



COVID-19 Daily Update

Maryland Department of Health
Maryland Primary Care Program
Program Management Office

13 May 2020

Covid-19

The battle for health and the economy



"This is not the end, it is not even the beginning of the end, but it is perhaps the end of the beginning."

2 Winston Churchill, Nov 1942

Agenda

- ❖ Today's Morbidity and Mortality Data Update
- ❖ Clinical Issues
 - Recovery: Planning and Keeping our Patients Safe
 - PPE
 - Pediatric Multisystem Syndrome
 - Death Certificates
- ❖ Key Takeaways
- ❖ Resources
- ❖ Guest Speaker
- ❖ Q & A
- ❖ Resources Appendix

Morbidity and Mortality Update

	New Cases since May 7	Cumulative Cases	Cumulative Hospitalized	Cumulative Deaths
United States		1,342,594 (5/12)		80,820 (5/12)
Maryland	751	34,812	18.4%	1694

	20-29	30-39	40-49	50-59	60-69	70-79	80+
% of cases	12.98	17.91	18.05	16.94	12.62	8.36	7.76
Case rate (per 100,000)	560.33	762.75	810.25	680.53	647.97	763.58	1239.10
% of cases hospitalized	6.53	9.16	13.49	21.24	30.66	40.93	31.00
Rate hospitalized (per 100,000)	36.59	69.84	110.15	144.57	198.64	312.57	384.12

COVID-19 Daily Report - Maryland Department of Health

Data reported as of 5/13/2020 7:09:06 AM
Rates are calculated as cases per 100,000 population.

34,812
confirmed cases

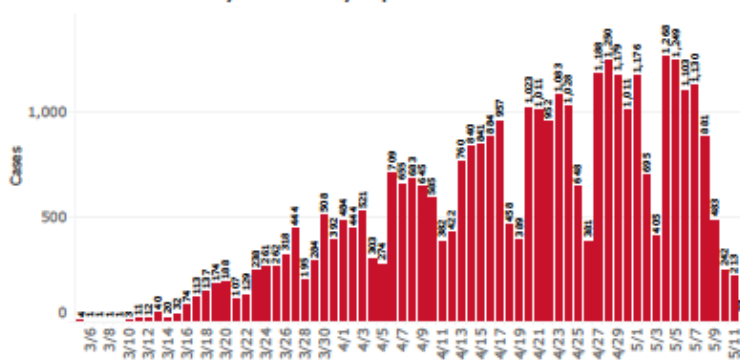
575.8
Maryland rate

+751
cases reported on 5/12*

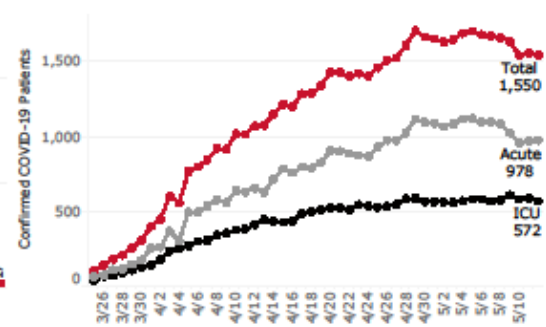
18.4%
cases hospitalized

1,694
confirmed deaths

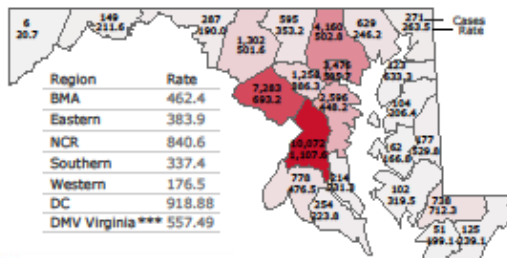
Daily Cases by Specimen Date**



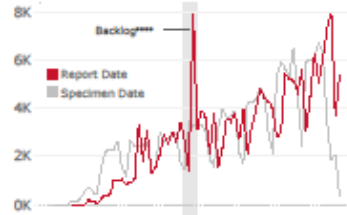
Statewide Acute/ICU Beds Occupied by COVID Patients



