Testing and Therapeutics Special Covid Update Webinar
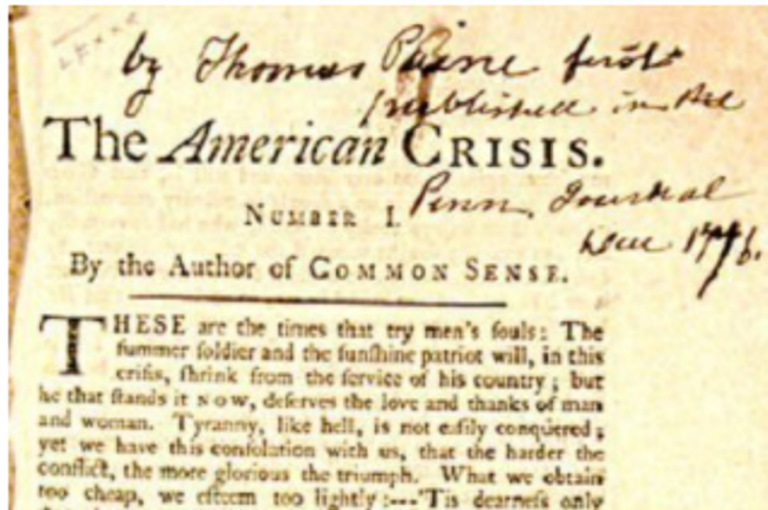
Maryland Department of Health

Maryland Primary Care Program

Program Management Office

29 December 2021

Summer Soldier

"These are the times that try men's souls: The summer soldier and the sunshine patriot will, in this crisis, shrink from the service of their country; but he that stands it now, deserves the love and thanks of man and woman. Tyranny, like Hell, is not easily conquered; yet we have this consolation with us, that the harder the conflict, the more glorious the triumph,"

Action Steps: What you can do now
Primary Care Triple Play

1) **Vaccines**: Outreach to patients who are unvaccinated or due for boosters and schedule a **vaccine appointment**

2) **Testing**: **Test patients** at your practice as needed

3) **Therapeutics**: Refer patients to **oral antivirals and monoclonals,** if eligible, as early as possible
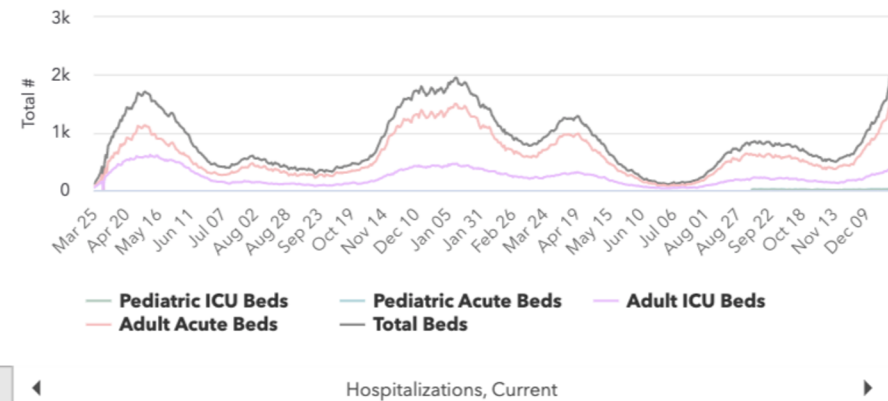
4) Practice self care for yourself and your staff

