



Covid-19 and Equity Update

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

12 May 2021

Agenda

- ❖ Update on pandemic data
- ❖ Vaccine update
- ❖ Testing
- ❖ Monoclonal antibodies
- ❖ Virus variants

It has been an eventful 2 weeks

- ❖ Primary Care weighed in as vaccinators, adding to equity
- ❖ Mass Vax sites winding down
- ❖ Equity Taskforce accomplished dozens of missions- Maryland leading the nation in equity
- ❖ Activation of mobile vaccination teams
- ❖ Monoclonal antibody therapy underused
- ❖ Virus variants of concern increased
- ❖ The world at large saw a spike in cases
- ❖ Maryland's 4th wave receding quickly



Daily COVID-19 Report

Data reported as of 5/12/2021 for data through 5/11/2021

454,271
cases cumulative

9,986,284
tests cumulative

8.5
7-day avg. case rate

6,974
total hospital adult census

8,687
deaths cumulative

471
cases reported yesterday

25,364
tests reported yesterday

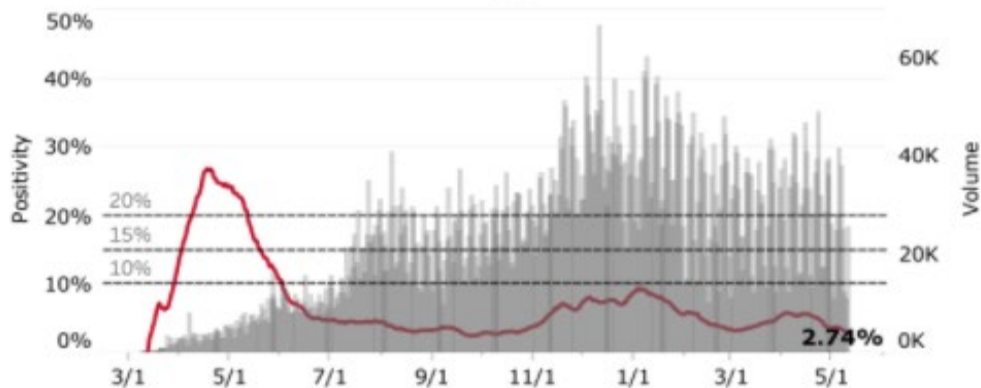
2.74%
7-day avg. positivity

300
change in total hospital census

9
deaths reported yesterday

7-Day Avg. Percent Positivity and Total Testing Volume

Since 3/1/20

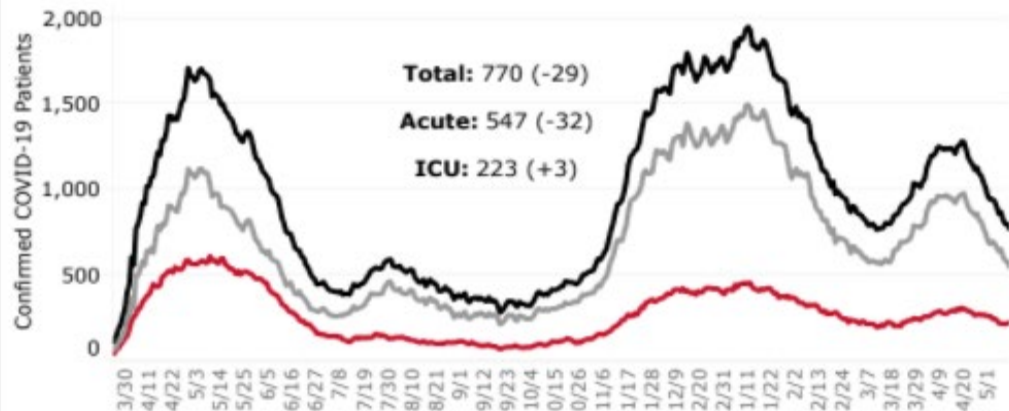


Daily New Cases

by Specimen Collection Date



Statewide Acute/ICU Beds Occupied by COVID Patients



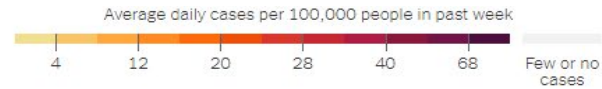
Daily Deaths

Confirmed and Probable

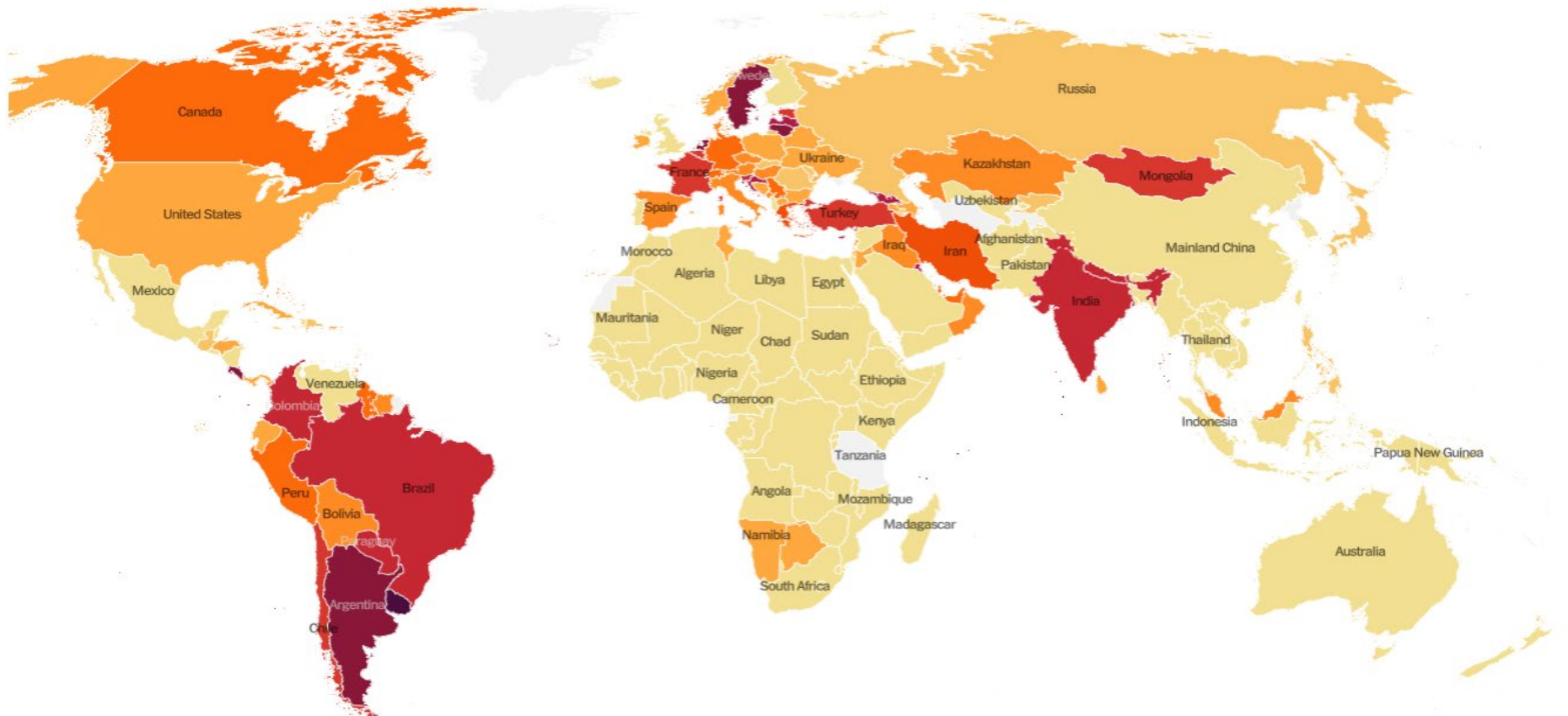


Case rate calculated as total confirmed cases per 100,000 population using the 2019 Maryland Population estimates from the Maryland Department of Planning, March 2020.

