

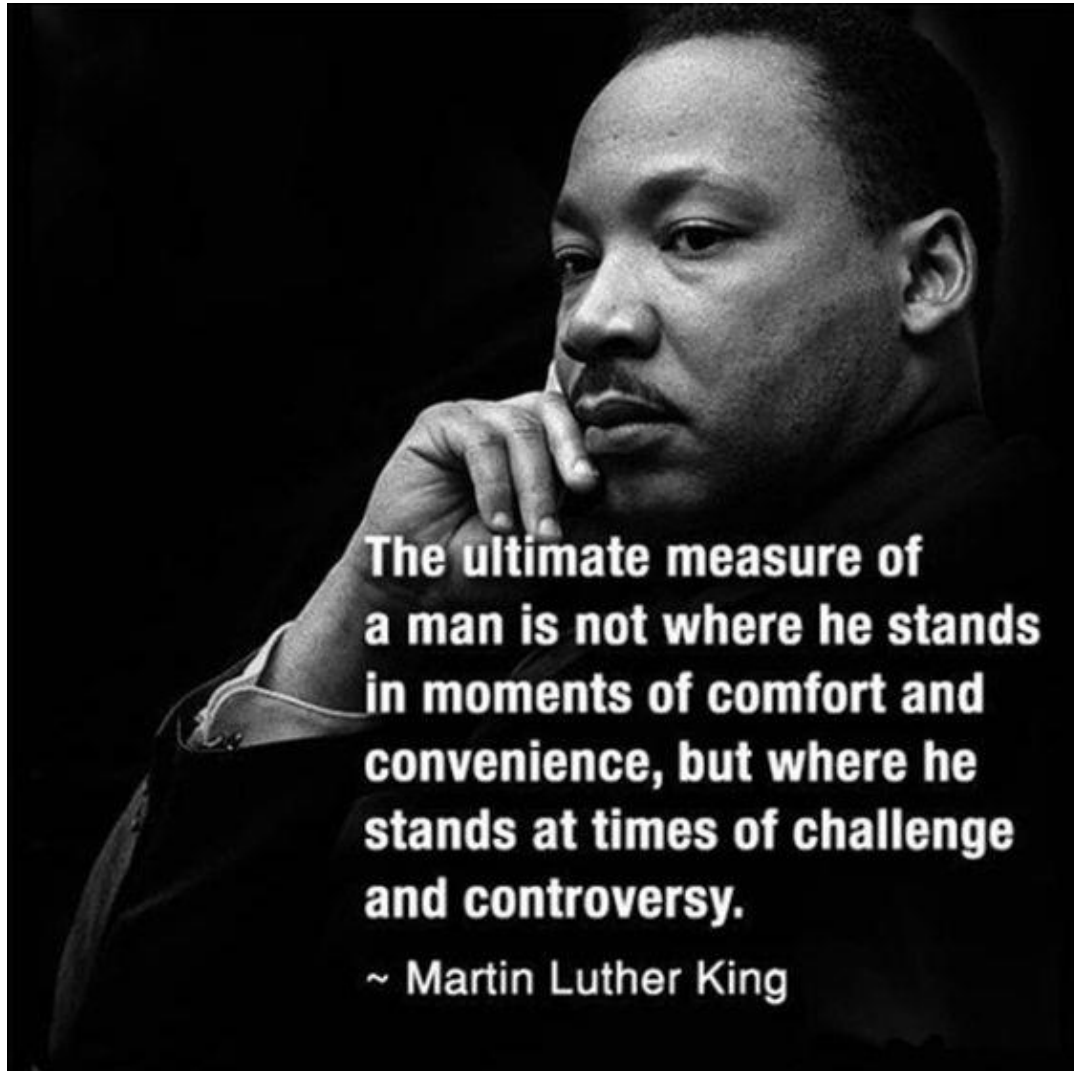


COVID-19 Update for Ambulatory Providers and Staff

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

2 September 2020

Phase 3 Maryland Strong Recovery





The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy.

~ Martin Luther King

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- extended deadline
- ❖ SUD deaths continue
- ❖ The Five Things to Do as Primary Care Providers
- ❖ Guest Speaker – Brenda Jones-Harden, PhD, MSW
- ❖ Q & A
- ❖ Resources Appendix

Morbidity and Mortality Update

	United States 	Maryland 	
<i>Cases</i>	New Daily Cases (7-day rolling average)	41,492	511
	Cumulative Cases	6.0 million+	108,863
<i>Deaths</i>	New Daily Deaths (7-day rolling average)	897	9
	Cumulative Deaths	183,474	3,617

