COVID-19 Update

Maryland Department of Health

Maryland Primary Care Program

Program Management Office

23 September 2020

There is an end...

Agenda

❖ Maryland Morbidity and Mortality Data
❖ National Status and Projections
❖ Focus
  ❖ Prepare to Vaccinate
  ❖ Continue Testing
❖ The Five Things to Do as Primary Care Providers
❖ Guest Speaker – Michelle LaRue, MD
❖ Q & A
❖ Resources Appendix

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Morbidity and Mortality Update

	United States	Maryland
New Daily Cases (7-day rolling average)	41,101	560
Cumulative Cases	6.8 million+	120,912
New Daily Deaths (7-day rolling average)	770	6
Cumulative Deaths	199,789	3,748

Cases

Deaths

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Updated 9/22

Hospital and ICU Beds in Use

ICU and Acute Hospital Beds for COVID-19, Currently in Use
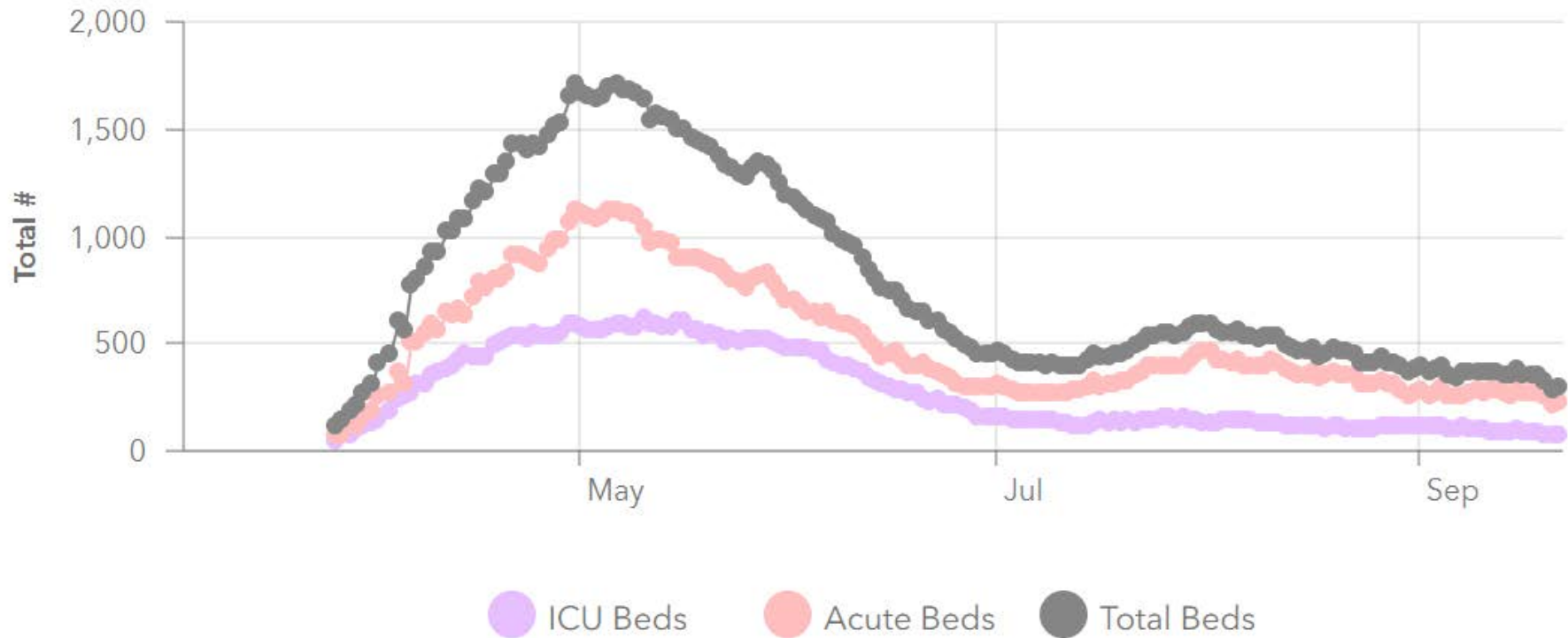
Hospitalization and death by age

COVID-19 HOSPITALIZATION AND DEATH BY AGE

FACTORS THAT INCREASE COMMUNITY SPREAD AND INDIVIDUAL RISK — CROWDED SITUATIONS · CLOSE / PHYSICAL CONTACT · ENCLOSED SPACE · DURATION OF EXPOSURE

Rate ratios compared to 18-29 year olds	0-4 years	5-17 years	18-29 years	30-39 years	40-49 years	50-64 years	65-74 years	75-84 years	85+ years
HOSPITALIZATION[1]	4x lower	9x lower	Comparison Group	2x higher	3x higher	4x higher	5x higher	8x higher	13x higher
DEATH[2]	9x lower	16x lower	Comparison Group	4x higher	10x higher	30x higher	90x higher	220x higher	630x higher

ACTIONS TO REDUCE RISK OF COVID-19 — WEARING A MASK · SOCIAL DISTANCING (6 FT GOAL) · HAND HYGIENE · CLEANING AND DISINFECTION

[1] Data source: COVID-NET (https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html, accessed 08/06/20). Numbers are unadjusted rate ratios.

