



# COVID-19 Daily Update

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

22 April 2020



# Faith, Love and ACTS

# CME Accreditation and Designation

---

- ❖ This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of MedChi, The Maryland State Medical Society, and The Maryland Department of Health. MedChi is accredited by the ACCME to provide continuing medical education for physicians.
- ❖ MedChi designates this live webinar educational activity for a maximum of 1 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Contact Frank Berry at [fberry@medchi.org](mailto:fberry@medchi.org)

# Key Takeaways

---

- ❖ You remain on the front line against COVID-19 in Maryland - **Act Now**
- ❖ You are uniquely positioned to identify 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!**
- ❖ **Your Role in this epidemic will continue to evolve**

# Agenda

---

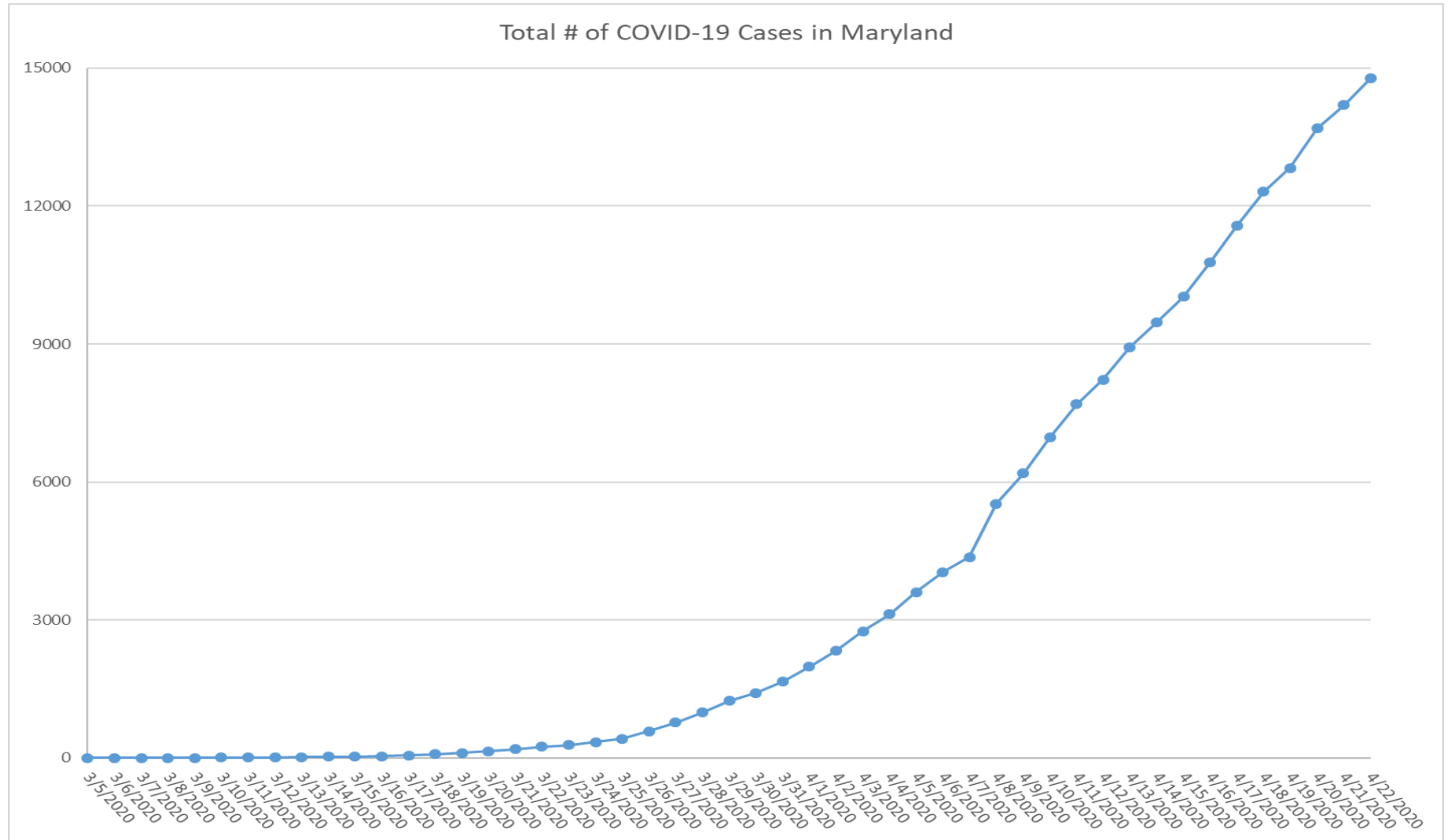
- ❖ Today's key updates
- ❖ What's Important Now (WIN)
- ❖ Testing Locations
- ❖ Patient Management
- ❖ PPE Sources/Requests
- ❖ Aligned Program Updates – Hospital Surge, Vulnerable Populations, New At-Risk Patient Identifier Tool, Advance Directive vs. MOLST
- ❖ Announcements
- ❖ Q & A
- ❖ Resources

