COVID-19 Update

Maryland Department of Health

Maryland Primary Care Program

Program Management Office

30 September 2020

Immunization Uncertainty

- "He who has a why to live can bear almost any how." –*Friedrich Nietzsche*

- "Embrace uncertainty. Some of the most beautiful chapters in our lives won't have a title until much later." – *Bob Goff*
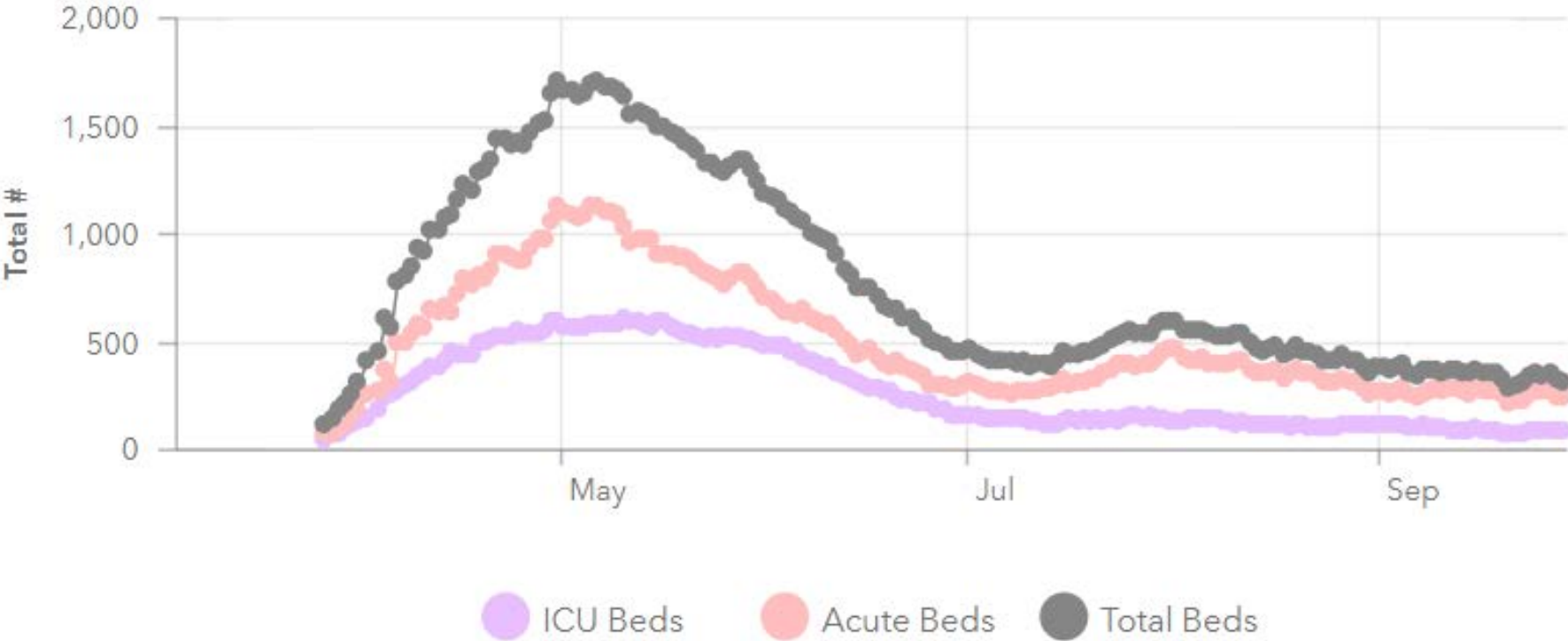
Agenda

❖ Maryland Morbidity and Mortality Data
❖ National Status and Projections
❖ Focus
  ❖ Prepare to Vaccinate
  ❖ Continue Testing - update on POC Antigen
❖ New Orders – Sports events
❖ The Five Things to Do as Primary Care Providers
❖ Guest Speaker – Anika Alvanzo, MD, MS, FACP, DFASAM
❖ Q & A
❖ Resources Appendix

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Morbidity and Mortality Update

	United States	Maryland
New Daily Cases (7-day rolling average)	42,262	472
Cumulative Cases	7.1 million+	124,311
New Daily Deaths (7-day rolling average)	736	8
Cumulative Deaths	205,208	3,802

Cases

Deaths

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4

Updated 9/29

Hospital and ICU Beds in Use

ICU and Acute Hospital Beds for COVID-19, Currently in Use

Updated 9/29

Hospitalization and death by age

COVID-19 HOSPITALIZATION AND DEATH BY AGE

FACTORS THAT INCREASE COMMUNITY SPREAD AND INDIVIDUAL RISK — CROWDED SITUATIONS · CLOSE / PHYSICAL CONTACT · ENCLOSED SPACE · DURATION OF EXPOSURE

Rate ratios compared to 18-29 year olds	0-4 years	5-17 years	18-29 years	30-39 years	40-49 years	50-64 years	65-74 years	75-84 years	85+ years
HOSPITALIZATION[1]	4x lower	9x lower	Comparison Group	2x higher	3x higher	4x higher	5x higher	8x higher	13x higher
DEATH[2]	9x lower	16x lower	Comparison Group	4x higher	10x higher	30x higher	90x higher	220x higher	630x higher

ACTIONS TO REDUCE RISK OF COVID-19 — WEARING A MASK · SOCIAL DISTANCING (6 FT GOAL) · HAND HYGIENE · CLEANING AND DISINFECTION

[1] Data source: COVID-NET (https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html, accessed 08/06/20). Numbers are unadjusted rate ratios.

[2] Data source: NCHS Provisional Death Counts (https://www.cdc.gov/nchs/nvss/vsrr/COVID19/index.htm, accessed 08/06/20). Numbers are unadjusted rate ratios.

cdc.gov/coronavirus

CS319360-A 08/10/2020

Source: https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html

7-day average percent positive rate and testing volume

Testing Volume, Tests per Day and Percent Positive Rate (7-Day Avg)
- Methodology

*Updated 9/29*
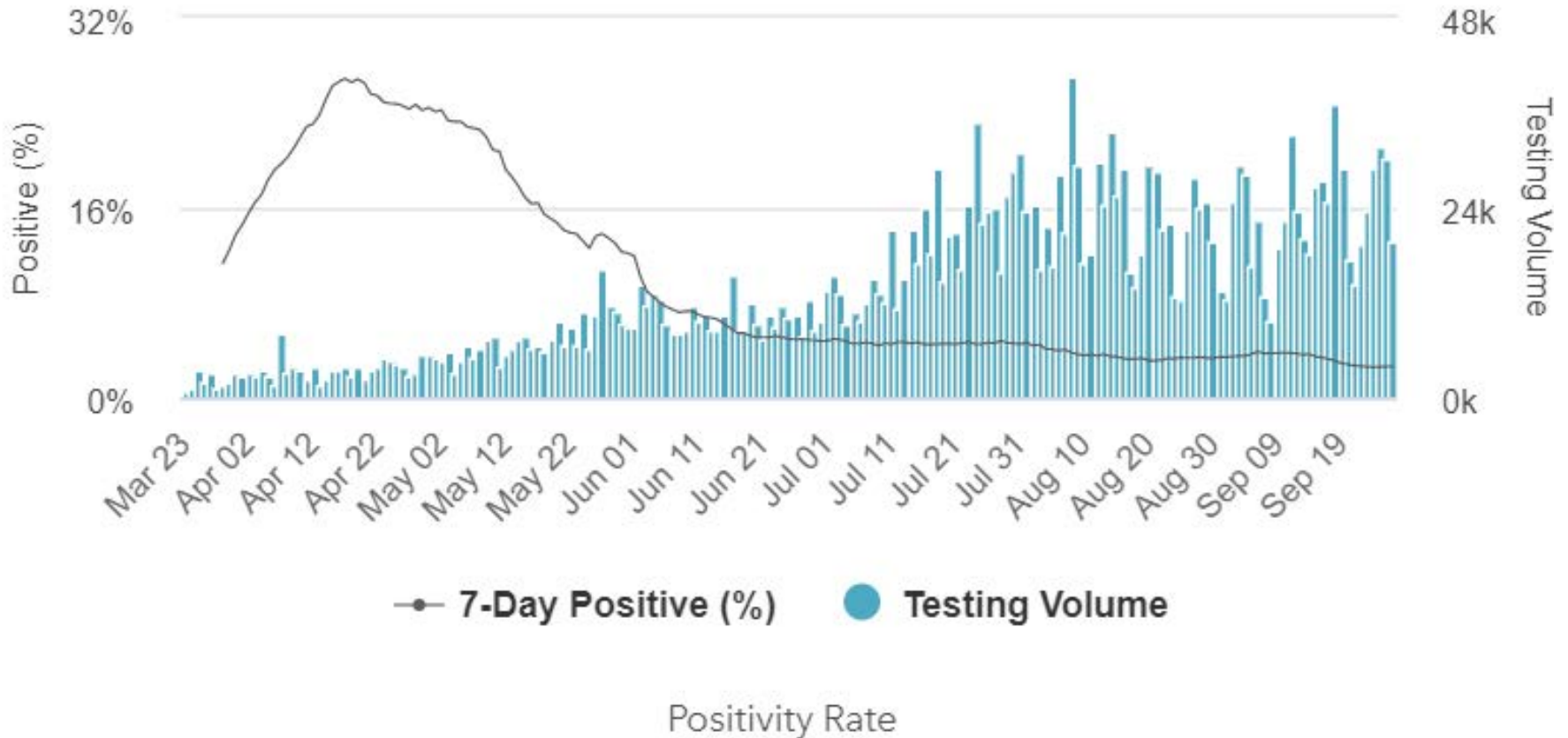
Maryland Testing and Positivity by County

