



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

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

9 September 2020

# Resilience





“And once the storm is over, you won’t remember how you made it through, how you managed to survive. You won’t even be sure whether the storm is really over. But one thing is certain. When you come out of the storm, you won’t be the same person who walked in. That’s what this storm’s all about.” —*Haruki Murakami*

# Agenda

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- ❖ Maryland Morbidity and Mortality Data
- ❖ National Status and Projections
- ❖ Vaccine Development Update
- ❖ Testing Update
- ❖ Contact Tracing 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 – Maunank Shah, MD, PhD
- ❖ Q & A
- ❖ Resources Appendix

# Morbidity and Mortality Update

	United States 	Maryland 	
<i>Cases</i>	<b>New Daily Cases (7-day rolling average)</b>	38,915	662
	<b>Cumulative Cases</b>	6.3 million+	113,239
<i>Deaths</i>	<b>New Daily Deaths (7-day rolling average)</b>	800	7
	<b>Cumulative Deaths</b>	189,076	3,663

# COVID-19 Daily Report - Maryland Department of Health

Data reported as of 9/8/2020

**113,239**

confirmed cases

**12,953**

tests reported 9/7

**2,099,562**

cumulative tests

**3,663**

confirmed deaths

**+356**

cases reported on 9/7\*

**3.54%**

daily positivity reported 9/7

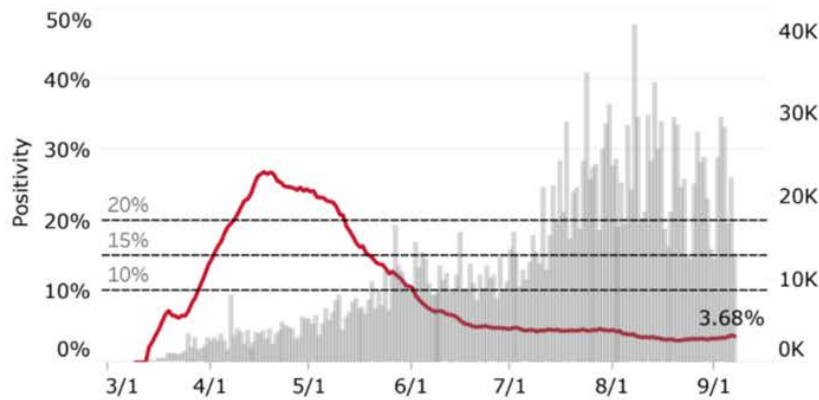
**3.68%**

7-day avg. positivity\*\* reported 9/7

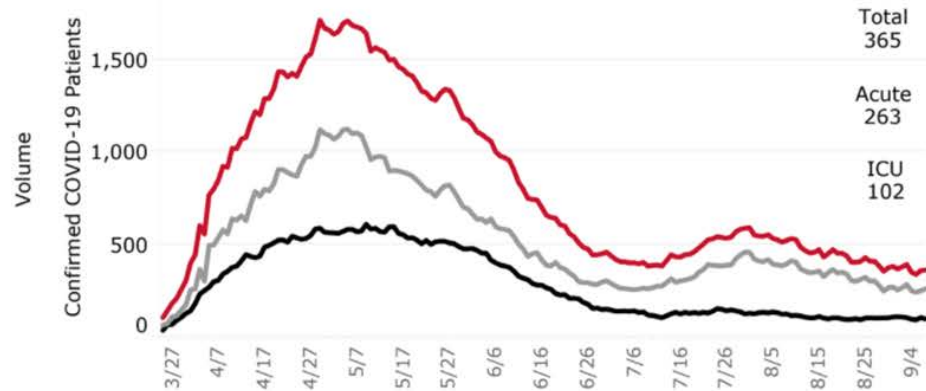
**+3**

deaths reported on 9/07

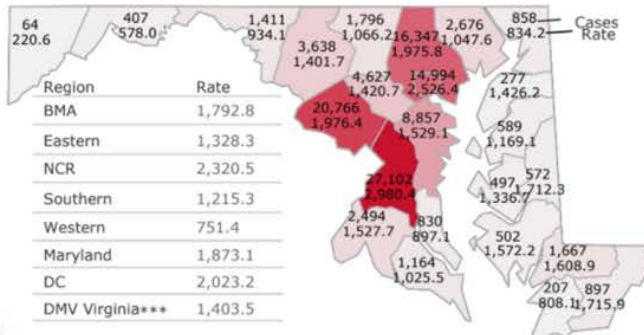
## 7-Day Avg. Percent Positive Testing\*\* and Total Testing Volume



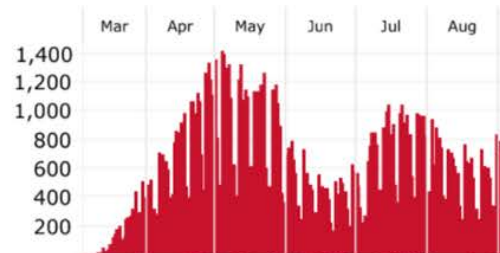
## Statewide Acute/ICU Beds Occupied by COVID Patients



