COVID-19 Daily Update

Maryland Department of Health

Maryland Primary Care Program

Program Management Office

18 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."
Winston Churchill, Nov 1942

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Agenda

- ❖ Today's Morbidity and Mortality Data Update
- ❖ Reopening the State
- ❖ Keeping our Patients Safe during Recovery
- ❖ PPE
- ❖ Testing
- ❖ Guest Speakers
- ❖ Q & A
- ❖ Resources Appendix

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Morbidity and Mortality Update

	New Cases since May 17	Cumulative Cases	Cumulative Hospitalized	Cumulative Deaths
United States		1,467,065 (5/17)		88,709 (5/17)
Maryland	657.7	39,762	17.8%	1903

	20-29	30-39	40-49	50-59	60-69	70-79	80+
% of cases	13.24	18.22	17.91	16.65	12.20	8.21	7.69
Case rate (per 100,000)	647.91	879.31	911.62	758.18	709.76	849.33	1392.84
% of cases hospitalized	6.45	8.94	13.23	21.17	30.83	40.07	30.54
Rate hospitalized (per 100,000)	41.8	78.65	120.60	160.50	218.84	340.36	425.42

COVID-19 Growth in Maryland

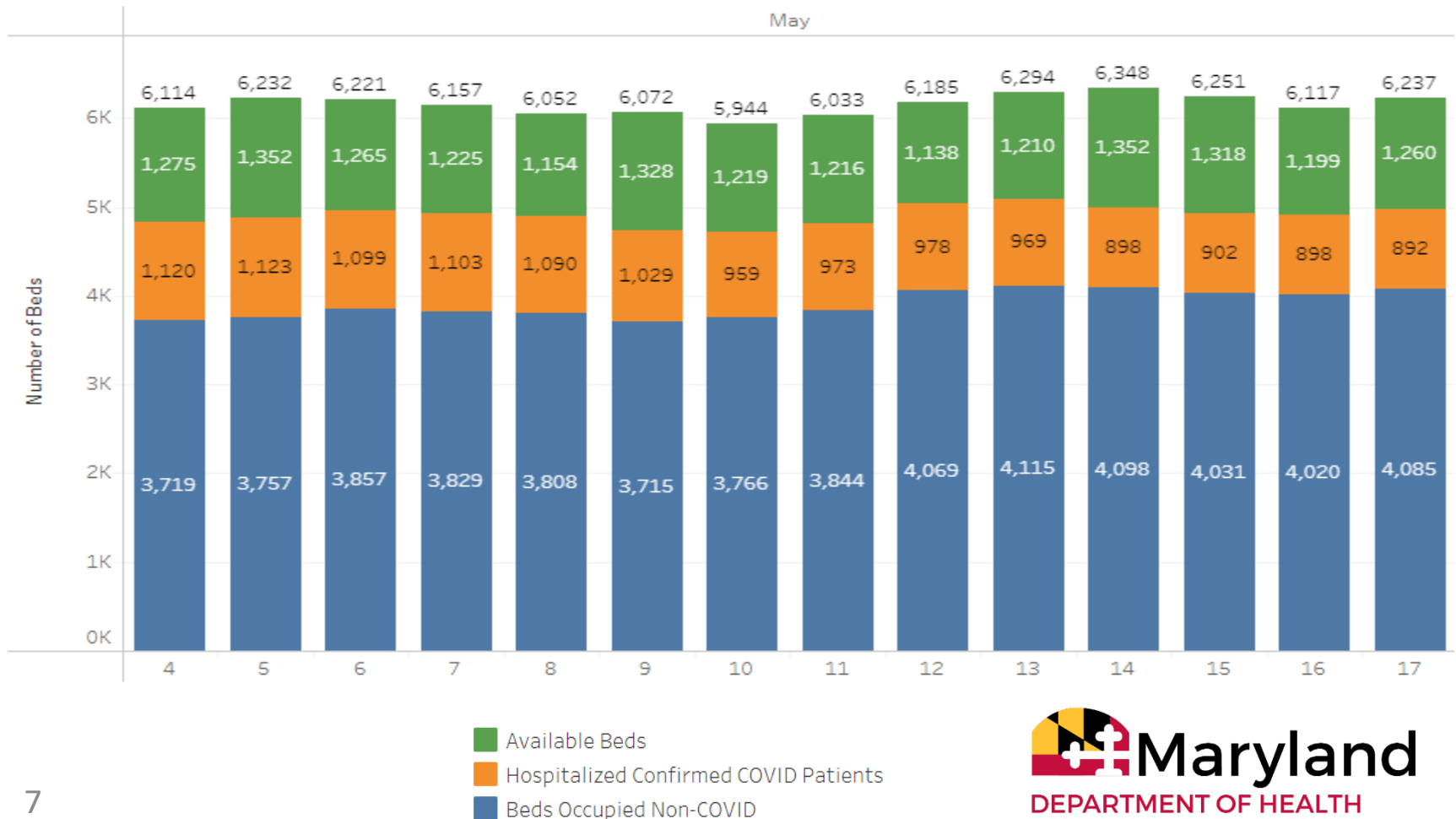Increase in Total # of COVID-19 Cases and Negative COVID-19 Tests Over Time

