



COVID-19 Update

Maryland Department of Health
Maryland Primary Care Program
Program Management Office

28 October 2020

Preparing for Mass Vaccination



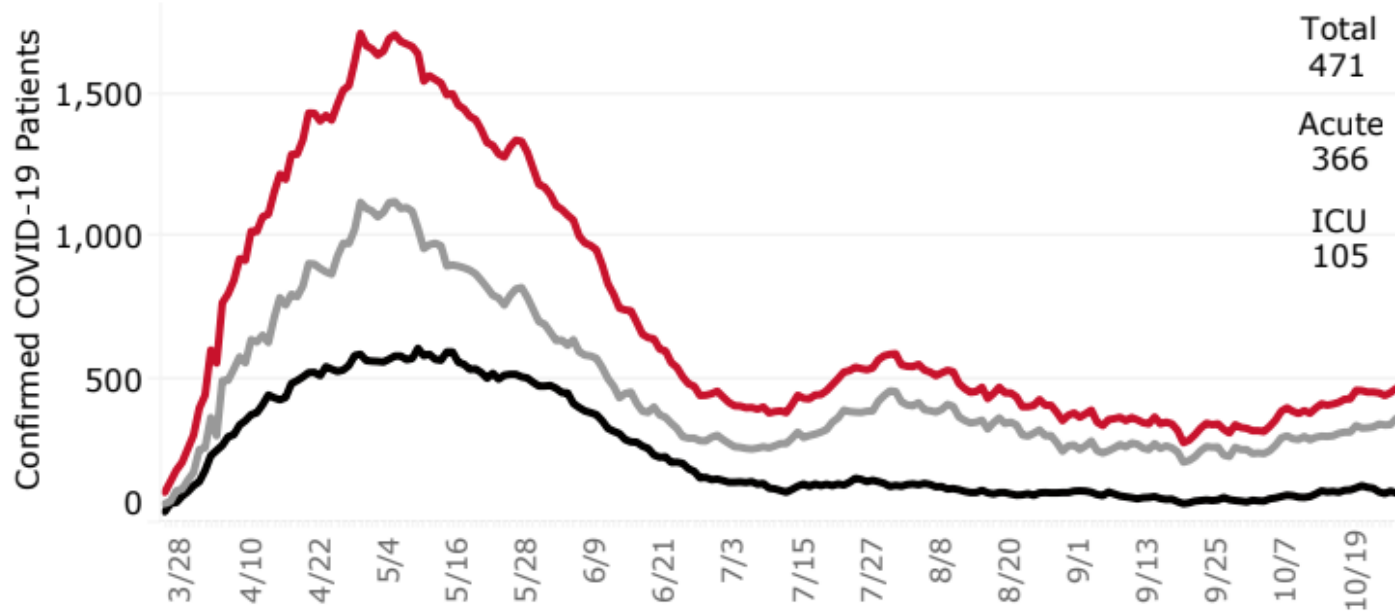
Agenda

- ❖ Maryland Morbidity and Mortality Data - National Status and Projections
- ❖ Testing
- ❖ The Five Things to Do as Primary Care Providers
- ❖ Immunization - Guest Speaker – Kurt Seetoo *Director, MDH Immunization Program*
- ❖ Q & A
- ❖ Resources Appendix

