COVID-19 Daily Update

Maryland Department of Health

Maryland Primary Care Program

Program Management Office

8 May 2020

"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

❖ Other Updates

❖ Clinical Issues
  ➢ Advance Planning and Directives
  ➢ Pediatric Multisystemic Inflammatory Syndrome

❖ Roadmap to Recovery and Employment/Volunteer Opportunities

❖ Announcements

❖ Guest Speakers

❖ Q & A

❖ Resources Appendix

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Morbidity and Mortality Update

	New Cases since May 7	Cumulative Cases	Cumulative Hospitalized	Cumulative Deaths
United States		1,219,066 (5/7)		73,297 (5/7)
Maryland	1111	30,485	20%	1453

|	30-39	40-49	50-59	60-69	70-79	80+
Case rate (per 100,000)	657.56	705.26	612.80	585.74	699.08	1096.37
% of cases hospitalized	9.54	14.03	21.43	30.89	41.30	32.06
Rate hospitalized (per 100,000)	62.75	98.93	131.31	180.94	288.70	351.54

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Covid Growth in Maryland

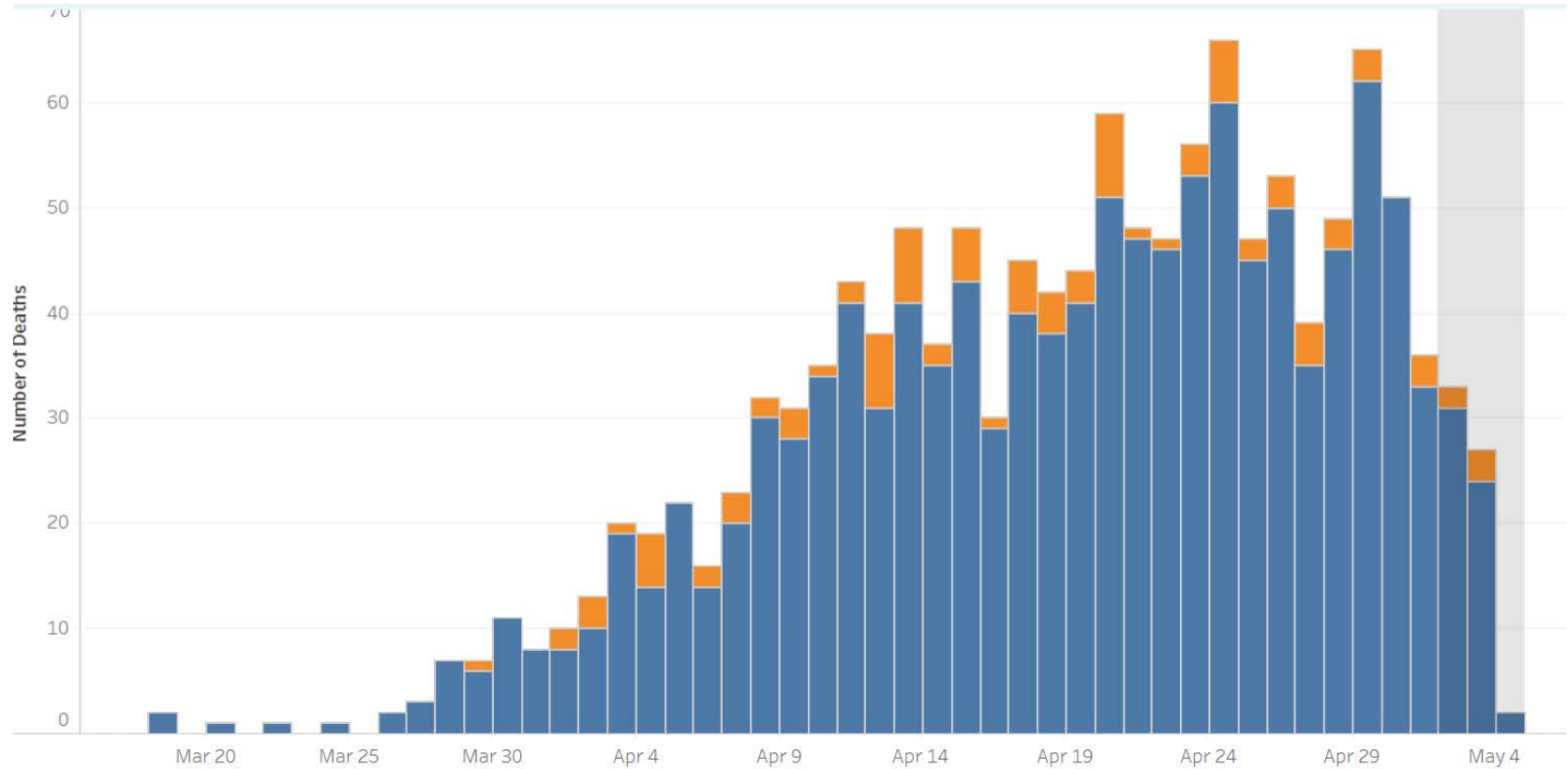
Increase in Total # of COVID-19 Cases and Negative COVID-19 Tests Over Time
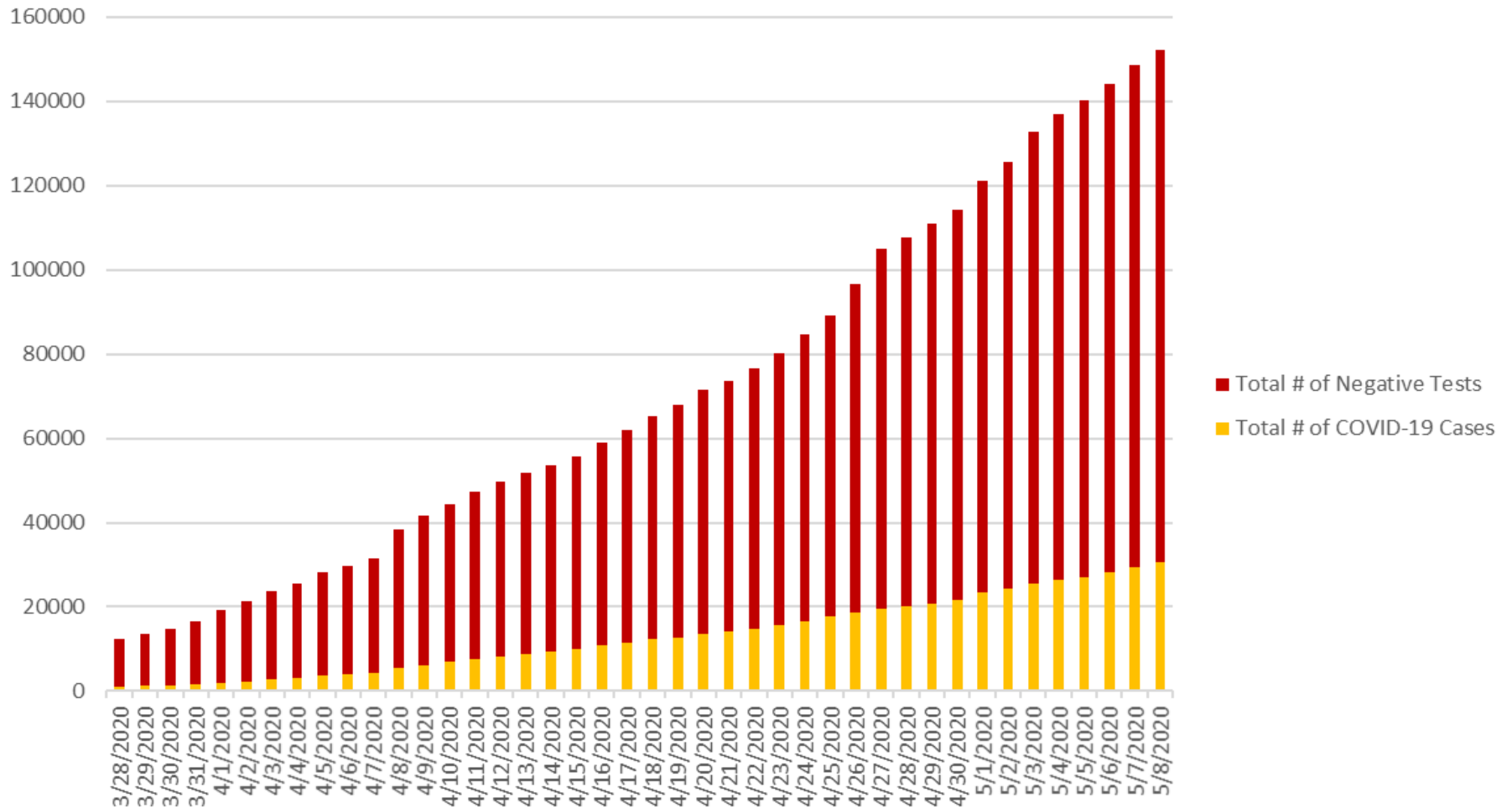
Covid Hospitalizations