COVID-19 Daily Report - Maryland Department of Health

Data reported as of 9/1/2020

108,863

confirmed cases

13,654

tests reported 8/31

1,952,501

cumulative tests

3,617

confirmed deaths

+614

cases reported on 8/31*

4.67%

daily positivity reported 8/31

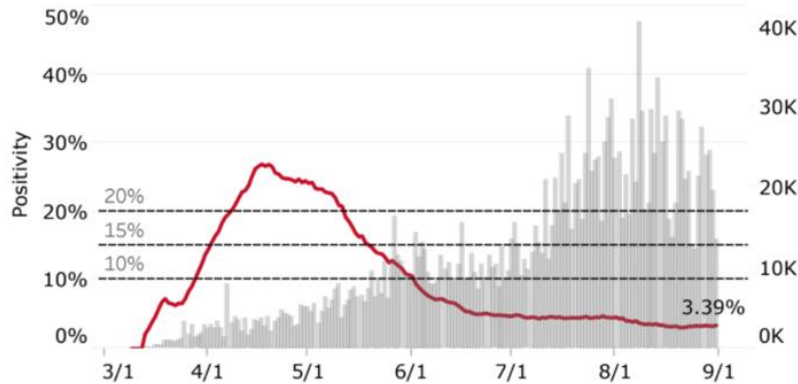
3.39%

7-day avg. positivity** reported 8/31

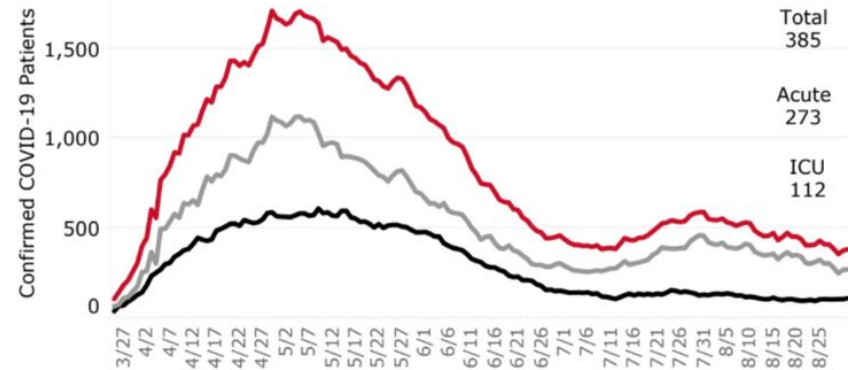
+5

deaths reported on 8/31

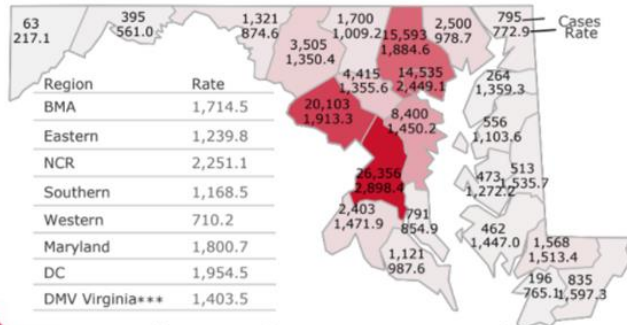
7-Day Avg. Percent Positive Testing** and Total Testing Volume



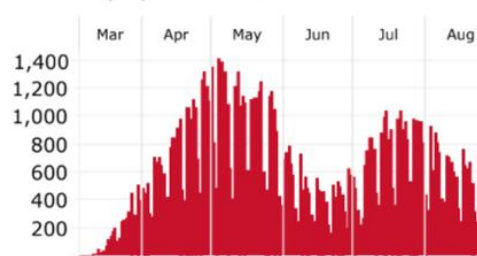
Statewide Acute/ICU Beds Occupied by COVID Patients



Cases and Rates by County of Residence



Daily Cases by Specimen Collection Date



Daily Deaths



All case-related counts on this dashboard are of individual people infected with COVID-19.

Report date: the day a case was reported to the Maryland Department of Health.

Specimen date: the day the initial lab specimen was collected.

BMA: Baltimore Metro Area; NCR: National Capital Region. DMV: DC, Maryland, and Virginia Area

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

*Daily case increase uses report date.

**Positivity calculated using a 7-day rolling average

***DMV Virginia includes Alexandria, Arlington, Fairfax, Fairfax City, Falls Church, Loudoun, Manassas, Manassas City, and Prince William.

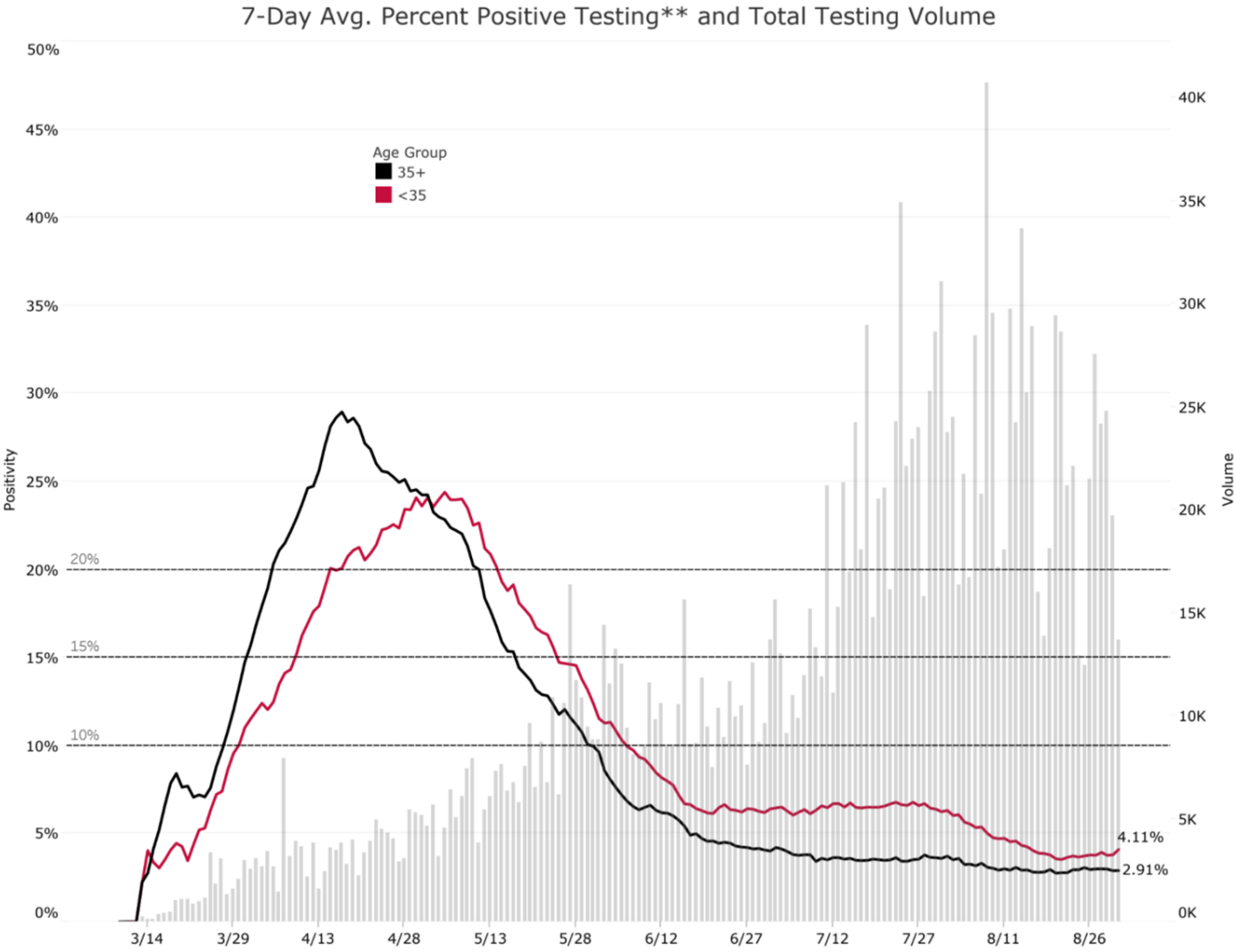
Maryland Testing and Positivity by County

