

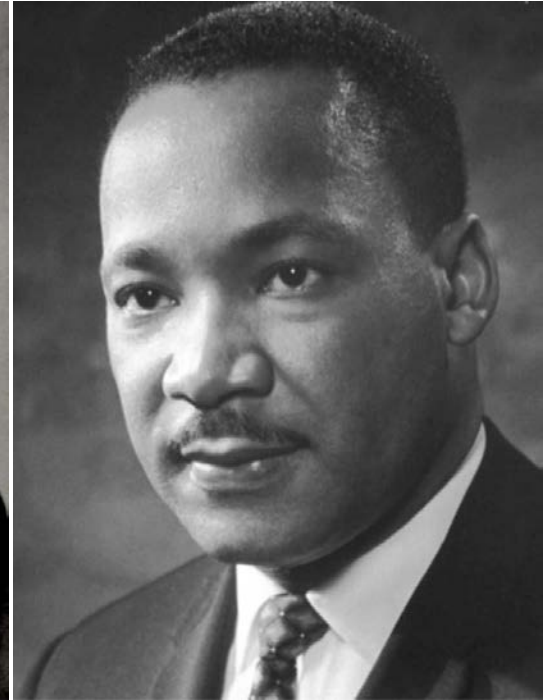
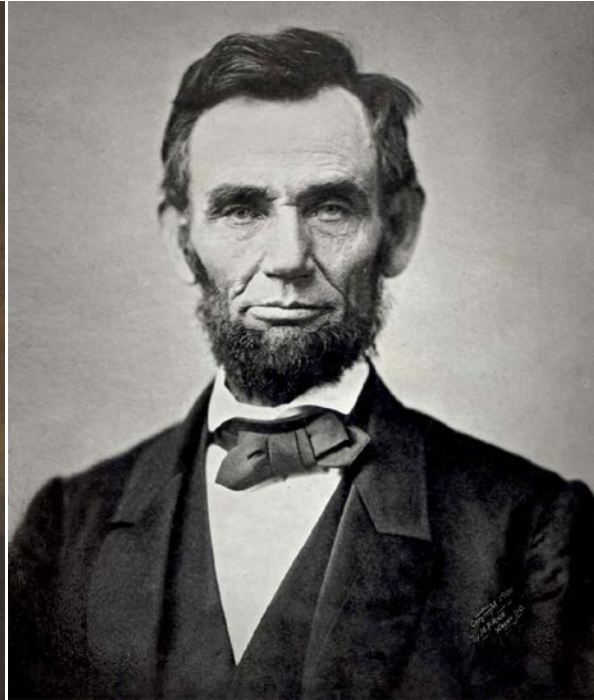


# **COVID-19 Update for Ambulatory Providers and Staff**

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

26 August 2020

## Phase 2 Maryland Strong Recovery



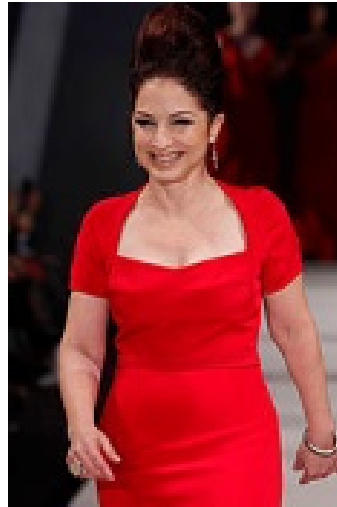
**Common sense, self discipline and perseverance will get us through safely. Self indulgence, denial of reality and impatience is our enemy.**

# Stories of Personal Resilience

## Music and Chicken

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❖ Gloria Estefan



❖ Colonel Harland Sanders





# Agenda

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- ❖ 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 – Andrew Pollak, MD – UMMS Chief of Orthopaedics
- ❖ Q & A
- ❖ Resources Appendix

# Morbidity and Mortality Update

	United States 	Maryland 	
<i>Cases</i>	<b>New Daily Cases (7-day rolling average)</b>	42,716	556
	<b>Cumulative Cases</b>	5.7 million+	105,046
<i>Deaths</i>	<b>New Daily Deaths (7-day rolling average)</b>	964	8
	<b>Cumulative Deaths</b>	177,547	3,564

# COVID-19 Daily Report - Maryland Department of Health

Data reported as of 8/25/2020

**105,046**

confirmed cases

**12,869**

tests reported 8/24

**1,807,573**

cumulative tests

**3,564**

confirmed deaths

**+377**

cases reported on 8/24\*

**3.78%**

daily positivity reported 8/24

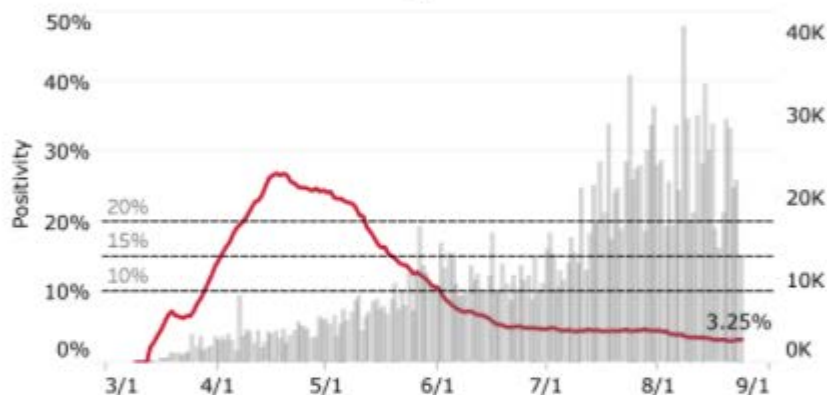
**3.25%**

7-day avg. positivity\*\* reported 8/24

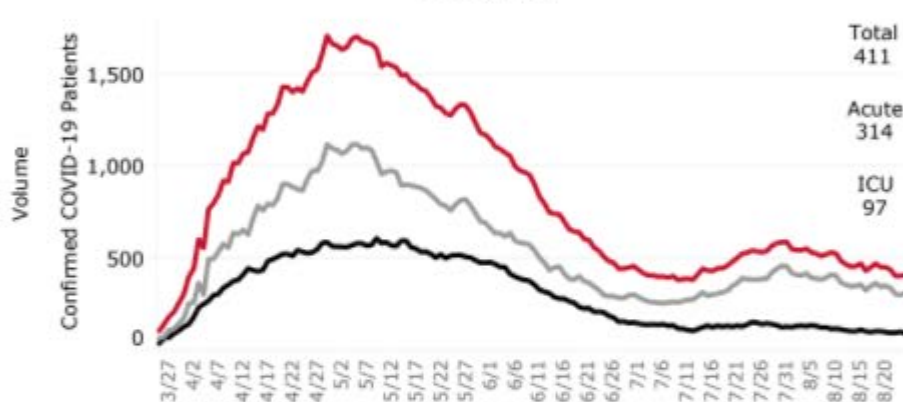
**+10**

deaths reported on 8/24

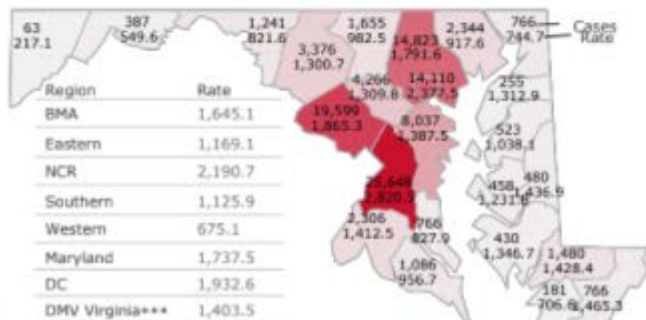
7-Day Avg. Percent Positive Testing\*\* and Total Testing Volume



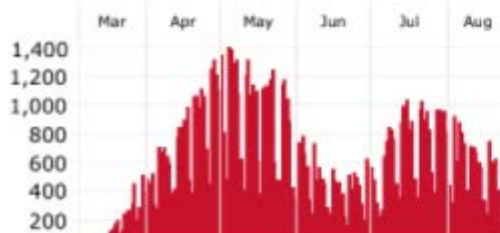
Statewide Acute/ICU Beds Occupied by COVID Patients



