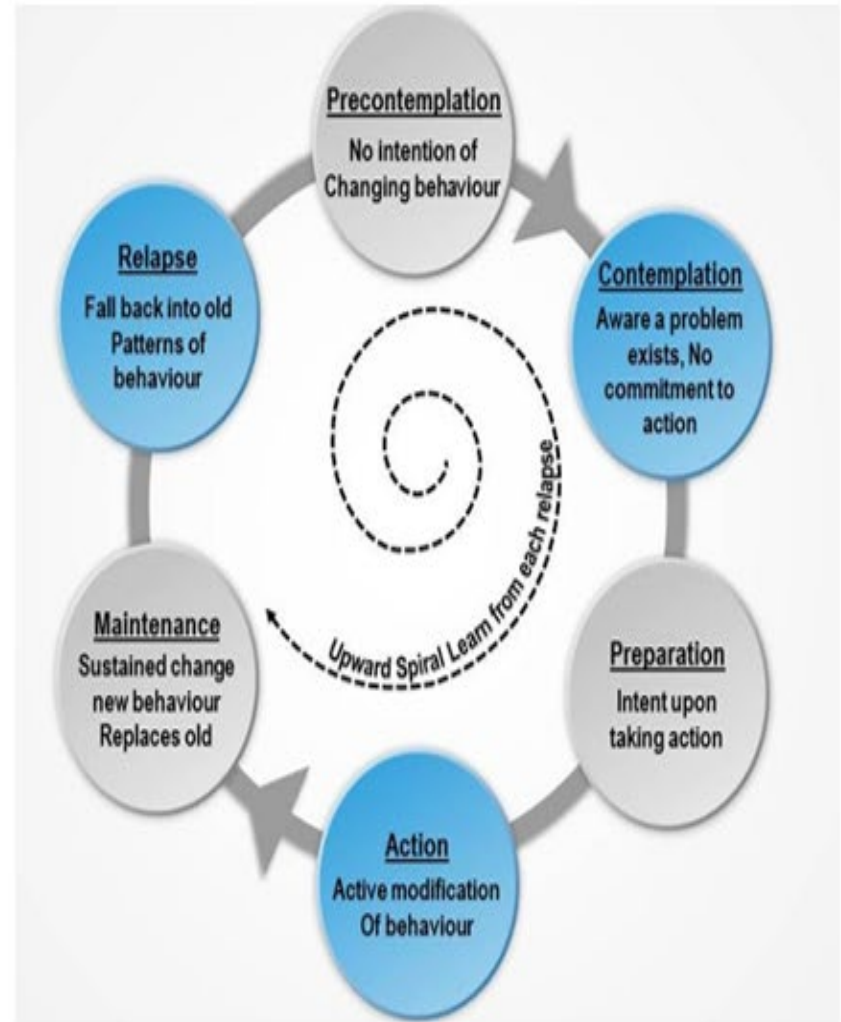
align intervention
with client's stage of
change



FOCUS:

NOT to "convince"
patient to change
behavior

IS to move them
through stages of
change



Motivational Interviewing

“collaborative conversation style for strengthening a person’s own motivation and commitment to change” (Rollnick et al., 2016, p. 12)

- Fundamental belief that person has capacity to change
- Seek to uncover internal motivation by focusing on strengths and desire for change
- Motivation arises out of resolving discrepancy



Principles of MI

Empathy

- Connect through warm nonjudgmental stance
- Notice how behaviors do not align with values or goals
- Use empathy, curiosity (vs stance of expert)

Avoid Argumentation

- Avoid power struggles that may exacerbate resistance
- Use alternate activities to facilitate their inherent wisdom
- Guiding rather than directive style

Roll with Resistance

- Accept person where they are
- Acknowledge change is difficult and ambivalence is normal

Support self-efficacy

- Provide hope by reminding person of their capacity to work toward change
- Patient-centered
- What is a realistic step to complete by...?