State and Jurisdiction	Positives	Total Pop Tested	% Pop Tested	Daily Testing Volume	Total Testing Volume	7-day Positivity %
Maryland	108,863	1,338,917	22.20%	13,654	1,952,501	3.40%
Allegany County	395	17,818	25.10%	69	25,965	2.20%
Anne Arundel County	8,400	115,543	20.10%	1,301	160,460	3.30%
Baltimore County	15,593	193,824	23.40%	1,726	292,510	4.60%
Baltimore City	14,535	165,910	27.50%	1,626	247,678	3.20%
Calvert County	791	13,913	15.10%	104	18,668	2.20%
Caroline County	513	7,286	21.90%	52	10,066	5.10%
Carroll County	1,700	33,434	19.90%	280	48,857	1.80%
Cecil County	795	14,999	14.60%	236	21,005	2.00%
Charles County	2,403	29,262	18.10%	286	41,514	4.30%
Dorchester County	462	9,316	29.10%	70	13,456	3.70%
Frederick County	3,505	60,815	23.80%	735	87,831	2.50%
Garrett County	63	4,439	15.20%	8	8,368	0.50%
Harford County	2,500	45,613	18.00%	385	64,310	3.70%
Howard County	4,415	72,864	22.50%	998	100,585	2.40%
Kent County	264	5,479	28.20%	28	8,141	2.50%
Montgomery County	20,103	230,295	21.90%	2,598	323,149	2.60%
Prince George's County	26,356	195,028	21.40%	2,332	270,354	4.50%
Queen Anne's County	556	9,974	19.80%	86	13,390	3.90%
Somerset County	196	8,084	31.50%	14	10,907	1.70%
St. Mary's County	1,121	19,893	17.70%	100	31,719	1.60%
Talbot County	473	10,036	27.10%	73	13,914	1.90%
Washington County	1,321	38,514	25.50%	270	56,904	2.40%
Wicomico County	1,568	24,018	23.30%	150	35,235	4.80%
Worcester County	835	12,560	24.20%	57	16,134	6.90%

