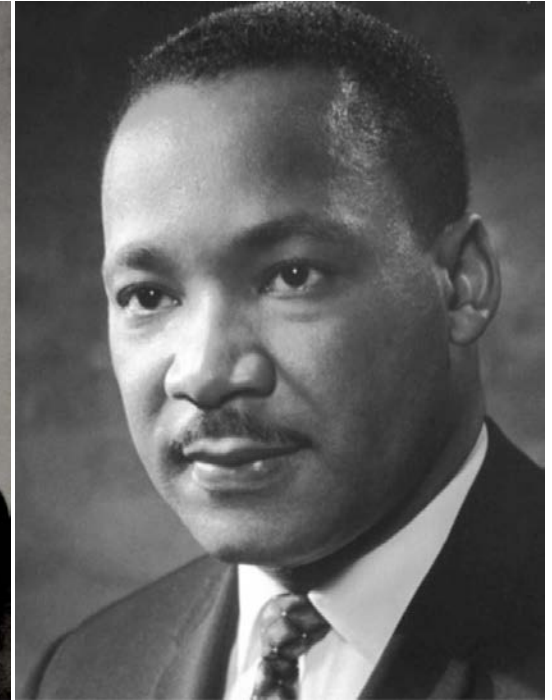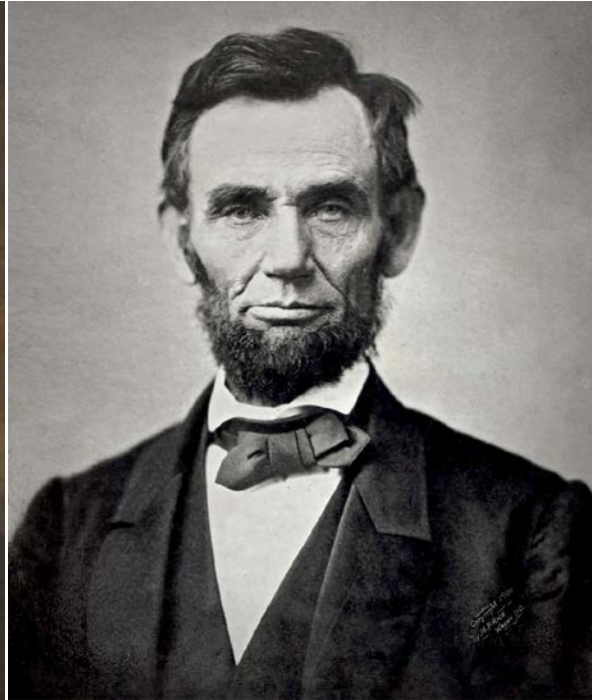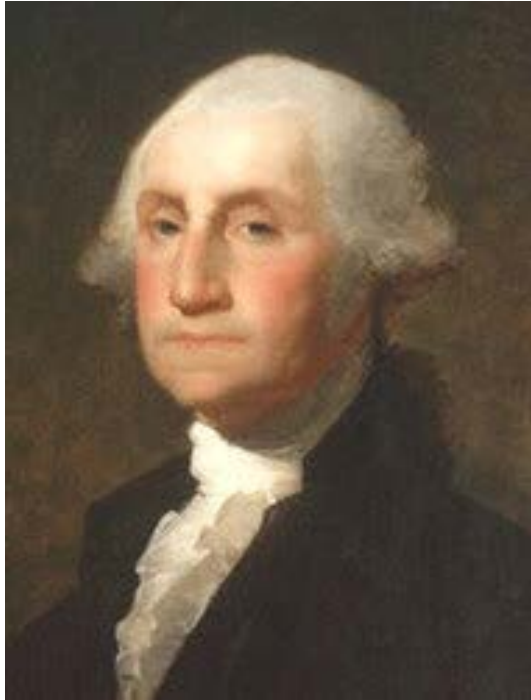# COVID-19 Update
for Ambulatory Providers and Staff

Maryland Department of Health

Maryland Primary Care Program

Program Management Office

19 August 2020

Phase 2 Maryland Strong Recovery

Common sense, self discipline and perseverance will get us through safely. Self indulgence, denial of reality and impatience is our enemy.

Maryland
DEPARTMENT OF HEALTH

Agenda

❖ Maryland Morbidity and Mortality Data

❖ National Status and Projections

❖ Vaccine Development Update

❖ Testing Update

❖ Contact Tracing Updates

❖ CDC Updates

❖ MDH Secretary Orders

❖ Covid Tip Line

❖ Provider Relief Fund

❖ The Five Things to Do as Primary Care Providers

❖ Guest Speaker

❖ Q & A

❖ Resources Appendix

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Morbidity and Mortality Update - the past week

	United States 🇺🇸	Maryland
New Daily Cases (7-day rolling average)	49,102	625
Cumulative Cases	5.4 million+	101,649
New Daily Deaths (7-day rolling average)	1,047	7
Cumulative Deaths	171,800	3,522

Cases

Deaths

Maryland
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COVID-19 Daily Report - Maryland Department of Health

Data reported as of 8/19/2020

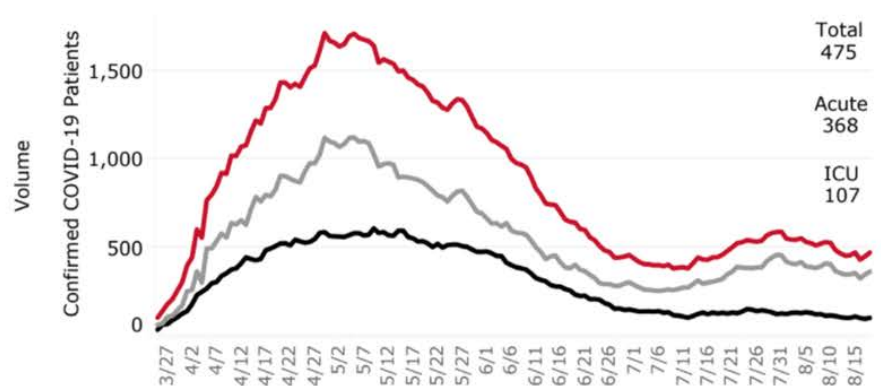| **101,649**	**13,828**	**1,675,530**	**3,522**
confirmed cases	tests reported 8/18	cumulative tests	confirmed deaths
+414	**3.65%**	**3.22%**	**+11**
cases reported on 8/18*	daily positivity reported 8/18	7-day avg. positivity** reported 8/18	deaths reported on 8/18

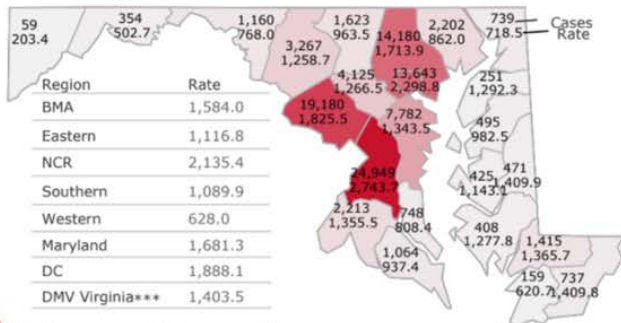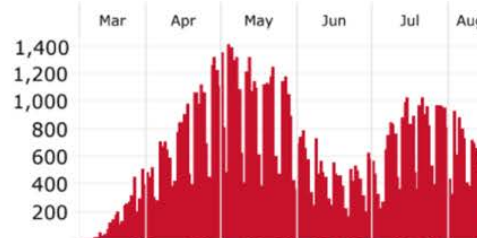## 7-Day Avg. Percent Positive Testing** and Total Testing Volume

Statewide Acute/ICU Beds Occupied by COVID Patients

Total 475

Acute 368

ICU 107

Cases and Rates by County of Residence

Region	Rate
BMA	1,584.0
Eastern	1,116.8
NCR	2,135.4
Southern	1,089.9
Western	628.0
Maryland	1,681.3
DC	1,888.1
DMV Virginia***	1,403.5

Daily Cases
by Specimen Collection Date

Daily Deaths
PROBABLE **CONFIRMED**

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 Deptartment 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.