Cases
Deaths

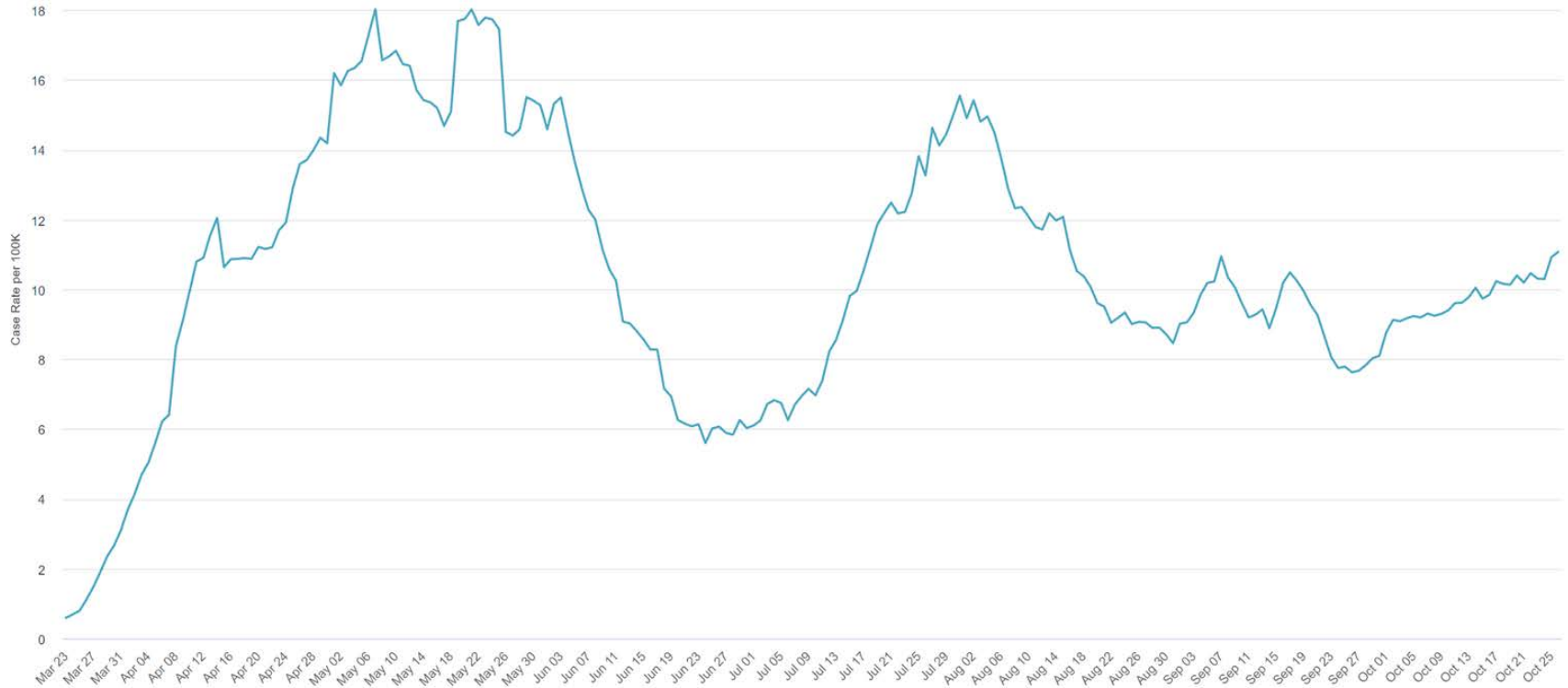
Hospital and ICU Beds in Use

Statewide Acute/ICU Beds Occupied by COVID Patients