USA	
Daily Testing Volume	7-day Positivity %
685,072	5.7%



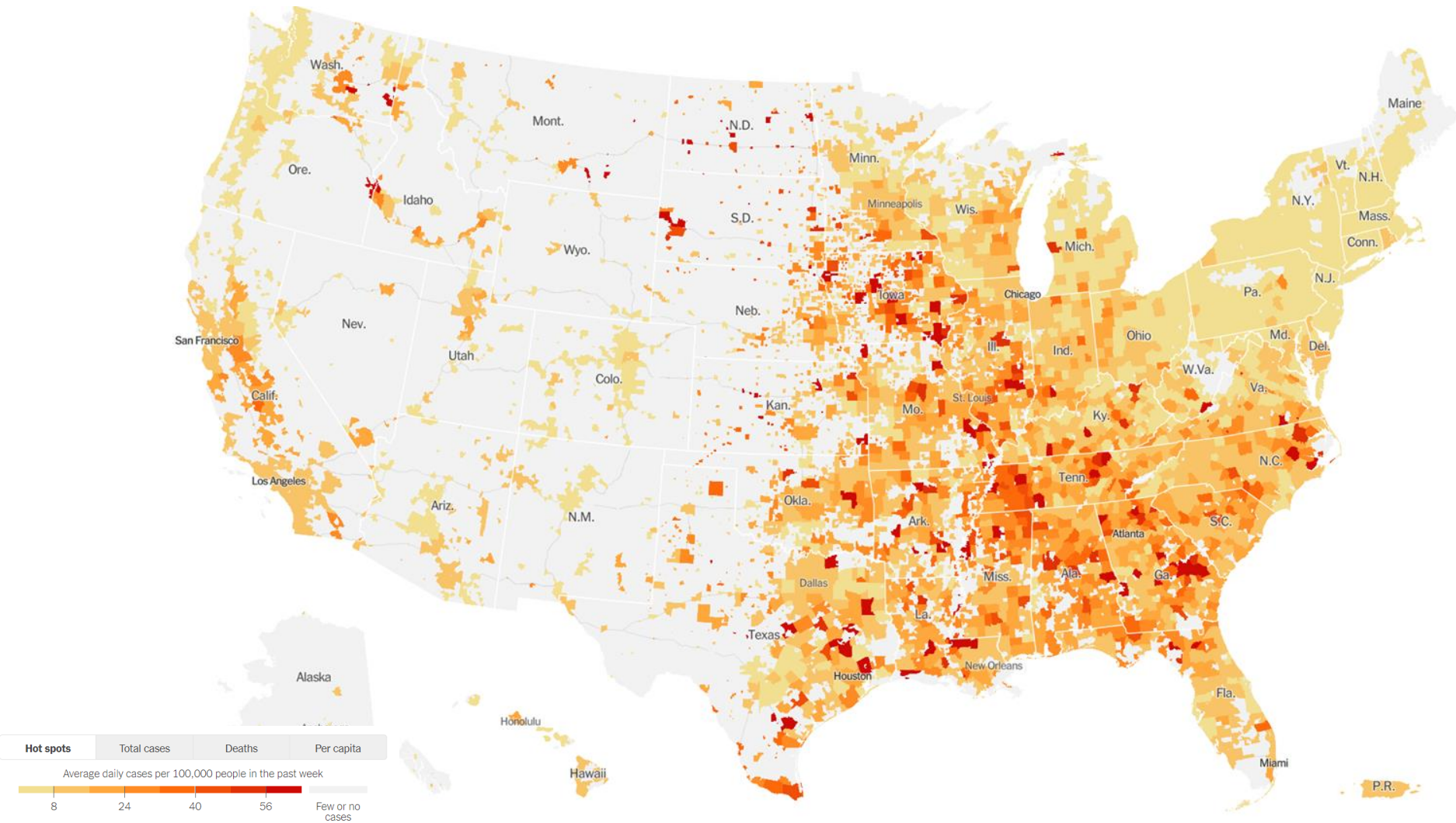
Maryland Daily Positivity Rate



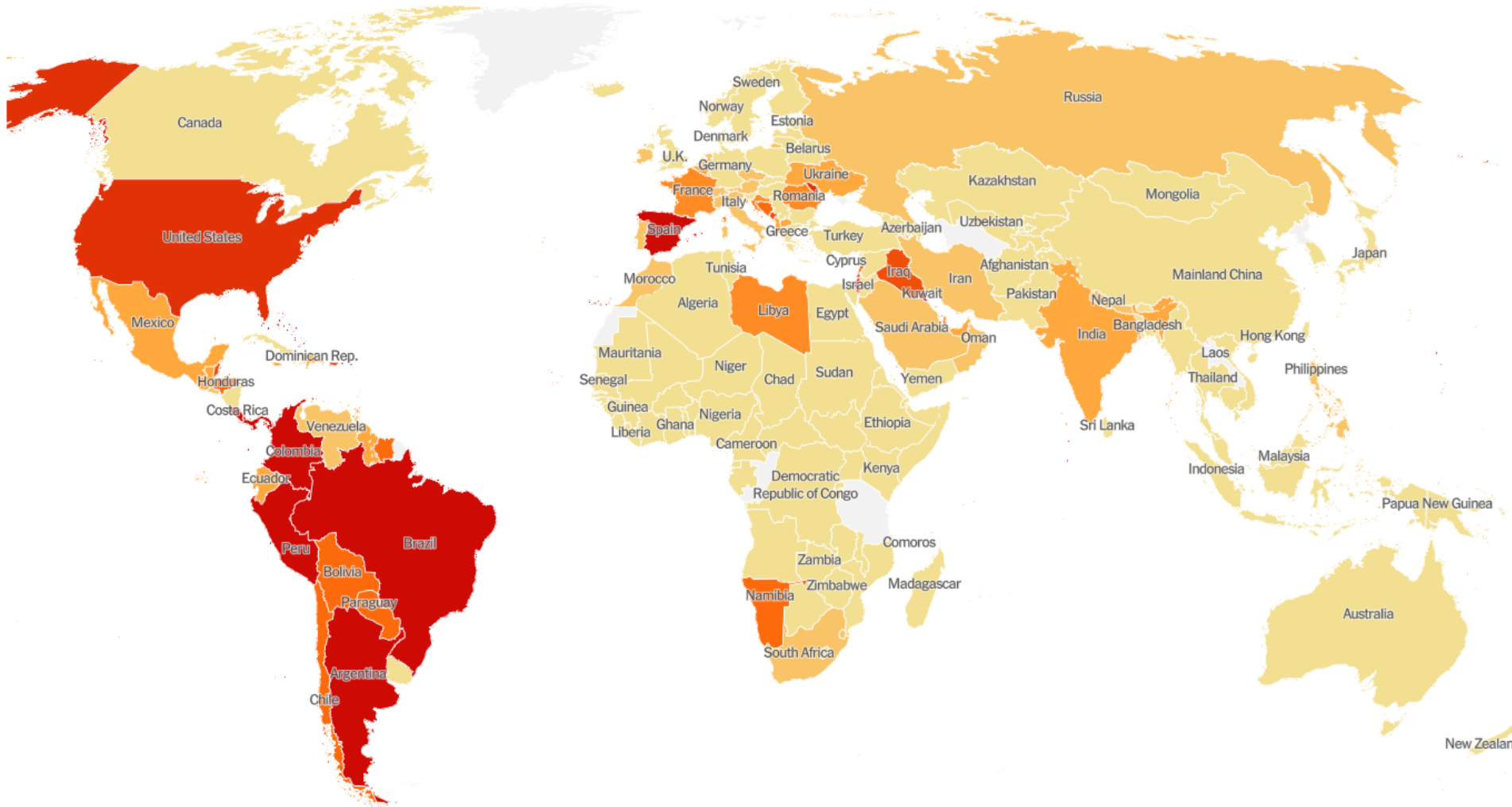
Source: MDH

Updated 9/1

COVID-19 Outbreak US Hotspots



Global Pandemic Hotspots



Vaccine Development Update

Covid vaccine distribution

“At first, there will likely be a limited supply of one or more of the Covid-19 vaccines, because limited doses will be available. It’s important that the early vaccines are distributed in a fair, ethical and transparent way.” - *Dr. Robert Redfield, CDC Director*

- ❖ Vaccine manufacturers are scaling up production before vaccines are authorized by the FDA so distribution can happen quickly if/when authorized
- ❖ Leading vaccine candidates all need to be stored at sub-zero temperatures
- ❖ Many leading vaccine candidates require two doses over time, some require one dose only
 - Will need to keep track of which vaccine a person has received for the second dose
- ❖ Vaccine supply chain (needles, syringes, etc) also needs to be able to handle volume



