



COVID-19 Update

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

15 June 2020

Phase 2 Maryland Strong Recovery Advanced Primary Care on the Front Line



Even as we emerge from our shelters the COVID-19 virus remains among us. To get through this phase we must protect our vulnerable patients or fall backward.

Agenda

- ❖ Today's Morbidity and Mortality Data
- ❖ New Office Workflows/Reopening Primary Care – announcing Webinar on June 18th
- ❖ Health Disparities
 - Presentation of webinar created by David R. Williams, PhD, MPH; Harvard University
 - ✓ Florence & Laura Norman Professor of Public Health
 - ✓ Professor of African & African American Studies and of Sociology
- ❖ Future webinars info
- ❖ Q & A
- ❖ Resources Appendix

Morbidity and Mortality Update

	New Cases (6/14)	Cumulative Cases	Cumulative Hospitalized	Cumulative Deaths
United States		2,063,812 (6/14)		115,271 (6/14)
Maryland	331	62,032	16.0%	2817

	20-29	30-39	40-49	50-59	60-69	70-79	80+
% of cases	14.28	18.66	17.91	15.86	11.44	7.29	6.86
Case rate (per 100,000)	1098.58	1416.03	1433.09	1135.48	1046.13	1185.49	1952.73
% of cases hospitalized	6.01	8.72	12.11	20.06	29.19	39.99	31.61
Rate hospitalized (per 100,000)	65.99	123.41	173.61	227.77	305.40	474.09	617.26

COVID-19 Daily Report - Maryland Department of Health

Data reported as of 6/15/2020

62,032
confirmed cases

8,486
tests reported 6/14

500,791
cumulative tests

2,817
confirmed deaths

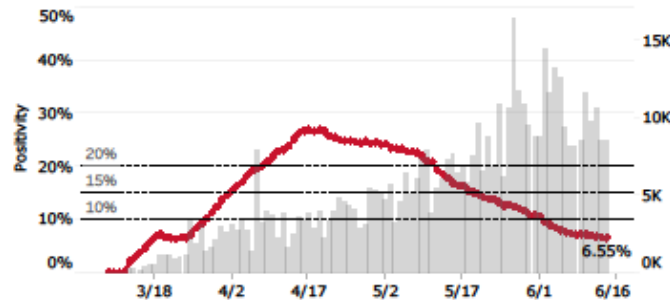
+331
cases reported on 6/14*

5.16%
daily positivity reported 6/14

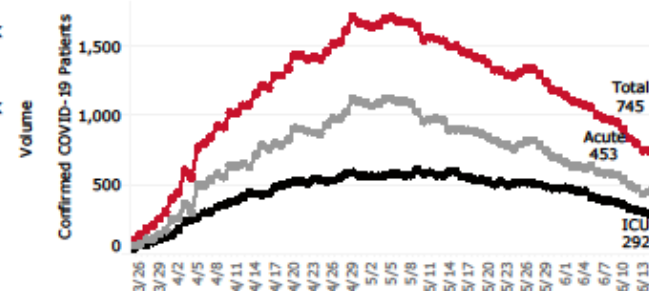
6.55%
7-day avg. positivity** reported 6/14

+6
deaths reported on 6/14

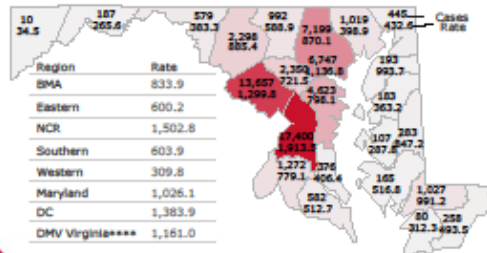
7-Day Avg. Percent Positive Testing** and Total Testing Volume



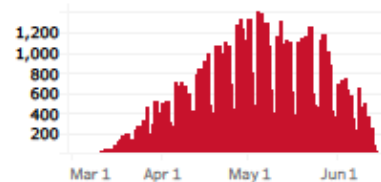
Statewide Acute/ICU Beds Occupied by COVID Patients



