



# COVID-19 Daily Update

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

March 16, 2020

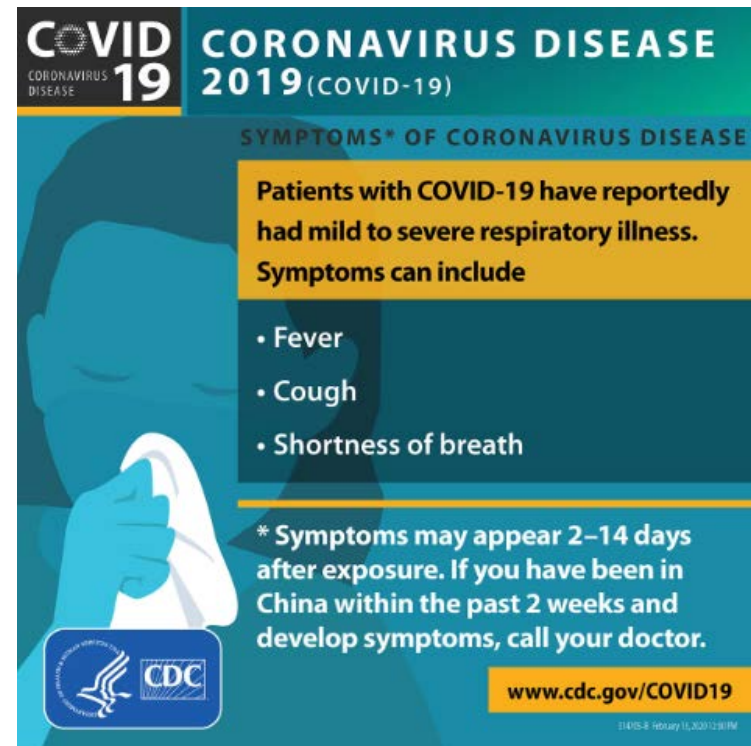
# Agenda

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- ❖ Background and updated case reports
- ❖ Clinical decision-making on testing candidates
- ❖ Testing site updates
- ❖ Telemedicine updates
- ❖ General guidelines
- ❖ Resources
- ❖ Q/A

# Transmission and Symptoms

- ❖ Spreads person-to-person, mainly through respiratory droplets (cough, sneeze)
- ❖ Can be picked up from surfaces
- ❖ Incubation period: 2 – 14 days, 5 days on average
- ❖ Symptoms:
  - Fever
  - Cough
  - Shortness of breath
  - Pneumonia and respiratory failure in severe cases



# Overview of COVID-19 in Maryland

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- ❖ 43 cases as of 3/16/20; at least 50% community transmission
- ❖ Governor Hogan established an expert “Coronavirus Response Team”
- ❖ Measures continue to be developed to mitigate community transmission – [Executive Orders](#)
  - Closed bars, restaurants, theaters, gyms, casinos and racetracks
  - Max 10 people together anywhere
- ❖ Testing being expanded this week - will make sites available as confirmed

# Healthcare Provider Roles

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- ❖ Patient Care > prevention and treatment
- ❖ Staff, patient and provider safety
- ❖ Communications overall
- ❖ Outreach to high-risk patients
- ❖ Testing
- ❖ Staying up-to-date

# Clinical Decision-Making for Testing

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## ❖ Algorithms

- Limit to those who currently need testing
- Assess in both home and office visits
- Example provider algorithm
  - ✓ Fever, cough, and or shortness of breath without sore throat WITH runny nose – indicate to stay at home for at least 24 hours after the fever abates
  - ✓ Fever, cough, and/or shortness of breath +/- sore throat WITHOUT runny nose - schedule for late in the day in the parking lot
  - ✓ Fever, cough, and/or shortness of breath with sore throat WITH runny nose – we will still see in the parking lot at the end of the day, and should consider strep throat as part of the evaluation

## ❖ May change over time as supplies become more available – “Do I have the following?”

- Personal Protective Equipment (PPE)
- Test Kits

# CDC Guidelines for Evaluation

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- ❖ Clinicians should use their judgment and [CDC guidelines](#) to determine if a patient has signs and symptoms suggestive of COVID-19 infection and whether the patient should be tested.
- ❖ Decisions on which patients receive testing should be based on the local epidemiology of COVID-19, underlying clinical condition, as well as the clinical course of illness.
- ❖ Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g. cough, difficulty breathing).