## 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.

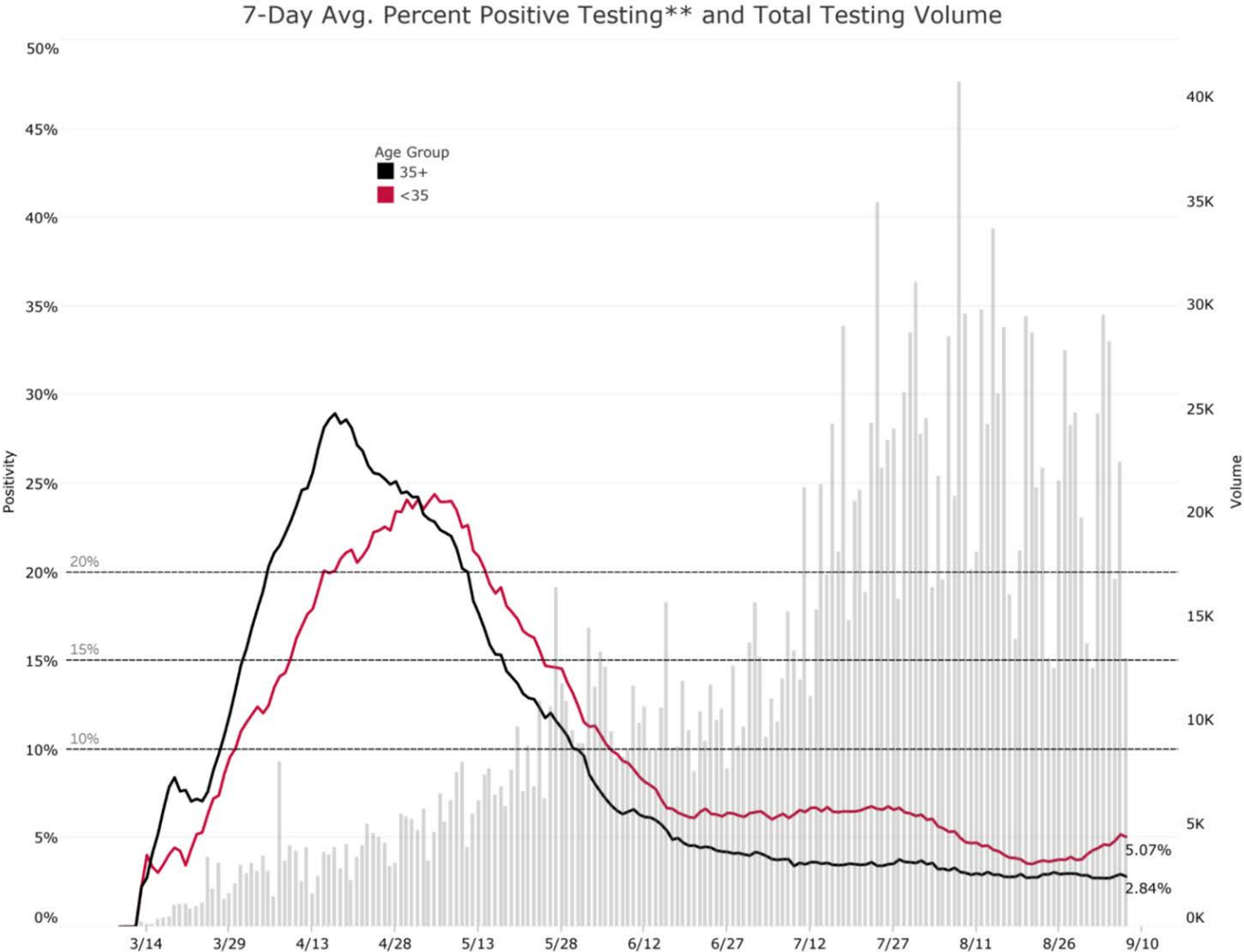
# Maryland Testing and Positivity by County

State and Jurisdiction	Positives	Total Pop Tested	% Pop Tested	Daily Testing Volume	Total Testing Volume	7-day Positivity %
<b>Maryland</b>	<b>113,239</b>	<b>1,410,598</b>	<b>23.30%</b>	<b>12,953</b>	<b>2,099,562</b>	<b>3.70%</b>
Allegany County	407	18,395	25.90%	131	27,631	1.30%
Anne Arundel County	8,857	122,454	21.30%	817	172,394	4.50%
Baltimore County	16,347	203,158	24.50%	1,814	313,043	4.30%
Baltimore City	14,994	174,685	29.00%	1,942	267,673	2.90%
Calvert County	830	14,615	15.90%	131	19,924	4.00%
Caroline County	572	7,695	23.10%	157	10,974	7.30%
Carroll County	1,796	35,133	20.90%	465	52,786	2.70%
Cecil County	858	15,658	15.20%	59	22,280	6.40%
Charles County	2,494	30,647	19.00%	242	44,217	4.50%
Dorchester County	502	9,728	30.40%	57	14,408	4.50%
Frederick County	3,638	63,427	24.80%	495	93,695	3.00%
Garrett County	64	4,679	16.00%	22	8,884	0.10%
Harford County	2,676	47,966	18.90%	433	69,269	4.00%
Howard County	4,627	77,258	23.90%	804	109,035	2.90%
Kent County	277	5,815	30.00%	13	8,718	3.60%
Montgomery County	20,766	242,860	23.10%	2,299	348,397	3.10%
Prince George's County	27,102	208,075	22.90%	2,030	292,039	4.60%
Queen Anne's County	589	10,501	20.90%	49	14,340	4.60%
Somerset County	207	8,296	32.30%	126	11,760	2.70%
St. Mary's County	1,164	20,712	18.40%	259	33,796	2.30%
Talbot County	497	10,526	28.40%	78	14,937	2.80%
Washington County	1,411	39,782	26.40%	273	60,321	3.60%
Wicomico County	1,667	25,182	24.40%	128	37,462	5.30%
Worcester County	897	13,351	25.80%	72	17,449	7.60%