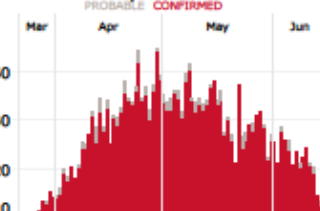
Cases and Rates by County of Residence



Daily Cases by Specimen Collection Date

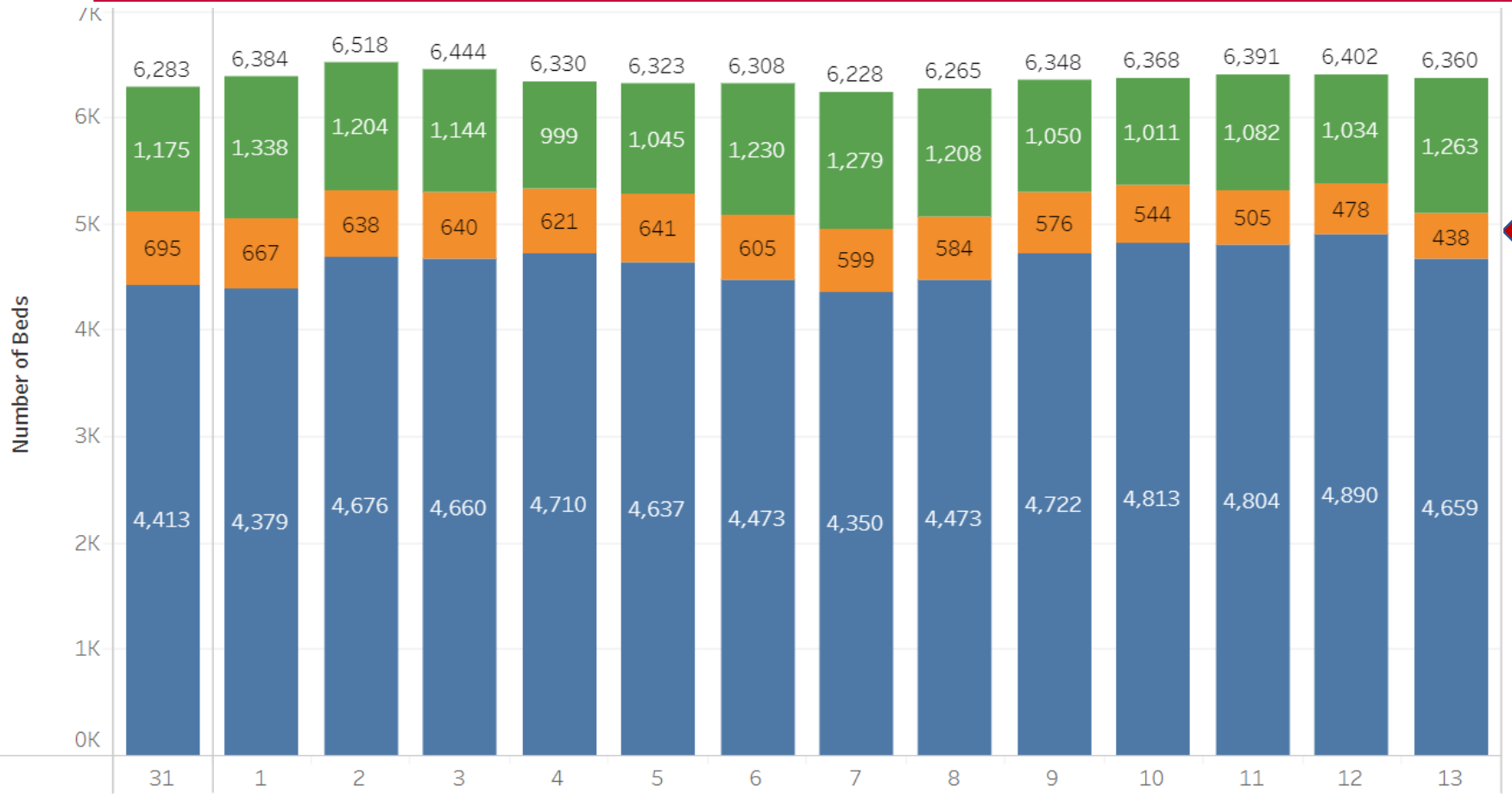


Daily Deaths



All case-related counts on this dashboard are of individual people infected with COVID-19.
 Report date: the day a case was reported to the Maryland Department of Health.
 Specimen date: the day the initial lab specimen was collected.
 BMA: Baltimore Metro Area; NCR: National Capital Region; DMV: DC, Maryland, and Virginia Area
 Rates calculated using total confirmed cases and 2019 population estimates. Rates do not exclude recovered cases. Rates are calculated as cases per 100,000 population. 2019 Maryland Population estimates from the Maryland Department of Planning, March 2020.
 *Daily case increase uses report date.
 **Positivity calculated using a 7-day rolling average
 ****DMV Virginia includes Alexandria, Arlington, Fairfax, Fairfax City, Falls Church, Loudoun, Manassas, Manassas City, and Prince William.

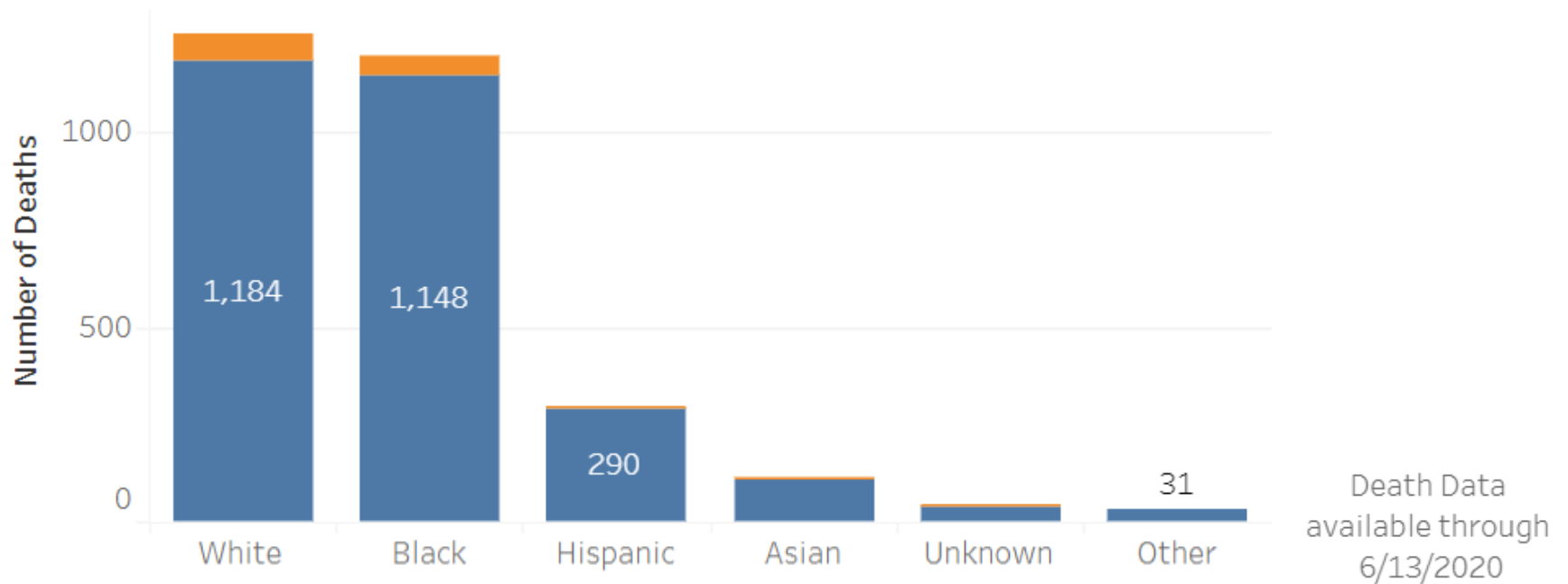
Hospital Capacity and Usage



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

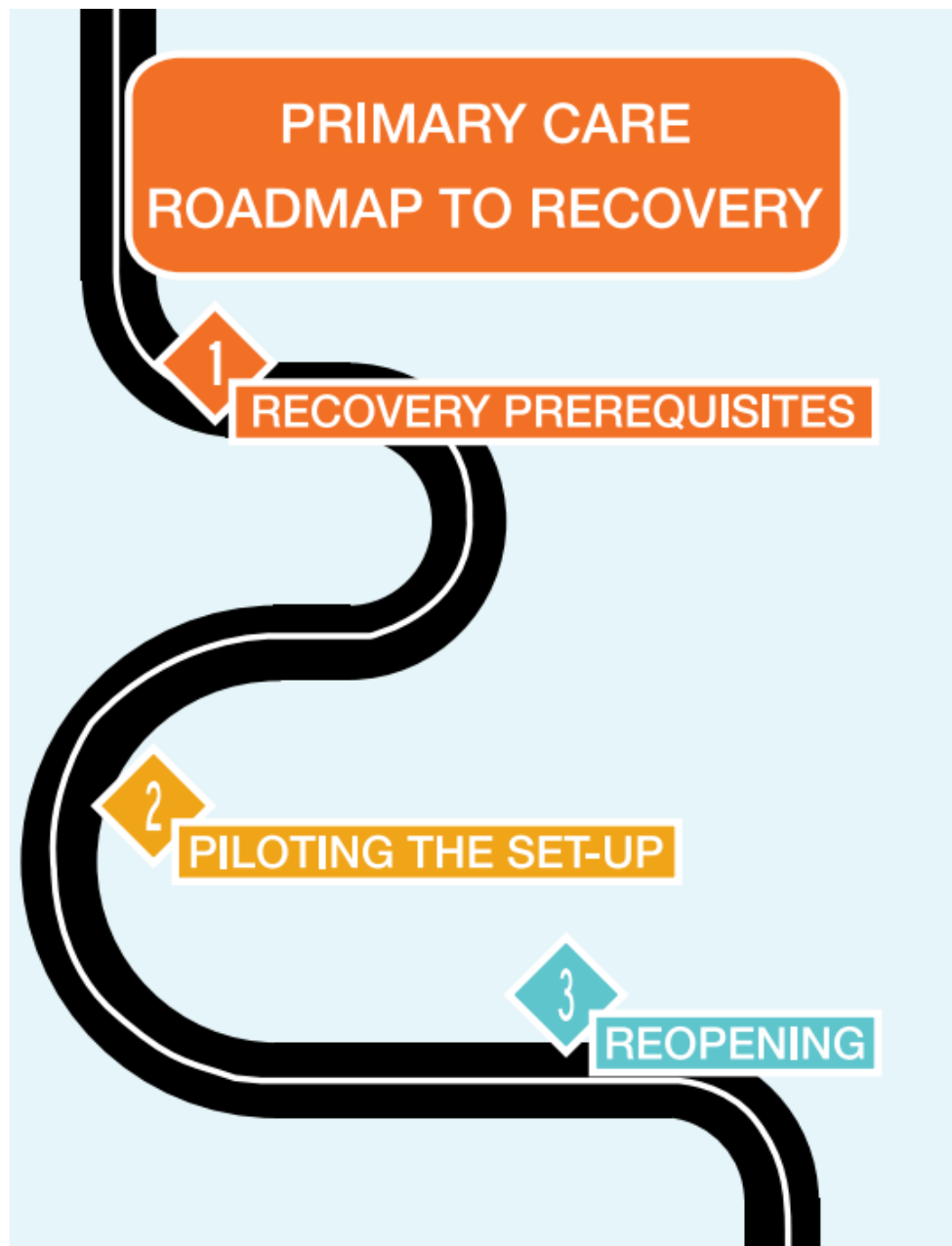
Highlighting Disparity in COVID Impact

Race and Ethnicity





The Path Ahead



About the Event:

The MDPCP Program Management Office (PMO) in collaboration with Medicalincs LLC is pleased to bring you a virtual, **FREE**

COVID-19 Training: Reopening Primary Care

This comprehensive, interactive, 3-hour training program is designed to provide primary care practices with a roadmap to reopening their practices, reviving primary care services & things to consider to be prepared for resurge; if necessary.