[2] Data source: NCHS Provisional Death Counts (https://www.cdc.gov/nchs/nvss/vsrr/COVID19/index.htm, accessed 08/06/20). Numbers are unadjusted rate ratios.

cdc.gov/coronavirus

CS319360-A 08/10/2020

Source: https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html

7-day average percent positive rate and testing volume

Testing Volume, Tests per Day and Percent Positive Rate (7-Day Avg)
- Methodology

Updated 9/22
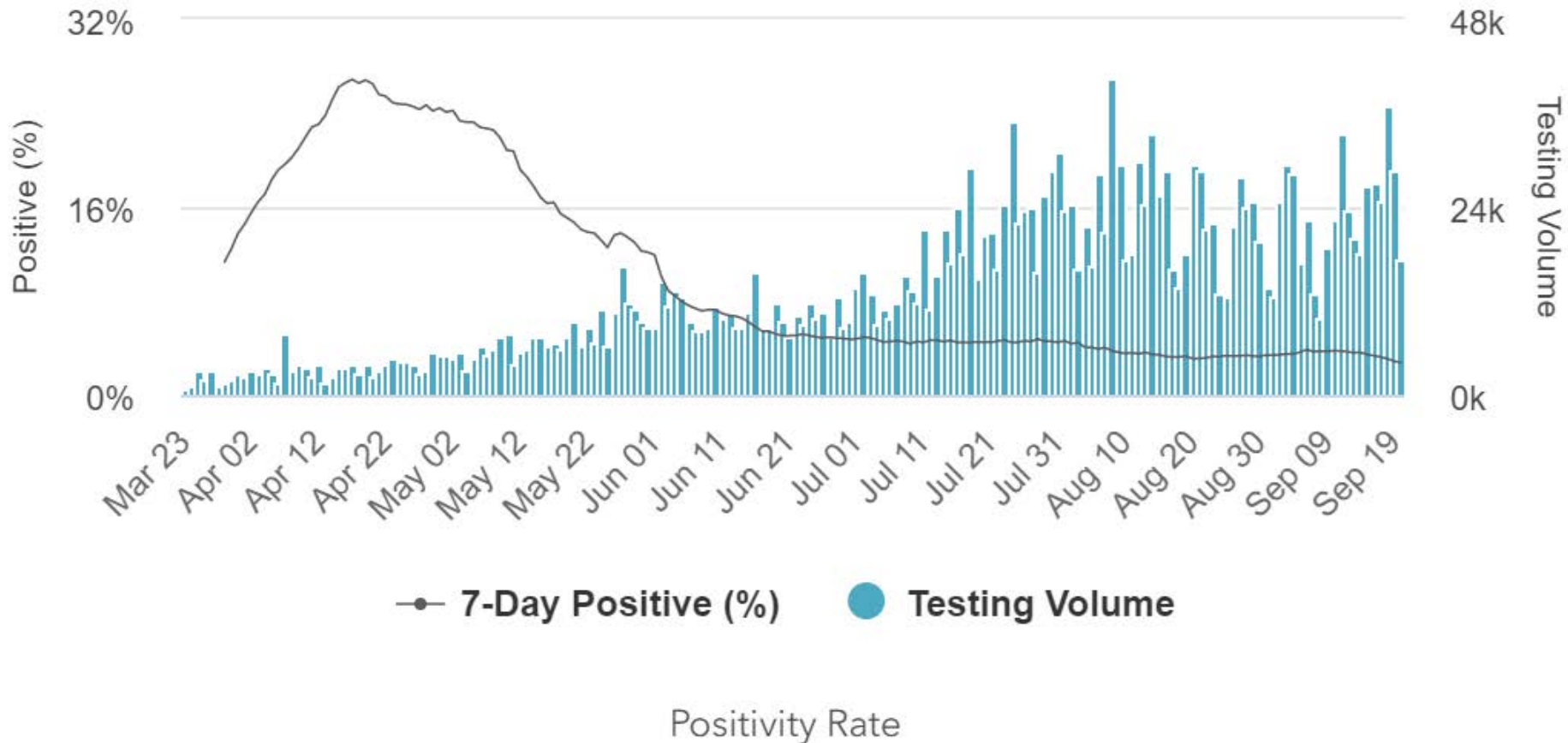
Maryland Testing and Positivity by County