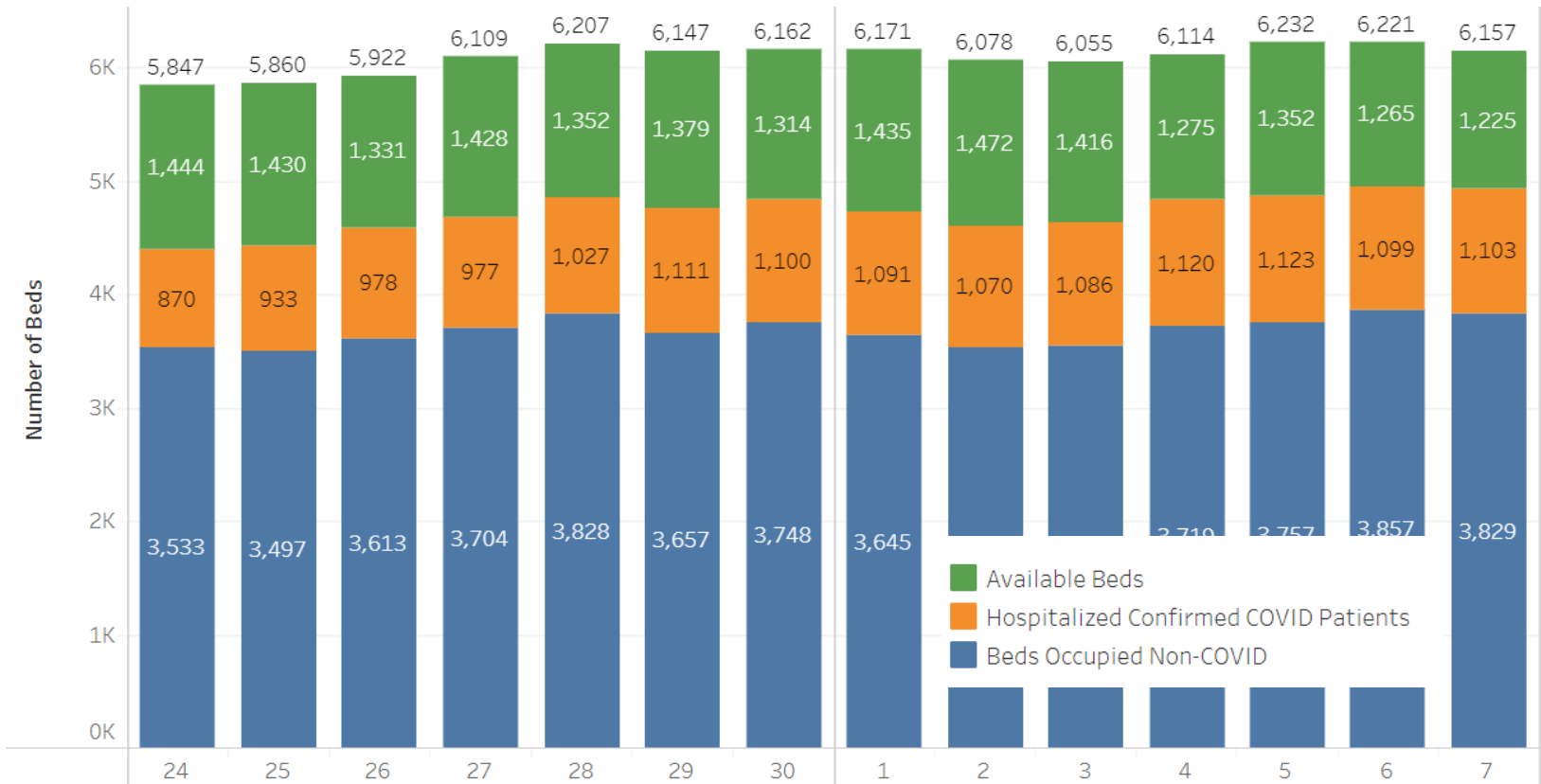Trends in COVID-19 Adverse Events
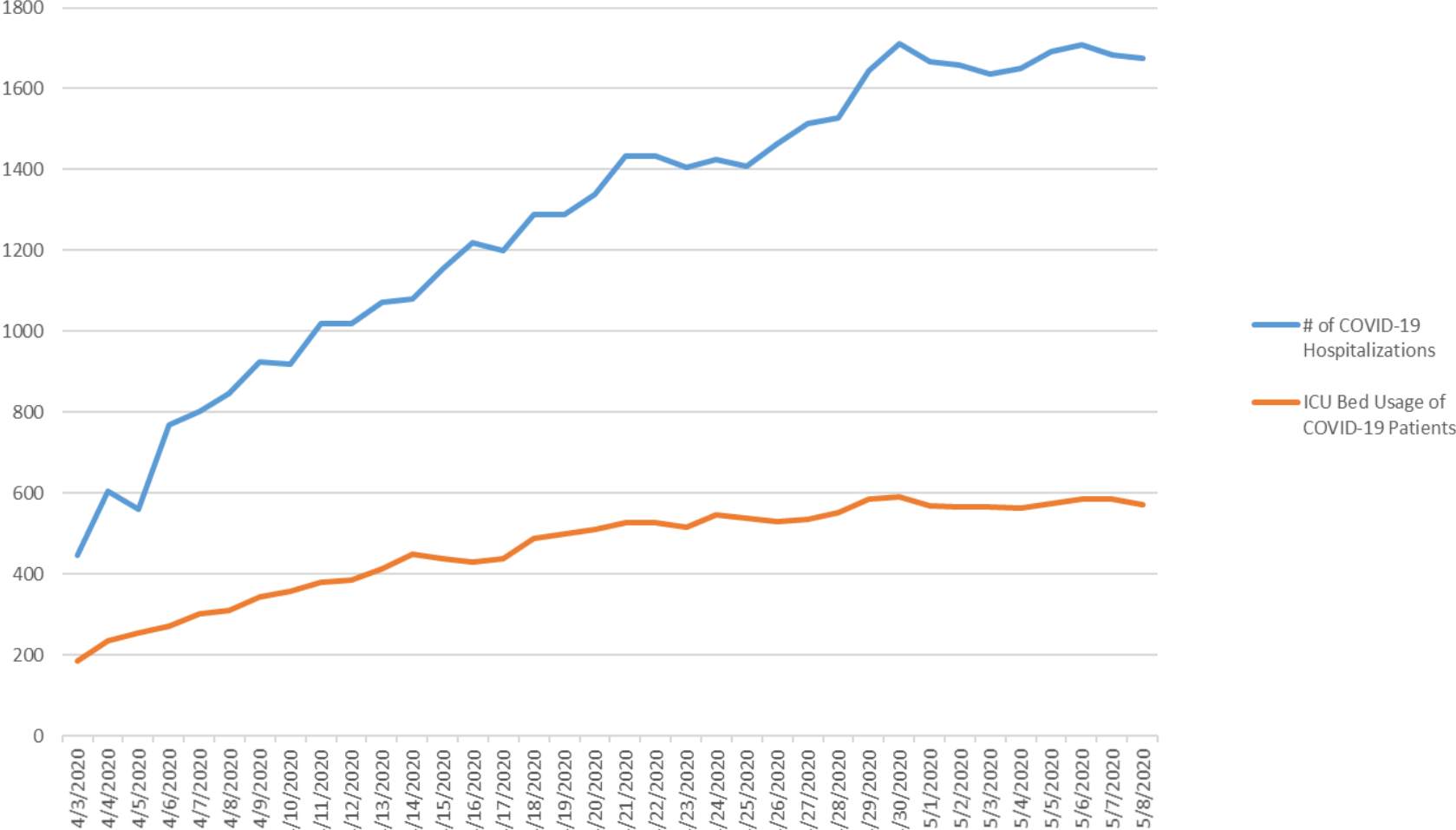
Deaths by Day

