Covid-19 Update

Maryland Department of Health

Maryland Primary Care Program

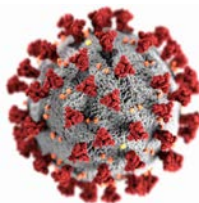**Program Management Office**

6 January 2021

and
ALTH

The Final Battles

This is our enemy - heartless, soulless and only intending to hurt us

These are the weapons you have to combat this enemy

It is **now** up to you to use them to the best of your ability through a lens of equity

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COVID-19 Daily Report - Maryland Department of Health

Data reported as of 1/6/2021 for data through 1/5/2021

292,904 confirmed cases

+38,660 tests reported

5,932,780 cumulative tests

27,711 confirmed cases hospitalized***

5,960 confirmed deaths

+3,146 cases reported*

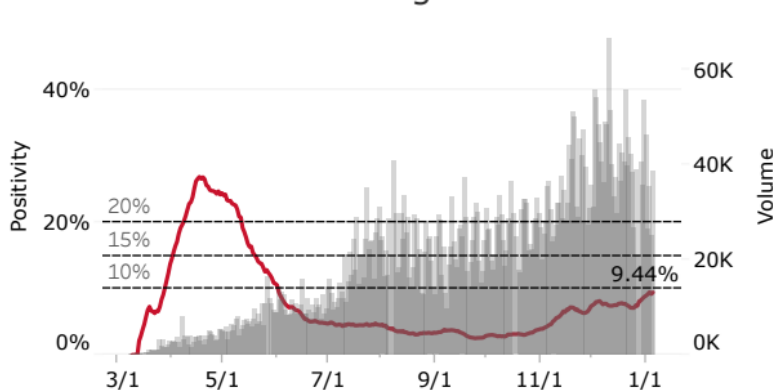**10.49%** daily positivity

9.44% 7-day avg. positivity**
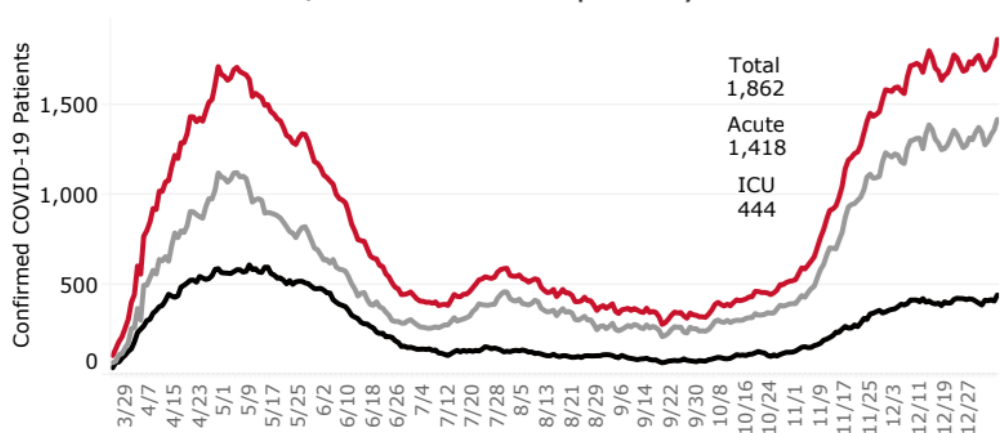
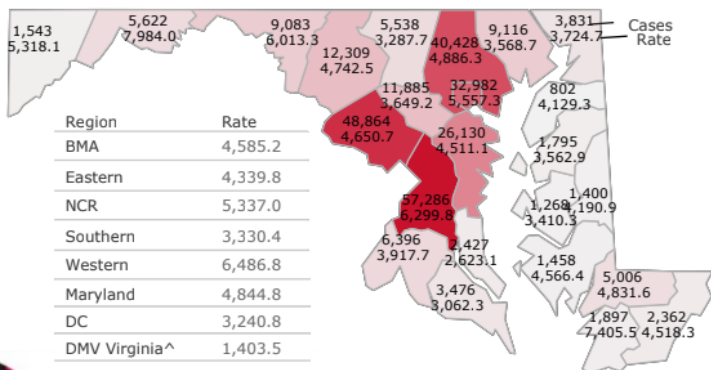**169** newly identified hospitalizations

+47 deaths reported

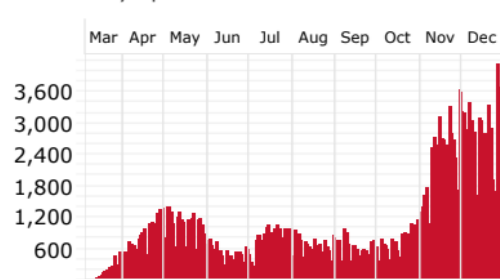## 7-Day Avg. Percent Positive Testing** and Total Testing Volume
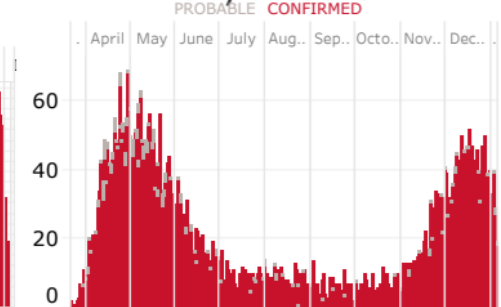

Statewide Acute/ICU Beds Occupied by COVID Patients

Total 1,862
Acute 1,418
ICU 444

Cases and Rates by County of Residence

	1,543 5,318.1	5,622 7,984.0	9,083 6,013.3	5,538 3,287.7		9,116 3,568.7	3,831 3,724.7	Cases Rate
				12,309 4,742.5	40,428 4,886.3			
				11,885 3,649.2	32,982 5,557.3		802 4,129.3	
				48,864 4,650.7	26,130 4,511.1		1,795 3,562.9	
							1,400 1,268, 190.9 3,410.3	
				57,286 6,299.8				
			6,396 3,917.7	2,427 2,623.1		1,458 4,566.4	5,006 4,831.6	
			3,476 3,062.3					
		1,897 7,405.5		2,362 4,518.3				

Region	Rate
BMA	4,585.2
Eastern	4,339.8
NCR	5,337.0
Southern	3,330.4
Western	6,486.8
Maryland	4,844.8
DC	3,240.8
DMV Virginia^	1,403.5

Daily Cases
by Specimen Collection Date

Daily Deaths
PROBABLE CONFIRMED


All case-related counts on this dashboard are of individual people infected with COVID-19. 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.
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.
*Daily case increase uses report date. **Positivity calculated using a 7-day rolling average
***This is for MD residents only and includes cases reported as COVID positive, including after an individual may have been discharged. This is different from bed utilization.
^DMV Virginia includes Alexandria, Arlington, Fairfax, Fairfax City, Falls Church, Loudoun, Manassas, Manassas City, and Prince William.