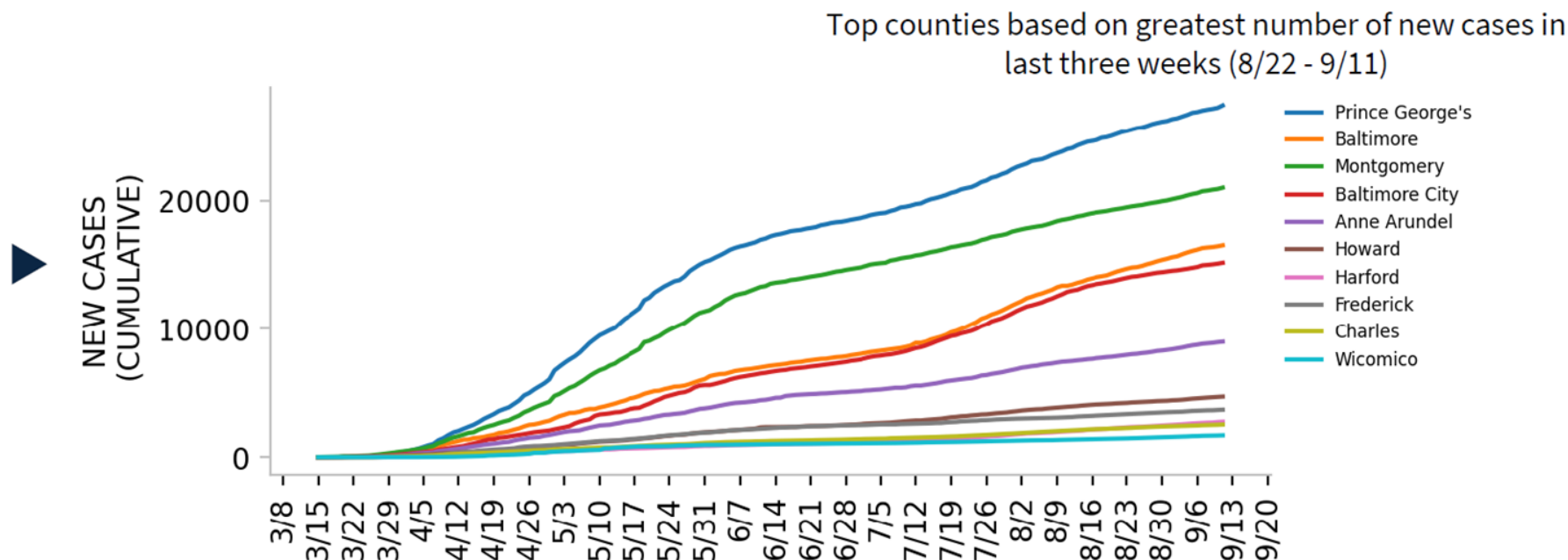| State and Jurisdiction	Positives	Total Pop Tested	% Pop Tested	Daily Testing Volume	Total Testing Volume	7-day Positivity %
Maryland	**120,912**	**1,544,014**	**25.60%**	**14,449**	**2,422,067**	**2.7%**
Allegany County	450	19,812	27.90%	75	31,855	2.0%
Anne Arundel County	9,713	135,232	23.50%	1,193	198,276	3.3%
Baltimore County	17,523	193,568	23.40%	1,952	358,447	2.2%
Baltimore City	15,292	218,810	36.30%	2,044	312,164	1.6%
Calvert County	914	15,996	17.40%	120	22,717	2.2%
Caroline County	638	8,308	24.90%	68	12,668	4.0%
Carroll County	1,917	38,317	22.80%	297	60,711	1.3%
Cecil County	1,017	17,290	16.80%	152	25,364	4.8%
Charles County	2,716	33,376	20.70%	294	50,165	4.1%
Dorchester County	578	10,505	32.80%	51	16,557	4.4%
Frederick County	3,938	69,235	27.10%	625	108,237	2.3%
Garrett County	72	5,005	17.10%	9	10,092	1.2%
Harford County	2,945	52,537	20.70%	381	79,946	2.1%
Howard County	4,968	85,071	26.30%	1,017	127,324	2.1%
Kent County	297	6,340	32.70%	20	9,934	1.5%
Montgomery County	21,933	266,206	25.30%	2,260	401,780	2.3%
Prince George's County	28,715	227,527	25.00%	2,754	335,904	4.2%
Queen Anne's County	640	11,384	22.60%	92	16,187	2.4%
Somerset County	246	9,127	35.50%	167	14,801	1.9%
St. Mary's County	1,257	22,809	20.20%	195	38,526	2.1%
Talbot County	543	11,325	30.60%	85	17,117	3.5%
Washington County	1,676	42,696	28.30%	264	68,084	4.3%
Wicomico County	1,914	28,020	27.20%	233	45,362	3.4%
Worcester County	1,010	15,518	30.00%	44	21,804	5.5%

USA

Daily Testing Volume	7-day Positivity %
719,288	4.8%

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Source: MDH; Johns Hopkins

Updated 9/22

Maryland new cases by county

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)

TOP COUNTIES

NEW CASES (CUMULATIVE)

- Prince George's
- Baltimore
- Montgomery
- Baltimore City
- Anne Arundel
- Howard
- Harford
- Frederick
- Charles
- Wicomico

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Source: CDC

Maryland
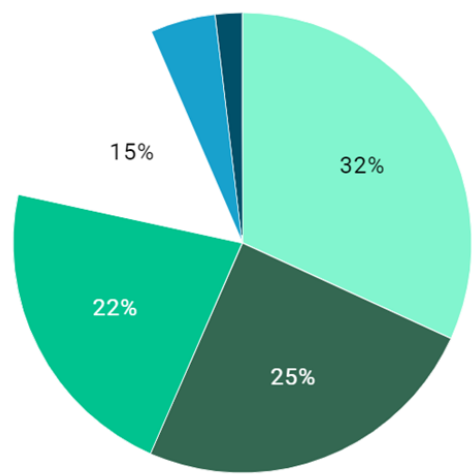DEPARTMENT OF HEALTH

Updated 9/11

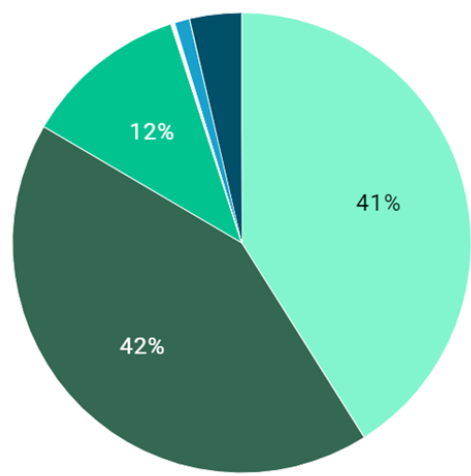# Cases and deaths by race/ethnicity in Maryland

Total confirmed Maryland cases by race/ethnicity

Click or tap on a legend square or pie slice to highlight a group.

Legend: Black | White | Hispanic | Data not available | Other | Asian

Cases
Total:
120,568

(32%, 25%, 22%, 15%)

Deaths
Total:
3,739

(41%, 42%, 12%)

Last updated Sept. 21. Percentages are rounded.