Hospital Capacity and Usage
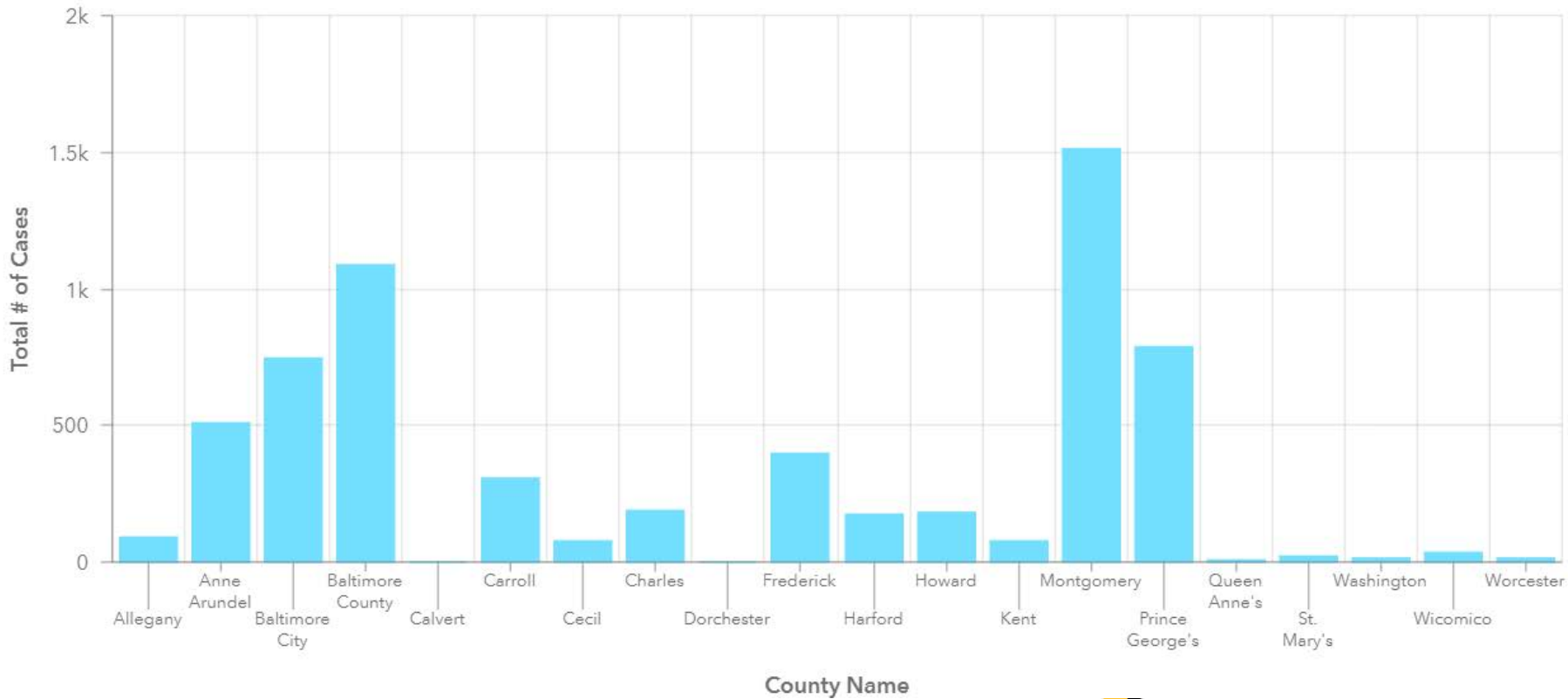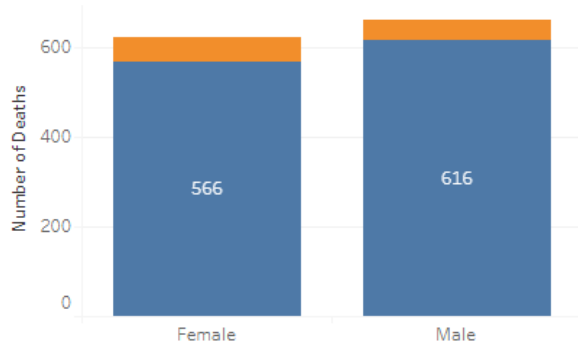
COVID-19 Fatalities