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Statewide Occupied Staffed - Adult Acute Care and ICU - Last 10 Days
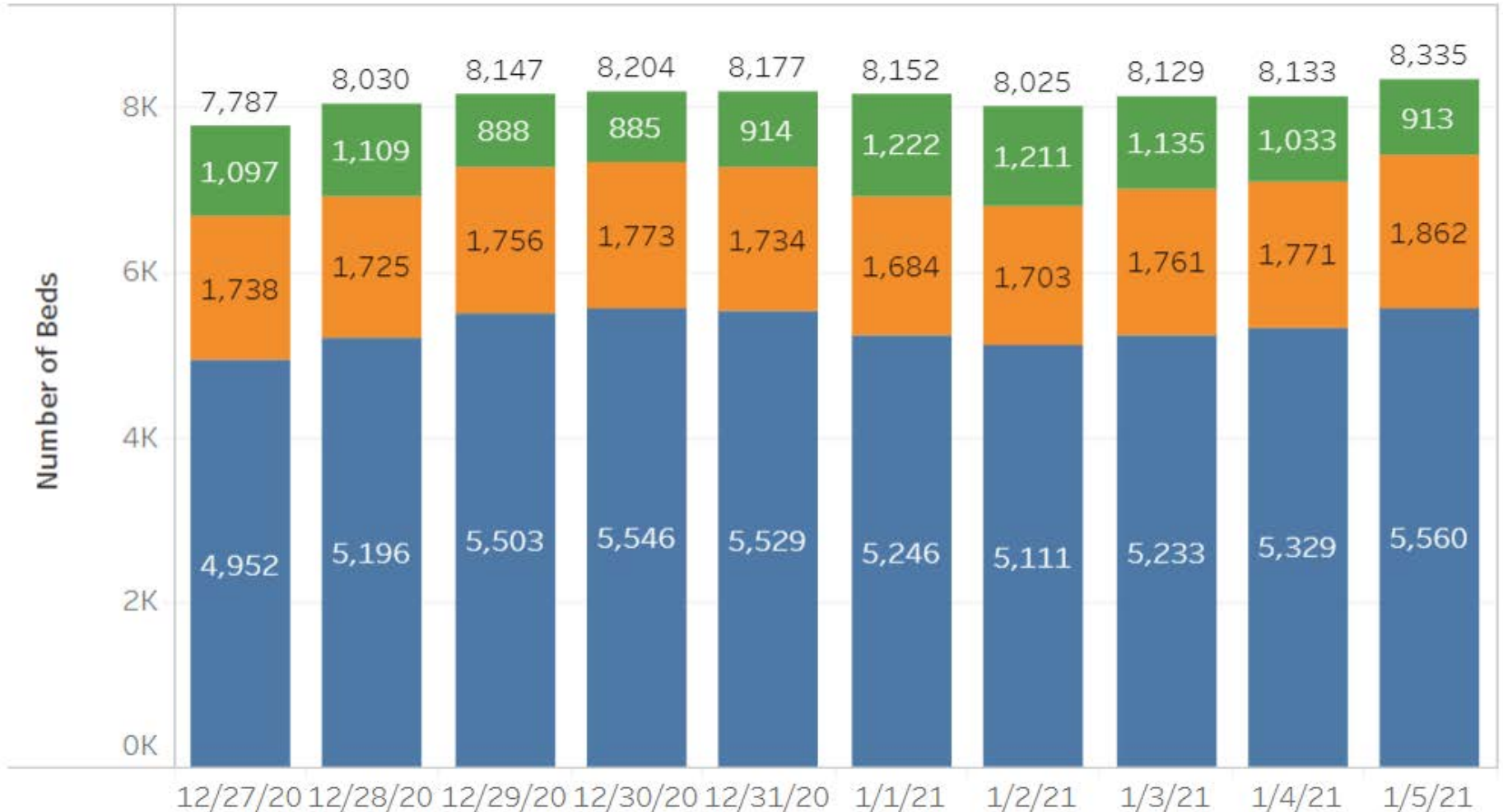
Source: CRISP

Updated 1/6/21

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Important Items This Week

❖ Anticipate more cases, hospitalization and deaths in weeks to come

❖ Hospitals near capacity

❖ Staffing shortages looming - volunteer and paid opportunities via MarylandMedNow

❖ Vaccines moving through Phases, now in 1A - have patience

❖ Opportunity to reduce hospitalization using monoclonal antibodies

❖ Important to continue testing to identify candidates for mAbs

❖ Contact tracing is being overwhelmed - inform positive patients to quarantine

❖ Continue using COVID-19-specific workflows to mitigate virus spread

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Governor's 1/5 Press Conference Updates

❖ Maryland National Guard dispatching emergency vaccination support teams to Local Health Departments
  ➢ Assisting with logistical support and administering the vaccine

❖ Vaccine Directives
  ➢ Facilities that have not administered at least 75% of first allocation may have future allocations reduced
  ➢ Excess doses must be reported to Local Health Dept
  ➢ Rolling distribution: we will not wait to get to 100% of members of a priority group before moving on to next in line
  ➢ 24 hour reporting mandate to ImmuNet

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Governor's 1/5 Press Conference Updates

❖ Pace of Distribution
  ➢ States are reliant on federal government for supply
  ➢ Current pace (receiving 10,000 doses/day) translates to 1.8 million doses by the end of May (30% of population)
    ✓ This may increase if Pfizer/Moderna/Other supplier speed up production

❖ Changes to prioritization phases (slides with details to follow)

❖ To receive updates on vaccination progress, sign up for 211 alerts by texting "MdReady" to 898211

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Source: Governor's Office

Vaccination Update

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Current Vaccines

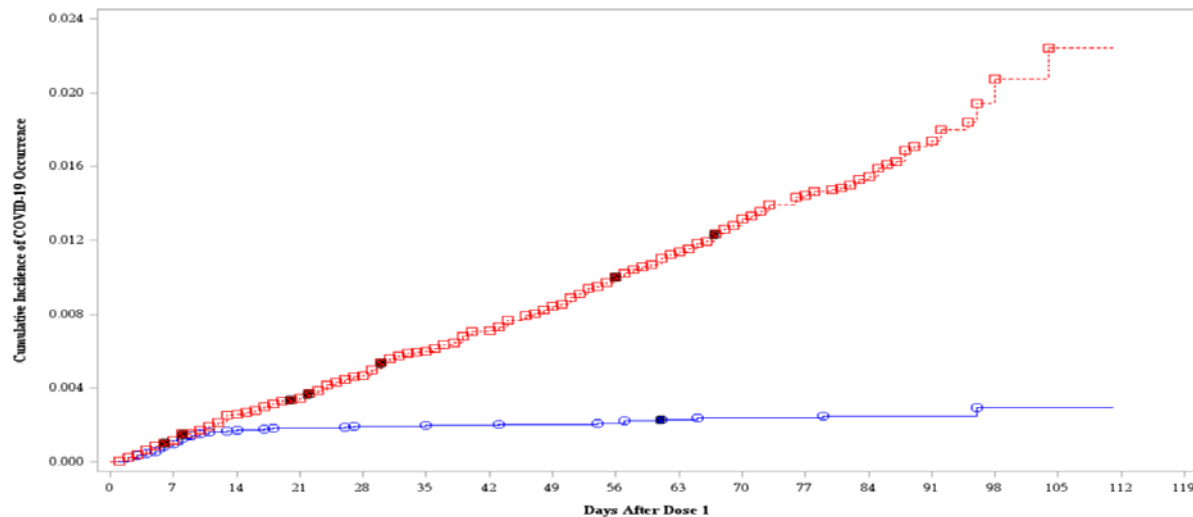|	BIONTECH Pfizer	moderna messenger therapeutics
Schedule	• Two dose regimen • 17-21 days apart (can extend)	• Two dose regimen • 28 days apart (can extend)
Indications	• 16 years and older • Pregnant and lactating can be considered • Caution with those with h/o anaphylaxis	• 18 years and older • Pregnant and lactating can be considered • Caution with those with h/o anaphylaxis
Administration and Distribution	• Ultracold storage, 5 days in refrigeration • 985 doses per box • 15 and 30 minute observation periods	• Up to 30 days in refrigerator • 100 doses per box • 15 and 30 minute observation periods

Johnson and Johnson to follow (Likely February)

Source: CDC

Pfizer Efficacy Compared to Placebo

❖ 95% reduction in symptomatic PCR tested cases within 7 days after second dose

❖ No evidence that transmissibility is eliminated; vaccinated individuals should still wear masks