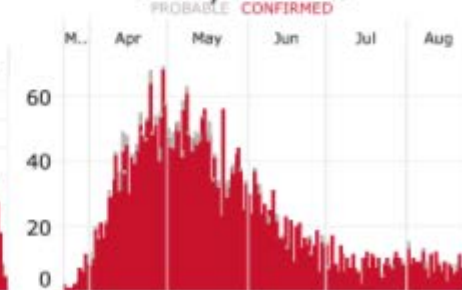
Cases and Rates by County of Residence



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

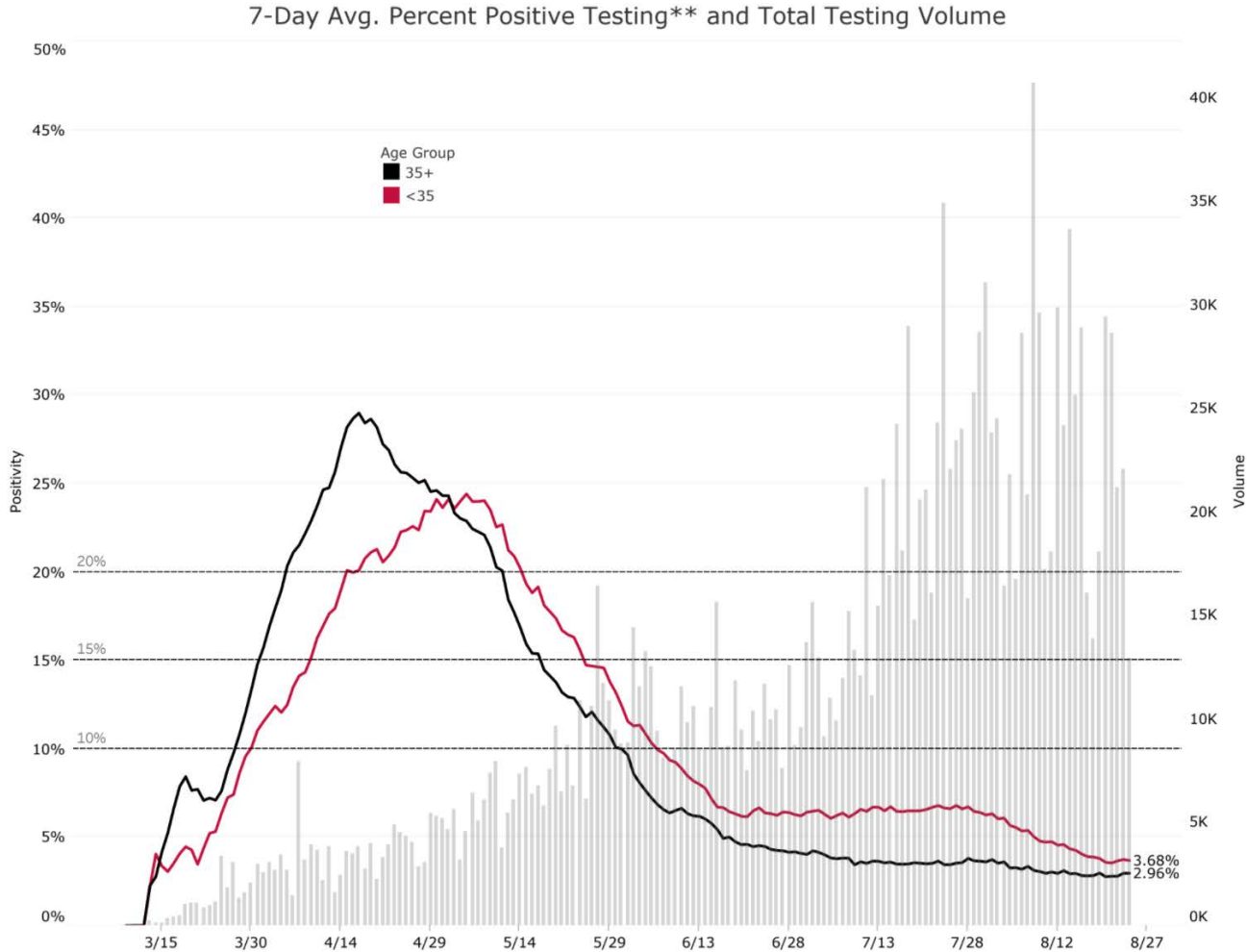
Rates calculated using total confirmed cases and 2019 population estimates. Rates do not include recovered cases. Rates are calculated as cases per 100,000 population. 2019 Maryland Population estimates from the Maryland Department of Planning, March 2020.

\*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.

# Maryland Daily Positivity Rate



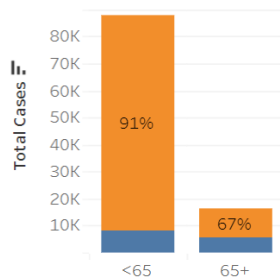
# New CRISP report – Demographics (2)

❖ Users can now see hospitalization (current and previous) by race/ethnicity

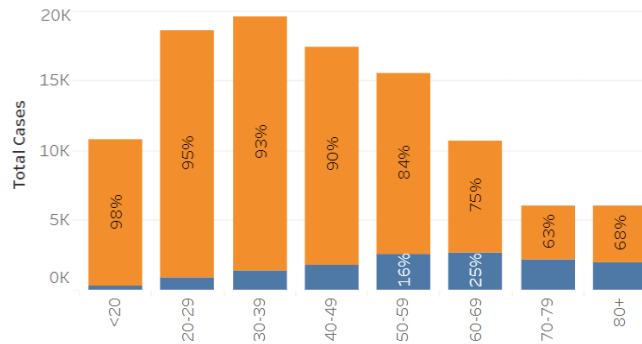
## COVID-19 Hospitalizations by Demographics

Confirmed cases are reported by Maryland Department of Health. Admissions and discharges are derived from Admission, Discharge, Transfer feeds sent to CRISP.

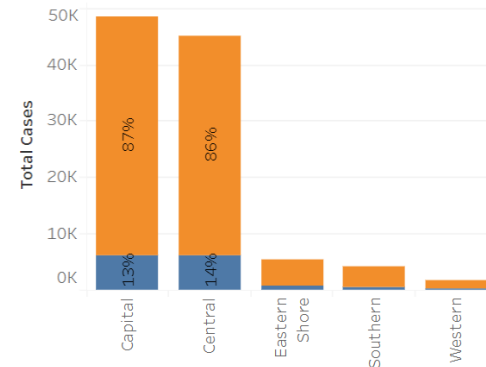
All COVID Confirmed Cases by Age Group



All COVID Confirmed Cases by Age Group



All COVID Confirmed Cases by Region



Region: (All)

County: (All)

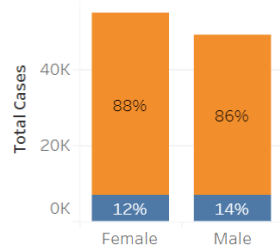
Age Group: (All)

Gender: (All)

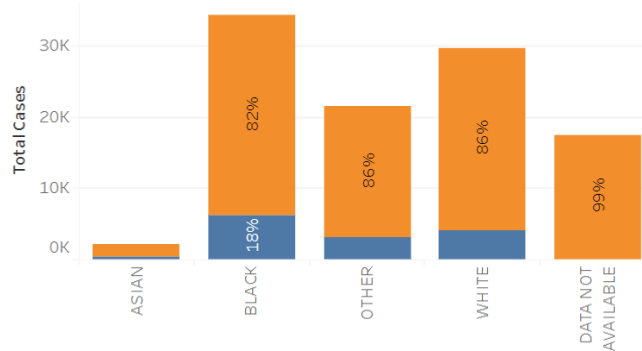
Race: (All)

Ethnicity: (All)

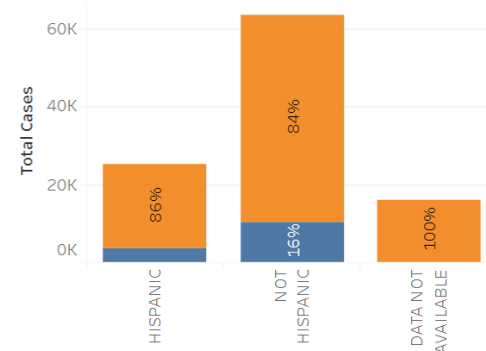
All COVID Confirmed Cases by Gender



All COVID Confirmed Cases by Race



All COVID Confirmed Cases by Ethnicity



Hospitalized?