# Morbidity and Mortality Update

	New Cases since Apr 21		Cumulative Cases	Cumulative Hospitalized	Cumulative Deaths	
United States			802,583 (April 21)		44,575 (April 21)	
Maryland	582		14,775	3325	631	
	30-39	40-49	50-59	60-69	70-79	80+
Case rate (per 100,000)	295.39	336.76	323.65	317.94	396.48	556.22
% of cases hospitalized	11.30	16.32	23.35	34.60	43.78	34.57
Rate hospitalized (per 100,000)	33.39	54.95	75.58	110.01	173.59	192.29
Death Rate (per 100,000)	1.96	1.81	6.35	15.34	49.30	94.54

# Total COVID-19 Cases in Maryland

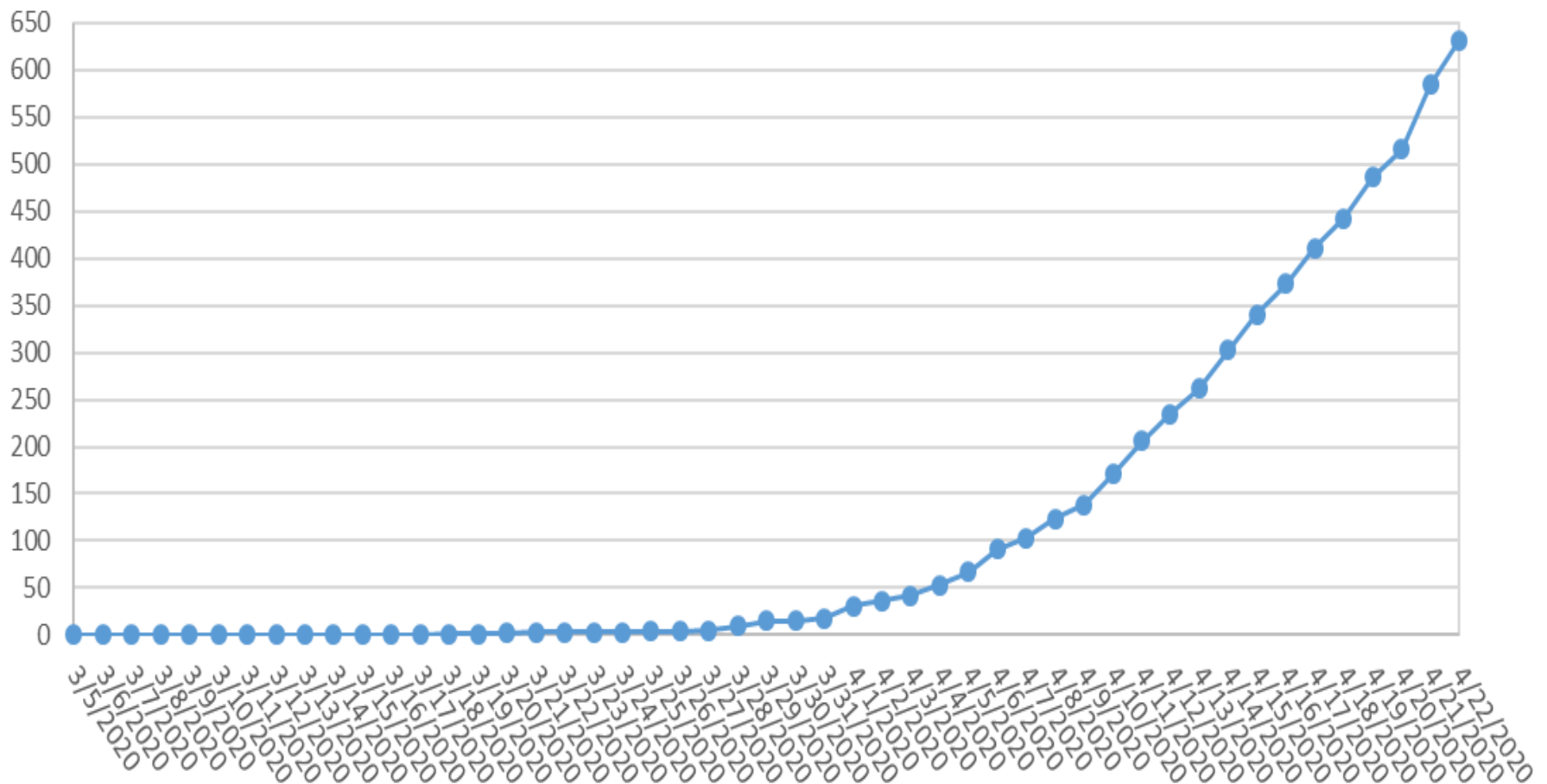
---



# Total COVID-19 Deaths in Maryland

---

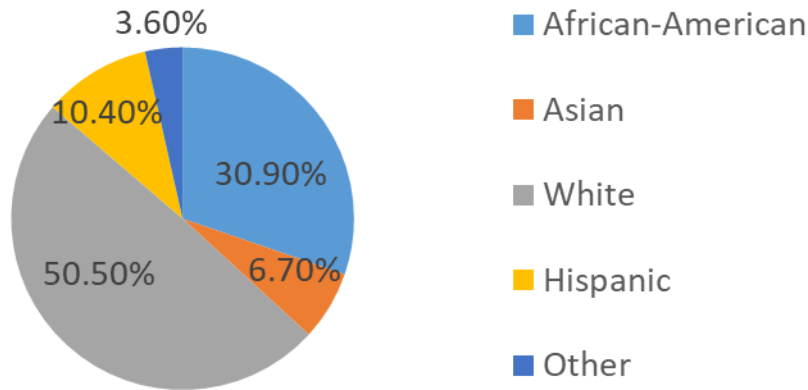
Total # of COVID-19 Deaths in Maryland



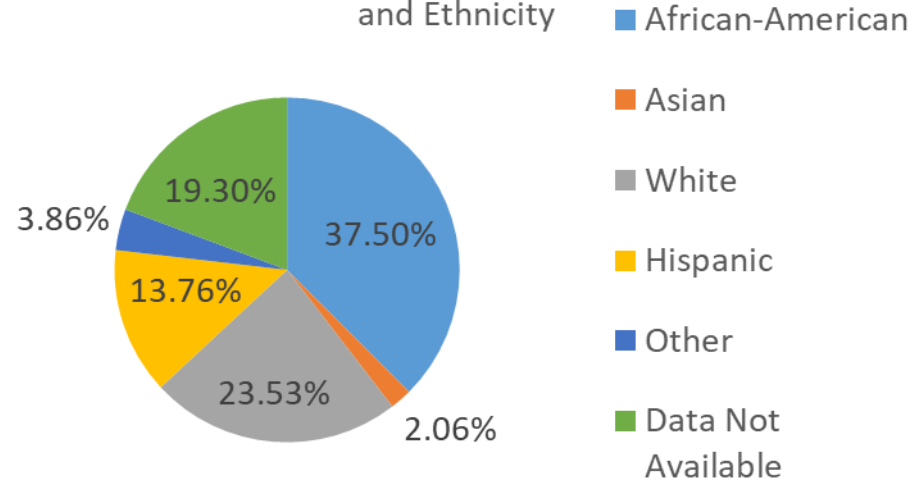


# Impact of COVID-19 in Maryland, By Race and Ethnicity

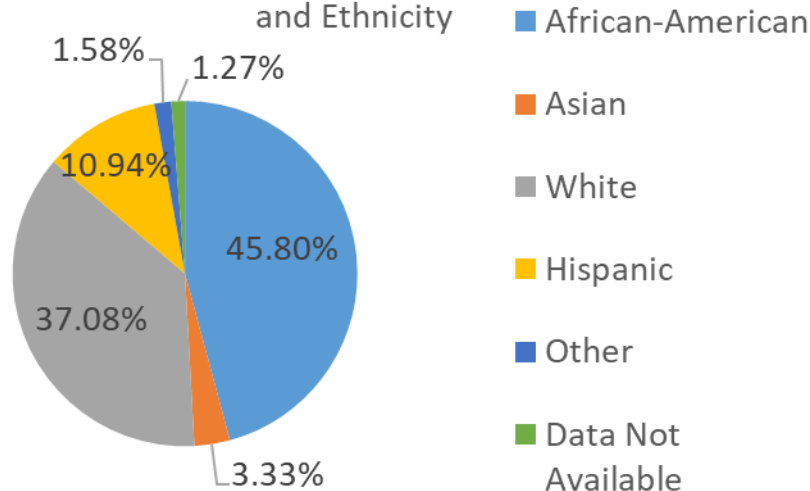
% of **Population** of Maryland, By Race and Ethnicity (Estimate)



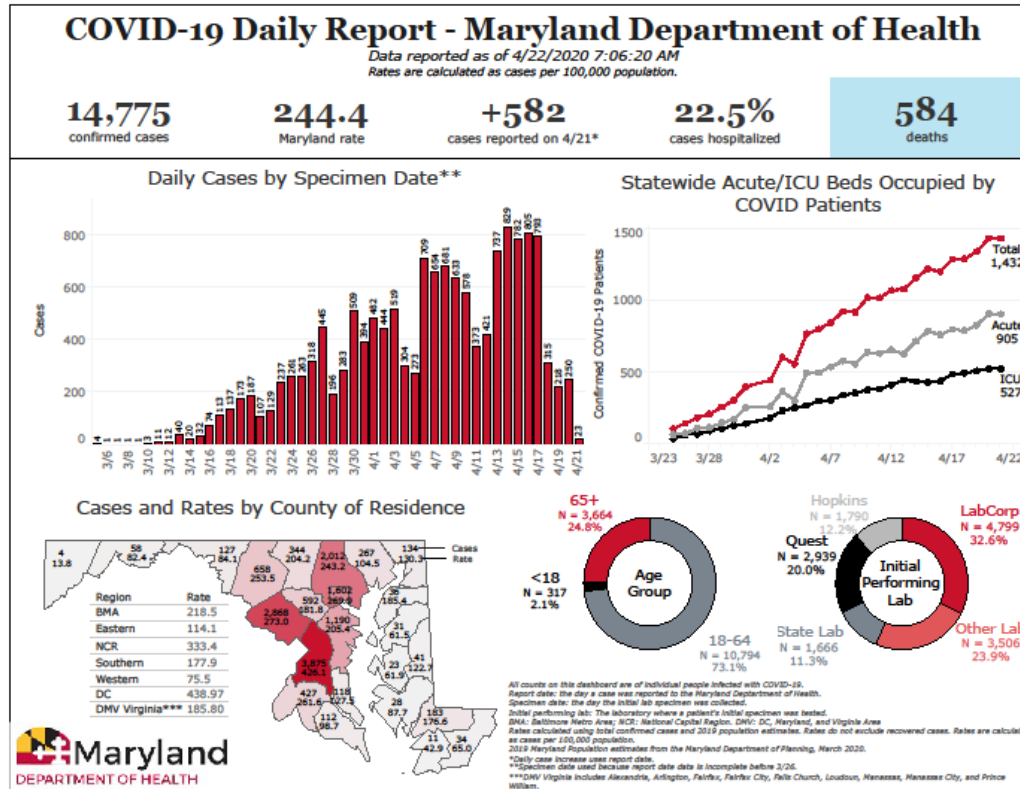
% of Total COVID-19 **Cases** in Maryland, By Race and Ethnicity