Current Surge Data

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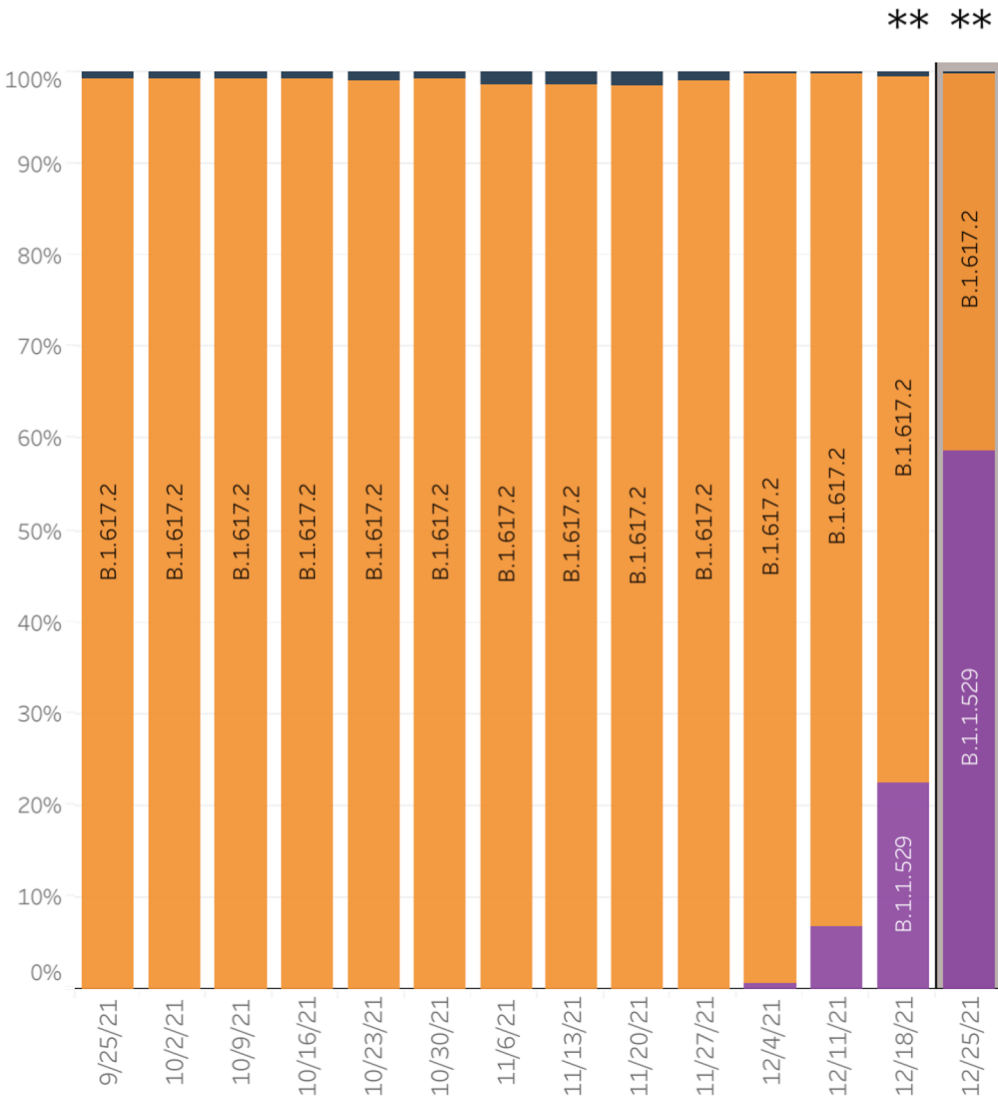# Cases and Hospitalizations in Maryland

Confirmed Cases, Total over Time
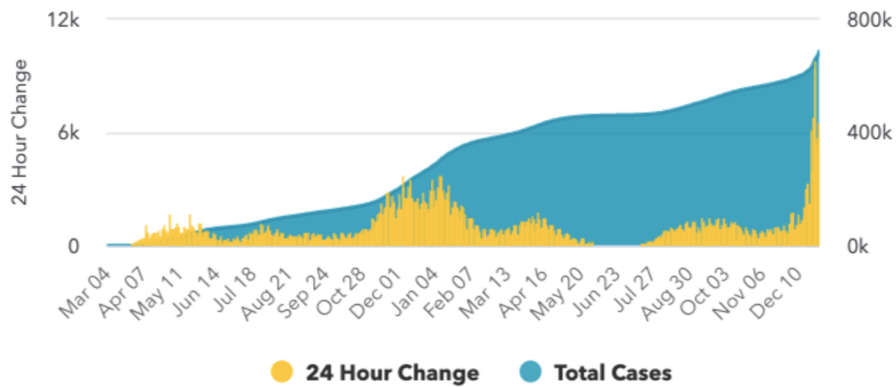
ICU and Acute Hospital Beds for COVID-19, Currently in Use

Hospitalizations, Current

❖ Confirmed cases: 686,237 (*24hr change = +10,873*)

❖ Testing % positive: 19.31% (*24hr change = 1.73%*)

❖ Currently hospitalized: 2,046 (*24hr change = 220*)

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Omicron in the U.S.