No

Yes



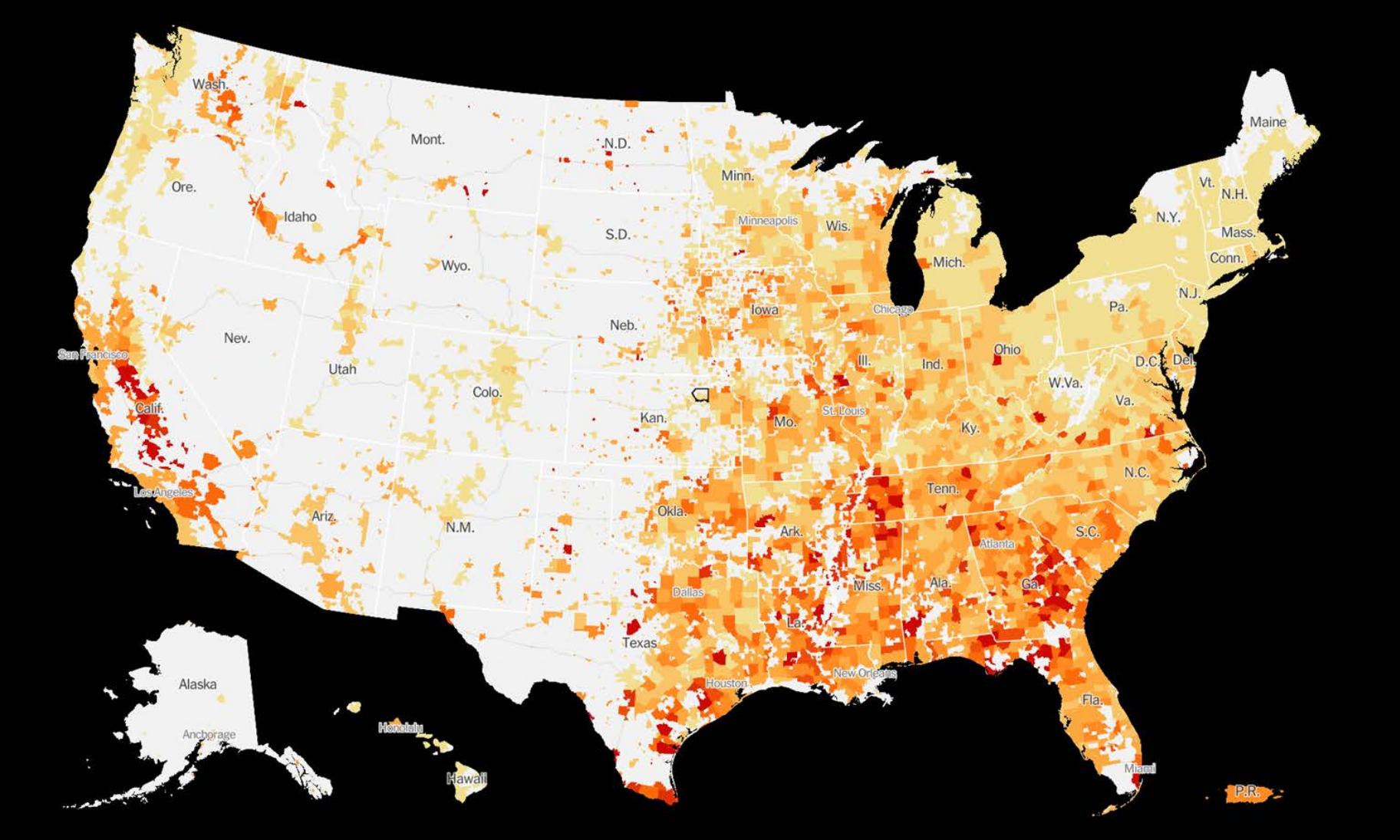
# Maryland Testing and Positivity by County

State and Jurisdiction	Positives	Total Pop Tested	% Pop Tested	Daily Testing Volume	Total Testing Volume	7-day Positivity %
<b>Maryland</b>	<b>105,046</b>	<b>1,255,565</b>	<b>20.80%</b>	<b>12,869</b>	<b>1,807,573</b>	<b>3.30%</b>
Allegany County	387	16,848	23.70%	111	24,454	2.80%
Anne Arundel County	8,037	107,931	18.70%	1,156	148,795	2.90%
Baltimore County	14,823	181,520	21.90%	1,891	271,125	3.50%
Baltimore City	14,110	155,972	25.90%	1,225	229,797	3.70%
Calvert County	766	13,071	14.20%	131	17,413	1.90%
Caroline County	480	6,901	20.70%	113	9,365	2.40%
Carroll County	1,655	31,502	18.70%	269	45,617	1.40%
Cecil County	766	14,107	13.70%	114	19,566	2.20%
Charles County	2,306	27,582	17.10%	270	38,773	4.40%
Dorchester County	430	8,800	27.50%	98	12,447	3.40%
Frederick County	3,376	57,723	22.60%	720	81,939	2.10%
Garrett County	63	4,062	13.90%	8	7,628	1.90%
Harford County	2,344	42,589	16.80%	349	59,139	3.30%
Howard County	4,266	68,174	21.10%	743	92,863	2.60%
Kent County	255	5,090	26.20%	27	7,496	1.60%
Montgomery County	19,599	216,218	20.50%	2,192	299,584	2.40%
Prince George's County	25,648	180,696	19.90%	2,263	248,732	4.90%
Queen Anne's County	523	9,382	18.70%	158	12,480	3.10%
Somerset County	181	7,825	30.40%	23	10,208	6.60%
St. Mary's County	1,086	18,760	16.60%	186	29,603	1.30%
Talbot County	458	9,484	25.60%	106	13,057	3.90%
Washington County	1,241	36,780	24.40%	357	52,907	2.70%
Wicomico County	1,480	22,735	22.00%	211	33,068	3.90%
Worcester County	766	11,813	22.80%	53	15,101	3.80%