State and Jurisdiction	Positives	Total Pop Tested	Daily Testing Volume	Total Testing Volume	7-day Positivity %	7-day Case Rate
Maryland	124,311	1,610,310	15,083	2,588,690	2.60%	7.8
Allegany County	473	20,581	178	34,725	1.30%	3.4
Anne Arundel County	10,073	141,853	953	212,203	3.00%	8.6
Baltimore County	17,939	229,213	1,735	380,614	2.30%	7.2
Baltimore City	15,606	199,615	1,750	335,528	1.90%	7.8
Calvert County	961	16,743	119	24,169	2.70%	5.7
Caroline County	654	8,673	47	13,612	3.40%	6.8
Carroll County	1,957	39,796	349	64,776	1.40%	3.4
Cecil County	1,079	18,145	159	27,139	3.60%	8.1
Charles County	2,779	34,850	355	53,482	2.40%	5.9
Dorchester County	594	10,910	67	17,624	1.80%	8.1
Frederick County	4,073	72,235	705	115,313	2.40%	6.5
Garrett County	74	5,198	8	10,700	0.10%	1
Harford County	3,045	54,746	376	85,384	2.40%	5.7
Howard County	5,098	88,448	960	136,317	2.00%	5.3
Kent County	303	6,557	16	10,517	0.80%	5.9
Montgomery County	22,512	279,533	3,601	430,809	2.50%	7.4
Prince George's County	29,416	237,076	2,326	359,891	4.00%	10.6
Queen Anne's County	666	11,770	74	17,019	4.90%	6.8
Somerset County	276	9,296	153	15,863	4.70%	17.8
St. Mary's County	1,306	23,911	172	41,000	2.10%	5.4
Talbot County	565	11,805	95	18,394	2.50%	8.8
Washington County	1,811	44,269	326	72,653	3.10%	13.2
Wicomico County	1,998	29,015	291	47,878	4.40%	12.4
Worcester County	1,053	16,072	60	22,890	4.20%	12.6

USA

Daily Testing Volume	7-day Positivity %
1,033,325	4.7%

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Updated 9/29

Weekly change in new cases by county
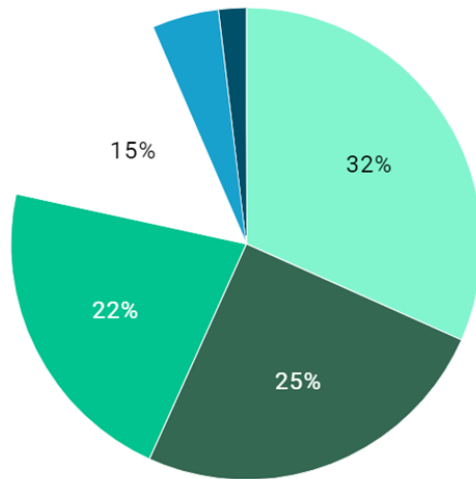
Source: CDC

Updated 9/27
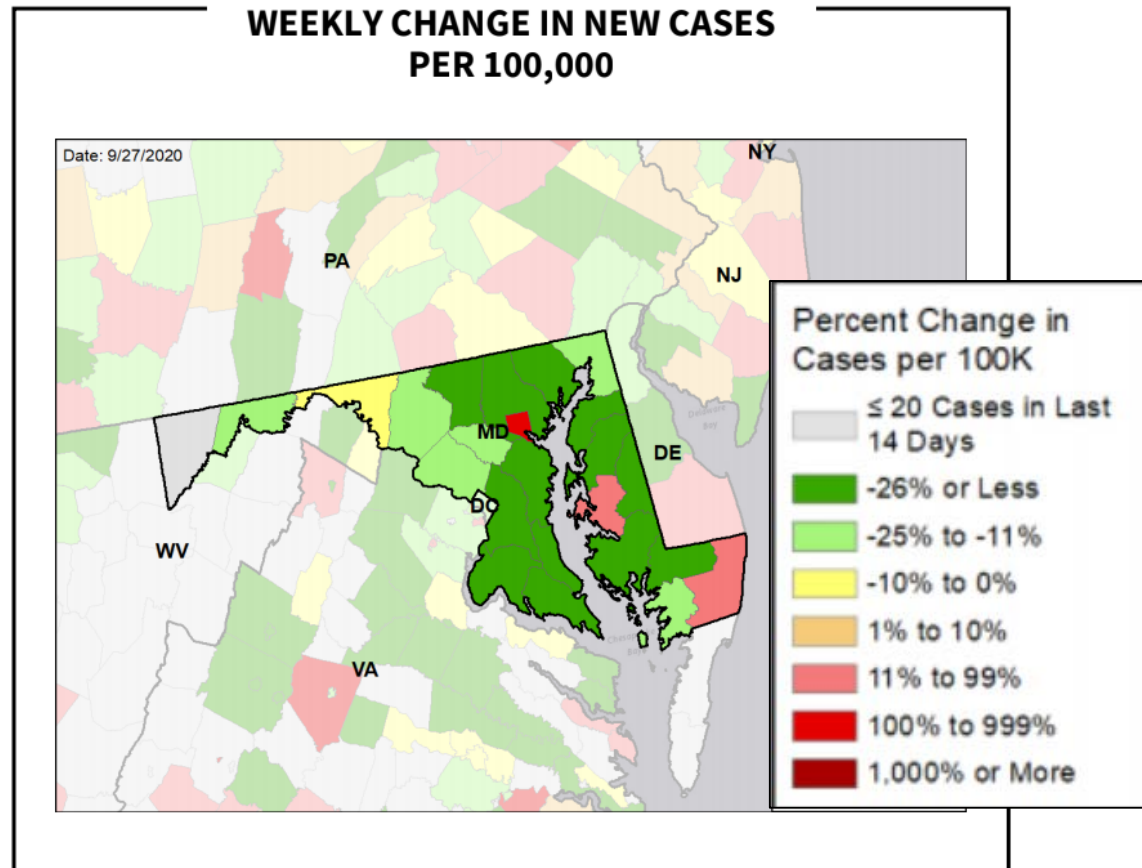
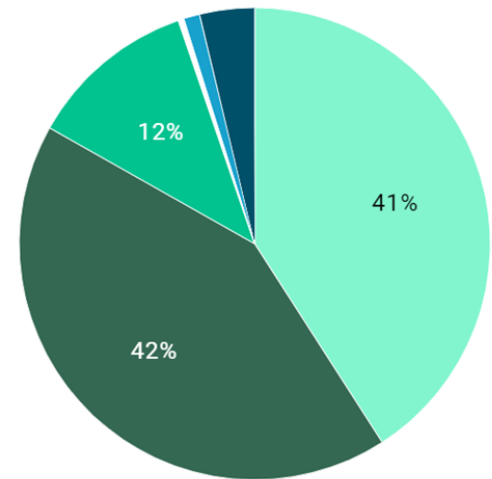# Cases and deaths by race/ethnicity in Maryland

Total confirmed Maryland cases by race/ethnicity

Click or tap on a legend square or pie slice to highlight a group.

Legend: ▪ Black ▪ White ▪ Hispanic ▪ Data not available ▪ Other ▪ Asian

Cases
- 32%
- 25%
- 22%
- 15%

Cases
Total:
124,311

Deaths
- 41%
- 42%
- 12%

Deaths
Total:
3,802

Last updated Sept.29. Percentages are rounded.
Source: Maryland Department of Health • Get the data • Created with Datawrapper

Updated 9/29

Maryland's Overall COVID-19 Status in Context

❖ Testing widely available: 20,000+ per day on average
❖ Statewide contact tracing program
❖ Covid-19 fatigue settling in
❖ Preparing mass vaccination plan
❖ New cases in Maryland are stable, while new cases are increasing in the US overall

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COVID-19 Outbreak US Hotspots
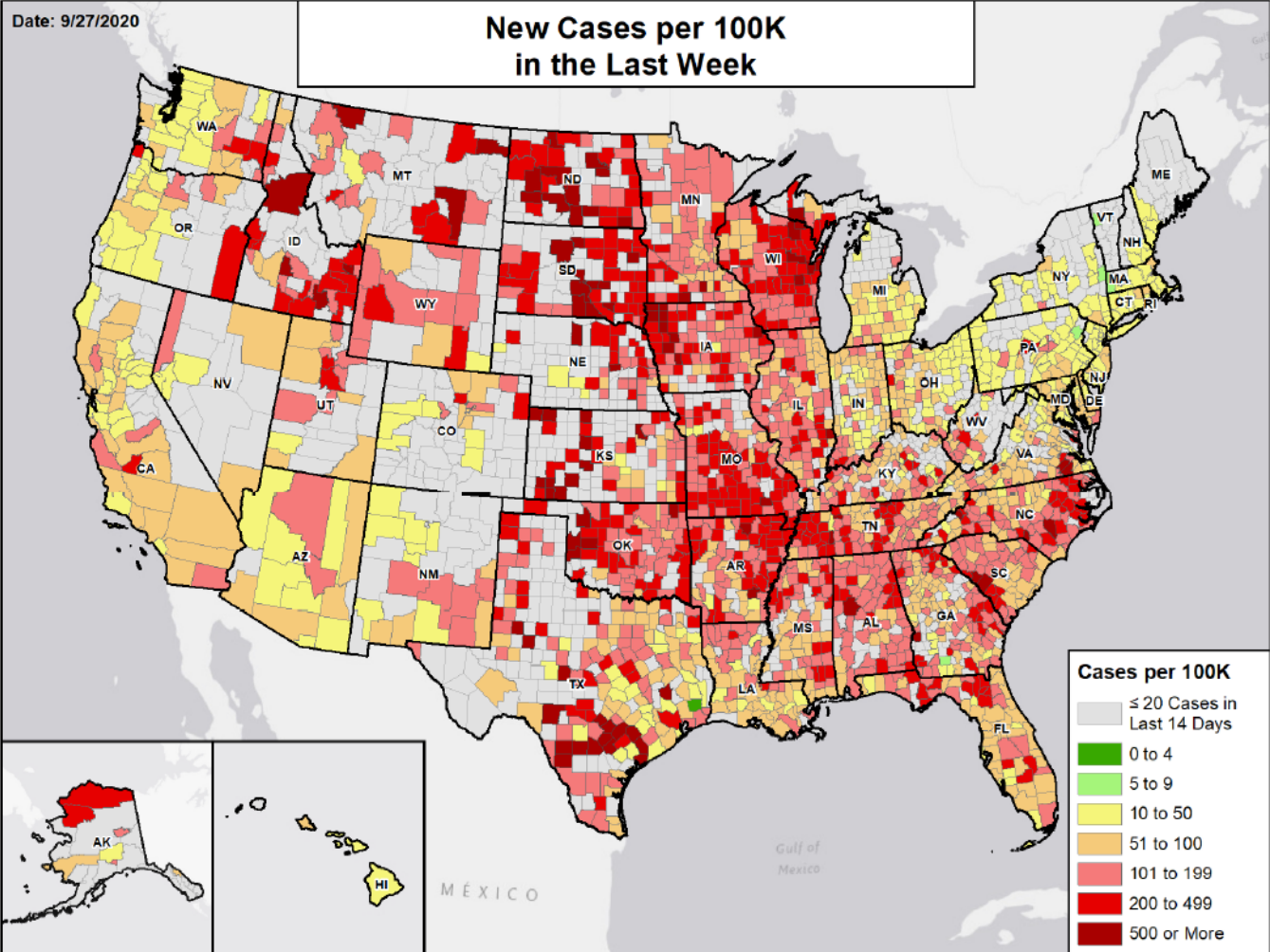
*Note: this figure details at new cases per 100,000 in the last *week.* Previously shown figures looked at *daily* new cases per 100,000, hence the different data displayed.