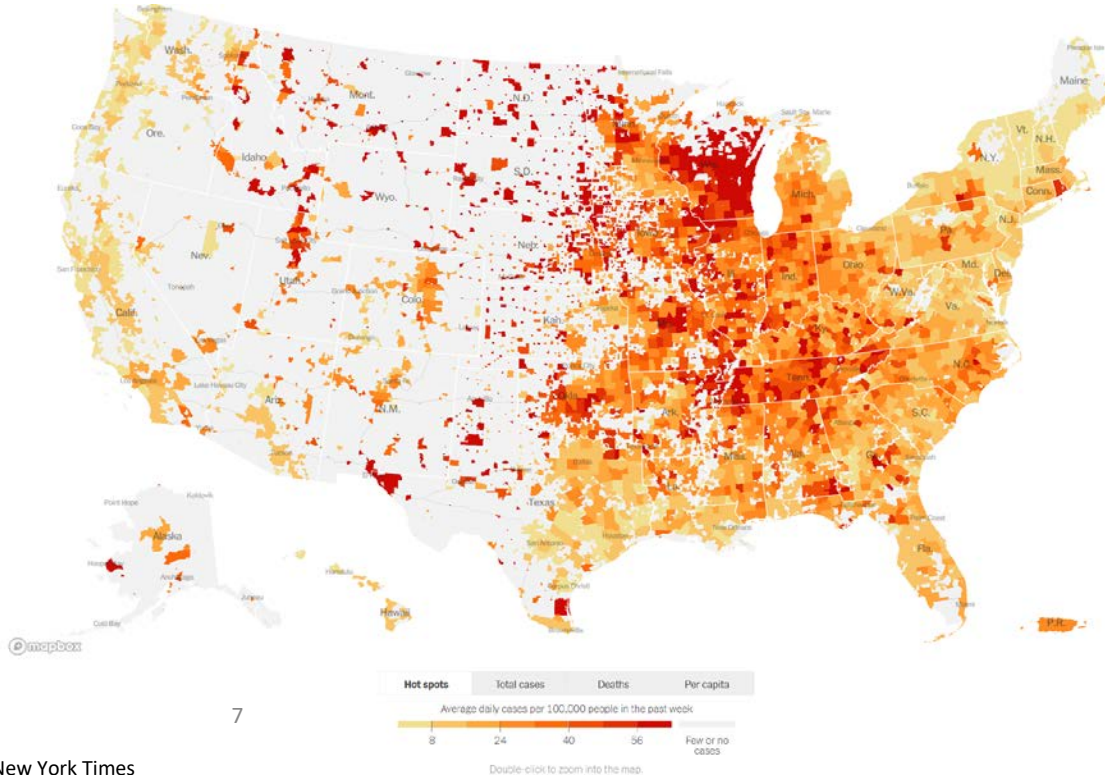


Updated 10/27

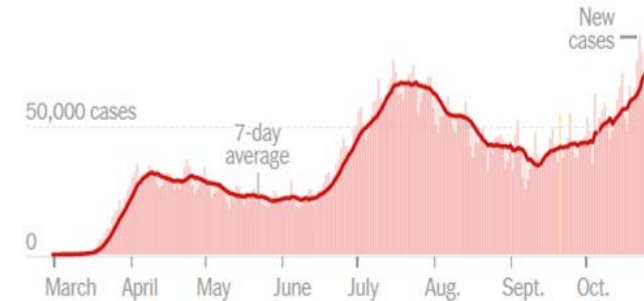
Statewide 7-day Average Case Rate per 100K