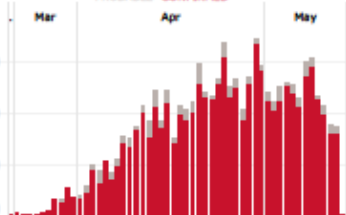
Cases and Rates by County of Residence



Daily Testing Volume



Daily Deaths

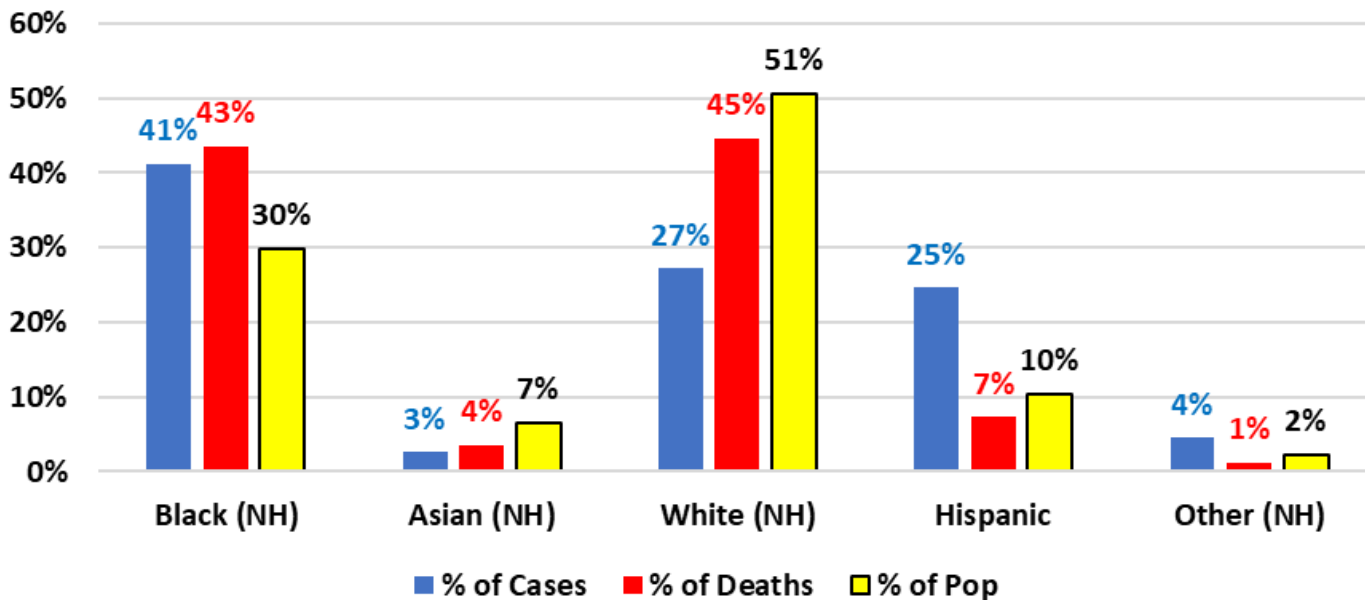


All counts on this dashboard are of individual people infected with COVID-19.
Report date: the day a case was reported to the Maryland Department of Health.
Specimen date: the day the initial lab specimen was collected.
BMA: Baltimore Metro Area; NCR: National Capital Region. DMV: DC, Maryland, and Virginia Area
Rates calculated using total confirmed cases and 2019 population estimates. Rates do not include recovered cases. Rates are calculated as cases per 100,000 population. 2019 Maryland Population estimates from the Maryland Department of Planning, March 2020.
*Daily case increase uses report date.
**Specimen date used because report date data is incomplete before 3/26.
***DMV Virginia includes Alexandria, Arlington, Fairfax, Fairfax City, Falls Church, Loudoun, Manassas, Manassas City, and Prince William.
****Significant increase is delayed testing reports after out-of-state commercial labs cleared existing backlogs.



Maryland Disparities in COVID Cases and Deaths

Race/Ethnic Distribution of Cumulative COVID Cases and Deaths Vs. Population, Maryland 5/7/2020
*(Percent of Cases and Deaths of Known Race
Missing race: 24% of cases, 7% of deaths)*



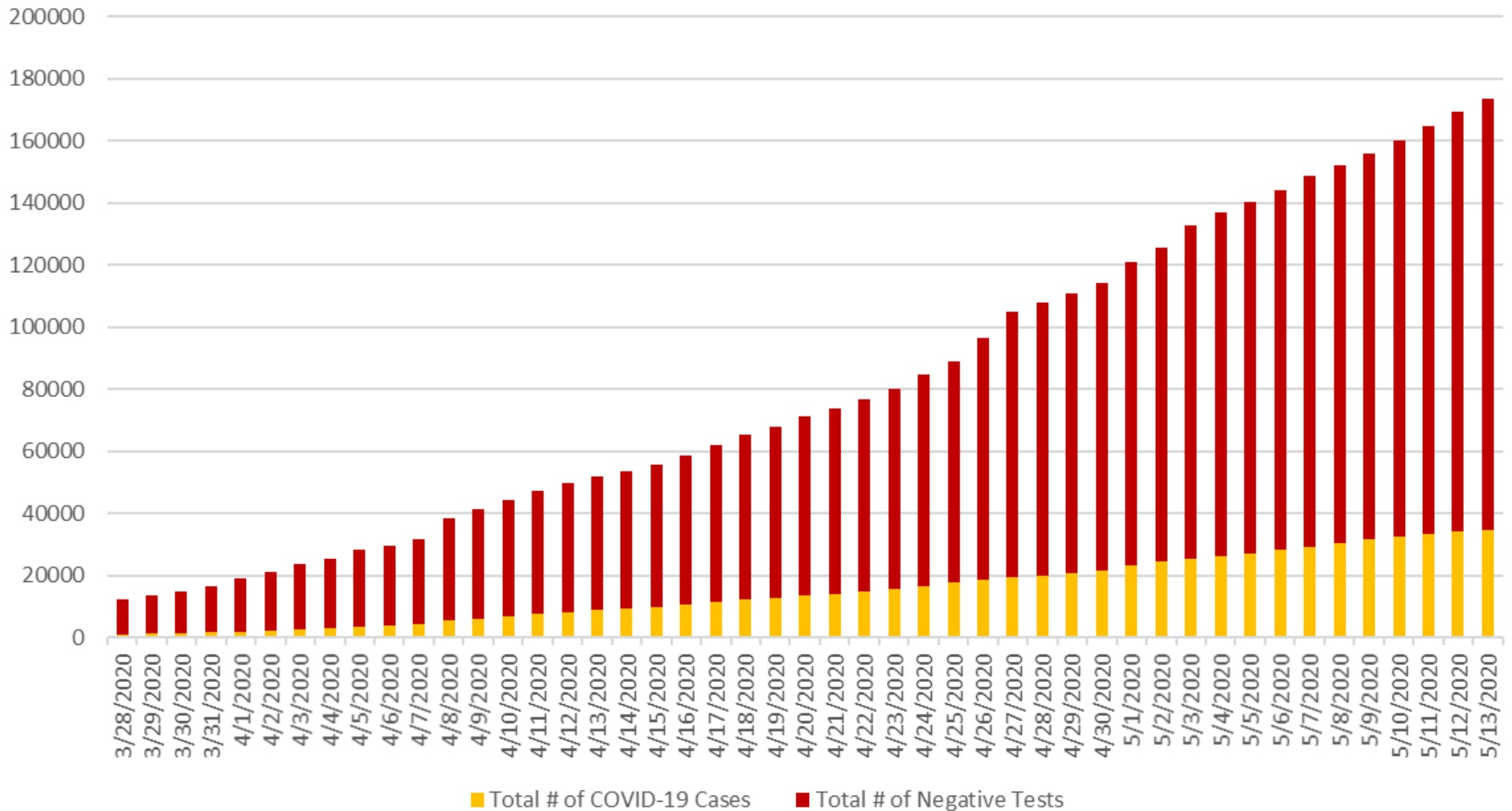
Blacks are over-represented in cases and deaths (more co-morbids)

Hispanics are over-represented in cases, not deaths (young population, job exposures?)