Source: CDC

Updated 9/29

A fall surge may have begun

New coronavirus cases per million residents, previous seven days

1,000

500

0

U.S.
Europe
Canada
Japan

2/1   3/1   4/1   5/1   6/1   7/1   8/1   9/1
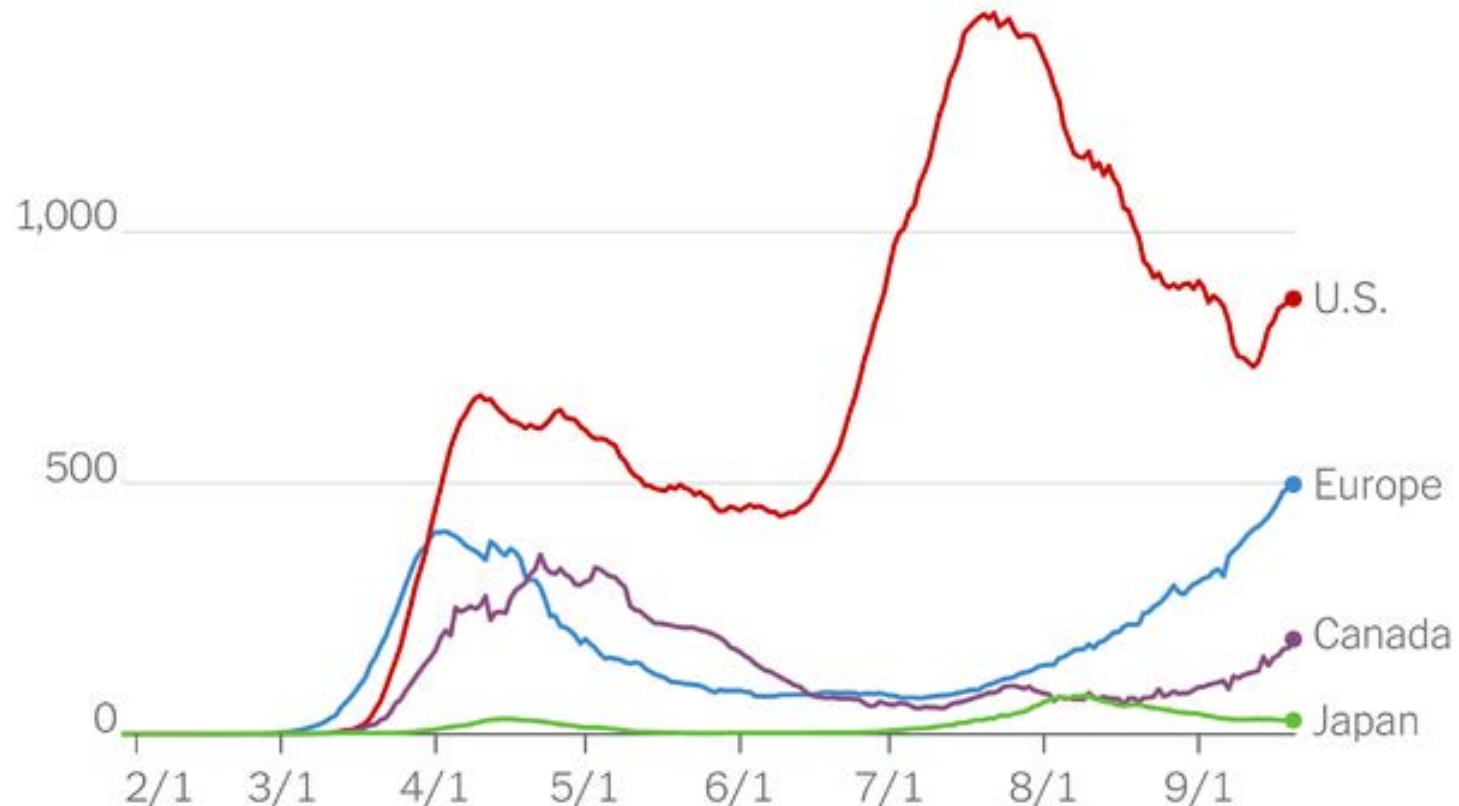
Europe includes all countries that do not stretch into another continent, regardless of E.U. status.

13

Updated 9/22

Global Pandemic Hotspots

Updated 9/29

Covid Vaccination

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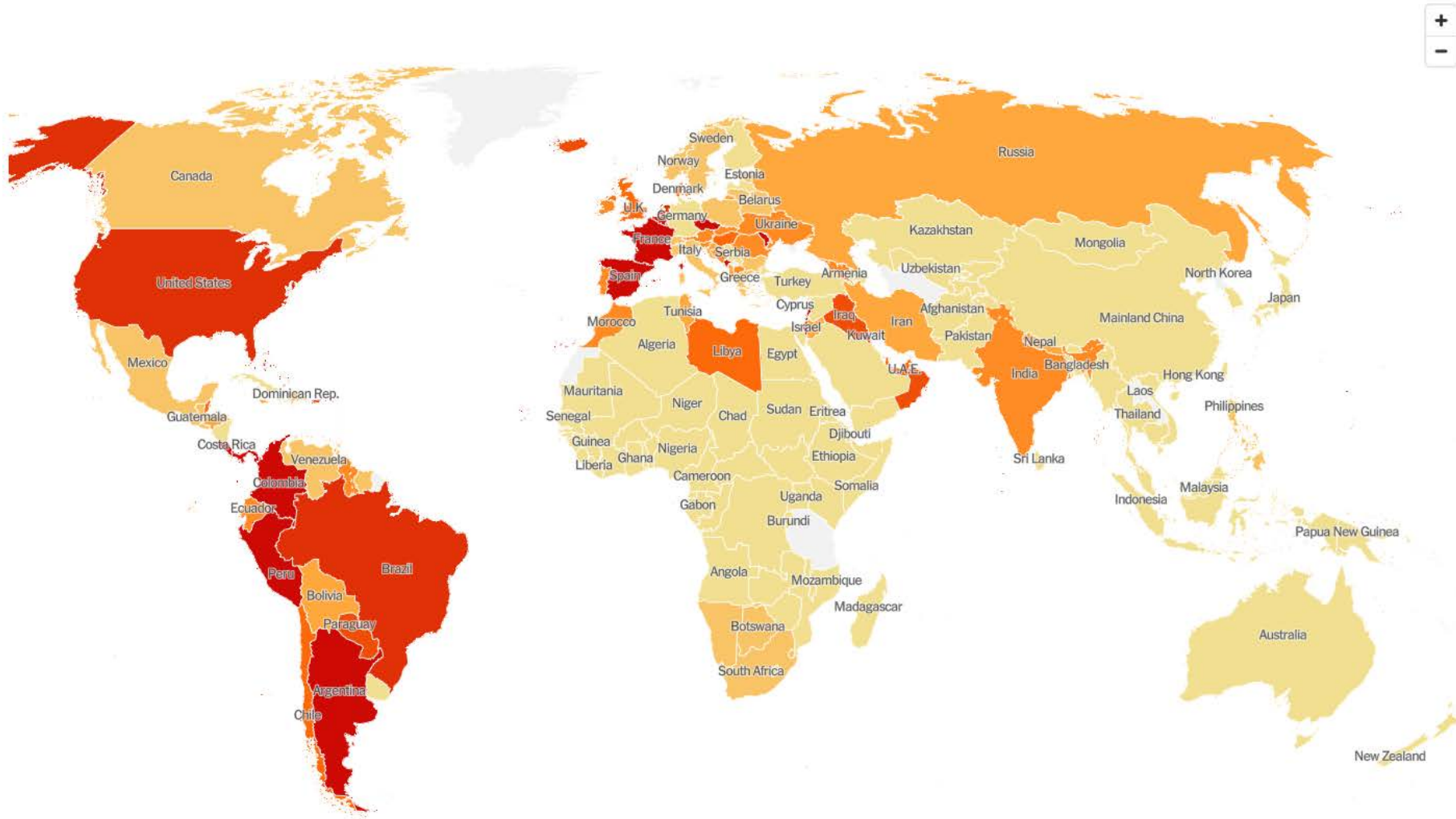
Draft Covid Immunization plan Early Information

❖States Informed to have a plan by 16 October 2020 and be ready to receive vaccine in 24 hours

❖Have broad infrastructure

❖Prioritize in 3 phases

https://www.cdc.gov/vaccines/pandemic-guidance/index.html

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The COVID-19 Vaccination Program will require a phased approach