10 Source: Maryland Department of Health · Get the data · Created with Datawrapper

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*Updated 9/21*

Maryland's Overall COVID-19 Status in Context

- ❖ Testing widely available: 20,000+ per day on average
- ❖ Statewide contact tracing program
- ❖ Covid-19 fatigue settling in
- ❖ Preparing for eventual vaccination plan
- ❖ Lowest number of hospitalizations since March (on 9/20)
- ❖ Maryland had 64 new cases per 100,000 population in the last week, compared to a national average of 74 per 100,000

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COVID-19 Outbreak US Hotspots

Updated 9/22
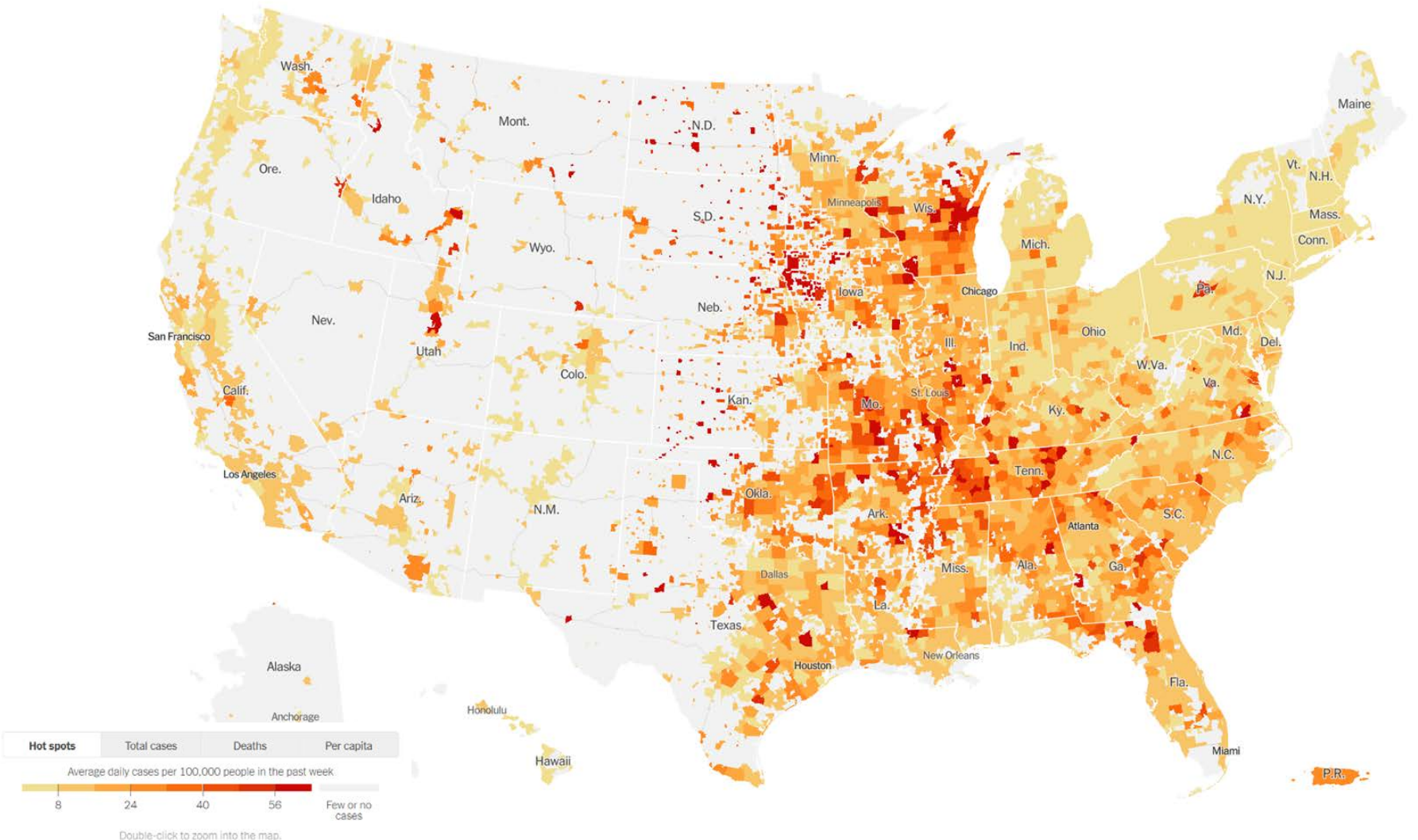
A fall surge may have begun

New coronavirus cases per million residents, previous seven days
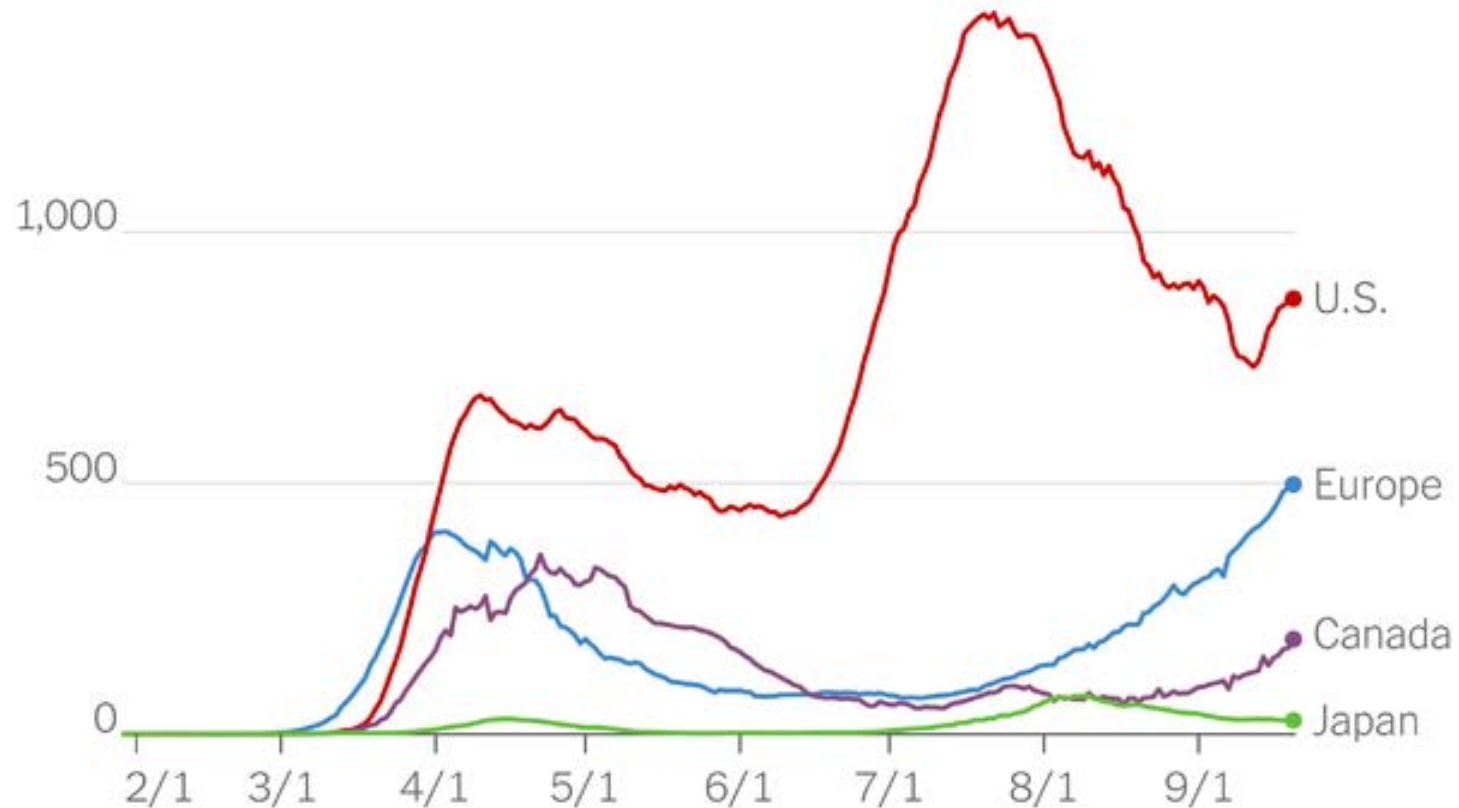
Europe includes all countries that do not stretch into another continent, regardless of E.U. status.