Figure 13   Cumulative Incidence Curves for the First COVID-19 Occurrence After Dose 1 – Dose 1 All-Available Efficacy Population
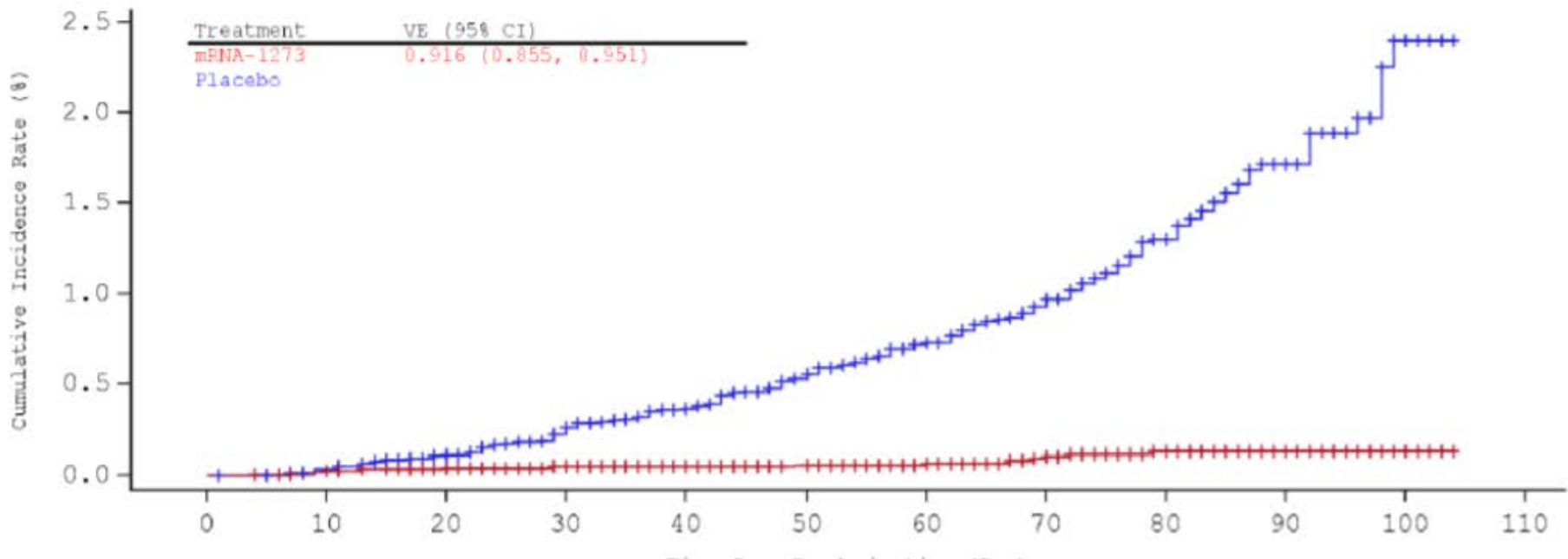

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Moderna Efficacy Compared to Placebo

Figure 2. Cumulative Incidence Curves for the First COVID-19 Occurrence After Randomization, mITT Set

Source: https://www.fda.gov/media/144434/download

Vaccine Safety

❖ Serious adverse event rare in 2 month follow up

❖ Frequent side effects
  ➢ Local reaction
  ➢ Fatigue
  ➢ Fever, chills, headache

❖ Consider side effects when vaccinating critical workers in closed units

❖ Caution with allergic reactions – CDC guidance available here

❖ CDC presentation on use of mRNA Covid-19 vaccines: https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-19/06-COVID-Mbaeyi.pdf

Allergy considerations for mRNA vaccines - information from [ACIP meeting](#)

Contraindications to vaccination

- Prescribing information for both Pfizer-BioNTech and Moderna COVID-19 vaccines:
  - Severe allergic reaction (e.g., anaphylaxis) to **any component of the vaccine** is a contraindication to vaccination
  - Appropriate medical treatment used to manage immediate allergic reactions must be immediately available in the event an acute anaphylactic reaction occurs following administration of the vaccine

Key messages

Preparing for the potential management of anaphylaxis at COVID-19 vaccination sites

Early recognition of anaphylaxis symptoms	Prompt treatment with epinephrine	Activate emergency medical services

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Source: [CDC](#)

Priority Groups - 1/5 Updates

Healthcare workers
Residents and staff of nursing homes
First responders, public safety, corrections

1A

Assisted living, other congregate settings
Adults age 75 and older
Education and continuity of government

1B

Adults age 65-74
Essential workers in lab services, agriculture, manufacturing, postal service, etc

1C

Adults 16-64 at increased risk of severe COVID-19 illness due to comorbidities
Essential workers in critical utilities, transportation, food service, etc

2

General population, including healthy adults age 16-64

3

Vaccine prioritization subject to change. Current as of January 5, 2021.

Phase 1A	Phase 1B	Phase 1C	Phase 2
Current	*Late January*	*Early March*	*TBD*
500,000+ people	860,000 people	772,000 people	1.1 million people

Source: Governor's Office

[ACIP](#) Recommendations for Phases 1b, 1c

Work Group considerations: Balancing Goals

	Prevention of Morbidity & Mortality	Preservation of Societal Functioning
1a	LTCF residents	Health care personnel
1b	Persons 75 years and older	Frontline Essential Workers
1c	Persons 65–74 years Persons 16–64 with high-risk medical conditions	Other Essential Workers

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Source: [CDC](#)

Distribution
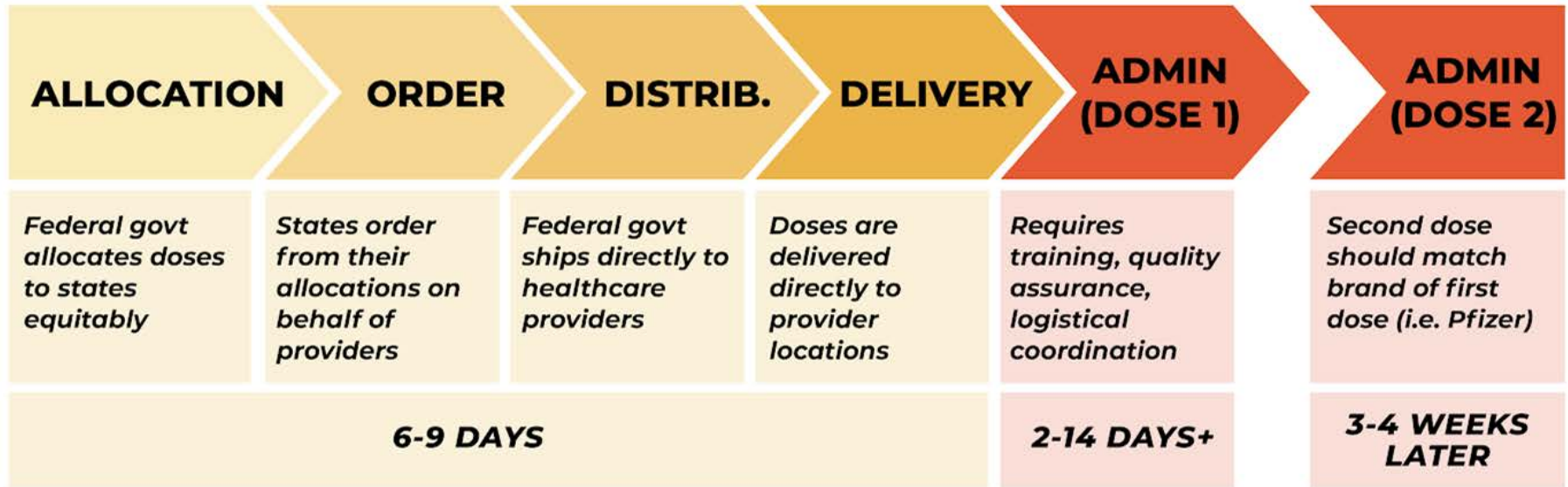
❖ Hospitals and Health Departments in Phase 1A
  ➢ 155,000 initial