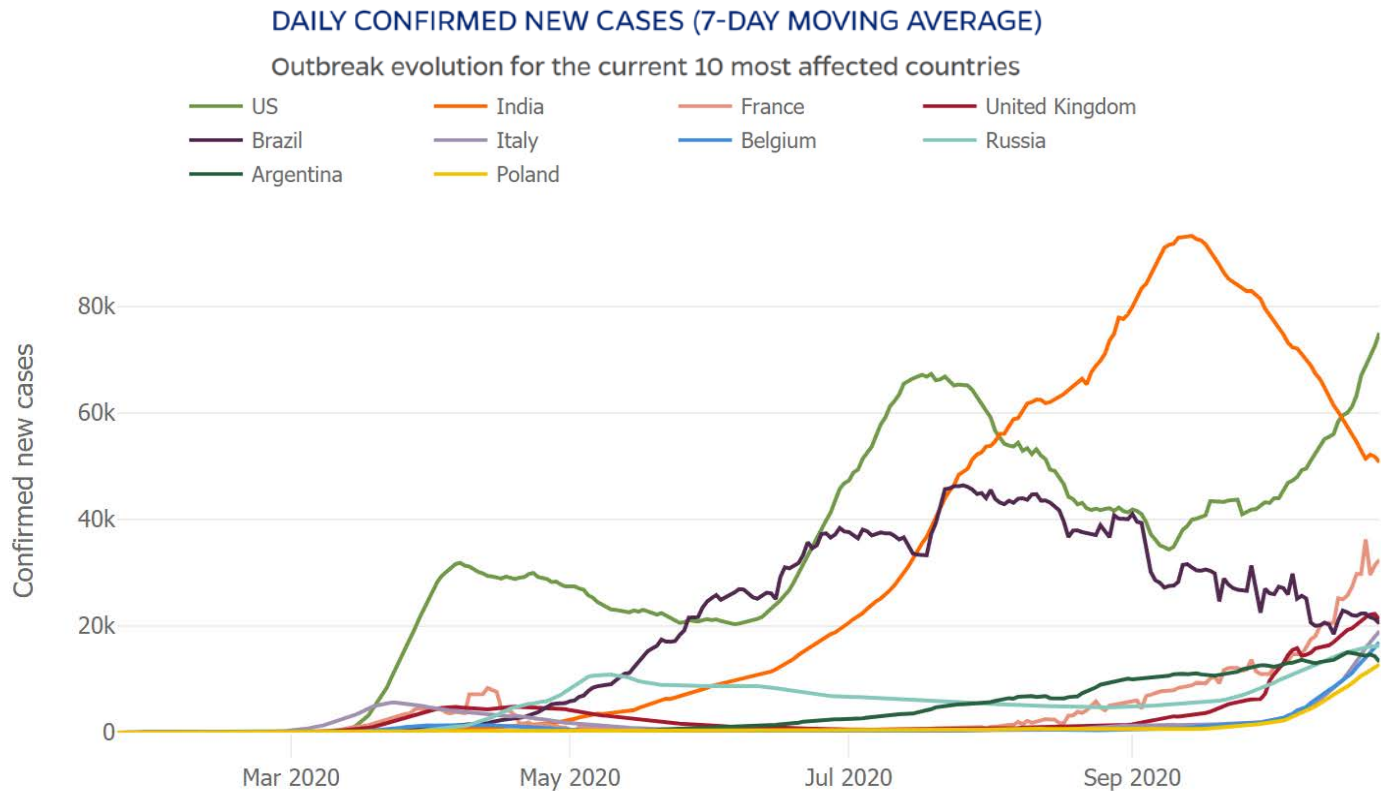
COVID-19 Outbreak US Hotspots



Reaching new highs for
new daily case count



Global Pandemic Hotspots



Covid Testing

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 \(from July 2020\)](#)

COVID-19 Testing for Baltimore City



Baltimore City Health Department (BCHD) is offering support to local providers for COVID-19 testing.

Through Baltimore City Health Department you can request COVID test kits and test processing.

- ❖ If you are interested in learning more about how to obtain test kits, please contact the COVID-19 test kit distribution program at COVIDTesting.BDCLab@baltimorecity.gov
- ❖ More information, including the guidance and request form can be found here: <https://coronavirus.baltimorecity.gov/covid-19-test-kit-distribution-program>.

Five things you can do as Primary Care Providers

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

CME Accreditation and Designation

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

CME Disclosures and Evaluation

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

Announcements

- ❖ Learn from our [Frequently Asked Questions page](#)
- ❖ Future Webinars
 - Today - Kurt Seetoo *Director, MDH Immunization Program*
 - Next Week - Maulik Joshi, DrPH *CEO of Meritus Health*

Dr. Haft intro slide

Vaccination is a powerful tool to combat COVID-19

The goals of the vaccination plan are to reduce the risk of severe disease for individuals and stop the spread of COVID-19

The vaccines being developed are unique in their methods and in the speed of development

The process of mass vaccination will also be unique in every aspect

There will be the need for early prioritization of vaccine recipients

Primary care practices will play a critical role in the vaccination plan

Maryland COVID-19 Vaccination Plan

Kurt Seetoo Director, MDH Immunization Program

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

Preregistration and Vaccine Sign-up

- Lessons learned from H1N1 influenza and other vaccination campaigns revealed the need to engage the public early and often with accurate information.
- Maryland residents will be asked to preregister to receive a COVID-19 vaccination and to receive news/updates on COVID-19 vaccination efforts
- The website MarylandVax.org will be promoted through paid/earned/social media as the location to preregister.
- Pre-registration for residents will be open soon.

Preregistration and Vaccine Sign-up

- Preregistration through a website is considered a viable option as studies show that upwards of 90% of the U.S. adult population has access to a smart phone capable of accessing the internet.
- Preregistration data will allow MDH/LHD to determine interest in vaccination; geographic location of interested individuals; identification of Phase 1 & Phase 2 individuals.
- Preregistration not required for vaccination
- Preregistration site will launch in November. Providers can direct patients to the site once available

Phased Approach: Phase 1

Employment Field

- a) High Risk Healthcare Workers (Direct Exposure)
 - Hospital, LTCs, Freestanding EDs, Urgent Care, Primary Care Providers, School Nurses
- b) First Responders
 - High Risk Law Enforcement (e.g. specialized units), Emergency Medical Services, High Risk Fire Fighters (e.g. specialized units), Emergency Management
- c) Vaccinators - expanded workforce (e.g. pharmacists, dentists, doctors, nurses, administrative clinic staff)
- d) Local Health Department staff

Phased Approach: Phase 1 (cont)

Other Risk Factors

- People at Increased Risk for severe COVID-19 Illness
 - LTCF residents
 - Persons with underlying medical conditions that are risk factors for severe COVID-19 illness
 - People at Increased Risk of Acquiring or Transmitting COVID-19
 - People with Limited Access to Routine Vaccination Services