% of Total COVID-19 **Deaths** in Maryland, By Race and Ethnicity



# MDoH Detailed Daily Report



# Modeling the Surge

3 days since peak resource use on  
**April 11, 2020**

Resources needed for COVID-19 patients on peak date

All beds needed  
**1,449 beds**



All beds available  
**3,961 beds**



Bed Shortage  
**0 beds**

ICU beds needed  
**256 beds**



ICU beds available  
**266 beds**

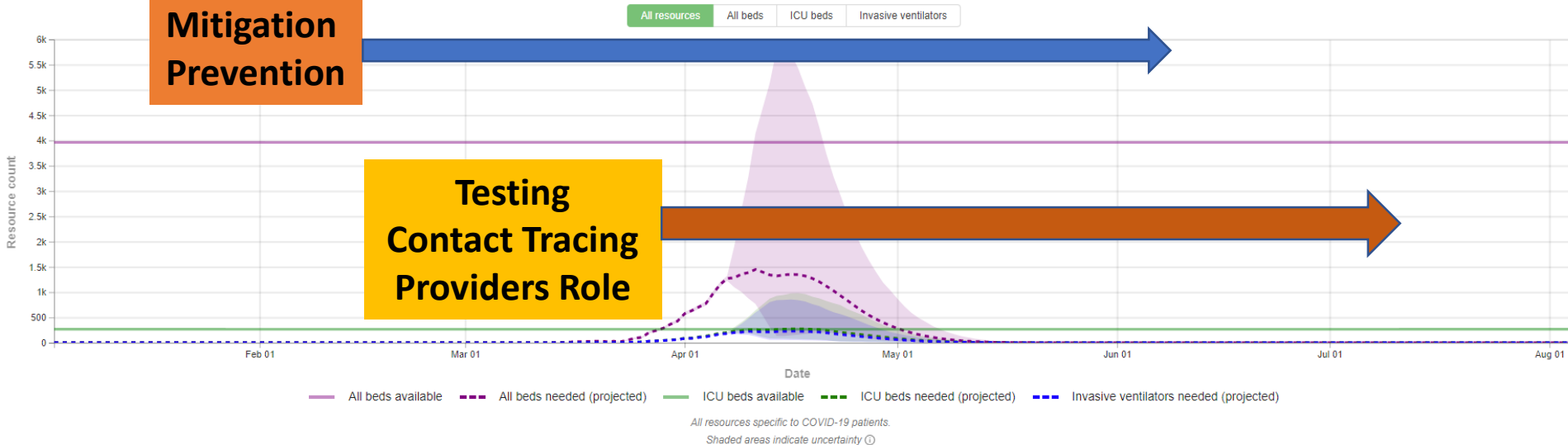


ICU Bed Shortage  
**0 beds**

Invasive ventilators needed  
**221 ventilators**

**Mitigation  
Prevention**

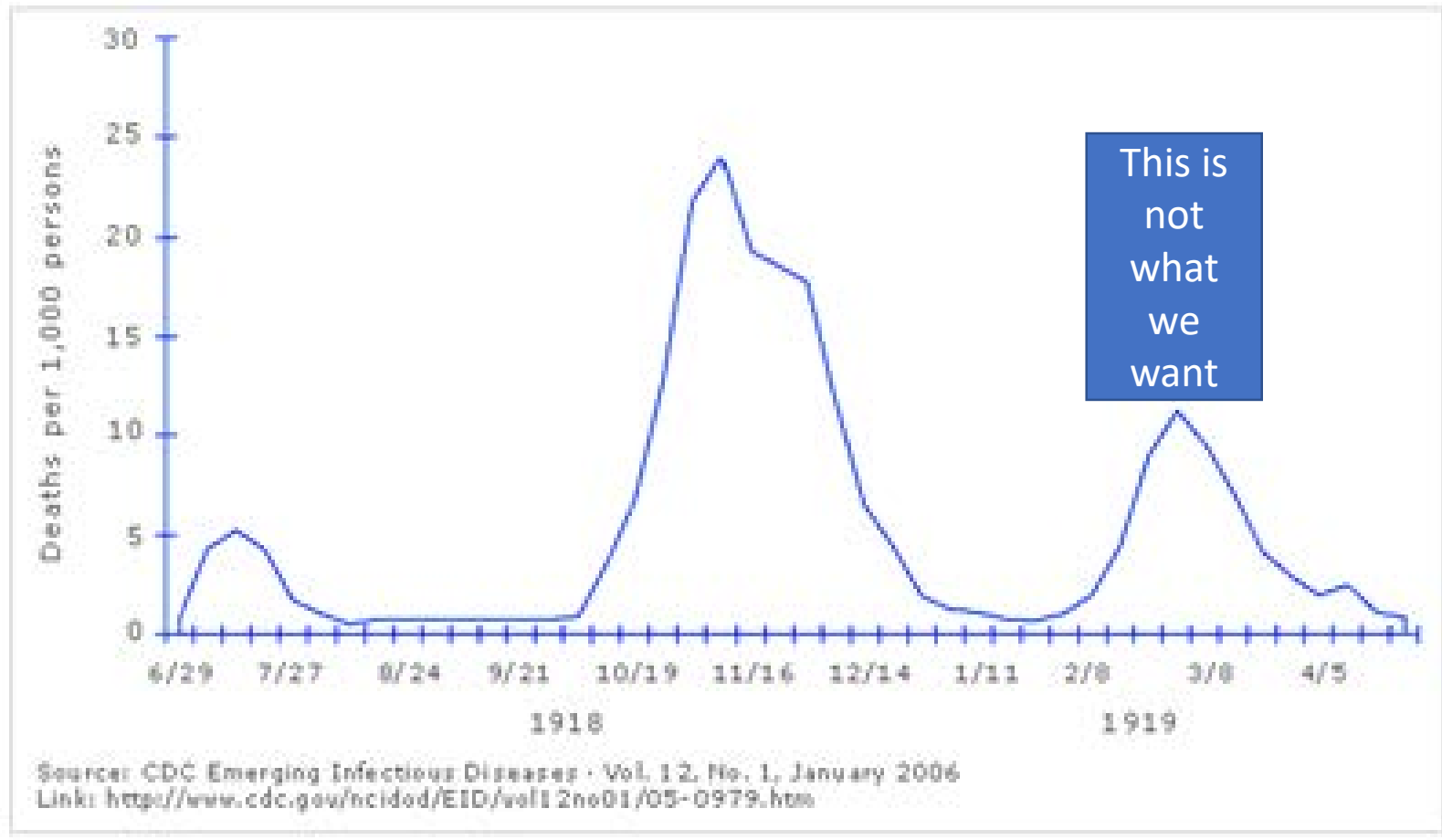
**Testing  
Contact Tracing  
Providers Role**



<https://covid19.healthdata.org/projections>

# 1918 Flu Pandemic

Below: Three pandemic waves: weekly combined influenza and pneumonia mortality, United Kingdom, 1918–1919



# What's Important Now (WIN)

---

- ❖ Identify and contact high-risk patients
- ❖ Maximize non-face-to-face visits using telemedicine
- ❖ Identify appropriate candidates for testing
- ❖ Maximize clinical management of patients
- ❖ Stay current, stay safe
- ❖ **TELEMEDICINE is the new normal**

# Messaging to All Patients

---

- ❖ *Stay home, stay away from this virus* – it can kill you, anyone can carry the virus
- ❖ We are here to support your medical needs - call
- ❖ Ensure your caregiver is also maintaining distance from others and frequently handwashing