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.*

Testing Update

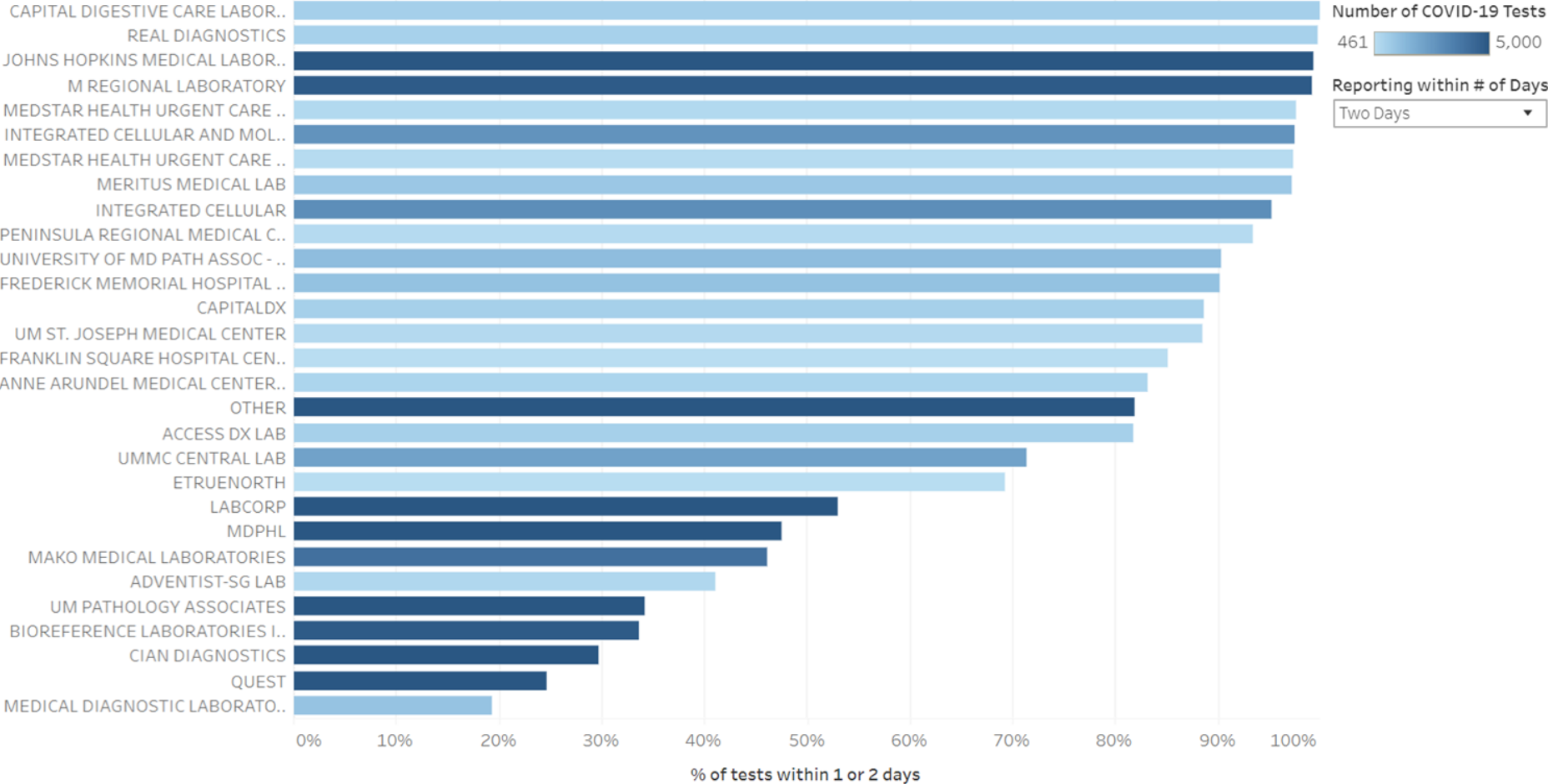
Testing Marylanders in Primary Care

- ❖ 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
- ❖ 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 saliva tests

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



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

CDC POC Testing Guidance

❖ New CDC Guidance on Rapid Antigen Tests

- ❖ Must be Clinical Laboratory Improvement Amendments (CLIA) certified to perform diagnostic testing
- ❖ Sensitivity/specificity of FDA-approved rapid tests vary - check your specific test
- ❖ You must report results to local health department

Table 2. Summary of Some Differences between RT-PCR Tests and Antigen Tests

	RT-PCR Tests	Antigen Tests
Intended Use	Detect current infection	Detect current infection
Analyte Detected	Viral RNA	Viral Antigens
Specimen Type(s)	Nasal Swab, Sputum, Saliva	Nasal Swab
Sensitivity	High	Moderate
Specificity	High	High
Test Complexity	Varies	Relatively easy to use
Authorized for Use at the Point-of-Care	Most devices are not, some devices are	Yes
Turnaround Time	Ranges from 15 minutes to >2 days	Approximately 15 minutes
Cost/Test	Moderate	Low

CDC/FDA Updates

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.
- 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 testing² 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.

Testing Asymptomatic Patients

- ❖ Maryland Department of Health continues to endorse testing asymptomatic individuals
- ❖ Testing a patient who has been identified as a contact to a known Covid+ person through contact tracing does not demand, nor exclude that person from testing
- ❖ The contact will be instructed to self isolate for 14 days from the last contact, independent of test results

COVID-19 Comorbidities

- ❖ CDC report shows 6% of COVID-19 deaths with no comorbidities
- ❖ This does *not* mean that COVID-19 is not as dangerous as previously thought
 - COVID-19 was the underlying cause of death in most cases
 - Comorbidities are known to make COVID-19 more severe

Comorbidities

Table 3 shows the types of health conditions and contributing causes mentioned in conjunction with deaths involving coronavirus disease 2019 (COVID-19). For 6% of the deaths, COVID-19 was the only cause mentioned. For deaths with conditions or causes in addition to COVID-19, on average, there were 2.6 additional conditions or causes per death. The number of deaths with each condition or cause is shown for all deaths and by age groups. For data on comorbidities, [Click here to download](#).

▼ Table 3. Conditions contributing to deaths involving coronavirus disease 2019 (COVID-19), by age group, United States. Week ending 2/1/2020 to 8/22/2020.*

Remdesivir FDA EUA Update

FDA NEWS RELEASE

COVID-19 Update: FDA Broadens Emergency Use Authorization for Veklury (remdesivir) to Include All Hospitalized Patients for Treatment of COVID-19

- ❖ FDA has broadened the emergency use authorization of remdesivir
- ❖ Now includes treatment of all hospitalized adult and pediatric patients with suspected or laboratory-confirmed COVID-19, irrespective of their severity of disease



Convalescent plasma FDA EUA

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
 - Potential **3-5 percentage point** increase, not 35%



Facemasks – Required and Essential

- ❖ 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)

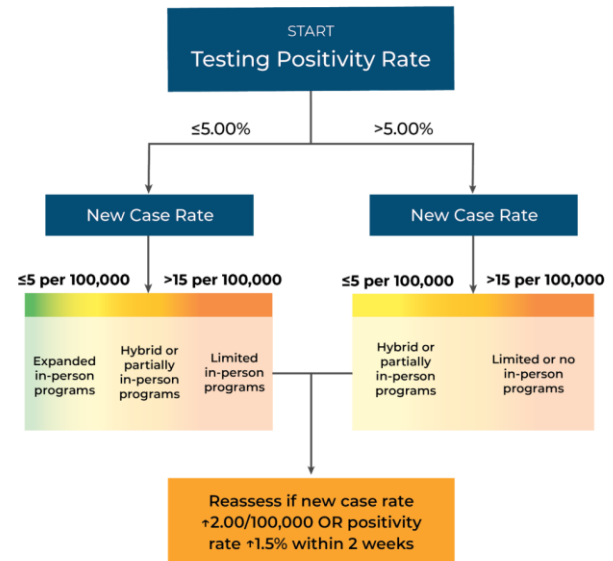
Maryland Updates

Phase 3

- ❖ Governor Hogan [announced](#) the beginning of Maryland's Phase 3 on September 1
- ❖ Additional gradual reopenings include (with limited capacity):
 - Indoor theaters
 - Outdoor performance venues
 - Increased capacity for retail and religious facilities
- ❖ Face coverings and social distancing still required indoors
- ❖ Local jurisdictions can still implement more restrictive requirements if applicable

Schools Re-Opening Guidance

- ❖ New benchmarks to guide school re-opening:
 - local positivity rate under 5%
 - new case rate less than 15 per 100,000 people.
- ❖ Local school systems and jurisdictions ultimately have authority to decide on school re-opening plans
- ❖ [MDH Guidance for Maryland Schools link](#)



Governor Hogan: Every County School System Now Fully Authorized to Begin Safely Reopening



Other Updates

Importance of face coverings

Risk of SARS-CoV-2 transmission from asymptomatic people in different settings and for different occupation times, venting, and crowding levels (ignoring variation in susceptibility and viral shedding rates)