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Maryland Daily Positivity Rate

7-Day Avg. Percent Positive Testing** and Total Testing Volume
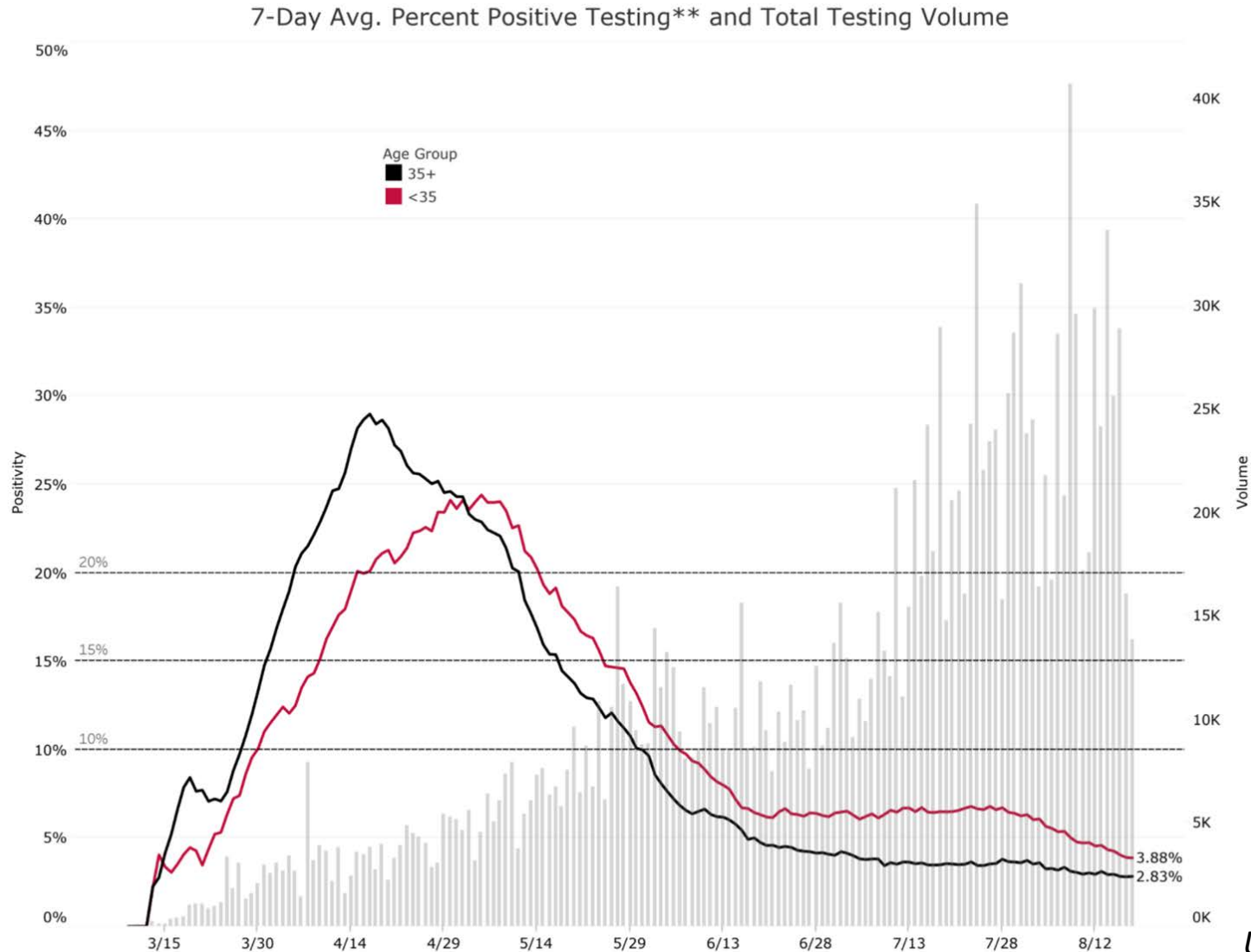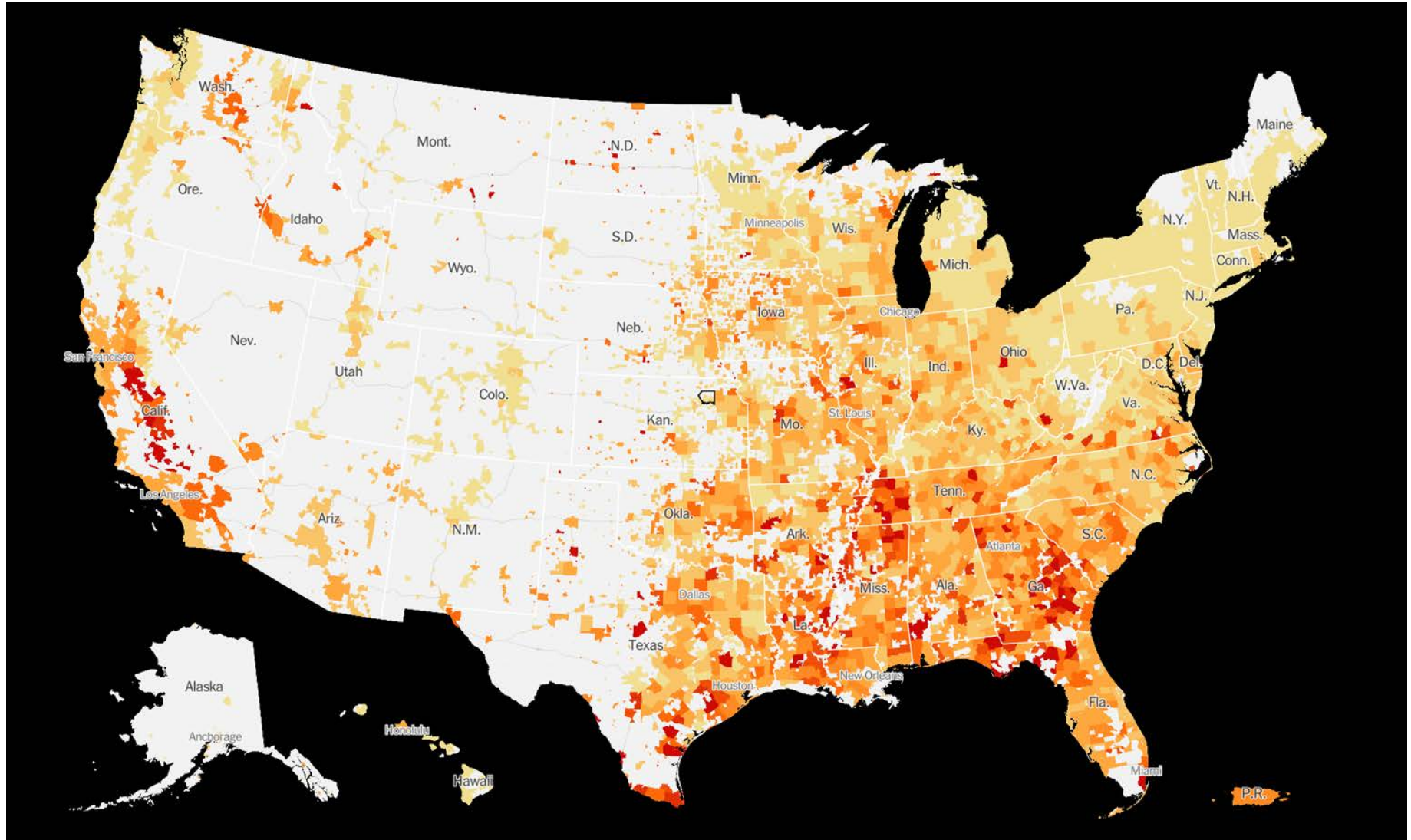
Updated 8/19