USA	
Daily Testing Volume	7-day Positivity %
588,965	5.4%



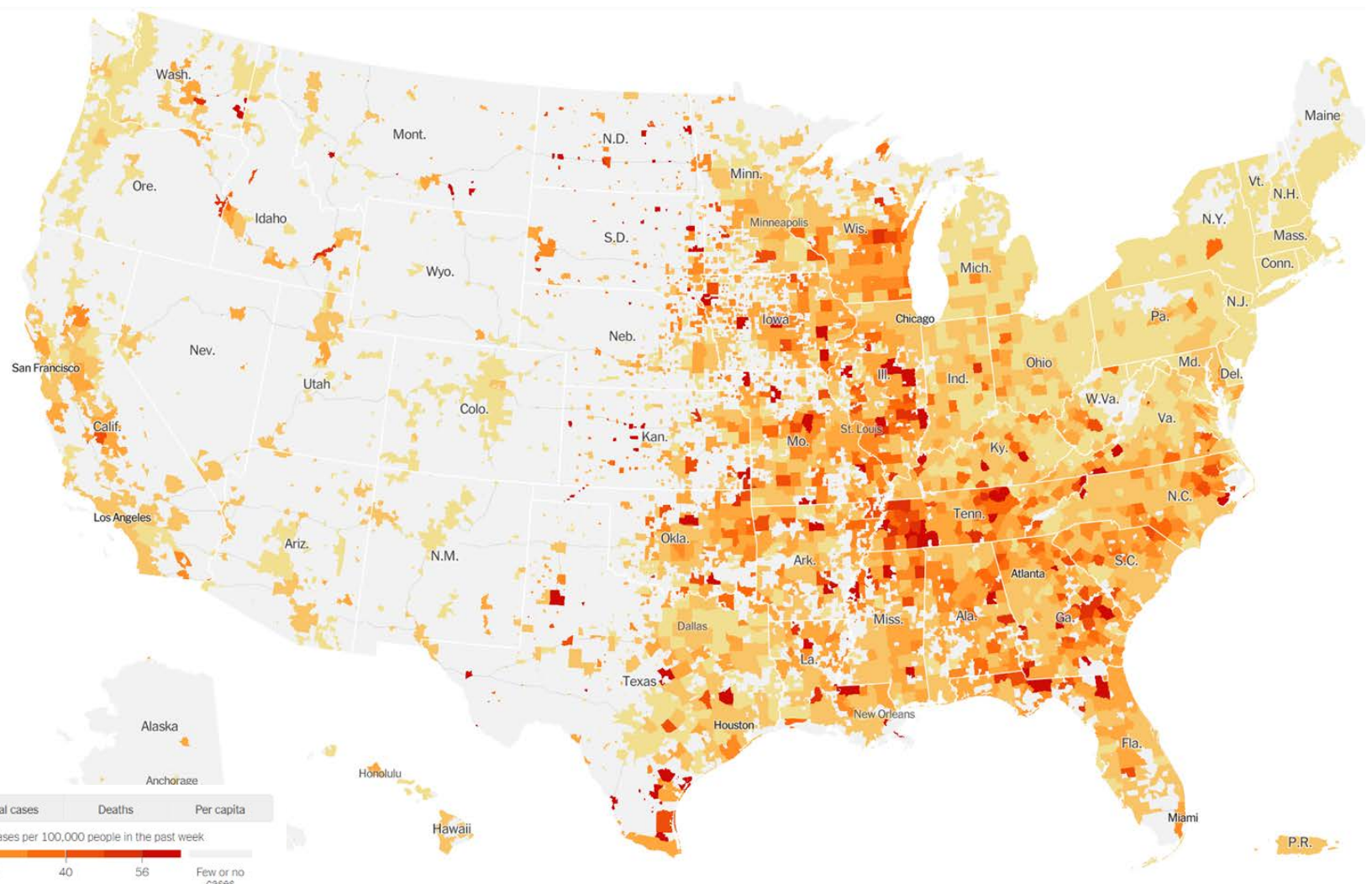
# Maryland Daily Positivity Rate



Source: MDH

Updated 9/8

# COVID-19 Outbreak US Hotspots



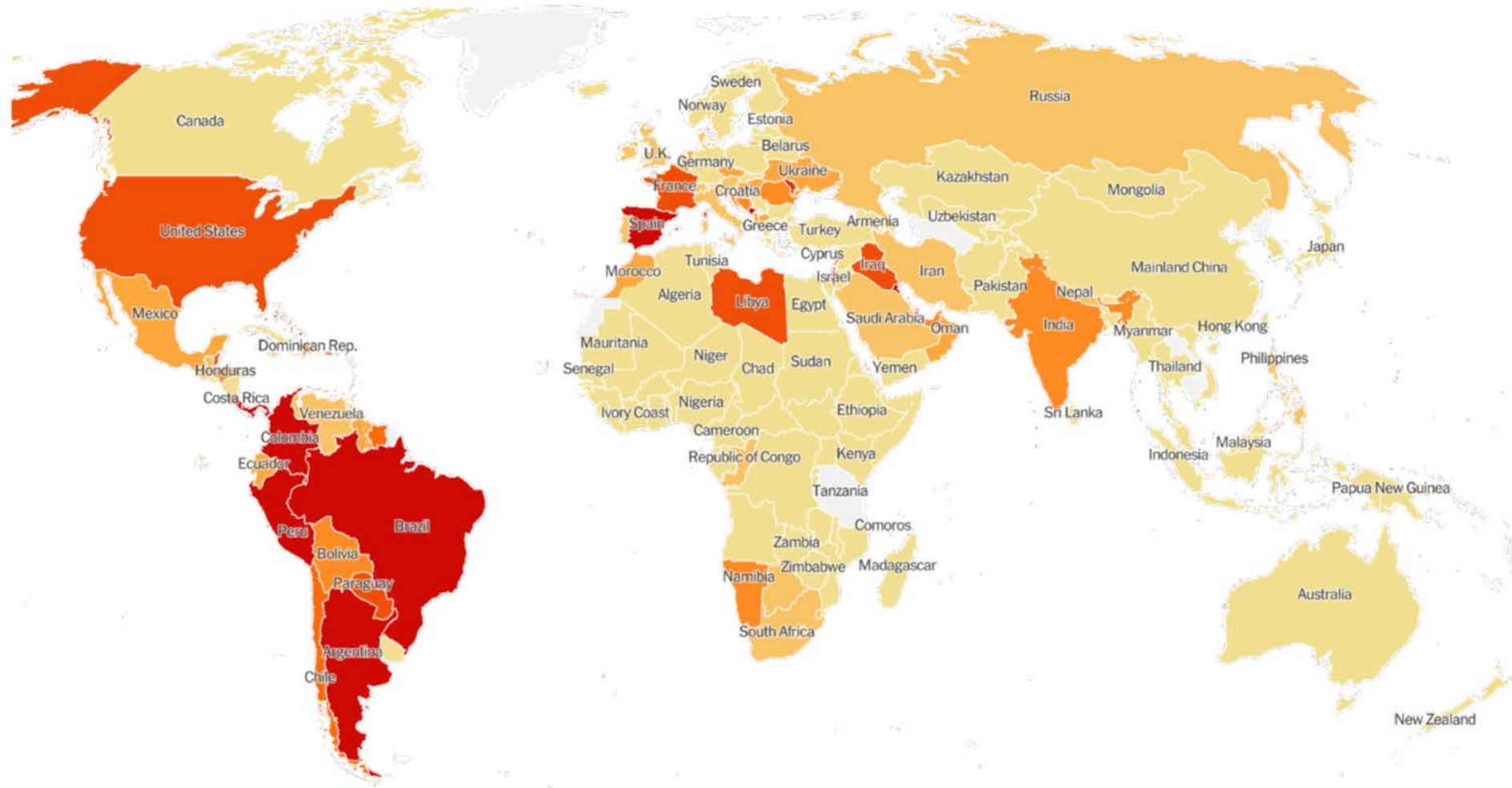
Source: New York Times

Updated 9/8



# Global Pandemic Hotspots

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# *Covid Vaccine Update*

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# Draft Covid Immunization plan

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- ❖ 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 to highest risk - tbd

# CDC - FDA Checklist for States' Vaccine Preparedness

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- ❖ Determine organizational structure and partner involvement
- ❖ Identify gaps in preparedness
- ❖ Review requirements and assess capacity of immunization information system (IIS) or other reporting system
- ❖ Identify critical populations
- ❖ Prepare for covid vaccine administration
- ❖ Plan for expansion of Covid-19 vaccination provider
- ❖ Outreach and enrollment
- ❖ Determine covid vaccine allocations
- ❖ Develop communications plan

Use this checklist to assist in **early** planning for the COVID-19 vaccination program. Jurisdictions must be prepared to **immediately** vaccinate identified critical populations when the earliest COVID-19 vaccine doses are available and approved by the U.S. Food and Drug Administration (FDA). Jurisdictions should also begin planning for vaccination of the rest of the general population when COVID-19 vaccine supply allows.

# Vaccines in development

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## ❖ Types

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

## ❖ Unique features

- ❖ Temperature sensitivity
- ❖ Dosing