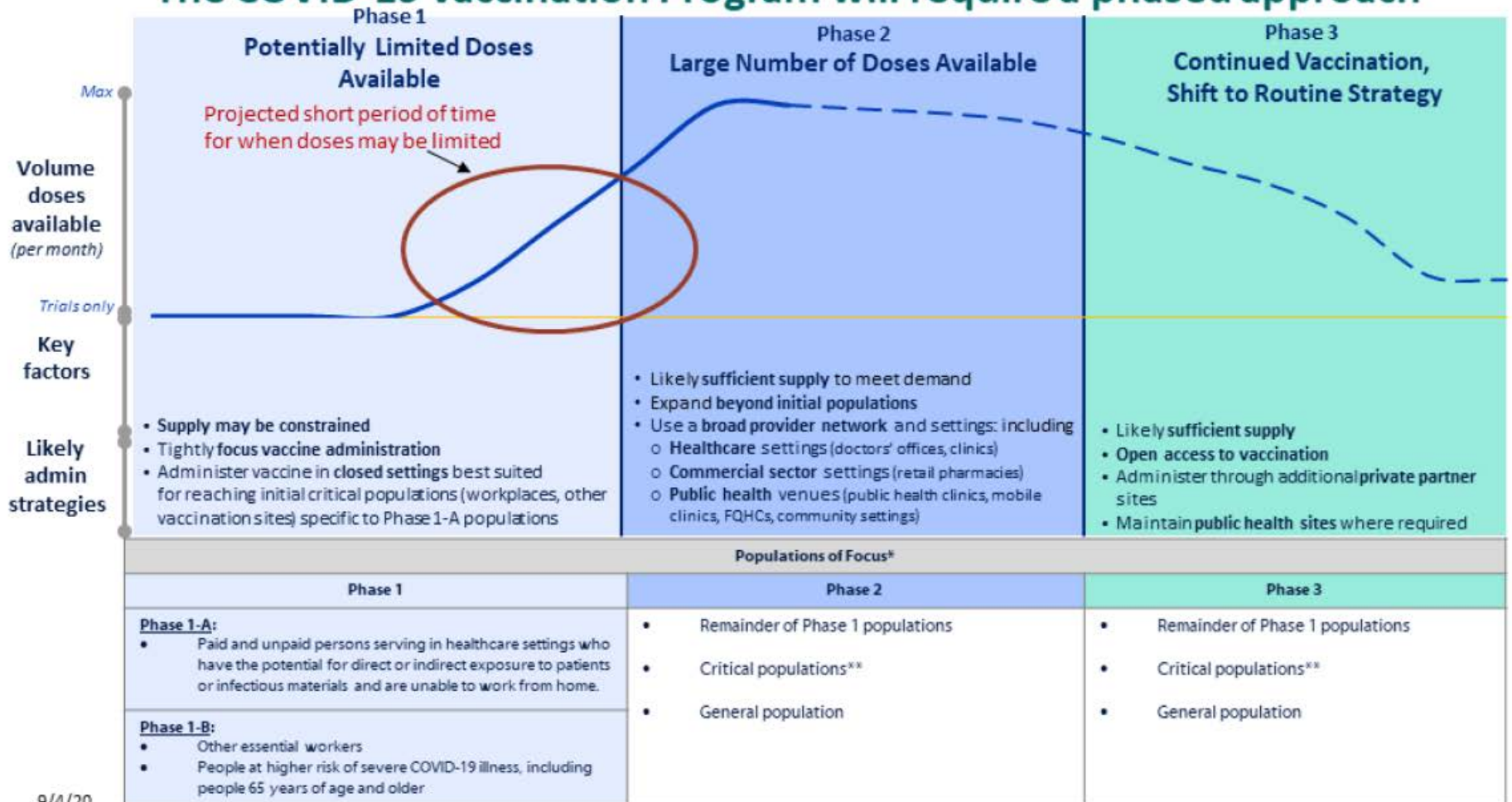|	Phase 1 Potentially Limited Doses Available	Phase 2 Large Number of Doses Available	Phase 3 Continued Vaccination, Shift to Routine Strategy
Volume doses available (per month)	Projected short period of time for when doses may be limited	Max / Trials only	

Key factors Likely admin strategies	• Supply may be constrained
	• Tightly focus vaccine administration
	• Administer vaccine in closed settings best suited for reaching initial critical populations (workplaces, other vaccination sites) specific to Phase 1-A populations
		• Likely sufficient supply to meet demand
		• Expand beyond initial populations
		• Use a broad provider network and settings: including
		  o Healthcare settings (doctors' offices, clinics)
		  o Commercial sector settings (retail pharmacies)
		  o Public health venues (public health clinics, mobile clinics, FQHCs, community settings)
			• Likely sufficient supply
			• Open access to vaccination
			• Administer through additional private partner sites
			• Maintain public health sites where required

Populations of Focus*		
Phase 1	**Phase 2**	**Phase 3**
Phase 1-A: • Paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials and are unable to work from home. **Phase 1-B:** • Other essential workers • People at higher risk of severe COVID-19 illness, including people 65 years of age and older	• Remainder of Phase 1 populations • Critical populations** • General population	• Remainder of Phase 1 populations • Critical populations** • General population

9/4/20

*Planning should consider that there may be initial age restrictions for vaccine products.
**See Section 4: Critical Populations for information on Phase 1 subset and other critical population groups.

17

Source: https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf
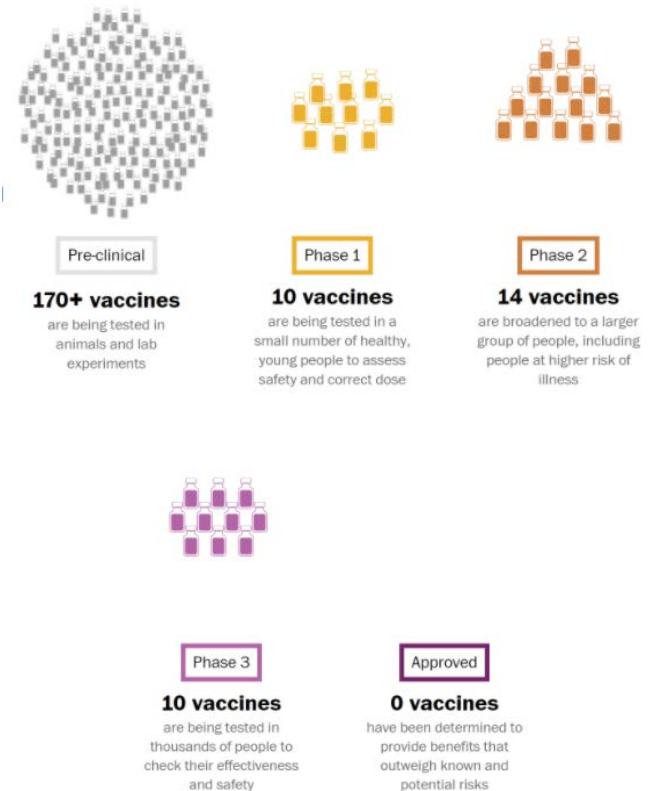
Vaccines in development

❖ Types
  ❖ mRNA- earliest to be released, novel type
  ❖ Live attenuated
  ❖ Protein fragments
  ❖ Separate virus carrying antigenic material - novel

❖ Unique features
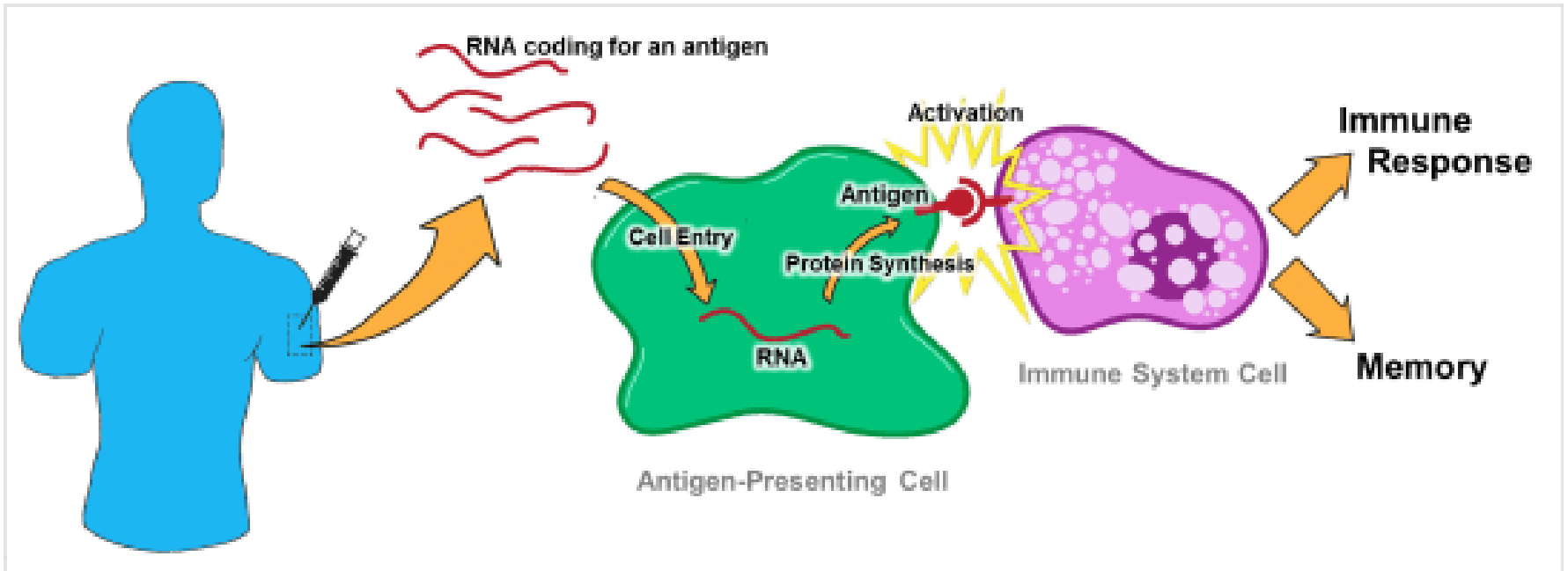 ❖ Temperature sensitivity
  ❖ Dosing
  ❖ Prioritization

❖ Trial phases – ongoing

❖ Vaccines are the final strategy to emerge from Covid

Pre-clinical
170+ vaccines
are being tested in animals and lab experiments

Phase 1
10 vaccines
are being tested in a small number of healthy, young people to assess safety and correct dose

Phase 2
14 vaccines
are broadened to a larger group of people, including people at higher risk of illness

Phase 3
10 vaccines
are being tested in thousands of people to check their effectiveness and safety

Approved
0 vaccines
have been determined to provide benefits that outweigh known and potential risks

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mRNA vaccines

Figure 1: RNA Vaccine Technology

❖ **Moderna and Pfizer**

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Adenovirus Vaccines- also novel

❖ Uses Monkey adenovirus

❖ Genetic material (DNA) from COVID-19 added

❖ Produces response to spike protein on Covid

❖ Live virus gives brisk response- 1 dose

❖ **Johnson & Johnson/Janssen Pharmaceuticals and AstraZeneca/University of Oxford**

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Prioritization Considerations

❖ Early Vaccine in limited supply

❖ Requires cold chain supply support

❖ Priority guided by effectiveness data

❖ High priority given to:
  ➢ Healthcare workers
  ➢ First Responders
  ➢ SNF residents and staff
  ➢ Those with underlying medical conditions
  ➢ Critical workers
  ➢ Over 65

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Supply Chain and Data Management

❖ First phase requires super cold storage, not typically available to primary care

❖ Ordering vaccine through Immunet program

➢ https://phpa.health.maryland.gov/OIDEOR/IMMUN/Pages/immunet.aspx

➢ If you are not already registered in Immunet, register now

❖ Record keeping through PrepMod - patient scheduling and record keeping system

❖ Register now

❖ *Primary Care should be registered and trained now*

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Vaccine Hesitancy

❖ Pre-existing group of anti-vaccine people

❖ Current political push for a vaccine before the election

❖ Warp Speed connotation of cutting corners

❖ Inconsistent messaging

❖ Novel types of vaccines

❖ Requires consistent accurate and timely messaging from trusted sources (Primary Care Providers)

23

If a coronavirus vaccine was approved by the U.S. FDA before the presidential election in November and was available for free to everyone who wanted it, do you think you would want to get vaccinated?