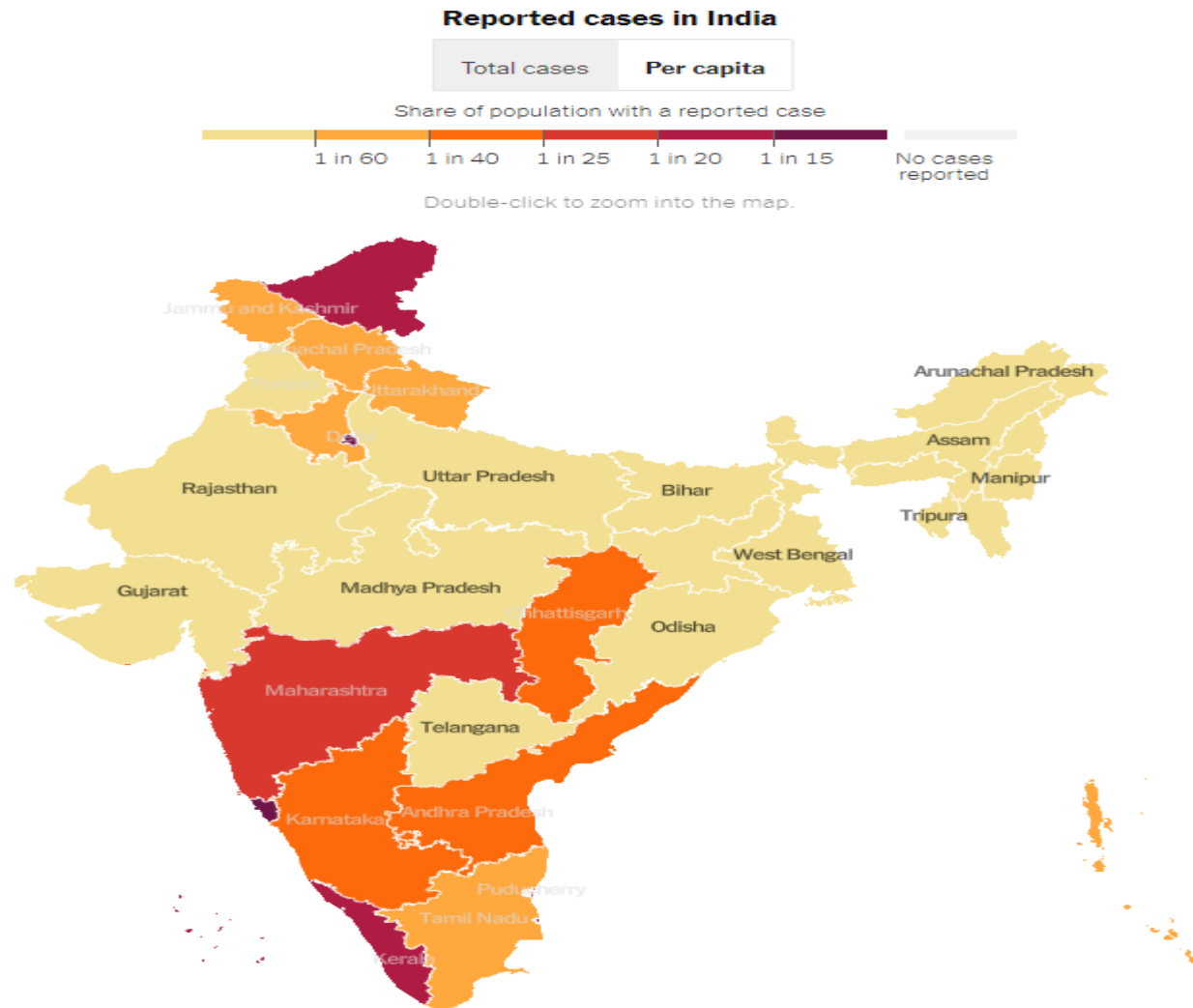
Global Cases- Surging in India



Double-click to zoom into the map.