USA	
Daily Testing Volume	7-day Positivity %
<b>690,639</b>	<b>6.10%</b>



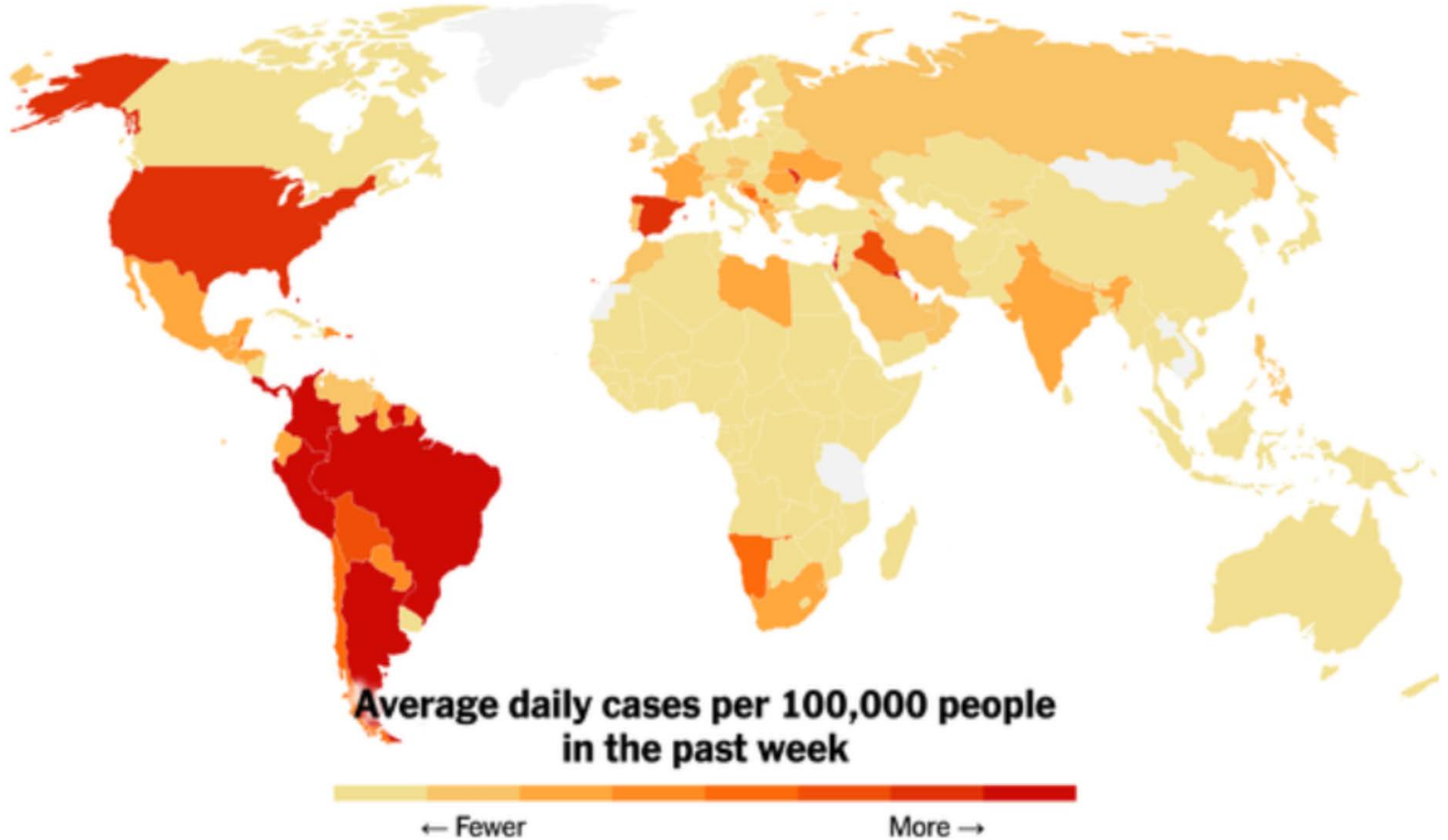
# COVID-19 Outbreak US Hotspots



Source: New York Times

# Global Pandemic Hotspots

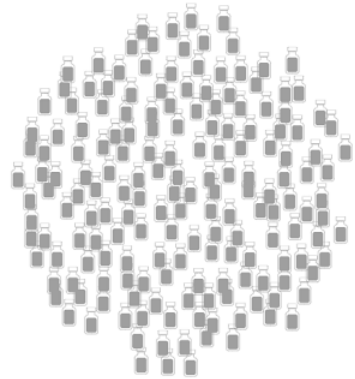
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# *Vaccine Development Update*

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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

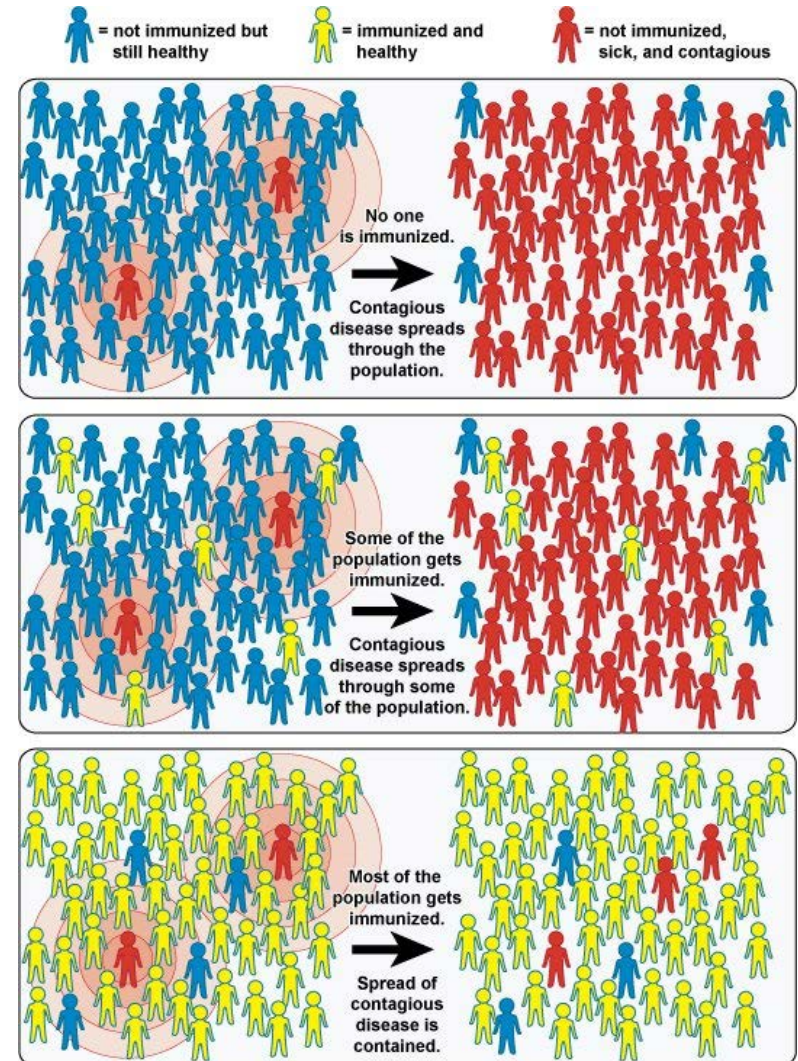
**0 vaccines**

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

**Trials are progressing:** Moderna Phase 3 trial has enrolled >13,000 people, Pfizer Phase 2/3 trial has enrolled >11,000 people

# Herd Immunity

- ❖ **Herd Immunity:** Resistance of a group to a disease because a large portion of the population is immune (through vaccine or prior illness)
- ❖ What percentage of the population has to be immune to have herd immunity?
  - Depends on the disease, larger % for a more contagious disease (higher R0)
  - Unknown for COVID-19
  - Herd immunity percentage also needs to be achieved in sub-populations
- ❖ Lower vaccine effectiveness → more people need to get vaccinated in order to achieve herd immunity



# *Testing Update*

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# Testing Marylanders in Primary Care

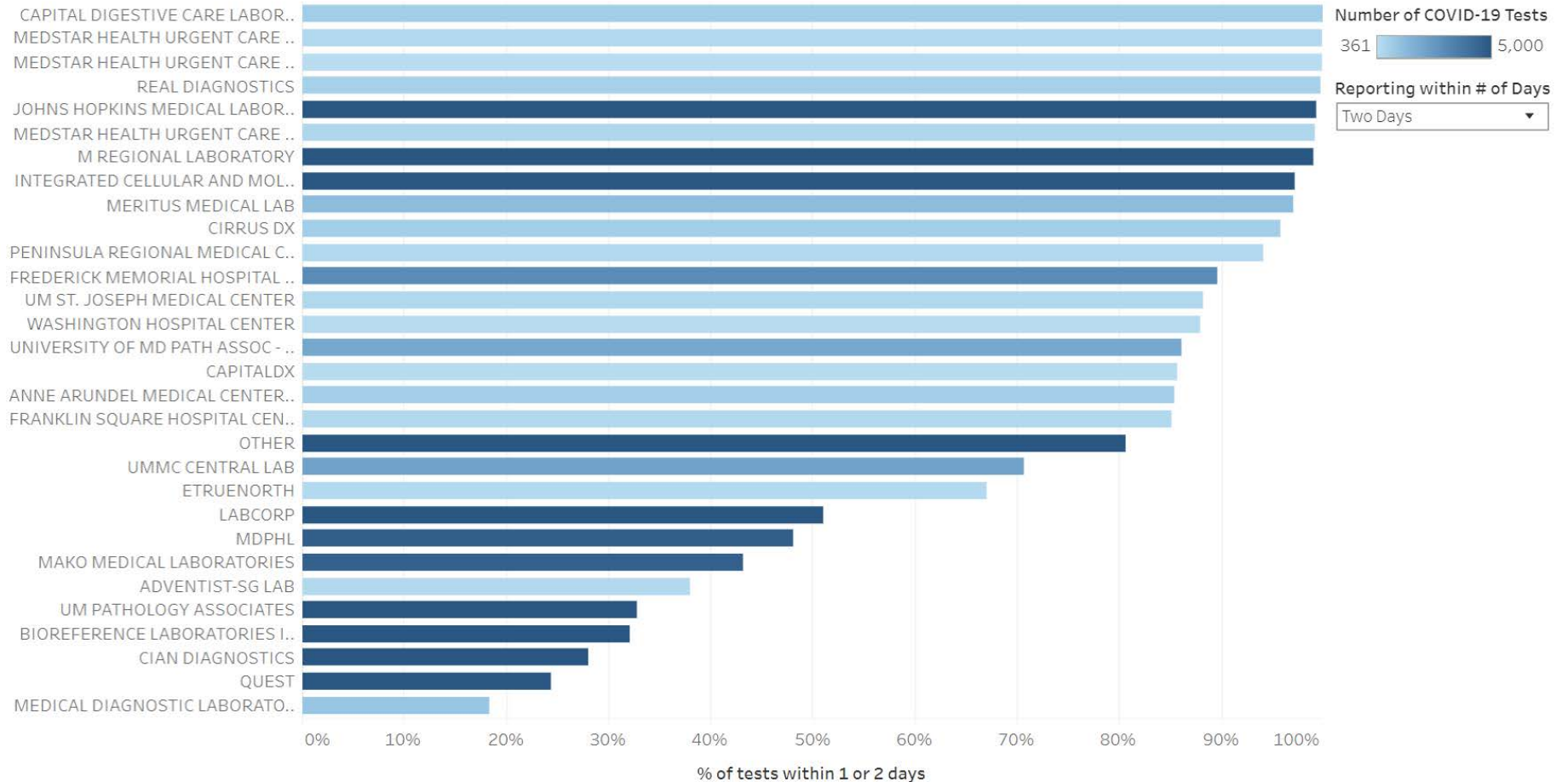
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- ❖ Testing in offices serves patients and normalizes the process
- ❖ Testing or referring patients for testing is key to keep the State safe
- ❖ Testing in office or sending patients for a test at another site is effective screening
- ❖ Patients in contact with a COVID-19 positive individual can get tested or presume positive and isolate for 14 days
- ❖ 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