■ Yes, would want to get vaccinated
■ No, would not want to get vaccinated

	Yes	No
Total	42%	54%
Democrats	50%	46%
Independents	41%	56%
Republicans	36%	60%
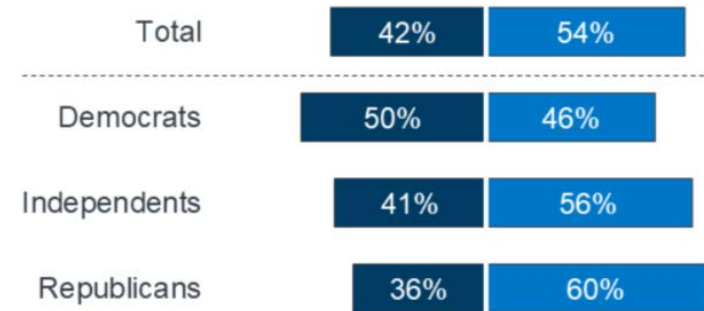
'0). See topline for full question wording.

KFF

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Flu Vaccine

❖ As flu season approaches, flu vaccines will be especially important this year:
  ➢ Keeps people out of the hospital, ED, and ICU
  ➢ Respiratory illness like the flu can be mistaken for COVID-19, can strain testing capacity

❖ CDC guidance on flu vaccines during COVID
  ➢ Flu vaccine recommended for all >6 months old without contraindications, emphasis on high risk groups
  ➢ Timing: Aim for September – October
  ➢ Patient FAQ Link

❖ Baltimore City Health Department website maintains a tracker and an updated list of flu clinics and pharmacies where the flu shot can be obtained in Baltimore City

Flu vaccines are more critical this year.
Encourage your patients to get a flu vaccine.

24

Covid Testing & Contact Tracing

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Testing Marylanders in Primary Care

❖ Testing in offices serves patients and normalizes the process

❖ Testing or referring patients for testing is key to keep the State safe

❖ Testing in office or sending patients for a test at another site

❖ Specimen collection continues to evolve from nasopharyngeal sampling to the current simplified nasal sampling

❖ Testing will continue to evolve with Point of Care tests and saliva tests

❖ [MDPCP Guidance on testing in primary care (from July 2020)](#)

CDC POC Testing Guidance

❖ **CDC Guidance on Rapid Antigen Tests**

❖ Must be Clinical Laboratory Improvement Amendments (CLIA) certified to perform diagnostic testing

❖ Sensitivity/specificity of FDA-approved rapid tests vary - see next slide

❖ You must report results to local health department

Table 2. Summary of Some Differences between RT-PCR Tests and Antigen Tests		
	RT-PCR Tests	**Antigen Tests**
Intended Use	Detect current infection	Detect current infection
Analyte Detected	Viral RNA	Viral Antigens
Specimen Type(s)	Nasal Swab, Sputum, Saliva	Nasal Swab
Sensitivity	High	Moderate
Specificity	High	High
Test Complexity	Varies	Relatively easy to use
Authorized for Use at the Point-of-Care	Most devices are not, some devices are	Yes
Turnaround Time	Ranges from 15 minutes to >2 days	Approximately 15 minutes
Cost/Test	Moderate	Low

Table 1: Currently Available SARS-Cov-2 Antigen Tests

Test Name	Separate Instrument Required	Authorized for Use in Waived Settings	Specimen Types	Time to Result	Test Performance*	Learn More
Quidel Sofia 2 SARS Antigen FIA	Yes Sofia 2 FIA Analyzer	Yes	NP or Nasal Swabs Directly; Specimens should be collected within 5 days of symptom onset VTM is not recommended	15-30 minutes	Positive Percent Agreement: 96.7% (CI 83.3-99.4%) Negative Percent Agreement: 100% (CI 97.9%-100%)	IFU HCP
BD Veritor System for Rapid Detection of SARS-CoV-2	Yes BD Veritor Plus Analyzer	Yes	Nasal Swabs (supplied with kit) Directly Only	15 minutes	Positive Percent Agreement: 85% (CI 67%-93%) Negative Percent Agreement: 100% (CI 98%-100%)	IFU HCP
LumiraDx SARS-Cov-2 Ag Test	Yes LumiraDX Instrument	Yes	Nasal Swab; Should be collected within the first 12 days of symptom onset	12 minutes	Positive Percent Agreement: 97.6% (CI 91-6-99.3%) Negative Percent Agreement: 96.6% (CI 92.7%-98.4%)	IFU HCP
Abbott BinaxNOW COVID-19 Ag CARD	No	Yes	Direct nasal swab; collected within 7 days of symptom onset	15 minutes	Positive Percent Agreement: 97.1% (95% CI: 85.1%-99.9%) Negative Percent Agreement: 98.5% (95% CI: 92.0%-100%)	IFU HCP

* Test performance data taken from assay's IFU

Source: Association of Public Health Laboratories https://www.aphl.org/programs/preparedness/Crisis-Management/Documents/APHL-SARSCov2-Antigen-Testing-Considerations.pdf

Association of Public Health Laboratories Guidance

❖ Antigen tests produce rapid qualitative results for the detection of SARS-CoV-2. They do not provide a quantitative result.

❖ In populations experiencing high SARS-CoV-2 positivity rates, positive test results indicate detection of SARS-CoV-2 antigens and that individuals are infected and **presumed** to be infectious, though data supporting this correlation is lacking.

❖ Currently available SARS-CoV-2 antigen tests are less sensitive than molecular tests. False negative results can occur regardless of the overall prevalence of disease. If a false negative test is suspected, the individual should be tested with a more sensitive molecular test.

❖ Despite reported high specificity, **false positive results are possible** and are most likely to occur in populations where the prevalence of SARS-CoV-2 infection is low. If a false positive test is suspected, the individual should be retested with a molecular test.

❖ Currently available SARS-CoV-2 antigen tests have received FDA authorization for use on symptomatic patients only. Clinicians may order these tests to be used "off-label" on asymptomatic individuals. Tests used this way are considered to be "screening" tests and not diagnostic in nature.

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Saliva Covid Testing

❖ Commercial kits available

❖ More sensitive in early Covid ?

❖ Easy sampling

❖ Less expensive

❖ Testing Resource Document for myLAB Box on MDPCP Website

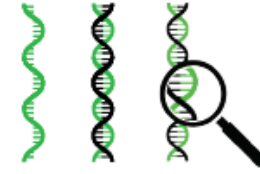❖ Fill out this form to get started with MyLAB Box Saliva Testing

Molecular Tests (Nucleic Acid Detection)
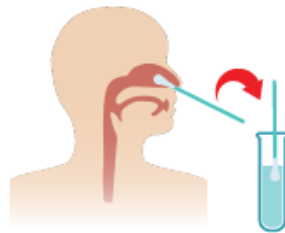
1. Obtain Specimen: NP swab

2. Extract RNA from specimen and convert to DNA.

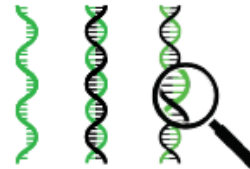3. Amplify by PCR with SARS-CoV-2 specific primers.

4. Interpret results: presence of viral RNA indicates active SARS-CoV-2 infection.

SalivaDirect Test
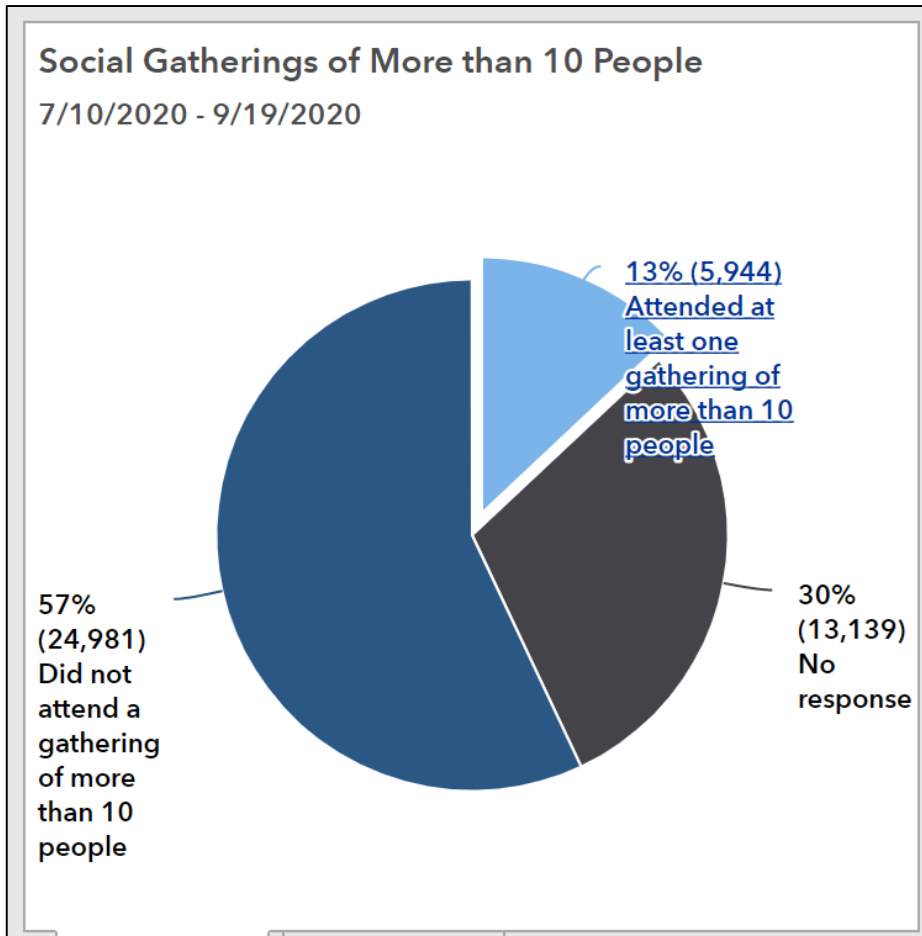
1. Obtain Specimen: SalivaDirect