- ❖ Prioritization

## ❖ Trial phases - ongoing

# Vaccine Administration

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- ❖ Primary Care
- ❖ Pharmacists
- ❖ Healthcare Facilities
- ❖ Health Departments- vaccine clinics
- ❖ Others



# 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*

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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
- ❖ 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

# 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 unless you have an existing method for reporting:  
<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

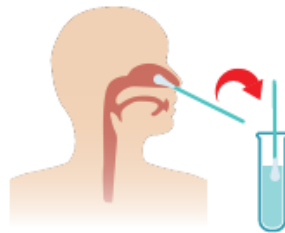
Table 2. Summary of Some Differences between RT-PCR Tests and Antigen Tests

	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

# Saliva Covid Testing

- ❖ Commercial kits available
- ❖ More sensitive in early Covid ?
- ❖ Easy sampling
- ❖ Less expensive
- ❖ Tricky for lab techs

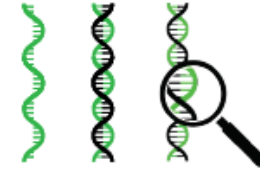
## Molecular Tests (Nucleic Acid Detection)



1. Obtain Specimen:  
NP swab



2. Extract RNA  
from specimen  
and convert to  
DNA.



3. Amplify by PCR  
with SARS-CoV-2  
specific primers.

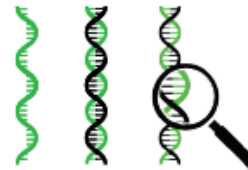


4. Interpret results:  
presence of viral  
RNA indicates  
active SARS-CoV-2  
infection.

## 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.

# *Maryland Updates*

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# Testing Asymptomatic Patients

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- ❖ 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

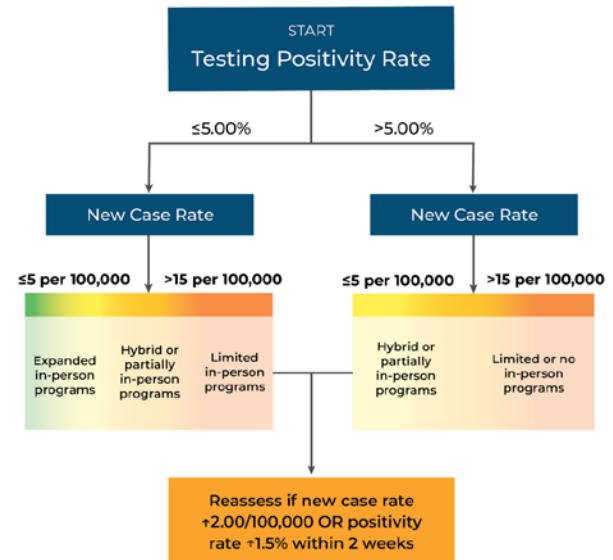
# Phase 3 of Maryland Recovery

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- ❖ 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*