# Percent of Tests Reporting Results in Under Two Days by Laboratory - COVID-19

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.



Source: CRISP, 2020. Based on HL7s NEDSS laboratory notifications provided by the Maryland Department of Health and compiled by CRISP.



Updated 8/23

# Point of Care Testing

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- ❖ 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).
- ❖ Testing takes 15 minutes
- ❖ May require (reflex) RT-PCR test
- ❖ Test results must be reported through CRISP <https://ulp.crisphealth.org/>.

# New CRISP report – Testing by Zip

- ❖ Users can see total tests, tests per 1,000 residents, positive test count, positivity rate and ratio to statewide testing per 1,000 for each zip code in Maryland.

me by Date and County | 
 Testing Volume by Lab | 
 Collection Location by Lab | 
 Sample Collection to Reportin... | 
 Reporting in Under Two Days b... | 
 Testing by Zip

Maryland - National Electronic Disease Surveillance System (NEDSS)

Labs data through 8/23/2020 11:53:00 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.

## COVID-19 Test Statistics by ZIP Code

Region	Zip	Total Tests	Tests per 1,000 Residents	Positive Test Count	Positivity	Ratio to Statewide Testing per K
CAPITAL	20740	1,647	51.7	29	1.8%	2.20
	20880	22	48.4	0	0.0%	2.06
	21762	8	47.9	0	0.0%	2.04
	21714	9	45.2	0	0.0%	1.93
	20839	4	40.0	0	0.0%	1.70
	20862	12	36.7	0	0.0%	1.56
	21727	242	35.4	3	1.2%	1.51
	20904	2,019	35.4	45	2.2%	1.51
	21702	1,390	33.1	25	1.8%	1.41
	20721	930	31.2	13	1.4%	1.33
	20812	10	30.8	0	0.0%	1.31
	20866	493	30.5	14	2.8%	1.30
	20860	85	30.3	1	1.2%	1.29
	20742	200	29.8	0	0.0%	1.27
	20861	48	28.8	1	2.1%	1.23
	20833	220	28.4	6	2.7%	1.21
	20905	507	28.0	18	3.6%	1.19
	21716	186	27.6	5	2.4%	1.17

Report Date: Last 2 weeks

Region: (All)

Tests per 1,000: 1.1 to 344.8

Ratio to Statewide Testing Rate: 0.05 to 14.68

Positivity: 0.0% to 25.0%

# *Contact Tracing Update*

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# Contact Tracing Overview

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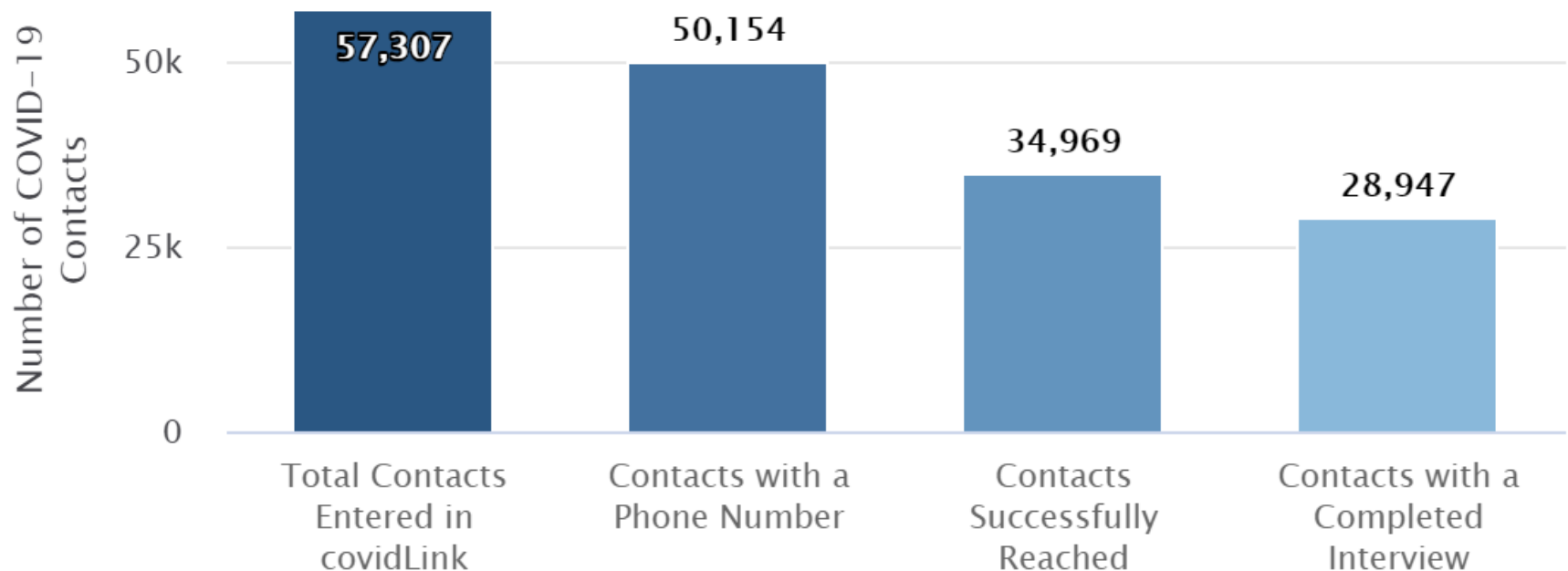
- ❖ Providers should make sure their patients' phone numbers are updated in the electronic medical record before ordering a test
- ❖ Providers should advise tested patients to monitor their telephones closely for 72 hours after specimen collection, as they will receive a contact tracing call from MD COVID (240-466-4488) if positive
- ❖ [MDH Contact Tracing Information for Healthcare Providers](#)

# Contact Tracing Update

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## Contacts Reached and Interviewed - Cumulative

6/15/20 - 8/15/20



# *CDC Updates*

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# Release from Isolation

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## ❖ Duration of isolation and precautions

- For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days *after symptom onset*<sup>1</sup> and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.
- 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<sup>2</sup> to discontinue isolation or precautions

- Is no longer recommended except to discontinue isolation or precautions earlier than would occur under the strategy outlined in Part 1, above.