❖ Pharmacy Chains for SNF residents and staff

❖ Kaiser and FQHC will get allotments soon

❖ January - provider registration for Covid vaccine opens
  ➢ Must be fully connected and operational on ImmuNet in advance
  ➢ Vaccine ordering through ImmuNet in later Phase 1 and into remainder of vaccine campaign

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Source: New York Times, Maryland Department of Health

Distribution Process

FEDERAL GOVERNMENT AND MDH **PROVIDER**

ALLOCATION	ORDER	DISTRIB.	DELIVERY	ADMIN (DOSE 1)	ADMIN (DOSE 2)
Federal govt allocates doses to states equitably	States order from their allocations on behalf of providers	Federal govt ships directly to healthcare providers	Doses are delivered directly to provider locations	Requires training, quality assurance, logistical coordination	Second dose should match brand of first dose (i.e. Pfizer)
6-9 DAYS				2-14 DAYS+	3-4 WEEKS LATER

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FDA Statement - No Changes in Dosing Schedules

❖ FDA released a statement on January 4, 2021 stating that "available data continue to support the use of two specified doses of each authorized vaccine at specified intervals"

❖ There will be no changes at the current time regarding a single dose regimen and/or administering less than the dose studied in the clinical trials

❖ Details: https://www.fda.gov/news-events/press-announcements/fda-statement-following-authorized-dosing-schedules-covid-19-vaccines

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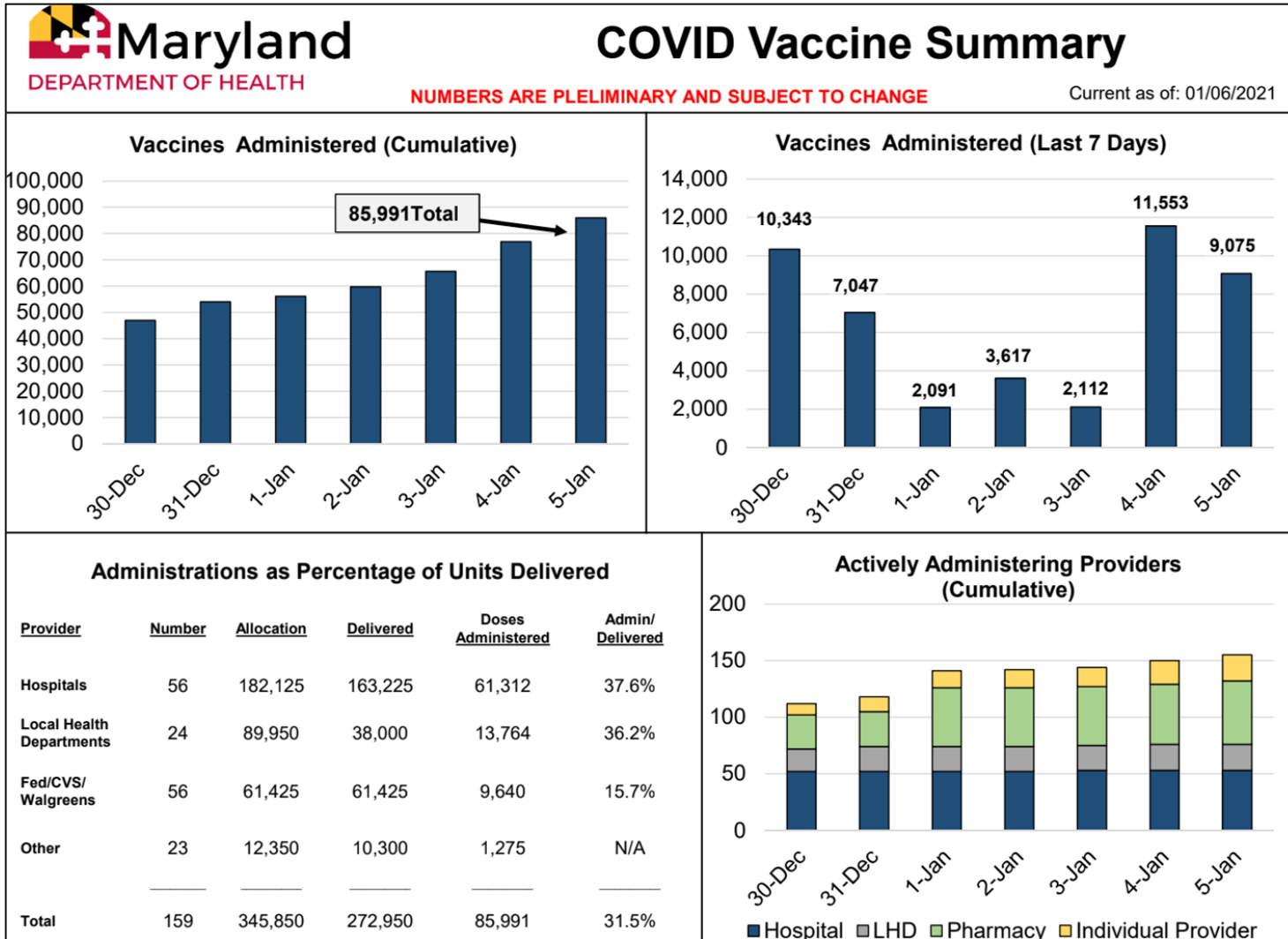DEPARTMENT OF HEALTH

Vaccine Provider Recruitment and Enrollment

Maryland healthcare providers interested in receiving Covid-19 vaccine will have to take two steps:

1. **Onboard with ImmuNet** to report vaccination data (enrollment form available [here](#))
    - **EHR connected to ImmuNet** to report all vaccine doses administered (done through EHR vendor)
    - *Reach out to your MDPCP practice coach if you do not know your current ImmuNet onboarding status*

2. **Register with ImmuNet as a vaccine provider** in order to receive and administer vaccine.
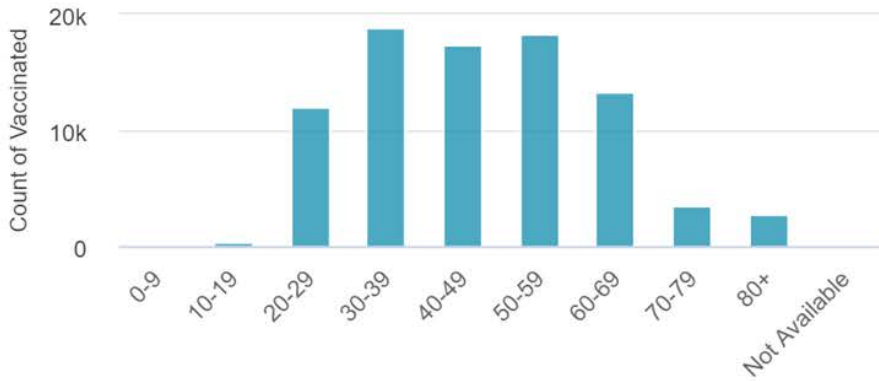   *More information soon – not open currently for ambulatory providers. If you try to register now, it will not work*
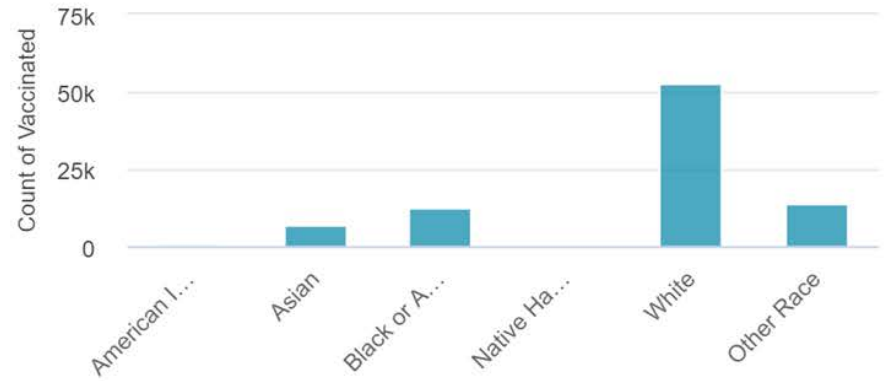
Current Vaccination Data