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# 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
<b>Wearing face coverings, contact for short time</b>						
Silent	Low	Low	Low	Low	Low	Medium
Speaking	Low	Low	Low	Low	Low	Medium
Shouting, singing	Low	Low	Medium	Medium	Medium	High
<b>Wearing face coverings, contact for prolonged time</b>						
Silent	Low	Low	Medium	Low	Medium	High
Speaking	Low	* Low	Medium	* Medium	Medium	High
Shouting, singing	Low	Medium	High	Medium	High	High
<b>No face coverings, contact for short time</b>						
Silent	Low	Low	Medium	Medium	Medium	High
Speaking	Low	Medium	Medium	Medium	High	High
Shouting, singing	Medium	Medium	High	High	High	High
<b>No face coverings, contact for prolonged time</b>						
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

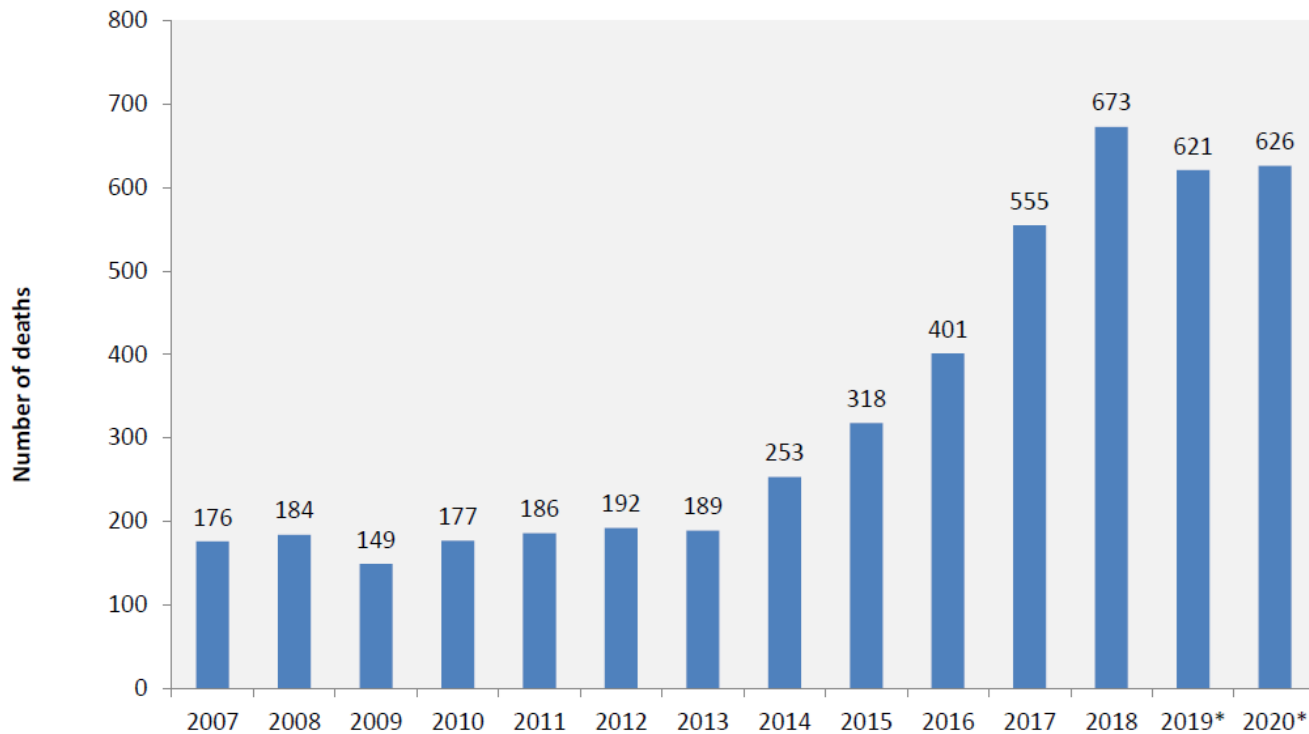
1. Determine eligibility
2. Validate Tax ID Number (TIN)
3. Apply for funding

### 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

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- ❖ One year
- ❖ Implementation of SBIRT in Primary Care Practices
- ❖ For information contact - Erin Cosgrove at [ecosgrove@groupmosaic.com](mailto:ecosgrove@groupmosaic.com)

# 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 - 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

➤ Next Week - Sneha Jadhav, MD

*Helping Children Cope with COVID and Anxiety*

Child Psychiatrist, Kennedy Krieger



# **Tuberculosis in the era of COVID-19: forgotten but not gone**

**Maunank Shah MD PhD**

**Center for TB Control and Prevention Outreach Consultant**

**Associate Professor**

**Division of Infectious Diseases, Johns Hopkins University**

**September 9<sup>th</sup>, 2020**

# Outline

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- Discuss local TB epidemiology
- Describe the impact of COVID on TB diagnosis and Treatment
- Review diagnostic testing for active TB
- Discuss approaches to diagnose and treat latent TB