## ❖ Role of serologic testing

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



# Facemasks - Required

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- ❖ 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)

# *Other Updates*

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# Convalescent plasma FDA EUA

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FDA NEWS RELEASE

## FDA Issues Emergency Use Authorization for Convalescent Plasma as Potential Promising COVID-19 Treatment, Another Achievement in Administration's Fight Against Pandemic

- ❖ Not currently considered standard of care
- ❖ Ongoing studies
  - [Preprint study](#) suggests death rate of 11.9% for patients transfused 4+ days after diagnosis vs. 8.7% for patients transfused within 3 days of diagnosis





# Flu Vaccine

- ❖ As flu season approaches, flu vaccines will be especially important this year:
  - Keeps people out of the hospital, ED, and ICU
  - Respiratory illness like the flu can be mistaken for COVID-19, can strain testing capacity
- ❖ [CDC guidance on flu vaccines during COVID](#)
  - Flu vaccine recommended for all >6 months old without contraindications, emphasis on high risk groups
  - Timing: Aim for September – October
  - [Patient FAQ Link](#)
- ❖ The good news: COVID-19 precautions (distancing, hand hygiene, masks) also prevent spread of the flu

*Flu vaccines are more critical this year.  
Encourage your patients to get a flu vaccine.*

# Provider Relief Fund

- ❖ CARES Act funding for healthcare-related expenses or lost revenue due to COVID-19. Payments do not need to be re-paid if complying with terms and conditions
- ❖ Primary care practices providing care for Medicare FFS patients are eligible

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

## 6 actions for providers interested in receiving Phase 2 General Distribution funding



### Pre-payment process

1. Determine eligibility
2. Validate Tax ID Number (TIN)
3. Apply for funding

### Post-payment process

4. Receive payment
5. Attest to payment
6. Report on use of funds

# Covid Tip Line

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- ❖ 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](mailto: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.

# Compliance is a Complaint-Driven Process

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- ❖ 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

# Five things you can do as Primary Care providers

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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



# CME Accreditation and Designation

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- ❖ 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](mailto:fberry@medchi.org)

# CME Disclosures and Evaluation

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- ❖ 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

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- ❖ Learn from our [Frequently Asked Questions page](#)
- ❖ Future Webinars
  - Today - Andrew Pollak, MD
    - ✓ Chair of the Department of Orthopaedics at the University of Maryland School of Medicine
  - Next Week - Brenda Jones Harden, PhD, MSW
    - ✓ Alison Richman Professor of Children and Families, University of Maryland School of Social Work

# University of Maryland Department of Orthopaedics


Andrew N. Pollak, MD

The James Lawrence Kernan Professor and Chairman  
Department of Orthopaedics – UM School of Medicine  
Chief of Orthopaedics – SVP Clinical Transformation  
University of Maryland Medical System

# Access to musculoskeletal care in the context of Covid – initial response

- Safety of inpatient visits initially in question
- Delays in elective surgery instituted
  - Conservation of PPE
  - Inpatient bed availability
  - Safety concerns


# Resumption of elective care

- Patients with ongoing safety concerns related to social distancing
  - Most vulnerable at greatest risk
  - Backlog of cases initially due to elective surgery holds
  - Telehealth instituted as a tool to restore access to care
- 

# Telehealth principles


- Must be associated with timely and convenient appointments
  - Within a week most of the time
  - Same-day or next-day for urgent matters
- Must result in actionable solutions
- Must be technologically achievable for patients
  - No need for special software, computer desktop or other additional equipment
  - Must be done in the home
- Follow-up at convenient outpatient sites as necessary

# Outpatient office locations

- Camden Yards Warehouse
  - Timonium
  - Columbia
  - West Baltimore (UM Rehab)
  - Belair – Upper Chesapeake
  - (College Park)
- 



# Specialty examples

- Spine
  - Shoulder and Elbow Surgery
  - Adult Reconstruction/Joint Replacement
  - Foot & Ankle Surgery
  - Sports Medicine
- 

# *Division of Spine Surgery*



Steven C. Ludwig, MD



Daniel Cavanaugh, MD



Daniel Gelb, MD



Eugene Koh, MD



Kendall  
Buraimoh, MD



Brian Jackson



Marcos Hsu

# UM Department of Orthopaedics Spine Surgery



- Multidisciplinary Team Approach
- Focus on Safety!
- Entire Spectrum of Spinal Disorders
- Pediatric-Adults
- Nonoperative and Operative Modalities
- Comprehensive Preoperative Review Process
- Implemented Enabling Technologies

# UM Department of Orthopaedics Spine Surgery



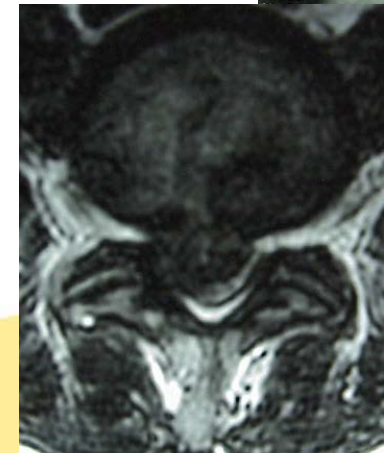
45 Yr. old Female

Intractable R leg pain x 4 weeks

Developing weakness in foot

Difficulty controlling urine

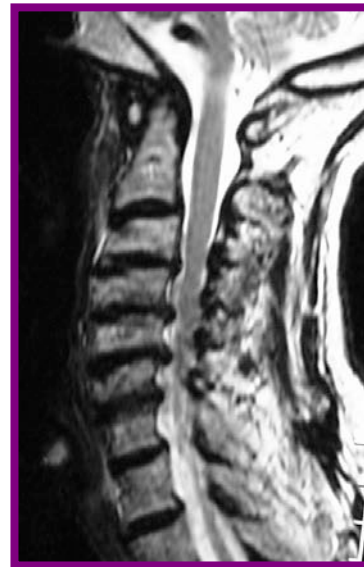
Steroids, yoga, stretch



# UM Department of Orthopaedics Spine Surgery



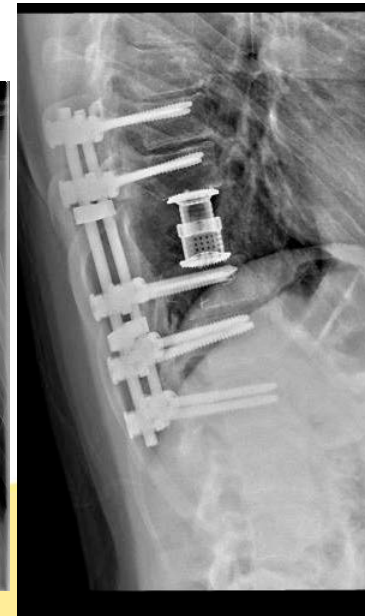
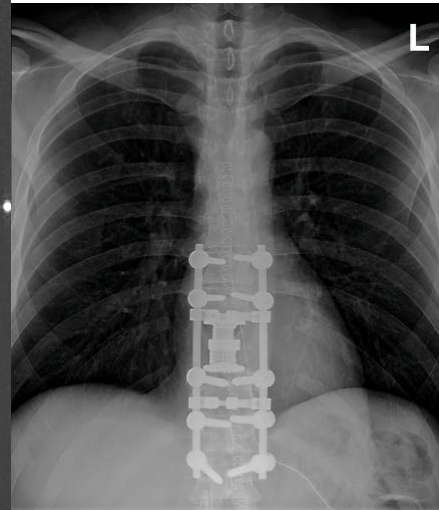
55 yr. old male neck pain and difficulty with ambulation progressing over 2-3 months with acute worsening



# UM Department of Orthopaedics Spine Surgery



57 yr old female history of Breast CA intractable  
Thoracolumbar back pain leg weakness, bladder  
incontinence



# Shoulder & Elbow Service



Mohit Gilotra, M.D.

[mgilotra@som.umaryland.edu](mailto:mgilotra@som.umaryland.edu)

Cell 301-502-4102



Syed "Ash" Hasan, M.D.