- ❖ Maintain at least a 2-week supply of food and medicine
- ❖ Get exercise, rest and social connections - safely

# Opportunities to Volunteer and Serve

---

- ❖ Volunteer staffing opportunities - Maryland Responds Medical Reserve Corps (MRMRC)
  - <https://mdresponds.health.maryland.gov/>
  - Complete [Road to Readiness](#)
- ❖ [NIH serosurvey](#): Donate blood samples to help the NIH determine how many US adults without confirmed history of COVID-19 infection have antibodies to the virus

# Hospital Surge Preparedness

---

- ❖ Convention Center needs medical staff – Visit <https://www.linkedin.com/jobs/view/1788387174>
  - ❖ Tents and Modular Units - including ICUs
  - ❖ Expansion within facilities
  - ❖ Professional student staffing
- |
- ❖ Employment opportunities for healthcare professional and support staff:  
[www.MarylandMedNow.com](http://www.MarylandMedNow.com)



# COVID-19 Testing Site Information

---

- ❖ Patients require a provider order for referral to testing sites
- ❖ Providers contact your local hospital or use the link below
- ❖ Sites are subject to host location restrictions and availability
- ❖ MD is also piloting drive-thru testing at several Vehicle Emissions Inspections Program (VEIP) locations – [FAQs available here](#).
- ❖ Current list of testing sites, please click [here](#)