NOTE: Priority groups subject to change based on the recommendations of the Advisory Committee on Immunization Practices (ACIP)

Role of Pharmacies: Phase 1

- CDC directly contracting with 2 major pharmacy chains to vaccinate LTC residents
- LTC facilities contacted by CDC to determine if they want participate in federal program
 - No minimum resident bed capacity needed
 - Must be within 75 miles of a vaccinating pharmacist
 - Outside of 75 miles not eligible; must make other arrangements
 - LTC staff expected to be vaccinated during Phase 1; can be vaccinated by pharmacist

Phased Approach: Phase 2

- Phase 2: Widespread Vaccine Availability - General Public
- Move to Phase 2 will depend on:
 - Availability of COVID-19 vaccine
 - Achievement of targeted metrics for vaccination of high priority groups
 - Notification by CDC and other authorities that the general public phase can begin because vaccine supply allows
 - Vaccine available through health care providers, pharmacies, urgent care, local health departments, etc.

Role of Pharmacies: Phase 2

- CDC directly contracting with major pharmacy chains to receive vaccine from federal allocation
- Independent pharmacies onboard/register with MDH to receive vaccine from state allocation
- Pharmacies report vaccination data to CDC Data Lake
- MDH upload data from Data Lake to ImmuNet

Technology Solutions

- Maryland's Immunization Information System, ImmuNet, will be used to register COVID-19 vaccine providers, order COVID-19 vaccines, and collect/submit COVID-19 vaccination data.
- Maryland will be using PrepMod as its end-to-end vaccine clinic management system.
 - Required of all Phase 1 Providers
 - LHDs currently using PrepMod for 2020 seasonal influenza clinics: MarylandVax.org. Will be required of LHDs to use in Phases 1 and 2
 - Not required for PCPs during Phase 2.
- Maryland's consumer access portal, MyIR, promoted as location to view & print official COVID-19 vaccination record

Provider Recruitment and Enrollment

Maryland HCP interested in receiving COVID-19 vaccine will have to:

1. Onboard with ImmuNet to report vaccination data
 - EHR connected to ImmuNet to report all vaccine doses administered
 - Effective Oct 1, 2019, statute requiring ALL vaccinations to be reported to ImmuNet
 - Allows for dose level accountability for COVID-19 vaccine
- **MDPCP practice coaches will be communicating with all practices regarding their current onboarding status and next steps to register and enroll**

Where is your practice?

Enrolled and reporting

Verify patients' records in ImmuNet are being accurately transmitted to ImmuNet by:

- > [logging in](#), and
- > viewing a recently immunized patient's record for completeness.

Enrolled, but not reporting

Follow the steps on the [Immunet website](#) under "Providers with Electronic Health or Medical Records Systems (EHR/EMR)" to be added to the ImmuNet queue.

Put in a ticket with EHR vendor to implement immunization interface. Be sure to include:

- > ImmuNet-assigned Org ID (contact [HelpDesk](#) for Org ID)
- > [Technical specs](#) for interface
- > ImmuNet HelpDesk [contact information](#)

Not enrolled and not reporting

Complete [ImmuNet enrollment form](#)

Wait for email containing username and password. Review links.

Congratulations!

You are enrolled and reporting to ImmuNet.

FAQs: ImmuNet Enrollment and Reporting

Q: Who needs to enroll in ImmuNet?

A: 1-2 representatives from your practice site should enroll as an Admin User for ImmuNet. From there, the Admin User can grant access to providers in your organization as needed. We recommend at least two Admin Users per organization.

Q: Does every provider at a practice need to take these steps to enroll?

A: No, each practice can designate appropriate staff to enroll. We recommend at least two 'Admin Users' who can then add their own additional staff as needed.

Q: Where can I find more information?

A: You can visit the [ImmuNet home page](#), which houses ImmuNet training videos, a user manual, and quick reference guides.

Q: If my patient goes somewhere else to get vaccinated, how/where do I get that information? Does it transfer back to my EHR?

A: You can log into ImmuNet to look up your patient's immunization record for immunizations they have received elsewhere. Depending on your EHR interface setup, your practice may have data exchange from ImmuNet back to your EHR. This depends on your organization and specific EHR setup.

Questions on ImmuNet?

