



COVID-19 Daily Update

Maryland Department of Health
Maryland Primary Care Program
Program Management Office

March 24, 2020

The Crisis

“In times of great stress or adversity, it’s always best to keep busy, to plow your anger and your energy into something positive.”

- Lee Iacocca

Key Takeaways

- ❖ 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

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

National Data - March 24th

- ❖ 44,183 cases nationwide; increased from 4226 since March 16th
- ❖ 544 deaths
- ❖ [National numbers on COVID-19 infection and mortality](#)

Today's Key Updates for Maryland

- ❖ COVID-19 continues to spread in Maryland, overwhelmingly through community transmission
- ❖ Statistics (as of early 3/24/20)
 - 7000+ tested; 2000-3000 processed in lab so far
 - **349** confirmed cases of COVID-19 infection had been identified total across all regions of the State; 61 new cases since yesterday and the biggest increase so far in one day
 - 46 hospitalized
 - 3 deaths
 - More information at <https://coronavirus.maryland.gov/>

COVID-19 Cases in Maryland

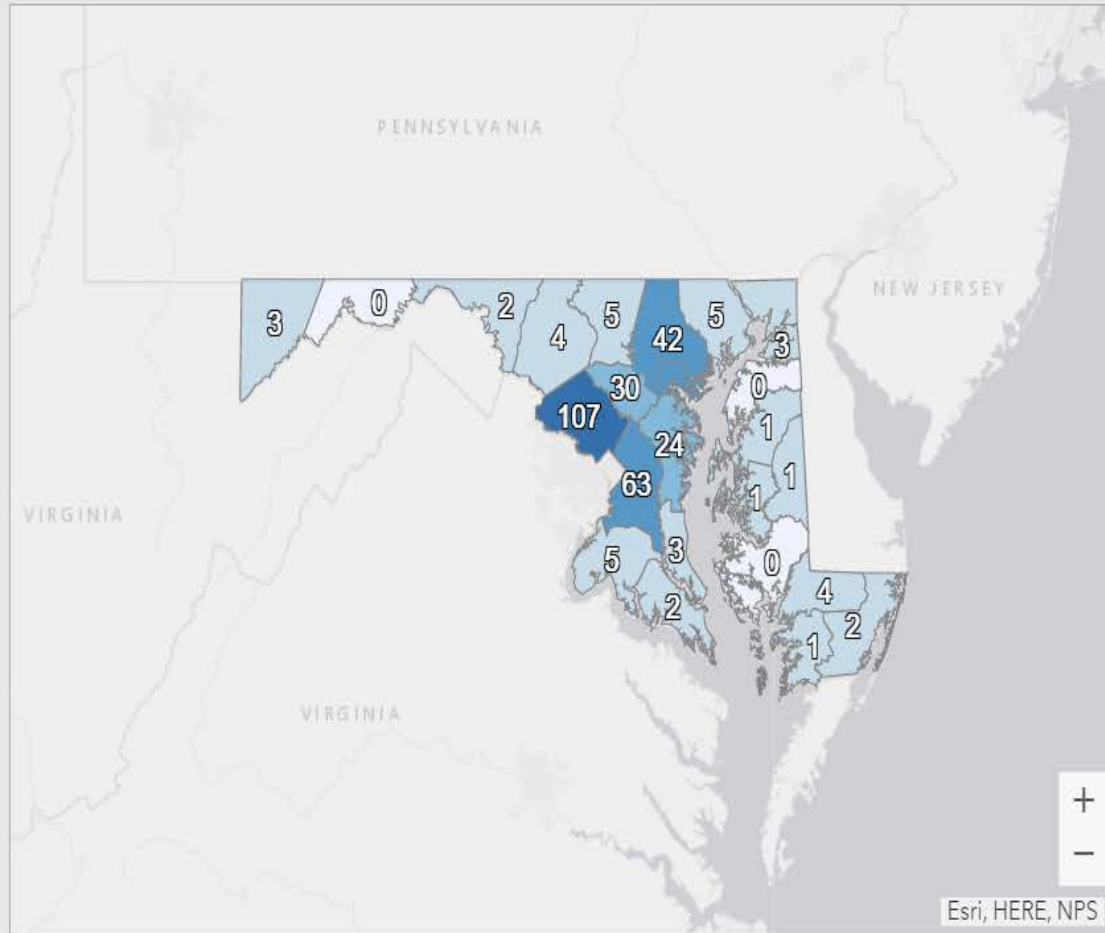
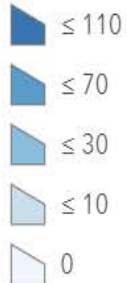
Maryland COVID-19 Case Map Dashboard

Confirmed Cases

349

Maryland COVID-19 Cases

Total Confirmed



Affected Counties

- Montgomery - 107
- Prince George's - 63
- Baltimore - 42
- Baltimore City - 41
- Howard - 30
- Anne Arundel - 24
- Carroll - 5
- Charles - 5
- Harford - 5



Esri, HERE, NPS

MDH Secretary's Orders - 3-23-20

- ❖ Elective and non-emergent medical procedures
- ❖ Test Reporting – timely done by the testing labs
- ❖ Testing Priority
- ❖ Personal Protective Order Conservation
 - Extended use – PPE may be used after the expiration date
 - Reuse - is permitted in some circumstances

<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

 - Prioritize facemasks
 - High-risk providers – avoid treating high-risk patients

Order on Elective Procedures and Appointments

- ❖ 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.**

Testing Order Priority

- ❖ 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.

Priority - Facemasks

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.

Possible Impact on Your Practice

- ❖ 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)

- ❖ 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

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

- ❖ 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

Telemedicine

- ❖ Annual Wellness Visits (AWVs)
 - Can be conducted via telemedicine
 - Clinician completing the AWV can modify the Health Risk Assessment
 - Patients' self-reported data will be the source of most information in the HRA
 - Resources [one](#) and [two](#)
- ❖ Transitional Care Management (TCM)
 - Can still be completed using 99495 and 99496 with clinical intuition input

Access to Care

- ❖ 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

❖ 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 Sites and Labs

- ❖ 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

- ❖ 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

- ❖ 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**

Provider, Staff and Patient Safety

- ❖ 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

- ❖ 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

❖ 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>

Public Messaging

Social Distancing at Home and in Public

- ❖ 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

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

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 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

- ❖ 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

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