Legend: Total # of COVID-19 Cases (yellow), Total # of Negative Tests (red)
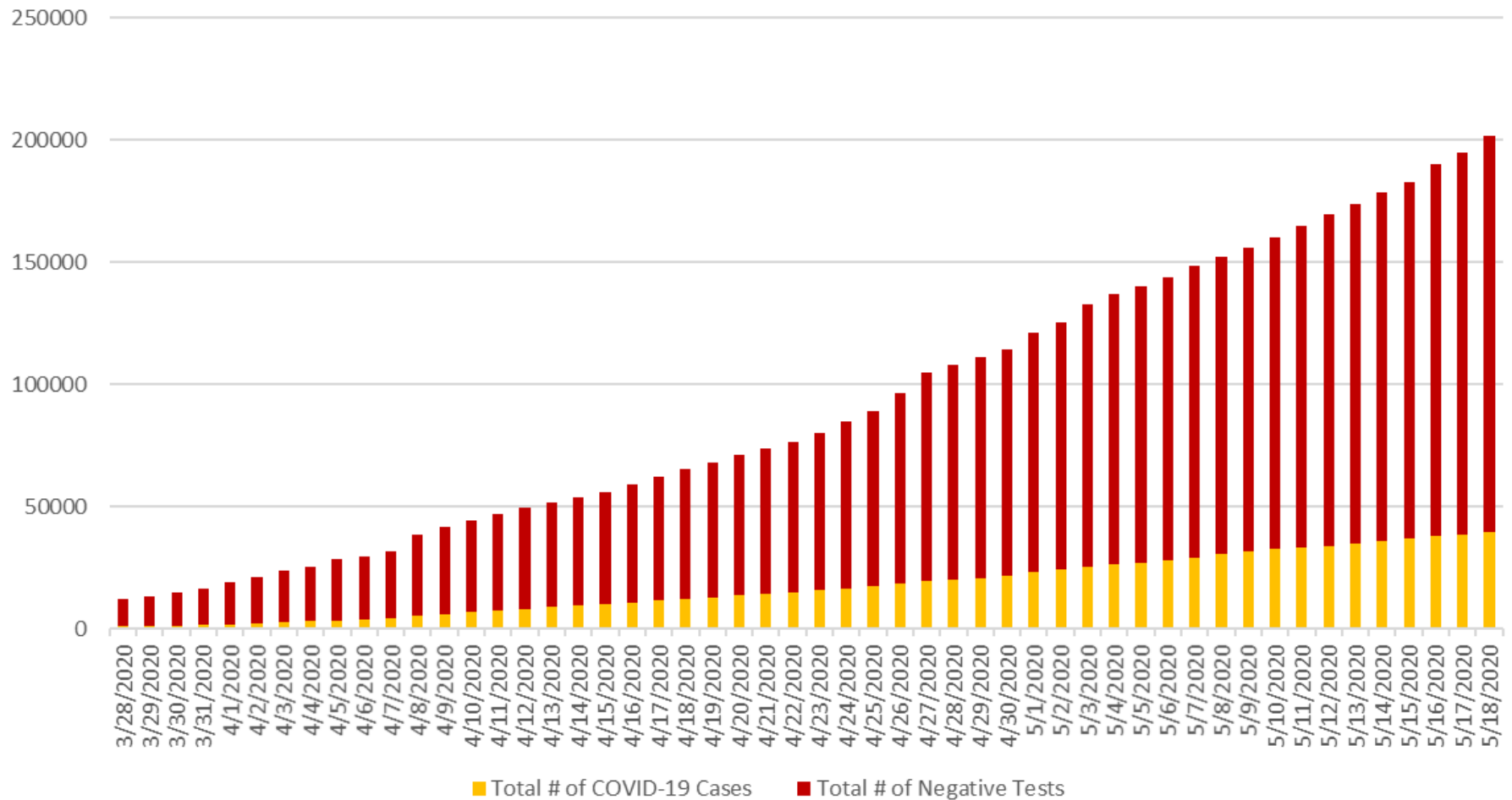
COVID-19 Hospitalizations

Trends in COVID-19 Adverse Events
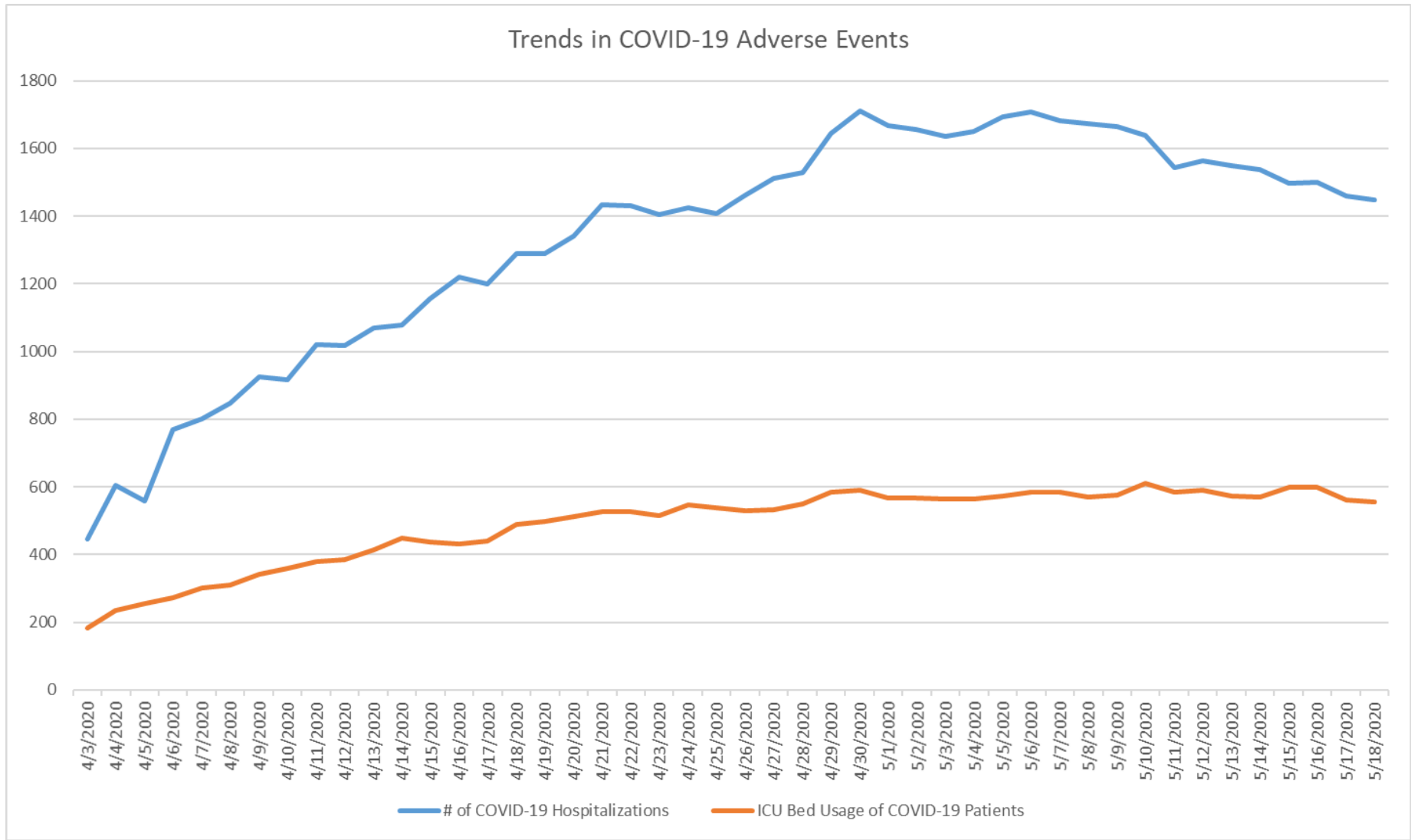
Hospital Capacity and Usage