COVID Vaccine Summary
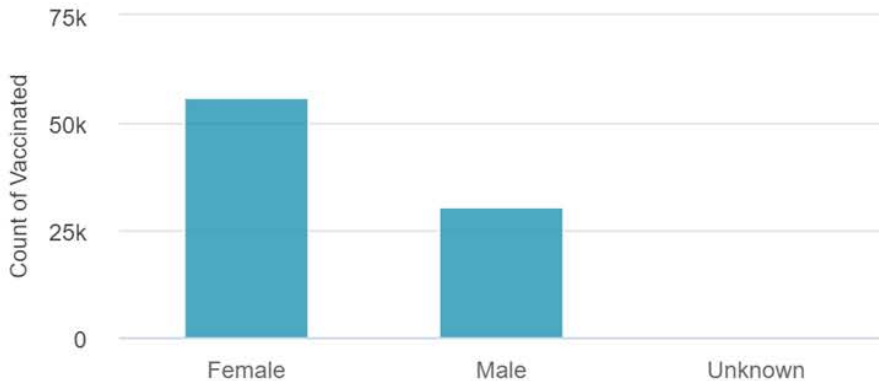
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NUMBERS ARE PLELIMINARY AND SUBJECT TO CHANGE

Current as of: 01/06/2021

Vaccines Administered (Cumulative)

85,991 Total

(30-Dec, 31-Dec, 1-Jan, 2-Jan, 3-Jan, 4-Jan, 5-Jan)

Vaccines Administered (Last 7 Days)

Date	Doses
30-Dec	10,343
31-Dec	7,047
1-Jan	2,091
2-Jan	3,617
3-Jan	2,112
4-Jan	11,553
5-Jan	9,075

Administrations as Percentage of Units Delivered

Provider	Number	Allocation	Delivered	Doses Administered	Admin/Delivered
Hospitals	56	182,125	163,225	61,312	37.6%
Local Health Departments	24	89,950	38,000	13,764	36.2%
Fed/CVS/Walgreens	56	61,425	61,425	9,640	15.7%
Other	23	12,350	10,300	1,275	N/A
Total	159	345,850	272,950	85,991	31.5%

Actively Administering Providers (Cumulative)

Legend: ■ Hospital □ LHD □ Pharmacy □ Individual Provider

(30-Dec, 31-Dec, 1-Jan, 2-Jan, 3-Jan, 4-Jan, 5-Jan)

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Source: MDH

Updated 1/6/21

Current Vaccination Data

Access this data at *https://coronavirus.maryland.gov/#Vaccine*

Vaccine Resources

❖ [CDC Covid-19 Vaccination Communication Toolkit](#) - ready made materials, how to build vaccine confidence, social media messages

❖ [New York Times Vaccine Tracker](#) - information on every Covid vaccine in development

❖ [New York Times Vaccine Distribution Tracker](#) – information on the distribution of Covid vaccines in the United States

❖ [MDH Covidlink Vaccine Page](#) - information on vaccine priority groups in Maryland

❖ [CDC Vaccine Storage and Handling Toolkit](#)

❖ [Project ECHO Webinar](#) - webinar on vaccines and Long Term Care Facilities, relevant for primary care

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What you can do now to prepare for vaccination

1) Develop a prioritization list for your patients
   a) Use Covid Vulnerability Index (CVI) and patient age as starting points
2) Decide if you want to be open to the general public
3) Plan workflows
   a) Separate vaccine clinics or vaccinate as patients come in?
   b) Plan scheduling and staffing
   c) Prepare for observation period and plan for the potential management of anaphylaxis
4) Consider staff training
5) Determine storage capacity and protocol

Where to start? Use CDC [Moderna](#) and [Pfizer](#) resources for training, storage, contraindications, etc.

Monoclonal Antibody Treatment

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About Monoclonal Antibodies

❖ Monoclonal antibodies (mAbs) directly neutralize the COVID-19 virus and are intended to prevent the progression of disease

❖ mAbs likely to be most beneficial if given to patients early in symptom progression

❖ Product delivered via single IV infusion administration

❖ Early evidence suggest promise of mAb products in **OUTPATIENT** settings to **REDUCE HOSPITALIZATION**

❖ See FDA materials or appendix for patient criteria (Bamlaminivab Provider Fact Sheet; Casirivimab and Imdevimab Provider Fact Sheet)

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Monoclonal Antibodies Clinician Letter (Updated 12/16/20)

❖ Bamlanivimab and Regeneron monoclonal antibody EUAs

❖ Limited supplies- ~ 1500 doses/week

❖ **For ambulatory Covid positive at risk of hospitalization within 10 days on onset of symptoms**

❖ 7 infusion centers + SNFs open - more to follow
  ➢ Baltimore Convention Center Field Hospital
  ➢ Peninsula Regional- Tidal Health
  ➢ Meritus Health
  ➢ Adventist – Takoma Park
  ➢ UPMC
  ➢ Atlantic General
  ➢ MedStar Southern Maryland – begins operations later this week
  ➢ SNFs

Referrals are currently low. Refer your patients using this referral form (updated 12/16/20)

Point-of-Care Rapid Antigen Tests to Identify Monoclonal Antibody Eligible Patients

❖ Tests provided to practices willing to test and refer symptomatic patients eligible for mAb therapy

❖ Interested practices should fill out this Google Form as soon as possible

  ➢ After filling out the form, Maryland Department of Health staff will contact you with next steps

❖ More information is available here

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Testing & Other Updates

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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

❖ 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)](#)

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Updates on Testing Adoption Team

❖ Teams began outreach 12/1

❖ Streamlined workflows with less PPE required

❖ Anterior nasal and saliva testing reduce PPE burn rate

❖ Ordering for home based tests when appropriate

❖ Testing resource information in appendix

❖ Reach out to mdh.pcmodel@maryland.gov to work with the Testing Adoption Team at your practice

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Emerging Virus Variant

❖ Known as B.1.1.17

❖ Was first noticed in Britain. The number of B.1.1.17 cases have grown significantly there and in South Africa

❖ Has appeared in more than 30 countries, including the United States

  ➢ Detected in 5 states, not yet detected in Maryland

❖ B.1.1.17 variant seems to be between 10 percent and 60 percent more transmissible than the original virus