WHO label	Lineage #	US Class	%Total	95%PI
Delta	B.1.617.2	VOC	41.1%	25.8-58.2%
Omicron	B.1.1.529	VOC	58.6%	41.5-74.0%
Other	Other*		0.2%	0.1-0.4%

As of 12/25, CDC estimates Omicron makes up 58.6% of Covid cases

6

Source: CDC

Updated: 12/28/2021

Vaccines

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Action Steps:
Providing and Referring for Vaccines
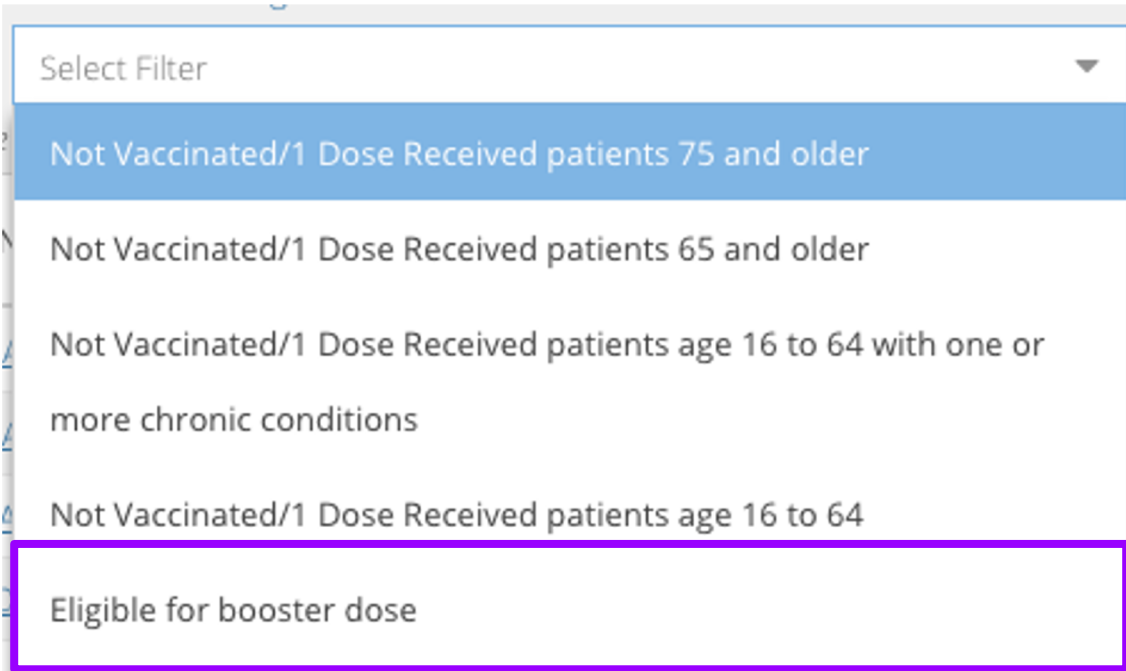
❖ Join the Maryland Primary Care Vaccine Program

➢ Enroll in ImmuNet, set up EHR reporting, and register in ImmuNet to be a COVID-19 vaccine administrator

❖ Vaccinate (primary series and boosters) at your practice

❖ If you cannot vaccinate at your practice, outreach to your patients to recommend vaccination and boosters. Refer patients to a vaccinating site or request a mobile vaccination clinic via this form

➢ Vaccination site list has a filter available for 5-11 y.o. vaccination sites

Boosters

What did you get?	When are you eligible for a booster?	Who is eligible for a booster?	What should you get for your booster?
Pfizer	6 months after 2nd dose	16+	*Pfizer or Moderna*
Moderna	6 months after 2nd dose	18+	*Pfizer or Moderna*
J&J	2 months after single dose	18+	*Pfizer or Moderna*

❖ [COVID-19 Vaccine Booster Guide for PCPs](#)
❖ *Boosters are our best protection against Omicron and many vulnerable patients have not received boosters*

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Source: CDC

CRISP Booster Eligible Filter

Select Filter ▾

Not Vaccinated/1 Dose Received patients 75 and older

Not Vaccinated/1 Dose Received patients 65 and older

Not Vaccinated/1 Dose Received patients age 16 to 64 with one or

more chronic conditions

Not Vaccinated/1 Dose Received patients age 16 to 64

Eligible for booster dose

Note: this filter does not currently filter out deceased patients. Use the "Expired" column in the Vaccine Tracker to further filter out deceased patients. A fix for this is in the works.

❖ New CRISP Vaccine Tracker filter shows patients due for a booster who have not yet received one.