Maryland Testing and Positivity by County

State and Jurisdiction	Positives	Total Pop Tested	% Pop Tested	Daily Testing Volume	Total Testing Volume	7-day Positivity %
Maryland	**101,649**	**1,175,768**	**19.50%**	**13,828**	**1,675,530**	**3.20%**
Allegany County	354	15,745	22.20%	283	22,091	2.80%
Anne Arundel County	7,782	101,329	17.60%	1,467	138,796	2.70%
Baltimore County	14,180	169,366	20.40%	1,806	250,865	3.40%
Baltimore City	13,643	146,597	24.30%	1,929	212,977	3.80%
Calvert County	748	12,213	13.30%	83	16,143	1.70%
Caroline County	471	6,400	19.20%	54	8,648	2.40%
Carroll County	1,623	29,209	17.30%	230	42,080	1.40%
Cecil County	739	13,229	12.90%	163	18,133	1.50%
Charles County	2,213	25,935	16.10%	310	36,298	4.50%
Dorchester County	408	8,339	26.10%	26	11,666	4.40%
Frederick County	3,267	54,082	21.20%	1,056	76,061	2.10%
Garrett County	59	3,887	13.30%	36	7,000	1.50%
Harford County	2,202	39,393	15.50%	531	54,247	3.20%
Howard County	4,125	63,648	19.70%	689	85,804	2.70%
Kent County	251	4,902	25.30%	74	7,112	1.30%
Montgomery County	19,180	203,171	19.30%	2,322	277,858	2.70%
Prince George's County	24,949	168,637	18.50%	1,462	229,867	5.10%
Queen Anne's County	495	8,680	17.30%	66	11,447	4.20%
Somerset County	159	7,561	29.40%	23	9,649	3.10%
St. Mary's County	1,064	17,743	15.70%	278	27,898	2.20%
Talbot County	425	8,975	24.30%	51	12,270	2.70%
Washington County	1,160	35,058	23.20%	460	49,651	2.60%
Wicomico County	1,415	20,494	19.90%	152	29,985	2.90%
Worcester County	737	11,175	21.60%	156	14,190	3.10%

USA

Daily Testing Volume	7-day Positivity %
652,584	6.6%

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COVID-19 Outbreak US Hotspots
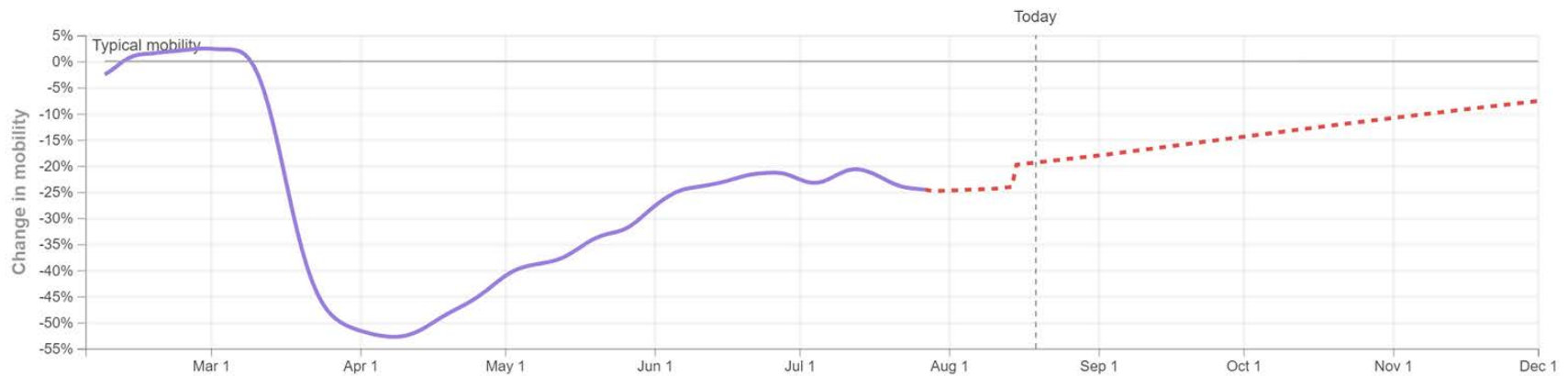
Global Pandemic Hotspots
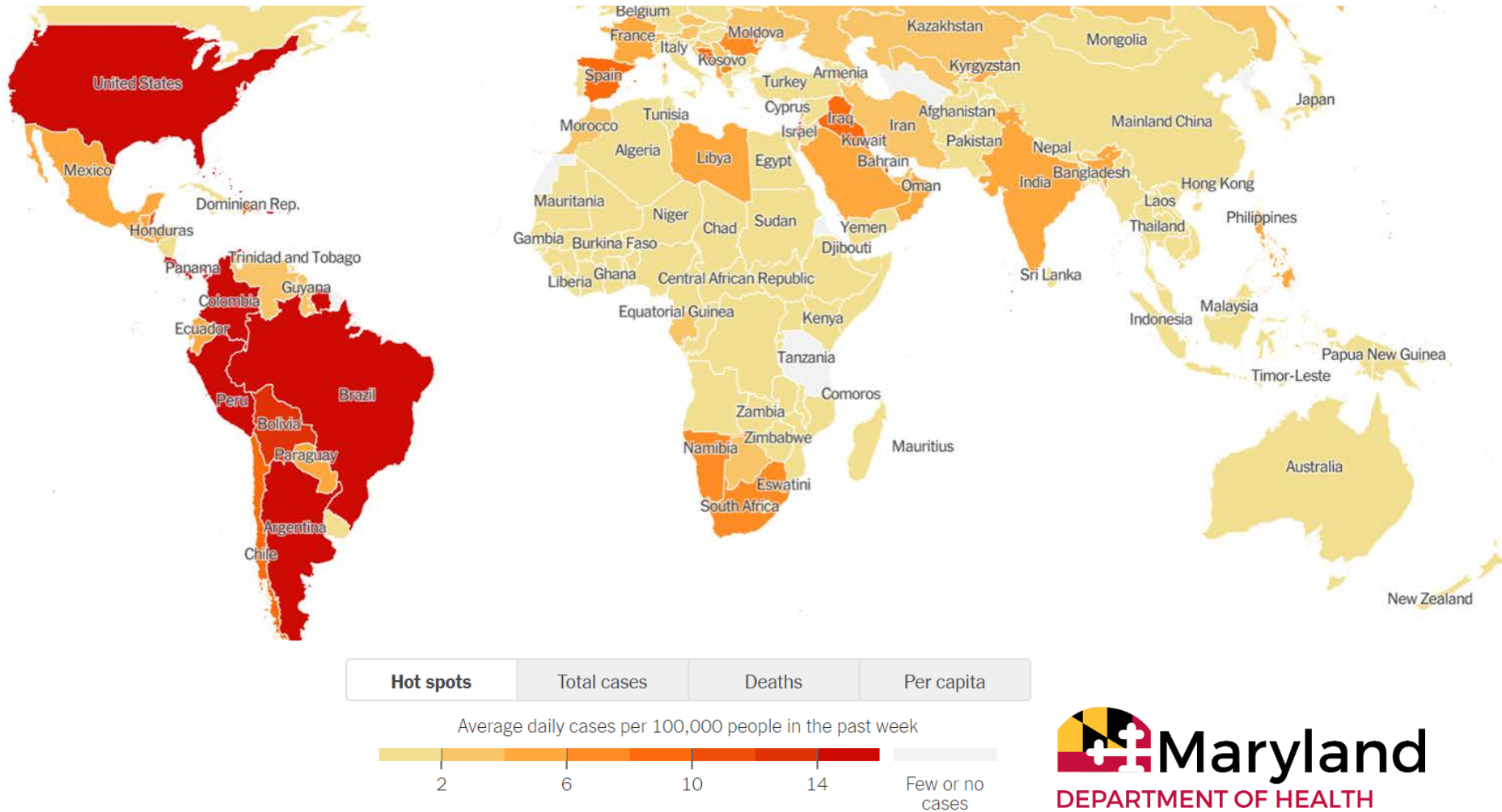
Physical Distancing