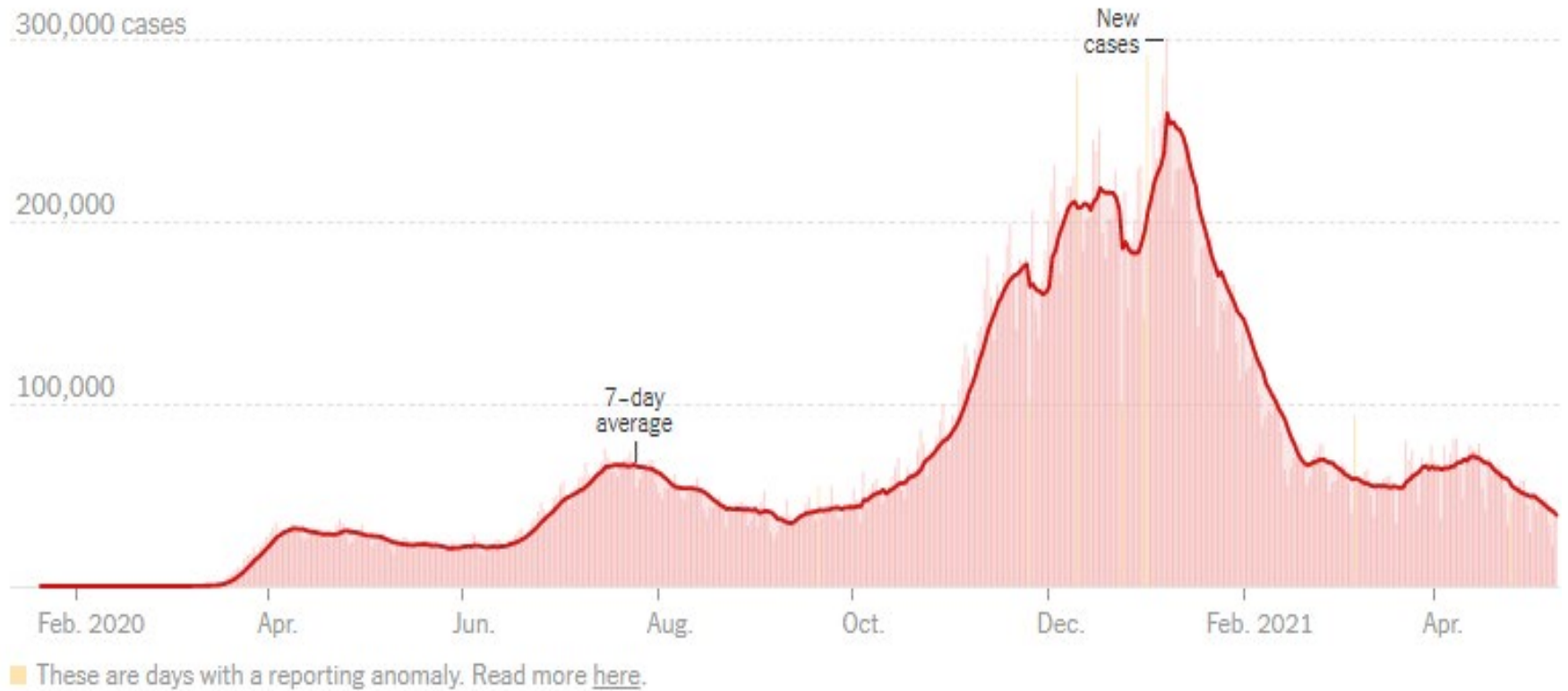


Global Cases- Surging in India



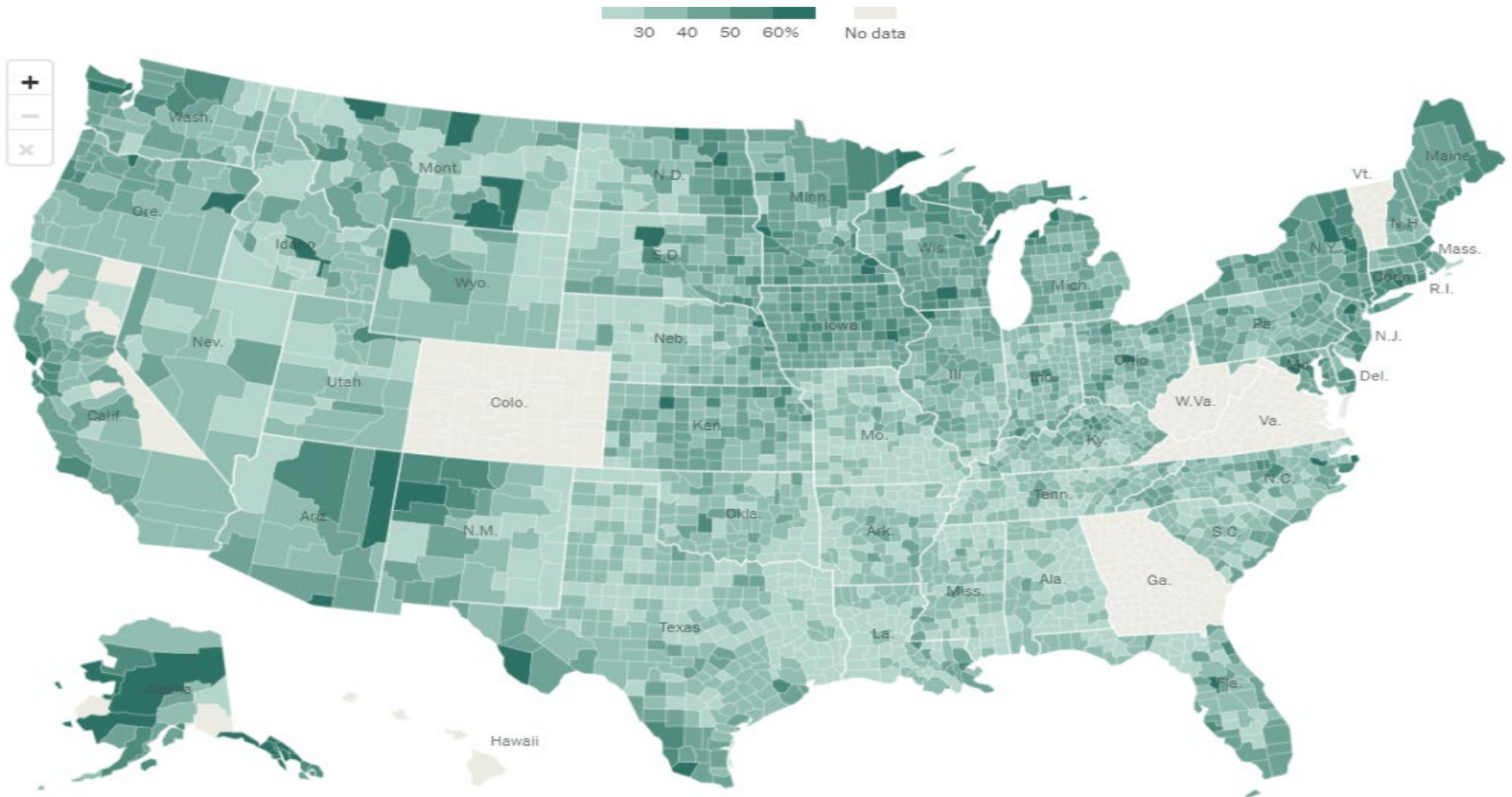
US Cases

New reported cases



US Vaccinations

Pct. of residents age 18+ that are fully vaccinated

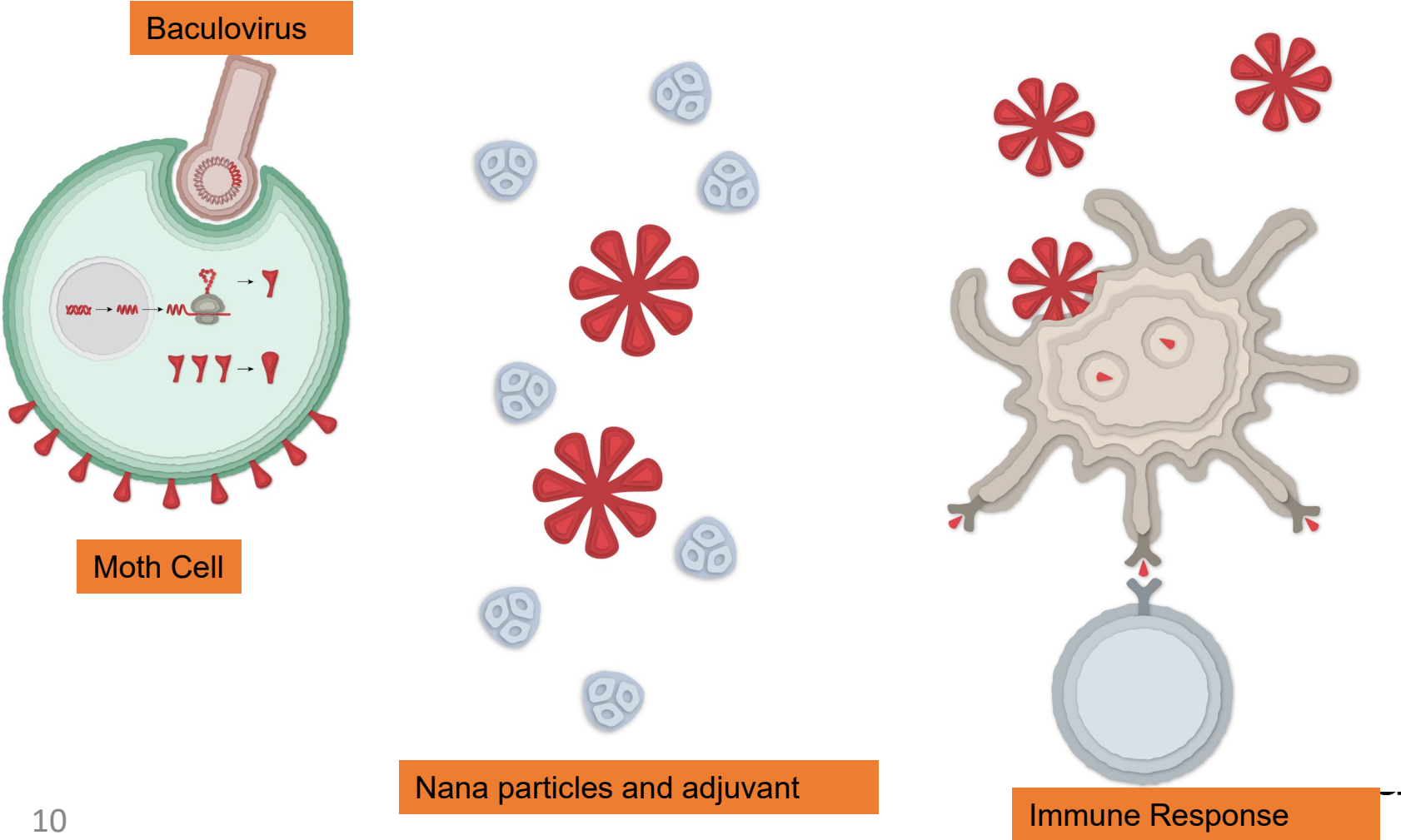


New Vaccine on the horizon

❖ Novavax

- Spike protein nanoparticle –similar to flu and HPV vaccines
- Refrigerator stable
- Two doses
- 96% effective but only 49% against B.1.351 (SA variant)- new modification in production
- 100 M doses for US this year – billions world wide
- FDA submission in May 2021
- Details to follow

How the Novavax vaccine works



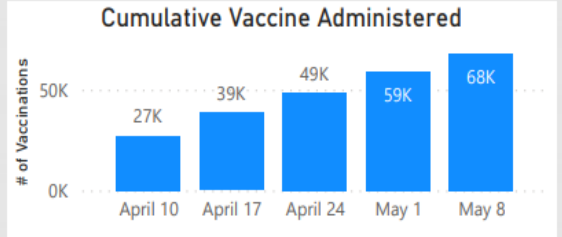
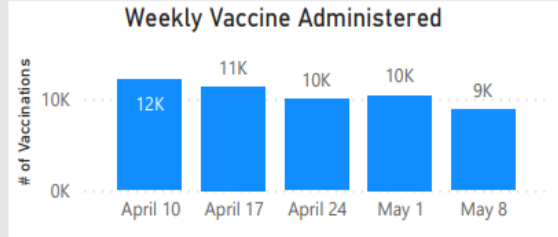
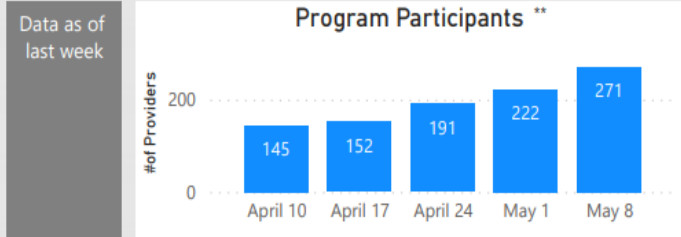
Vaccine news

- ❖ Covid cases and deaths are falling in many Western nations, but the virus is currently hitting India very hard and spreading in Southeast Asian countries
- ❖ The WHO has designated the B.1.617 variant, which has emerged in India, as a “variant of concern”
- ❖ B.1.617 has been found in 32 countries, including the United States
- ❖ Scientists still do not know much about the variant, but the WHO has said vaccines are likely to remain potent enough to provide protection against B.1.617
- ❖ Starting in the next two weeks, Lyft and Uber will offer free rides to vaccination sites until July 4

Vaccine news

- ❖ The FDA has authorized the Pfizer-BioNTech vaccine for children ages 12 to 15
- ❖ An advisory committee of the CDC is expected to meet shortly to review the data and make recommendations for the vaccine's use in 12- to 15-year-olds