Type and level of group activity	Low occupancy			High occupancy		
	Outdoors and well ventilated	Indoors and well ventilated	Poorly ventilated	Outdoors and well ventilated	Indoors and well ventilated	Poorly ventilated
Wearing face coverings, contact for short time						
Silent	Low	Low	Low	Low	Low	Medium
Speaking	Low	Low	Low	Low	Low	Medium
Shouting, singing	Low	Low	Medium	Medium	Medium	High
Wearing face coverings, contact for prolonged time						
Silent	Low	Low	Medium	Low	Medium	High
Speaking	Low	Low*	Medium	Medium*	Medium	High
Shouting, singing	Low	Medium	High	Medium	High	High
No face coverings, contact for short time						
Silent	Low	Low	Medium	Medium	Medium	High
Speaking	Low	Medium	Medium	Medium	High	High
Shouting, singing	Medium	Medium	High	High	High	High
No face coverings, contact for prolonged time						
Silent	Low	Medium	High	Medium	High	High
Speaking	Medium	Medium	High	High	High	High
Shouting, singing	Medium	High	High	High	High	High

Risk of transmission
 Low ■ Medium ■ High ■

* Borderline case that is highly dependent on quantitative definitions of distancing, number of individuals, and time of exposure



CDC Mask Guidance

DO choose masks that	DO NOT choose masks that
 <p>Have two or more layers of washable, breathable fabric</p>	 <p>Are made of fabric that makes it hard to breathe, for example, vinyl</p>
 <p>Completely cover your nose and mouth</p>	 <p>Have exhalation valves or vents, which allow virus particles to escape</p>
 <p>Fit snugly against the sides of your face and don't have gaps</p>	 <p>Are intended for healthcare workers, including N95 respirators or surgical masks</p>
Caution: Gaiters & Face Shields	Special Situations: Children
 <p>Evaluation is on-going but effectiveness is unknown at this time</p>	 <p>If you are able, find a mask that is made for children</p>
 <p>Evaluation is on-going but effectiveness is unknown at this time</p>	 <p>If you can't find a mask made for children, check to be sure the mask fits snugly over the nose and mouth and under the chin</p>
Special Situations: Glasses	 <p>Do NOT put on children younger than 2 years old</p>
 <p>If you wear glasses, find a mask that fits closely over your nose or one that has a nose wire to limit fogging</p>	

- ❖ Masks recommended when in public settings
- ❖ Exceptions include young children, individuals with trouble breathing

- ❖ Masks with exhalation valves or vents not recommended
- ❖ Face shields as a substitute for masks not recommended

Provider Relief Fund - Extended

- ❖ 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 **September 13, 2020**

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



Pre-payment process

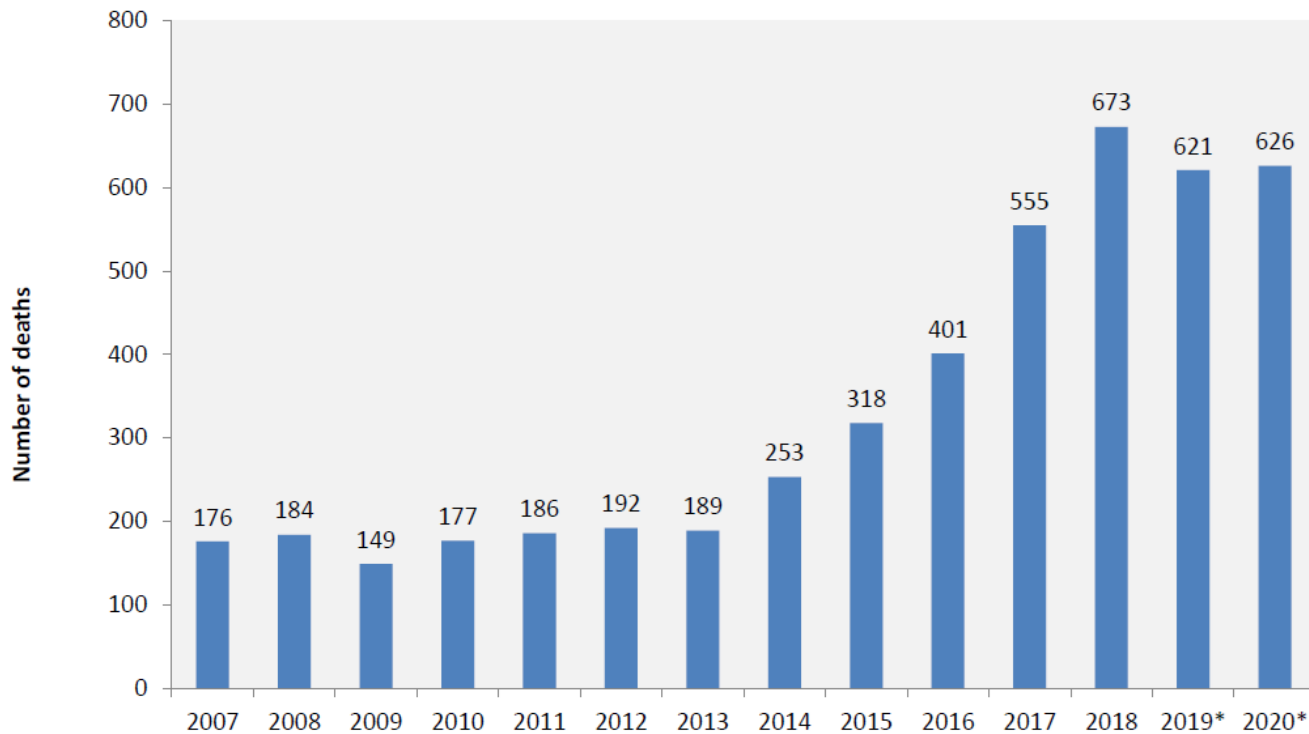
1. Determine eligibility
2. Validate Tax ID Number (TIN)
3. Apply for funding

Post-payment process

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

Substance Use Disorders & COVID-19

Figure 1. Total Number of Unintentional Intoxication Deaths Occurring in Maryland from January-March of Each Year.*



- ❖ Data suggests drug overdoses rising by 18% during pandemic
- ❖ Drug overdose deaths also increasing
- ❖ **9/30 webinar guest speaker:** Anika Alvanzo on COVID-19 impact on overdoses and opioid use disorders

*2019, 2020 counts are preliminary.