# What is Tuberculosis?

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- Tuberculosis (TB) is caused by *Mycobacterium tuberculosis* and is spread through **airborne transmission**
- ~25% of the world is infected with **latent TB infection(LTBI)**
- **5-10%** of individuals with LTBI will develop **active TB disease** at some point in their life.
- Active TB most commonly causes pneumonia, but can affect almost any organ in the body
- TB is the most common infectious disease **cause of death** globally (since ~2014)
- In Maryland, the majority of individuals with LTBI and active TB are non-US Born

# There is ongoing transmission of TB

## locally

- In 2004, a contagious **homeless man** likely exposed nearly 1000 people
  - 35 cases 2004-2009 in **local shelters**

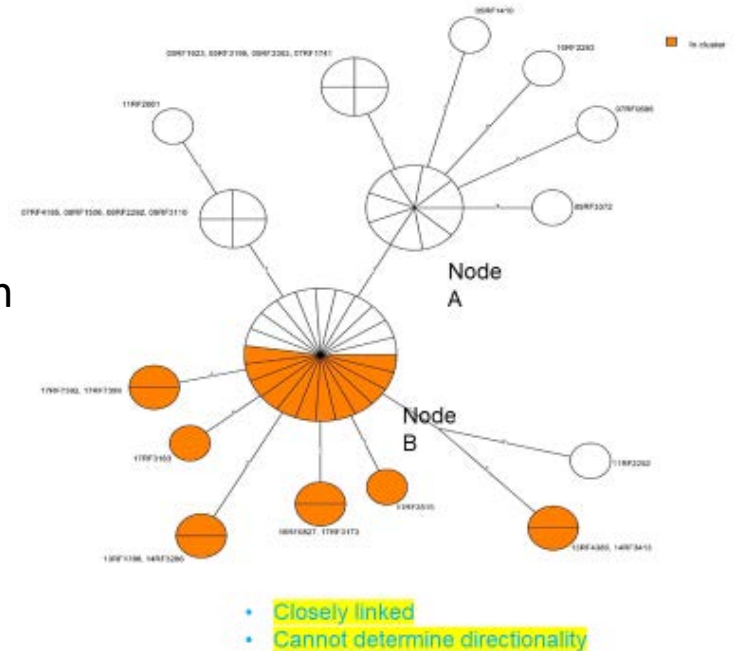


Cross-over to local population

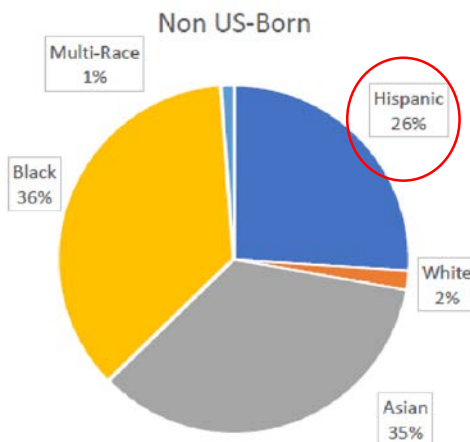
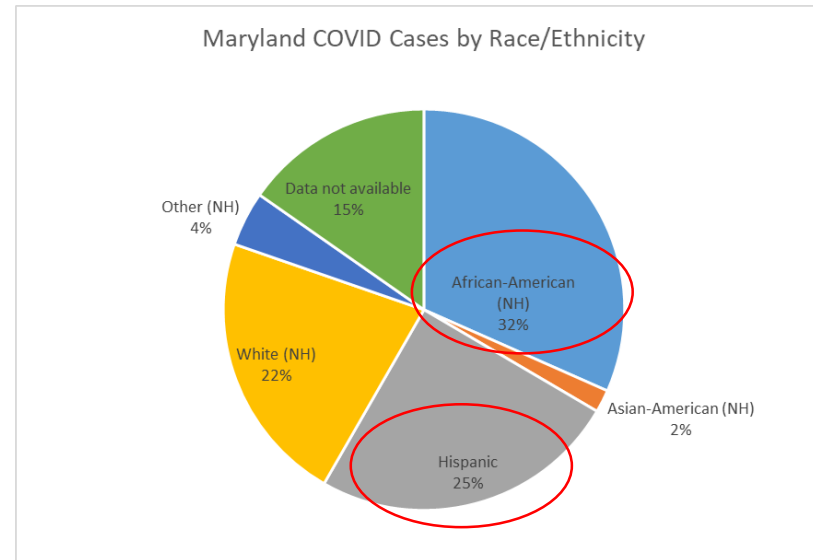
- Since 2015, **genotype emerged in young healthy US born population**
  - **22 new cases**, median age 30
  - Few connections to homelessness



- Provider Memo (2018):
  - Consider TB even in patients without traditional risk factors
    - Unresolving pneumonia
    - Recurrent skin/soft tissue infections, lymphadenitis, osteomyelitis without alternative diagnosis
  - All with history of homelessness should be screened for latent TB

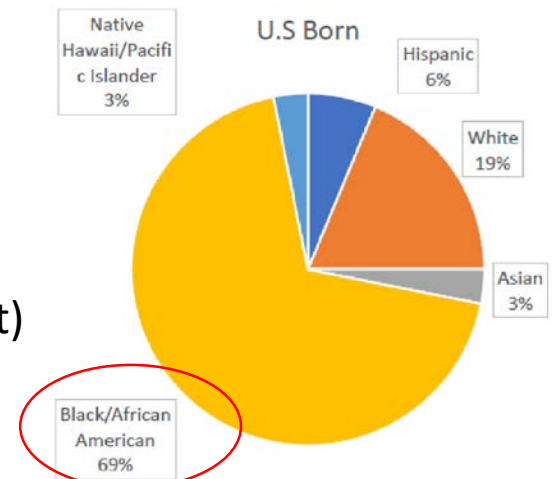


# TB and COVID disproportionately impact overlapping populations



TB incidence:

