Covid-19 Update

Maryland Department of Health
Maryland Primary Care Program
Program Management Office

6 January 2021
LOVE
FAITH
HOPE
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
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
9.44% 7-day avg. positivity**
+3,146 cases reported*
+47 deaths reported
27,711 confirmed cases hospitalized***
169 newly identified hospitalizations
5,960 confirmed deaths

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. 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.
Statewide Occupied Staffed - Adult Acute Care and ICU - Last 10 Days

<table>
<thead>
<tr>
<th>Date</th>
<th>Available Beds</th>
<th>Hospitalized Confirmed COVID Patients</th>
<th>Beds Occupied Non-COVID</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/27/20</td>
<td>4,952</td>
<td>1,097</td>
<td>1,738</td>
</tr>
<tr>
<td>12/28/20</td>
<td>5,196</td>
<td>1,109</td>
<td>1,725</td>
</tr>
<tr>
<td>12/29/20</td>
<td>5,503</td>
<td>1,756</td>
<td>1,756</td>
</tr>
<tr>
<td>12/30/20</td>
<td>5,546</td>
<td>1,773</td>
<td>1,773</td>
</tr>
<tr>
<td>12/31/20</td>
<td>5,529</td>
<td>1,734</td>
<td>1,734</td>
</tr>
<tr>
<td>1/1/21</td>
<td>5,246</td>
<td>1,222</td>
<td>1,684</td>
</tr>
<tr>
<td>1/2/21</td>
<td>5,111</td>
<td>1,211</td>
<td>1,703</td>
</tr>
<tr>
<td>1/3/21</td>
<td>5,233</td>
<td>1,135</td>
<td>1,761</td>
</tr>
<tr>
<td>1/4/21</td>
<td>5,329</td>
<td>1,033</td>
<td>1,771</td>
</tr>
<tr>
<td>1/5/21</td>
<td>5,560</td>
<td>913</td>
<td>1,862</td>
</tr>
</tbody>
</table>

Source: CRISP

Updated 1/6/21
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
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

Source: Governor’s Office
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

Source: Governor’s Office
Vaccination Update
Current Vaccines

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Indications</th>
<th>Administration and Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two dose regimen</td>
<td>16 years and older</td>
<td>Ultracold storage, 5 days in refrigeration</td>
</tr>
<tr>
<td>17-21 days apart</td>
<td>Pregnant and lactating can be considered</td>
<td>985 doses per box</td>
</tr>
<tr>
<td>(can extend)</td>
<td>Caution with those with h/o anaphylaxis</td>
<td>15 and 30 minute observation periods</td>
</tr>
<tr>
<td>Two dose regimen</td>
<td>18 years and older</td>
<td>Up to 30 days in refrigerator</td>
</tr>
<tr>
<td>28 days apart</td>
<td>Pregnant and lactating can be considered</td>
<td>100 doses per box</td>
</tr>
<tr>
<td>(can extend)</td>
<td>Caution with those with h/o anaphylaxis</td>
<td>15 and 30 minute observation periods</td>
</tr>
</tbody>
</table>

10 years and older
Pregnant and lactating can be considered
Caution with those with h/o anaphylaxis

Ultracold storage, 5 days in refrigeration
985 doses per box
15 and 30 minute observation periods

Source: CDC

Johnson and Johnson to follow (Likely February)
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

Source: FDA, New York Times
Modern Efficacy Compared to Placebo

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

<table>
<thead>
<tr>
<th>Treatment</th>
<th>VE (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>mRNA-1273</td>
<td>0.916 (0.855, 0.951)</td>
</tr>
<tr>
<td>Placebo</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Source: CDC
Priority Groups - 1/5 Updates

<table>
<thead>
<tr>
<th>Phase 1A</th>
<th>Phase 1B</th>
<th>Phase 1C</th>
<th>Phase 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>Late January</td>
<td>Early March</td>
<td>TBD</td>
</tr>
<tr>
<td>500,000+ people</td>
<td>860,000 people</td>
<td>772,000 people</td>
<td>1.1 million people</td>
</tr>
</tbody>
</table>

Source: Governor’s Office
# ACIP Recommendations for Phases 1b, 1c

## Work Group considerations: Balancing Goals

<table>
<thead>
<tr>
<th></th>
<th>Prevention of Morbidity &amp; Mortality</th>
<th>Preservation of Societal Functioning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1a</strong></td>
<td>LTCF residents</td>
<td>Health care personnel</td>
</tr>
<tr>
<td><strong>1b</strong></td>
<td>Persons 75 years and older</td>
<td>Frontline Essential Workers</td>
</tr>
<tr>
<td><strong>1c</strong></td>
<td>Persons 6574 years Person 1664 with high-risk medical conditions</td>
<td>Other Essential Workers</td>
</tr>
</tbody>
</table>

Source: [CDC](https://www.cdc.gov)
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