We will discuss:

- Establishing safe practices for in-office visits for both practice staff and patients
- Enhancements to telemedicine visits and patient self-monitoring
- Re-surge preparedness
- Insights on resources & tools

Questions?

Reach us via e-mail:

mdpcp@medicalincs.com

Guest Speakers:

MDPCP Primary Care Practice

Share what their primary care practice has done to reopen

COVID-19 Training: Reopening Primary Care



JOIN US:

All Primary Care Practice Providers & Staff are invited!

Register Today

The agenda is available when you register. Topics include:

Gating criteria, Preparing for in-office visits, Enhancing Telemedicine, Additional COVID-19 resources, and Resurge preparedness.

COVID-19 Training: Reopening Primary Care

Date: Thursday, June 18th, 2020

Time: 1:00-4:00 PM EST

Location: Online Webinar

Registration: **Please register [Here](#)**

Black Lives Matter for Health ... and for All of Us

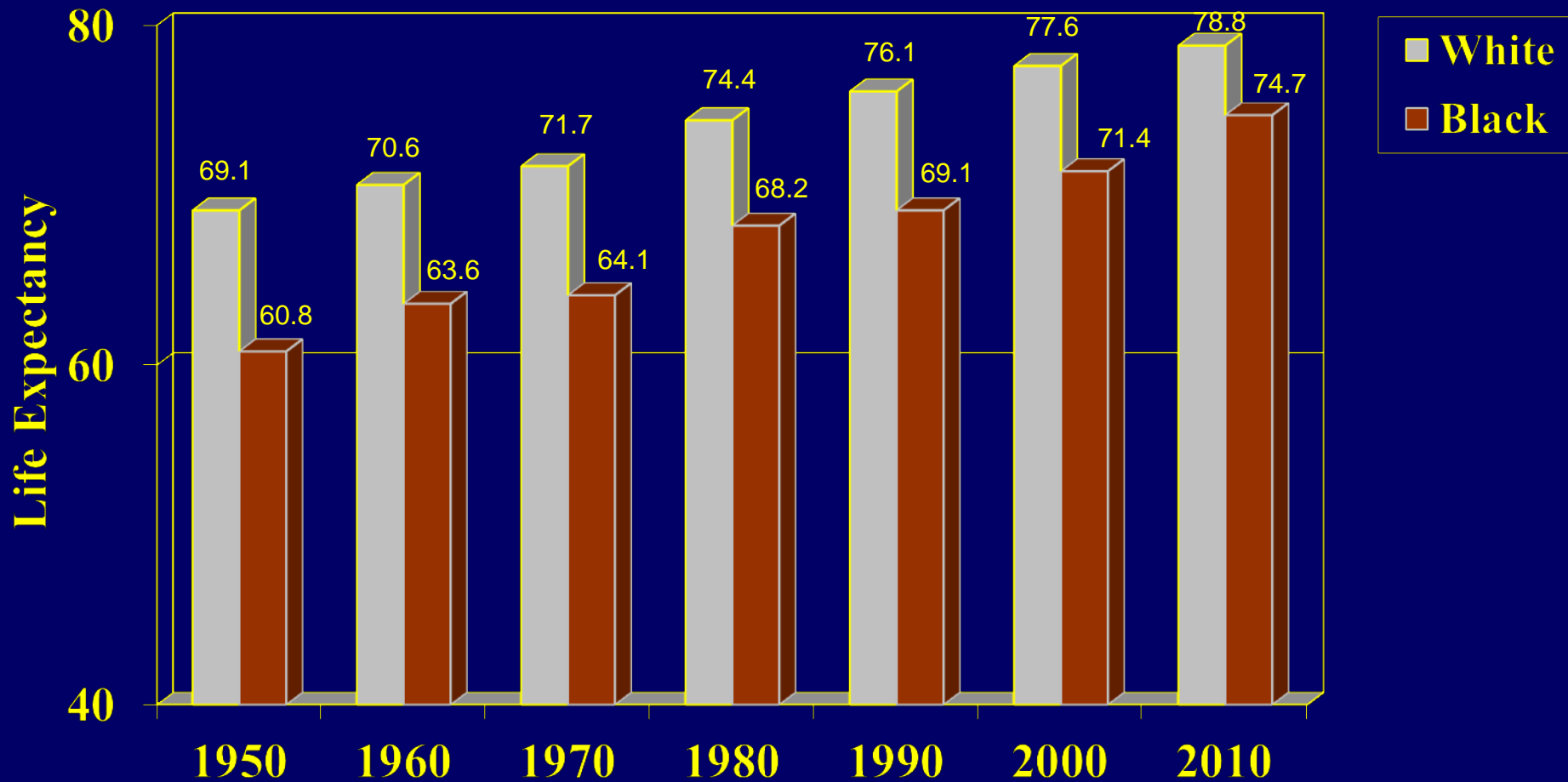
David R. Williams, PhD, MPH

Florence & Laura Norman Professor of Public Health
Professor of African & African American Studies and of
Sociology