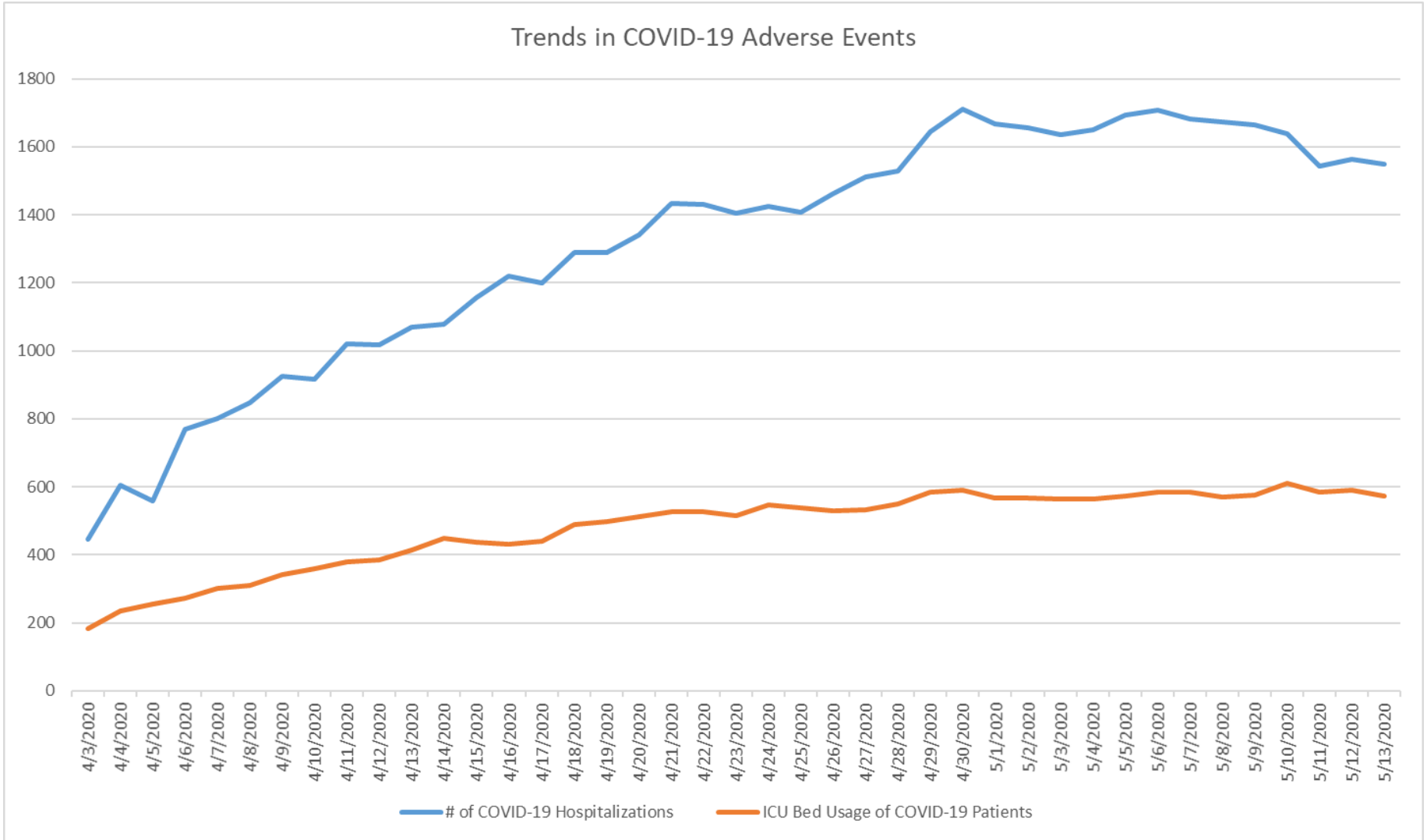
Whites have deaths out of proportion to cases (older pop)

COVID-19 Growth in Maryland

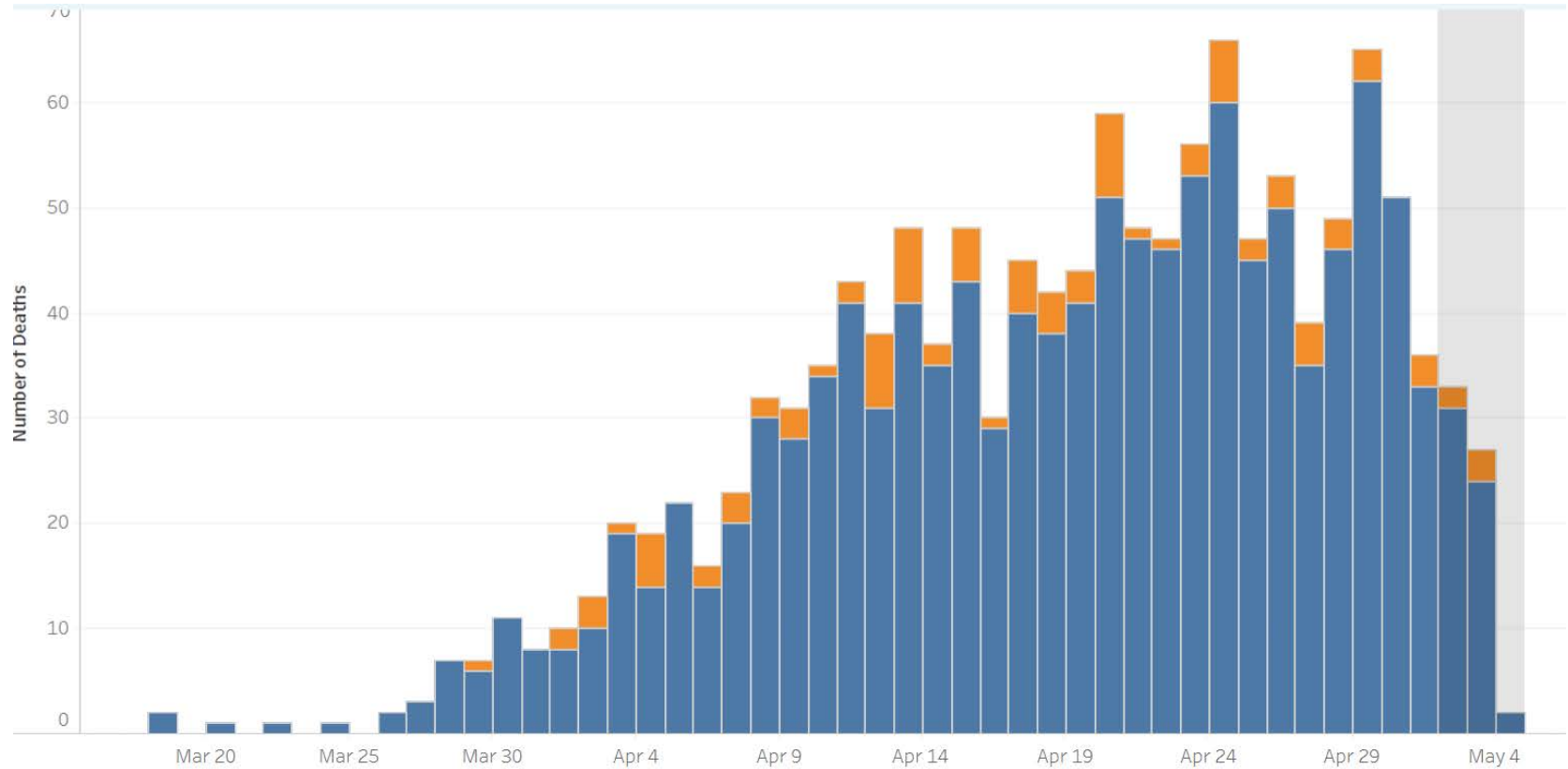
Increase in Total # of COVID-19 Cases and Negative COVID-19 Tests Over Time