Occupied Staffed - Adult Acute Care

Maryland COVID-19 in Congregate Facility Settings
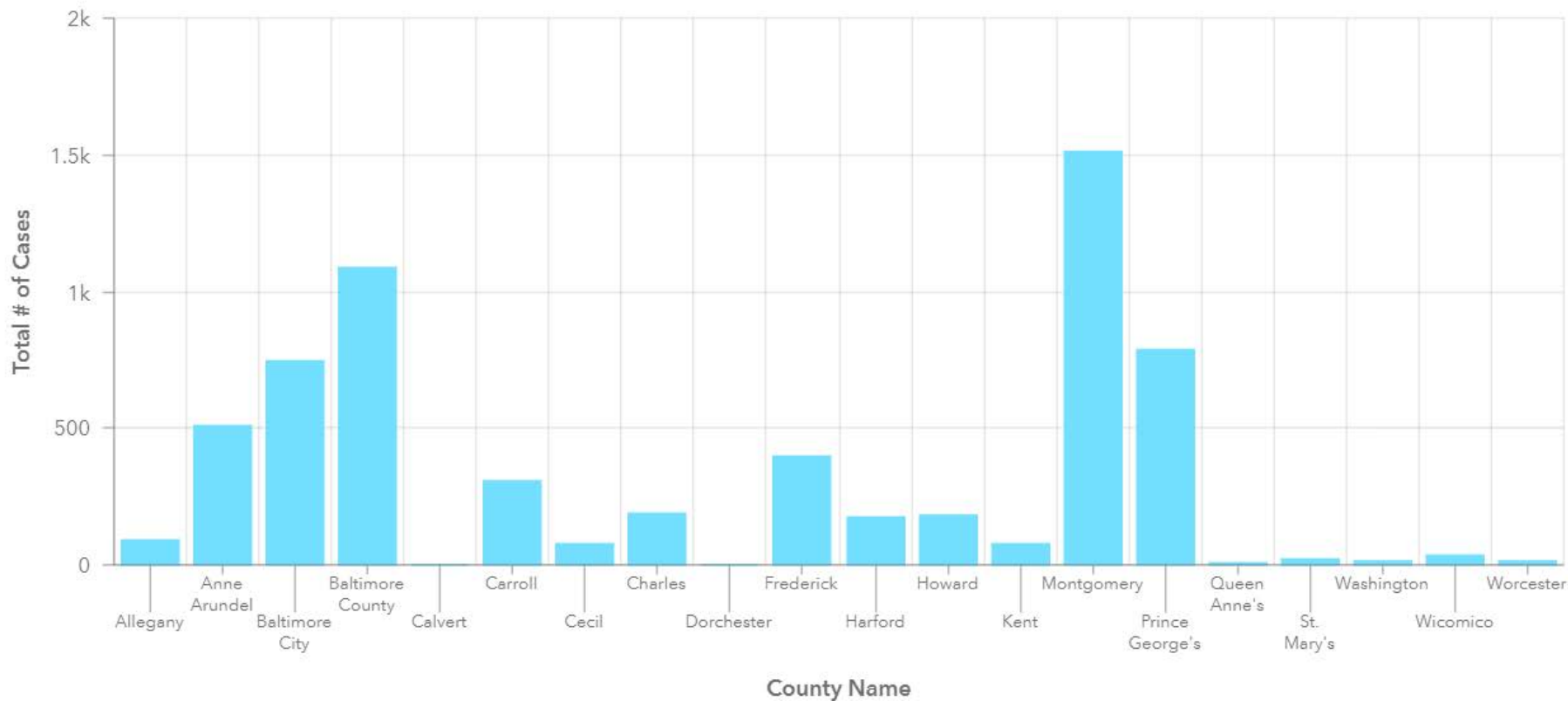
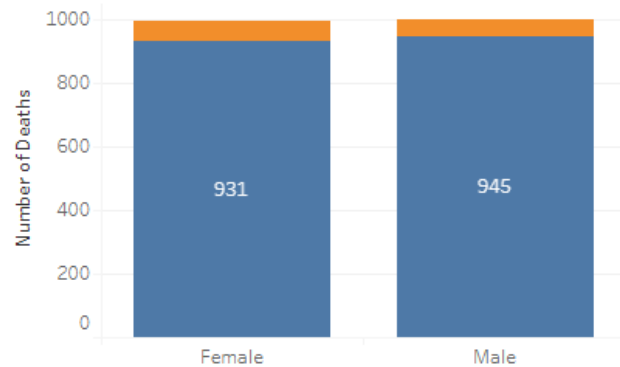| Confirmed Staff Cases	Confirmed Staff Deaths	Confirmed Resident Cases	Confirmed Resident Deaths
1,895	**11**	**4,323**	**792**