Social distancing

Reducing human contact (as measured by cell phone **mobility** data) can drive down infections so that mask use, testing, isol… ∨
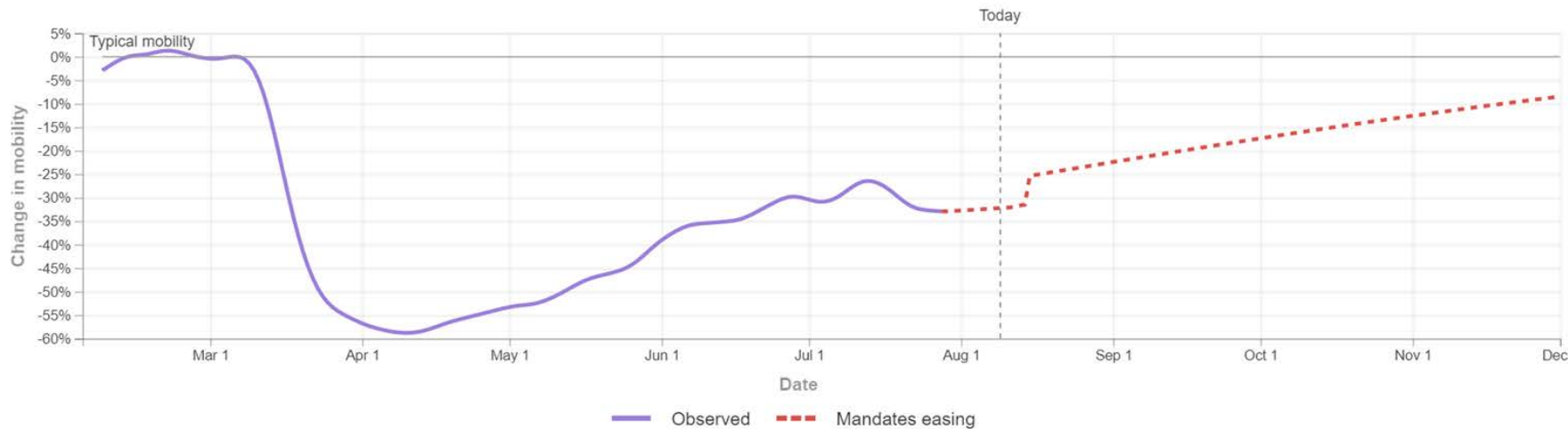
Source: Institute for Health Metrics and Evaluation
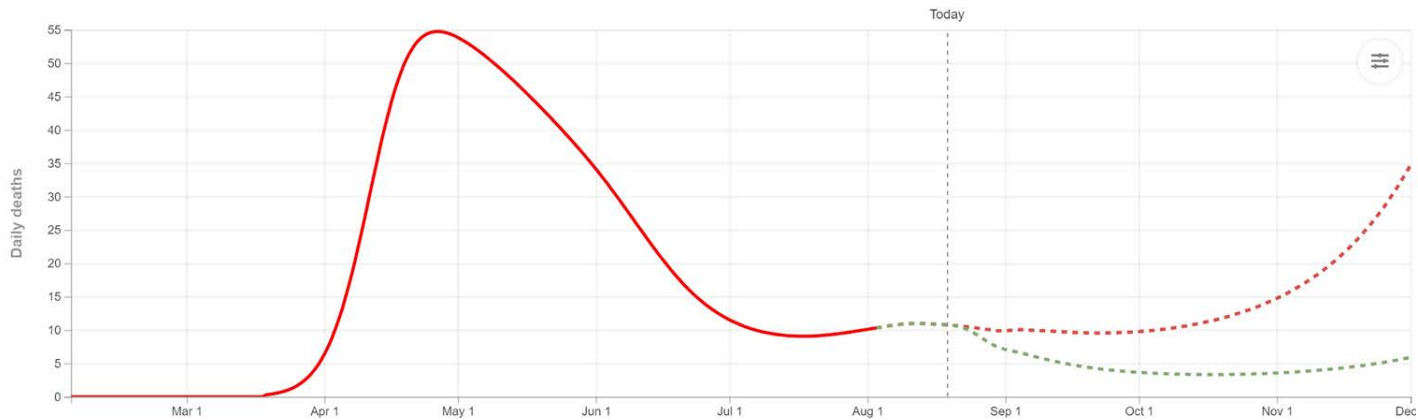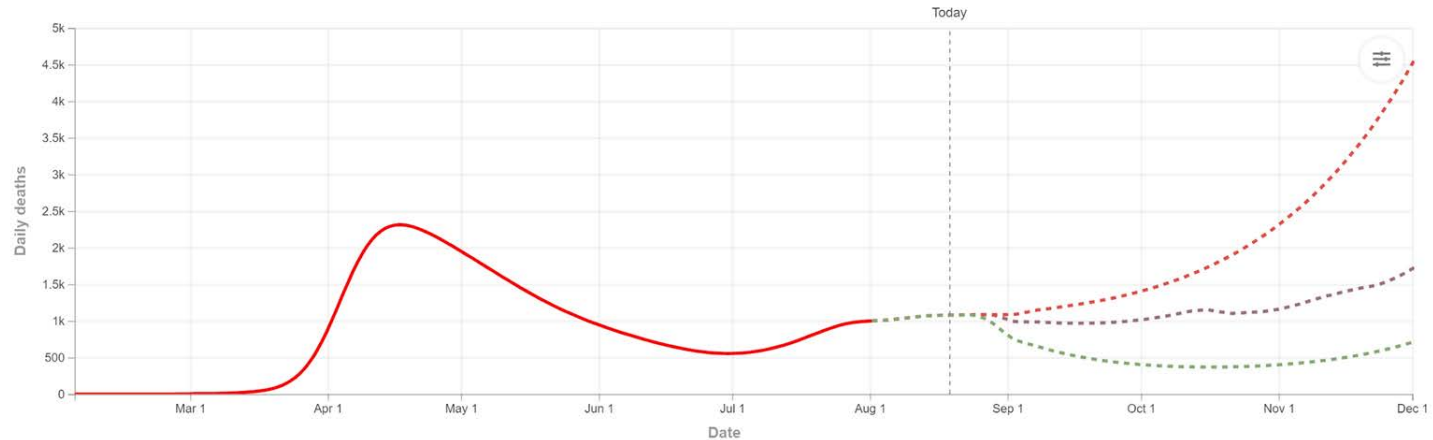
Daily Deaths