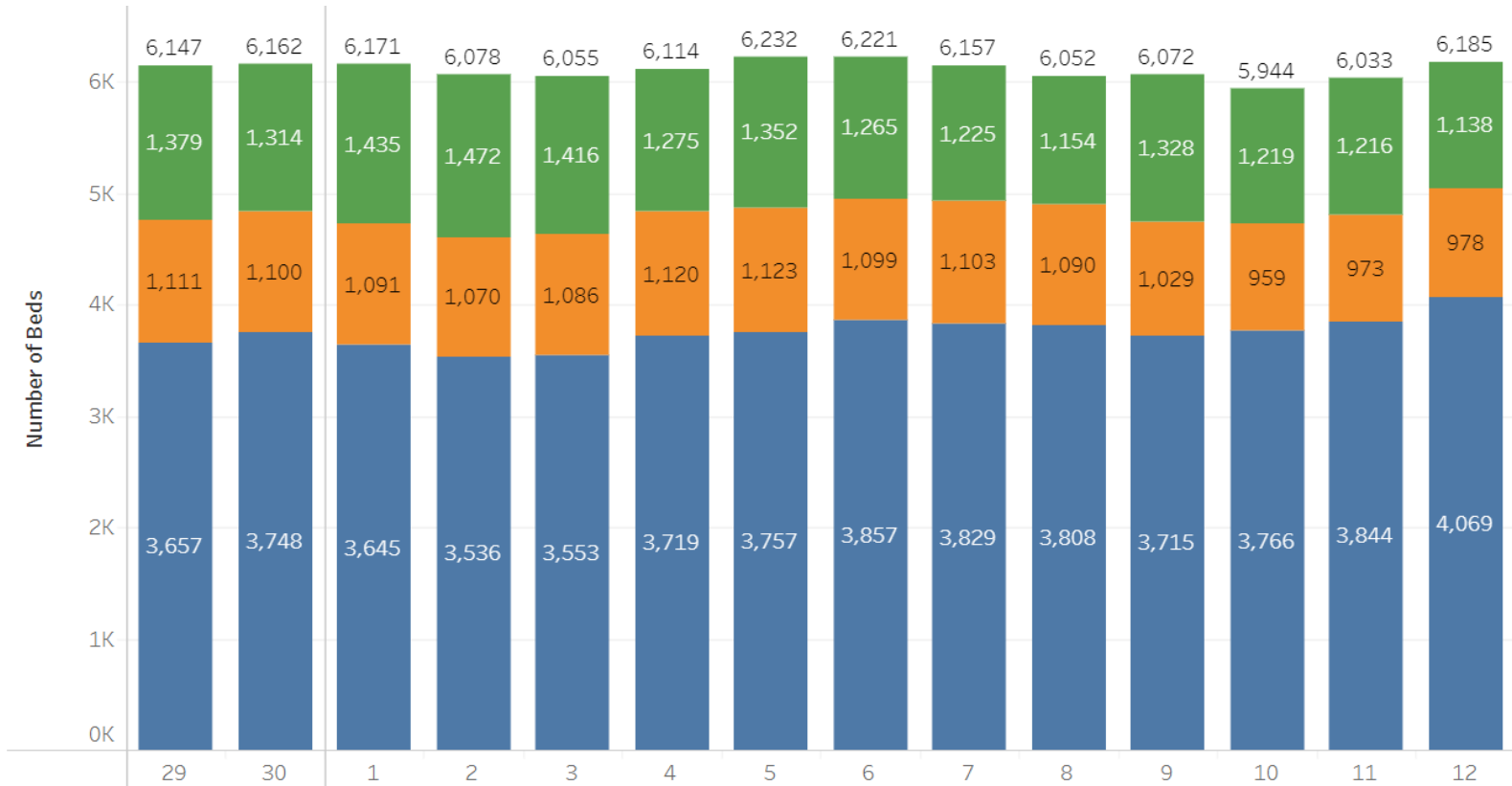
COVID-19 Hospitalizations



Deaths by Day



Hospital Capacity and Usage



Occupied Staffed by Hospital - Adult Acute Care

- Available Beds
- Hospitalized Confirmed COVID Patients
- Beds Occupied Non-COVID