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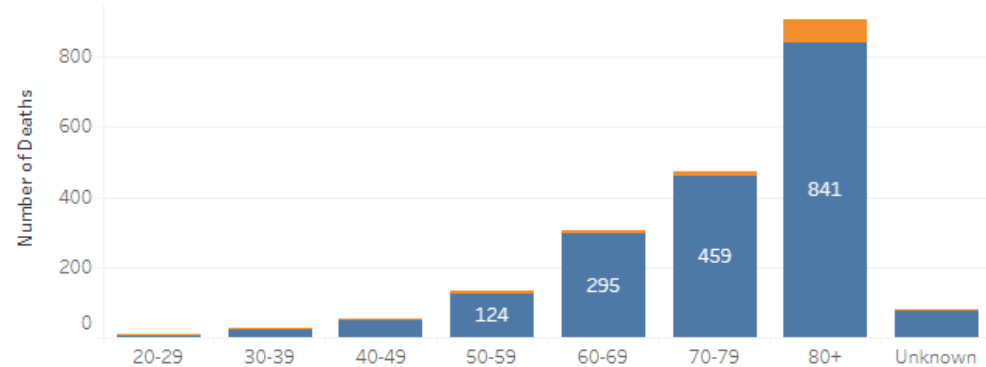
Maryland COVID-19 Fatalities

Numbers are of deaths reported by the Maryland Vital Statisticts Administration - Maryland residents only.
As with all reports, do not distribute this information publicly.

Total Deaths In Maryland: **1,992**

Gender

Female: 931
Male: 945

Age Group

20-29: —
30-39: —
40-49: —
50-59: 124
60-69: 295
70-79: 459
80+: 841
Unknown: —

MDH Region

Capital: 928
Central: 700
Southern: —
Eastern Shore: —
Western: 21
Unknown: —
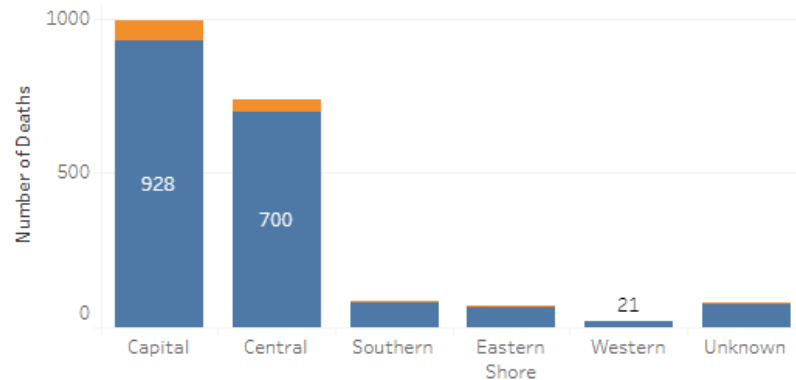
Race and Ethnicity

White: 779
Black: 777
Hispanic: 154
Unknown: 76
Asian: —
Other: —
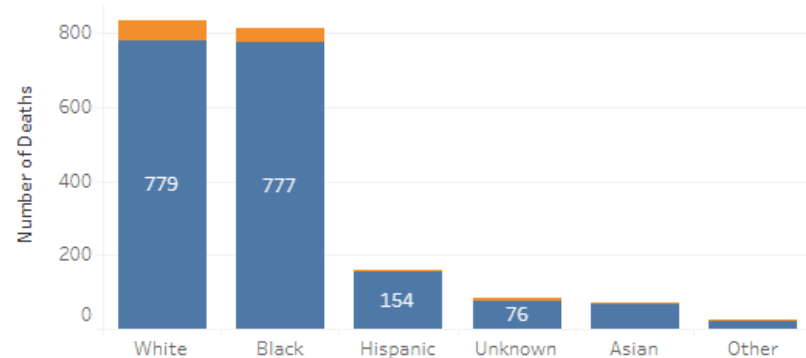
Death Data
available through
5/17/2020

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Governor Hogan Directive – Elective & Non-Urgent Medical Procedures may resume May 7, 2020

These measures must be in effect:

1. Licensed healthcare providers will use their judgment to determine what appointments and procedures are appropriate

2. Facilities and providers must have at least one week's supply of personal protective equipment (PPE) for themselves, staff, and as appropriate, for patients
    i. PPE requests to any State or local health or emergency management agency will be denied for elective and non-urgent medical procedures
    ii. The healthcare facility or healthcare provider must be able to procure all necessary PPE for its desired services via standard supply chains
    iii. For hospitals with COVID-19 patients, MDH will determine a daily PPE per patient use rate for PPE requests

3. **Social distancing must be maintained in all waiting areas**

4. **All healthcare workers, patients, and others must be screened for COVID-19 symptoms upon arrival for shift or visit. Staff must stay home if they are showing COVID-19 symptoms.**

5. **All healthcare facilities and healthcare providers must implement enhanced workplace infection control measures > CDC guidelines: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html**
    i. **All healthcare providers and staff shall wear appropriate face coverings, to include cloth face coverings, surgical face masks or N-95 masks, respirators, and/or face shields**
    ii. **Patients should wear a face covering whenever possible**

6. **Any healthcare facility or provider unable to provide PPE for themselves, staff, and patients where appropriate must immediately restrict operations to urgent and non-elective procedures and appointments**