Updated 9/22

Global Pandemic Hotspots

Updated 9/22

Covid Vaccination

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Vaccines in development

❖ Types
- ❖ mRNA- earliest to be released, novel type
- ❖ Live attenuated
- ❖ Protein fragments
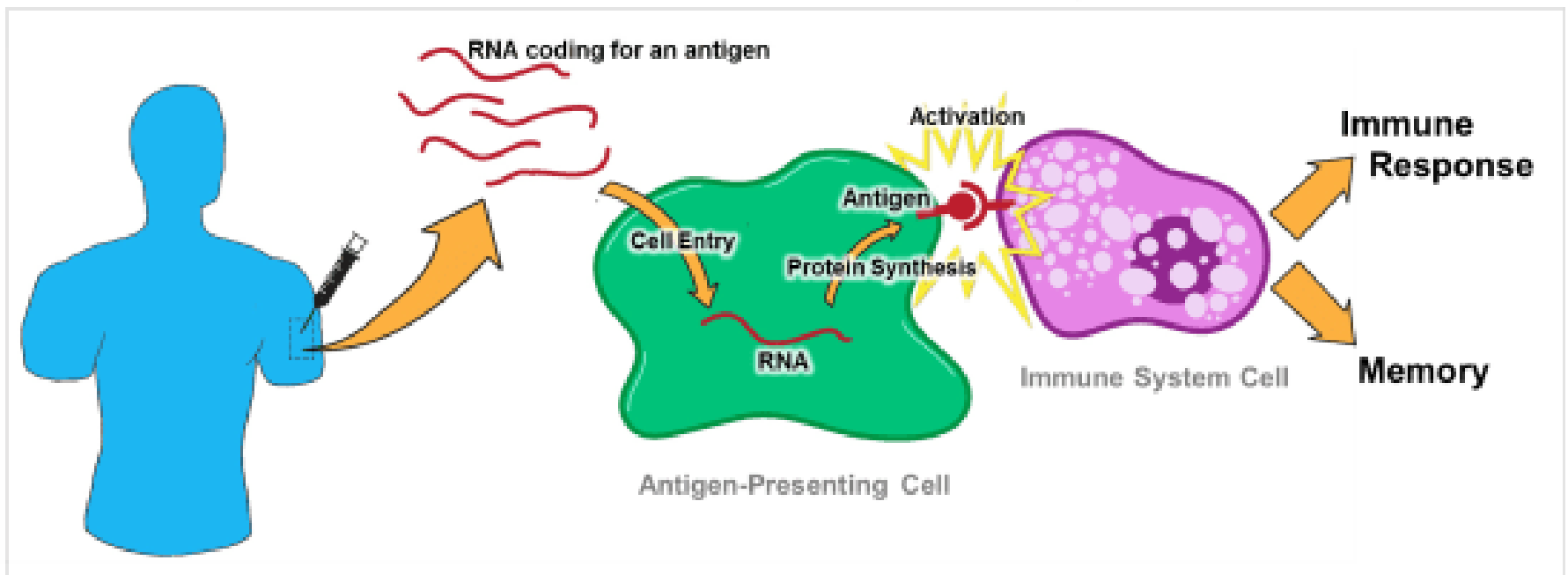- ❖ Separate virus carrying antigenic material

❖ Unique features
- ❖ Temperature sensitivity
- ❖ Dosing
- ❖ Prioritization

❖ Trial phases – ongoing

❖ Vaccines are the final strategy to emerge from Covid

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mRNA vaccines

Figure 1: RNA Vaccine Technology

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Draft Covid Immunization plan Early Information

❖States Informed to have a plan for late October, early November

❖Vaccine type A store at -20C, two doses, Moderna, mRNA

❖ Vaccine type B store at -70C, two doses. Pfizer, mRNA

❖Have broad infrastructure

❖Prioritize in 3 phases

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Supply Chain and Data Management

❖ First phase requires super cold storage, not typically available to primary care

❖ Ordering vaccine through Immunet program

➢ https://phpa.health.maryland.gov/OIDEOR/IMMUN/Pages/immunet.aspx

➢ If you are not already registered in Immunet, register now Provider Enrollment Form