# Testing Locations – what is known

Testing Site Name	Location	Contact
MedStar St. Mary's Hospital	25500 Point Lookout Rd., Leonardtown, MD 20650	301-475-4911
UMMS, Upper Chesapeake Hospital	500 Upper Chesapeake Dr., Bel Air, MD 21014	443-843-8880
LifeBridge Health, Carroll Hospital	200 Memorial Ave., Westminster, MD 21157	410-601-2222
LifeBridge Health, Sinai Hospital	2401 W. Belvedere Ave., Baltimore, MD 21215	410-601-2222
Greater Baltimore Medical Center Health Partners	555 W. Towsontown, Blvd., Towson, MD	443-849-6819
Queen Anne's County Health Department	1000 College Circle, Wye Mills, Talbot, MD 21679	443-262-9900
Frederick Health Tollhouse	501 W. 7 <sup>th</sup> St., Frederick, MD 21701	240-215-6310
FedEx Field	Prince George's County	301-883-6627
<u>MedStar Health</u>	Ctrl + click on "MedStar Health" to your left	

and  
LTH

# Special Populations need Special Attention

---

- ❖ Long-term care residents
  - Skilled Nursing Facilities
  - Assisted Living Facilities
  - Continuing Care Retirement Communities
- ❖ Others with marginal social support
- ❖ **Remember to support healthcare workers**

# New at-risk patient identifier tool – Socially Determined & CRISP

---

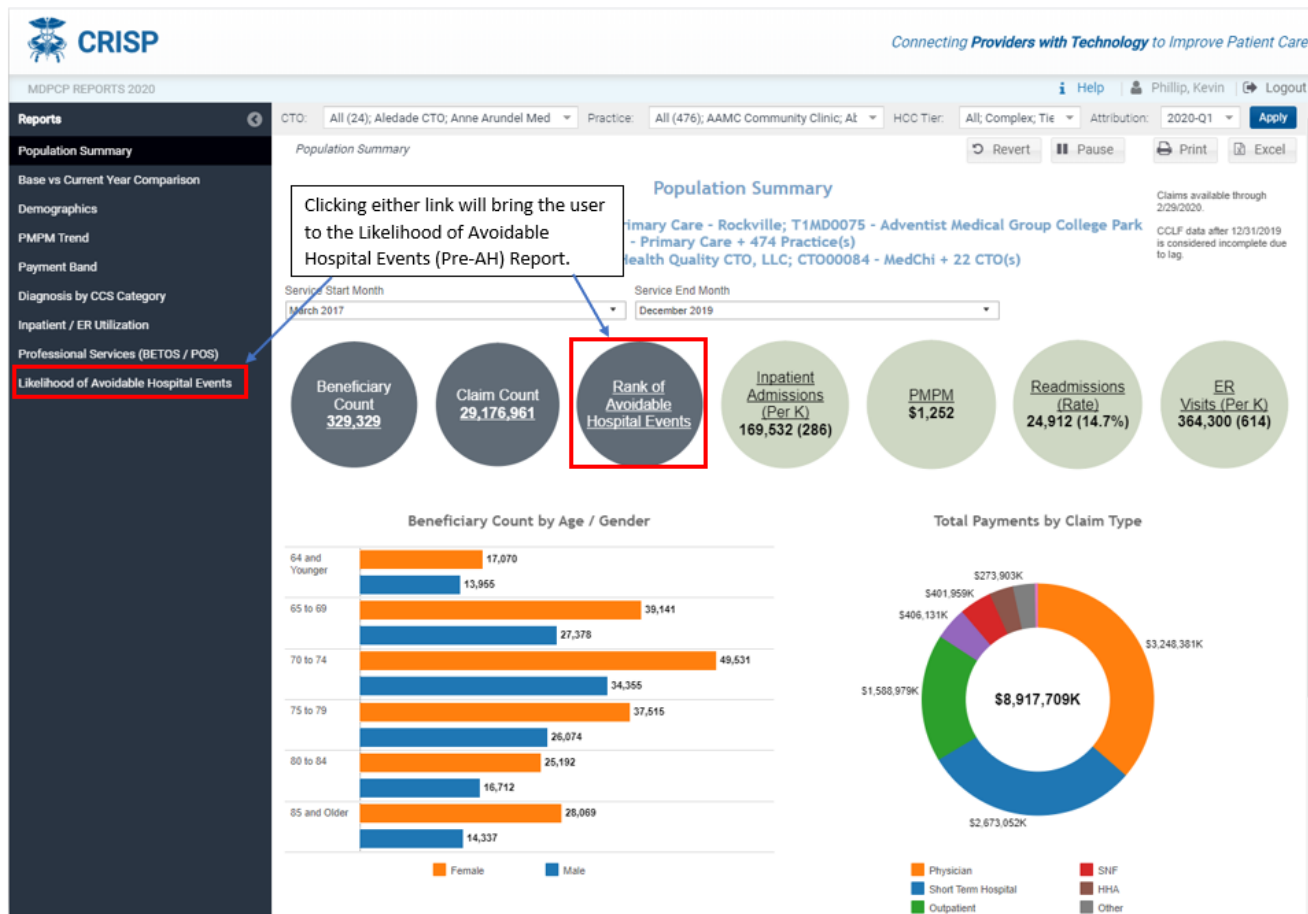
- ❖ Many Maryland Primary Care Program (MDPCP) practices use tools like the Pre-AH to identify clients most at risk for COVID-19
- ❖ CRISP has partnered with MDPCP and Socially Determined, a population health analytics vendor, to develop and offer an additional tool for MDPCP practices, the COVID-19 Social Susceptibility Index
- ❖ The index analyzes multiple factors to score high and severe-risk patients for proactive outreach and support
- ❖ The score variable appears in the Pre-AH tool