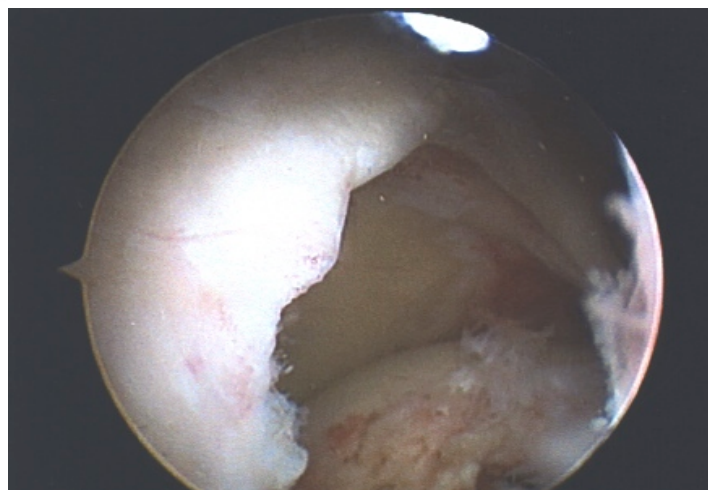
[ahasan@som.umaryland.edu](mailto:ahasan@som.umaryland.edu)

Cell 410-402-0640

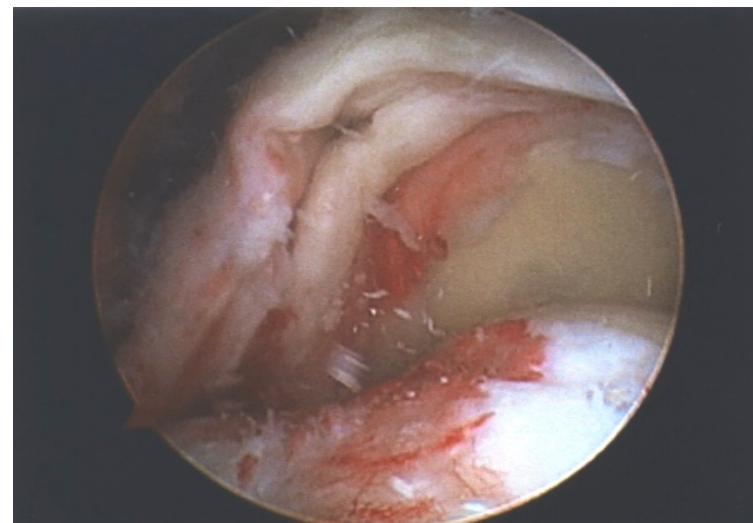
# Shoulder & Elbow

- Full spectrum of shoulder and elbow pathology
  - Arthritis
  - Rotator cuff or Instability
  - Athletic injuries
  - Trauma
- Initial evaluation can often be done through telemedicine
- Non-operative treatment plan can be initiated and executed via telemedicine
- Expeditious in-person follow-up if necessary
- Same-day visits available for urgent/trauma cases

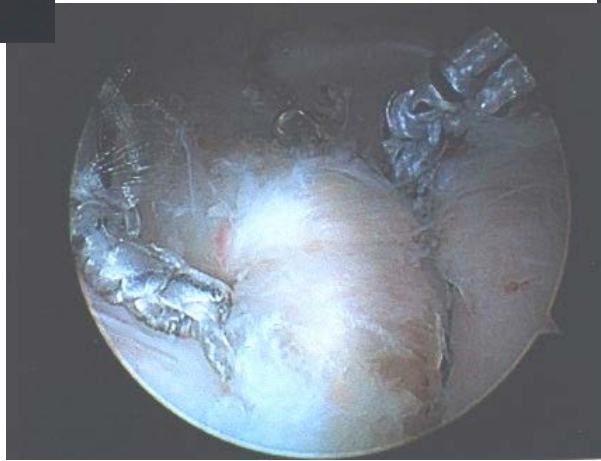
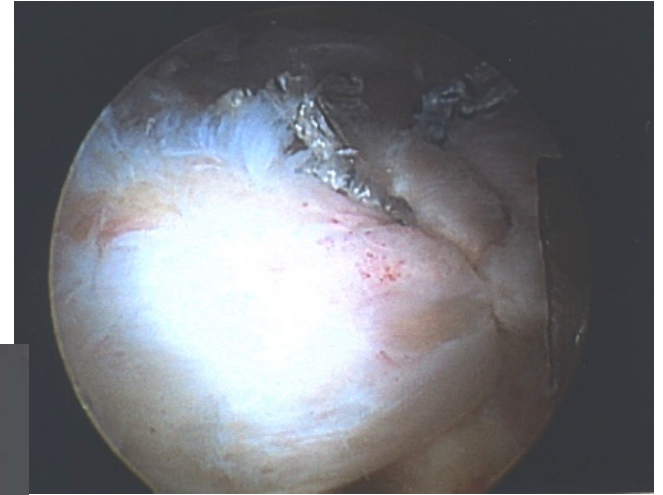
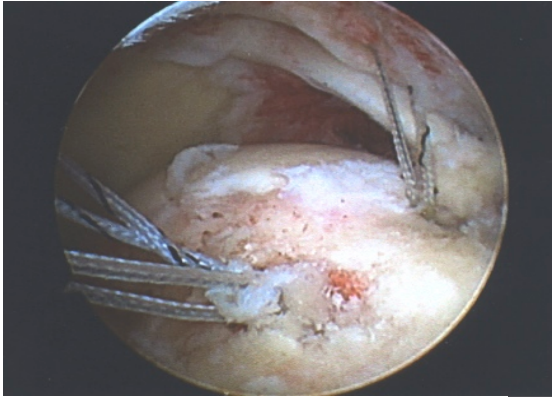


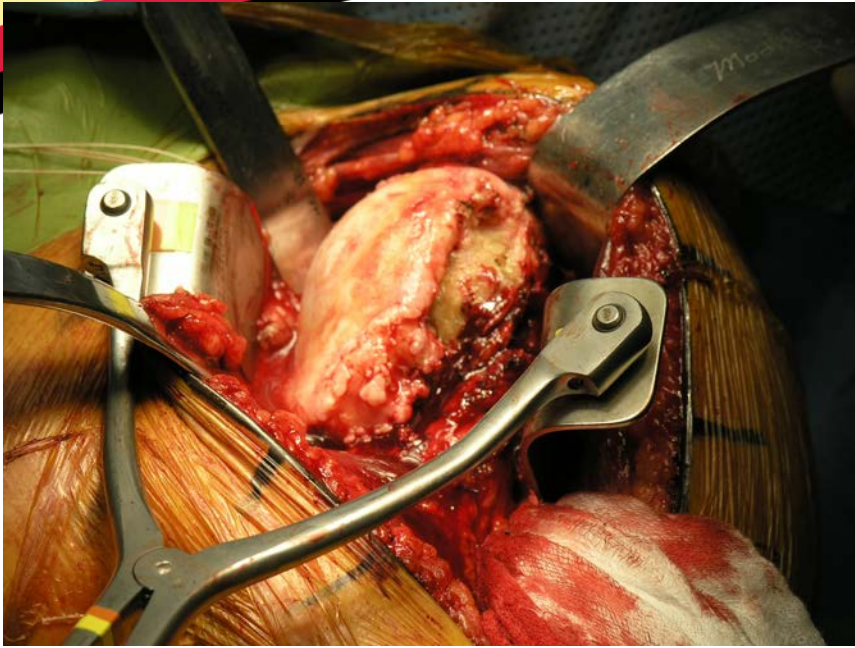


54 year-old RHD male who injured his right shoulder jumping into swimming pool. Presents 4 weeks post-injury with active abduction of 45 degrees. Full passive motion.

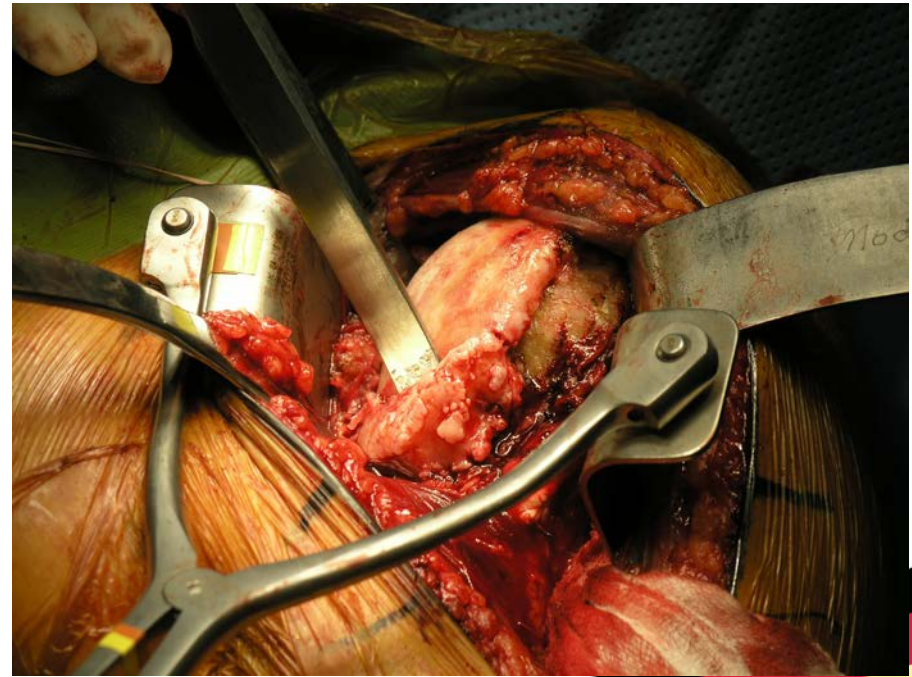


# Anatomic Arthroscopic Cuff Repair





62 year-old male with intractable  
pain from glenohumeral arthritis



# Acute Distal Biceps



47 year-old FBI agent who "felt a pop" in elbow lifting a heavy bag of trash

# Hip and Knee Replacement Team



Farshad Adib, MD



Aaron Johnson, MD



Sumon Nandi, MD



Vincent Ng, MD

# Road to Pain-Free Hips and Knees: *Initial Consultation*

- As soon as same-day telehealth visits available
  - Over smartphone
  - No apps or software necessary
- Non-operative management (PT, brace, cane) all prescribed via telehealth
- In-person visits for surgical candidates within 1 week of telehealth visit