ImmuNet Help Desk

ImmuNet Help Desk
201 W. Preston Street
Suite 318
Baltimore, MD 21201
Fax: 410-333-5893
mdh.mdimmunet@maryland.gov

Provider Recruitment and Enrollment

2. Register with ImmuNet as a vaccine provider in order to receive and administer vaccine. Provider Registration in ImmuNet is a two step process:
 1. Complete Provider Screening Questionnaire
 - Determines eligibility to receive vaccine
 2. Complete Provider Registration
 - Complete the non-VFC provider registration by entering profile information and sign the CDC COVID-19 provider agreement
 - Current VFC providers will need to confirm their current ImmuNet profile information and sign the CDC COVID-19 provider agreement
- Registration expected to begin in Nov 2020

Vaccine Ordering: Phase 1

- MDH will order vaccine for onboarded/registered Phase 1 providers
- Vaccine order based on number of employees registered for vaccination
- MDH will review security plan prior to vaccine delivery
- Vaccine shipped directly to hospital/LHD/other approved locations
- Every effort will be made to send the same exact product for second doses

Vaccine Ordering: Phase 2

- Onboarded/Registered providers will order vaccine directly in ImmuNet on the Specialty Vaccine/Influenza order page
- Vaccine approval by MDH based on data on CDC provider agreement
- Vaccine will be shipped directly to the provider from a central distributor
- Providers should order same product for second doses

Vaccination Clinic: Phase 1

- CDC requires use of a clinic management system for Phase 1
- PrepMod required for use for all Phase 1 vaccination clinics to collect vaccination encounter data; submission to ImmuNet within 24 hours
- Hospitals/others received PrepMod training in October
- LHD staff trained in September
- ImmuNet submits Phase 1 clinic encounter data to CDC Data Lake within 24 hours
- Pharmacy chains utilize their existing IT system

Vaccination Clinic: Phase 2

- Vaccine providers utilize existing EHR/EMR; vaccination data uploaded to ImmuNet
- LHD required to use PrepMod for mass vaccination clinics
- ImmuNet submits Phase 2 clinic encounter data to CDC Data Lake within 24 hours
- Pharmacies enrolled with CDC use their existing IT system

VaccineFinder

- CDC system that displays locations where people can find available COVID vaccine
- COVID providers will be required to submit daily COVID vaccine on-hand inventory data to VaccineFinder. Will need to create an account in VaccineFinder
- Inventory quantities will not be made publicly available on VaccineFinder
- COVID providers can opt in/opt out to having their location listed in VaccineFinder
- www.vaccinefinder.org

Vaccine Storage and Handling

- Proper vaccine storage and handling ensures vaccine viability prior to administration to a patient.
- Since the storage needs of various vaccine(s) approved by FDA may differ for usage, it is challenging to provide storage and handling requirements at this time.
- Early COVID-19 vaccine formulations may require ultra low cold (ULC) temperature storage (-80 degrees Fahrenheit)

Vaccine Administration Reporting

- ImmuNet will be used for vaccine reporting to CDC and data tabulation
- CDC will determine required data collection elements. ImmuNet enhancements will be made to ensure capture of these data elements. Data elements includes but are not limited to:
 - Name
 - Date of Birth (DOB)
 - Age
 - Race & Ethnicity
 - Address including zip code & county
 - Vaccine information (product, expiration date, lot number)

Vaccine Administration Reporting

- Data will be reported out on a dashboard updated daily. Information will include but not be limited to:
 - Total number of COVID-19 vaccinations administered
 - Number of persons vaccinated by age group
 - Number of persons vaccinated by zip code
 - Number of persons vaccinated by county
 - Number of persons vaccinated by gender
 - Number of persons vaccinated by race/ethnicity

Second Doses

- Doses administered must be reported to ImmuNet. Regular reports will be run to determine who is eligible to receive second doses and when they are due.
- When a resident is due to receive a second dose, they will receive a text/email message from PrepMod indicating that they are due for a second dose and that they should go to MarylandVax.org to find a clinic where they can receive their second dose. The resident will then register at that particular clinic to receive a second dose.
- MyIR can also be used to issue reminder/recall messages if two doses of COVID-19 are required.

