



COVID-19 Daily Update

Maryland Department of Health
Maryland Primary Care Program
Program Management Office

March 25, 2020

The Crisis and Maryland Day



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

Global Impact – WHO 3/24/20

	Confirmed cases	Deaths
Global	372,757	16,231
China	81,747	3283
Italy	63,927	6077
USA	42,164	471
Spain	33,089	2182
Germany	29,212	126
Iran	23,049	1812
France	19,615	860

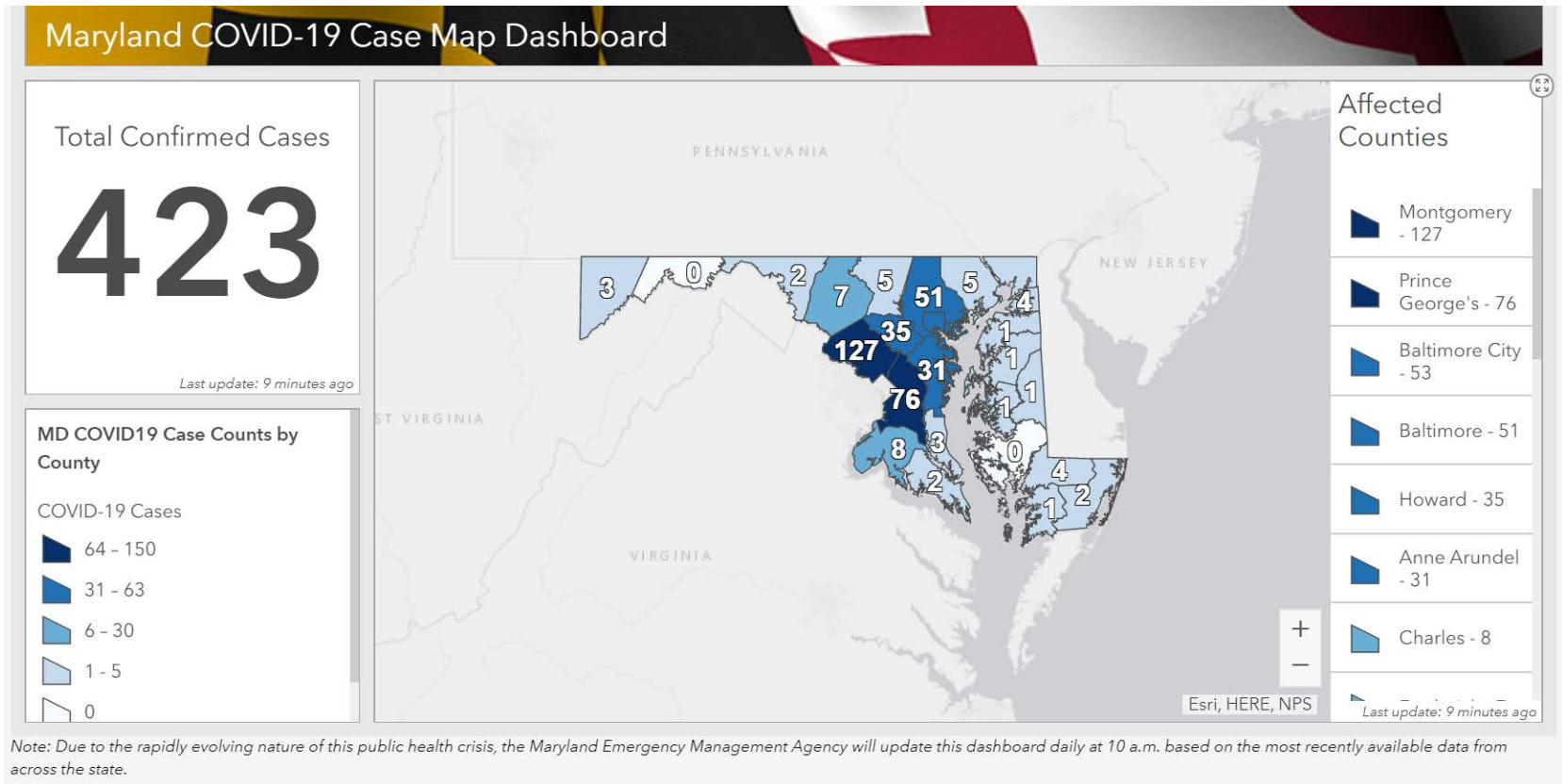
National Data - March 25th

- ❖ 54,453 cases nationwide; 10,270 more cases than yesterday
- ❖ 737 deaths; 193 in the past 24 hours
- ❖ [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 3/25/20)
 - 7000+ tested; 2000-3000 processed in lab so far
 - **423** confirmed cases of COVID-19 infection had been identified total across all regions of the State; 74 new cases since yesterday and the biggest increase so far in one day
 - 67 hospitalized
 - 4 deaths
 - More information at <https://coronavirus.maryland.gov/>

COVID-19 Cases in Maryland



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](#), [two](#), and [three](#)
- ❖ Transitional Care Management (TCM)
 - Can still be completed using 99495 and 99496 with clinical intuition input

Telemedicine

- ❖ David Sharp, Ph.D., Director
Health Information Technology and Innovative Care
Delivery
Maryland Health Care Commission

Will present and host Q&A

Thursday, March 26th 5 p.m. webinar

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**

Maryland Code, Public Safety, 14-3A-06 on Immunity

- ❖ “A health care provider is immune from civil or criminal liability if the health care provider acts in good faith and under a catastrophic health emergency proclamation.”
- ❖ This is current now and through the 2020 Regular Session of the General Assembly

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.