Harvard University

The Size and Scope of the Problem

Life Expectancy Lags, 1950-2010

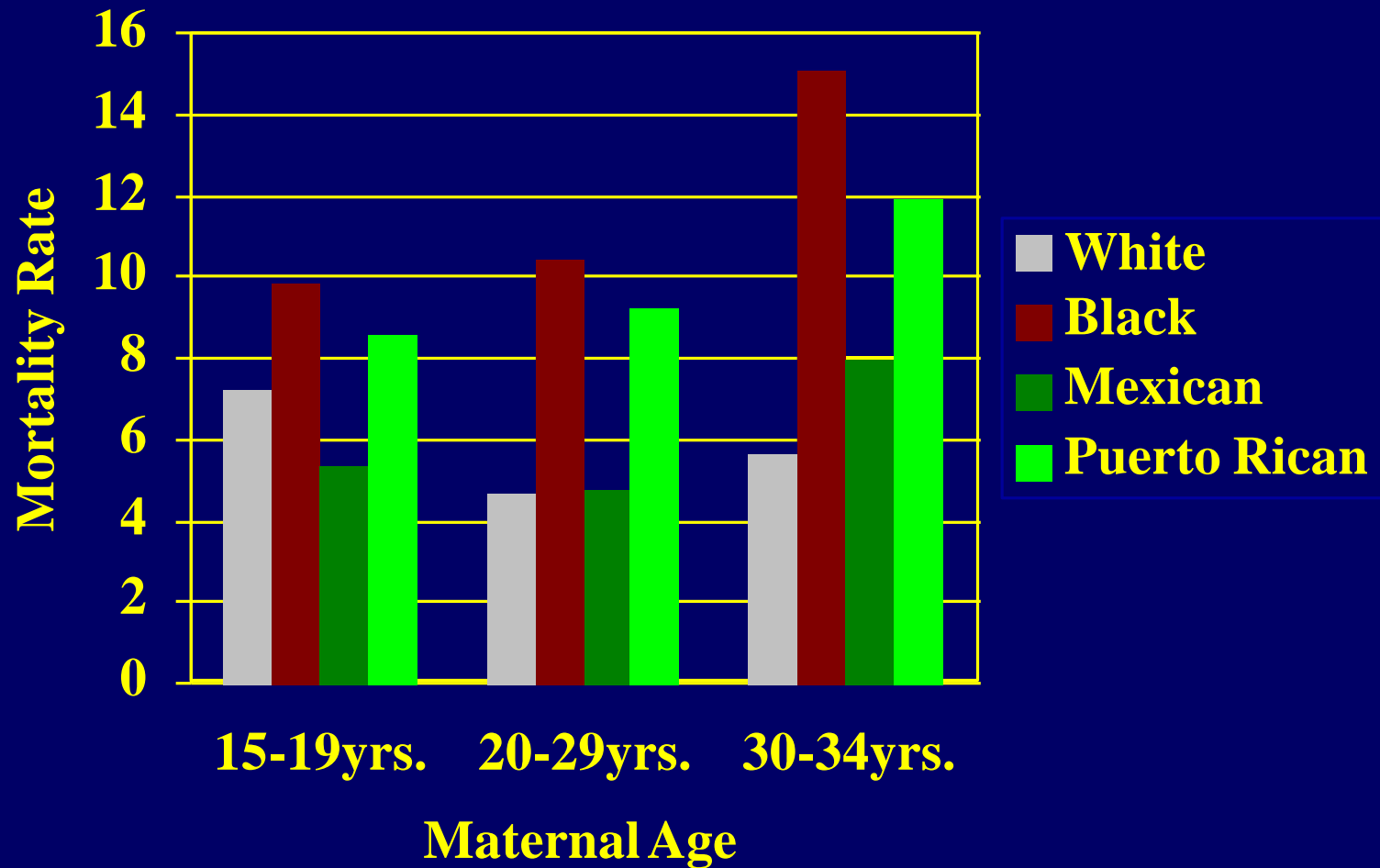


Source: NCHS, Health United States, 2013

A Striking Pattern

Accelerated aging - earlier onset of disease

Neonatal Mortality Rates (1st Births), U.S.

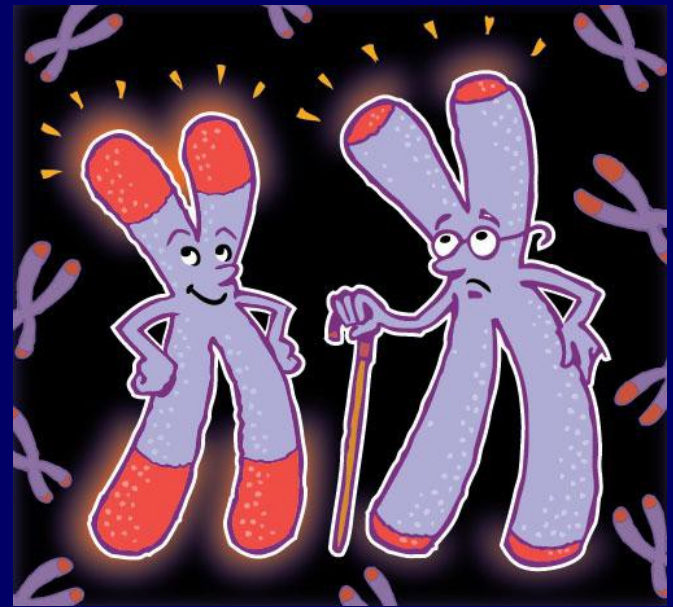
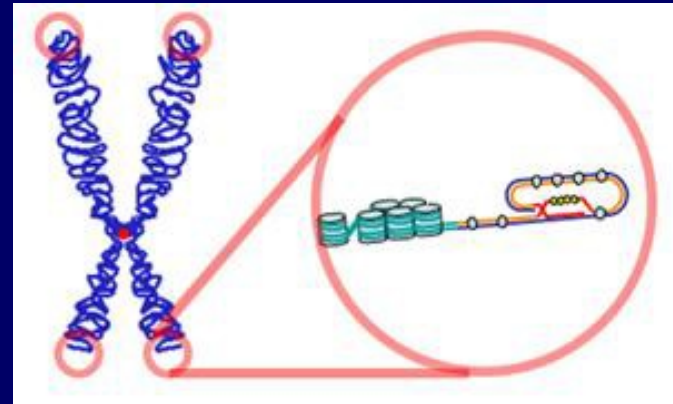


Biological Weathering

- Chronological age captures duration of exposure to risks for groups living in adverse living conditions
- Blacks experience greater physiological wear and tear, and are aging, biologically, faster than whites
- It is driven by the cumulative impact of repeated exposures to psychosocial, physical and chemical stressors in their residential, occupational and other environments, and coping with these stressors
- Compared to whites, blacks experience higher levels of stressors, greater clustering of stressors, and probably greater duration and intensity of stressors

Racial Differences in Telomere Length

- Telomeres are sequences of DNA at end of chromosome. Telomere length is viewed as an overall marker of biological aging
- Study found that Black women had shorter telomeres than White women
- At same chronological age, black women had accelerated biological aging of about 7.5 years



Making Sense of Racial Disparities in Health?

**Socioeconomic Status (SES) is a
central determinant of the
distribution of valuable
resources in society**

*There are Large Racial/Ethnic
Differences in SES*

Median Household Income and Race, 2013

Racial Differences in Income are Substantial:

1 dollar



White

1.15 dollar



Asian

70 cents



Hispanic

59 cents



Black

Median Wealth and Race, 2011

For every dollar of wealth that Whites have,



Asians have 81 cents



Blacks have only 6 cents



Latinos have only 7 cents



Added Burden of Race

Life Expectancy At Age 25

Group	White	Black	Difference
All	53.4	48.4	5.0

Life Expectancy At Age 25

Group	White	Black	Difference
All	53.4	48.4	5.0
Education			
a. 0-12 Years	50.1		
b. 12 Years	54.1		
c. Some College	55.2		
d. College Grad	56.5		
Difference	6.4		

Life Expectancy At Age 25

Group	White	Black	Difference
All	53.4	48.4	5.0
Education			
a. 0-12 Years	50.1	47.0	
b. 12 Years	54.1	49.9	
c. Some College	55.2	50.9	
d. College Grad	56.5	52.3	
Difference	6.4	5.3	

Life Expectancy At Age 25

Group	White	Black	Difference
All	53.4	48.4	5.0
Education			
a. 0-12 Years	50.1	47.0	3.1
b. 12 Years	54.1	49.9	4.2
c. Some College	55.2	50.9	4.3
d. College Grad	56.5	52.3	4.2
Difference	6.4	5.3	

Murphy, NVSS 2000; Braveman et al. AJPH, 2010; NLMS 1988-1998

Why Race Still Matters

- Distinctive Social Exposures
- Racism Matters in Multiple ways

Place Matters

- Segregation remains as a legacy of racism
- Segregation affects health in multiple ways

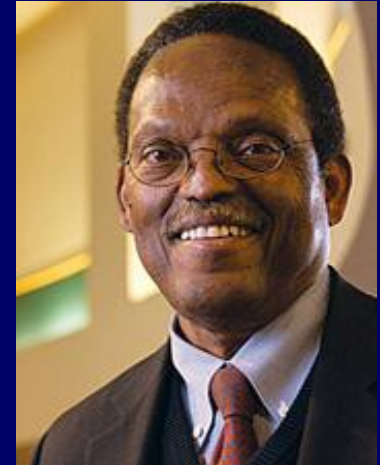


How Segregation Can Affect Health

1. Segregation determines SES by affecting quality of education and employment opportunities.
 2. Segregation can create pathogenic neighborhood and housing conditions.
 3. Conditions linked to segregation can constrain the practice of health behaviors and encourage unhealthy ones.
 4. Segregation can adversely affect access to medical care and to high-quality care.
-

Racial Differences in Residential Environment

In the 171 largest cities in the U.S., there is not even one city where whites live in equal conditions to those of blacks



“The worst urban context in which whites reside is considerably better than the average context of black communities.”