Maryland COVID-19 in Congregate Facility Settings

Confirmed Staff Cases

1,895

Confirmed Staff Deaths

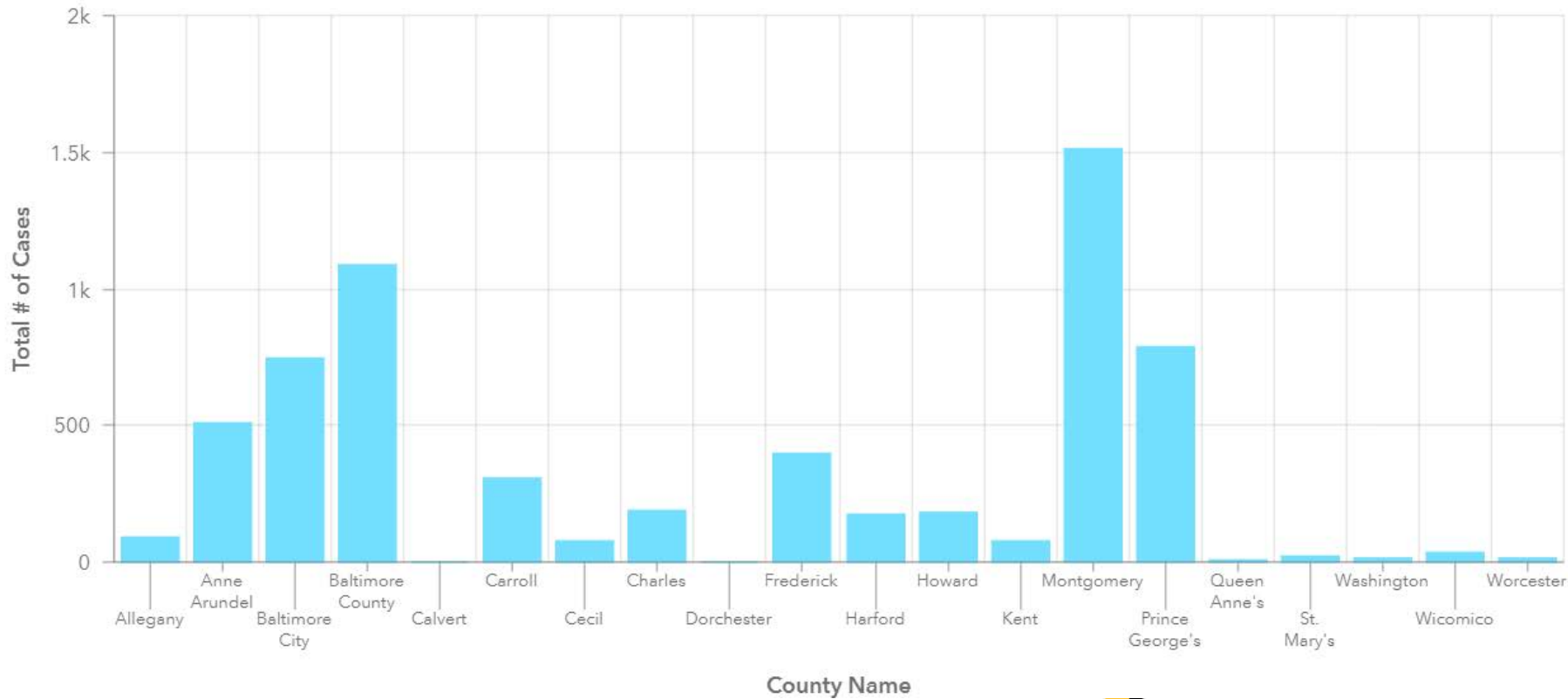
11

Confirmed Resident Cases

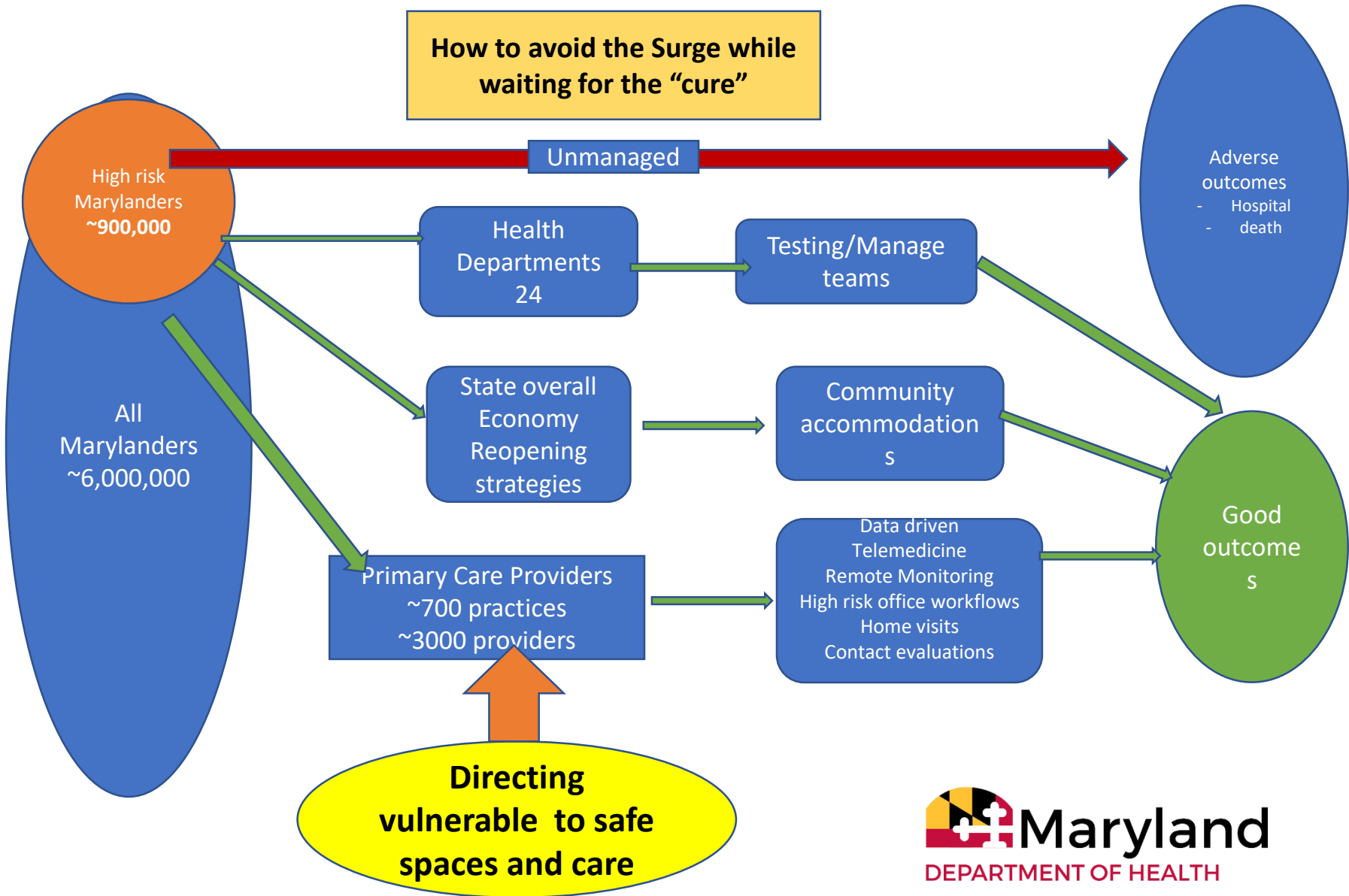
4,323

Confirmed Resident Deaths

792



How to avoid the Surge while waiting for the "cure"



Adverse outcomes
- Hospital death
- death

High risk Marylanders
~900,000

All Marylanders
~6,000,000

Unmanaged

Health Departments
24

Testing/Manage teams

State overall Economy Reopening strategies

Community accommodations

Primary Care Providers
~700 practices
~3000 providers

Data driven Telemedicine
Remote Monitoring
High risk office workflows
Home visits
Contact evaluations

Good outcomes

Directing vulnerable to safe spaces and care

PRIMARY CARE REOPENING ROADMAP

1

OBTAIN SUPPLIES

- PPE
- Testing kits

2

ESTABLISH TESTING PROTOCOLS

- Single entry
- Screening area and waiting room
- Staff to conduct patient intake
- Reception

3

CONDUCT STAFF TESTING AND MODIFY PROTOCOLS

4

MODIFY HOURS AND SAFETY PROTOCOLS

- Screen and re-screen patients
- Sanitize waiting rooms
- Disinfect high touch surfaces
- Screen
- Address concerns regarding office protocols
- Address concerns with community health care and other providers
- Address concerns with patients
- Address concerns with staff
- Review clinic layout for staff and screening patients intake

5

CONDUCT OFFICE VISITS AND TEST PATIENTS

- Screen and re-screen and test patients that meet the clinic's criteria
- Screen and re-screen and test patients that meet the clinic's criteria
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- Screen and re-screen and test patients that meet the clinic's criteria

6

EXPAND OFFICE VISITS AND TESTING

- If the clinic layout is not suitable to test

Step One: Design Workflows with Team

- ❖ PPE adequacy
- ❖ Appointment workflow
- ❖ Registration workflow
- ❖ Rooming workflows, depending on conditions
- ❖ Discharge workflow
- ❖ Care management
- ❖ Workflows for high-risk, vulnerable patients
- ❖ Immunizations
- ❖ Lab testing
- ❖ Staff outage scenarios

[CDC Safe Office Procedures during COVID](#)

Additional Comments on Reopening

- Define elective vs necessary care- clinical judgement
- Widespread community transmission continues
- Define one week supply of PPE
- Request permission from Secretary MDH
- Social distancing in offices
- Safe registration and waiting workflows
- Screening for Covid
- Wearing masks