Principles of MI: OARS Skills

Characterized by:

- compassion
- collaboration
- acceptance

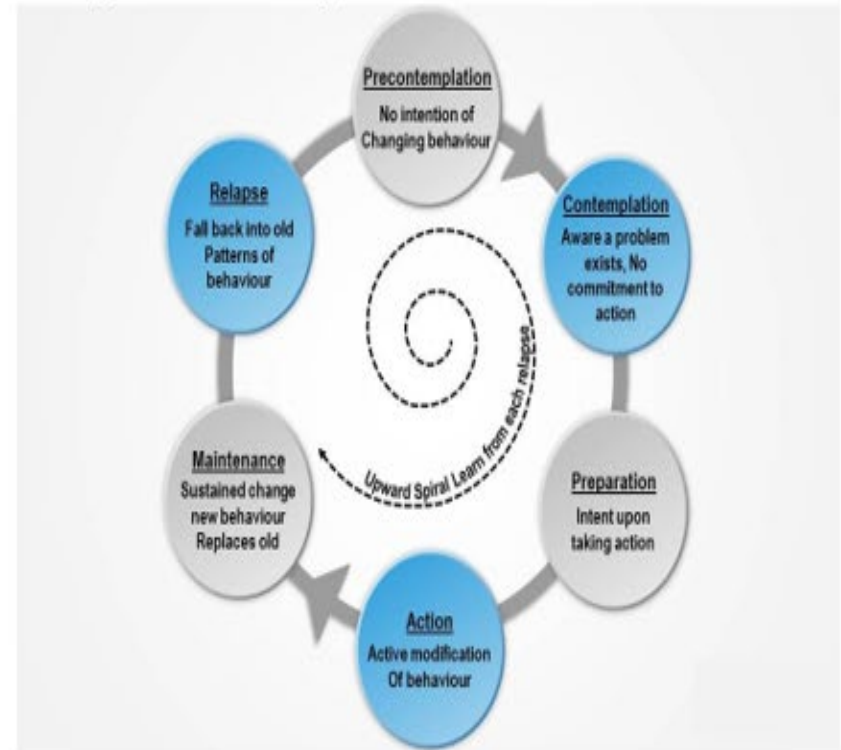
OARS Skill	TRY	AVOID
<u>O</u> pen-ended questions	How has this been for you? What has led you to this point? Help me understand...	Did you do ...? Why? Why not?
<u>A</u> ffirmation of strengths	I can hear by your description that you're committed to this	You'll be fine.
<u>R</u> eflective Listening	It sounds like...	I think...
<u>S</u> ummarizing	You're hoping to ... even though it may be hard.	We will talk about it more next time.

PRECONTEMPLATION

How patients may present:

- Unaware change is warranted
- Minimize consequences; argumentative
- Think risks don't apply to them; denial
- Disempowered; hopeless
- May have given up because of prior failed attempts

Stages Of Change Model



Use MI to build rapport, raise awareness, and get person to think about change.



PRECONTEMPLATION Clinician Tasks

- Ask permission to have conversation
- Use of assessment for objective data
 - prevents precontemplators from rationalizing
"My doctor never told me"
- Gather hx and listen for discrepancies between goals and lifestyle choices
- Educate about risks related to choices
- Instill hope by providing info about potential for risk mitigation with lifestyle change
- Empathically engage and encourage patient in contemplating change



PRECONTEMPLATION Cautions

- Tendency for physicians to “convince” or “threaten” which creates resistance
 - “do you want to die from this?”
- Resistance is indication that clinician is too far ahead of patient in change process
- Shift back to empathy; though-provoking questions
 - “how will you know when it’s time to ...”
- Allowing patient to become their own expert in precontemplation/contemplation



