



# COVID-19 Daily Update

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

March 23, 2020

# The Crisis

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**“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 by it now, deserves the love and thanks of man and woman.”**

- Thomas Paine

December 23, 1776

# Volunteer health professionals needed against COVID-19

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- ❖ Medical and public health volunteers – Maryland Responds Medical Reserve Corps

<https://mdresponds.health.maryland.gov/>

# Key Takeaways

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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 telemedicine
- ❖ No one can do this better than you!

# Agenda

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- ❖ Today's key updates
- ❖ What's Important Now (WIN)
- ❖ General guidelines
- ❖ Resources
- ❖ Q & A

# National Data - March 23rd

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- ❖ 33,404 cases nationwide; increased from 4226 since March 16th
- ❖ 400 deaths
- ❖ [National numbers on COVID-19 infection and mortality](#)

# Today's Key Updates for Maryland

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- ❖ COVID-19 continues to spread in Maryland, mainly through community transmission
- ❖ Statistics (as of early 3/23/20)
  - 7000+ tested; 2000-3000 processed in lab so far
  - **288** confirmed cases of COVID-19 infection had been identified total across all regions of the State; 44 new cases since yesterday
  - 34 hospitalized
  - 3 deaths
  - More information at <https://coronavirus.maryland.gov/>

# COVID-19 Cases in Maryland

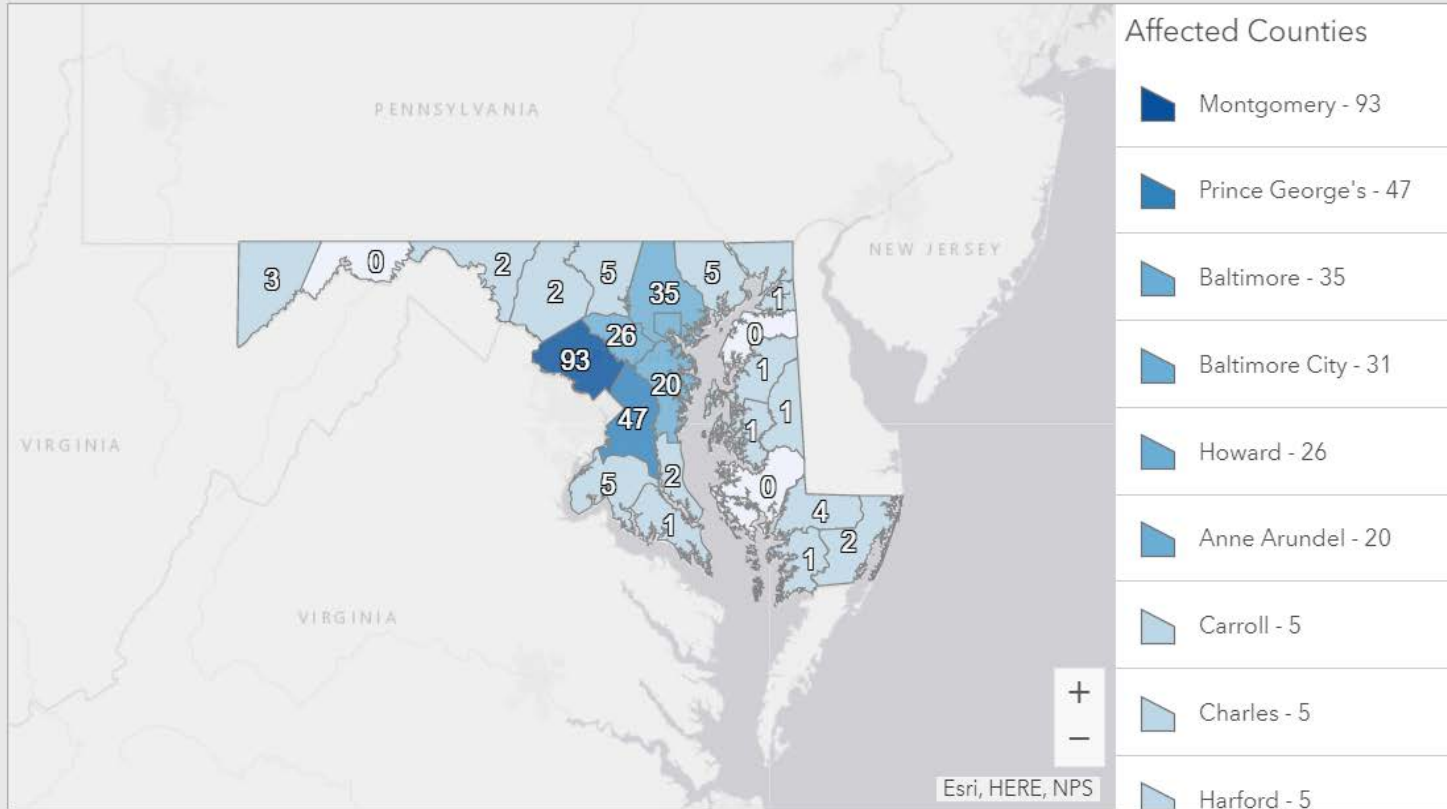
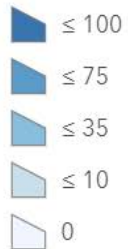
## Maryland COVID-19 Case Map Dashboard