❖ Record keeping through PrepMod - patient scheduling and record keeping system

❖ Register now

Primary Care should be registered and trained now

Vaccine Hesitancy

❖ Pre-existing group of anti-vaccine people

❖ Current political push for a vaccine before the election

❖ Warp Speed connotation of cutting corners

❖ Inconsistent messaging

❖ Novel types of vaccines

❖ Requires consistent accurate and timely messaging from trusted sources (Primary Care Providers)

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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.*

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Covid Testing

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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

❖ [MDPCP Guidance on testing in primary care (from July 2020)](#)

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
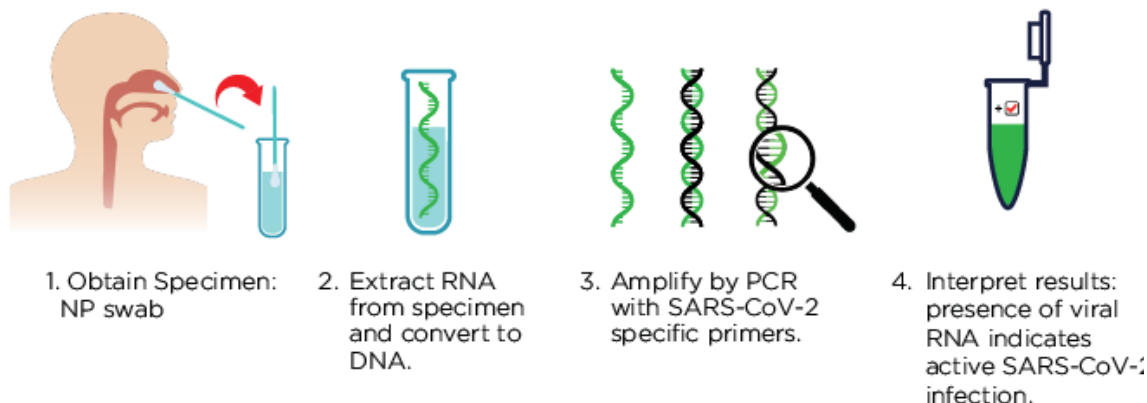
  ❖ You must report results to local health department

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

Saliva Covid Testing

- ❖ Commercial kits available
- ❖ More sensitive in early Covid ?
- ❖ Easy sampling
- ❖ Less expensive
- ❖ Testing Resource Document for myLAB Box on MDPCP Website

Molecular Tests (Nucleic Acid Detection)

1. Obtain Specimen: NP swab
2. Extract RNA from specimen and convert to DNA.
3. Amplify by PCR with SARS-CoV-2 specific primers.
4. Interpret results: presence of viral RNA indicates active SARS-CoV-2 infection.

SalivaDirect Test

1. Obtain Specimen: SalivaDirect
2. RNA-extraction free process. Convert RNA from specimen to DNA and amplify by PCR with SARS-CoV-2 specific primers.
3. Interpret results: presence of viral RNA indicates active SARS-CoV-2 infection.

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Primary care under continued financial and mental stress

Larry A. Green Center & Primary Care Collaborative COVID-19 Primary Care Survey for Clinicians

September 4-8, 2020

- ❖ 81% disagreed emphatically with the notion that primary care has rebounded
- ❖ 49% of clinicians report **mental exhaustion** from work at an **all-time high**
- ❖ 48% report **in-person volume 30-50% below** normal and will be for a while

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Heroes Health Initiative

You are doing so much for *others*. Heroes Health is to support *you*.

Join Heroes Health ▾   Newsroom ▾   Resources   Discounts   FAQ   Give

Download Heroes Health to your smart device:

GET IT ON
Google Play

Download on the
App Store

Welcome to the Heroes Health Initiative

Heroes Health is a free mobile application from the UNC School of Medicine that allows healthcare workers and first responders to track their mental health and access mental health resources. We invite healthcare workers and first responders to join independently or through their employers:

🧑‍⚕️ I am a Healthcare Worker   📋 I am an Organizational Leader

Heroes Health empowers healthcare workers to care for themselves and each other

Anonymously let your organization know how they're doing

Track your wellness with weekly, 5-minute surveys

Access mental health resources specific to your organization

Five things you can do as Primary Care providers

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

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

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

4. Offer testing for all patients, every visit

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

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CME Accreditation and Designation

❖ This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of MedChi, The Maryland State Medical Society, and The Maryland Department of Health. MedChi is accredited by the ACCME to provide continuing medical education for physicians.

❖ MedChi designates this live webinar educational activity for a maximum of 1 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Contact Frank Berry at **fberry@medchi.org**

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CME Disclosures and Evaluation

❖ Presenters and Planners: Howard Haft, MD, has reported no relevant financial relationships to disclose.

❖ MedChi CME Reviewers: The reviewers from the MedChi Committee On Scientific Activities (COSA) for this activity have reported no relevant financial relationships to disclose.

❖ Please complete an evaluation at: COVID-19 Update Evaluation

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Announcements

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

❖ Future Webinars

   ➢ Today - Michelle LaRue, MD

       Senior Manager Health and Social Services, CASA

   ➢ Next Week - Anika Alvanzo, MD

       COVID-19 impact on overdoses and opioid use disorders

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COVID -19 & HEALTH DISPARITIES

SEPTEMBER 23, 2020

CASA

- CASA was founded in 1985
- We now count with over 100,000 members
- 11 sites in the Mid-Atlantic region
- **Community member driven!!**

WHERE IS CASA

- 11 locations
- Pennsylvania
- Maryland (7)
- Virginia

Pennsylvania

Maryland

Delaware

DC

West Virginia

Virginia

MISSION & VISION

Our Mission:

- To create a more just society by **building power** and **improving the quality of life** in working class and immigrant communities.

Our Vision :

- We envision a future where we stand in our own power, our families live free from discrimination and fear, and our diverse communities thrive as we work with our partners to achieve full human rights for all.