SBIRT Grant from OOCC

- ❖ One year
- ❖ Implementation of SBIRT in Primary Care Practices
- ❖ For information contact - Erin Cosgrove at ecosgrove@groupmosaic.com

Milbank Memorial Fund MDPCP Publications



JUNE 25, 2020
ISSUE BRIEF



Maryland's Innovative Primary Care Program: Building a Foundation for Health and Well-Being



JUNE 25, 2020
NEWS ARTICLE



Maryland's Primary Care Program Helps Practices Pivot During COVID-19

Project ECHO HCV Curriculum

- ❖ Training opportunity with MedStar: **Preparing Primary Care Champions to Identify and Treat HCV: An ECHO Initiative**
- ❖ To register, contact Melissa Eckroade, ECHO Program Coordinator, via email at MIQS-ProjectECHO@medstar.net
- ❖ For more information, visit [Project ECHO Web Portal](#)

Next Session:

Tuesday, September 29, 2020

12:00 PM - 1:00 PM ET

Topic:

Liver Disease in the Primary Care Setting: Hepatitis, COVID, and Critical Lessons for the Future

Expert Presenter:

Paul Kwo, MD

Professor of Medicine

Director of Hepatology

Stanford University

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

CME Accreditation and Designation

- ❖ This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of MedChi, The Maryland State Medical Society, and The Maryland Department of Health. MedChi is accredited by the ACCME to provide continuing medical education for physicians.
- ❖ MedChi designates this live webinar educational activity for a maximum of 1 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Contact Frank Berry at fberry@medchi.org

CME Disclosures and Evaluation

- ❖ Presenters and Planners: Howard Haft, MD, has reported no relevant financial relationships to disclose.
- ❖ MedChi CME Reviewers: The reviewers from the MedChi Committee On Scientific Activities (COSA) for this activity have reported no relevant financial relationships to disclose.
- ❖ Please complete an evaluation at: [COVID-19 Update Evaluation](#)

Announcements

❖ Learn from our [Frequently Asked Questions page](#)

❖ Future Webinars

➤ Today - Brenda Jones Harden, PhD, MSW

Helping Families Manage Stress During COVID-19

Alison Richman Professor of Children and Families, University of Maryland School of Social Work

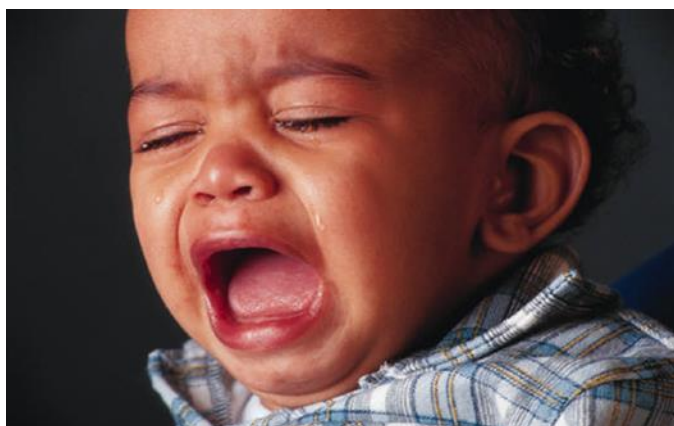
➤ Next Week - Maunank Shah, MD, PhD

Tuberculosis in the era of COVID-19

Center for TB Control and Prevention Outreach Consultant,
Assistant Professor, Division of Infectious Diseases, Johns
Hopkins University

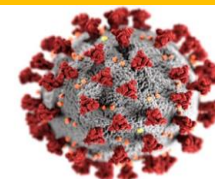
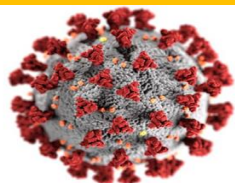
Helping Families Manage Stress During COVID-19

Brenda Jones-Harden, PhD, MSW



Helping Families Manage Stress

During COVID-19



Toxic Stress

CONDITIONS *for* TOXIC STRESS



Toxic Stress (Shonkoff et al., 2009)

- Strong, frequent, prolonged activation of the body's stress-response system *in the absence of stable adult support*
- Early exposure to risks
 - ACES²: Adverse Childhood and Community Experiences (including poverty, family risks, violence)
 - **COVID-19**
- Root of adult physical/mental health disparities
- Linked to adverse outcomes
 - Lower thresholds for responsiveness to stress
 - Disrupted brain architecture and functioning
 - Effects on other organ systems
 - Premature/Low Birth Weight African American infants
 - High rates of asthma among children from low SES backgrounds
- Physical health, cognitive/academic, & mental health challenges



FAMILIES AND COVID-19

- Children's physical health
 - physically less active
 - much longer screen time
 - irregular sleep patterns
 - less favorable diets
 - weight gain and loss of cardiorespiratory fitness
 - Negative effects on health exacerbated by home confinement without outdoor activities and peer interaction



FAMILIES AND COVID-19



- Psychological impact on children
 - Psychological Stressors
 - prolonged duration
 - fears of infection
 - frustration and boredom
 - inadequate information
 - lack of in-person contact with classmates, friends, teachers
 - lack of personal space at home
 - family financial loss
 - Post-traumatic stress scores were four times higher in children quarantined than in those not quarantined



FAMILIES AND COVID-19

- Increase in family conflict
 - Intimate Partner Violence
 - Child maltreatment
 - No respite from children
- Parental mental health
 - Depression, anxiety
 - Substance use
- Work-related issues
 - Unemployment
 - Essential work
 - Non-traditional hours
 - Exposure to COVID



DISPARITIES AND COVID-19

- African Americans & low SES individuals more likely to be hospitalized and die (CDC, 2020; Raifman & Raifman, 2020)
- Socioeconomic disparities in the functioning of families of young children (Fisher & Tyson, 2020)
 - Higher rates of social-emotional challenges for low-income parents and children
 - Decreased income, increased financial difficulties, and greater material hardship for low-income families
 - Lower levels of social support and child care supports for low-income families



SAFETY NET FOR FAMILIES

Devising Child Activities

- Innovative virtual learning experiences for children
- Developmentally-appropriate explanation of COVID
- Activities re: proper hygiene/health
 - drawings re: health routines
 - song for length needed to wash hands like the A-B-C or Happy Birthday song
 - household jobs or activities
 - videos promoting physical activity, balanced diet, regular sleep pattern, and good person hygiene
 - praise and encouragement for engaging in household jobs and good hygiene