# **CDC Guidelines for Management**

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- ❖ Healthy people can be monitored, self-isolated at home
- ❖ People at higher risk should contact health care providers early, even if illness is mild
- ❖ Older adults and people with severe underlying chronic medical conditions are at higher risk, need closer contact



# Office Testing Procedures

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- ❖ On-site primary care [requirements](#) for Personal Protective Equipment (PPE) updated
- ❖ Collecting test samples – use [CDC guidelines](#)

# Testing Sites and Labs

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- ❖ Hospital and other drive-thru locations rapidly being established
- ❖ Commercial labs test, but do not collect samples
  - LabCorp
  - Quest Diagnostics
  - Others to be determined
- ❖ State labs test - only by direction from local health departments

# **Non-office-based Testing Sites**

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- ❖ Requirements differ by site
- ❖ Requires provider order
- ❖ May require lab requisition for processing
- ❖ Scheduled appointments
- ❖ Central call centers
- ❖ Some coordination with local health departments for individuals who have no provider

# Telemedicine and Home Treatment

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- ❖ Telemedicine and home treatment strongly recommended:
  - No prescription medication treatment
  - Supportive care and monitoring as needed
  - Usual OTC support
  
- ❖ High-risk patients with significant symptoms and/or any with serious and worsening conditions require hospitalization

# Identifying High-Risk Patients for Outreach

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## Identify:

- ❖ Use data from CRISP and EMR to identify
- ❖ Use clinical intuition
- ❖ Use Pre-AH tool
  - Avoid unnecessary ED, Urgent Care and Hospital visits
    - ✓ Contagion
    - ✓ Overcrowding

## Outreach:

- ❖ Call chronically ill, frail, elderly, DM, COPD, ESRD, immunocompromised, etc.
- ❖ Care Team intervenes as appropriate

# Telemedicine Information

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- ❖ Vendors to be posted on MDPCP MDH website and CONNECT
  - Includes home monitoring programs
- ❖ Telephonic and telemedicine – reimbursement available.
  - [Medicare](#)
  - [Medicaid](#)
  - [Commercial](#) – CareFirst Medical Policy 02.01.072A
- ❖ Coding listed in [MDPCP Billing Guide](#)

# Communications

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- ❖ To all patients
  - Call ahead
- ❖ To high-risk patients
- ❖ Templates and consistent messaging
  - State-provided
  - Independent

# Provider, Staff and Patient Safety

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- ❖ Preparing the office - call ahead
  - Designated room
  - Masks for patients with cough
  - Triage out of waiting areas
- ❖ Rooming the patient
  - Closed door, well-ventilated
  - Possible outdoor screening
  - Minimal contact
- ❖ Cleaning and hygiene
- ❖ Remote care and monitoring preferred for high-risk patients as appropriate



# Social Distancing at Home and in Public

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- ❖ Keep at least 3 feet from others generally, 6 feet from people who are sick
- ❖ Avoid touching face and mouth
- ❖ Limit face-to-face contact
- ❖ If you have a family member who is sick, stay home as well if told to do so by public health official or healthcare provider (Voluntary Home Quarantine)

# Staying Current - Sources

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- ❖ [CDC](#)
- ❖ [MDH website](#)
- ❖ Local Health Departments
- ❖ [CONNECT](#)
- ❖ Clinician Letters