2. RNA-extraction free process. Convert RNA from specimen to DNA and amplify by PCR with SARS-CoV-2 specific primers.
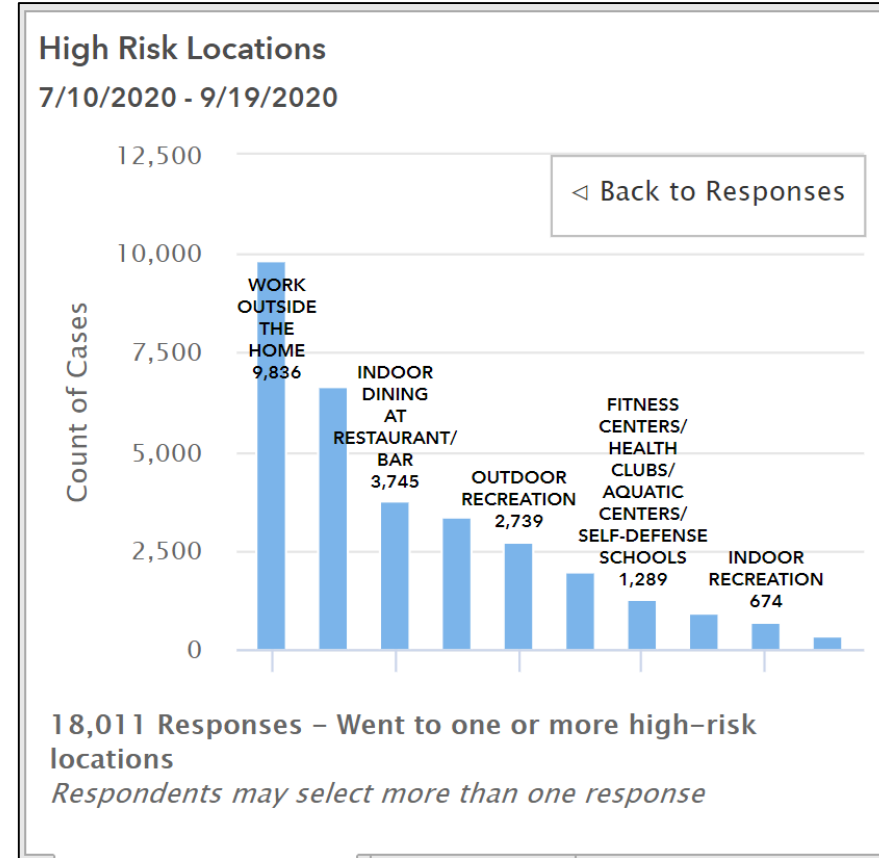
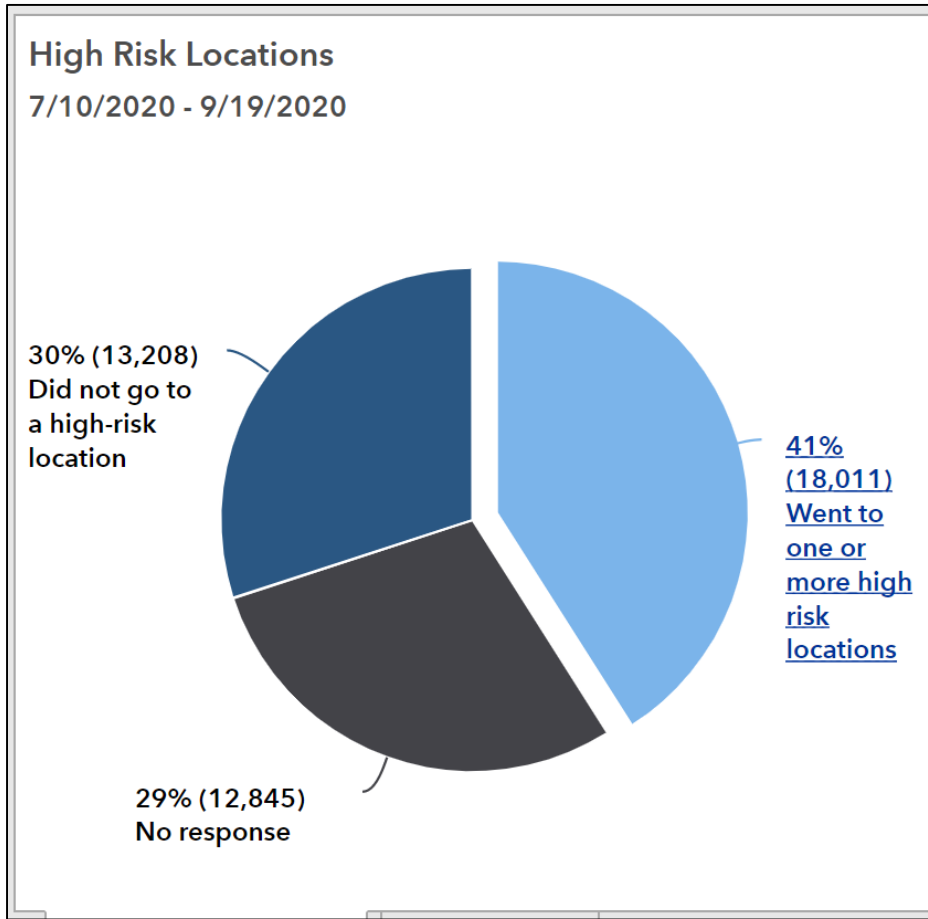3. Interpret results: presence of viral RNA indicates active SARS-CoV-2 infection.

Source:https://www.journalofinfection.com/article/S0163-4453(20)30349-2/abstract

New contact tracing data on large social gatherings (>10 people)

Social Gatherings of More than 10 People
7/10/2020 - 9/19/2020

13% (5,944) Attended at least one gathering of more than 10 people

57% (24,981) Did not attend a gathering of more than 10 people

30% (13,139) No response

Social Gatherings of More than 10 People
7/10/2020 - 9/19/2020

◁ Back to Responses

Count of Cases

3,000

2,000

1,000

0

FAMILY GATHERINGS 2,217

HOUSE PARTIES 1,188

RELIGIOUS SERVICES 638

WEDDING 274

CONCERT 17

5,944 Responses – Attended at least one gathering of more than 10 people
Respondents may select more than one response

New contact tracing data on high-risk locations

High Risk Locations
7/10/2020 - 9/19/2020

30% (13,208)
Did not go to
a high-risk
location

41%
(18,011)
Went to
one or
more high
risk
locations

29% (12,845)
No response

High Risk Locations
7/10/2020 - 9/19/2020

◁ Back to Responses

WORK
OUTSIDE
THE
HOME
9,836

INDOOR
DINING
AT
RESTAURANT/
BAR
3,745

OUTDOOR
RECREATION
2,739

FITNESS
CENTERS/
HEALTH
CLUBS/
AQUATIC
CENTERS/
SELF-DEFENSE
SCHOOLS
1,289

INDOOR
RECREATION
674

Count of Cases

18,011 Responses – Went to one or more high–risk
locations
Respondents may select more than one response

Heroes Health Initiative

You are doing so much for *others*. Heroes Health is to support *you*.

Download Heroes Health to your smart device:

GET IT ON
Google Play

Download on the
App Store

Welcome to the Heroes Health Initiative

Heroes Health is a free mobile application from the UNC School of Medicine that allows healthcare workers and first responders to track their mental health and access mental health resources. We invite healthcare workers and first responders to join independently or through their employers:

👨‍⚕️ I am a Healthcare Worker   🏥 I am an Organizational Leader

Heroes Health empowers healthcare workers to care for themselves and each other

Anonymously let your organization know how they're doing

Track your wellness with weekly, 5-minute surveys

Access mental health resources specific to your organization

Revised Sports Order and Disabilities Orders

❖ **1 - MDH Order: Revised Sports & Culture Order**

Generally, indoor sports facilities at 100 persons or outdoor facilities at 250 or 50% of maximum occupancy, whichever is lesser; exception for major league pro sports. College/high school sports track this. No change to youth sports.

❖ **2 - MDOD & MDH Notice: Access to Support for Patients with Disabilities in Health Care Settings**

Revised May 2020 joint guidance (previously only hospitals); now includes all healthcare facilities - requires them to adopt policies by Oct. 1 that recognize the rights and needs of individuals with disabilities.

Clarified the definition of a support person and establishes a process for individuals with disabilities to propose other reasonable accommodations.

❖ **3 - MDOD & MDH Notice: Support Persons for Individuals with Disabilities**

Provides contact information for individuals with disabilities to file a complaint.

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Five things you can do as Primary Care providers

1. **Identify all your high-risk patients**—use the COVID Vulnerability Index (CVI) in CRISP, your EHR, and your intuition

2. **Reach out to every patient on those lists**

3. **Provide vulnerable patients with expanded care** through telemedicine and special accommodations if they need face-to-face care

4. Offer testing for all patients, every visit

5. **Stay current, stay safe**—stay current by keeping up-to-date with CDC guidelines and case rates in your area. For up-to-date information, visit CDC, MDH, and MDPCP sites. Stay safe by taking all necessary infection control precautions when seeing patients

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MDPCP Learning Session 4 next week!

Learning Session 4 (Virtual)
Using Your Data to Drive Toward Outcomes

Date/Time	Topic
Monday, 10/5/20, 12-1:30 PM	Opening Session
Tuesday, 10/6/20, 12-1 PM	Comprehensive Medication Management
Tuesday, 10/6/20, 5-6 PM	Collaborating with Specialists
Wednesday, 10/7/20, 5-6:30 PM	Clinical Leadership Data Workshop
Thursday, 10/8/20, 12-1 PM	Social Determinants of Health

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VIRTUAL Learning Session 4

Save the Dates!

Session Day & Time:

Monday, October 5, 12:00pm
Tuesday, October 6, 12:00pm
Tuesday, October 6, 5:00pm
Wednesday, October 7, 5:00pm
Thursday, October 8, 12:00pm

Using Your Data to Drive Toward Outcomes

Key Topics:
CRISP Updates
Managing ED & Hospital Utilization
Collaborating with Specialists
Comprehensive Medication Management
Social Determinants of Health

MDPCP
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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 Webinars

➢ Today - Anika Alvanzo, MD, MS, FACP, DFASAM
Opioids, Overdose and the Impact of the Coronavirus Pandemic

➢ Next Week - No webinar!

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Opioids, Overdose and the Impact of the Coronavirus Pandemic

Anika Alvanzo, MD, MS, DFASAM, FACP

Eastern Region Medical Director, Pyramid Healthcare, Inc.