Please note: Numbers are of deaths reported by the Maryland Vital Statisticts Administration - Maryland residents only.
As with all reports, do not distribute this information publicly.
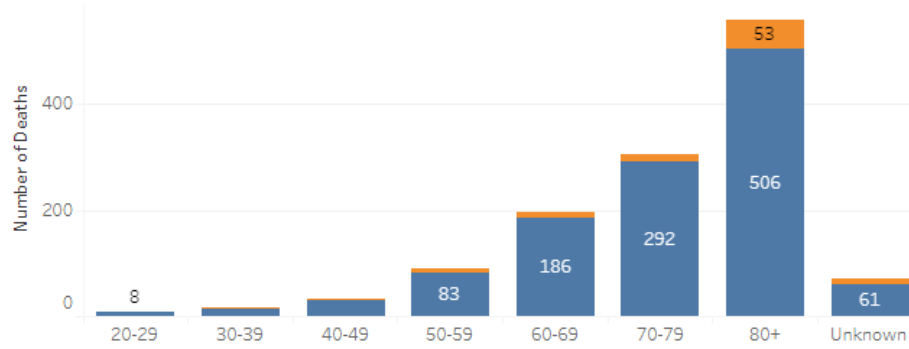
Total Deaths In Maryland: **1,281**

Case Type
- ⊙ (All)
- ○ Confirmed
- ○ Probable

■ Probable
■ Confirmed

Gender

Gender	Number of Deaths
Female	566
Male	616

Age Group

Age Group	Number of Deaths
20-29	8
30-39	
40-49	
50-59	83
60-69	186
70-79	292
80+	506 (Probable 53)
Unknown	61

MDH Region

MDH Region	Number of Deaths
Capital	587
Central	416
Southern	64
Eastern Shore	
Western	18
Unknown	59

Race and Ethnicity

Race and Ethnicity	Number of Deaths
White	486 (Probable 52)
Black	500
Hispanic	78
Unknown	61
Asian	
Other	18

Confirmed death: Laboratory-confirmed positive COVID-19 test result

Death Data available through 5/3/2020

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PRIMARY CARE REOPENING ROADMAP

1 OBTAIN SUPPLIES

2 ESTABLISH TESTING PROTOCOLS

3 CONDUCT STAFF TESTING AND MODIFY PROTOCOLS

4 MODIFY HOURS AND SAFETY PROTOCOLS

5 CONDUCT OFFICE VISITS AND TEST PATIENTS

6 EXPAND OFFICE VISITS AND TESTING

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Maryland Strong: Roadmap to Recovery

❖ Maryland has flattened and lengthened the curve

❖ "Roadmap to Recovery" developed based on recovery plans issued by the federal government, the National Governors Association, Johns Hopkins and the American Enterprise Institute, and experts on Maryland's Coronavirus Response Team

❖ https://governor.maryland.gov/recovery/

❖ 4 building blocks:
  ➢ Expanded testing capacity (On Track)
  ➢ Increased Hospital Surge Capacity (Ahead of Schedule)
  ➢ Ramping up Supply of PPE (On Track)
  ➢ Robust Contact Tracing (On Track)

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Governor Hogan's Statement 5/6/20

❖ Achievements:
  ➢ Expanded testing
  ➢ More beds for surge capacity
  ➢ PPE supply is growing increasing
  ➢ Hiring hundreds of contact tracers

❖ Electives may start at the discretion of healthcare providers; staff and patients must be screened, and physical distancing must be maintained in waiting areas

❖ Walking, running, biking, golf, tennis, boating, fishing and camping are allowed

❖ Closed activities at state parks and beaches reopening for exercise

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The Next Phase - Highlighting Best Practices

❖ Delivering Care Safely during ongoing community transmission

❖ Protecting Staff and Providers

❖ Catering to the most Vulnerable Populations

❖ Routine Care for Chronic Conditions

❖ Immunizations - routine and COVID-19

❖ Laboratory Monitoring

❖ COVID-19 Testing

❖ COVID-19 Follow-up

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

❖ Treatments and a vaccine against COVID-19 are only in development

❖ Early conversations with patients can improve the quality of care

❖ Advance care planning often happens too late in a disease course

❖ Primary care teams have longitudinal relationships ideal to work with patients on their end-of-life preferences

❖ Advance Directives are advised; the MOLST (Medical Orders for Life-Sustaining Treatment) required for a range of patients

❖ Even if a patient has prepared an advance directive, a MOLST form is needed to implement those orders

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Pediatric Multisystem Inflammatory Syndrome

❖64 case reported in New York State

❖• The syndrome may include: o A child presenting with persistent fever, inflammation (e.g. neutrophilia, elevated C-reactive protein and lymphopenia) and evidence of single or multi-organ dysfunction (shock, cardiac, respiratory, renal, gastrointestinal or neurological disorder). This may include children meeting full or partial criteria for Kawasaki disease.

❖o Exclusion of any other microbial cause, including bacterial sepsis, staphylococcal or streptococcal shock syndromes, and infections associated with myocarditis such as enterovirus. Clinicians should not delay seeking expert advice while waiting for results of these investigations.

❖• Early recognition by pediatricians and prompt referral to an in-patient specialist, including to critical care is essential.