# Road to Pain-Free Hips and Knees: *Surgical Planning*

- Surgery is booked and date of surgery is given to patients
- Joint replacement educational materials and pre-operative checklist given to patients
- Instructed to obtain clearance from their own PCP
- Pre-operative one-on-one education provided by a dedicated total joint replacement nurse educator via telehealth



# Road to Pain-Free Hips and Knees: *Surgical Experience*

- University of Maryland Midtown Campus
  - Dedicated team of anesthesiologists, physical therapists, occupational therapists, and floor nurses for joint replacement patients
  - Spinal anesthesia, walk on day of surgery
  - Outpatient surgery available for all interested patients
  - Rapid recovery program for all other patients with discharge by 11am morning after surgery
    - Dedicated hospital floor for joint replacement patients, each given a private room





# Road to Pain-Free Hips and Knees: *Case Examples*

58yo gentleman with diabetes, hypertension, hyperlipidemia and 10 years of progressive left knee pain.



82yo gentleman with 1 year of right hip pain.



71yo woman with 2.5 years of stiffness (30 degrees of motion) after knee replacement.



# Road to Pain-Free Hips and Knees: *Case Examples*

## Knee Replacement

*Discharged home same day of surgery.*



## Hip Replacement

*Discharged home same day of surgery.*



## Knee Replacement Revision

*Discharged home morning after surgery.*



# Foot and Ankle Orthopaedic Surgery



[ndanna@som.umaryland.edu](mailto:ndanna@som.umaryland.edu)

Cell 732-986-6776

**NATALIE DANNA, MD**

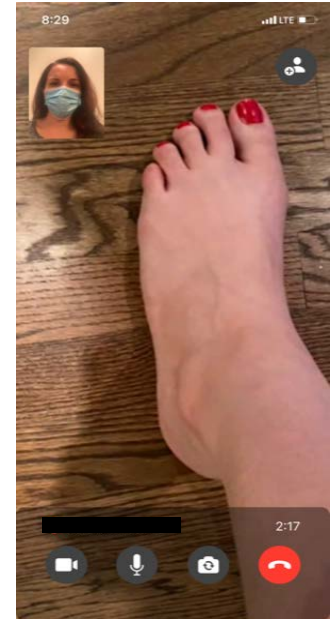
**APPOINTMENTS 410-448-6400**

## ***Conditions treated***

- Arthritis of the ankle and foot
- Tendon and ligament injuries
- Painful flatfeet
- Congenital deformities
- Ankle instability
- Traumatic injuries and fractures
- Post-traumatic impairments
- Charcot arthropathy

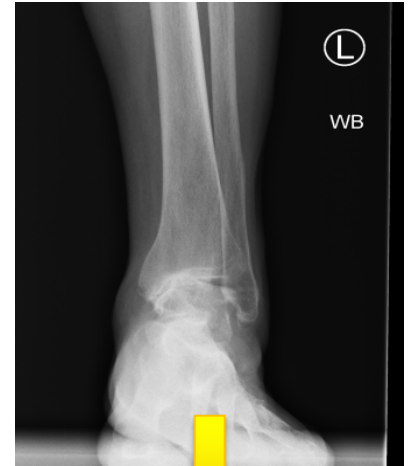
# ***Injury evaluation***

- 34 year-old female with lateral ankle pain 3 weeks after an inversion injury
- Negative radiographs
- Differential diagnosis: ankle sprain, peroneal tendinitis
- Treatment: walking boot, NSAIDs x 4weeks; then PT



# *Evaluation of chronic condition*

- 59 year-old female with DM, neuropathy presents with left ankle pain for 5 years, instability when walking, and difficulties with ADLs
- Diagnosis: varus ankle arthritis
- Intervention: risk factor modification in preparation for surgery
- In-person visit prior to procedure



# UMSOM Program in Sports Medicine

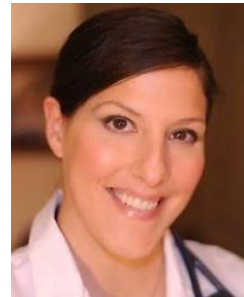
- Program started July 2017
- Interdisciplinary collaboration in research, clinical care, and education
- UMSOM departments included:
  - Orthopaedics
  - Family & Community Medicine
  - Emergency Medicine
  - Cardiology
  - Neurology
  - Physical Therapy and Rehabilitation Science
  - Psychiatry



# Primary Care Sports Medicine

Exclusively non-surgical MSK care and Sports Injuries  
MSK ultrasound experts

- Idris Amin, MD (Physiatry)
- Claudia Dal Molin, DO (Internal Medicine)
- Jaron Santelli, MD (Emergency Medicine)
- Kyle Yost, DO (Family Medicine)





# Orthopaedic Surgeons

Expert care of any musculoskeletal condition

- R. Frank Henn III, MD
- Natalie Leong, MD
- Sean Meredith, MD
- Jonathan Packer, MD



# Comprehensive Care

- Team physicians for UMCP and UMBC
- Treat patients of all ages
- Treat all MSK conditions and Sports Injuries
  - Concussions
- Maximize interdisciplinary collaboration
  - ATCs, PTs, and subspecialists
- Full spectrum of treatment offered
  - Surgical and non-surgical options
  - Regenerative Medicine
    - PRP, Prolotherapy



# Sports Injury Telehealth

- 18 yo lacrosse player suffered a non-contact pivoting injury
  - Felt a pop
- Telehealth visit the day after injury
  - Hemarthrosis
- Xrays and MRI ordered
- Telehealth visit after imaging
  - Telehealth preoperative PT arranged
- Follow-up in office for pre-op visit



# Referrals

We are happy to help with any patient!

Getting appropriate evaluation and treatment is key to prevent further damage for many sports injuries

- We utilize telemedicine whenever feasible
- Thorough COVID protocols to keep everyone safe

Email [Sports@umm.edu](mailto:Sports@umm.edu)

Referral info

Questions

Call our access center 410-448-6400

# Other specialties available

- Hand and Upper Extremity Surgery
- Joint Preservation
- Pediatric Orthopaedics
- Orthopaedic Oncology
- Podiatry

For all appointments:

410-448-6400

[umoa-callcenter@som.umaryland.edu](mailto:umoa-callcenter@som.umaryland.edu)

[www.umortho.org](http://www.umortho.org)

# Thank you!

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# Appendix

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## Resources and Links

# Scheduling In-Office Appointments

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- ❖ 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

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

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

# Personal Protective Equipment (PPE) Sources and Requests

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- ❖ 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](https://businessexpress.maryland.gov/coronavirus)

# Help your patients get health coverage

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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](https://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

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- ❖ 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

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- ❖ 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

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- ❖ 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

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- ❖ 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 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

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- ❖ 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](http://www.MarylandMedNow.com)



# Opportunities to Volunteer and Serve

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

# Staying Current - Sources

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- ❖ [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](mailto:amullin@medchi.org)
- For questions, email or call Andrea Mullin at [amullin@medchi.org](mailto:amullin@medchi.org) or 800-492-1056 x3340

## Grant Amount

\$300 per eligible physician



# Federal Emergency Funds for Small Business

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- ❖ [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

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- ❖ [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](mailto:LaborCOVID19.layoffaversion@maryland.gov).

# Food Resources

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❖ 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

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- ❖ 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

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- ❖ 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

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- ❖ [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](mailto:fpaaworkflowcoordinator.commerce@maryland.gov).