Daily deaths

Daily deaths is the best indicator of the progression of the pandemic, although there is generally a 17-21 day lag between infection and deaths.
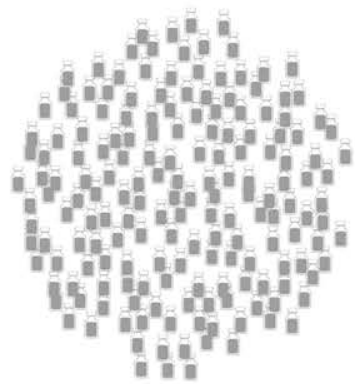
USA

Maryland

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Observed (smoothed) — Current projection — Mandates easing — Universal Masks

Vaccine Development Update

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Covid Vaccine Updates

Pre-clinical

170+ vaccines

are being tested in
animals and lab
experiments

Phase 1

15 vaccines

are being tested in a
small number of healthy,
young people to assess
safety and correct dose

Phase 2

3 vaccines

are broadened to a larger
group of people, including
people at higher risk of
illness

Phase 3

7 vaccines

are being tested in
thousands of people to
check their effectiveness
and safety

Approved

0 vaccines

have been determined to
provide benefits that
outweigh known and
potential risks

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Source: https://www.washingtonpost.com/graphics/2020/health/covid-vaccine-update-coronavirus/

Addressing Vaccine Hesitancy

About half of Americans say they would get a coronavirus vaccine

A new AP-NORC poll finds that roughly half of Americans say they would get vaccinated for COVID-19, but many are uncertain or would refuse to do so. African Americans, Hispanics, young adults and Republicans are less likely than others to say they would get vaccinated.

If a vaccine against the coronavirus becomes available, do you plan to get vaccinated?

Overall

	Yes	No	Not sure
All adults	49%	20%	31%

[May 27 AP-NORC Poll](#)

[Johns Hopkins/Texas State report on Readying Populations for a Vaccine](#)

"If poorly designed and executed, a Covid-19 vaccination campaign in the U.S. could undermine the increasingly tenuous belief in vaccines and the public health authorities that recommend them — especially among people most at risk of Covid-19 impacts."

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Sources: https://apnews.com/dacdc8bc428dd4df6511bfa259cfec44; https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/200709-The-Publics-Role-in-COVID-19-Vaccination.pdf

Covid Vaccine Updates

❖Vaccine Cost-Sharing

Covid-19 Vaccines Won't Come With Copays, U.S. Health Official Says

U.S. government plans to pick up the cost of vaccines, and is working with private health insurers so people won't pay out of pocket to receive shots

From Paul Mango, HHS deputy chief of staff for policy, 8/13

❖Vaccine Effectiveness

- According to Dr. Fauci, the chances of getting a highly-effective vaccine (where 98% or more gain immunity) are small
- FDA will approve a COVID-19 vaccine if it is safe and **at least 50% effective**
- Public health measures such as testing and contact tracing will likely remain important

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Testing Update

Testing Marylanders in Primary Care

❖ Testing in offices serves patients and normalizes the process

❖ Testing or referring patients for testing is key to keep the State safe

❖ Testing in office or sending patients for a test at another site is effective screening

❖ Specimen collection continues to evolve from nasopharyngeal sampling to the current simplified nasal sampling

❖ Testing will continue to evolve with Point of Care tests and rapid "Viral Protein" methods

❖ Antibody tests may become important as they become validated and understood in terms of clinical implications

❖ **[FDA Issues First Emergency Authorization for Sample Pooling in COVID-19 Diagnostic Testing](#) – July 18, 2020**

Maryland - National Electronic Disease Surveillance System (NEDSS)

Labs data through 8/18/2020 11:58:19 PM

CRISP compiles the data in this report from HL7 laboratory transactions provided to Maryland Department of Health through the National Electronic Disease Surveillance System (NEDSS). The State of Maryland requires all laboratories to submit all COVID-19 positive and negative test results for any Maryland resident.

CRISP refreshes the data daily overnight. Report totals may differ from Maryland Department of Health figures. The figures may include some non-Maryland residents. This information is intended to assist Maryland health care providers and public health leaders in understanding the progression and direction of COVID-19 testing. The data are unverified and not publicly available. Any indicator of a pending test period is an approximation by CRISP based on review of the NEDSS data.

Percent of Tests Reporting Results in Under Two Days by Laboratory - COVID-19
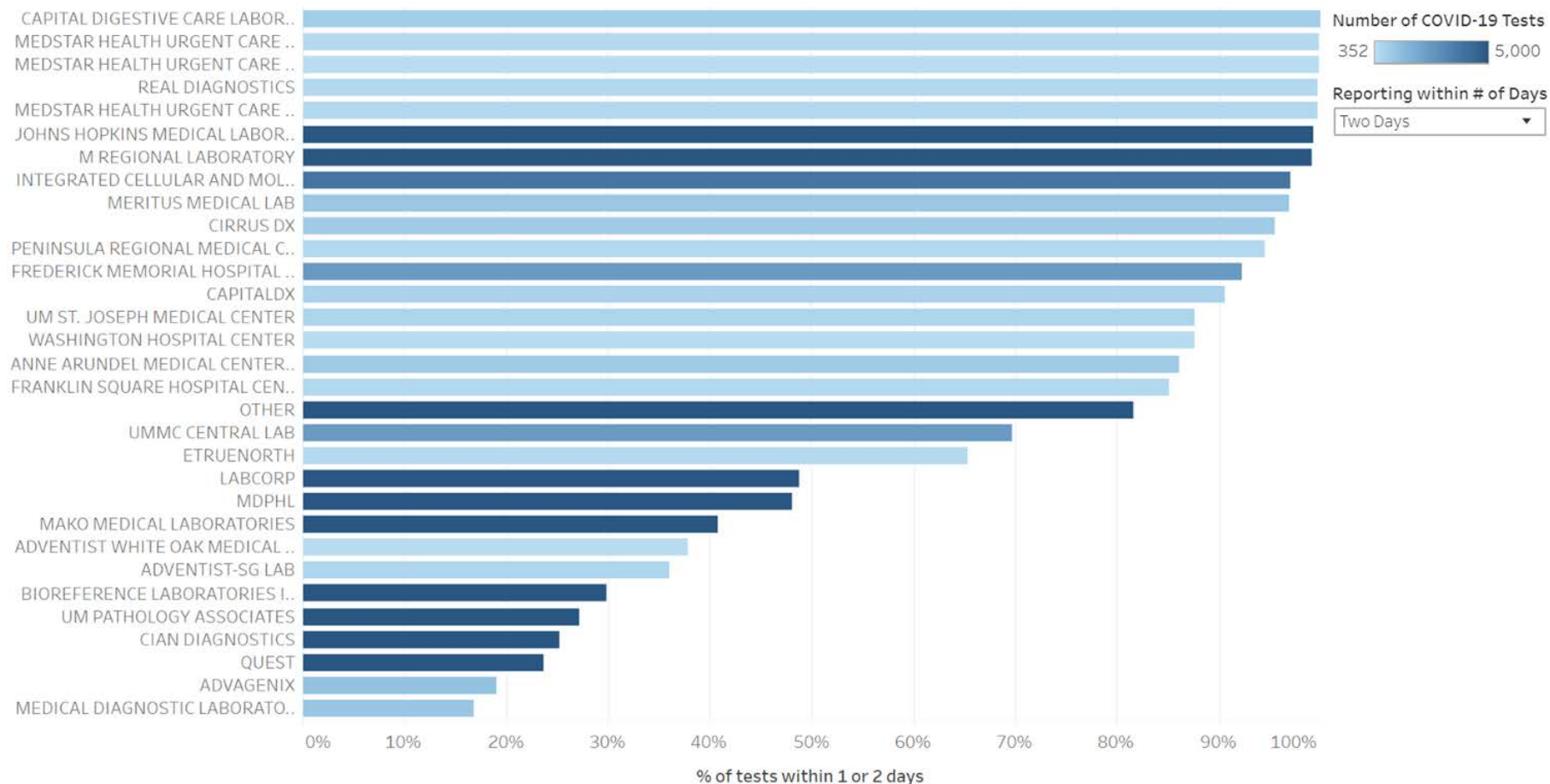
Updated 8/18