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Source: New York Times

Emerging Virus Variant

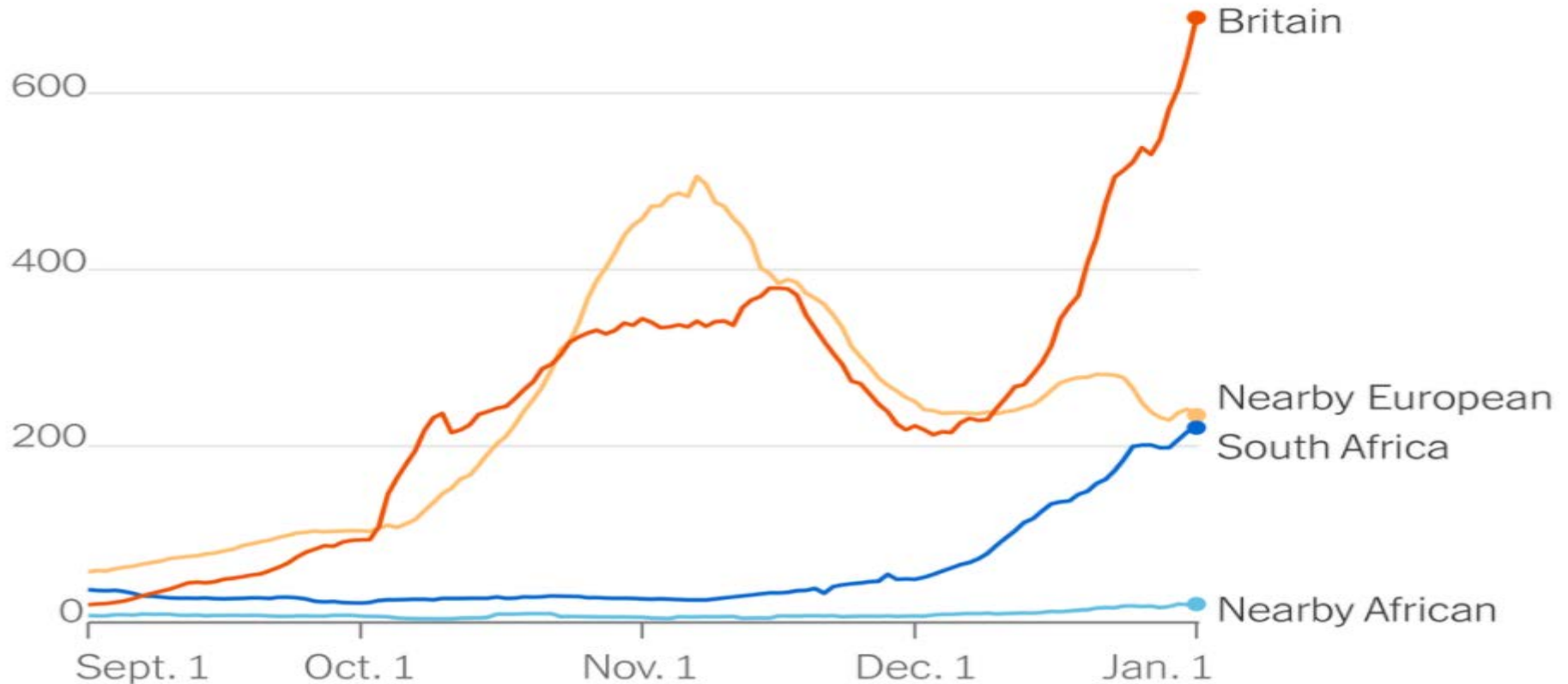New daily coronavirus cases, per million residents

Chart shows rolling 7-day averages. "Nearby European" is Belgium, Germany, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain and Switzerland. "Nearby African" is Botswana, Eswatini, Lesotho, Namibia, Mozambique and Zimbabwe.

Patient Information and Workflows

❖ Reinforce scheduled visits

❖ Separate sick and well to the extent possible

❖ Avoid waiting room crowds

❖ Outdoors screening and testing as possible

❖ Tailor staff and resources to need

❖ Telehealth, including testing, when applicable

❖ Quarantine period for positive tests shortened to 10 days; see MMWR data on risk:
  https://www.cdc.gov/mmwr/volumes/69/wr/mm695152a1.htm

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Five things you can do as Health Care Providers

1. **Identify all your high risk patients** —use the Covid Vulnerability Index (CVI) in CRISP, your EHR, and your intuition and do outreach and communication
➢Advise patients to continue to use social distancing and wear masks

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

3. **Offer testing for all patients, every visit**

4. **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

5. **Prepare for a vaccine** - address vaccine hesitancy with patients, enroll in ImmuNet and set up reporting now, and work with your patients to get them flu shots

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Moving Forward…

"Everything will be ok in the end. If it's not okay, it's not the end." -- John Lennon

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Webinar Series:
Helping the Helpers and Those They Serve

The Maryland Department of Health (MDH) Behavioral Health Administration (BHA) and MedChi are pleased to announce the new webinar series, the BHA/MedChi Behavioral Health Webinar Series: Helping the Helpers and Those They Serve.

These webinars are for Maryland's behavioral health and medical health care workers of all disciplines, whether working in community or hospital settings. **They are designed to enhance both health care worker self-care and resultantly the care they provide, as health care workers combat numerous stressors including the COVID-19 pandemic, social justice issues, and other stressors that can potentially impact delivered care.** The below webinars are open for registration. All webinars are from 5-6 p.m.

BHA/MedChi Behavioral Health Webinars Series will be held on:

- **Thursday, January 14: The Approach to Impaired Clinicians**
- **Thursday, January 28: Vicarious Trauma and Self-Care for Health Care Workers During COVID-19**

CMEs and Participant Certificates will be available at no cost.

For information and to register, visit: bha.health.maryland.gov

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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](#)

❖ Monday Covid-19 Surge: Flash Briefing and Q&A
  ➢ [Monday, 1/11/21 (5:30 – 6 PM)](#)

❖ Wednesday Covid-19 Updates
  ➢ [Wednesday, 1/13/20 (5 – 6 PM)](#)

❖ Guest Speaker

  ➢ Today – "Skills for Integrating Mental Health into Discussions of Patient Care" *Alexander Chan, Ph.D., LMFT*

  ➢ Next week - Vaccine hesitancy *Sandra Quinn, PhD; Eric Marshall, MD*

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Skills for Integrating Mental Health into Discussions of Patient Care

Presented by **Alexander Chan, Ph.D., LMFT**

UNIVERSITY OF
MARYLAND
EXTENSION

HELLO!

I am Alex Chan

Mental & Behavioral Health Specialist

Licensed Marriage & Family Therapist

Why Bring Psychology and Feelings into the Picture?

Biopsychosocial approach associated with

- Fewer malpractice suits

- More overall patient satisfaction

- More emotional support Greater quality of life reports in chronic disease patients

Provider Levels of Involvement

1. Provider-centered

2. Collaborative Information Exchange

3. Dealing with Affect ***

4. Basic Psychosocial Intervention

5. Individual or Family Therapy

Where do you think your organization falls right now?

Preparing Patients to talk about Mental Health (level 2)

"We understand that when trying to make changes to support one's physical health, that other aspects of health need to be considered as well."

"We are taking a more holistic view of our patients which includes not only the chance to discuss progress toward physical health goals, but the motivational and emotional challenges that are a normal part of these goals."

Preparing Patients to talk about Mental Health (level 2)

Prevention

Providing anticipatory help before problems arise

- How to handle receiving test results / diagnosis
- Maintaining physical activity during the transition to retirement
- Handouts / tip sheets

BATHE

<u>B</u>ackground of problem

"What's been happening?"