- A healthcare facility's managing authority or the responsible healthcare provider shall certify to MDH via secretary.health@maryland.gov that all of the above conditions for resumption of elective and non-urgent medical procedures have been met prior to resuming operations. A copy of this self-certification notice shall be posted prominently in the facility for the attention of patients and staff.

Governor Hogan Directive – May 6, 2020

– PPE Conservation

Subject to availability, all healthcare providers are required to immediately implement the CDC Strategies to Optimize the Supply of PPE and Equipment:

1. Use facemasks beyond the manufacturer-designated shelf-life during patient care activities
2. Implement limited re-use of facemasks. The healthcare provider must not touch the outer surfaces of the mask during care, and mask removal and replacement must be done in a careful and deliberate manner
3. Prioritize facemasks for:
 - i. 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
 - iv. Performing aerosol generating procedures, if respirators are no longer available
4. Exclude healthcare providers at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients

State Launches Maryland PPE Network Supplier Portal

- ❖ Increasing Maryland's supply of PPE – one of the 4 building blocks on the Road to Recovery
- ❖ Maryland has launched the [Maryland Manufacturing Network Supplier Portal](#), an online platform that helps connect Maryland suppliers with buyers in need of critical resources
- ❖ Large daily deliveries come into the state's warehouses
- ❖ For additional business resources during COVID-19, visit businessexpress.maryland.gov/coronavirus

Personal Protective Equipment (PPE) Requests

- ❖ Routed through Local Health Departments
- ❖ Priority as previously stated - may change over time
- ❖ Remain in scarce supply

- ❖ [PPE request forms and local contacts](#)
- ❖ [PPE Supplier List](#)

Pediatric Multisystem Inflammatory Syndrome

- ❖ Possibly linked to COVID-19 infection status
- ❖ Symptoms:
 - Overlap with Kawasaki Disease and Toxic Shock Syndrome
 - Possible elevated inflammatory markers, fever and abdominal symptoms, rash, myocarditis & other cardiovascular changes
 - Some patients have developed cardiogenic or vasogenic shock requiring ICU; may occur days to weeks post-acute COVID-19 illness
- ❖ ESSENTIAL to recognize early and report to an inpatient specialist, including to critical care!
- ❖ Most patients presenting with this syndrome have tested positive for SARS COV-2 or corresponding antibodies
- ❖ Hospitals must immediately report cases to their state department of health