- ❖ In a clinical trial, Pfizer and BioNTech enrolled 2,260 participants ages 12 and 15 and gave them either two doses of the vaccine or a placebo three weeks apart
 - The researchers recorded 18 cases of symptomatic coronavirus infection in the placebo group
 - No cases among the children who received the vaccine
- ❖ If the committee endorses the vaccine for that age group, as expected, immunizations in theory could begin immediately

		Program Participants		Ready to receive next week			
		271		311			
1. Receiving Doses This Week	2. Ready to Receive Vaccine	3. Enrolled COVID PIN Not Reporting	4. Enrolled Reporting No COVID PIN	5. Enrolled, Not Reporting, No COVID PIN	6. Backlog	Total *	
252	40	21	77	57	26	564	



Status	Actions
1. Receiving Doses This Week	None
2. Ready to Receive Vaccine	None
3. Has COVID pin; ability to report administration data is being tested	CRISP working with providers and EHR vendors
4. Currently reporting other vaccination types; in process for COVID pin	MDH working with providers to register
5. Does not currently vaccinate and does not have a COVID pin	MDH / EY working on outreach
6. Potential for outreach to engage in process	MDH / EY working on outreach

Legend	Description
Program Participants	Providers have been allocated or previously allocated vaccines
Ready to receive next week	Providers are eligible to receive vaccines

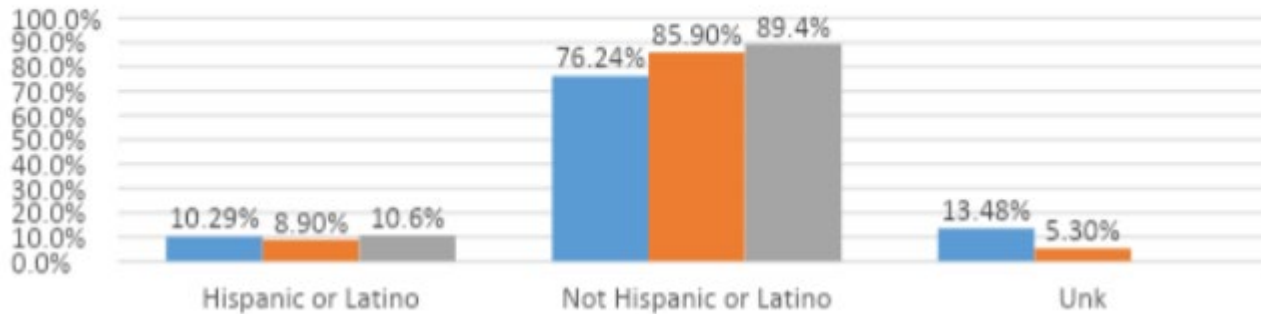
* 10 providers pending
* 62 providers declined to participate
** Historical Data changes may occur due to weekly status changes
** Salisbury Pediatrics (Chesapeake Health Care) no longer considered a Program Participant