Confirmed Cases

288

### Maryland COVID-19 Cases

Total Confirmed





# Possible Impact on Your Practice

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- ❖ 20% to 60% of the world's adult population could become infected with COVID-19, of whom 1% could die from the disease.
  - <https://www.hsph.harvard.edu/news/hsph-in-the-news/the-latest-on-the-coronavirus/>
  - Marc Lipsitch, professor of epidemiology and director of the [Center for Communicable Disease Dynamics](#), Harvard School of Public Health
- ❖ **Are you proactively reaching out to your patients?**

# What's Important Now (WIN)

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- ❖ Identify and contact high-risk patients
- ❖ Maximize non-face-to-face visits using telemedicine
- ❖ Maximize access to care
- ❖ Identify appropriate candidates for testing
- ❖ Clinical management of patients
- ❖ Stay current, stay safe

# Identifying and Contacting 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

# Maximize use of non-face-to-face visits

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- ❖ Patients must call ahead – determine need for visit; no ambulatory walk-in visits!
- ❖ Telemedicine
  - Free services
  - Expanded payer coverage - see [links](#) and postings
  - Includes telephonic consultations
  - Cannot completely exclude the need for office visits
  - Training and resources in these webinars

# Access to Care

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- ❖ More important than ever that we stay in touch with our patients
- ❖ Office hours posted
- ❖ Home visits as needed
- ❖ Care teams maximally informed and engaged

# Clinical Decision-Making for Testing

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## ❖ Algorithms

- Limit to those who currently need testing – only symptomatic and clinical guidance
- Strong preference to those with greatest risk (guidance from ASTHO and CSTE)
- May assess and refer from telemedicine 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 Order Priority

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- ❖ Healthcare providers shall prioritize COVID-19 test orders to the following groups:
  - A. Severely ill hospitalized patients, who should be tested using the fastest route possible (either a hospital lab, private lab, or the State Laboratory);
  - B. Symptomatic Emergency Medical Service Personnel, healthcare workers, and law enforcement personnel (should be tested by available means);
  - C. Symptomatic patients in nursing homes, long-term care facilities, or in congregate living facilities housing individuals who are medically fragile; OR
  - D. Symptomatic, high-risk, unstable patients whose care would be altered by a diagnosis of COVID-19.

# Testing Sites and Labs

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- ❖ Hospital and other (emissions testing sites) drive-thru locations rapidly being established
  - Guidance to be posted this week on sites
  - Require provider orders
  - Remote ordering and scheduling
- ❖ 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, may change as capacity increases
- ❖ More information to follow as available



# 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

# **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

# 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

# Post travel and post-isolation Staff and Patient Safety

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## ❖ Self-isolation post travel

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

## ❖ 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>

# Secretary's Orders - 3-23-20

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- ❖ Test Reporting – timely done by the testing labs
- ❖ Testing Priority – (slide #15)
- ❖ Personal Protective Order Conservation
  - Extended use – PPE may be used after the expiration date
  - Reuse - is permitted in some circumstances (guidelines)
  - Prioritize facemasks (slide #23)
  - High-risk providers – avoid treating high-risk patients
- ❖ Elective and non-emergent medical procedures

# Priority - Facemasks

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Prioritize facemasks for:

- I. Provision of essential surgeries and procedures;
- II. During care activities where splashes and sprays are anticipated;
- III. During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable; and
- IV. For performing aerosol generating procedures, if respirators are no longer available.

# Order on Elective Procedures and Appointments

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- ❖ Shall perform only medical procedures that are critically necessary for the maintenance of health for a patient. All elective and non-urgent medical procedures and appointments shall cease effective at 5 p.m., Tuesday, March 24, 2020 and shall not be performed for the duration of the catastrophic health emergency.



# 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 COVID-19 information page](#)
- ❖ [MDPCP COVID-19 webpage](#)
- ❖ Local Health Departments
- ❖ [CONNECT](#)
- ❖ Clinician Letters

# Resources and References

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

Q&A

# Questions and Answers

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