Residential Segregation and SES

One national study found that if we eliminated segregation we would completely erase black-white differences in

- Income
- Education
- Unemployment

And reduce racial differences in single motherhood by two-thirds

Why Race Still Matters

- Discrimination Persists
- Discrimination is deadly

The Pervasiveness of Discrimination

Discrimination

Obtaining bank loans

Getting a job

Getting insurance

Renting an apartment

Purchasing a car

Pulled over by police

Arrested for drug-related crimes

Receiving a promotion

Buying a home

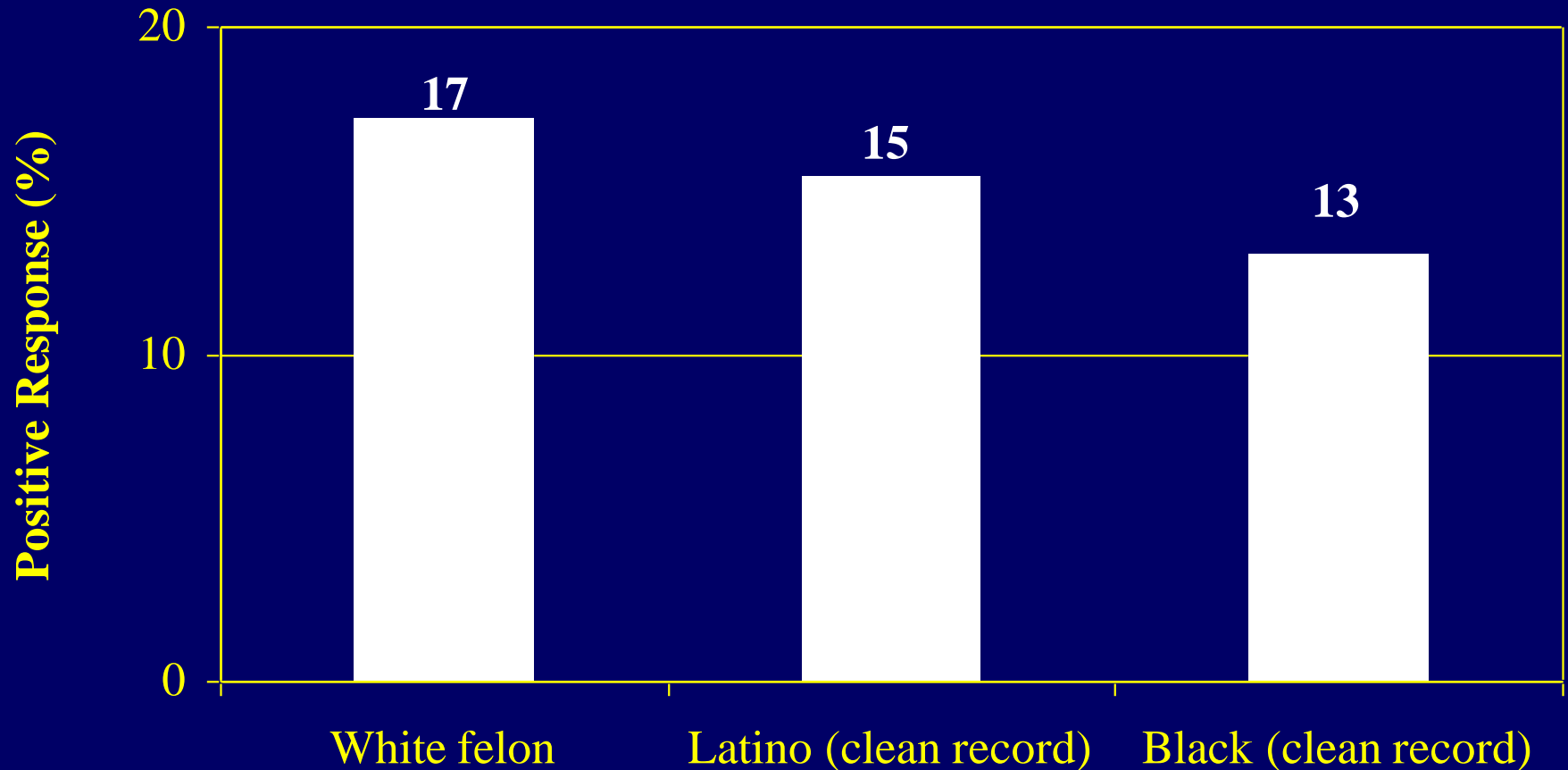
Hailing a taxi

Suspended from preschool

Cost of bail

Quality of medical care

Race, Criminal Record, and Entry-level Jobs in NY, 2004



Devah Pager et al Am Soc Review, 2009; 169 employers

**Experiences of discrimination are a
source of Toxic Stress**

Every Day Discrimination

In your day-to-day life how often do these happen to you?

- You are treated with less courtesy than other people.
- You are treated with less respect than other people.
- You receive poorer service than other people at restaurants or stores.
- People act as if they think you are not smart.
- People act as if they are afraid of you.
- People act as if they think you are dishonest.
- People act as if they're better than you are.
- You are called names or insulted.
- You are threatened or harassed.

What do you think was the main reason for these experiences?

Why Race Still Matters

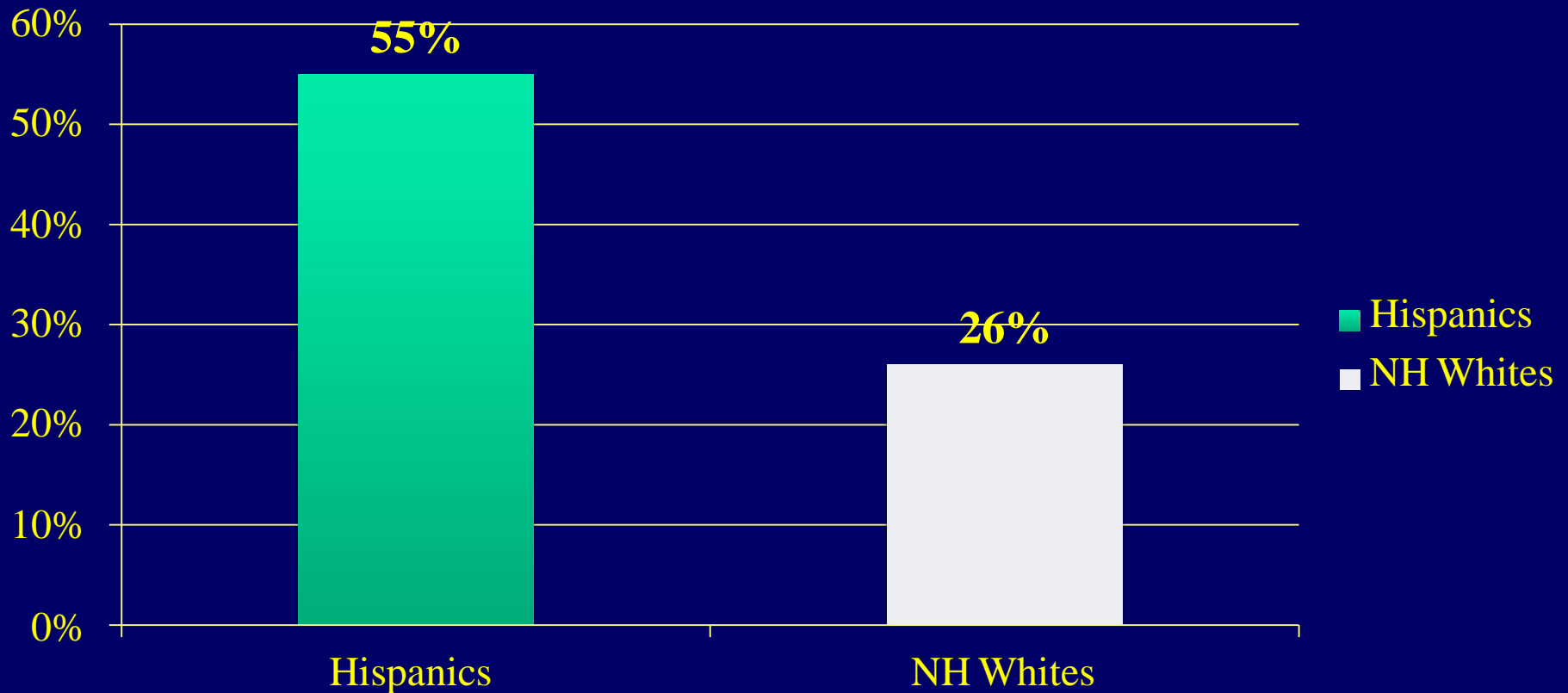
- Cultural Racism Matters
- It is deeply embedded in our culture