❖ *Use the filter to find your patients to outreach for booster doses*

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Outreaching to Patients

❖ Information and education

➢ [Public Health Collaborative toolkit](#) for 5-11 Pfizer vaccines

➢ [Public Health Collaborative toolkit](#) for COVID-19 boosters

➢ [Public Health Collaborative messaging](#) for Omicron variant

❖ Communication resources

➢ [Public Health Collaborative Holiday safety tips](#)

➢ The National Hispanic Medical Association - [Vaccinate for All Toolkit](#) (available in [Spanish](#))

➢ [Vaccine Outreach Call Script](#)

➢ [Vaccine Communication & Outreach Strategies in Primary Care](#)

Therapeutics

Covid Therapeutics

Timing is critical ⟶ the sooner the better

❖ Monoclonal Antibody - Sotrovimab

➢ Prioritize patients

❖ Oral Antivirals - Paxlovid and Molnupiravir

➢ Early prescribed treatment

➢ Refer patients

❖ Long-acting IM Prophylaxis - Evusheld (AstraZeneca)

➢ Prophylaxis for immunocompromised

➢ Hospital allocation only currently

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Monoclonal Antibody Therapy

- ❖ In short supply and high demand - increasing in January
- ❖ Sotrovimab resilient against Omicron
- ❖ <u>Reminder</u>: Bam/ete and Regen-Cov are ineffective against Omicron, and only used where Omicron not expected (80% cutoff)
  - ➢ *CRISP referral site has been taken down temporarily*
- ❖ Ensure referrals are fully and accurately completed to avoid rejection
  - ➢ Ex: Missing reason for referral (specific condition isn't listed, BMI status and number not listed), cannot read provider name
- ❖ Prioritize patients *(see next slide)*

NIH Guidelines on Prioritization

❖ Treatment only now

  ➢ No PEP with Sotrovimab

❖ Unvaccinated over vaccinated

❖ Other priorities to consider

  ➢ Early in course

  ➢ B cell abnormalities

  ➢ Solid organ transplants

  ➢ Severe underlying conditions

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Source: NIH

Oral Antiviral Agents Overview

❖ **[FDA EUA authorization](#) for Paxlovid 12/22**

❖ **[FDA EUA authorization](#) for Molnupiravir 12/23**

❖ State allocations

  ➢ 960 doses of Paxlovid, 4,500 doses of Molnupiravir

❖ Prescribed medication - use DEA number (or NPI)

❖ Dedicated pharmacies across state - list provided in "Clinician Letter" from Monday 12/27

❖ Initial distribution also to SNFs and FQHCs

❖ Start within 5 days of symptoms - sooner the better

❖ POC testing is key

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Oral Agent Inventory Confirmation

❖ Check inventory prior to ordering to ensure availability:

➢ Check website at MedChi.org updated twice daily

➢ See appendix for list of 30 retail pharmacies

➢ Real-time inventory 800 number coming soon

❖ Use DEA number when prescribing

❖ If no DEA, use NPI number

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Paxlovid

❖ FDA authorized an [EUA for Paxlovid](#) on 12/22

❖ USG purchased 10 million courses

❖ Eligibility

➢ Intended for mild-to-moderate Covid in **12+ adults** weighing at least 40 kilograms that test positive and are at high risk for progression to severe Covid-19

➢ Medication must be initiated within _5 days_ of the onset of symptoms

❖ Study data

➢ Paxlovid appears to cut the risk of hospitalization and death by 89%

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Source: [Pfizer](#), [FDA EUA](#), [FDA Fact Sheet](#)

Paxlovid Prescribing Details

❖ Renal impairment adjustments

❖ Cautions after use regarding oral contraceptives

❖ Untreated or uncontrolled HIV cautions

❖ Medication interactions

➢ Cytochrome P3A inhibitor

➢ Drugs that use P3A for metabolism may be increased

➢ P3A inducing drugs may reduce effectiveness of Paxlovid

➢ [See Fact Sheet for Healthcare Providers](#) for full prescribing information

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Paxlovid is **contraindicated** with **drugs that are highly dependent on CYP3A for clearance** and for which elevated concentrations are associated with serious and/or life-threatening reactions

- Alpha$_1$-adrenoreceptor antagonist: alfuzosin
- Analgesics: pethidine, piroxicam, propoxyphene
- Antianginal: ranolazine
- Antiarrhythmic: amiodarone, dronedarone, flecainide, propafenone, quinidine
- Anti-gout: colchicine
- Antipsychotics: lurasidone, pimozide, clozapine
- Ergot derivatives: Dihydroergotamine, ergotamine, methylergonovine
- HMG-CoA reductase inhibitors: lovastatin, simvastatin
- PDE5 inhibitor: sildenafil (Revatio) when used for pulmonary arterial hypertension (PAH)
- Sedative/hypnotics: triazolam, oral midazolam

Paxlovid is **contraindicated** with **drugs that are potent CYP3A inducers where significantly reduced nirmatrelvir or ritonavir plasma concentrations may be associated with the potential for loss of virologic response and possible resistance**. Paxlovid _cannot_ be started immediately after discontinuation of any of the following medications due to the delayed offset of the recently discontinued CYP3A inducer