Week 6

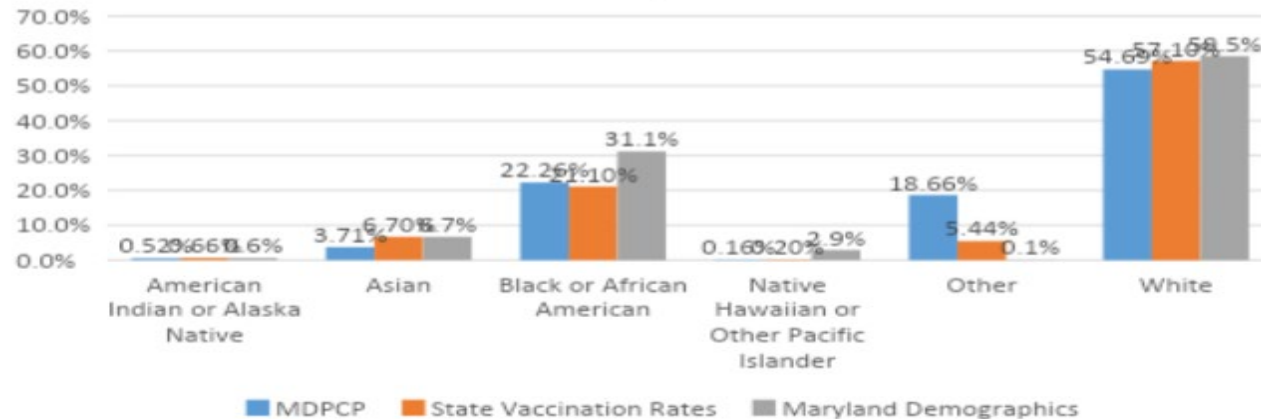
MDPCP Total Vaccinations Admins (3/15-5/2)

54861

Percent of Patients by Ethnicity: MDPCP vs State Vaccination Rates vs MD Population



Percent of Patients by Race: MDPCP vs State Vaccination Rates vs MD Population



MDPCP Covid Vaccine Allocation Process

- ❖ 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

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.pccmodel@maryland.gov

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Covid Vaccine Communication & Outreach Strategies in Primary Care

- ❖ It will increasingly take more outreach and one-on-one conversations at your practice to work with patients to accept the vaccine. We hope you can use [this document](#) as a guide for those initiatives at your practice
- ❖ The guide contains
 - Positive messaging for the Covid vaccine
 - Ways to respond to common reasons for vaccine hesitancy
 - Outreach strategies for getting people in for vaccine appointments and examples from successful practices
- ❖ The guide is for all practices, regardless of whether or not they administer vaccines

Statewide Vaccine Administration

COVID-19 Vaccination Dashboard

CDC: 18+ Population with at Least One Dose

65.1%

Source: CDC Covid Data Tracker

Doses Administered

5,351,130

All Doses Administered

Vaccinations by Dose

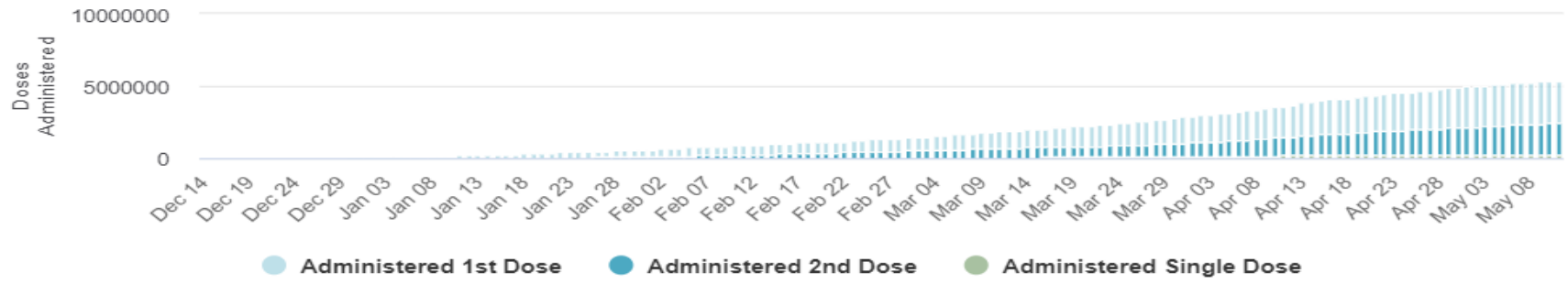
Fully Vaccinated

2,432,761

Doses Distributed

6,863,180

Vaccinations Administered by Date



Vaccination Administered by Date

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

CRISP Vaccine Tracking Tool

CRISP VACCINE DATA SERVICE
Connecting Providers with Technology to Improve Patient Care

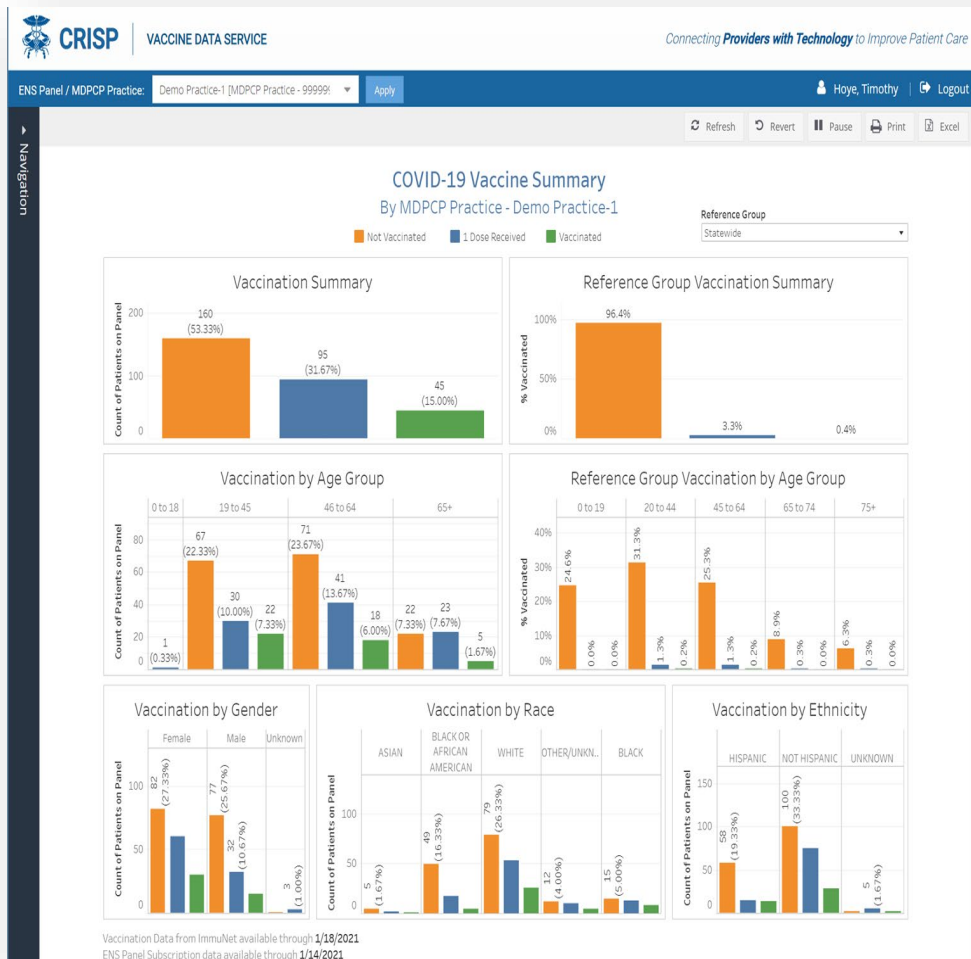
ENS Panel / MDCPC Practice: Demo Practice-1 [MDCPC Practice - 999995] Apply | Hoyer, Tim | Logout