# DrFirst Backline Telehealth

PRESENTED BY

**Curt Hess, SVP Strategic Sales**

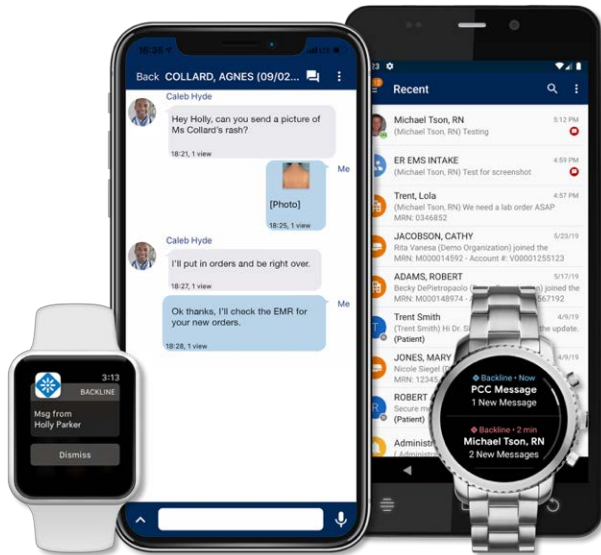
**Dr. Colin Banas, VP Clinical Product Solutions**

March 16, 2020





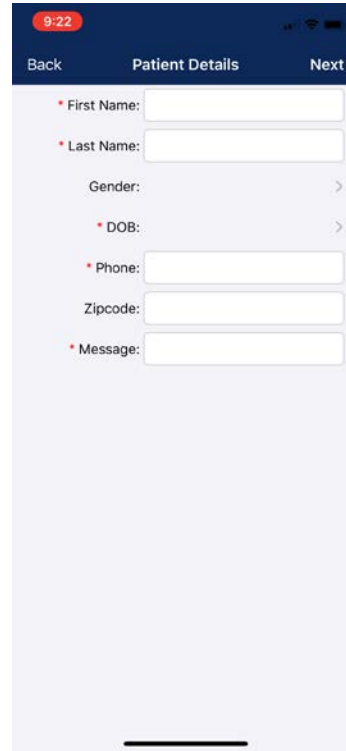
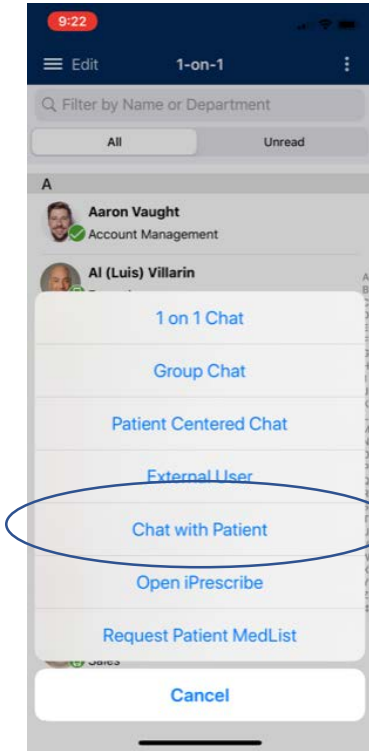
# Backline - Unified Communication Enabling Care Coordination



- Private group or patient-specific **care team chats**
- **Secure messaging** directly with patients & families
- **Cross-organization communication** between providers in separate practices
- Automated **event notifications & alerts**
- **Shared clinical content** (including data, images, forms, & documents)
- Real-time **telehealth** enabling video appointments