Unconscious Discrimination

- **When one holds a negative stereotype about a group and meets someone who fits the stereotype s/he will discriminate against that individual**
 - **Stereotype-linked bias is an**
 - **Automatic process**
 - **Unconscious process**
 - **It occurs even among persons who are not prejudiced**
-

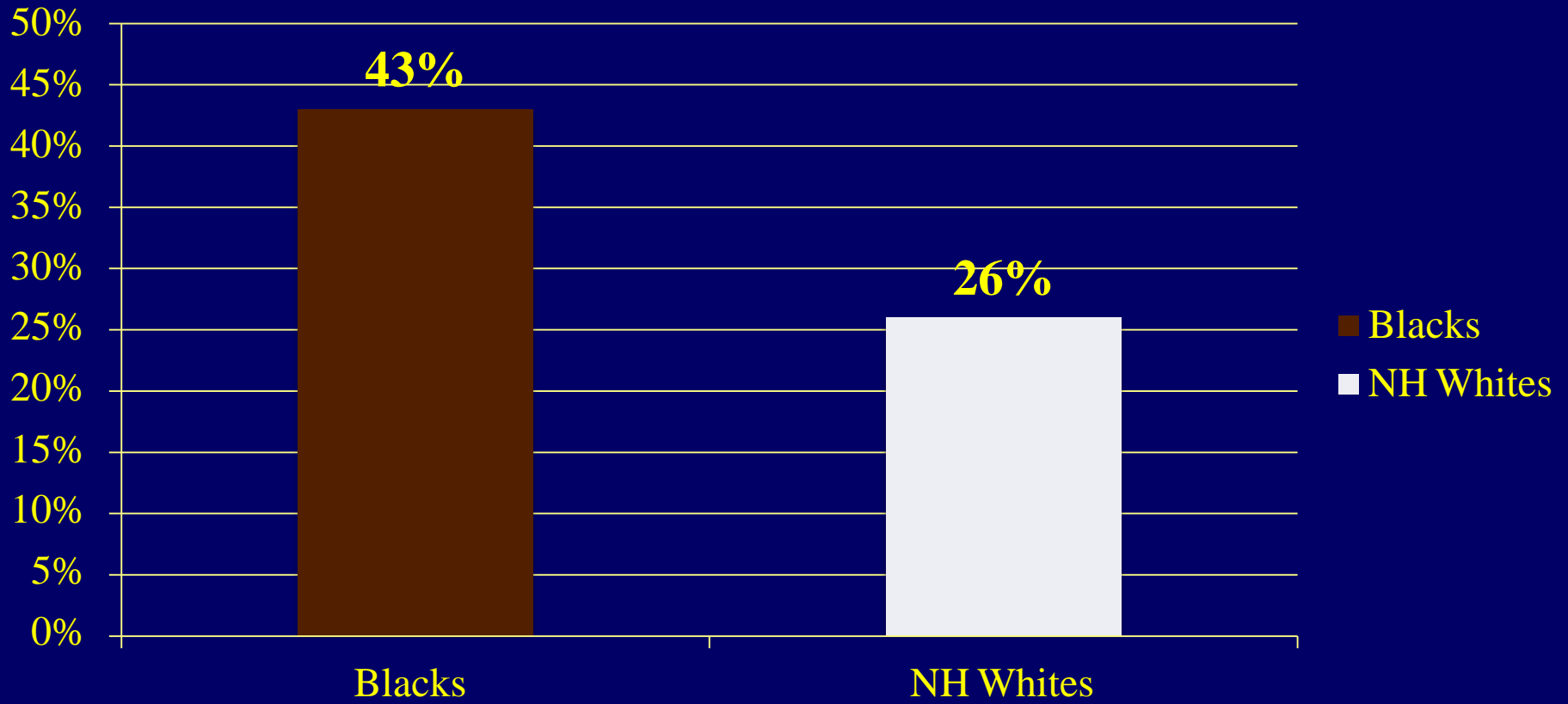
Ethnicity and Pain Medicine

Percent of Patients with broken bone in arm or leg that received no analgesia



Ethnicity and Pain Medicine

Percent of Patients with broken bone receiving no analgesia



**Racial/Ethnic Disparities in
Health are Really Costly to our
Society**

Total Costs of Racial Disparities, 2003-2006

- Medical Care Costs = \$229.4 Billion
- Lower worker productivity & premature death costs = \$1,008 Trillion
- Total Costs = \$1.24 Trillion
- More than GDP of India (12th largest economy)

- \$309.3 Billion annual loss to the economy
- Social Justice can be cost effective
- Doing nothing has a cost that we should not continue to bear