Vaccination data from ImmuNet available through 01/24/2021
ENS Panel Subscription data available through 01/14/2021
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			
ANDREW THOMAS	Vaccinated			12/14/2020	01/11/2021	67	2	Pfizer - COVID-19, ...	Pfizer - COVID-19, m...	CVS Pharmacy S...
AL BOND	1 Dose Received			01/04/2021		64	1	Moderna - COVID-1...		JH Howard Coun...
ANGELA BOND	Not Vaccinated	Vaccine Hesitant				44	0			
ETHEL BOWEN	Vaccinated			12/15/2020	01/12/2021	93	0	Pfizer - COVID-19, ...	Pfizer - COVID-19, m...	CVS Pharmacy S...
BARBARA BOND	Not Vaccinated					62	0			
ALICE BOND	1 Dose Received			12/20/2020		62	5	Pfizer - COVID-19, ...		Walgreens #1511...
WALTER BOND	1 Dose Received	Final Dose Outreach		12/27/2020		76	0	Moderna - COVID-1...		Anne Arundel Co...
WALTER BOND	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

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](#)
- ❖ No co-payments, no cost to patients

Covid Testing

- ❖ Volumes declining but remains important
- ❖ Primary Care role in testing critical, including Point of Care tests
- ❖ Testing
 - Point of Care Testing in office - interested practices should fill out this [Google Form](#) as soon as possible

Covid Testing

- ❖ Testing is
 - The only way we can identify who has an active Covid infection
 - The only way we can inform active patients and their close contacts to self isolate to avoid spreading to others
 - The only way we can identify patients who will benefit from mAb therapy
 - Safe, simple, accurate, and no cost to patients – this is a rarity among tests
- ❖ Point of care tests are accurate in symptomatic patients, and the results are quickly available

Monoclonal Antibody Therapy

- ❖ Only therapy for ambulatory Covid-19 patients
- ❖ Target high risk, as early as possible in course
- ❖ 47% of eligible received therapy last week
- ❖ Opportunity to avoid worsening and hospitalization

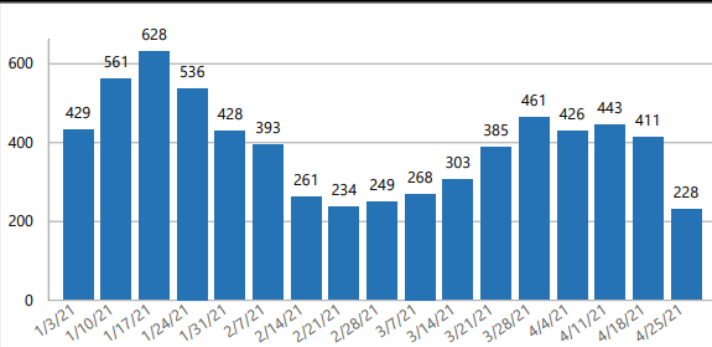


Monoclonal Antibody Summary

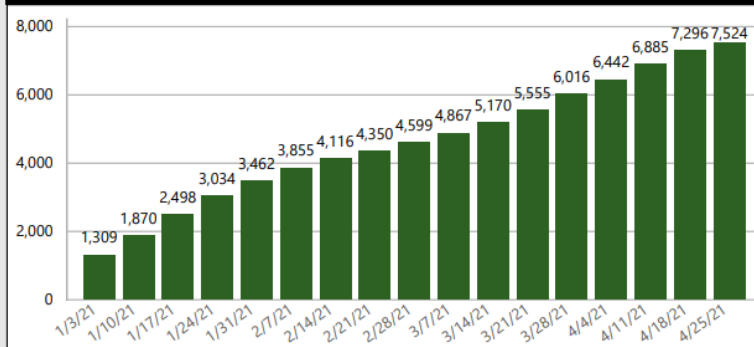
Summary

Reporting Period: 1/3/2021 - 4/25/2021

mAbs Infusions by Week



Cumulative mAbs Infusions by Week



Statewide Impact

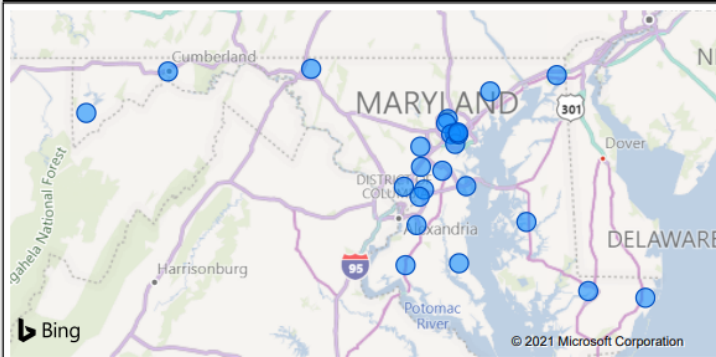
7,524
Cumulative mAbs Infusions (+ 228)

353
Cumulative Hospitalizations Avoided (+ 11)

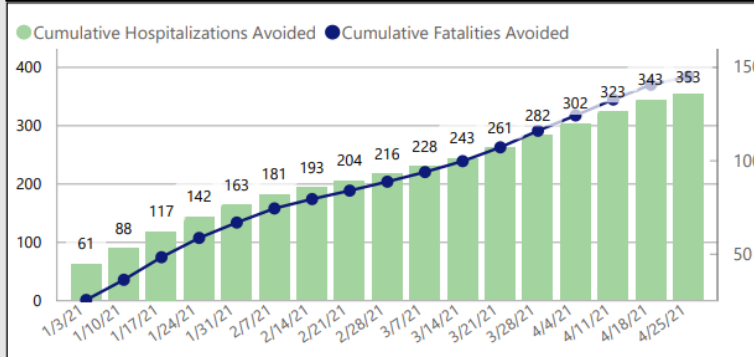
145
Cumulative Fatalities Avoided (+ 4)