- Anticancer drugs: apalutamide
- Anticonvulsant: carbamazepine, phenobarbital, phenytoin
- Antimycobacterials: rifampin
- Herbal products: St. John's Wort

Molnupiravir

❖ FDA authorized an [EUA for Molnupiravir](#) on 12/23

❖ USG allocating 300,000 courses to MDH (3.1 million total)

❖ Eligibility

➢ Intended for mild-to-moderate Covid in **18+ adults** weighing at least 40 kilograms that test positive and are at high risk for progression to severe Covid-19

➢ Medication must be initiated within _5 days_ of the onset of symptoms

➢ Not indicated during pregnancy- needs post use contraception

❖ Study data

➢ Molnupiravir appears to cut the risk of hospitalization and death by 30%

Evusheld - Long Acting Prophylaxis

❖ On 12/8, the FDA issued an [EUA for Evusheld](#)
  ➢ Moderate to severe immune compromise
  ➢ Unable to take vaccine due to severe allergy to all
  ➢ IM dosing at 6 month intervals
❖ Allocation
  ➢ Available week of 20 December
  ➢ Allocation directly to hospital partners
    ■ 888 total doses for next 2 weeks
    ■ Very limited supply
  ➢ Referrals done in hospitals
❖ Clinician letter with hospital information sent

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Action Steps:
Referring to Treatment

❖ Refer highest risk eligible patients to monoclonal antibody treatment

➢ See appendix for referral resources

❖ POC test and prescribe oral agents

➢ Confirm inventory before prescribing

❖ *The earlier the better*

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Testing

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Point-of-Care Tests

❖ Use point-of-care tests to rapidly diagnose patients

❖ Great tool for <u>symptomatic</u> patients

❖ Tests can be conducting outside of labs including congregate care facilities

❖ [Rapid point-of-care testing toolkit](#)

❖ View this [Comparison tool](#) for Covid testing options

<u>Action Steps</u>: Conduct point-of-care tests for eligible patients

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Refer for Testing

❖ Use this toolkit to guide testing protocols and communication

❖ Consider PCR testing for asymptomatic patients

➢ Review this webinar (beginning at 51:00) for PCR testing options

❖ Refer patients for testing at one of these sites

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Takeaways: Triple Play Strategy

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Triple Play and Takeaways for Primary Care

❖ Covid isn't over

❖ Unlike this time last year, we now have **baseball bats**, **a better pitch**, and **protective gear**

❖ The [Triple Play](#) will lead us through Omicron and the Winter season

➢ **Vaccines - including boosters**
➢ **Testing - test at your practice**
➢ **Therapeutics - prescribe antivirals and mAb referrals**

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New CDC Quarantine and Isolation Guidelines

If You Test Positive for COVID-19 (Isolation)

Everyone, regardless of vaccination status:

- Stay home for 5 days
- If asymptomatic after 5 days, you can leave your house
- Continue to wear a mask around others for 5 additional days

If you have a fever or other symptoms, continue to stay home until symptoms resolve

(Quarantine guidelines on next slide)

Source: CDC

New CDC Quarantine and Isolation Guidelines

If You Were Exposed to Someone with COVID-19 (Quarantine)

If you are unvaccinated or overdue for a booster:

- Stay home for 5 days. After that continue to wear a mask around others for 5 additional days.
- If you can't quarantine you must wear a mask for 10 days.
- Test on day 5 if possible.

If you develop symptoms, get a test and stay home.

If you are vaccinated and boosted:

- Wear a mask around others for 10 days.
- Test on day 5, if possible.

If you develop symptoms, get a test and stay home

Questions from Last Webinar

Q: What is the recommendation for individuals that obtained J&J for their initial COVID-19 vaccine?

- ➤ If it has been two months or longer since their initial dose, then the individual should obtain a [Pfizer or Moderna booster]()

Q: What is the recommendation for individuals that obtained J&J for their COVID-19 vaccine booster dose?

- ➤ This individual is considered fully vaccinated and does not need any additional COVID-19 vaccine doses at this time

- ➤ Additional information on the J&J vaccine can be found on the [CDC website here]()

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Questions from Last Webinar

Q: Who is eligible for a COVID-19 booster?

➢ All individuals that are 16+ are eligible for a [COVID-19 booster](#)

➢ At this time, individuals that are under 16 are not advised to obtain a [COVID-19 booster](#)

Q: What is the dosage for the Moderna booster if the individual originally obtained Pfizer or J&J?

➢ The dosage for the [Moderna COVID-19 booster is ½ dose](#) for everyone regardless of their initial COVID-19 vaccine type

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Questions from Last Webinar

Q: Should immunocompromised individuals obtain a booster dose in addition to their third dose?

