Even as we emerge from our shelters the COVID-19 virus remains among us. To get through this phase we must protect our vulnerable patients or fall backward.
Agenda

- Today’s Abbreviated Morbidity and Mortality Data
- Guest Panelist: Janel Cubbage - Suicide Prevention
  - Director Suicide Prevention, Behavioral Health Administration, Maryland Department of Health
- Q & A
- Resources Appendix
# Morbidity and Mortality Update

<table>
<thead>
<tr>
<th></th>
<th>New Cases</th>
<th>Cumulative Cases</th>
<th>Total Hospitalized</th>
<th>New Deaths</th>
<th>Cumulative Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>24,958</td>
<td>1,662,414</td>
<td></td>
<td>592</td>
<td>98,261</td>
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<tr>
<td>(5/26)</td>
<td></td>
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<tr>
<td>Maryland</td>
<td>736</td>
<td>48,423</td>
<td>8281</td>
<td>53</td>
<td>2270</td>
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</tbody>
</table>

**Maryland Department of Health**
COVID-19 Growth in Maryland

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

- Total # of COVID-19 Cases
- Total # of Negative Tests
COVID-19 Hospitalizations

Trends in COVID-19 Adverse Events

# of COVID-19 Hospitalizations | ICU Bed Usage of COVID-19 Patients
Hospital Capacity and Usage

Occupied Staffed - Adult Acute Care

May

<table>
<thead>
<tr>
<th>Number of Beds</th>
<th>May 13</th>
<th>May 14</th>
<th>May 15</th>
<th>May 16</th>
<th>May 17</th>
<th>May 18</th>
<th>May 19</th>
<th>May 20</th>
<th>May 21</th>
<th>May 22</th>
<th>May 23</th>
<th>May 24</th>
<th>May 25</th>
<th>May 26</th>
</tr>
</thead>
<tbody>
<tr>
<td>7K</td>
<td>6,294</td>
<td>6,348</td>
<td>6,251</td>
<td>6,117</td>
<td>6,241</td>
<td>6,212</td>
<td>6,411</td>
<td>6,359</td>
<td>6,348</td>
<td>6,251</td>
<td>6,310</td>
<td>6,271</td>
<td>6,282</td>
<td>6,277</td>
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<tr>
<td>6K</td>
<td>1,210</td>
<td>1,352</td>
<td>1,318</td>
<td>1,199</td>
<td>1,224</td>
<td>1,280</td>
<td>1,196</td>
<td>1,243</td>
<td>1,291</td>
<td>1,328</td>
<td>1,391</td>
<td>1,350</td>
<td>1,214</td>
<td>1,261</td>
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<tr>
<td>5K</td>
<td>964</td>
<td>896</td>
<td>891</td>
<td>890</td>
<td>892</td>
<td>884</td>
<td>871</td>
<td>848</td>
<td>823</td>
<td>796</td>
<td>787</td>
<td>762</td>
<td>795</td>
<td>818</td>
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<tr>
<td>4K</td>
<td>4,120</td>
<td>4,100</td>
<td>4,042</td>
<td>4,028</td>
<td>4,125</td>
<td>4,048</td>
<td>4,344</td>
<td>4,268</td>
<td>4,234</td>
<td>4,127</td>
<td>4,132</td>
<td>4,159</td>
<td>4,273</td>
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<td>1K</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>0K</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
<td>25</td>
<td>26</td>
</tr>
</tbody>
</table>

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

Maryland Department of Health
Highlighting Disparity in Impact

Maryland COVID-19 Fatalities

Numbers are of deaths reported by the Maryland Vital Statistics 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: 124
- 30-39: 296
- 40-49: 459
- 50-59: 841
- 60-69: 841
- 70-79: 459
- 80+: 296
- Unknown: 124

**MDH Region**

- Capital: 928
- Central: 700
- Southern: 21
- Eastern Shore: 21
- Western: 21
- Unknown: 21

**Race and Ethnicity**

- White: 779
- Black: 777
- Hispanic: 154
- Unknown: 76
- Asian: 76
- Other: 76

Death Data available through 5/17/2020
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
  ➢ Specialty Care & Guest Practitioners (Please contact us to volunteer as guests!)
  ➢ Behavioral Health Wednesdays

❖ Today: Janel Cubbage, LGPC
  ➢ Introduced by Steven Whitefield, MD, Medical Director, Behavioral Health Administration, MDH
Suicide Prevention in Primary Care Settings

Janel Cubbage, LGPC, Director of Suicide Prevention
Behavioral Health Administration

May 27, 2020
Background

Interpersonal Theory of Suicide

![Joiner's Theory of Suicide Diagram]

- Thwarted Belongingness
  - "I am alone."

- Perceived Burdensomeness
  - "I am a burden."

- Capability for Suicide
  - "I am not afraid to die."