Point of Care Testing

❖ Any healthcare provider or healthcare facility, subject to the following terms and conditions, may perform COVID-19 point of care (POC) test analysis pursuant to Executive Order 20-03-23-02 (initiating a process for authorization of laboratories in Maryland to develop and perform COVID-19 testing).

❖ **Note**: This order supersedes, for the duration of the State of Emergency and Catastrophic Health Emergency, any and all other directives from the Maryland Office of Health Care Quality (OHCQ) on the subject of POC testing. OHCQ is directed to prioritize the review and issuance of the necessary permits to effect POC testing.

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Reporting through CRISP

❖ All POC test results shall be submitted via HL7-formatted ELRs or another approved electronic format (i.e. a formatted CSV file). If the facility reporting the POC test results cannot do so via either of those methods, the facility shall report the results through the following portal: https://ulp.crisphealth.org/.

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Reporting through CRISP

Payments and Costs

❖ **Availability**: All healthcare providers, facilities, and entities that offer community COVID-19 testing shall make that testing available to any person presenting at the testing site without regard to that person's ability to pay, type of health insurance, or participation in any particular provider network.

❖ **Costs**: Laboratories processing COVID-19 tests for Maryland residents must accept reimbursement from the patient's' insurance - private, Medicare, Medicaid or other payers. If a patient is uninsured, providers and laboratories should use this process for reimbursement: https://phpa.health.maryland.gov//Documents/covid19_FAQ_Uninsured_Reimburse ment.pdf

❖MDH shall make available appropriate financial support to those providing testing to mitigate outbreak situations or as directed by MDH or local health departments.

Contact Tracing Update

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Contact Tracing Overview

❖ Providers should make sure their patients' phone numbers are updated in the electronic medical record before ordering a test

❖ Providers should advise tested patients to monitor their telephones closely for 72 hours after specimen collection, as they will receive a contact tracing call from MD COVID (240-466-4488) if positive

❖ [MDH Contact Tracing Information for Healthcare Providers](#)

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Contact Tracing Update

Contacts Reached and Interviewed - Cumulative

6/15/20 - 8/08/20
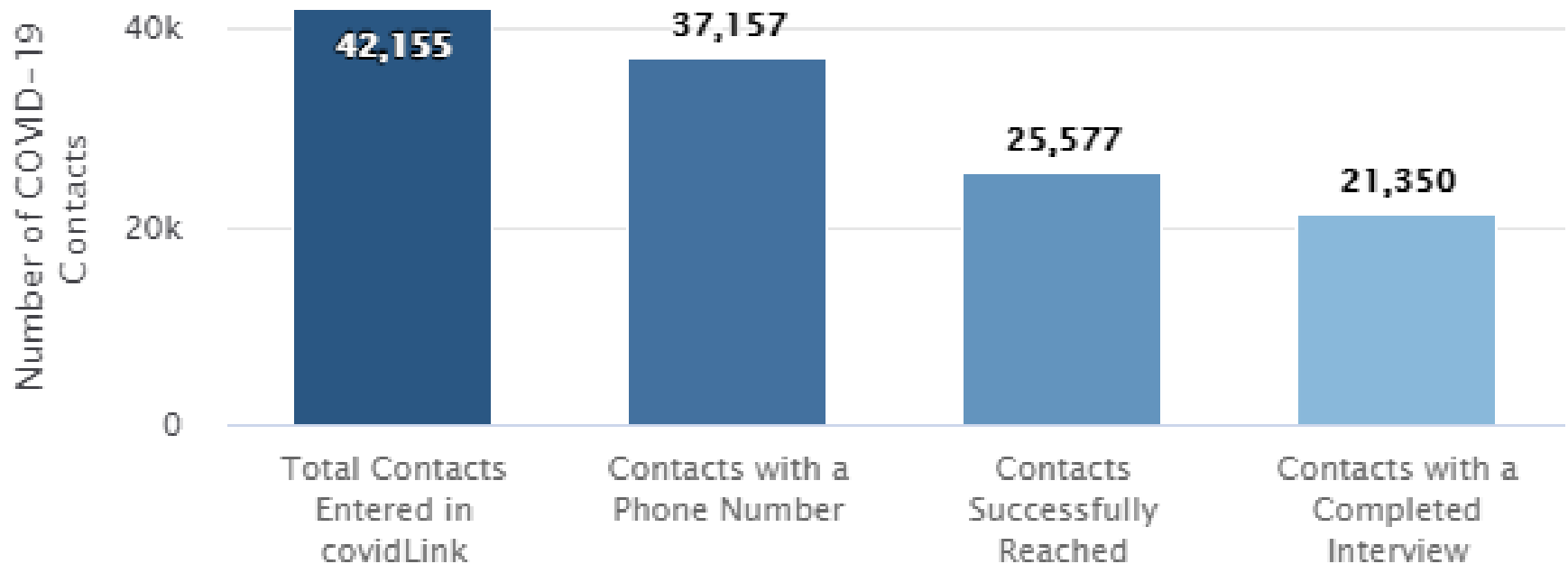
Cumulative High Risk Gathering and Location Information Entered Into covidLINK Between 7/10/2020* and 8/3/2020, Maryland, n=17,681 cases

High Risk Gatherings

Number of Cases Reporting No High Risk Gatherings	Number of Cases with >=1 Gathering Identified	Percent of Cases with >=1 Gathering Identified
8,951	2,531	14%