HEALTH DISPARITIES

- We know that many factors affect our health that are not directly medical in nature

- Long-existing challenges that our community faces everyday

- COVID-19 has only exacerbated these

- Race and income are strong indicator of infection

LABOR/FINANCIAL

- Work in essential industries
- Never closed, don't offer telework options, don't provide supports such as paid sick leave
- Didn't provide PPE, especially in early stages
- Wide variety of immigration and labor statuses

What CASA is doing

- We have always provided assistance in enrolling in unemployment benefits
- We cross trained our workforce development team to increase internal capacity to help people enroll
- Have stayed up to date on changes in unemployment benefits. Latest update on 9/11/2020
- Helped community members enroll in local financial assistance programs
- Stood up our own Solidarity fund as many of our community are not eligible for unemployment insurance and was left out of the federal stimulus through which we have distributed **more than $1M**

FOOD/NUTRITION

- Long existing challenge for our community
- Public charge has caused a drastic decrease in participation in SNAP and FARMs
- The loss of jobs and hours of work has exacerbated this problem
- Even though many food distribution programs have been stood up, it's not without its own challenges

What CASA is doing:

- CASA stood up a food distribution program where it involved a touchless delivery model across all 4 regions
- Added diaper distribution to the food distribution
- Increased capacity to enroll people in SNAP
- Increased capacity to health hotline to field more calls and connect community members to local food distribution programs

LANGUAGE ACCESS

- Lack of cultural and linguistic capacity at all levels
- Lack of timely, linguistically, and culturally appropriate information
- Not using outlets and platforms that other sectors of the community use
- Lack of knowledge of where to turn for help
- Lack of concrete messaging on how to protect ourselves
- Even as capacity in call centers, like 311, improve there is still a language barrier at the end service point

What CASA is doing:

- Multilingual Health Information line (Spanish, French, English)
- Community Health Workers
- Comprehensive Communications and Outreach Strategy

HEALTHCARE ACCESS

- Lack of a medical home and lack of health insurance
- Trust issues, Fears of immigration, Public charge, attacks by this administration,
- Past negative experiences – discrimination
- Transportation challenges

What CASA is doing:

- Have managed a Health Information Line for many years – due to the pandemic have increased capacity because have seen a nearly 500% increase in call volume
- Created stronger relationships with Community Clinic partners
- Connections to social service supports to alleviate as many health needs as possible
- Enrollments in Medicaid and QHPs for those that are eligible
- Education campaign on public charge (have been doing this since 2018)

Michelle LaRue, M.D.

mlarue@wearecasa.org

www.wearecasa.org

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

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Scheduling In-Office Appointments

❖ Checking out
  ➢ Practice remote check out, limit front desk exposure;
  ➢ Or use a barrier at the front desk

❖ If patient is paying co-pays, etc., set up credit card reader outside of the barrier

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

These measures must be in effect:

1. Licensed healthcare providers will use their judgment to determine what appointments and procedures are appropriate

2. Facilities and providers must have at least one week's supply of personal protective equipment (PPE) for themselves, staff, and as appropriate, for patients
   i. PPE requests to any State or local health or emergency management agency will be denied for elective and non-urgent medical procedures
   ii. The healthcare facility or healthcare provider must be able to procure all necessary PPE for its desired services via standard supply chains
   iii. For hospitals with COVID-19 patients, MDH will determine a daily PPE per patient use rate for PPE requests

3. **Social distancing must be maintained in all waiting areas**

4. **All healthcare workers, patients, and others must be screened for COVID-19 symptoms upon arrival for shift or visit. Staff must stay home if they are showing COVID-19 symptoms.**

5. **All healthcare facilities and healthcare providers must implement enhanced workplace infection control measures > CDC guidelines: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html**
   i. **All healthcare providers and staff shall wear appropriate face coverings, to include cloth face coverings, surgical face masks or N-95 masks, respirators, and/or face shields**
   ii. **Patients should wear a face covering whenever possible**

6. **Any healthcare facility or provider unable to provide PPE for themselves, staff, and patients where appropriate must immediately restrict operations to urgent and non-elective procedures and appointments**

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

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

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

Personal Protective Equipment (PPE) Sources and Requests

- ❖ Routed through Local Health Departments

- ❖ Priority as previously stated - may change over time

- ❖ Maryland PPE Manufacturers List – next slide

- ❖ **National and International PPE Supplier List**

- ❖ **PPE request forms and local contacts**

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State Launches Maryland PPE Network Supplier Portal

❖ Increasing Maryland's supply of PPE – one of the 4 building blocks on the Road to Recovery

❖ Maryland has launched the Maryland Manufacturing Network Supplier Portal, an online platform that helps connect Maryland suppliers with buyers in need of critical resources

❖ Large daily deliveries come into the state's warehouses

❖ For additional business resources during COVID-19, visit businessexpress.maryland.gov/coronavirus

Help your patients get health coverage

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

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

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Considerations when Reusing N95 Respirators (CDC)

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

Source

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CDC Guidelines - N95 Respirators and Infection Control

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

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CDC Guidelines - Reusing N95 Respirators

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

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CDC Guidelines - When to Discard N95 Respirators

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

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COVID-19 Testing Site Information

❖ Patients require a provider order for referral to testing sites

❖ Providers contact your local hospital or use the link below

❖ Sites are subject to host location restrictions and availability

❖ MD is also piloting drive-thru testing at several Vehicle Emissions Inspections Program (VEIP) locations – FAQs available here.