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County-level Reopening Status Map
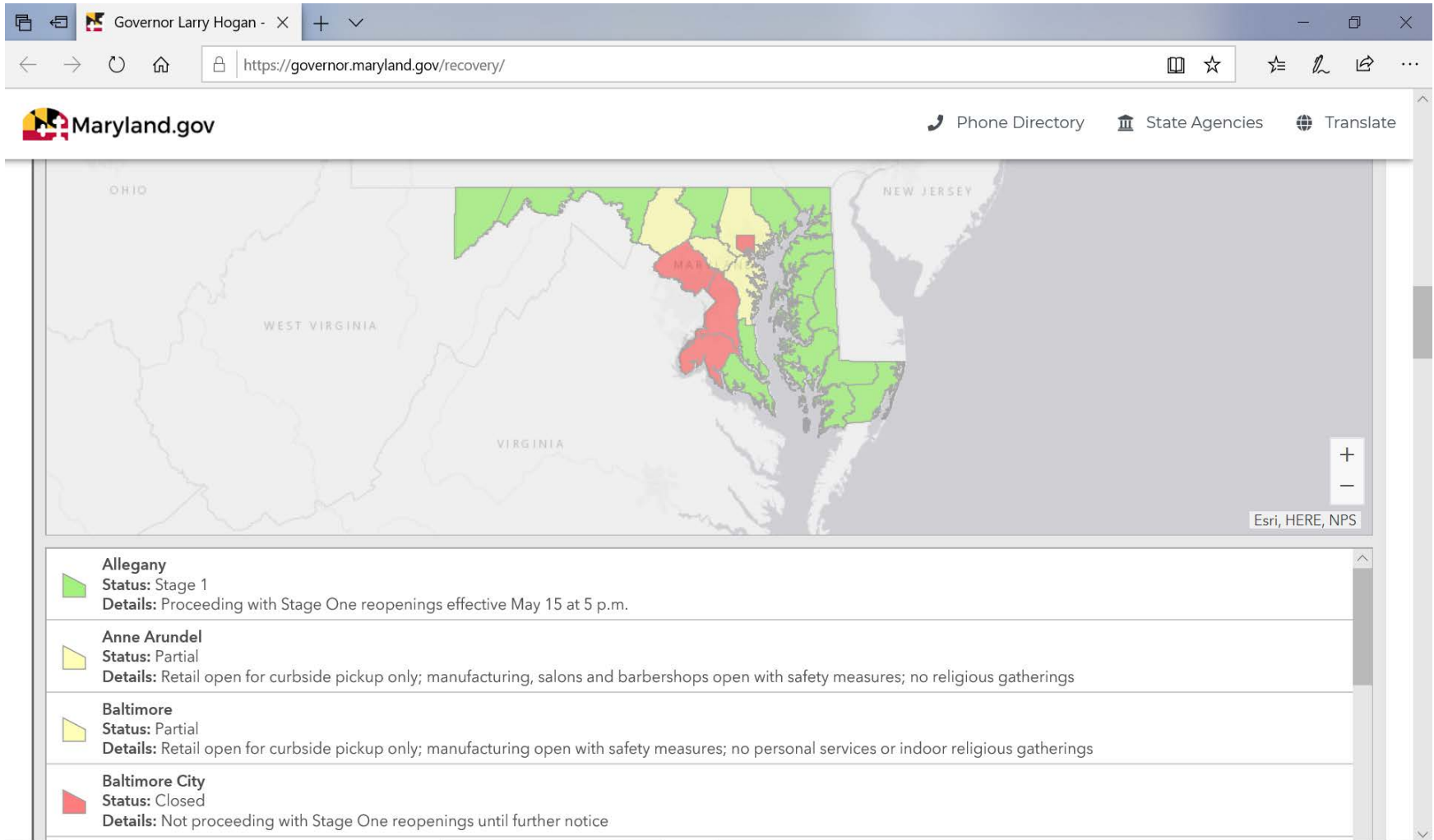
Considerations when Reopening a Practice

Staff and Patient Safety	Appointments and Scheduling	Registration, Waiting Rooms, and Intake	Patient Care

- Health screen questions and temp check upon entry, staff and patients receive a label/sticker to indicate they are clear
- Staff wear proper PPE (e.g. N95s, eye protection, gloves, etc.) at all times
- Patients wear face masks
- Staggered staff break times
- No public bathrooms open
- N95 reuse: 3 staff - 3 bag CDC recommendations

- Limit patients and providers to maintain distance
- Lengthen appointment times to allow adequate time to thoroughly clean and disinfect patient rooms after each visit

- Consider elimination of waiting room or reducing usage of waiting room
- Reduced capacity waiting rooms must be cleaned and disinfected frequently
- Patients check in and check out via phone
- Patients to wait in car until ready and are roomed immediately

- Split office space between sick rooms and well rooms
- Maintain as much distance from patient as possible until physical exam

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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

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PPE Considerations

❖ Sources

❖ PPE for staff

❖ PPE for patients

❖ PPE use optimization/reuse parameters

❖ Differential PPE for testing, aerosolized procedures, etc.

❖ Differential PPE for vulnerable staff/patients

❖ PPE "burn rate"

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Governor Hogan Directive – May 6, 2020 PPE Conservation Order

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

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Personal Protective Equipment (PPE) Sources and Requests

❖ Routed through Local Health Departments

❖ Priority as previously stated - may change over time

❖ Maryland PPE Manufacturers List – next slide

❖ **National and International PPE Supplier List**

❖ **PPE request forms and local contacts**

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Maryland Companies Producing Personal Protective Equipment in Response to COVID-19

Grant Recipient	County	Typical Production	COVID-19 Production
Awesome Ninja Labs	Baltimore City	Medical devices	Face shields
CoastTec	Carroll	Battery back-ups for computers	Battery packs for Vyaire ventilators
CR Daniels	Howard	Textile, plastics, and metal manufacturing	Face masks and gowns
DiPole Materials	Baltimore City	Custom nanofiber manufacturing	Filters for medical masks and respirators
DVF Corporation	Washington	Metal and plastic fabrications	Plastic components of respirators
Fashions Unlimited	Baltimore City	Apparel manufacturing	Surgical masks and protective gowns
Fabrication Events	Howard	Special event decor	Face masks, head coverings, and other PPE
Harbor Designs	Baltimore City	Manufacturing design and engineering	Ventilators
Hardwire, LLC	Worcester	Bulletproof body armor and equipment for law enforcement and the military	Face shields
K&W Finishing	Baltimore City	Traditional die cutting, coating, and other bindery services	Face shields