Undoing Racism

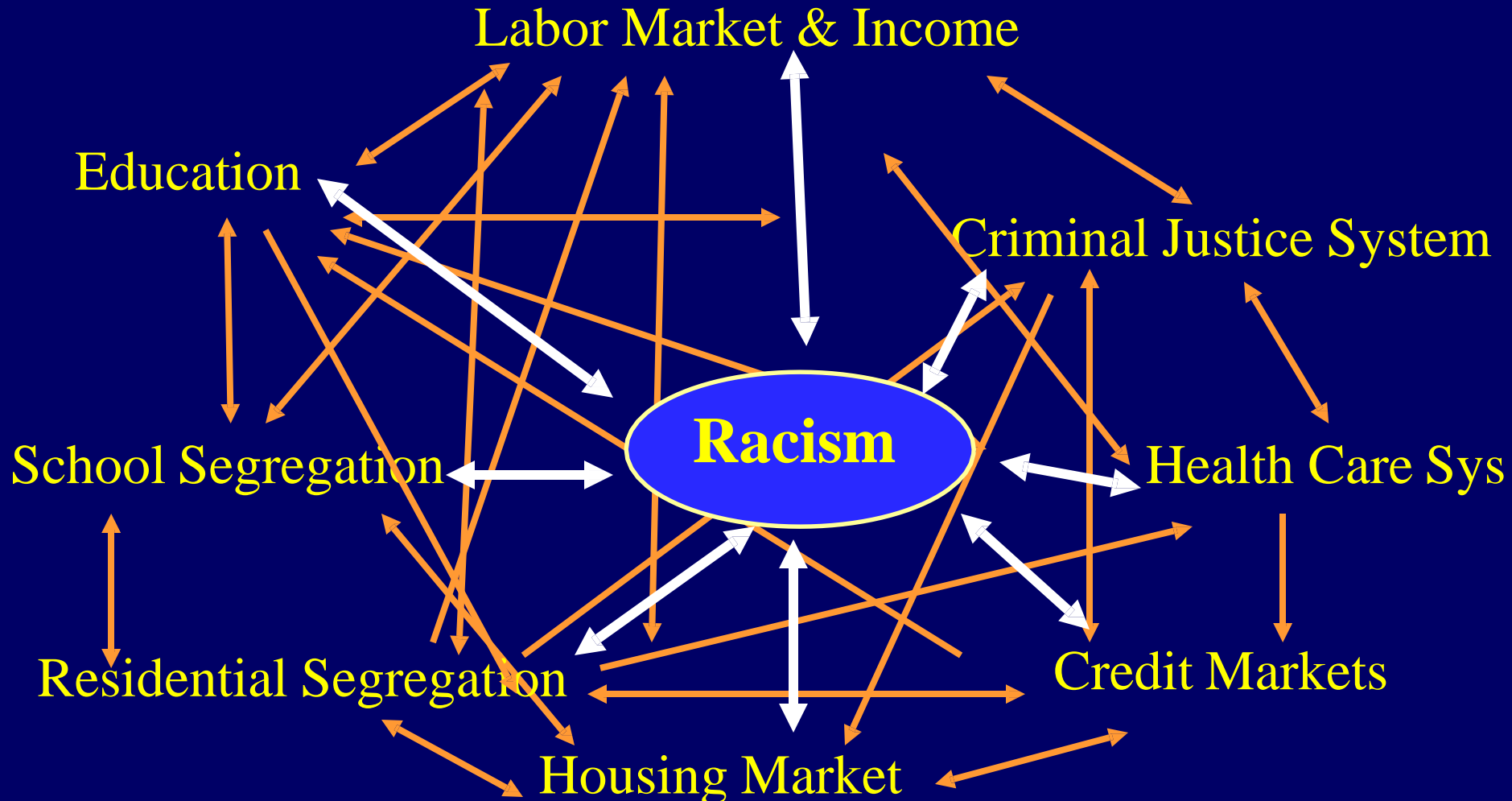
Dismantling Institutional Racism

Racism as a System: Implications

- Disparities in one societal domain are not independent of those in other domains
- Racism is a set of dynamically related components of subsystems.
- There is reciprocal causality of disparities across domains
- Disparities in one domain are a product of causal processes across multiple subsystems
- “It is impossible” to come up with remedies for disparities if we fail to acknowledge and address the interdependence across domains

Racism as a System

Arrows reflect emergence of racism and the effects of subsystems (white arrows)



Options for Reducing Racial Inequalities

- 1 An exogenous force that acts on every subsystem: authoritative entity with mandate to act
- 2 Act on leverage points
 - Residential segregation is one
- 3 Removing institutions from the discrimination system
 - Success of the Army
- 4 Increasing accountability, reducing discretion

Implications for Reducing Disparities

Effective solutions to improve health need to:

- Be comprehensive
 - Build more health into healthcare
 - Start early
 - Address life-course exposures to social inequalities and their consequences in education, housing, employment, etc.
-

Conclusions

- Racism, in its multiple forms, is a major risk factor for health
 - Need for increased research attention to understand its potential effects
 - Urgent need to identify:
 - effective efforts to mitigate its pathogenic effects
 - feasible and optimal strategies to create the political will and support to dismantle societal structures that support racism, ethno-centrism, anti-immigrant sentiments and incivility
-

A Call to Action

“Each time a man stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope, and those ripples build a current which can sweep down the mightiest walls of oppression and resistance.”

- Robert F. Kennedy

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.
- ❖ Please complete an evaluation at: [COVID-19 Update Evaluation](#)

Announcements

- ❖ Learn from our [Frequently Asked Questions page](#)
- ❖ Future Webinars
 - Mondays: data updates and Minority Health
 - Wednesdays: updates and Behavioral Health
 - ✓ **No webinar this Wednesday, June 17th**
 - Every webinar focus on minority and vulnerable populations

Questions and Answers

Please type into the Questions box on the right side of your screen.



Appendix

Resources and Links

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

Governor Hogan Directive – Elective & Non-Urgent Medical Procedures may resume May 7, 2020

These measures must be in effect:

1. Licensed healthcare providers will use their judgment to determine what appointments and procedures are appropriate
2. Facilities and providers must have at least one week's supply of personal protective equipment (PPE) for themselves, staff, and as appropriate, for patients
 - i. PPE requests to any State or local health or emergency management agency will be denied for elective and non-urgent medical procedures
 - ii. The healthcare facility or healthcare provider must be able to procure all necessary PPE for its desired services via standard supply chains
 - iii. For hospitals with COVID-19 patients, MDH will determine a daily PPE per patient use rate for PPE requests
3. **Social distancing must be maintained in all waiting areas**
4. **All healthcare workers, patients, and others must be screened for COVID-19 symptoms upon arrival for shift or visit. Staff must stay home if they are showing COVID-19 symptoms.**
5. **All healthcare facilities and healthcare providers must implement enhanced workplace infection control measures > CDC guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>**
 - i. **All healthcare providers and staff shall wear appropriate face coverings, to include cloth face coverings, surgical face masks or N-95 masks, respirators, and/or face shields**
 - ii. **Patients should wear a face covering whenever possible**
6. **Any healthcare facility or provider unable to provide PPE for themselves, staff, and patients where appropriate must immediately restrict operations to urgent and non-elective procedures and appointments**

Maryland Companies Producing Personal Protective Equipment in Response to COVID-19

Grant Recipient	County	Typical Production	COVID-19 Production
Awesome Ninja Labs	Baltimore City	Medical devices	Face shields
CoastTec	Carroll	Battery back-ups for computers	Battery packs for Vyaire ventilators
CR Daniels	Howard	Textile, plastics, and metal manufacturing	Face masks and gowns
DiPole Materials	Baltimore City	Custom nanofiber manufacturing	Filters for medical masks and respirators
DVF Corporation	Washington	Metal and plastic fabrications	Plastic components of respirators
Fashions Unlimited	Baltimore City	Apparel manufacturing	Surgical masks and protective gowns
Fabrication Events	Howard	Special event decor	Face masks, head coverings, and other PPE
Harbor Designs	Baltimore City	Manufacturing design and engineering	Ventilators
Hardwire, LLC	Worcester	Bulletproof body armor and equipment for law enforcement and the military	Face shields
K&W Finishing	Baltimore City	Traditional die cutting, coating, and other bindery services	Face shields

Grant Recipient	County	Typical Production	COVID-19 Production
Key Technologies	Baltimore City	Medical devices	Blower units for positive air pressure respirators
LAI International	Carroll	Components for aerospace and defense, medical devices and infrastructure systems	Face shields
Manta BioFuels	Baltimore County	Energy technology	Face shields
Marty's Bag Works	Anne Arundel	Canvas boating products, cushions, laser printing, and bags	Surgical masks, face shields, and lightweight gowns
Nations Photo Lab	Baltimore County	Full-service photo printing	Face shields
NRL & Associates	Queen Anne's	Ultra-precision machining, fabrication, and assembly	Ventilators
Potomac Photonics	Baltimore County	Biotech and medical devices	PPE visors
Rankin Upholstery	Montgomery	Auto, marine, aircraft and custom upholstery	Masks, gowns, and other PPE
Strouse	Carroll	Adhesive solutions	N-95 masks
X-Laser	Howard	Laser light show systems	Face shields

Personal Protective Equipment (PPE) Sources and Requests

- ❖ Routed through Local Health Departments
- ❖ Priority as previously stated - may change over time
- ❖ Maryland PPE Manufacturers List – next slide
- ❖ [National and International PPE Supplier List](#)
- ❖ [PPE request forms and local contacts](#)

State Launches Maryland PPE Network Supplier Portal

- ❖ 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
- ❖ Large daily deliveries come into the state's warehouses
- ❖ For additional business resources during COVID-19, visit businessexpress.maryland.gov/coronavirus

Help your patients get health coverage

Maryland Health Connection, the state's health insurance marketplace, has a Coronavirus Emergency Special Enrollment Period until June 15 for uninsured Marylanders. All plans on Maryland Health Connection cover testing and treatment of COVID-19.