❖ Immunocompromised individuals that originally obtained Pfizer or Moderna should receive a booster six months after completing their additional dose. Additional information can be found [here](#).

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Questions from Last Webinar

Q: What is the comparison between natural immunity to individuals with the Covid vaccine primary series and individuals with the Covid vaccine primary series + a booster dose?

➢ Individual levels of immunity vary
➢ Data indicates that natural immunity from having recovered from a Covid infection can allow around 90 days of some level of immunity
➢ Data indicates the Covid vaccine primary series can allow around 6 months of immunity and wanes over time
➢ Data indicates that the Covid vaccine booster provides additional immunity beyond the initial vaccine series

The best way to be protected from COVID-19 is to obtain the Covid vaccine and booster dose when eligible

Take Care of Yourself and Your Staff

❖ It is not selfish to take breaks and you cannot work nonstop

❖ Check in on your team and talk about your feelings and experiences

❖ Connect with family and friends

You have been an essential part of the Covid response and have saved countless lives

Thank you for all that you do!

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Future Webinars

Thank you to all of our providers and their staff who have been true healthcare heroes throughout the pandemic

Regular Wednesday Covid-19 Updates occur every other week:

❖ Wednesday, 1/5, 5:00 PM-6:30PM
   Registration link here
❖ Wednesday, 1/19 5:00 PM - 6:30 PM
   Registration link here

Announcements

❖ **Open enrollment is live for Maryland Health Connection** - Additional information is in the Appendix of this slide deck

❖ Beginning 1/6, 5-11 Pediatric Pfizer COVID-19 vaccines will be available for direct ordering in ImmuNet on Thursdays

❖ COVID-19 Triple Play Strategy Guide

❖ Holiday ordering:

	Thursday, Dec 30	Friday, Dec. 31	Saturday, Jan. 1	Sunday, Jan. 2	Monday, Jan. 3	Tuesday, Jan. 4
PFIZER	No Deliveries	No Deliveries	No Deliveries	No Deliveries	No Deliveries	No Deliveries
McKesson Specialty	No Deliveries	No Deliveries	No Deliveries	No Deliveries	No Deliveries	No Deliveries

Question and Answer Session

CME

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.

❖*Attendees can receive CME credit by completing [this evaluation](#) after each webinar. MedChi will then be in contact with the certificate*

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Appendix

Resources

CDC Updated Recommendations

❖ On 12/16, the CDC updated its recommendations on COVID-19 vaccines to include a clinical preference for the two mRNA vaccines (Pfizer and Moderna) over J&J

❖ J&J still available

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Source: CDC Media Release, CDC

Pfizer 'Gray Cap'

❖ Beginning 12/23, a new Pfizer vaccine formulation will become available (Pfizer Tris-sucrose Adult Formulation)

❖ For all 12+ individuals

❖ Changes to ordering and handling:
  ➢ They will have a gray cap
  ➢ Will be available in smaller 300-dose configuration
  ➢ Does not require diluent
  ➢ May be stored at 2-8℃(36-46℉) for up to 10 weeks

Practices should use current remaining Pfizer inventory before ordering the Tris-Adult formulation

More on 'Gray Cap'
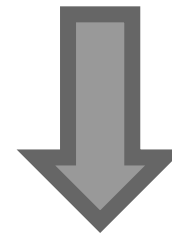
Description	Dilute Before Use	Do Not Dilute	Dilute Before Use
Age Group	12 years and older[1,2]	12 years and older[3]	5 through 11 years[4] ("Age 5y to <12y" on vial label)
Vial Cap Color	Purple	Gray	Orange
Dose	30 mcg	30 mcg	10 mcg
Dose Volume	0.3 mL	0.3 mL	0.2 mL
Amount of Diluent Needed per Vial*	1.8 mL	NO DILUTION	1.3 mL
Doses per Vial	6 doses per vial (after dilution)	6 doses per vial	10 doses per vial (after dilution)

❖ Pfizer Vaccine Formulation/Presentation Guide
❖ Pfizer trainings are ongoing and additional information is in the announcements section of this slide deck

Holiday Vaccine Ordering

❖ Holiday ordering will be limited

➢ Ordering in ImmuNet will be available on Thurs, 12/23

■ No deliveries between Thurs, 12/23 - Mon, 12/27

■ **Orders placed on 12/23 will be delivered Tues, 12/28 and Wed, 12/29**

➢ Ordering in ImmuNet will be available on Thurs, 12/30

■ No deliveries between Thurs, 12/30 - Tues, 1/4

■ **Orders placed on 12/30 will be delivered Wed, 1/5**

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Heterologous Dosing - Mixing and Matching