- Non-US Born: 22/100,000
- US-born 3/100,000
  - Higher incidence in >50 age group (cohort effect)

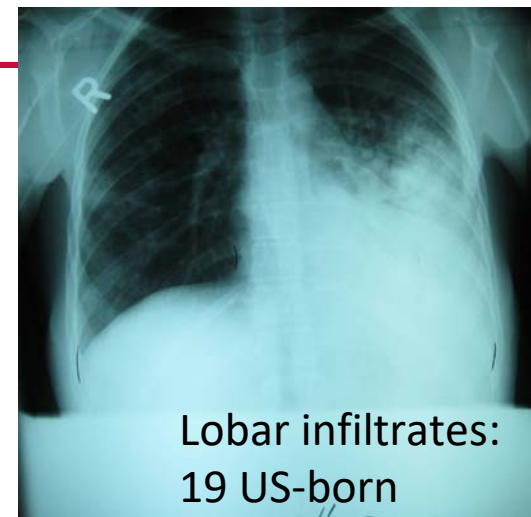
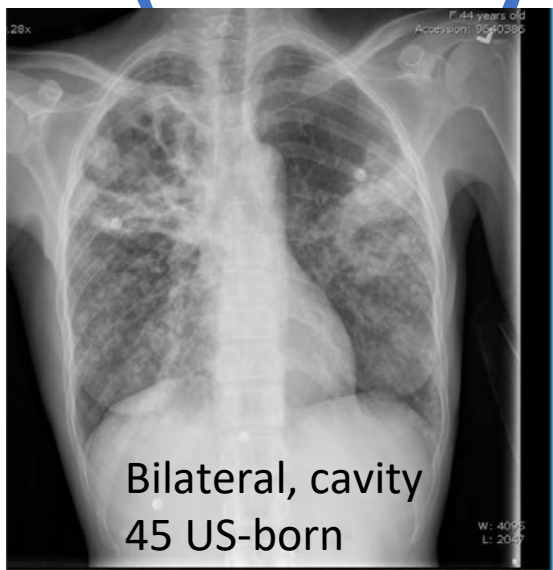


# TB diagnoses may be declining: is this due to focus on COVID testing?

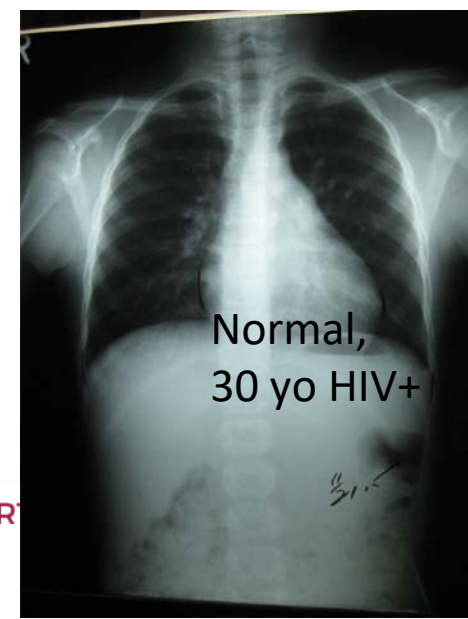
- As of 6/30/20, reported cases are ~40% lower than for the same period in 2016-2019
- Electronic lab reporting (as a surrogate for diagnostic testing):
  - Decreased 10-23% (depending on the month)
- 8 individuals with concurrent COVID and active TB
  - COVID diagnosis does not exclude need for TB evaluation, particularly in individuals with epidemiologic or host risk factors



# TB can have myriad presentations (and may overlap with COVID)

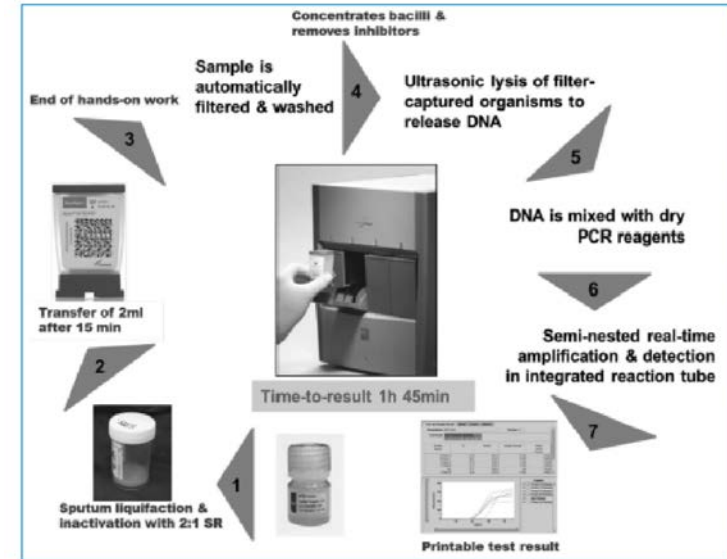


- Risk factors for active TB in Maryland includes:
  - Foreign-born
  - Homelessness
  - Immunosuppression
  - *Be aware that due to local transmission, some individuals do not have traditional risk factors*