- Suicide or Near-Lethal Suicide Attempt
Background

Missed Opportunities

Percentage of Patients Who Visited PCP 1 Month Prior to Death by Suicide

- Visited PCP
- Did not visit PCP

Percentage of Patients Who Visited Mental Health Care 1 Month Prior to Death by Suicide

- Visited Mental Health Care
- Did not visit Mental Health Care

Risk Identification

• Screeners
  • Screeners are evidence-based
  • When used with fidelity, screeners take the ‘human error’ out of the equation
  • Support clinical decision-making
  • Better than clinical judgment alone
  • Helps to start the discussion around potentially sensitive subjects

• Warning Signs
  • IS PATH WARM?
### Risk Identification

**PHQ-9**

<table>
<thead>
<tr>
<th>Over the last 2 weeks, how often have you been bothered by any of the following problems? <em>(Use “✓” to indicate your answer)</em></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Ask the patient:

1. In the past few weeks, have you wished you were dead?  ○ Yes  ○ No

2. In the past few weeks, have you felt that you or your family would be better off if you were dead?  ○ Yes  ○ No

3. In the past week, have you been having thoughts about killing yourself?  ○ Yes  ○ No

4. Have you ever tried to kill yourself?
   If yes, how? __________________________________________
   __________________________________________
   __________________________________________
   When? __________________________________________

If the patient answers Yes to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now?  ○ Yes  ○ No
### Risk Assessment and Stratification

#### C-SSRS

<table>
<thead>
<tr>
<th><strong>Answer Questions 1 and 2</strong></th>
<th><strong>In the Past Month</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1)</strong> Have you wished you were dead or wished you could go to sleep and not wake up?</td>
<td>YES  NO</td>
</tr>
<tr>
<td><strong>2)</strong> Have you actually had any thoughts about killing yourself?</td>
<td></td>
</tr>
</tbody>
</table>

If YES to 2, answer questions 3, 4, 5 and 6
If NO to 2, go directly to question 6

| **3)** Have you thought about how you might do this? | |
| **4)** Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them? | |
| **5)** Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan? | |

**Always Ask Question 6**

<table>
<thead>
<tr>
<th><strong>6)</strong> Have you done anything, started to do anything, or prepared to do anything to end your life?</th>
<th><strong>In the Past 3 Months</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</td>
<td></td>
</tr>
</tbody>
</table>

Any YES must be taken seriously. Seek help from friends, family, co-workers, and inform them as soon as possible. If the answer to 4, 5 or 6 is YES, immediately ESCORT to Emergency Personnel for care.

---

**DON’T LEAVE THE PERSON ALONE.**

**STAY ENGAGED UNTIL YOU MAKE A WARM HAND OFF TO SOMEONE WHO CAN HELP.**
Step 1: Conduct a risk assessment like the C-SSRS with SAFE-T Triage

- High Suicide Risk
  - Initiate local psychiatric admission process
  - Maintain contact with patient (do not end televisit until help has arrived)
  - Follow-up and document outcome of emergency evaluation

- Moderate Suicide Risk
  - Develop safety plan
  - Directly address suicide risk, implement suicide prevention strategies

- Low Suicide Risk
  - Discuss coping strategies
  - Make referral to mental health provider if appropriate

This decision-making tree is not intended to be a replacement for conducting a comprehensive risk assessment. Always conduct a risk assessment to determine the patient’s level of risk.

Always verify your patient’s physical location during the televisit.

Suicide Risk Decision-Making Tree

- Does the patient have suicidal ideation with intent or intent with a plan? OR Does the patient have suicidal behavior within the past 3 months?
  - No
  - Yes

- Does the patient have suicidal ideation with method but no plan, intern, or behavior in the past month? OR Has the patient had suicidal behavior more than 3 months ago? OR Does the patient have multiple risk factors and few protective factors?
  - No
  - Yes

- Does the patient wish to die or have suicidal ideation without method, intent, plan, or behavior? OR Does the patient have modifiable risk factors and strong protective factors? OR Does the patient have no reported history of suicidal ideation or behavior?
Safety Planning Intervention

• What it is:
  • Incorporates several evidence-based risk reduction strategies
  • Written list of coping strategies and sources of support for clients

• Why we use it:
  • Defined as a best practice by the Suicide Prevention Resource Center and American Foundation for Suicide Prevention
  • More effective than no-suicide contracts
  • High quality safety plans decrease the likelihood of hospitalization in the year following safety planning
Reducing Risk

Risk Reduction

• Putting time and space between lethal means and a person in crisis saves lives!
• If prescribing medication that could potentially be lethal, consider modifying amount for prescription
Reducing Risk

Extreme Risk Protection Orders

How to File an ERPO:

1. Complete an ERPO Petition; Petition for Extreme Risk Protective Order (DC-ERPO-001) and both addendum forms (DC-ERPO-001A and DC-ERPO-001B)

2. File the petition and return to court as instructed. File the petition with a District Court clerk, or file with a District Court commissioner.