❖ How to enroll

- Enroll online at MarylandHealthConnection.gov
- Call 1-855-642-8572. Deaf and hard of hearing use Relay service. Help is available in 200 languages.
- Download the free “Enroll MHC” mobile app to enroll on a phone/tablet.
- Navigators throughout the state can answer questions and enroll consumers by phone.

Considerations when Reusing N95 Respirators (CDC)

- There is no way of determining the maximum possible number of safe reuses for an N95 respirator as a generic number to be applied in all cases.
- Safe N95 reuse is affected by a number of variables that impact respirator function and contamination over time.
- Manufacturers of N95 respirators may have specific guidance regarding reuse of their product.
- CDC guidelines advise to discard N95 respirators before they become a significant risk for contact transmission or their functionality is reduced
 - Administrative controls (e.g. staff training, reminders, and posters)
 - Minimize unnecessary contact with the respirator surface
 - Strict adherence to hand hygiene practices
 - Proper PPE donning and doffing technique, including physical inspection and performing a user seal check
 - Engineering controls (e.g. use of barriers to prevent droplet spray contamination)

[Source](#)

CDC Guidelines - N95 Respirators and Infection Control

- Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
- Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, discard the respirator and perform hand hygiene as described above.
- Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.
- Follow the manufacturer's user instructions, including conducting a user seal check.
- Discard any respirator that is obviously damaged or becomes hard to breathe through.
- Pack or store respirators between uses so that they do not become damaged or deformed.

CDC Guidelines - Reusing N95 Respirators

- N95 respirator must only be used by a single wearer (Label N95 respirator on the straps with person's name)
- Consider use of a cleanable face shield (preferred) over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls), when feasible to reduce surface contamination of the respirator.
- Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses.
 - To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified (including date).
 - Storage containers should be disposed of or cleaned regularly.
- Follow the employer's maximum number of donnings (or up to five if the manufacturer does not provide a recommendation) and recommended inspection procedures.

CDC Guidelines - When to Discard N95 Respirators

- Discard N95 respirators following use during aerosol generating procedures
- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients
- Discard N95 respirators following close contact with any patient co-infected with an infectious disease requiring contact precautions

COVID-19 Testing Site Information

- ❖ Patients require a provider order for referral to testing sites
- ❖ Providers contact your local hospital or use the link below
- ❖ Sites are subject to host location restrictions and availability
- ❖ MD is also piloting drive-thru testing at several Vehicle Emissions Inspections Program (VEIP) locations – [FAQs available here](#).
- ❖ Current list of testing sites, please click [here](#)

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**

Billing for End-of-Life Planning

- ❖ Billable event with AWW or Separate Encounter
- ❖ 99497 - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
- ❖ 99498 - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; each additional 30 minutes (List separately in addition to code for primary procedure)

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](#)

Caregiver Services Corps (CSC)



- ❖ **OPEN for primary care providers STATEWIDE!**
- ❖ The **CSC** call center (**800-337-8958**), staffed with specialists 7 days a week, matches volunteers for urgent and temporary assistance to people over 65 years old in their homes to help with:
 - Self-administration of medications
 - Ambulation and transferring
 - Bathing and completing personal hygiene routines
 - Meal preparation and arranging for delivery of groceries and/or prepared meals
 - Teaching how to use video technologies to connect with loved ones and/or healthcare providers
- ❖ Healthcare providers should alert their patients they are being referred
- ❖ **Seniors, their families and friends may call 211 to seek help and referrals to the elderly in need**

Hospital Surge Preparedness

- ❖ Convention Center needs medical staff – Visit <https://www.linkedin.com/jobs/view/1788387174>
- ❖ Tents and Modular Units - including ICUs
- ❖ Expansion within facilities
- ❖ Professional student staffing
- ❖ Employment opportunities for healthcare professional and support staff: www.MarylandMedNow.com

Opportunities to Volunteer and Serve

- ❖ Volunteer staffing opportunities - Maryland Responds Medical Reserve Corps (MRMRC)
 - <https://mdresponds.health.maryland.gov/>
 - Complete [Road to Readiness](#)

Staying Current - Sources

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

MedChi/CareFirst/Backline Grant

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

Eligibility Requirements

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

Application Steps

Can be completed in less than 5 minutes

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

Grant Amount

\$300 per eligible physician



Federal Emergency Funds for Small Business

- ❖ [Disaster Loan Assistance](#) (from Small Business Administration)
 - Low-interest financial disaster loans for working capital in small businesses suffering substantial economic injury due to COVID-19
 - [FAQs](#)
- ❖ [CARES Act](#) (pending federal legislation)
 - Sets up a \$350 billion loan program for small businesses
 - Small businesses can apply for low-interest loans that cover up to 2.5 months of expenses
 - Maximum loan amount is \$10 million
 - Loans can cover payroll, rent, utilities, or existing debt obligations
 - Interest rates cannot exceed 4%
 - If employer continues to pay workers through June, the amount of the loans that went toward eligible costs would be forgiven
 - Loans will be available through the [Small Business Administration](#) and Treasury-approved banks, credit unions, and some nonbank lenders

State Emergency Funds for Small Business

- ❖ [COVID-19 Layoff Aversion Fund](#) (from Maryland Governor Larry Hogan and Maryland Dept. of Labor)
 - Designed to support businesses undergoing economic stresses due to the pandemic by minimizing the duration of unemployment resulting from layoffs
 - Award of up to \$50,000 per applicant
 - Will be quick deployable benefit and customizable to specific business needs
- ❖ [View the One-Pager](#)
- ❖ [COVID-19 Layoff Aversion Fund Policy](#)
- ❖ [COVID-19 Layoff Aversion Fund Application](#) (Excel)
- ❖ Submit your completed application to: LaborCOVID19.layoffaversion@maryland.gov.

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/>)

State Emergency Funds for Small Business

- ❖ [Maryland Small Business COVID-19 Emergency Relief Loan Fund](#)
 - \$75 million loan fund (to be paid to for-profit business only)
 - Loans are up to \$50,000
 - No interest or principal payments due for the first 12 months
 - Thereafter converts to 36-month term loan of principal and interest payments, with interest rate of 2% per annum
- ❖ [Maryland Small Business COVID-19 Emergency Relief Grant Fund](#)
 - \$50 million grant program for businesses and non-profits
 - Grant amounts of up to \$10,000
 - Grant amounts not to exceed three months of demonstrated cash operating expenses for Q1 2020
- ❖ [Emergency Relief Fund FAQ](#)
- ❖ Questions or concerns
email fpaaworkflowcoordinator.commerce@maryland.gov.