High Risk Gatherings - Number of Selected Responses
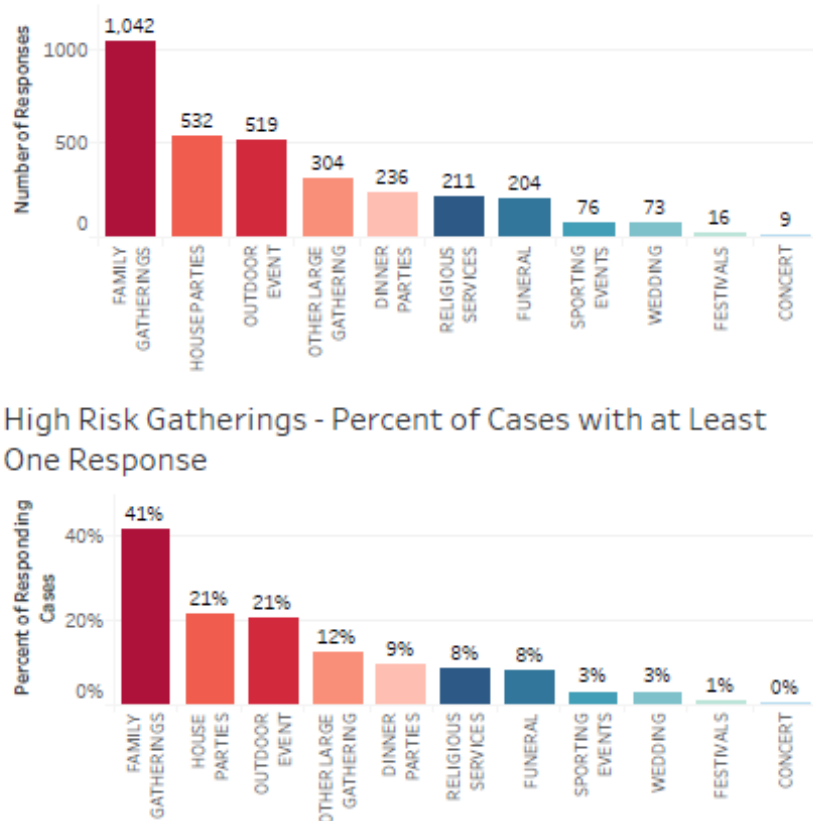
High Risk Gatherings - Percent of Cases with at Least One Response
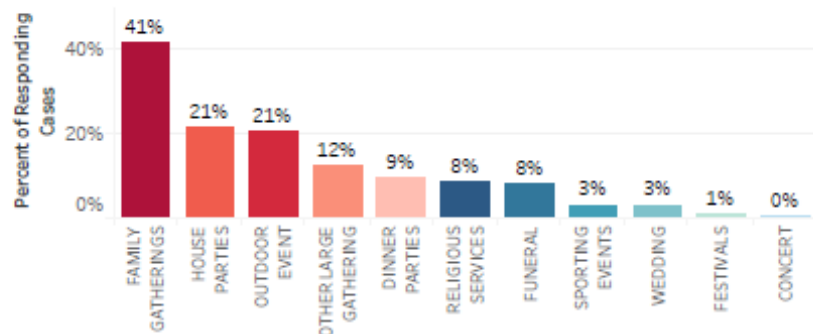
High Risk Locations

Number of Cases Reporting No High Risk Locations	Number of Cases with >=1 Location Identified	Percent of Cases with >=1 Location Identified
4,853	6,834	39%

High Risk Locations - Number of Selected Responses
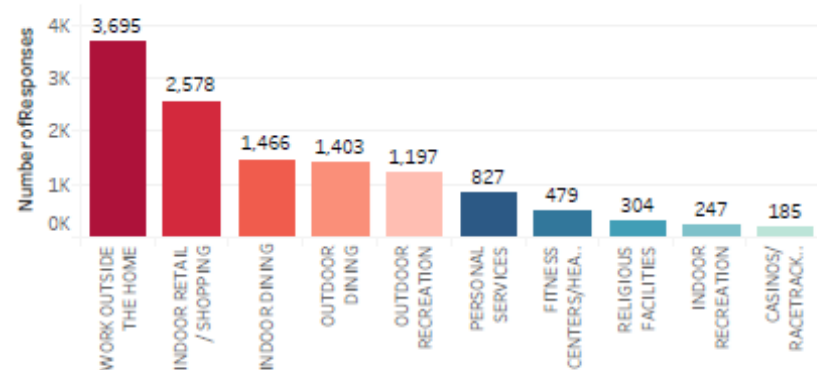
High Risk Locations - Percent of Cases with at Least One Response

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*High risk venue questions were added to covidLINK interview questionnaires beginning July 10, 2020

CDC Updates

Maryland
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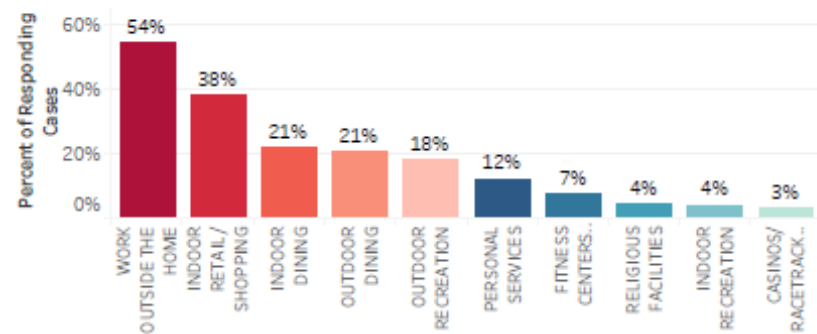
CDC - Release from Isolation

❖ **Duration of isolation and precautions**

➢ For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days *after symptom onset*[1] and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.

✓ A limited number of persons with severe illness may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts.

➢ For persons who never develop symptoms, isolation and other precautions can be discontinued 10 days *after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.*

❖ **Role of PCR testing[2] to discontinue isolation or precautions**

➢ For persons who are severely immunocompromised, a test-based strategy could be considered in consultation with infectious diseases experts.

➢ For all others, a test-based strategy is no longer recommended except to discontinue isolation or precautions earlier than would occur under the strategy outlined in Part 1, above.

❖ **Role of PCR testing[2] after discontinuation of isolation or precautions**

➢ For persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection. In addition, quarantine is not recommended in the event of close contact with an infected person.

➢ For persons who develop new symptoms consistent with COVID-19 during the 3 months after the date of initial symptom onset, if an alternative etiology cannot be identified by a provider, then the person may warrant retesting; consultation with infectious disease or infection control experts is recommended. Isolation may be considered during this evaluation based on consultation with an infection control expert, especially in the event symptoms develop within 14 days after close contact with an infected person.

➢ For persons who never developed symptoms, the date of first positive RT-PCR test for SARS-CoV-2 RNA should be used in place of the date of symptom onset.

❖ **Role of serologic testing**

➢ Serologic testing should not be used to establish the presence or absence of SARS-CoV-2 infection or reinfection.