32
Number of mAbs Locations

mAbs Infusion Sites in Maryland



Cumulative Hospitalizations and Fatalities Avoided by Week



Statewide Utilization Statistics

12,606
Cumulative mAbs Allocation Volume

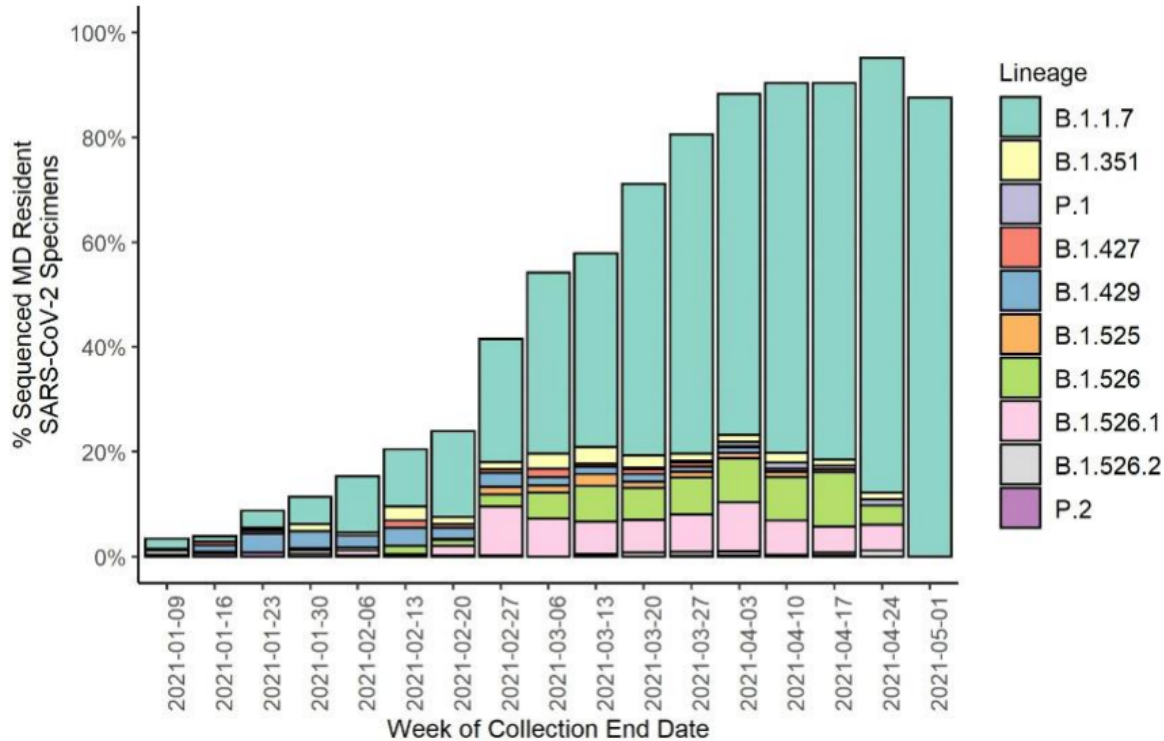
60%
Cumulative % Allocation Utilized



Virus Variant

- ❖ This is expected for the natural course of viruses
- ❖ Common in coronaviruses, more likely with greater volumes of virus
- ❖ Sequencing increased dramatically
- ❖ Over 1,000 mutations, most clinically not relevant
- ❖ Virus variants - [reporting](#)

Proportion of Sequenced Specimens Identified as VOC/VOI



Lack of equity during Covid-19 continues- you can make a difference

- ❖ Disparity from less access
 - Covid testing
 - Monoclonal antibody therapy
 - vaccinations
- ❖ Disparity with greater negative impact
 - Deaths
 - Hospitalizations
 - Covid cases
- ❖ How you can help
 - POC and PCR office testing
 - Referral to mAbs
 - Vaccinating your patients

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

- [Wednesday, 5/26/21 \(5-6:30pm\)](#)
- [Wednesday, 6/9/21 \(5-6:30pm\)](#)
- [Wednesday, 6/23/21 \(5-6:30pm\)](#)

❖ Guest Speakers-

- Joseph A. Adams, MD, FASAM
 - ✓ Medical Director, Veni Vidi Vici Treatment Services
 - ✓ Board of Directors, StopStigmaNow.org
 - ✓ Chair, Public Policy, Maryland-DC Society of Addiction Medicine
 - ✓ Member, Public Policy Committee, American Society of Addiction Medicine

ADDRESSING A BARRIER TO SUD / OUD TREATMENT: STIGMA

Joseph A. Adams MD, FASAM

Medical Director, Veni Vidi Vici Treatment Services, Bel Air, MD

Board of Directors, StopStigmaNow.org

Chair, Public Policy, Maryland-DC Society of Addiction Medicine

Member, Public Policy Committee, American Society of Addiction Medicine

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TERMINOLOGY IN SUBSTANCE USE TREATMENT

When patients are described as a “drug abuser” instead of a “person with a substance use disorder,” clinicians are more likely to recommend punitive approaches.

Kelly J.F.,. Does it matter how we refer to individuals with substance-related problems?

A randomized study with two commonly used terms. Int J Drug Policy. 2010; 21: 202-207 (free)

‘Recommended Use of Terminology in Addiction Medicine’ Richard Saitz et al, J of Addiction Medicine (Summarizes a chapter in 2019 ASAM 'Principles of Addiction Medicine 3rd Edition). https://facesandvoicesofrecovery.org/wp-content/uploads/2020/06/Saitz-2020-JAM-Editorial-Terminology_in_Addiction4.pdf

Terms should be

- (1) Person-First: Referencing the person as an individual, not defined by their behavior or condition,
- (2) Clear & accurate, and
- (3) Professional, not colloquial.

Terminology

NON-PREFERRED (Pejorative or unclear meaning):

'Abuse,' 'abuser,' 'clean/dirty' drug screens; 'clean/dirty' people

'Problem use,' 'Misuse' 'Inappropriate use'

'Detox' off of methadone or buprenorphine.

'Drug user,' 'Injection drug user'

(instead: **'Person who uses drugs,' 'Person who injects drugs' PWID)**

'Addict' (Instead: 'Person with a _____ use disorder')

PREFERRED:

'Hazardous use or at-risk / risky use'

Used before health consequences have developed.

'Harmful use': With health consequences, which may include use disorders.

'Unhealthy use': Generic term that includes both hazardous and harmful use.

'Positive / negative drug screen,' or 'expected / unexpected result'

'Abstinent,' 'drug free,' 'in remission.'

'Medication Assisted Treatment' (MAT) is non-preferred

Suggests that medication is something other than treatment.

Has been critiqued at least since 1995

Most common alternatives:

'Medications for OUD' (MOUD) or **'Medication treatment' (MT)**

in approximately 125 and 50 recently published articles respectively.

'Medication Treatment' is suggested in the Principles of Addiction Medicine.

'Abstinence-based treatment' or 'Drug free treatment'

should be called

'Treatment without (or that does not offer) maintenance medication,' or 'Medication-free treatment.'

References / Resources

[‘Words Matter’](#) (chart) www.stopstigma.org/ssn-brochures

Kelly JF, Wakeman SE, Saitz R, **Stop talking ‘dirty’: clinicians, language, and quality of care for the leading cause of preventable death in the United States.** Am J Med. 2015; 128: 8-9.
free: [https://www.amjmed.com/article/S0002-9343\(14\)00770-0/fulltext](https://www.amjmed.com/article/S0002-9343(14)00770-0/fulltext)

Friedmann PD, Schwartz R, **Just call it “treatment.”** Addiction Science & Clinical Practice vol 7, No. 10 (2012) free: <https://ascjournal.biomedcentral.com/articles/10.1186/1940-0640-7-10>

Wakeman SE. **Medications For Addiction Treatment: Changing Language to Improve Care.** J Addict Med 2017;11: 1–2): abstract: <https://pubmed.ncbi.nlm.nih.gov/27898497/>

Medications for OUD

What is the main side effect of methadone and buprenorphine?

Medications for OUD

What is the main side effect of methadone and buprenorphine?

STIGMA AND JUDGEMENT

Medications for OUD

What is the main side effect of methadone and buprenorphine?