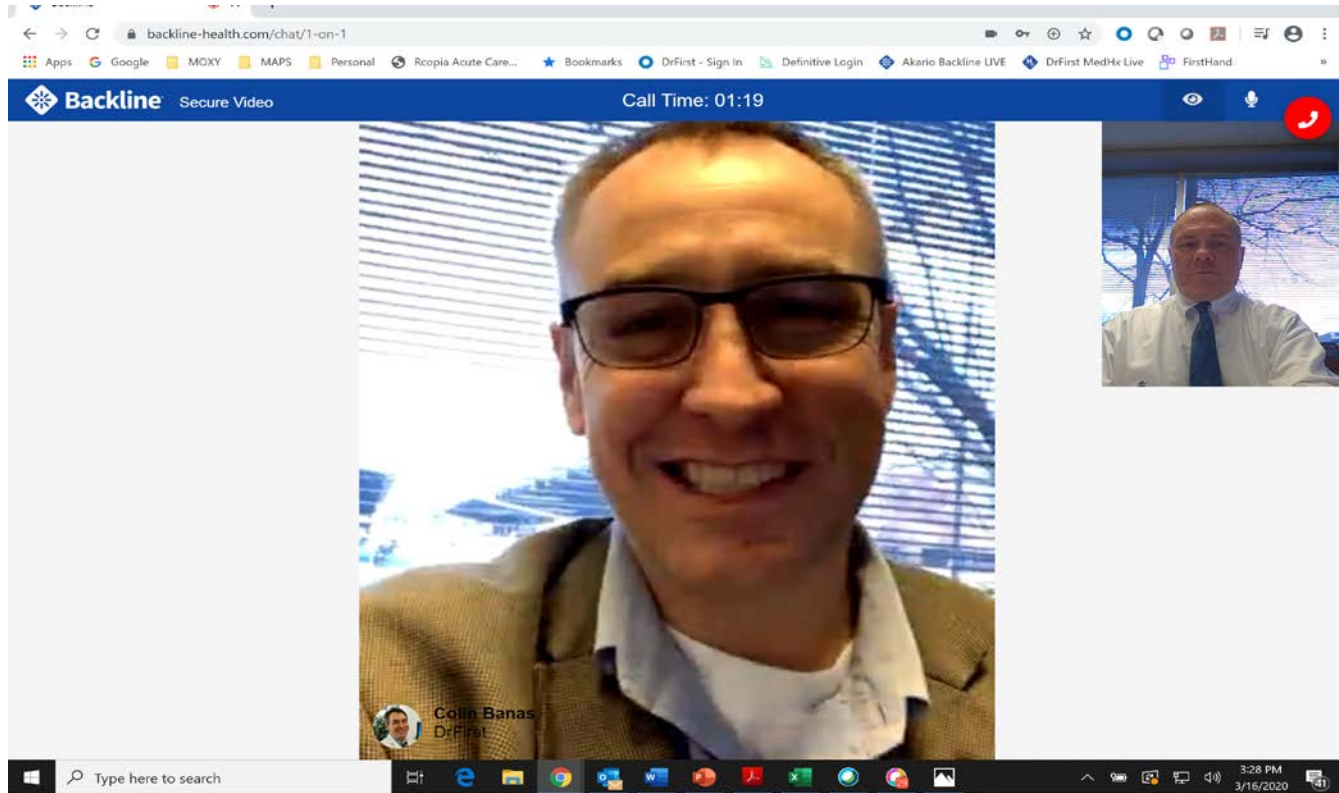


# Easy as 1, 2, 3





# Backline Teleheath Desktop





# Registration

1. Go to the DrFirst Website:

<https://go.drfirst.com/backline-telehealth-registration>

2. Complete the form

3. Upon completion someone from DrFirst will reach out and get you started

4. Additional information is available at the MedChi Website: <https://www.medchi.org/Your-Resource/Public-Health/Coronavirus-Resource-Center>

Q&A

# Questions and Answers

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Please type into the Questions box on the right side of your screen.



# Resources and References

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- ❖ Maryland Department of Health Coronavirus Website (<https://phpa.health.maryland.gov/Pages/Novel-coronavirus.aspx>)
- ❖ CDC Coronavirus Website (<https://www.cdc.gov/coronavirus/2019-nCoV/index.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/>)

# Resources for Specific Groups

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