Guidance on certifying death from COVID-19

- ❖ Death certification can be an unpleasant obligation, especially during this pandemic.
- ❖ Clinicians must nonetheless accurately and completely report cause(s) of death
 - An obligation to the patient and family
 - Essential to tracking the course of the epidemic
- ❖ This 3-minute [YouTube video](#) provides step-by-step instructions how to report death, including co-morbidities
- ❖ A case study is also presented
- ❖ This companion refresher CME provides more detail: https://emergency.cdc.gov/coca/calls/2020/callinfo_041620.asp

Physician Support Line – (888) 409-0141

- ❖ Peer-to-peer national support line; for physicians by physicians
- ❖ Free service staffed by US-licensed volunteer psychiatrists
- ❖ Not focused on COVID-19; all topics may be discussed
- ❖ Open to DO/MD/international equivalents at the attending, fellow, resident, intern, and research levels
- ❖ Currently non-practicing physicians are also welcome
- ❖ Confidential
- ❖ No appointment needed
- ❖ Open every day 8 am until midnight (EST)

MDPCP Staff Training Academy



MedChi approved: 3.5 AMA PRA Category 1 Credits™

New PY1 MDPCP Practices: Virtual Training 001

Friday, May 15 (1:00 pm - 4:00 pm) - Please register [Here](#)

PY2 MDPCP Practices: Virtual Training 002

Friday, May 22 (1:00 pm - 4:00 pm) - Please register: [Here](#)

Key Takeaways

1. Mitigation efforts will be reduced as hospital use stabilizes and declines, even as community transmission continues
2. Practices should prepare to expand access to face-to-face visits
3. Blacks are over-represented in cases and deaths
4. Important to accurately and timely certify causes of death

Resources in the Appendix Slides

❖ Patients

- Meals on Wheels
- Caregiver Services Corps
- Senior Call Check Program

❖ Providers

- PPE
- Financial Support
- Testing
- Telemedicine
- CDC Guidelines
- Volunteering & Employment Opportunities

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

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

❖ Learn from our [Frequently Asked Questions page](#)

❖ Future Spotlights

➤ Behavioral Health Wednesdays

➤ Pediatrics – May 15 (11:30 am-12:30pm)

➤ Minority Healthcare & Outcomes Disparities – May 18 and 25

➤ Today: Behavioral/Mental Health Presentation

➤ Dr. Paulo Negro, MD, PhD

Assistant Clinical Professor, Psychiatry & Behavioral Sciences, GWU SOM

Assistant Professor, Psychiatry & Behavioral Sciences, Howard University

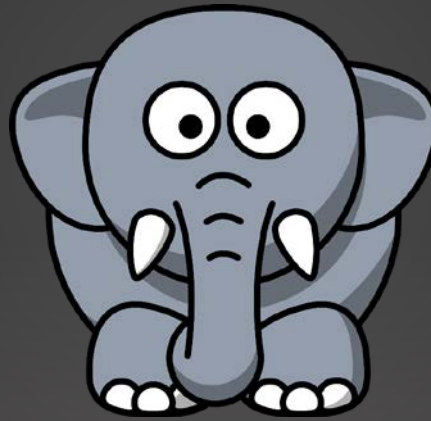


PHYSICIAN HEALTH AND PREEXISTENT PSYCHIATRIC CONDITIONS

PAULO J. NEGRO, MD PHD

“I have no idea what's awaiting me, or what will happen when this all ends.
For the moment I know this: there are sick people and they need curing.”
— **Albert Camus, The Plague**