<u>A</u>ffect now

"How do you feel about that?"

what is most <u>T</u>roubling

"What troubles you the most about t

how is patient <u>H</u>andling the problem

"What are you doing about it?
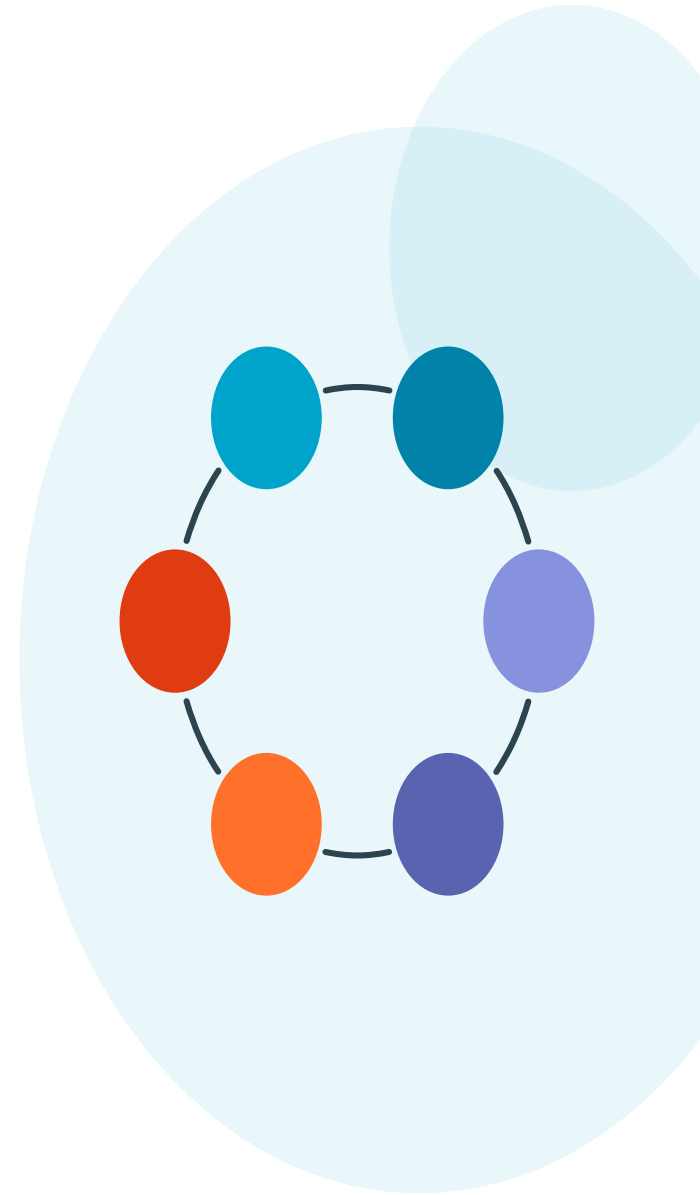
<u>E</u>mpathic response

Your <u>genuine</u> words

LIVE PRACTICE

Indicators for Referral

- Sudden change in treatment adherence / loss of motivation

- Extended periods of hopelessness

- Inappropriate or flat emotions

- Excessive avoidance or fixation on problem
  - This will have to be gauged against how severe the health issue is

- Grief / anticipatory grief

THANKS!

Any questions?

You can find me at:

- alexchan@umd.edu
- Alexchan.youcanbook.me

Discussion and Q & A

Appendix

Resources and Links

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Maryland Covid-19 Vaccination Plan

❖ Maryland has developed a Covid-19 vaccination plan to vaccinate all Marylanders interested in receiving vaccine

❖ Plan was released on Tuesday, October 20, 2020

❖ This is a working plan and subject to change as new information is received and the Covid-19 pandemic continues to evolve

❖ Copy of the plan can be found here:

https://phpa.health.maryland.gov/Documents/10.19.2020_Maryland_Covid-19_Vaccination_Plan_CDCwm.pdf

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Priority Groups - 1/5 Updates

Phase 1A	Phase 1B	Phase 1C	Phase 2
• Healthcare workers • Nursing home residents and staff • Law enforcement, firefighters, EMS • <u>All</u> licensed, registered, certified healthcare workers • Correctional health care staff and officers • Frontline judiciary staff	• Assisted living, group homes, other congregate living sites • Continuity of government • Education (teachers, childcare, education staff) • Adults age 75+	• Adults ages 65-74 • Public safety not covered in Phase 1A • Public health not covered in Phase 1A • Food/agriculture • Manufacturing • Postal service • Public transit • Grocery store employees	• Adults 16-64 at increased risk due to comorbidities • Incarcerated adults • Essential workers in critical utilities, transportation, logistics, infrastructure, etc
Current	*Late January*	*Early March*	
500,000+ people	860,000 people	772,000 people	1.1 million people

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Covid-19 Vaccines/Immunization Information

❖ Maryland Covid-19 Vaccination Plan

❖ New York Times Coronavirus Vaccine Tracker

❖ ImmuNet Information

➤ ImmuNet enrollment form

➤ ImmuNet helpdesk contact information

➤ Guidance for practices how about reporting to ImmuNet

➤ Technical specifications for the EHR interface with ImmuNet

➤ ImmuNet log-in information portal

❖ Summary of vaccines under development

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Covid-19 Testing Information

❖ Maryland Department of Health testing announcements and accessibility information and resources

❖ CDC Covid-19 testing overview

❖ MDPCP Roadmap to Recovery – Covid-19 testing guidelines

❖ Maryland Department of Health guidance regarding point of Care rapid antigen Covid testing

❖ myLAB Box - Covid-19 testing program for Maryland clinicians

❖ FDA letter to clinical laboratory staff and health care providers about the potential for false positive results with rapid antigen tests for Covid-19

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Covid-19 mAb Treatment Criteria

❖ Patient Criteria

➢ Have BMI >= 35

➢ Have chronic kidney disease

➢ Have diabetes

➢ Are currently receiving immunosuppressive treatment

➢ Are >= 65 years old

➢ Are >=55 years old and have

✓ Cardiovascular disease, or

✓ Hypertension, or

✓ Chronic obstructive pulmonary disease/other chronic respiratory disease

➢ Are 12 – 17 years old AND have

✓ BMI >=85th percentile for their age and gender based on CDC growth charts, or

✓ Sickle cell disease, or

✓ Congenital or acquired heart disease, or

✓ Neurodevelopmental disorders, or

✓ A medical-related technological dependence, or

✓ Asthma

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Source: FDA

Primary Care Involvement

❖ Continue to encourage and vaccinate your patients with the flu shot

❖ Ensure that you are onboarded (connected) with ImmuNet to report vaccinations administered

❖ Once available, register to become a Covid vaccine provider

❖ Use the CVI tool to begin to identify your patients that are at a higher risk for Covid

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Scheduling In-Office Appointments

❖ Patient calls in for an appointment
- ➢ Reception screens patient on the phone using the [pre-visit screening template](#)
- ➢ Schedule in-office visits for different groups: At-risk and vulnerable patients on certain days, healthier patients on other days
- ➢ Schedule telehealth and non-office-based care for other patients including follow-ups and patients uncomfortable with office visits

❖ Check In
- ➢ Practice remote check in and limited front-desk contact
- ➢ Consider using a triage zone outside of office or main area;
- ➢ Or use a barrier at the front desk
- ➢ Design your office to accommodate patients who come in specifically for Covid testing and triage, separate from patients who arrive for non-Covid related and elective procedures
  - ✓ Ensure patients and staff do not cross between Covid and non-Covid areas
  - ✓ Set aside a specific area for patients who come in for testing to wait and be triaged

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Scheduling In-Office Appointments

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

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

❖ Other workflow resources
  ➢ Care management workflows
  ➢ BMJ telemedicine workflow graphics
  ➢ CDC flowchart to identify and assess 2019 novel Coronavirus
  ➢ CDC telephone evaluation flow chart for flu
  ➢ CDC guidance for potential Covid-19 exposure associated with international or domestic travel

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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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Updates on PPE