STIGMA AND JUDGEMENT

What is the main difference between methadone and buprenorphine?

Medications for OUD

What is the main side effect of methadone and buprenorphine?

STIGMA AND JUDGEMENT

What is the main difference between methadone and buprenorphine?

STIGMA AND JUDGEMENT

ISN'T TAKING METHADONE OR BUPRENORPHINE LIKE "TRADING ONE ADDICTION FOR ANOTHER" ?

'Addiction' is the wrong word for these medications.

'Addiction' has a definition: changes in the brain that causes a
loss of control over substance use despite negative consequences.

Opioid agonists cause 'physical dependence.' **NOT THE SAME**

HOW CAN YOU TREAT OPIOID ADDICTION WITH ANOTHER OPIOID?

Mthd & bup are like a 'nicotine patch' for short-acting opioids.

Nicotine in cigarettes is in it's 'free base' form (because of ammonia).
which dramatically increases speed of delivery to the brain.

Cigarette smokers are freebasing nicotine for the same reason that crack
users freebase crack.

The speed of delivery completely alters psychoactive properties.

INEFFECTIVE TREATMENT IS THE NORM

Only One In Twenty Justice-Referred Adults In Specialty Treatment For Opioid Use Receive Methadone Or Buprenorphine.

Krawczyk N et al, Health Aff (Millwood). 2017 Dec; 36(12):2046-2053.
free: www.ncbi.nlm.nih.gov/pmc/articles/PMC6035729/

Only about 30% of residential treatment programs offer OAT for OUD long term.
Another 30% offer it only for short-term detox. 40% do not offer OAT.
20% actively discourage it.

Beetham T, et al. Therapies Offered at Residential Addiction Treatment Programs in the United States. Research Letter August 25, 2020. JAMA. 2020;324(8):804
free: <https://jamanetwork.com/journals/jama/fullarticle/2769709>

Documentary: www.thebusinessofrecovery.com 90 minutes

Very High Relapse Rate After Short-Term Treatment

“Behavioral interventions alone have extremely poor outcomes, with more than 80% of patients returning to drug use. Similarly poor results are seen with medication assisted detoxification.

“Longer periods of detoxification (1–6 months) with methadone or buprenorphine are also ineffective in promoting abstinence beyond the initial stabilization period.”

Bart G, Maintenance medication for opioid addiction: the Foundation of Recovery J Addict Dis. 2012; 31(3):207-25 free: www.ncbi.nlm.nih.gov/pmc/articles/PMC3411273/

Of over 4,000 patients who initiated a methadone taper, only 13% had a “successful taper,” defined as remaining alive, reaching a dose ≤ 5 mg per day, not re-entering treatment, and not having an opioid-related hospitalization, within 18 months.

“These poor outcomes are consistent with the findings of prior analyses.” (7 studies cited)

Nosyk B, et al. Defining dosing pattern characteristics of successful tapers following methadone maintenance treatment: results from a population-based retrospective cohort study. *Addiction*. 2012;107(9):1621–9. free: www.ncbi.nlm.nih.gov/pmc/articles/PMC3376663/

“Multiple studies with longer-term follow-up indicate that extending treatment for years allows individuals to ... return to work, to regain their health, ... and to establish supportive networks of non-drug-using individuals. “. . . **All studies of tapering and discontinuation demonstrate very high rates of relapse.**” (additional references cited)

See page pg. 40, National Academies of Sciences, Engineering, and Medicine. 2019. Medications for opioid use disorder save lives. Washington, DC: The National Academies Press <https://www.nap.edu/download/25310>

... Very High Relapse Rate After Short-Term Treatment

- A review of all 23 published studies with long-term follow-up of OUD patients, from 3 to 33 years of follow-up; most from methadone treatment programs.
- Of those who remained alive, **abstinence rates decreased over time to about 30% or lower** after ten years of observation, and remained stable thereafter. Remaining in treatment for longer periods was associated with a greater likelihood of abstinence.
- Death rates, mostly from overdose, increased over time. Death rates were about 6 to 20 times that of the general population.
- Maintaining opioid abstinence for at least five years substantially increased the likelihood of stable abstinence.

Hser Y-I et al. Long-Term Course of Opioid Addiction. Harvard Review of Psychiatry. Volume 23(2) 2015 Abstract: <https://pubmed.ncbi.nlm.nih.gov/25747921/>

Of patients voluntarily tapering off of methadone treatment, 46% were able to taper completely off, but **12% were able to maintain a drug-free status** an average of 14 months later. (Cushman 1974).

Cushman P: Detoxification of rehabilitated methadone patients: Frequency and predictors of long-term success. Am J Drug Alcohol Abuse 1:393-408, 1974
Abstract: www.tandfonline.com/doi/abs/10.3109/00952997409011032

“Patients who discontinue OUD medication generally return to illicit opioid use.”
“Arbitrary time limits are inadvisable.” “. . . for as long as it provides a benefit.”

SAMHSA, Treatment Improvement Protocol 63

“Leaving methadone treatment: lessons learned, lessons forgotten, lessons ignored.”

Magura S, Rosenblum A. Review Mt Sinai J Med. 2001 Jan;68(1):62-74.
Abstract: <https://pubmed.ncbi.nlm.nih.gov/11135508/>

Resource: 'Medications for OUD' (Handout)

www.stopstigmanow.org – 'resources' – 'brochures'

REALISTIC INFORMATION ON ALL MEDICATION TREATMENT OPTIONS FOR OUD

MUTUAL SUPPORT RESOURCES THAT DO NOT STIGMATIZE MEDICATION

STORIES OF PEOPLE ON MEDICATION TREATMENT:

"Methadone has allowed me to be a mother, a wife and a business woman. I have my own business which I developed while on medical maintenance, I work about 10 hours a day, I am happily married with two beautiful daughters . . . I have no intention of getting off methadone."

SHORT VIDEO STORIES ABOUT MEDICATION TREATMENT:

<http://bit.ly/GinterVideo1>

<http://bit.ly/GinterVideo2>

<http://bit.ly/GinterVideo3>

<http://bit.ly/JWoodsVideo>

<http://bit.ly/CatherineVideo>

<http://bit.ly/KurtVideo>

Additional Resources

- Referral to Treatment, and educate patient using MOUD handout from Stop Stigma Now
- X-Waiver for prescribing buprenorphine is now available without an 8 hour training.
'Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder
www.federalregister.gov/documents/2021/04/28/2021-08961/practice-guidelines-for-the-administration-of-buprenorphine-for-treating-opioid-use-disorder
- Providers Clinical Support System <https://pcssnow.org/>
- PROP: Physicians for Responsible Opioid Prescribing
- Anxiety Handout from The Anxiety & Stress Disorders Institute, 2020 <https://bit.ly/3IG7Hdf>
- *
- Moi: joeadamsm@gmail.com

joadamsmd@gmail.com

<http://bit.ly/GinterVideo1>

(50 seconds)

<http://bit.ly/CatherineVideo>

(40 seconds)

Appendix

Resources and Links


Contact Tracing

Methods


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

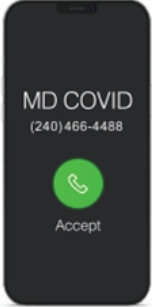
Thank You for Getting Tested for COVID-19

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/>)