Source: New York Times, Maryland Department of Health
Distribution Process

**FEDERAL GOVERNMENT AND MDH**

**ALLOCATION**
Federal govt allocates doses to states equitably

**ORDER**
States order from their allocations on behalf of providers

**DISTRIB.**
Federal govt ships directly to healthcare providers

**DELIVERY**
Doses are delivered directly to provider locations

6-9 DAYS

**PROVIDER**

**ADMIN (DOSE 1)**
Requires training, quality assurance, logistical coordination

2-14 DAYS+

**ADMIN (DOSE 2)**
Second dose should match brand of first dose (i.e. Pfizer)

3-4 WEEKS LATER

Maryland DEPARTMENT OF HEALTH
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

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

**Maryland COVID Vaccine Summary**

**Vaccines Administered (Cumulative)**

- 30-Dec: 5,000
- 31-Dec: 6,000
- 1-Jan: 20,000
- 2-Jan: 30,000
- 3-Jan: 60,000
- 4-Jan: 70,000
- 5-Jan: 80,000
- Total: 85,991

**Vaccines Administered (Last 7 Days)**

- 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**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Number</th>
<th>Allocation</th>
<th>Delivered</th>
<th>Doses Administered</th>
<th>Admin/ Delivered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>56</td>
<td>182,125</td>
<td>163,225</td>
<td>61,312</td>
<td>37.6%</td>
</tr>
<tr>
<td>Local Health Departments</td>
<td>24</td>
<td>89,950</td>
<td>38,000</td>
<td>13,764</td>
<td>36.2%</td>
</tr>
<tr>
<td>Fed/CVS/ Walgreens</td>
<td>56</td>
<td>61,425</td>
<td>61,425</td>
<td>9,640</td>
<td>15.7%</td>
</tr>
<tr>
<td>Other</td>
<td>23</td>
<td>12,350</td>
<td>10,300</td>
<td>1,275</td>
<td>N/A</td>
</tr>
<tr>
<td>Total</td>
<td>159</td>
<td>345,850</td>
<td>272,950</td>
<td>85,991</td>
<td>31.5%</td>
</tr>
</tbody>
</table>
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
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
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).
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
Testing & Other Updates
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)
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.pcmode@maryland.gov to work with the Testing Adoption Team at your practice
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

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.

Source: New York Times
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
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
Moving Forward...

“Everything will be ok in the end. If it’s not okay, it’s not the end.” -- John Lennon
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
CME Accreditation and Designation

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

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

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

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

❖ Please complete an evaluation at: Covid-19 Update Evaluation
Announcements

❖ Learn from our Frequently Asked Questions page

❖ 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
Skills for Integrating Mental Health into Discussions of Patient Care

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

Doherty & Baird, 1986
“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

Background of problem
“What’s been happening?”

Affect now
“How do you feel about that?”

What is most troubling
“What troubles you the most about this?”

How is patient handling the problem
“What are you doing about it?

Empathic response
Your genuine 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

Any Questions?
Appendix

Resources and Links
Maryland has developed a Covid-19 vaccination plan to vaccinate all Marylanders interested in receiving vaccine. The 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. A copy of the plan can be found here: https://phpa.health.maryland.gov/Documents/10.19.2020_Maryland_Covid-19_Vaccination_Plan_CDCwm.pdf
## Priority Groups - 1/5 Updates

<table>
<thead>
<tr>
<th>Phase 1A</th>
<th>Phase 1B</th>
<th>Phase 1C</th>
<th>Phase 2</th>
</tr>
</thead>
</table>
| Healthcare workers  
Nursing home residents and staff  
Law enforcement, firefighters, EMS  
All 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**
- 500,000+ people

**Late January**
- 860,000 people

**Early March**
- 772,000 people

**1.1 million people**

Source: MDH, 1/5 Governor’s Press Conference
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
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
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

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
Scheduling In-Office Appointments

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

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

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

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

❖ 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
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
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
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

Sources: Washington Post, Nature
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
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’
Masks and Distancing Remain Critical

IHME model:
- Universal mask use saves 129,574 lives before Feb 2021
- 85% mask use saves 95,814 lives before Feb 2021

Sources: Washington Post, Nature
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](#)
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
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
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]
Staying Current - Sources

❖ CDC
❖ MDH Covid-19 information page
❖ MDPCP Covid-19 webpage
❖ Local Health Departments
❖ CONNECT
❖ Clinician Letters
❖ Multiple Resource Links in Appendix
MedChi/CareFirst/Backline Grant

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

Eligibility Requirements

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

Application Steps

- Can be completed in less than 5 minutes
- Complete the application linked here
- Email completed application to amullin@medchi.org
- For questions, email or call Andrea Mullin at amullin@medchi.org or 800-492-1056 x3340

Grant Amount

$300 per eligible physician
Food Resources

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

- Maryland Summer Meals
- Montgomery County
- Prince Georges County
- Charles County
- Frederick County
- Howard County
- Anne Arundel County
- St. Mary's County
- Harford County
- Calvert County

❖ Free meals available from 42 rec centers in Baltimore

- Call 311 for locations and to schedule pickup time
Resources for Specific Groups

❖ Community- and Faith-Based Organizations

❖ Mass Gatherings and Large Community Events

❖ Non-Pharmaceutical Interventions for Specific Groups
Resources and References

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


❖ CDC National data on Covid-19 infection and mortality

❖ CDC Interim Guidance for Homes and Communities

❖ CDC Interim Guidance for Businesses

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