OUR PSYCHIATRIC DISORDERS



DON'T ASK, DON'T TELL

Anxiety

Depression

Psychological Trauma

Bipolar

Eating disorders

Substance Abuse

Personality Styles

Unfortunate marriages

CORE BELIEFS

I AM A FAILURE
I AM UNLOVABLE
I AM WORTHLESS

Relevant Life History

Core Belief

Conditional Assumptions/Attitudes/Rules

Coping Strategies

SITUATION → REACTION

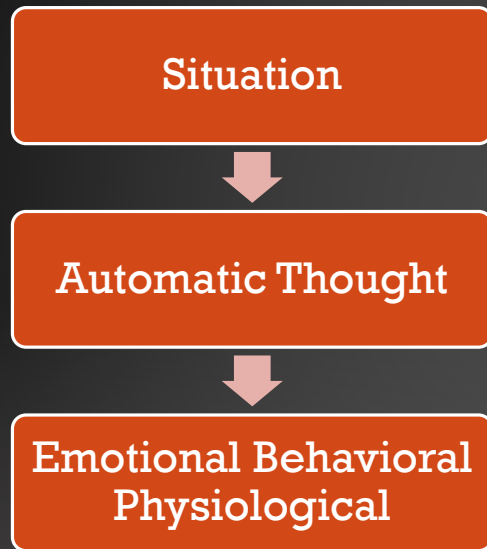
Automatic Thoughts

Meaning of the Automatic Thoughts

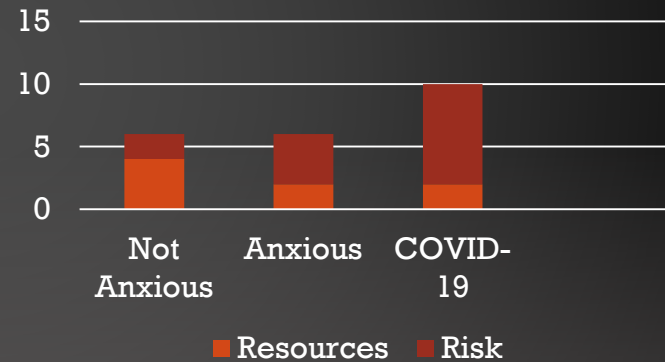
Automatic Thoughts → Emotions

Behavior

COGNITIVE BEHAVIORAL TREATMENT BECAUSE EVERYTHING ALWAYS MAKES SENSE



Risk-Resource Model of Anxiety

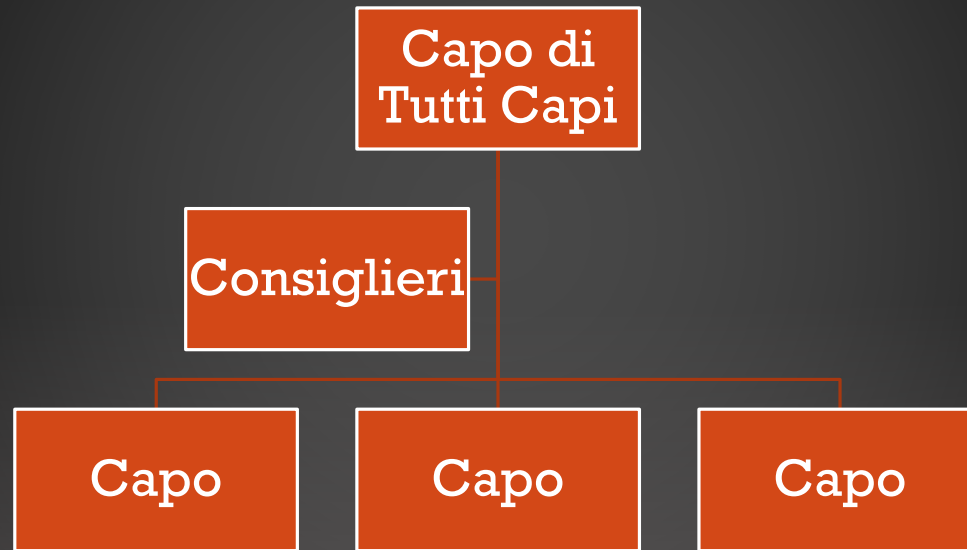


When thoughts arise, then do all things arise.
When thoughts vanish, then do all things vanish.

DIAGNOSTIC TOOLS

- Free Floating Anxiety
- Anxious Ruminations
- Panic Attacks
- Obsessive Intrusions
- Perfectionism and Rigidity
- Trauma
- Suicide
- Anxiety-depression overlap
- Insidious onset & depressive tendencies
- Insufficiency anxious content
- Learned helplessness
- Traumatic Experiences
- Bipolar tendencies

LA COSA NOSTRA



CHOICES



OPENING THE HAND OF THOUGHT



- Mood
- Anxiety
- Sleep
- Relationships
- Antidepressants
- Benzodiazepines
- Support
- CBT/EMDR/Mindfulness

NEUROPSYCHIATRIC SYMPTOMS



DMT RESEARCHERS ADVISE MAINTAINING 6-FOOT DISTANCE FROM OWN BODY

SANTA CRUZ, CA

As part of an effort to help reduce the spread of Covid-19, scientists who conduct research into DMT at the Multidisciplinary Association for Psychedelic Studies have advised members of the public to maintain an interval of at least 6 feet from their own body.

“Now more than ever, it is imperative for citizens to keep a safe distance from their corporeal forms, as the novel coronavirus is highly contagious within the bounds of a physical reality,” MAPS researcher Bill Tasker told reporters Tuesday as he demonstrated the proper way to wash one’s astral hands for at least 20 infinities and urged people to wipe down all contaminated celestial planes, upon which the virus can reportedly transcend any perceived notions of time.

“If you find yourself floating in the ether, suddenly grasping the illusory nature of the self, and how you’re so, so small, but you are also everything—the stars, the planets, the cosmos, holy shit, everything—that’s when it is vital to observe the self-distancing measures that can help stem the spread of this disease. Without your help flattening the curve, you are at risk of infection and possibly even ego death.”

Tasker went on to describe a method by which people could potentially manifest N95 respirator masks out of pure energy.

<https://www.theonion.com/dmt-researchers-advise-maintaining-6-foot-distance-from-1842866042>

Q&A

Questions and Answers

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

Appendix

Resources and Links

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](#)

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**

Billing for End-of-Life Planning

- ❖ 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)

Support for Patients at Home

❖ Food

- Meals on Wheels

❖ Caregivers

- Visiting nurses and caregivers

❖ Emotional support

- Support from family
- Phone calls and videochat to fight loneliness
- MD Department of Aging [Senior Call Check Program](#)

Caregiver Services Corps (CSC)



- ❖ **OPEN for primary care providers STATEWIDE!**
- ❖ The **CSC** call center (**800-337-8958**), staffed with specialists 7 days a week, matches volunteers for urgent and temporary assistance to people over 65 years old in their homes to help with:
 - Self-administration of medications
 - Ambulation and transferring
 - Bathing and completing personal hygiene routines
 - Meal preparation and arranging for delivery of groceries and/or prepared meals
 - Teaching how to use video technologies to connect with loved ones and/or healthcare providers
- ❖ Healthcare providers should alert their patients they are being referred
- ❖ **Seniors, their families and friends may call 211 to seek help and referrals to the elderly in need**

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

Opportunities to Volunteer and Serve

- ❖ Volunteer staffing opportunities - Maryland Responds Medical Reserve Corps (MRMRC)
 - <https://mdresponds.health.maryland.gov/>
 - Complete [Road to Readiness](#)

Staying Current - Sources

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

MedChi/CareFirst/Backline Grant

CareFirst BlueCross BlueShield (CareFirst) and the Maryland State Medical Society (MedChi) launched a grant program that will equip additional Maryland physicians with the technology they need to provide needed virtual care during the COVID-19 pandemic and beyond

Eligibility Requirements

- The medical practice and medical license are in Maryland
- The medical practice is a private, independent group of five or fewer physicians
- The practice enrolls in Backline after March 1, 2020 as the result of the COVID-19 crisis
- MedChi has confirmed the practice's enrollment with DrFirst
- Enrollment in Backline occurs before December 31, 2020

Application Steps

Can be completed in less than 5 minutes

- Complete the application linked [here](#)
- Email completed application to amullin@medchi.org
- For questions, email or call Andrea Mullin at amullin@medchi.org or 800-492-1056 x3340

Grant Amount

\$300 per eligible physician



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.

Food Resources

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

➤ [Maryland Summer Meals](#)

[Howard County](#)

➤ [Montgomery County](#)

[Anne Arundel County](#)

➤ [Prince Georges County](#)

[St. Mary's County](#)

➤ [Charles County](#)

[Harford County](#)

➤ [Frederick 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.