Grant Recipient	County	Typical Production	COVID-19 Production
Key Technologies	Baltimore City	Medical devices	Blower units for positive air pressure respirators
LAI International	Carroll	Components for aerospace and defense, medical devices and infrastructure systems	Face shields
Manta BioFuels	Baltimore County	Energy technology	Face shields
Marty's Bag Works	Anne Arundel	Canvas boating products, cushions, laser printing, and bags	Surgical masks, face shields, and lightweight gowns
Nations Photo Lab	Baltimore County	Full-service photo printing	Face shields
NRL & Associates	Queen Anne's	Ultra-precision machining, fabrication, and assembly	Ventilators
Potomac Photonics	Baltimore County	Biotech and medical devices	PPE visors
Rankin Upholstery	Montgomery	Auto, marine, aircraft and custom upholstery	Masks, gowns, and other PPE
Strouse	Carroll	Adhesive solutions	N-95 masks
X-Laser	Howard	Laser light show systems	Face shields

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]()

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New/Current Governor Directive – May 6, 2020 - Testing

Criteria: Healthcare providers should use their judgment; also encouraged to test for other causes of respiratory illness

> ➤ Check often CDC guidance: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

Priorities: prioritize COVID-19 test orders as follows:

> ➤ I. Symptomatic hospitalized patients
> ➤ II. Symptomatic patients and staff in nursing homes, long-term care facilities, and other congregate living facilities housing individuals who are medically fragile, or as directed by the Maryland Department of Health (MDH)
> ➤ III. Symptomatic emergency medical service personnel, healthcare workers, correctional officers, law enforcement personnel, and other first responders
> ➤ **IV. Symptomatic high-risk, unstable patients whose care would be altered by a diagnosis of COVID-19**
> ➤ **V. Persons identified through public health cluster and selected contact investigations; or**
> ➤ **VI. Persons without symptoms prioritized by MDH or a local health department, or at the direction of an MDH-designated response team**

❖ All providers and facilities offering COVID-19 testing will test all presenting at testing sites with a healthcare provider's order and/or who meets the CDC criteria without regard to that person's ability to pay, type of health insurance, or participation in any particular provider network.

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Contact Tracing Testing Interface

❖Contact Tracing

➤Isolate households of positives

➤Isolate PUIs pending results

➤Tracers will reach out to contacts for positive tests

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Help your patients get health coverage

Maryland Health Connection, the state's health insurance marketplace, has a Coronavirus Emergency Special Enrollment Period until June 15 for uninsured Marylanders. All plans on Maryland Health Connection cover testing and treatment of COVID-19.

❖**How to enroll**
  ➢ Enroll online at MarylandHealthConnection.gov
  ➢ Call 1-855-642-8572. Deaf and hard of hearing use Relay service. Help is available in 200 languages.
  ➢ Download the free "Enroll MHC" mobile app to enroll on a phone/tablet.
  ➢ Navigators throughout the state can answer questions and enroll consumers by phone.

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ImmuNet – sign up NOW to receive COVID-19 vaccine once developed

- ❖ Secure web-based MDoH registry
- ❖ Essential to register NOW to receive vaccine when one will be ready

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

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[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)

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Primary Care Collaborative (PCC) Clinician Survey

❖ PCC represents a broad group of public and private organizations and supports the growth of high-quality primary care against COVID-19

❖ Partnered with the Larry A. Green Center to weekly survey PC clinicians: How are you responding and what is your capacity?

❖ Results available at thepcc.org/covid

❖ Complete this week's survey by Monday, May 18 at midnight

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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**

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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](#)

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Announcements

- ❖ Learn from our [Frequently Asked Questions page](#)
- ❖ Future Spotlights
  - ➤ Specialty Care & Guest Practitioners
  - ➤ Behavioral Health Wednesdays
  - ➤ Minority Healthcare & Outcomes Disparities – May 25
- ❖ Today:
  - ➤ Nkem Okeke, MD, MPH, MBA, MSPM, CCMP, Medicalincs
  - ➤ Angelica Ortman, MHA, MBA, Medicalincs
  - ➤ Stephen B. Thomas, PhD, Professor, Health Policy & Management and Director of Maryland Center for Health Equity, University of MD, College Park

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MDPCP Staff Training Academy

Advanced Primary Care Staff Training Academy

Free and Virtual

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**

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MDPCP Primary Care Staff Training Academy

Overview

- A <u>Virtual, 3-hour, comprehensive, FREE</u> MDPCP Advanced Primary Care Staff Training provided by MDPCP Program Management Office (PMO) in collaboration with Medicalincs

- May 22 training is mainly for practices in the 2nd Program Year of MDPCP

- 3 CME/CEU Credits (Courtesy of MedChi)

- The content of the PY 2 training will include a refresher from the last year & a review changes in 2020 requirements (across Tracks); and impact of COVID-19

- All attendees receive a Certificate of Training Completion

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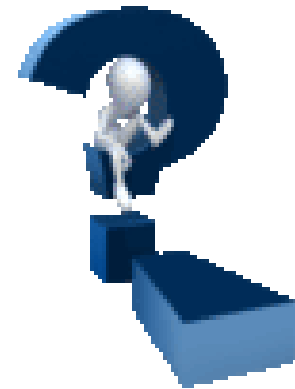DEPARTMENT OF HEALTH

Goals: Discuss "How To" modules ...

◆ Increase practice staff capability to support their practices in collaboration with their Care Transformation Organization (CTO)

◆ Know how to implement change to meet MDPCP care delivery requirements and advance their practices' care transformation journey

◆ Improve patient health outcomes and experience and reduce avoidable utilization & associated costs.