PRECONTEMPLATION

What to say

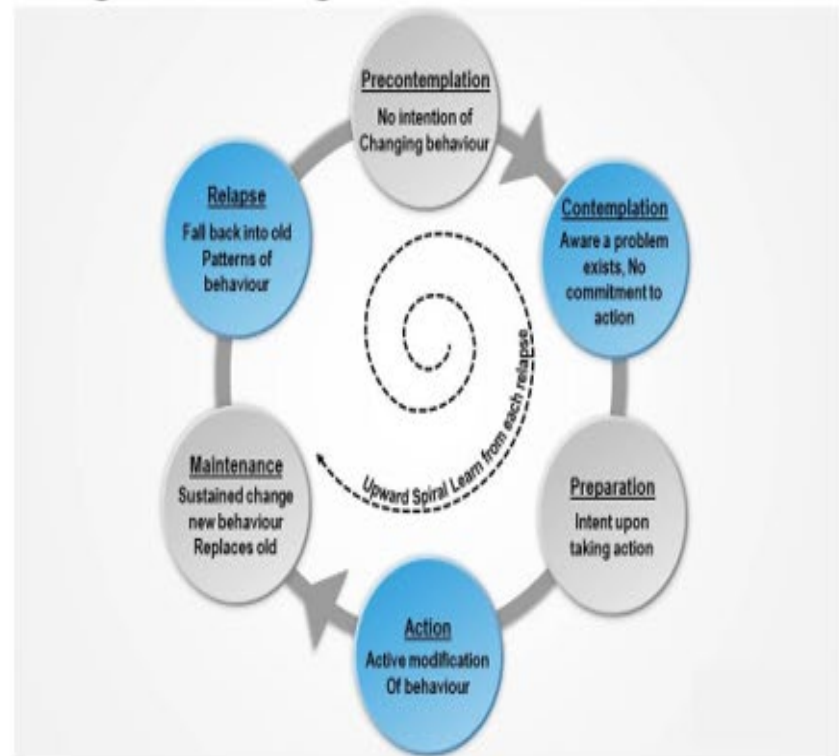
- Would it be alright if we spent a few minutes talking about...
- How will you know when it's time to think about changing...?
- What signs will tell you to start thinking about it?
- What qualities in yourself are important to you?
- What connection is there between these qualities and "not considering change?"
- What warning signs would let you know that this is a problem?
- Have you tried to change in the past?
- What would have to happen for you to know that this is a problem?

CONTEMPLATION

How patients may present:

- Ambivalence about change
 - "Yes, but..."
- Reluctance to give up behavior
 - Sense of loss more prominent than perceived gain
- Aware of barriers
 - time, expense, hassle, fear
- Early consideration of benefits of change
- Notion of change is proposed or considered

Stages Of Change Model



Use MI to examine benefits and barriers; explore and resolve ambivalence



CONTEMPLATION Clinician Tasks

- Develop and maintain positive relationship
- Build motivation and evoke personal meaning
- Pose questions that provoke thought about risk factors and perceived "bottom line"
- Facilitate person's struggle with ambivalence and doubt in ability with empathy, validation, praise and encouragement
- Explore positive and negative aspects of choice under consideration
- Ask about previous methods and attempts to change behavior
- Ask about possible strategies to overcome barriers
- Arrive at a commitment to pursue one strategy before the next visit.



CONTEMPLATION

What to say

- Why do you want to change at this time?
- What were the reasons for not changing?
- What would keep you from changing at this time?
- What are the barriers today that keep you from change?
- What might help you with that aspect?
- What things (people, programs and behaviors) have helped in the past?
- What would help you at this time?
- What do you think you need to learn about changing?



CONTEMPLATION

What to say

- What relationship might there be between ____ and ____?
- What are your concerns regarding ____?
- What are the important reasons for you to choose to ____?
- What are the benefits you can see from stopping/increasing/changing ____?
- Yes, it is difficult. What difficult things have you accomplished in the past?
- I've seen you handle some tough stuff, I know you'll be able to conquer this with the right plan.

DARN



CONTEMPLATION

Listen for “Change Talk”