# TB Diagnostics: What to order when you suspect ACTIVE TB?

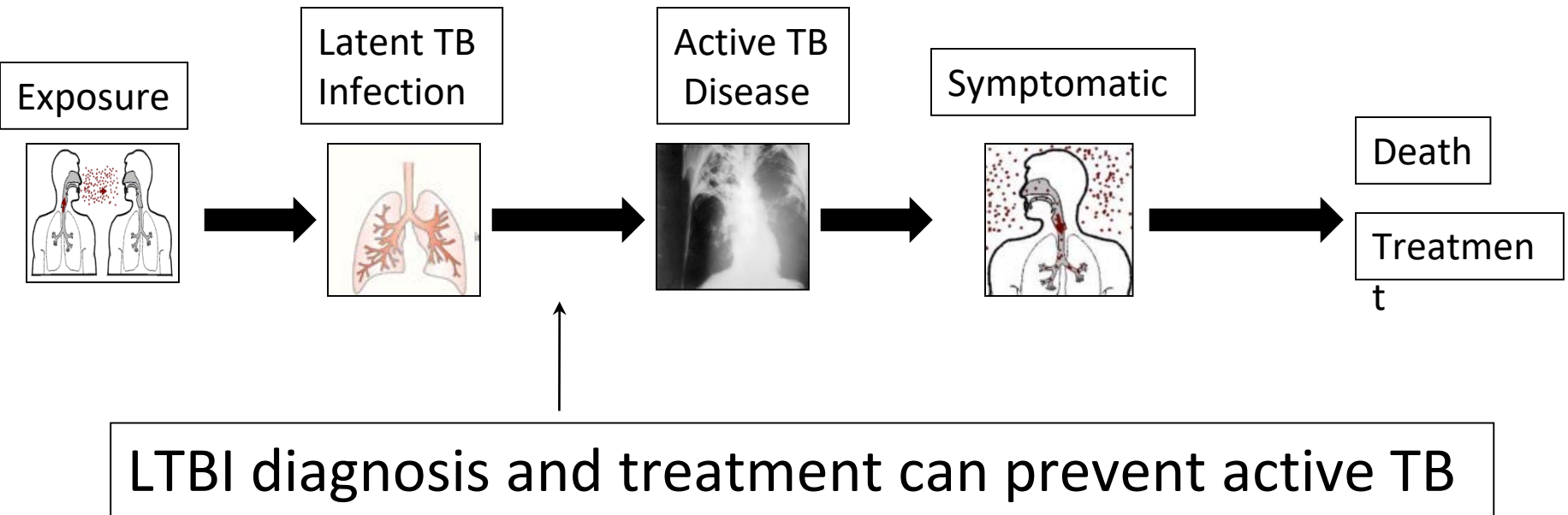
- Smear microscopy (sputum, tissue): **Low Sensitivity (does not rule out TB)**
- Mycobacterial culture (sputum, blood, tissue): **Reference standard**
- Nucleic acid amplification tests (sputum, tissue): **Rapid, more sensitive than sputum smear**
- *TST and IGRA's are not sufficient to evaluate an individual suspected of having active TB –can be used adjunctively*
- *CXR and other imaging may be helpful but do not confirm a diagnosis*



## CDC recommendation:

At least one respiratory sample should be sent for NAAT testing (in addition to smear microscopy/cx)

# Latent TB: the seedbed of active TB



**We cannot achieve TB elimination without improving TB prevention efforts**

# Who should get tested

- Those at high epidemiologic risk of infection
- Those at high risk of progression, if infected

**LTBI testing is recommended if any of the 3 boxes below are checked.**

**Birth, travel, or residence** in a country with an elevated TB rate for at least 1 month

- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe
- Interferon Gamma Release Assay is preferred over Tuberculin Skin Test for non-U.S.-born persons  $\geq 2$  years old

**Immunosuppression, current or planned**

HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone  $\geq 15$  mg/day for  $\geq 1$  month) or other immunosuppressive medication

**Close contact** to someone with infectious TB disease during lifetime

**Treat for LTBI if LTBI test result is positive and active TB disease is ruled out.**

# Current Treatment for LTBI: Updated 2020

## Rifamycin based regimens are preferred

Drug	Dose	Frequency	Duration	Other
INH + Rifapentine	900mg/ 300-900mg	WEEKLY	3 months	UPDATED (expanded)
Rifampin	600 mg	Daily	4 months	
INH+Rifampin	300mg/ 600mg	Daily	3 months	NEW

Isoniazid (INH)	300 mg	Daily	9 months	
Vitamin B6	50mg	Daily	Prevent neuropathy	

# LTBI is a reportable condition: COMAR 10.06.01.03: April 23, 2018

- For reporting purposes, LTBI is defined as:
  - “A positive result on an IGRA, TST, or any other test indicating TB infection”
  - “Active or suspected TB has been ruled out”
  - Implementation details being figured out
- [https://phpa.health.maryland.gov/OIDPCS/CTBCP/CTBCPDocuments/LTBI%20reporting%20form\\_fillable.pdf](https://phpa.health.maryland.gov/OIDPCS/CTBCP/CTBCPDocuments/LTBI%20reporting%20form_fillable.pdf)

# Summary

- TB is not gone from Maryland
- TB in Maryland affects similar populations to those in which COVID incidence is highest:
  - Foreign-born (e.g., LatinX)
  - African-American
  - Older age
- COVID-19 and TB may have overlapping syndromes:
  - Fevers, pneumonia
- Local health department TB clinicians are available to assist in the diagnosis of active TB
  - Send at least one sample for Nucleic Acid Amplification testing
- **CALL TO ACTION FOR PRIMARY CARE PROVIDERS:**
  - TB is preventable with diagnosis and treatment of Latent TB
  - New recommendations prioritize short-course latent TB treatment regimens
  - LTBI is reportable in Maryland
  - Consider evaluation for active TB in patients with unresolving pneumonias, or in individuals with risk factors for epidemiologic exposures when presenting with respiratory syndromes



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**Maryland**

DEPARTMENT OF HEALTH

***Prevention and Health Promotion Administration***

**<https://phpa.health.Maryland.gov>**

**410-767-6698**





# 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 practice
    - 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 (no-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 use
  - 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 (→) 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).