Additional information can be found:

[Socially Determined COVID Response Webpage](#)

[CRS-team@crisphealth.org](mailto:CRS-team@crisphealth.org)

# Tool screen example 1



## 22



# CDC Guidelines for COVID Patient 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**

# Advance planning for medical care is key, especially under COVID-19

---

- ❖ Treatments and a vaccine against COVID-19 are only in development
- ❖ Early conversations with patients can improve the quality of care
- ❖ Advance care planning often happens too late in a disease course
- ❖ Primary care teams have longitudinal relationships ideal to work with patients on their end-of-life preferences
- ❖ Advance Directives are advised; the MOLST (Medical Orders for Life-Sustaining Treatment) required for a range of patients
- ❖ Even if a patient has prepared an advance directive, a MOLST form is needed to implement those orders



# Advance Directive vs. MOLST

---

MOLST	Advance Directive
Medical orders related to a patient's current medical condition	Provides guidance to healthcare practitioners for all major current and future medical conditions and death – treatment is based on medical orders
Must be completed for new patients during admission to all assisted living programs, home health agencies, hospices, kidney dialysis centers, and nursing homes	Not mandated, but highly recommended
Consolidates choice of procedures on life-sustaining treatment options	Importantly referred to when a patient is unable to give informed consent; health decision makers can be designated should patient be unable
The patient or authorized decision maker decides; signed by physician, nurse practitioner or physician assistant	Two witnesses (neither a health practitioner) required; no attorney needed.

# Billing

---

- ❖ Billable event with AWW or Separate Encounter
- ❖ 99497 - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
- ❖ 99498 - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; each additional 30 minutes (List separately in addition to code for primary procedure)

# Resources

---

## ❖ Online Maryland Programs:

- My Directives at <http://www.mydirectives.com/>
- Speak Easy at <https://speakeasyhoward.org/>
- [Inspiration](#)

# Personal Protective Equipment (PPE) Requests

---

- ❖ Routed through Local Health Departments
- ❖ Priority as previously stated - may change over time
- ❖ Remain in scarce supply
- ❖ Find PPE request forms and local contacts [here](#)

# CME Disclosures and Evaluation

---

- ❖ Presenters and Planners: Howard Haft, MD, has reported no relevant financial relationships to disclose.
- ❖ MedChi CME Reviewers: The reviewers from the MedChi Committee On Scientific Activities (COSA) for this activity have reported no relevant financial relationships to disclose.
- ❖ Please complete an evaluation at: [COVID-19 Update Evaluation](#)

# Announcements

---

❖ Future Spotlights - Specialty Care, Pediatrics

❖ This week:

➤ Today – Dr. Hinda Dubin, Behavioral Health

➤ Friday – Guest Healthcare Practitioners

✓ Dr. Nnaemeka Agajelu

✓ Dr. Swaroop Rao

# COVID Survival for Providers

---

HINDA DUBIN, M.D.

# Key Medical, Ethical and Survival Issues

---

1. Resilience
2. Primum non nocere (non-maleficence), autonomy, self-preservation, altruism
3. Heightened awareness of patients' mental health issues
  - A. Increased risk for depression and anxiety
  - B. Possible increased suicide risk
  - C. Increased substance abuse
4. Self-care
  - A. Allowing oneself to acknowledge the difficulty of the current situation – (shame, guilt, loss of control) and be human ( self-forgiveness)
  - B. Mindfulness, guided imagery, progressive muscle relaxation, etc.



# Risk/Resource Ratio

---

Anxiety comes from:

- Overestimating situational risk
- Underestimating one's ability to cope

Many people have more resources than they realize

Help them get to a better place

# Harnessing Resilience\*

---

“The potential for resilience is not a unique trait that one has or does not have; the capacity for resilience is inherent in all people.”

## Resilience resources (Rosenberg)

- 1. Individual (personal characteristics and skills)
- 2. Community (social supports and sense of connection)
- 3. Existential (sense of meaning and purpose)

\* Slides on resilience excerpted from “Harnessing Resiliency said to be Key Path Forward from COVID- 19.” Rosenberg, A., Doi: 10.1001/jamapediatrics.2020.1436

# Individual

---

Healthcare workers can boost resiliency in the following ways:

- A. Short-term goals for working from home
- B. Self-care after a stressful day in the hospital

# Community/Organizations

---

Deliberately celebrating system-level steps toward shared community goals

# Existential

---

To strengthen existential resiliency the part is finding ways to continue to develop a sense of meaning and purpose

1. Value of contribution
2. Feeling appreciative and appreciated
3. Grounding

## In addition to these recommendations

---

1. Meet basic needs. Eat, hydrate, and sleep regularly to optimize your ability to provide care for yourself and others
2. Take breaks
3. Stay connected
4. Stay updated
5. Self check in
6. Honor service

From: mental health education fact sheets at the Center for the Study of Traumatic Stress at  
[www.cstonline.org](http://www.cstonline.org)