September 30, 2020

Disclosures

- Pyramid Healthcare, Inc.
  - Regional Medical Director

- Uzima Consulting Group, LLC
  - Principal

- American Society of Addiction Medicine (ASAM)
  - Board Member

Learning Objectives

- Describe the epidemiology of the current opioid overdose crisis in Maryland

- Discuss the potential impacts of the Covid-19 pandemic on the overdose crisis

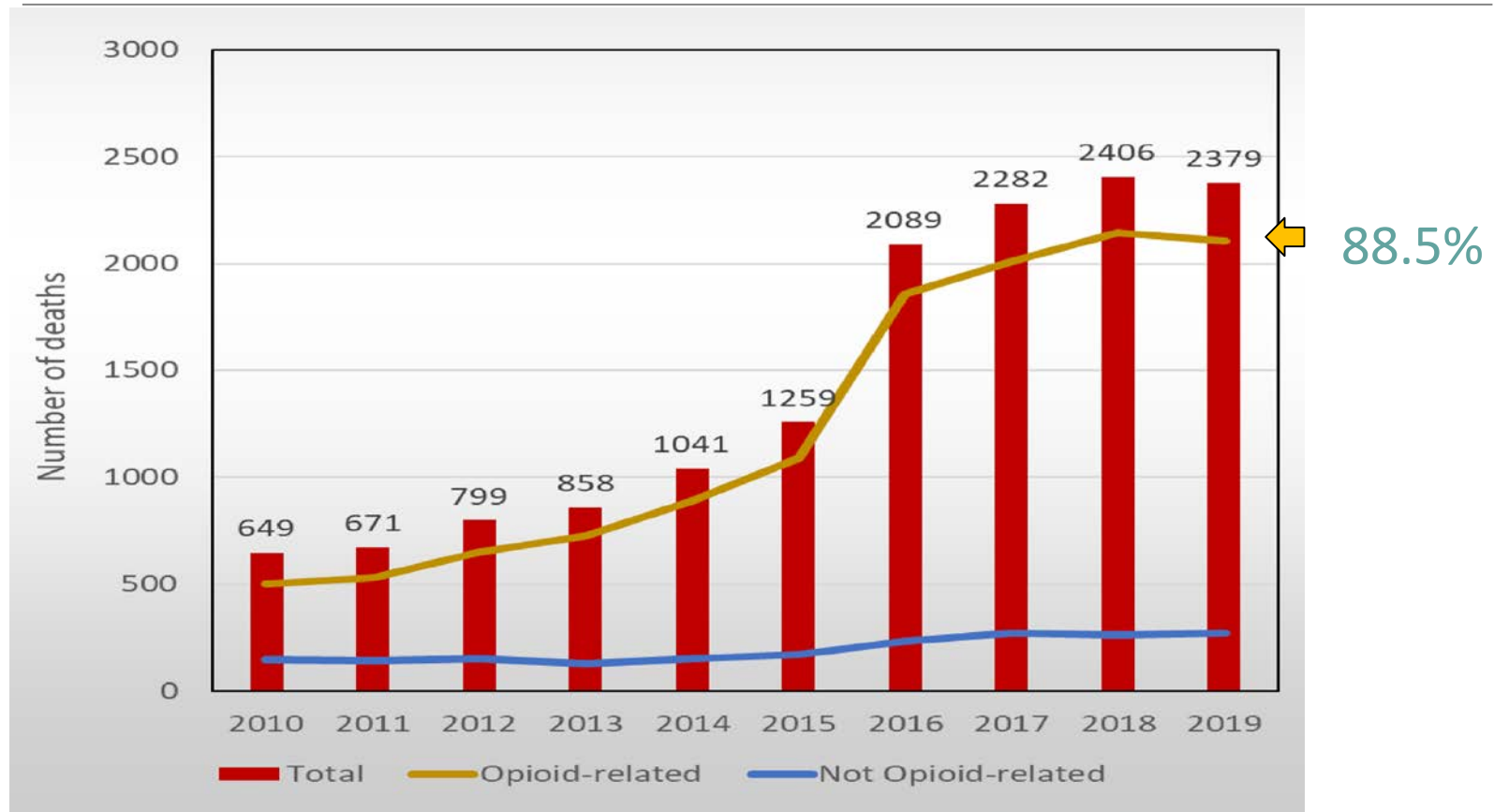- Understand how primary care providers can respond to opioid use disorder and overdose

Overdose Death Rate 1999 - 2018

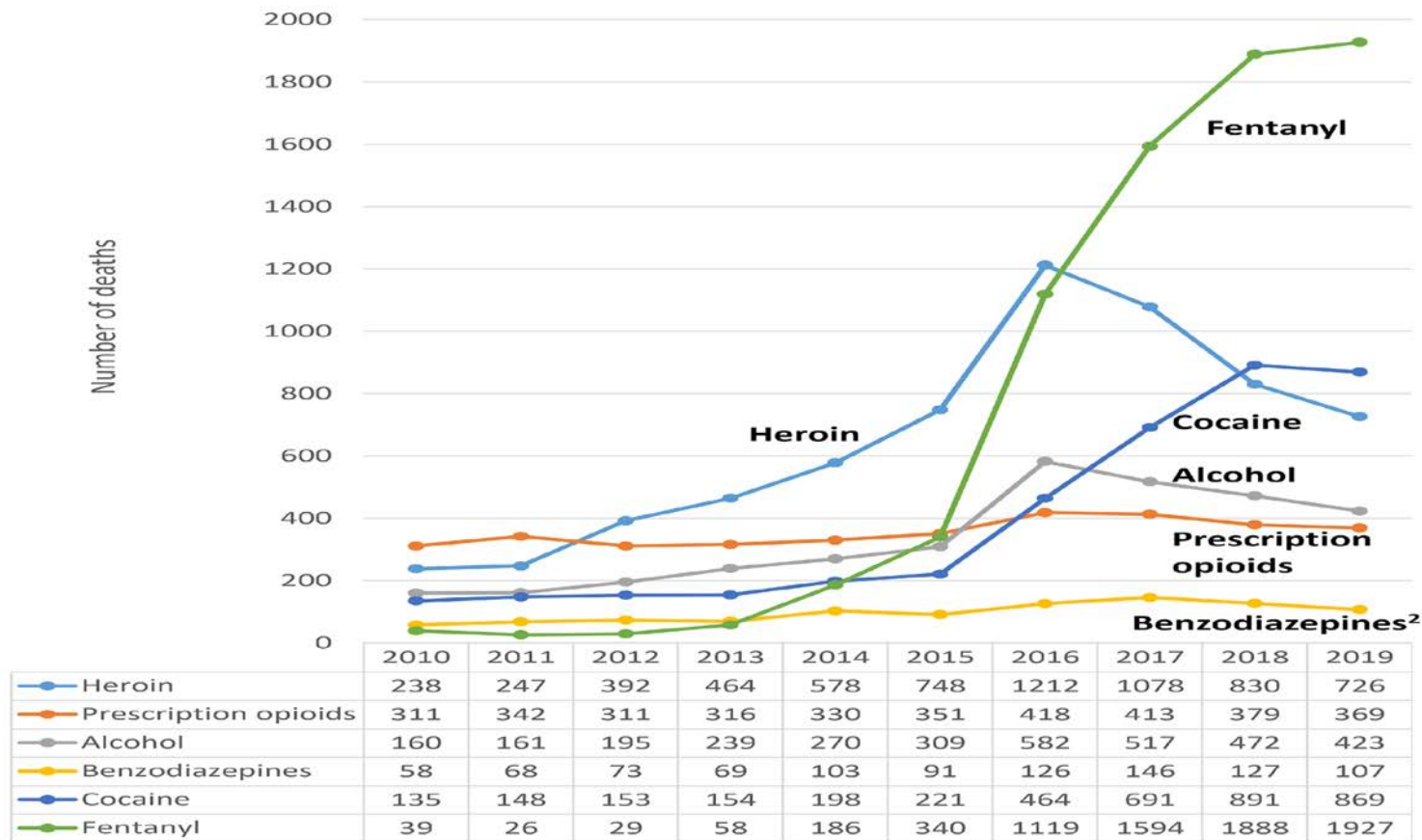Figure 1. Age-adjusted drug overdose death rates, by sex: United States, 1999–2018
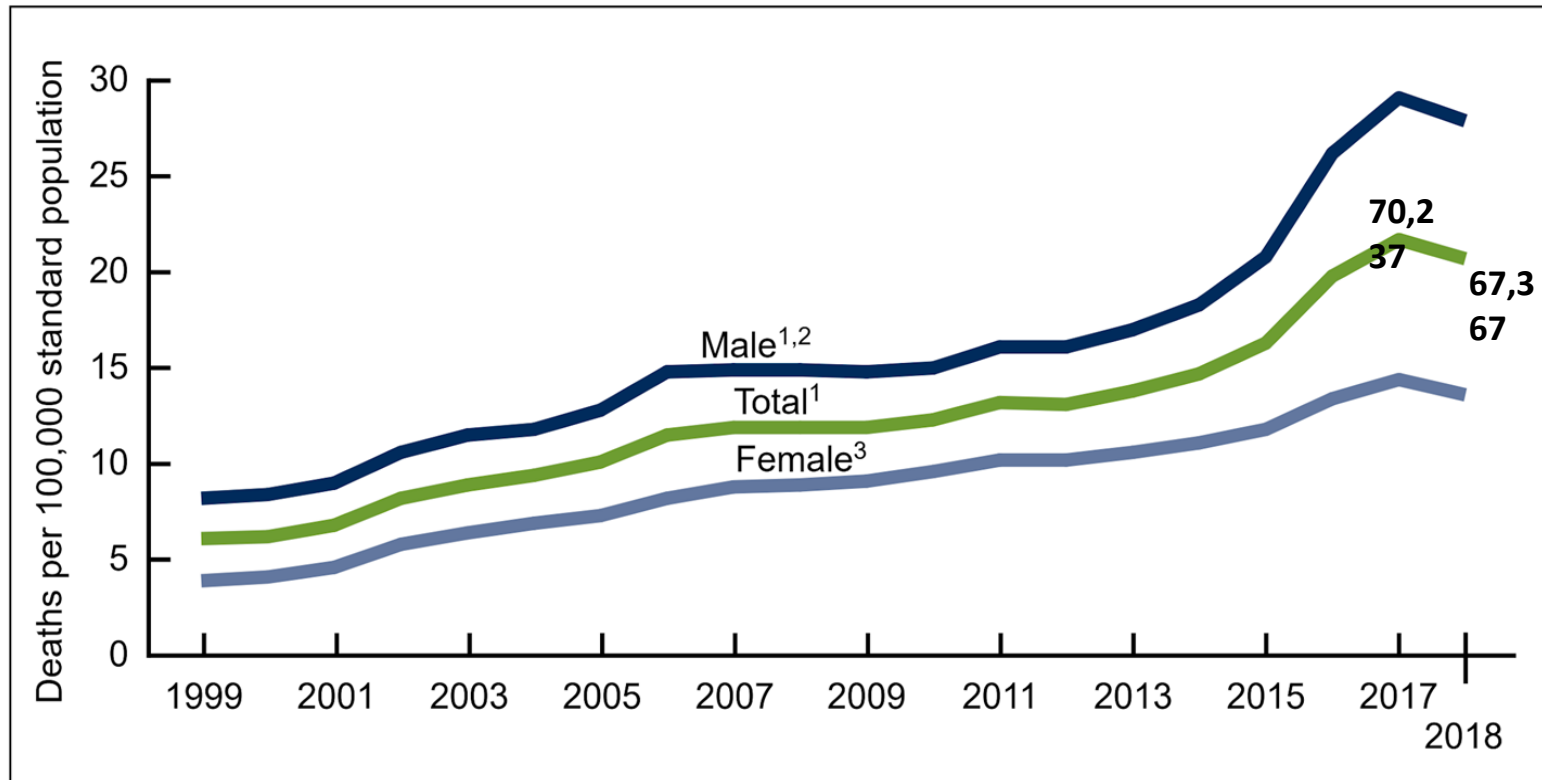
Overdose Deaths Involving Opioids, 1999 - 2018
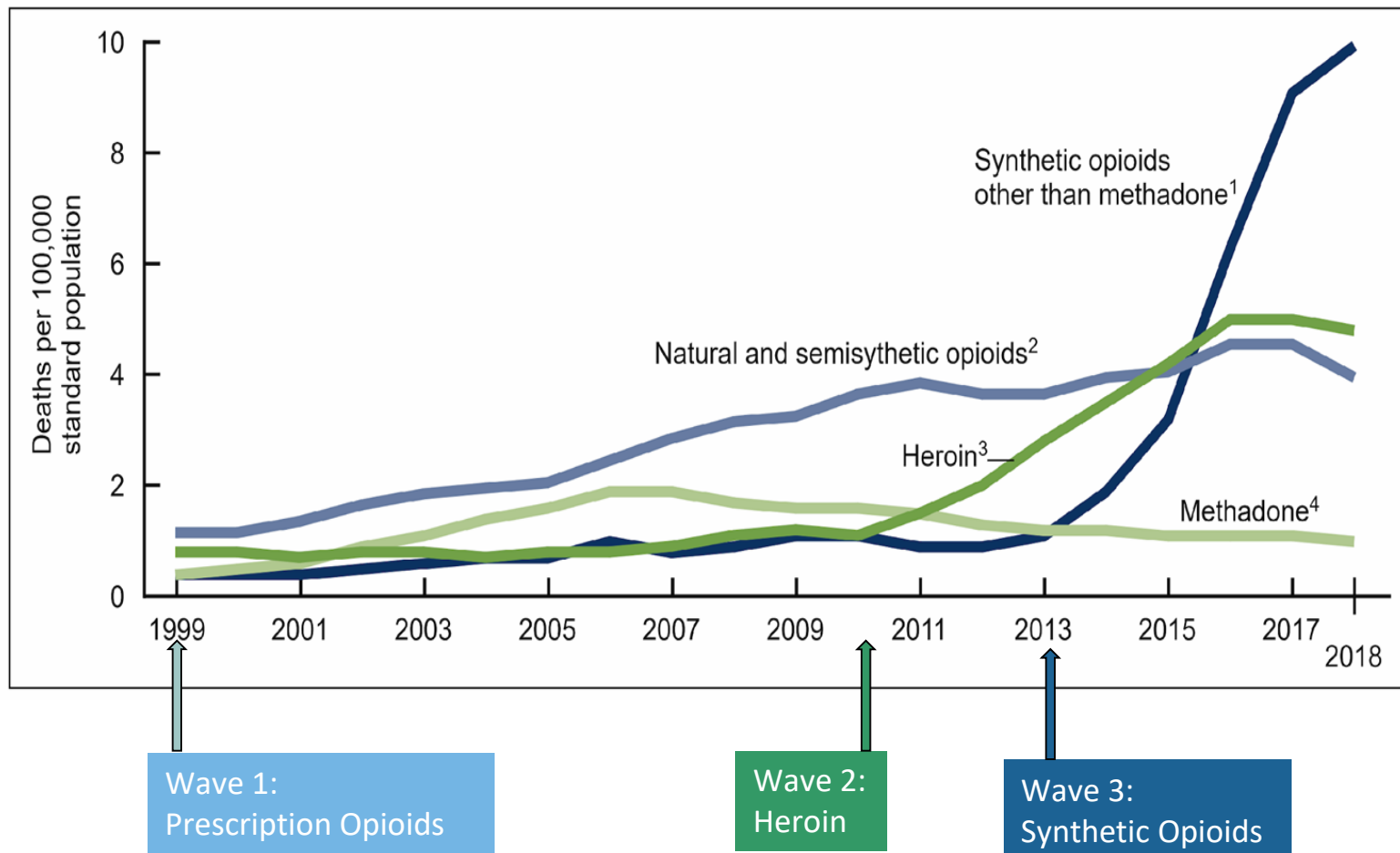
Maryland Overdose Deaths, 2010 - 2019