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Q&A

Please Register:

https://register.gotowebinar.com/register/811983880
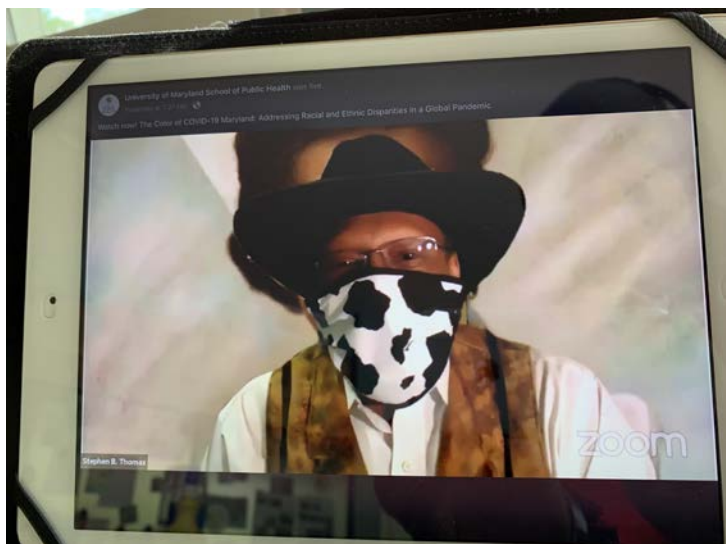1682629133

May 22, 1pm – 4pm

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The Colors of COVID-19 A Webinar on Health Disparities

The Primary Care Collaborative
May 18, 2020

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The Colors of COVID-19: A National Network to Address Health Disparities in a Global Pandemic:

Project Goal

To improve racial and ethnic disparities in COVID-19 health outcomes by building a network of national, state/territorial/tribal and local organizations to mitigate the impact of COVID-19 on racial and ethnic minority, rural and socially vulnerable populations

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Questions of Bias in Virus Care Haunt Mourning Black Families

By JOHN ELIGON and AUDRA D. S. BURCH

Long dissatisfied with the doctor treating his diabetes, Reginald Relf decided to fight through whatever was causing his nagging cough. But then his temperature spiked and his breathing became so labored that he reluctantly took his sister's advice to visit a doctor.

The staff at an urgent care clinic in suburban Chicago sent him home, without testing him for Covid-19 but after advising him to quarantine.

shaken.

"When I finally get him to go to seek help, he's turned away," she said. "If he was a middle-aged white woman, would they have turned her away? Those are questions that haunt me."

The coronavirus has left tens of thousands of grief-stricken American families struggling to make sense of the seemingly random terror it inflicts, sickening many but taking only some lives.

But for many black familie

"We're making folks make the near-impossible choice between going to work and earning income to put food on the table, and protecting their health."

Alex Camardelle, Georgia Budget Policy Institute

cautions to slow the spread of the virus.

But experts said Arizona's dismissal of academics, whose analysis seems at odds with the state's approach, marked an alarming turn against data-informed decision-making.
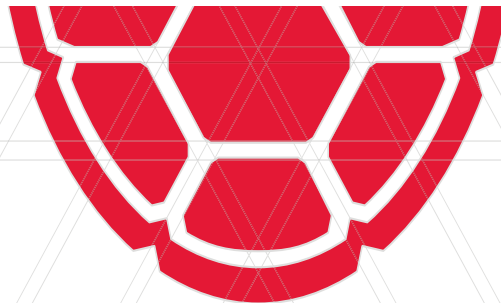
"The approach seems to be, 'Shoot the messenger — and quick,'" said Josiah D. Rich, an epidemiologist at Brown University.

Social Context Matters

Resources Available in Maryland

Task 1. Partnerships and Collaboration

Establish a national strategic information dissemination network of national, state/territorial/tribal and local organizations.
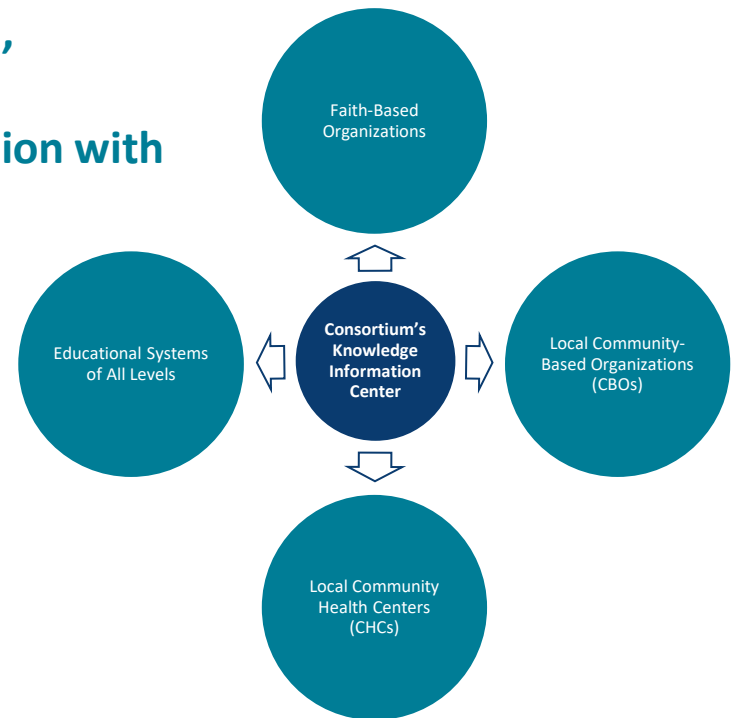
- Criteria used to select current and future partners
- Partner alignment to activities
- Partner training (CC-19 Learning Community)
- Partner tracking
- Partner engagement (Partner Portal)

Task 2. Information Development and Dissemination

Develop, Disseminate, Distribute Accurate, Consistent, Timely, Culturally and Linguistically Appropriate Messaging in collaboration with Network Partners

1. Print materials to be used by CBOs, churches, health centers and other providers
2. Create social media strategies
3. Develop Internal/External Website with online portal for CBOs to retrieve information
4. Offer Virtual Outreach Forums/Townhalls/Roadshows with expert panel and community participants
5. Paid/earned media products

Faith-Based Organizations

Local Community-Based Organizations (CBOs)

Consortium's Knowledge Information Center

Educational Systems of All Levels

Local Community Health Centers (CHCs)