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Pediatric Multisystem Inflammatory Syndrome
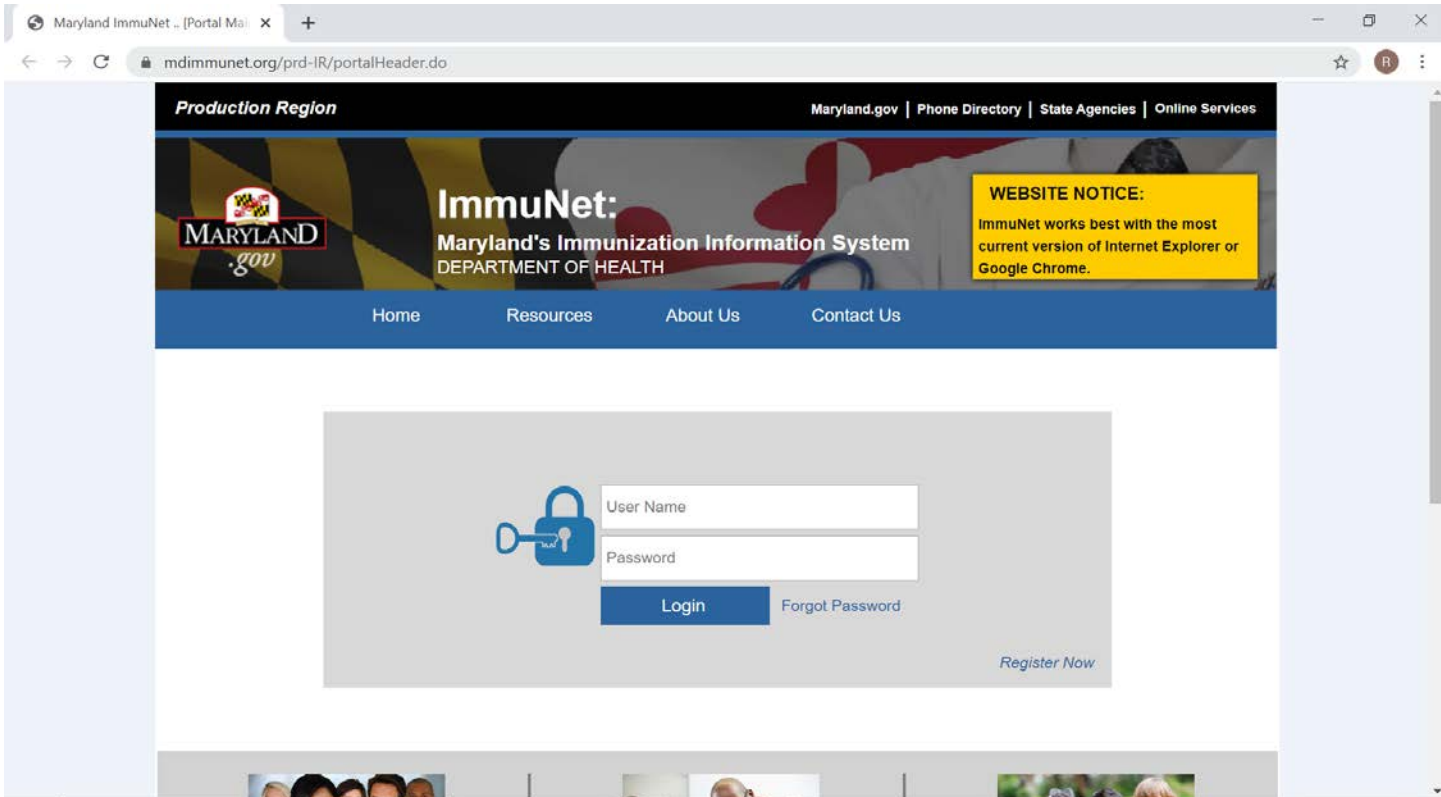
❖ Possibly linked to COVID-19 infection status

❖ 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

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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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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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MDPCP Staff Training Academy

Advanced Primary Care Staff Training Academy

Free and Virtual

Medicalincs LLC

MARYLAND Department of Health

TRAINING

knowledge   learn

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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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 11, 18, 25
  ➢ Pediatrics – May 15 (11:30 am-12:30pm)

❖ Today: Remote Patient Monitoring
  ➢ Dr. Alex Mohseni
  ➢ Kristina Evans

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MDPCP Webinar

Remote Patient Monitoring

Presented by
Alex Mohseni, MD FACEP
Medical Director Accuhealth.tech
alex@masteringmedicare.net
amohseni@accuhealth.tech
(301) 706-4461

accuhealth.