❖ The CDC has now advised that booster doses can be a different vaccine type than the primary series

> Ex: An individual that originally obtained Moderna for doses 1 and 2, can now obtain Moderna, Pfizer, or J&J for a booster if they are eligible for a booster dose

❖ All Moderna booster doses are a **half dose**, regardless of the individual's primary vaccine type

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5-11 Yr Old Pediatric Pfizer Vaccine

❖ Two dose regimen, dose 2 can be administered 21 days after dose 1
❖ Different product from 12+
❖ Will require reconstitution
❖ Allocation
➢ Providers will need to manage 2nd dose appointments through supply provided; **no separate allocation for 2nd doses**
❖ MDH Toolkit for 5-11 Pediatric Pfizer Vaccine
➢ Password: 5+Vaccine

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Moderate to Severe Immunocompromise

- Active treatment for solid tumor and hematologic malignances
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of CAR-T-cell therapy or hematopoietic cell transplant (HCT) (within 2 years of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection (people with HIV and CD4 cell counts <200/mm^3, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV)
- Active treatment with high-dose corticosteroids (i.e., ≥20 mg prednisone or equivalent per day when administered for ≥2 weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory

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Appendix

Monoclonal Antibody Treatment Information and Resources

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Monoclonal Treatment Eligibility

❖ **Who Qualifies for Treatment?**

➤ **mAb treatment is for adults and adolescents (12 and older) who:**

✓ Recently tested positive for COVID-19

✓ Are within 10 days of first experiencing symptoms

✓ Do not need to be hospitalized for COVID-19

✓ Weigh at least 88 pounds

➤ **Are in one of the following high-risk categories:**

✓ Are age 55 to 64 AND have cardiovascular disease, hypertension, chronic respiratory diseases or COPD

✓ Have diabetes, obesity, kidney disease or other serious chronic conditions

✓ Are 65 years old or older

✓ Are pregnant

✓ For adolescents: high BMI, sickle cell disease, heart disease, neurodevelopmental disorders, a medical-related technological dependence, asthma or other chronic respiratory disease

✓ Or who have been determined by their healthcare provider to be at high risk for worsening and/or hospitalization

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Patient Facing Resources

❖ Website
  ➢ Landing page-- general page
  ➢ FAQ-- detailed information about mAb
❖ Contact tracing
  ➢ Direct text message to all contacts and people with positive tests (ages 18+) linking to Landing Page (Eng. & Sp.)
  ➢ mAb information sent to Interviewed Cases & Exposed Contacts at conclusion of contact tracing interview
❖ Site Access and PEP status
  ➢ Flyer with treatment location list, PEP information, and self-referral information

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Self-Referral Options for Patients

❖ Patients should coordinate with their respective physician or care provider before contacting a location to schedule an appointment.

❖ Patients without a healthcare provider, contact eVisit to schedule a virtual appointment or complete a self-referral form.

➢ Eligible patient(s) will be referred to an infusion site for treatment.

❖ For those without internet access or a healthcare provider, they may contact the **MDH-supported monoclonal antibody call center** at **410-649-6122** (Monday – Friday from 8 a.m. to 5 p.m) and speak to a clinician to review eligibility.

➢ *Odenton VFD, City of Praise Ministries, and MDmAbs also accept direct patient contact to determine eligibility and/or schedule treatment

Provider-Facing Resources

❖ Webinars - over 100
❖ Clinician Letters
  ➢ "Checklist" to assist providers in determining patient eligibility for mAbs.
❖ Ease in making referral
  ➢ Option 1: CRISP eREFERRAL for Monoclonal Antibody Infusion
  ➢ Option 2: Maryland Referral Form for Monoclonal Antibody Infusion Treatment (Updating to include sites where PEP is available)
  ➢ Some sites allow patients to self-refer for evaluation (listed on referral materials)

Practice mAb Referral Workflow

1) Daily, go into the CRISP ENS PROMPT to view new positive Covid-19 test results for your patients

2) For Covid-positive patients, assess every patient for mAb eligibility

3) For eligible patients, call the patient to recommend mAb treatment

   a) See this patient-facing website

4) Refer the patient to mAb treatment through CRISP or externally
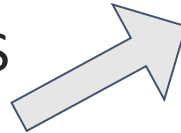
Additional Monoclonal Information