Communications

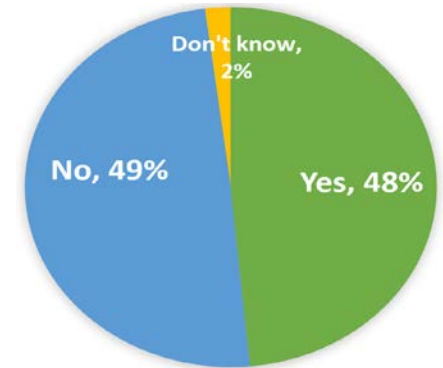
- Communications regarding COVID-19 vaccine will likely focus on three main areas:
 - 1) Safety and efficacy of vaccine
 - 2) Priority group vaccination
 - 3) General population vaccination
- MDH will work with a marketing vendor to develop and disseminate messaging to cover these three areas.
- Marketing strategies will include paid media, social media, and earned media.

Vaccine Hesitancy

- Pre-existing group of anti-vaccine people
- Speed of vaccine development
- Inconsistent messaging
- Novel types of vaccines
- ***Requires consistent accurate and timely messaging from trusted sources (Primary Care Providers)***

Goucher College Poll

If an FDA-approved vaccine to prevent coronavirus was available right now at no cost, would you agree to be vaccinated?



Vaccine Safety

- With the rapid development and licensing of the COVID-19 vaccines, vaccine safety monitoring will be essential to maintain confidence in the vaccine.
- MDH will utilize communications to describe the process for reporting any adverse events to receiving COVID-19 vaccination.
- MDH will direct providers and vaccine recipients to report any adverse events to the Vaccine Adverse Event Reporting System or VAERS. Instructions will include the website to submit an online report and who should report adverse events.

Flu Vaccine



- 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 burden the healthcare system
- Maryland Fight the Flu Campaign
 - Flyers, TV Spots, Social Media: Graphics and Stickers
 - Some are customizable
- Fight the Flu Toolkit available at health.maryland.gov/flu



Flyers

PROTECT YOURSELF & YOUR FAMILY
Get Vaccinated



It is important to get a flu shot every year – but this year the need is critical. Seasonal influenza and COVID-19 both attack the respiratory system, and having one can make you more vulnerable to the other. Flu can lead to serious illness, hospitalization, or even death. Getting a flu shot is the best way to protect yourself and your family from getting the flu.

Why is a flu shot more important than ever this year?

- Flu vaccination prevents illness, medical visits, and hospitalizations at a time when hospitals and healthcare workers are already overwhelmed with COVID-19.
- A flu shot can stop you from spreading the flu to older people or individuals with chronic health conditions, who may be especially vulnerable to both flu and COVID-19.
- Vaccinating pregnant women against the flu can help protect mom and baby from flu infection for several months after the baby is born.

Why is NOW the best time to get vaccinated?


- Flu season begins in early October, so now is the perfect time to get vaccinated. Flu vaccine can take up to two weeks to provide protection against the flu.
- You and your family should get vaccinated against seasonal flu before the influenza virus begins to spread throughout the community.
- When more people in a community get vaccinated against the flu, more people are protected—especially those who are most vulnerable like babies, older people and people with chronic health conditions.

Ask your health care provider for a shot, or find a free public flu clinic at marylandvax.org
For more information about seasonal flu, visit health.maryland.gov/flu



General Population

CUIDE Y PROTEJE A TODA SU FAMILIA
Vacunese



Es importante vacunarse contra la gripe todos los años pero este año, es imperativo. Tanto la influenza estacional como el COVID-19 atacan al sistema respiratorio, y por eso, tener uno de esos virus hace que sea más vulnerable al otro. Una gripe puede causar una enfermedad grave, hospitalización, e incluso la muerte. Vacunarse es la mejor manera de protegerse a usted y a su familia de contagiarse la gripe.

¿Por qué la vacuna contra la gripe este año es más importante que nunca?


- La vacuna de la gripe previene la enfermedad, las visitas médicas y las hospitalizaciones en un momento en que los hospitales y los trabajadores de salud ya están sobrepasados por el COVID-19.
- Al recibir la vacuna contra la gripe, no permitimos que la gripe se propague a personas mayores o a individuos con condiciones de salud crónicas, que pueden ser especialmente vulnerables tanto a la gripe como al COVID-19.
- En mujeres embarazadas, la vacuna contra la gripe protege a la madre y al bebé de la infección de la gripe incluso durante varios meses después de que el bebé nazca.