What is Remote Patient Monitoring?
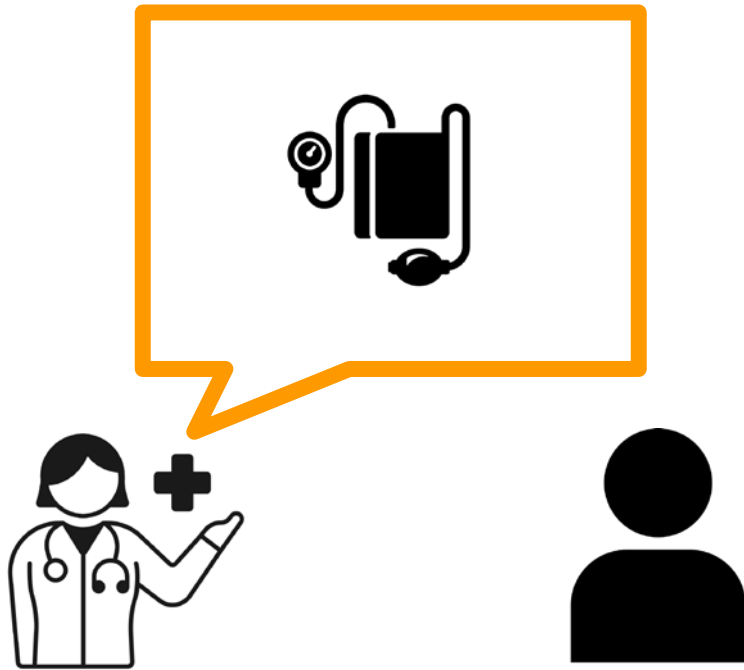
1. Provider orders a BP cuff, glucometer, weight scale, or pulse oximeter for the patient to use at home.
2. Patient takes daily measurements at home which feed back to the ordering provider and clinical monitoring team (which can be outsourced).
3. Clinical team interacts with patient about their physiology and ordering provider makes care plan adjustments as necessary.
4. Ordering provider bills Medicare every month for RPM codes 99454, 99457, and 99458, typically about $110-$210 per patient per month, depending on the number of minutes of interaction.

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Why is Medicare Paying for RPM?

↑ # of Touch Points
↑ Cadence of Communication

=

Better Care
Fewer Complications
Lower Costs
Increased Pt Sat

Why is Everybody Talking about RPM?

Non-Face-to-Face
+
Outsourced Clinical Staff

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What is the Role of RPM Partners?
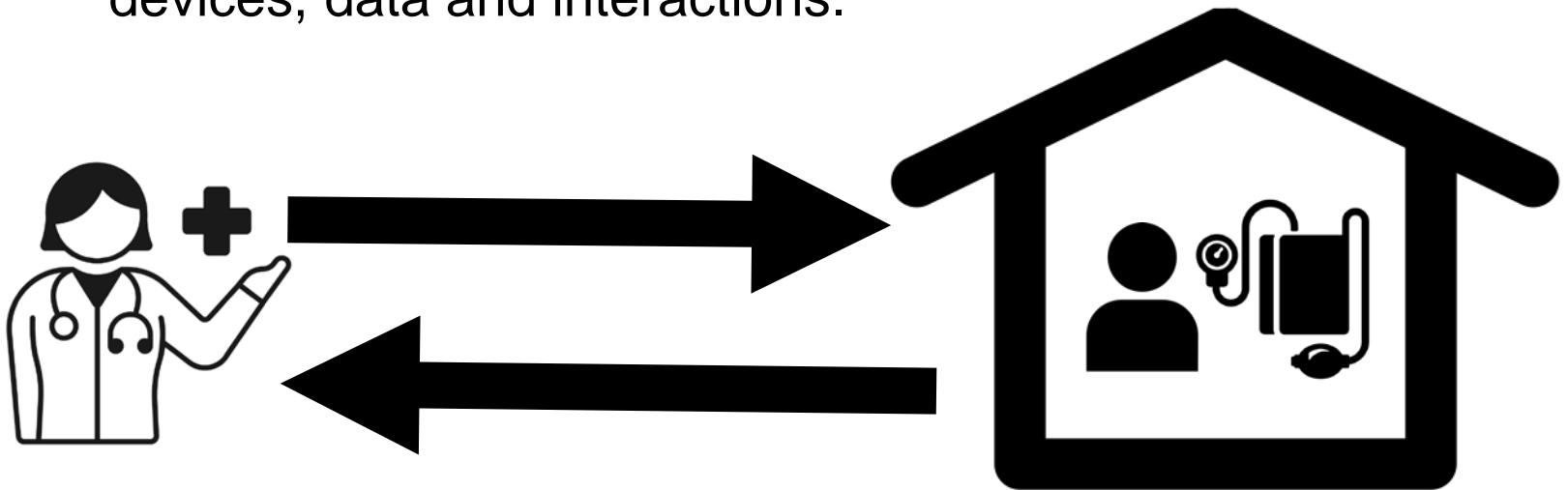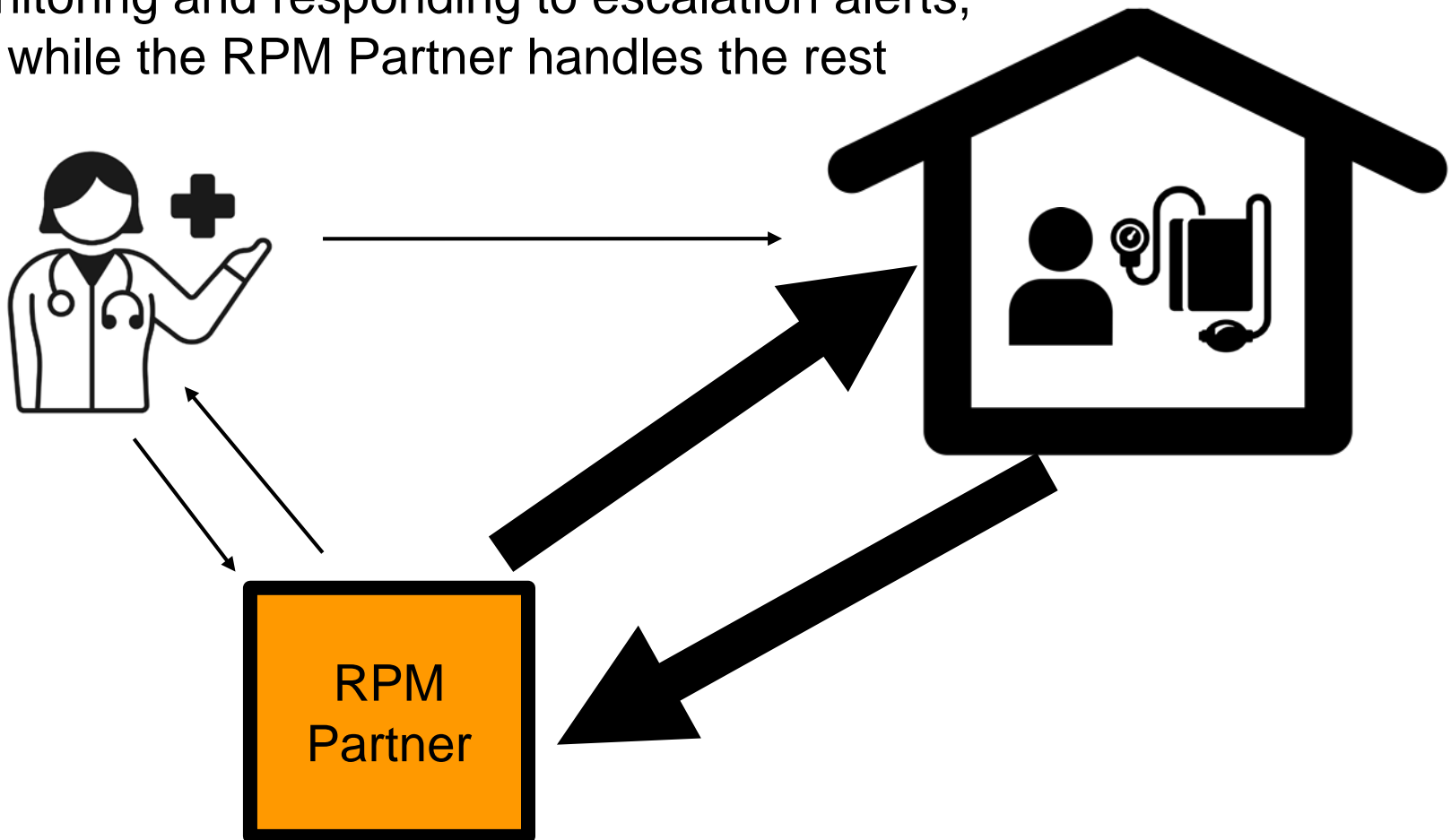
No RPM Partner Model
Ordering provider manages all devices, data and interactions.