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MDH Secretary Orders

Secretary's Orders - Clinician Letter

❖ Clinical studies
  ➢ Clinical Studies List.pdf
  ➢ NIH COVID Antibody Response Research Study 7.2010.pdf
  ➢ Hopkins CSSC-001 Study ENGLISH.pdf
  ➢ Hopkins CSSC-001 Study SPANISH.pdf

❖ Out-of-state travel
  ➢ In the Secretary of Health's Order dated July 29, 2020, the Maryland Department of Health strongly recommends that all Marylanders refrain from non-essential travel outside of Maryland, and that any Marylander who travels to a state with a COVID-19 test positivity rate above 10% should be tested and self-quarantine at home until the test result is received. The District of Columbia and the Commonwealth of Virginia are exempt from this recommendation

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Facemasks - Required

❖ Retail Establishments

❖ Public Transportation

❖ Food Service Facilities

❖ Alcohol Manufacturer/Sales - Outdoor Dining

❖ Personal Services (Salons, Tanning, Tattoos, Massage Parlors)

❖ Indoor & Outdoor Sport Activities (when feasible)

❖ Youth Camps (when feasible)

❖ Swimming Pools (when possible)

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Other Updates

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Provider Relief Fund

|CARES PROVIDER RELIEF FUND

Welcome to the Provider Relief Fund Application and Attestation Portal

This portal allows providers to apply for and attest to relief fund payments made for healthcare-related expenses or lost revenue attributable to COVID-19.

The application deadline for Phase 2 General Distribution funding is **August 28, 2020**

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Covid Tip Line

❖ The Maryland Emergency Management Agency, Maryland Department of Health and Maryland Department of State Police are today announcing Maryland's toll-free COVID Prevention Line.

1-833-979-2266

prevent.covid@maryland.gov

❖This is a statewide toll-free number and an email address which can be used 24-hours-a-day to report situations of concern where prevention guidelines are being ignored and the potential for the spread of COVID-19 is high. Callers/emailers may remain anonymous or they can provide their name and phone number in the event additional information is needed from officials.

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Compliance is a Complaint-Driven Process

❖ Complaints from customers

❖ Complaints from employees

❖ Complaints from other sources

❖ Health department on-site education

❖ Health department order of immediate compliance

❖ Health department order for closure

❖ Enforcement by local and state police

❖ Contact 301-609-6733 or 301-609-6751 for complaints

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Gating Benchmark Metrics

Focus on gating benchmarks for continued safe rollout of expanding reopening efforts, and as we transition from "Stay at Home" to voluntary "Safer at Home"

"Stop Signs"

- An unexpected increase in hospitalizations or a sustained increase in cases requiring intensive care; and sustained increase in cases over a period of five or more days
- Increase in number of daily COVID deaths
- Indications that Marylanders are disregarding physical distancing guidelines
- Significant outbreaks of community transmission (not clusters or outbreaks in particular nursing homes or vulnerable communities) where contact tracing cannot establish the route of the spread

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HHS Telemedicine Training - [Register](#)

Five things you can do as Primary Care providers

1. **Identify all your high-risk patients**—use the COVID Vulnerability Index (CVI) in CRISP, your EHR, and your intuition

2. **Reach out to every patient on those lists**

3. **Provide vulnerable patients with expanded care** through telemedicine and special accommodations if they need face-to-face care

4. Offer testing for all patients, every visit

5. **Stay current, stay safe**—stay current by keeping up-to-date with CDC guidelines and case rates in your area. For up-to-date information, visit CDC, MDH, and MDPCP sites. Stay safe by taking all necessary infection control precautions when seeing patients

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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**

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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

➢ Today –August 19 – Alex Chan, PhD

✓ Mental and behavioral health specialist of University of Maryland's Extension Family & Consumer Sciences (FCS) Program

➢ Next week - August 26 - Andrew Pollak, MD

✓ Chair of the Department of Orthopaedics at the University of Maryland School of Medicine

Maryland
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Keep Talking...

Continuing to Cope with the Losses and Grief of the Pandemic

Alexander E. Chan, Ph.D., LMFT
Mental and Behavioral Health Specialist

UNIVERSITY OF MARYLAND EXTENSION

FAMILY & CONSUMER SCIENCES

That Discomfort You're Feeling Is Grief

by Scott Bearinato

March 23, 2020

HBR Article

Jump started the public awareness of what we are experiencing

With accurate diagnosis comes effective treatment

Stages of Grief

1. Denial
2. Anger
3. Bargaining
4. Depression
5. Acceptance
6. Meaning**
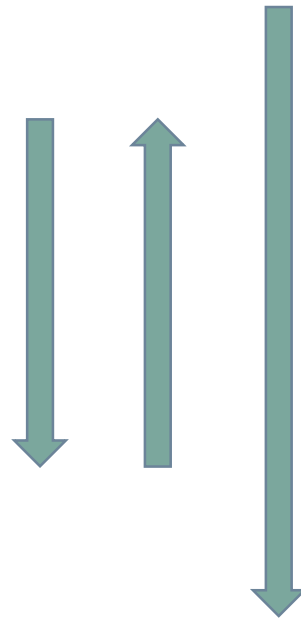
We no longer view these stages as linear

The feelings will come and go as grief is gradually resolved

Ambiguous loss – cancellations, loss of routine, no goodbyes

First-Aid

- Mindful breathing

- Exercise

- Nutrition

- Social connection

Ask yourself: How will I emerge from this crisis?

You may need to think out loud with a trusted friend, partner, or therapist on this task.

In someone else's words

Cheryl Brown • 2nd
Political Director at Save The Bay
1mo • 🌐

When planning something important (like a vacation or a special event), I often think about the story I want to be able to tell about it afterwards. This article is useful in starting to think about what stories we can tell about ourselves after this big unplanned trip we are all on.

Alexander Chan
Extension Specialist and Licensed Marriage and Family Therapist
2mo • 🌐

Here's a quick article I wrote meant to stimulate the conversation on mental health during the pandemic #mentalhealth #selfcare #griefandloss

Coping with Losses during the Pandemic • 1 page

Support others, but don't let them make meaning for you.

Friends and family need you to recognize their process just as much as you need them to give credit to yours.

Welcome all emotions daily.

On any given day, allow yourself to laugh, cry, and everything in between.

These tasks are ongoing

Just as the COVID situation evolves, so does your work in adapting to it emotionally.

Email me at:
alexchan@umd.edu

Get on my calendar for a meeting at:
https://alexchan.youcanbook.me

Thank you!

Appendix

Resources and Links

Maryland
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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

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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

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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**

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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**

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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]()

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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.

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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

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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.

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CDC Guidelines - Reusing N95 Respirators

- N95 respirator must only 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.

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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

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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

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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**

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Billing for End-of-Life Planning

❖ Billable event with AWV 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)

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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

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Caregiver Services Corps (CSC)

❖ **OPEN for primary care providers STATEWIDE throughout Maryland's reopening!**

❖ 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 grocery or prepared meals delivery
>
> ➤ Teaching how to use video technologies to connect with loved ones and/or healthcare providers for telemedicine

❖ 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

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Opportunities to Volunteer and Serve

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

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Staying Current - Sources

❖ [CDC](#)

❖ [MDH COVID-19 information page](#)

❖ [MDPCP COVID-19 webpage](#)

❖ Local Health Departments

❖ [CONNECT](#)

❖ Clinician Letters

❖ Multiple Resource Links in Appendix

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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

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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

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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.

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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

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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)

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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/)

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State Emergency Funds for Small Business

❖ Maryland Small Business COVID-19 Emergency Relief Loan Fund
  ➢ $75 million loan fund (to be paid to <u>for-profit business only</u>)
  ➢ 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 <u>businesses and non-profits</u>
  ➢ 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.

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