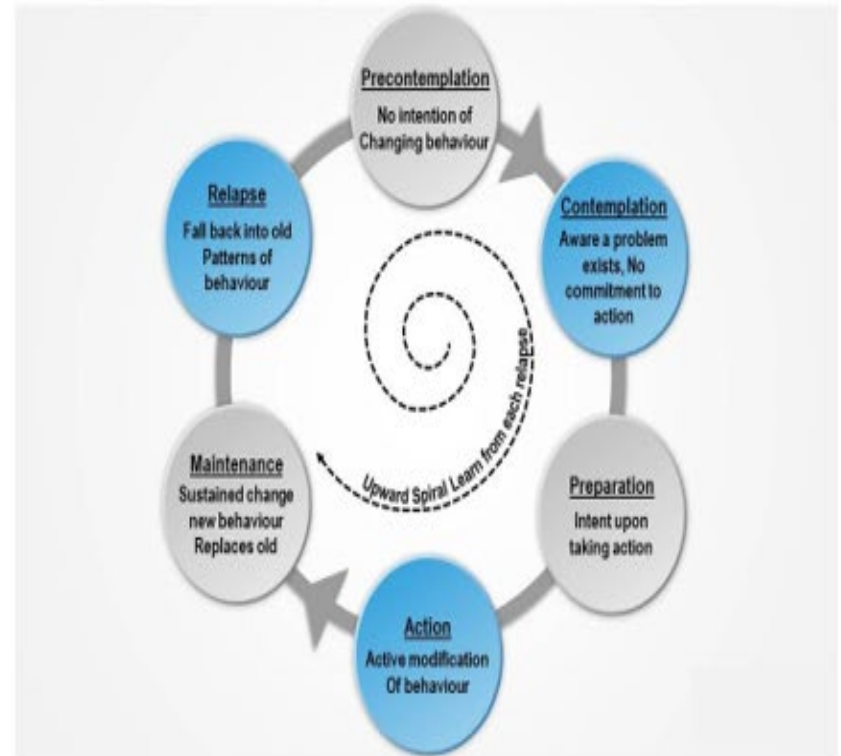
- Desire
 - I wish/want to...
- Ability
 - I can/could...
- Reasons
 - It's important because...
- Need
 - I have to...

PREPARATION

How patients present:

- Prepare to make a specific change
- Experiment with small change to enhance determination
- Shift from considering change to more decisive action

Stages Of Change Model



Use MI to plan strategies and facilitate decision making



PREPARATION Clinician Tasks

- Elicit "personal and important" problems/concerns caused by behavior
- Acknowledge the person's perceived benefits of behavior
- Continuing to explore patient ambivalence
- Ask about prior successes and difficulties
- Assess commitment to change
- Shift from motivational to behavioral skills
- Offer menu of choices and strategies
 - self-help, medication, online resources, referrals
- ID supports and barriers
- Be generous with praise and admiration.
- Elicit, affirm, and reinforce motivation to change



PREPARATION

What to say

- How has (ID'd behavior) caused problems for you?
- It sounds like you've relied on (ID'd behavior) to cope with stress in the past? It's hard to give that up.
- What might it be like to consider changing (ID'd behavior)?
- Maybe I can offer some specific options we can start with and you can let me know which one sounds most appealing.
- I can really see you're motivated to make a change and I want to support your efforts.



PREPARATION

Listen for “Change Talk”

- Commitment
 - I will...
- Activation
 - I’m willing to...
 - I’m ready to...
- Taking steps
 - I bought...
 - I tried...

ACTION

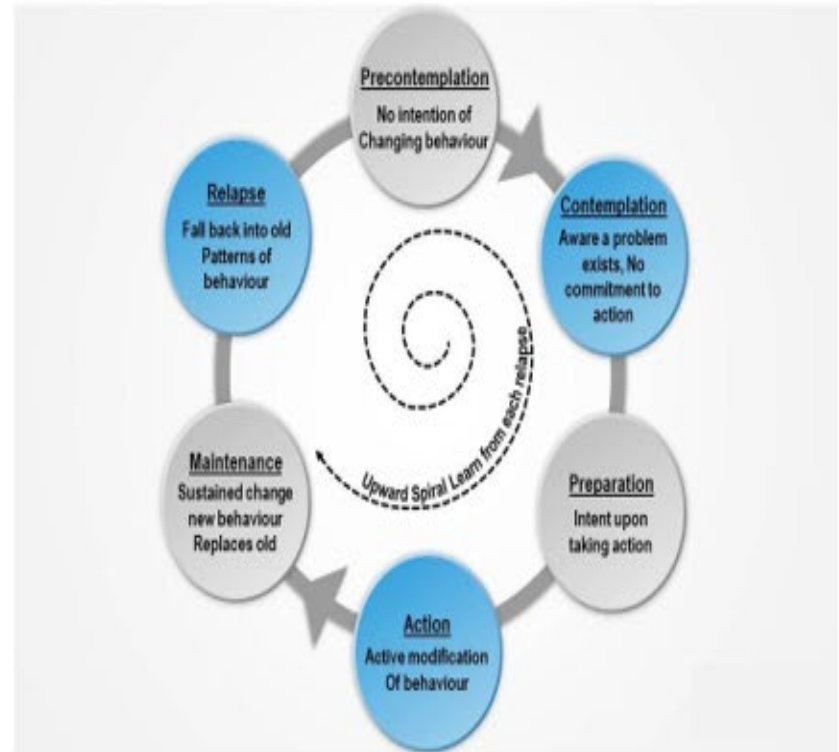
How patients may present:

- Making identified changes
- Taking a definitive action to change



- Most physicians rush to or lead with this
- Failed NYE resolutions related to neglect of prior stages

Stages Of Change Model



Use MI to support self-efficacy, and implementation of plan



ACTION Clinician Tasks

- ID any unexpected hurdles and define coping strategies
- ID new sources of support if needed
- Track progress
- Support steps that are simple, realistic, specific, attainable
- Plan for f/u



ACTION

What to say

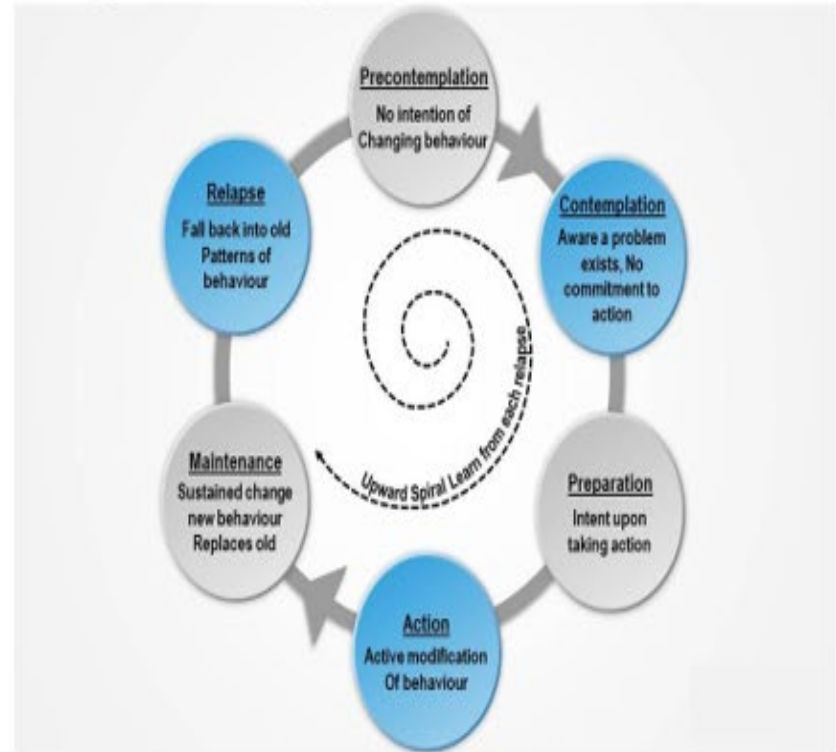
- What has worked so far? And what has helped it work?
- What could work better and what else would help?
- Can you break that step into smaller pieces?

MAINTENANCE

How patients may present:

- Working to sustain change
- New behavior incorporated “over the long haul”

Stages Of Change Model



Use MI to develop and continue new skills;
prepare for relapse



MAINTENANCE Clinician Tasks

- Continue to track gains
- ID triggers to relapse and continue to build skills to prevent relapse
- Be mindful of impact of discouragement associated with “slips” that can derail progress
- Prepare for or normalize relapse – name/predict shame, embarrassment and avoidance if they relapse and encourage them to show up