- ❖ Order from current suppliers
- ❖ Use list in appendix
- ❖ If all supplier resources exhausted
  - ➢ Use form previously supplied (appendix)
  - ➢ Request from County Health Departments
  - ➢ State resources as last resort- distributed through local health department
  - ➢ Priority
    - ✓ Hospitals
    - ✓ SNFs
    - ✓ Community Providers, others

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Prepare Safe Workflows and Stock Sufficient PPE

❖ Ensure your practice has 30 days of PPE immediately available

❖ Consult usual suppliers and order PPE well in advance of anticipated need

➢ There may be PPE shortages in the future

❖ Continue using PPE according to CDC guidelines

❖ Ensure safe workflows for all patients, particularly vulnerable patients

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Personal Protective Equipment (PPE) Sources and Requests

- ❖ Practices should initially request PPE through their usual vendors
- ❖ Practices should make their PPE requests through their local health departments
- ❖ Maryland PPE Manufacturers List – next slide
- ❖ National and international PPE supplier list
- ❖ PPE request form

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# Personal Protective Equipment (PPE) Sources and Requests

- ❖ 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

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

- ❖ Providers may also request PPE from the non-profit 'Get Us PPE'

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Masks and Distancing Remain Critical

Masking up
Fewer covid-19 symptoms reported in states with higher rates of mask use.

Percentage of people who know someone with covid-19 symptoms

Percentage of people wearing masks in public all or most of the time
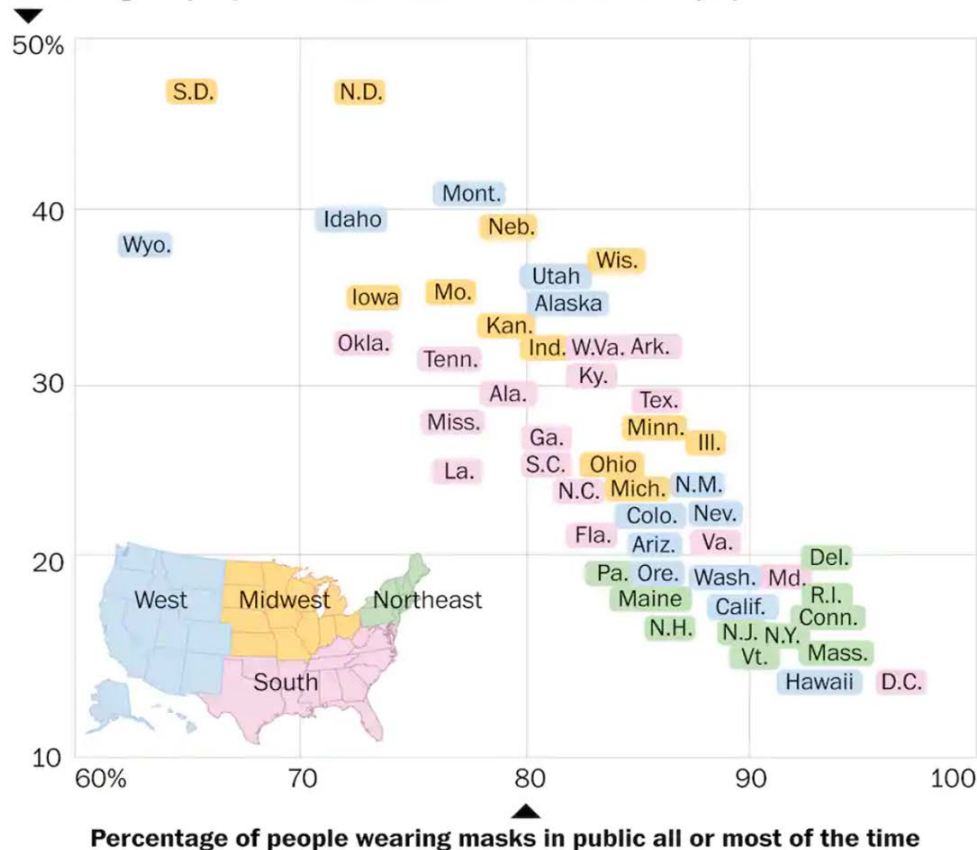
Data as of Oct. 19

Source: Delphi CovidCast, Carnegie Mellon University

THE WASHINGTON POST

❖ IHME model:
- ➢ Universal mask use *saves 129,574 lives* before Feb 2021

- ➢ 85% mask use *saves 95,814 lives* before Feb 2021

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MD COVID Alert App

❖ New opt-in cell phone app that notifies users if they have been exposed to somebody who is Covid-19 positive

❖ Mimics CDC close contact definition (6-feet or less for >15 minutes) with bluetooth

❖ Individuals who receive exposure notifications:

➢ Receive advice to get tested
➢ Receive information about possible exposure date
➢ COVID-19 positive users may receive a call from a contact tracer

❖ More information is available here

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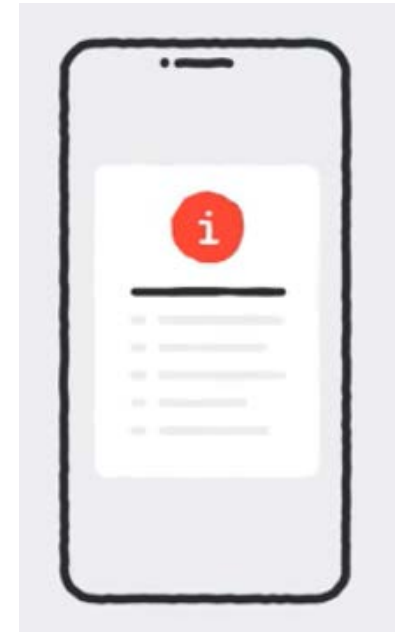
Provider/Patient Mental Health Resources

❖ Providers

➢ "Helping the Helpers and Those They Serve," a webinar series from the Maryland Department of Health Behavioral Health Administration and MedChi (on the 2ⁿᵈ and 4ᵗʰ Thursdays of every month starting 11/12/2020)

➢ Heroes Health Initiative

❖ Patients

➢ Ask Suicide-Screening Questions toolkit

➢ CDC list of resources for coping with stress

Health Equity Resources

❖ [Maryland Department of Health Office of Minority Health and Health Disparities](#) (MHHD)

❖ Maryland Department of Health Minority Outreach and Technical Assistance Program [overview](#)

❖ MHHD fiscal year 2020 minority outreach and technical assistance [program information](#)

❖ [Description](#) of the term "health disparity"

❖ [Implicit bias test](#)

❖ "Hundreds of Days of Action as a Start to Address Hundreds of Years of Inequality" – New England Journal of Medicine [article](#) by Maulik Joshi, DrPH

❖ "Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine" – [discussion draft](#) for public comment by Committee on Equitable Allocation of Vaccine for the Novel Coronavirus, The National Academies of Science, Engineering, Medicine

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Telehealth Resources

❖ Maryland Health Care Commission Telehealth

❖ Maryland Health Care Commission Telehealth Readiness Assessment Tool

❖ U.S. Department of Health and Human Services Health Insurance Portability and Accountability Act (HIPAA) for Professionals

❖ American Telehealth Association

❖ Maryland Telehealth Alliance

❖ National Consortium of Telehealth Resource Centers

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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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Staying Current - Sources

- ❖ [CDC](CDC)

- ❖ MDH Covid-19 information page

- ❖ MDPCP Covid-19 webpage

- ❖ Local Health Departments

- ❖ CONNECT

- ❖ Clinician Letters

- ❖ Multiple Resource Links in Appendix

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MedChi/CareFirst/Backline Grant

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

Eligibility Requirements

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

Application Steps

Can be completed in less than 5 minutes

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

Grant Amount

$300 per eligible physician

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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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