SAFETY NET FOR FAMILIES

Promoting Positive Parenting



- Exercise even more patience & tolerance
- Communicate often and openly
- Be responsive to feelings and needs
- Provide reassurance (verbal & physical)
- Encourage expression through play, reenactment, story-telling
- Allow short-term changes in sleep arrangements
- Plan calming, comforting activities before bedtime
- Maintain regular family routines
- Avoid media exposure

SAFETY NET FOR FAMILIES

Supporting Family Well-Being

- Emphasize temporary nature of pandemic
- Keep consistent family schedule (e.g., bedtime, meals)
- Give extra time to doing things that have helped family feel better in other stressful situations
 - reading
 - watching movies
 - listening to music and dancing
 - playing games
 - exercising
 - engaging in virtual religious activities
- Recognize that certain feelings are normal (e.g., loneliness, boredom, fear, anxiety, stress, panic)
- Help family engage in fun, meaningful activities consistent with your family and cultural values



SAFETY NET FOR FAMILIES

Supporting Family Well-Being



- Modify your daily activities to meet the current reality of the situation
- Focus on what you can accomplish and forgive yourself for what you cannot
- Shift expectations/priorities to focus on what gives you meaning, purpose, or fulfillment
- Give yourself small breaks from the stress of the situation
- Attempt to control self-defeating statements and replace them with more helpful thoughts
- Be role model for children re: how to manage worries

Find ways to provide family support in case of illness or death

- Reach out regularly (virtual, contactless) to your friends and family to talk about feelings
- Find ways to honor the death of your loved one
- Seek religious/spiritual help or on-line professional counseling for support



SAFETY NET FOR FAMILIES

Providing Concrete Supports



- Contactless drop-off of food, diapers, cleaning/medical supplies
- Technology
 - Telehealth visits for behavioral and mental health
- Information re: community resources (food banks, diaper banks, etc.) and income supports



Thank you!



Appendix

Resources and Links

Scheduling In-Office Appointments

- ❖ Patient calls in for an appointment
 - Reception screens patient on the phone using the [pre-visit screening template](#)
 - Schedule in-office visits for different groups: At-risk and vulnerable patients on certain days, healthier patients on other days
 - Schedule telehealth and non-office-based care for other patients including follow-ups and patients uncomfortable with office visits
- ❖ Check In
 - Practice remote check in and limited front-desk contact
 - Consider using a triage zone outside of office or main area;
 - Or use a barrier at the front desk
 - Design your office to accommodate patients who come in specifically for COVID testing and triage, separate from patients who arrive for non-COVID related and elective procedures
 - Ensure patients and staff do not cross between COVID and non-COVID areas
 - Set aside a specific area for patients who come in for testing to wait and be triaged

Scheduling In-Office Appointments

- ❖ Checking out
 - Practice remote check out, limit front desk exposure;
 - Or use a barrier at the front desk
- ❖ If patient is paying co-pays, etc., set up credit card reader outside of the barrier

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

These measures must be in effect:

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

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

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

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

Personal Protective Equipment (PPE) Sources and Requests

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

State Launches Maryland PPE Network Supplier Portal

- ❖ Increasing Maryland's supply of PPE – one of the 4 building blocks on the Road to Recovery
- ❖ Maryland has launched the [Maryland Manufacturing Network Supplier Portal](#), an online platform that helps connect Maryland suppliers with buyers in need of critical resources
- ❖ Large daily deliveries come into the state's warehouses
- ❖ For additional business resources during COVID-19, visit businessexpress.maryland.gov/coronavirus

Help your patients get health coverage

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

❖ How to enroll

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

Considerations when Reusing N95 Respirators (CDC)

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

[Source](#)

CDC Guidelines - N95 Respirators and Infection Control

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

CDC Guidelines - Reusing N95 Respirators

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

CDC Guidelines - When to Discard N95 Respirators

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

COVID-19 Testing Site Information

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

CDC Guidelines for COVID Patient Management

- ❖ Healthy people can be monitored, self-isolated at home
- ❖ People at higher risk should contact healthcare providers early, even if illness is mild
- ❖ Older adults and people with severe underlying chronic medical conditions are at higher risk, need closer contact
- ❖ Emergency Department and Hospitals only when needed - not for screening or low risk/minimal disease
- ❖ **Guidelines are important and powerful tools, but remember providers' clinical experience and judgment are key to care**

Billing for End-of-Life Planning

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

Support for Patients at Home

- ❖ Food
 - Meals on Wheels
- ❖ Caregivers
 - Visiting nurses and caregivers
- ❖ Emotional support
 - Support from family
 - Phone calls and videochat to fight loneliness
 - MD Department of Aging [Senior Call Check Program](#)

Caregiver Services Corps (CSC)



- ❖ **OPEN for primary care providers STATEWIDE 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

Opportunities to Volunteer and Serve

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

Staying Current - Sources

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

MedChi/CareFirst/Backline Grant

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

Eligibility Requirements

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

Application Steps

Can be completed in less than 5 minutes

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

Grant Amount

\$300 per eligible physician



Federal Emergency Funds for Small Business

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

State Emergency Funds for Small Business

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

Food Resources

❖ Nutrition: Inform patients that children can receive three free meals/day at sites listed on:

➤ [Maryland Summer Meals](#)

[Howard County](#)

➤ [Montgomery County](#)

[Anne Arundel County](#)

➤ [Prince Georges County](#)

[St. Mary's County](#)

➤ [Charles County](#)

[Harford County](#)

➤ [Frederick County](#)

[Calvert County](#)

❖ Free meals available from 42 rec centers in Baltimore

➤ Call 311 for locations and to schedule pickup time

Resources for Specific Groups

- ❖ Community- and Faith-Based Organizations
(<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-community-faith-organizations.html>)
- ❖ Mass Gatherings and Large Community Events
(<https://www.cdc.gov/coronavirus/2019-ncov/community/mass-gatherings-ready-for-covid-19.html>)
- ❖ Non-Pharmaceutical Interventions for Specific Groups
(<https://www.cdc.gov/nonpharmaceutical-interventions/index.html>)

Resources and References

- ❖ Maryland Department of Health Coronavirus Website (<https://coronavirus.maryland.gov>)
- ❖ CDC Coronavirus Website (<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>)
- ❖ CDC National data on COVID-19 infection and mortality (<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>)
- ❖ CDC Interim Guidance for Homes and Communities (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>)
- ❖ CDC Interim Guidance for Businesses (<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html>)
- ❖ CDC Interim Guidance for Childcare and Schools (<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html>)
- ❖ CDC Travel Website (<https://wwwnc.cdc.gov/travel/>)

State Emergency Funds for Small Business

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