MAINTENANCE What to say

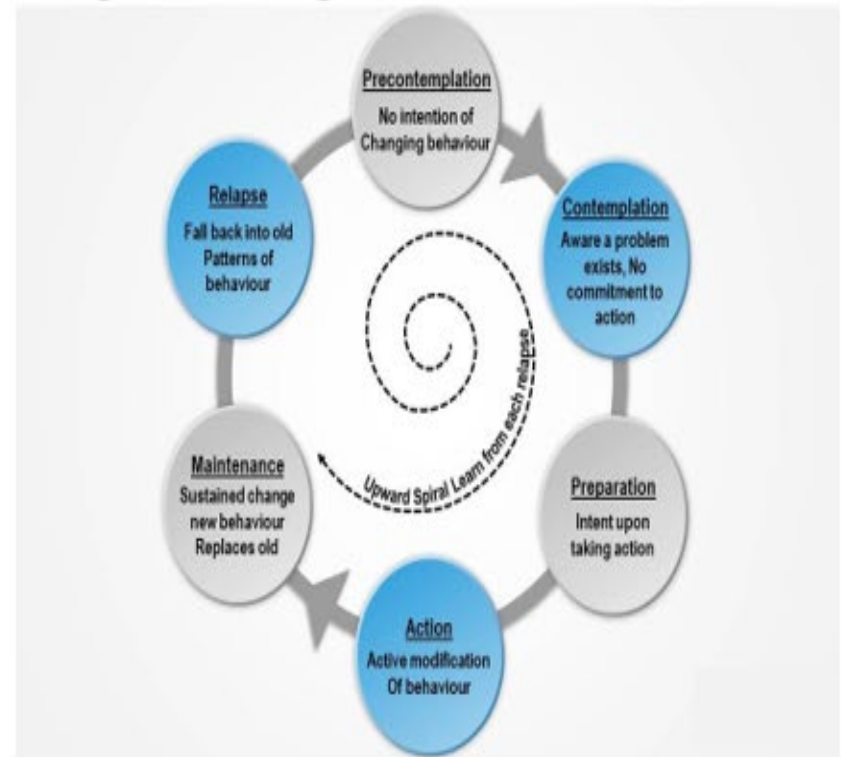
- Congratulations! What's helping you?
- What else would help?
- What are your high-risk situations?

RELAPSE

How patients may present:

- Avoidance – miss follow up appts
- Shame
- Defeated
- Disheartened
- Reluctant

Stages Of Change Model



Use MI to help client ID trigger,
reengage, review strategies



RELAPSE Clinician Tasks

- Help client decipher what they learned about themselves, triggers, approach
- Refocus person on successful parts of the plan
- Shift focus from failure to problem solving, new learning, and encouragement
- Notice and facilitate shift in catastrophic language by client
- Facilitate reengagement with efforts
- Acknowledge positive steps and recalibrate realistic goals
- Facilitate insight that relapse is not a "character flaw," but part of the complexity of the behavior change process.



RELAPSE Cautions

- Do not overfocus on failure
- Do not contribute to shame/embarrassment
(Why would you do that?)
- Do not let your frustration with your own personal investment of time/energy, contribute to labeling person as “noncompliant” or “unmotivated”



RELAPSE What to say

- What worked for a while?
- What was your trigger?
- What did you learn from this experience that will help you when you give it another try?

Readiness Ruler

"On a scale of 1-10,
how ready are you
to make a change?"

Thinking About Change	
IMPORTANCE	How important is it that you make this change?
CONFIDENCE	How confident are you that you are able to make this change?
READINESS	How ready are you to make this change?



Readiness Ruler

"On a scale of 1-10,
how ready are you
to make a change?"

If mark is on the left of the ruler...

How will you know when it's time to think about change?

What signals will tell you to start thinking about change?

What qualities are important to you?

What connection is there between those qualities and "not considering change?"



Readiness Ruler

“On a scale of 1-10,
how ready are you
to make a change?”

If mark is somewhere in the middle of the ruler...

Why did you put your mark there and not further to the left?

What might make you put your mark a little further to the right?

What are the good things about the way you're currently trying to change?

What are the not-so-good things?

What would be the good result of changing?

What are the barriers to changing?



Readiness Ruler

“On a scale of 1-10, how ready are you to make a change?”

If mark is on the right side of the ruler...

Pick one of the barriers to change and list some things that could help overcome this barrier.

Pick one of those things that could help and decide to do it by ____ (date).



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 - <https://www.aafp.org/afp/2000/0301/p1409.html>

Questions

Monica Neel, Psy.D., Licensed Psychologist

Neel

Psychotherapy & Consulting
LLC

monica@neelpsychotherapy.com

www.neelpsychotherapy.com

410-497-6944

Appendix

Resources and Links

Contact Tracing

Methods


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

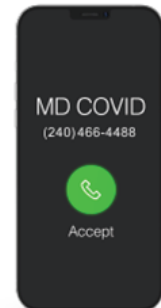
Thank You for Getting Tested for COVID-19

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](#)

[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/>)