# Self-care\*\*

---

## Common Adverse Psychological Reactions during Infectious Disease Outbreaks

1. Insomnia
2. Reduced feelings of safety
3. Scapegoating
4. Increased use of medical services
5. Increased use of alcohol and tobacco and other substances
6. Somatic symptoms

Distress about the infectious disease outbreak is often increased by exposure to traditional and social media content which is often sensational in nature and may contain misinformation

\*\*Excerpted from Coronavirus and Mental Health: Taking Care of Ourselves During Infectious Disease Outbreaks. Joshua Morganstern APA

# Case examples

---

1. ED physician with distant history of panic disorder and immunocompromised wife exposed to COVID-19 with inadequate PPE. Calls post-shift afraid to go home, but desperately wanting to go home
2. "Angry" resident. Angry at system, angry at COVID, angry at medicine, etc.
3. Resident calls post-shift. "Can't do this anymore. I'm quitting"
4. Experienced senior-level, well respected physician scientist. Hospital is asking him to do some preparatory retraining in case hospital needs to call physicians to ICUs. He is unwilling to go. Feeling guilty and selfish.
5. "Imposter syndrome"



# Grief and loss during covid

---

- Acknowledge the many losses we have all experienced and give yourself permission to grieve
- Grief takes many forms and there have been many different types of losses ( death, freedom, social life, autonomy, money, etc)
- These all have meaning and deserve to be recognized and validated

## During an infectious disease outbreak:

---

1. Stay informed. Obtain information from reliable sources
2. Educate – follow and share basic information
3. Correct misinformation
4. Limit media exposure
5. Anticipate and address stress reaction

# APA Resources

---

Disaster Distress Helpline ( SAMHSA)

1-800-985-5990 or text TALKWITHUS to 66746

National Suicide Prevention Lifeline

800-273-8255

Crisis Textline

Text TALK to 741741

# Feedback to us at MDPCP

---

We are working to help you.

Please feel free to send us your feedback, ideas, and comments at: [mdh.pcmode@maryland.gov](mailto:mdh.pcmode@maryland.gov)

# Questions and Answers

---

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

# Staying Current - Sources

---

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

# Appendix

---

## Resources Links

# Federal Emergency Funds for Small Business

---

- ❖ [Disaster Loan Assistance](#) (from Small Business Administration)
  - Low-interest financial disaster loans for working capital in small businesses suffering substantial economic injury due to COVID-19
  - [FAQs](#)
- ❖ [CARES Act](#) (pending federal legislation)
  - Sets up a \$350 billion loan program for small businesses
  - Small businesses can apply for low-interest loans that cover up to 2.5 months of expenses
  - Maximum loan amount is \$10 million
  - Loans can cover payroll, rent, utilities, or existing debt obligations
  - Interest rates cannot exceed 4%
  - If employer continues to pay workers through June, the amount of the loans that went toward eligible costs would be forgiven
  - Loans will be available through the [Small Business Administration](#) and Treasury-approved banks, credit unions, and some nonbank lenders



# State Emergency Funds for Small Business

---

- ❖ [COVID-19 Layoff Aversion Fund](#) (from Maryland Governor Larry Hogan and Maryland Dept. of Labor)
  - Designed to support businesses undergoing economic stresses due to the pandemic by minimizing the duration of unemployment resulting from layoffs
  - Award of up to \$50,000 per applicant
  - Will be quick deployable benefit and customizable to specific business needs
- ❖ [View the One-Pager](#)
- ❖ [COVID-19 Layoff Aversion Fund Policy](#)
- ❖ [COVID-19 Layoff Aversion Fund Application](#) (Excel)
- ❖ Submit your completed application to: [LaborCOVID19.layoffaversion@maryland.gov](mailto:LaborCOVID19.layoffaversion@maryland.gov).

# Food Resources

---

❖ Nutrition: Inform patients that children can receive three free meals/day at sites listed on:

➤ [Maryland Summer Meals](#)

➤ [Montgomery County](#)

➤ [Prince Georges County](#)

➤ [Charles County](#)

➤ [Frederick County](#)

[Howard County](#)

[Anne Arundel County](#)

[St. Mary's County](#)

[Harford County](#)

[Calvert County](#)

❖ Free meals available from 42 rec centers in Baltimore

➤ Call 311 for locations and to schedule pickup time

# 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>)

# 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 National data on COVID-19 infection and mortality (<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.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/>)

# State Emergency Funds for Small Business

---

- ❖ [Maryland Small Business COVID-19 Emergency Relief Loan Fund](#)
  - \$75 million loan fund (to be paid to for-profit business only)
  - Loans are up to \$50,000
  - No interest or principal payments due for the first 12 months
  - Thereafter converts to 36-month term loan of principal and interest payments, with interest rate of 2% per annum
- ❖ [Maryland Small Business COVID-19 Emergency Relief Grant Fund](#)
  - \$50 million grant program for businesses and non-profits
  - Grant amounts of up to \$10,000
  - Grant amounts not to exceed three months of demonstrated cash operating expenses for Q1 2020
- ❖ [Emergency Relief Fund FAQ](#)
- ❖ Questions or concerns  
email [fpaaworkflowcoordinator.commerce@maryland.gov](mailto:fpaaworkflowcoordinator.commerce@maryland.gov).