Indications for Outpatient COVID-19 mAbs

Monoclonal Antibody Indications and Routes of Administration		
Monoclonal Antibody	**TREATMENT of Mild to Moderate COVID-19 Infection** within 10 days of symptom onset in patient with high risk of progression to severe disease	**POST-EXPOSURE PROPHYLAXIS for individuals** who are not fully vaccinated or immunocompromised, with high risk of progression to severe disease
bamlanivimab and etesevimab[1] (Eli Lilly)***	Dose: 700 mg bamlanivimab and 1400 mg etesevimab*** Route: Intravenous administration Post-administration monitoring: 60 minutes	N/A
casirivimab and imdevimab[2] (REGEN-COV)	Dose: casirivimab 600mg and imdevimab 600mg Route: Intravenous is preferred route, however subcutaneous injection may be utilized in situations where there would be a delay in intravenous administration Post-administration monitoring: 60 minutes	Dose: casirivimab 600mg and imdevimab 600mg Route: Intravenous or subcutaneous Post-administration monitoring: 60 minutes
Sotrovimab[3] (Glaxo Smith Kline)	Dose: sotrovimab 500mg Route: Intravenous Post-administration monitoring: 60 minutes	N/A

*** Based on the most currently available data, bamlanivimab and etesevimab are now authorized in all U.S. states, territories, and jurisdictions (9/2/21) [https://www.fda.gov/media/151719/download]

Refer to product Emergency Use Authorizations for detail on indications and administration
[1] Fact Sheet for Health Care Providers Emergency Use Authorization of Bamlanivimab and Etesevimab (https://www.fda.gov/media/145802/download)
[2] Fact Sheet for Health Care Providers Emergency Use Authorization of REGEN-COVTM (casirivimab and imdevimab) (https://www.fda.gov/media/145611/download)
[3] Fact Sheet for Health Care Providers Emergency Use Authorization of Sotrovimab (https://www.fda.gov/media/149534/download)

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Appendix

Maryland's Official Health Insurance Marketplace: Open Enrollment Information

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What's New with Maryland Health Connection

November 2021

Maryland's Official Health Insurance Marketplace

Open Enrollment
November 1, 2021 –
January 15, 2022, to be covered for 2022

Tablet

Mobile

www.MarylandHealthConnection.gov
www.MarylandHealthConnection.gov/es

Where to Find Help

maryland health connection™

far western AHEC West Health Insurance Program

mid western HealthCare Access Maryland (HCAM)

capital north Montgomery County Health Connection

capital south Prince George's County Health Connect

central HealthCare Access Maryland (HCAM)

southern Seedco

upper eastern shore Seedco

lower eastern shore Lower Shore Health Insurance Assistance Program

Trained experts Across the state Ready to help

maryland health connection™

The Only Place to Get Financial Help

Maryland Health Connection is the only place Marylanders can get financial help to pay for their health plan. In fact, **9 out of 10 who enroll get savings.**

More Savings for More Marylanders

Did you know the **American Rescue Plan** includes big savings for health insurance?

- For the **uninsured,** it's worth checking out the 2022 health plan options – there are now new, bigger savings.

- If someone **didn't qualify for savings before** they should take another look because, for the first time, there are savings available for Marylanders with higher incomes.

Did you know Maryland has **new discounts for young adults** ages 19-34? They're new for 2022 health plans!

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Lower premiums. Same great coverage.

maryland health connection

TheSocialPressKit.com/MarylandConnect

Visit our **Social Press Kit** for ready-to-post graphics to share on your social media channels, messaging to share with your community, and more.

Variety of messages and languages

Easy to post videos and graphics

Already written text (you can adapt)

Enrollment ends
January 15.

#GetCoveredMD

@MarylandConnect

Appendix

Resources and Links

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General 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

❖ CDC Moderna vaccine storage

Covid-19 mAb Treatment Criteria

❖ Patient Criteria

Use clinical judgment

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

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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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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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

[Heroes Health Initiative](#)

❖ Patients

[Ask Suicide-Screening Questions toolkit](#)

CDC [list of resources](#) for coping with stress

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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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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/)

Articles

- ❖ "Effectiveness of Mask Wearing to Control Community Spread of SARS-CoV-2"
- ❖ "COVID-19 Vaccines vs Variants—Determining How Much Immunity Is Enough"
- ❖ "SARS-CoV-2–Specific Antibodies in Breast Milk After COVID-19 Vaccination of Breastfeeding Women"
- ❖ "Maternal and Neonatal Morbidity and Mortality Among Pregnant Women With and Without COVID-19 Infection: The INTERCOVID Multinational Cohort Study"
- ❖ "Assessment of SARS-CoV-2 Reinfection 1 Year After Primary Infection in a Population in Lombardy, Italy"
- ❖ "Sequelae in Adults at 6 Months After COVID-19 Infection"
- ❖ "How COVID-19 Affects the Brain"

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