



# COVID-19 Daily Update

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

March 20, 2020

# Key Takeaways for Maryland Primary Care Practices

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- ❖ You remain on the front line against COVID-19 in Maryland
- ❖ This epidemic most seriously affects the high-risk and elderly populations, many of your patients
- ❖ You are uniquely positioned to identify these at-risk populations, provide important social distancing information to them, and serve their healthcare needs through telehealth and telemedicine

❖ No one can do this better than you!



# Agenda

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- ❖ Today's key updates
- ❖ Identifying and outreach to high-risk patients
- ❖ Clinical decision-making for testing candidates
- ❖ Testing and labs
- ❖ CDC guidelines for case management
- ❖ Telemedicine updates
- ❖ General guidelines
- ❖ Resources
- ❖ Q/A

# Today's Key Updates for Maryland

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- ❖ COVID-19 continues to spread in Maryland, mainly through community transmission
- ❖ As of early 3/20/20, 149 confirmed cases of COVID-19 infection had been identified, including at least several young adults in their 20s
- ❖ This increase in number of cases (42) is due to expanding infection, as well as a growing number of viral tests implemented, more than 6000 done to date with many pending results

# Early National Data - March 16th

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- ❖ 4226 cases, increasing by more than 500/day
- ❖ 31% were over age 65, 29% age 20-44, 5% < 19 years
- ❖ 12% overall were hospitalized, of whom 55% were under 65 years old
- ❖ 121 ICU admissions of whom 53% were over 65
- ❖ 44 deaths of whom 80% were over 65 years old
- ❖ [National numbers on COVID-19 infection and mortality](#)

# General Recommendations

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- ❖ Have patients call ahead – Be Prepared
- ❖ Identify and outreach to high-risk patients
  - Text, email, calls
- ❖ Maximize use of non-face-to-face visits
- ❖ Stay informed
- ❖ Stay safe - the people of Maryland need you and your staff

# Identifying and Outreach to High-Risk Patients

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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

# Clinical Decision-Making for Testing

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## ❖ Algorithms

- Limit to those who currently need testing - symptomatic and clinical guidance
- May assess and refer from home or office visits

May change over time as supplies become more available

– if office testing, “Do I have the following?”

- ✓ Personal Protective Equipment (PPE)
- ✓ Test Kits

# Testing Sites and Labs

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- ❖ Hospital and other (emissions testing sites) 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
- ❖ More information to follow as developed

# CDC Guidelines for Management

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- ❖ 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

# Clinical Response to Positive Test

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- ❖ Clinical judgment and underlying conditions
- ❖ Referral to Emergency Department - if needed
- ❖ Contact Local Health Department
- ❖ Home Care and Monitoring
  - Close telemedicine follow-up depending on underlying condition
  - Second week of illness typical worsening
  - Ability to do home monitoring factors in

# Telemedicine and Home Treatment

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- ❖ Telemedicine and home treatment are highly recommended and strongly encouraged!
  - Resources are on the MDPCP website, including free versions
- ❖ CMMS has lifted the HIPAA and geographic restrictions on telemedicine ([CMS FAQs weblink](#))
  - Practices are allowed to communicate with patients anywhere offsite on all health matters using all possible means including telephone, email, Facetime, Skype, etc.
  - Clinicians can bill immediately for dates of service starting March 6, 2020
  - Telehealth services are paid under the Physician Fee Schedule at the same amount as in-person services
  - Providers can reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs

# Provider, Staff and Patient Safety

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- ❖ Refer to [CDC guidance](#)
- ❖ 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 – COVID-19 is viable on surfaces for up to 72 hours
- ❖ Remote care and monitoring preferred for high-risk patients as appropriate

# Staff Covid-19 Infection Management Considerations

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- ❖ Staff with close, prolonged contact with a COVID-19-positive patient may be at risk of infection
  - Consider the level of risk
  - Low-risk personnel conduct 2x daily temperature checks
  - High-risk personnel to self-isolate at home
  - Definitely self-isolate at home if sick
- ❖ Follow clinical guidance - CDC guidance
- ❖ Have a plan

# Provider, Staff and Patient Safety

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## ❖ Post-isolation return to work

- **Test version**
- **Non-test symptom version**
- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 7 days have passed *since symptoms first appeared*
- <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>

## ❖ Self-isolation post travel

- [CDC country list](#)
- 14-day self-isolation

## *General Guidelines* **Public Messaging**

# **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
- ❖ [MDPCP COVID-19 webpage](#)
- ❖ [CONNECT](#)
- ❖ Clinician Letters

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>)