Pídale a su proveedor de salud que le dé la vacuna, o encuentre una clínica de gripe pública y gratuita en marylandvax.org

¿Por qué es AHORA el mejor momento para vacunarse?

- La temporada de gripe comienza a principios de octubre, así que ahora es el momento perfecto para vacunarse. La vacuna contra la gripe puede tardar hasta dos semanas en brindar protección contra la gripe.
- Usted y su familia deben vacunarse contra la gripe estacional antes de que el virus de la gripe comience a propagarse por toda la comunidad.
- Cuando el número de personas que se vacunan contra la gripe dentro una comunidad es mayor, se protege a las personas más vulnerables, especialmente a las más vulnerables, como los bebés, adultos mayores y personas con enfermedades crónicas.

Para obtener más información sobre la gripe estacional, visite health.maryland.gov/flu



Spanish Version

DON'T LET THE FLU STOP YOU & YOUR FAMILY



Find a flu clinic in your area and make an appointment by going to:
www.marylandvax.org

Location Name
Other location
Information



Location Name
Other location
Information



Customizable Word Documents

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
- Begin to identify your patients that are at a higher risk for COVID

Thank you!



ANY
QUESTIONS
?



Appendix

Resources and Links

Scheduling In-Office Appointments

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

Scheduling In-Office Appointments

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

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

These measures must be in effect:

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

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

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

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

Personal Protective Equipment (PPE) Sources and Requests

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

State Launches Maryland PPE Network Supplier Portal

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

Help your patients get health coverage

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

❖ How to enroll

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

Considerations when Reusing N95 Respirators (CDC)

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

[Source](#)

CDC Guidelines - N95 Respirators and Infection Control

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

CDC Guidelines - Reusing N95 Respirators

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

CDC Guidelines - When to Discard N95 Respirators

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

COVID-19 Testing Site Information

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

CDC Guidelines for COVID

Patient Management

- ❖ Healthy people can be monitored, self-isolated at home
- ❖ People at higher risk should contact healthcare providers early, even if illness is mild
- ❖ Older adults and people with severe underlying chronic medical conditions are at higher risk, need closer contact
- ❖ Emergency Department and Hospitals only when needed - not for screening or low risk/minimal disease

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

Billing for End-of-Life Planning

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

Support for Patients at Home

❖ Food

- Meals on Wheels

❖ Caregivers

- Visiting nurses and caregivers

❖ Emotional support

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

Caregiver Services Corps (CSC)

- ❖ **OPEN for primary care providers STATEWIDE throughout Maryland's reopening!**
- ❖ The **CSC** call center (**800-337-8958**), staffed with specialists 7 days a week, matches volunteers for urgent and temporary assistance to people **over 65 years old in their homes** to help with:
 - Self-administration of medications
 - Ambulation and transferring
 - Bathing and completing personal hygiene routines
 - Meal preparation and grocery or prepared meals delivery
 - Teaching how to use video technologies to connect with loved ones and/or healthcare providers for telemedicine
- ❖ Healthcare providers should alert their patients they are being referred
- ❖ Seniors, their families and friends may call 211 to seek help and referrals to the elderly in need

Hospital Surge Preparedness

- ❖ Convention Center needs medical staff – Visit <https://www.linkedin.com/jobs/view/1788387174>
 - ❖ Tents and Modular Units - including ICUs
 - ❖ Expansion within facilities
 - ❖ Professional student staffing
- ❖ Employment opportunities for healthcare professional and support staff: www.MarylandMedNow.com

Opportunities to Volunteer and Serve

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

Staying Current - Sources

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

MedChi/CareFirst/Backline Grant

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

Eligibility Requirements

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

Application Steps

Can be completed in less than 5 minutes

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

Grant Amount

\$300 per eligible physician



Federal Emergency Funds for Small Business

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

State Emergency Funds for Small Business

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

Food Resources

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

➤ [Maryland Summer Meals](#)

[Howard County](#)

➤ [Montgomery County](#)

[Anne Arundel County](#)

➤ [Prince Georges County](#)

[St. Mary's County](#)

➤ [Charles County](#)

[Harford County](#)

➤ [Frederick County](#)

[Calvert County](#)

❖ Free meals available from 42 rec centers in Baltimore

➤ Call 311 for locations and to schedule pickup time

Resources for Specific Groups

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

Resources and References

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

State Emergency Funds for Small Business

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