3. If a temporary ERPO is issued guns are removed. Temporary orders will be in effect for up to 21 days.

4. While the temporary ERPO is in effect, a final ERPO hearing is held. The judge will decide whether to issue a final ERPO of up to one year.
Reducing Risk, Documentation, Next Steps

• Referral to mental health provider
  • DBT, CBT, CAMS

• Maryland’s Helpline
  • Available 24/7, Call 211, press 1, text 898-211, visit pressone.211md.org

• Document screener, risk assessment, and risk reduction strategies

• Follow-up
  • Caring Contacts

• Cultural Considerations
  • Activating emergency response
Additional Resources

• Suicide Prevention Resource Center
  • Sprc.org

• Primary Care Toolkit, ERPO Toolkit
  • Health.Maryland.gov/suicidepreventiontoolkits

• C-SSRS
  • Cssrs.Columbia.edu

• ASQ
Contact

Janel Cubbage

Janel.cubbage@maryland.gov
Mdhsuicideprevention@maryland.gov
Questions and Answers

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

Resources and Links
Scheduling In-Office Appointments

- Patient calls in for an appointment
  - Reception screens patient on the phone using the pre-visit screening template
  - Schedule in-office visits for different groups: At-risk and vulnerable patients on certain days, healthier patients on other days
  - Schedule telehealth and non-office-based care for other patients including follow-ups and patients uncomfortable with office visits

- Check In
  - Practice remote check in and limited front-desk contact
  - Consider using a triage zone outside of office or main area;
  - Or use a barrier at the front desk
  - Design your office to accommodate patients who come in specifically for COVID testing and triage, separate from patients who arrive for non-COVID related and elective procedures
    - Ensure patients and staff do not cross between COVID and non-COVID areas
    - Set aside a specific area for patients who come in for testing to wait and be triaged
Scheduling In-Office Appointments

- Checking out
  - Practice remote check out, limit front desk exposure;
  - Or use a barrier at the front desk

- If patient is paying co-pays, etc., set up credit card reader outside of the barrier
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](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
<table>
<thead>
<tr>
<th>Grant Recipient</th>
<th>County</th>
<th>Typical Production</th>
<th>COVID-19 Production</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awesome Ninja Labs</td>
<td>Baltimore City</td>
<td>Medical devices</td>
<td>Face shields</td>
</tr>
<tr>
<td>CoastTec</td>
<td>Carroll</td>
<td>Battery back-ups for computers</td>
<td>Battery packs for Vyaire ventilators</td>
</tr>
<tr>
<td>CR Daniels</td>
<td>Howard</td>
<td>Textile, plastics, and metal manufacturing</td>
<td>Face masks and gowns</td>
</tr>
<tr>
<td>DiPole Materials</td>
<td>Baltimore City</td>
<td>Custom nanofiber manufacturing</td>
<td>Filters for medical masks and respirators</td>
</tr>
<tr>
<td>DVF Corporation</td>
<td>Washington</td>
<td>Metal and plastic fabrications</td>
<td>Plastic components of respirators</td>
</tr>
<tr>
<td>Fashions Unlimited</td>
<td>Baltimore City</td>
<td>Apparel manufacturing</td>
<td>Surgical masks and protective gowns</td>
</tr>
<tr>
<td>Fabrication Events</td>
<td>Howard</td>
<td>Special event decor</td>
<td>Face masks, head coverings, and other PPE</td>
</tr>
<tr>
<td>Harbor Designs</td>
<td>Baltimore City</td>
<td>Manufacturing design and engineering</td>
<td>Ventilators</td>
</tr>
<tr>
<td>Hardwire, LLC</td>
<td>Worcester</td>
<td>Bulletproof body armor and equipment for law enforcement and the military</td>
<td>Face shields</td>
</tr>
<tr>
<td>K&amp;W Finishing</td>
<td>Baltimore City</td>
<td>Traditional die cutting, coating, and other bindery services</td>
<td>Face shields</td>
</tr>
</tbody>
</table>

**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
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
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](http://businessexpress.maryland.gov/coronavirus)
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.
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
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.
CDC Guidelines - Reusing N95 Respirators

- N95 respirator must only be 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.
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
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 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)
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/](https://mdresponds.health.maryland.gov/)
  - Complete [Road to Readiness](https://mdresponds.health.maryland.gov/)

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](https://www.sba.gov) 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
- Mass Gatherings and Large Community Events
- Non-Pharmaceutical Interventions for Specific Groups
Resources and References

- Maryland Department of Health Coronavirus Website (https://coronavirus.maryland.gov)
- 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)