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Addressing Social Determinants of Health
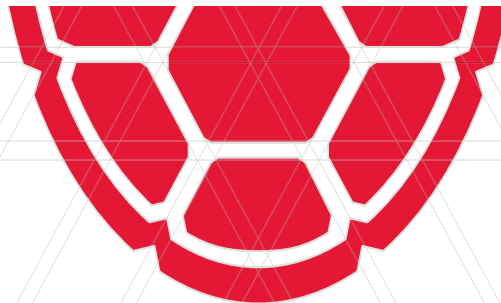
Overall Approach

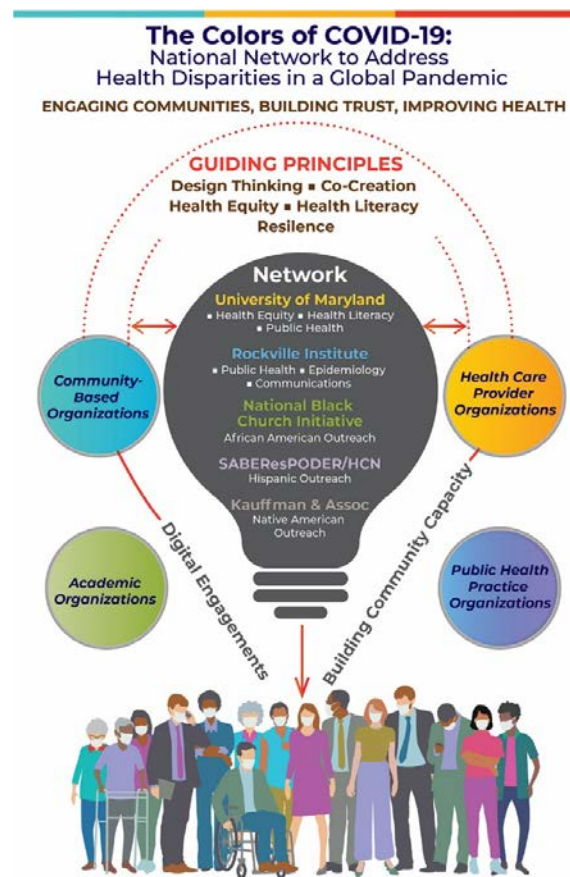*"Every long-term solution must be viewed through the health equity lens, for if they are not, we'll be setting the stage for our next public health failure."*

(Dr. Richard Besser, President, Robert Wood Johnson Foundation, March 6, 2020)

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The Colors of COVID-19: A National Network to Address Health Disparities in a Global Pandemic

The National Commission

Chair, Dr. John Ruffin

Founding director of the National Institute on Minority Health and Health Disparities provided leadership for the NIH minority health and health disparities research activities which constituted an annual budget of approximately $2.8 billion.

Vice Chair, Congressman J.C. Watts, Jr.

A former University of Oklahoma quarterback and Baptist minister before being elected House of Representatives from 1995 to 2003 as a Republican, representing Oklahoma's 4th Congressional District.

The Colors of COVID-19: A National Network to Address Health Disparities in a Global Pandemic:

Contact Principal Investigator:

Stephen B. Thomas, PhD
Professor, Health Policy & Management
School of Public Health
Director, Maryland Center for Heath Equity
University of Maryland, College Park
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Q&A

Questions and Answers

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

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Appendix

Resources and Links

Considerations When Reusing N95 Respirators (CDC)

- There is no way of determining the maximum possible number of safe reuses for an N95 respirator as a generic number to be applied in all cases.
- Safe N95 reuse is affected by a number of variables that impact respirator function and contamination over time.
- Manufacturers of N95 respirators may have specific guidance regarding reuse of their product.
- CDC guidelines advise to discard N95 respirators before they become a significant risk for contact transmission or their functionality is reduced
  - Administrative controls (e.g. staff training, reminders, and posters)
    - Minimize unnecessary contact with the respirator surface
    - Strict adherence to hand hygiene practices
    - Proper PPE donning and doffing technique, including physical inspection and performing a user seal check
  - Engineering controls (e.g. use of barriers to prevent droplet spray contamination)

Source

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CDC Guidelines - N95 Respirators and Infection Control

- Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
- Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, discard the respirator and perform hand hygiene as described above.
- Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.
- Follow the manufacturer's user instructions, including conducting a user seal check.
- Discard any respirator that is obviously damaged or becomes hard to breathe through.
- Pack or store respirators between uses so that they do not become damaged or deformed.

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CDC Guidelines - Reusing N95 Respirators

- N95 respirator must only used by a single wearer (Label N95 respirator on the straps with person's name)
- Consider use of a cleanable face shield (preferred) over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls), when feasible to reduce surface contamination of the respirator.
- Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses.
  - To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified (including date).
  - Storage containers should be disposed of or cleaned regularly.
- Follow the employer's maximum number of donnings (or up to five if the manufacturer does not provide a recommendation) and recommended inspection procedures.

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CDC Guidelines - When to Discard N95 Respirators

- Discard N95 respirators following use during aerosol generating procedures
- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients
- Discard N95 respirators following close contact with any patient co-infected with an infectious disease requiring contact precautions

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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

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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**

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Billing for End-of-Life Planning

❖ Billable event with AWV 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)

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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

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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

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Opportunities to Volunteer and Serve

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

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Staying Current - Sources

❖ CDC

❖ MDH COVID-19 information page

❖ MDPCP COVID-19 webpage

❖ Local Health Departments

❖ CONNECT

❖ Clinician Letters

❖ Multiple Resource Links in Appendix

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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

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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

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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.](#)

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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

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Resources

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)

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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/)

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State Emergency Funds for Small Business

- ❖ Maryland Small Business COVID-19 Emergency Relief Loan Fund
  - ➢ $75 million loan fund (to be paid to <u>for-profit business only</u>)
  - ➢ 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 <u>businesses and non-profits</u>
  - ➢ 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.

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