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What is the Role of RPM Partners?

RPM Partner Model
Provider focuses on ordering the right monitoring and responding to escalation alerts, while the RPM Partner handles the rest

RPM Partner

Medicare Breakdown

CPT Code	Rate	Work Required	Clinic Responsibility	Accuhealth Responsibility
99453 - One time	~$20	Initial Setup of remote patient monitoring device and patient education.	Initiating visit with patient	Send paired device to patient and provide education on use of device and program guidelines
99454 - Every 30 days	~$60	Ensure the patient has a medical IOT device which transfers readings to our HIPAA compliant platform Evelyn.	Bill for this code	-Maintain Device functionality -Ensure Patient has consumables (if required) -Ensure availability of platform -Maximize patient adherence
99457 - Monthly	~$50	20 minutes of clinical time for remote patient monitoring treatment services	Review monthly patient reports & Bill for this code	Account for up to 100% of the required 20 minutes, using our 24/7/365 clinical operations center.
99458 - Monthly	~$50	Additional units of 20 minutes time blocks spent for remote patient monitoring treatment services	Review monthly patient reports & Bill for this code Recommended not to exceed 2 units	Account for up to 100% of the additional 20 minutes or 40 minutes, using our 24/7/365 clinical operations center.

~$110 to $210 Per Patient Per Month

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RPM Partner Considerations

Consideration
Minimum order of devices?
Who pays for the device?
Who manages device storage?
Who manages device distribution and shipping?
Who manages device maintenance?
Who pays for device consumables?
Cellular vs Bluetooth/WiFi?
Patient consent verification?
Patient onboarding?
Patient compliance program?
Vendor at-risk for patient non-compliance?

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RPM Partner Considerations

Consideration
EMR integration: ordering services?
EMR integration: data / interaction integration?
Clinical support and monitoring?
Recording of all interactions & communications?
Transcription of all voice communications?
Auto-time stamps of all interactions?
Exportable audit-trail?
Exportable billing report?
Turn-key billing solution?

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MDPCP Webinar

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Presented by
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Questions and Answers

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

Appendix

Resources and Links

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**

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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)

❖ The **CSC** call center (**800-337-8958**), staffed with specialists 7 days a week, matches volunteers to senior citizens in their homes to help with:

➢ Individuals' 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

❖ Operates in Kent, Queen Anne's, Talbot, Caroline, Dorchester, Somerset, Wicomico, and Worcester Counties with plans to expand elsewhere

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 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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