❖ Current list of testing sites, please click here

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CDC Guidelines for COVID Patient Management

❖ Healthy people can be monitored, self-isolated at home

❖ People at higher risk should contact healthcare providers early, even if illness is mild

❖ Older adults and people with severe underlying chronic medical conditions are at higher risk, need closer contact

❖ Emergency Department and Hospitals only when needed - not for screening or low risk/minimal disease

❖ **Guidelines are important and powerful tools, but remember providers' clinical experience and judgment are key to care**

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Billing for End-of-Life Planning

❖ Billable event with AWV or Separate Encounter

❖ 99497 - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate

❖ 99498 - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; each additional 30 minutes (List separately in addition to code for primary procedure)

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Support for Patients at Home

❖ Food
  ➢ Meals on Wheels

❖ Caregivers
  ➢ Visiting nurses and caregivers

❖ Emotional support
  ➢ Support from family
  ➢ Phone calls and videochat to fight loneliness
  ➢ MD Department of Aging [Senior Call Check Program](#)

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Caregiver Services Corps (CSC)

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

❖ The **CSC** call center (**800-337-8958**), staffed with specialists 7 days a week, matches volunteers for urgent and temporary assistance to people **over 65 years old in their homes** to help with:

- ➤ Self-administration of medications
- ➤ Ambulation and transferring
- ➤ Bathing and completing personal hygiene routines
- ➤ Meal preparation and grocery or prepared meals delivery
- ➤ Teaching how to use video technologies to connect with loved ones and/or healthcare providers for telemedicine

❖ Healthcare providers should alert their patients they are being referred

❖ **Seniors, their families and friends may call 211 to seek help and referrals to the elderly in need**

Hospital Surge Preparedness

❖ Convention Center needs medical staff – Visit https://www.linkedin.com/jobs/view/1788387174

❖ Tents and Modular Units - including ICUs

❖ Expansion within facilities

❖ Professional student staffing

❖ Employment opportunities for healthcare professional and support staff: www.MarylandMedNow.com

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Opportunities to Volunteer and Serve

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

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Staying Current - Sources

❖ <u>CDC</u>

❖ <u>MDH COVID-19 information page</u>

❖ <u>MDPCP COVID-19 webpage</u>

❖ Local Health Departments

❖ <u>CONNECT</u>

❖ Clinician Letters

❖ Multiple Resource Links in Appendix

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MedChi/CareFirst/Backline Grant

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

Eligibility Requirements

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

Application Steps

Can be completed in less than 5 minutes

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

Grant Amount

$300 per eligible physician

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Federal Emergency Funds for Small Business

❖ Disaster Loan Assistance (from Small Business Administration)
  ➤ Low-interest financial disaster loans for working capital in small businesses suffering substantial economic injury due to COVID-19
  ➤ FAQs

❖ CARES Act (pending federal legislation)
  ➤ Sets up a $350 billion loan program for small businesses
  ➤ Small businesses can apply for low-interest loans that cover up to 2.5 months of expenses
  ➤ Maximum loan amount is $10 million
  ➤ Loans can cover payroll, rent, utilities, or existing debt obligations
  ➤ Interest rates cannot exceed 4%
  ➤ If employer continues to pay workers through June, the amount of the loans that went toward eligible costs would be forgiven
  ➤ Loans will be available through the Small Business Administration and Treasury-approved banks, credit unions, and some nonbank lenders

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State Emergency Funds for Small Business

- ❖ COVID-19 Layoff Aversion Fund (from Maryland Governor Larry Hogan and Maryland Dept. of Labor)
  - ➤ Designed to support businesses undergoing economic stresses due to the pandemic by minimizing the duration of unemployment resulting from layoffs
  - ➤ Award of up to $50,000 per applicant
  - ➤ Will be quick deployable benefit and customizable to specific business needs

- ❖ View the One-Pager

- ❖ COVID-19 Layoff Aversion Fund Policy

- ❖ COVID-19 Layoff Aversion Fund Application (Excel)

- ❖ Submit your completed application to: LaborCOVID19.layoffaversion@maryland.gov.

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Food Resources

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

➢ Maryland Summer Meals   Howard County

➢ Montgomery County   Anne Arundel County

➢ Prince Georges County   St. Mary's County

➢ Charles County   Harford County

➢ Frederick County   Calvert County

❖ Free meals available from 42 rec centers in Baltimore

➢ Call 311 for locations and to schedule pickup time

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Resources for Specific Groups

❖ Community- and Faith-Based Organizations (https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-community-faith-organizations.html)

❖ Mass Gatherings and Large Community Events (https://www.cdc.gov/coronavirus/2019-ncov/community/mass-gatherings-ready-for-covid-19.html)

❖ Non-Pharmaceutical Interventions for Specific Groups (https://www.cdc.gov/nonpharmaceutical-interventions/index.html)

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Resources and References

❖ Maryland Department of Health Coronavirus Website (https://coronavirus.maryland.gov)

❖ CDC Coronavirus Website (https://www.cdc.gov/coronavirus/2019-nCoV/index.html)

❖ CDC National data on COVID-19 infection and mortality (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html)

❖ CDC Interim Guidance for Homes and Communities (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html)

❖ CDC Interim Guidance for Businesses (https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html)

❖ CDC Interim Guidance for Childcare and Schools (https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html)

❖ CDC Travel Website (https://wwwnc.cdc.gov/travel/)

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State Emergency Funds for Small Business

❖ Maryland Small Business COVID-19 Emergency Relief Loan Fund
  - ➢ $75 million loan fund (to be paid to <u>for-profit business only</u>)
  - ➢ Loans are up to $50,000
  - ➢ No interest or principal payments due for the first 12 months
  - ➢ Thereafter converts to 36-month term loan of principal and interest payments, with interest rate of 2% per annum

❖ Maryland Small Business COVID-19 Emergency Relief Grant Fund
  - ➢ $50 million grant program for <u>businesses and non-profits</u>
  - ➢ Grant amounts of up to $10,000
  - ➢ Grant amounts not to exceed three months of demonstrated cash operating expenses for Q1 2020

❖ Emergency Relief Fund FAQ

❖ Questions or concerns email fpaaworkflowcoordinator.commerce@maryland.gov.

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