Maryland Overdose Deaths by Substance, 2010 - 2019

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Heroin	238	247	392	464	578	748	1212	1078	830	726
Prescription opioids	311	342	311	316	330	351	418	413	379	369
Alcohol	160	161	195	239	270	309	582	517	472	423
Benzodiazepines	58	68	73	69	103	91	126	146	127	107
Cocaine	135	148	153	154	198	221	464	691	891	869
Fentanyl	39	26	29	58	186	340	1119	1594	1888	1927

https://health.maryland.gov/vsa/Documents/Overdose/Annual_2019_Drug_Intox_Report.pdf

AAMC

PATIENT CARE

COVID-19 and the opioid crisis: When a pandemic and an epidemic collide

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The New York Times

⋮ TheUpshot

In Shadow of Pandemic, U.S. Drug Overdose Deaths Resurge to Record

By Josh Katz, Abby Goodnough and Margot Sanger-Katz   July 15, 2020

Drug deaths in America, which fell for the first time in 25 years in 2018, rose to record numbers in 2019 and are continuing to climb, a resurgence that is being complicated and perhaps worsened by the coronavirus pandemic.

The Washington Post

Democracy Dies in Darkness

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Coronavirus   Latest news   U.S. map   World map   FAQ   Vaccine tracker   Life at Home   Extraordinary People

Health

'Cries for help': Drug overdoses are soaring during the coronavirus pandemic

Suspected overdoses nationally jumped 18 percent in March, 29 percent in April and 42 percent in May, data from ambulance teams, hospitals and police shows.

WTOP news

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CORONAVIRUS NEWS: Tiny airborne particles may pose big problem | Colleges struggle to salvage semester amid outb...

Home » Coronavirus » COVID-19 pandemic deals setback...

This article is more than 2 months old

COVID-19 pandemic deals setback to Maryland's opioid progress

Kristi King | @KingWTOP
July 7, 2020, 4:23 PM

▶ Listen now to WTOP News   WTOP.com | Alexa | Google Home | WTOP App | 103.5 FM

Since the COVID-19 pandemic lockdown began, the nation has been seeing double-digit increases in the numbers of opioid overdoes and deaths compared with last year. But

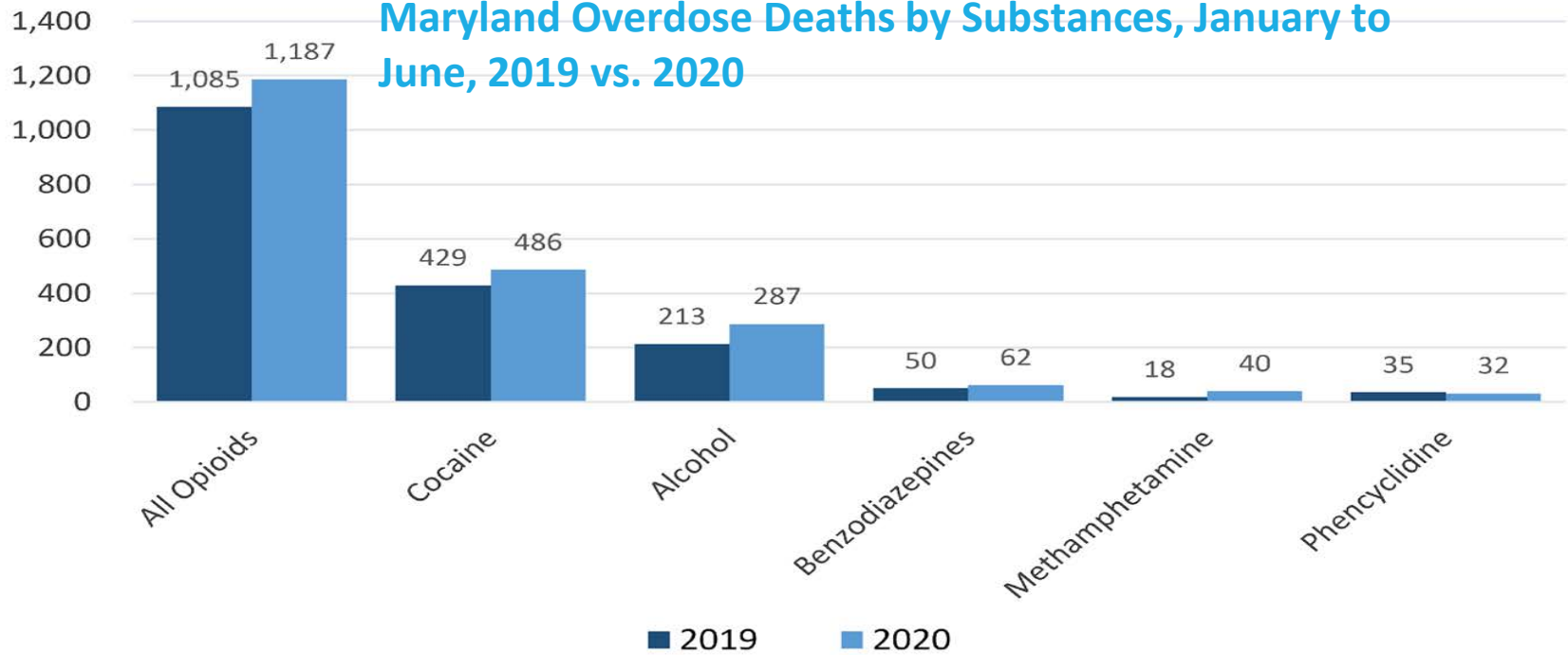OVERDOSE DETECTION
MAPPING APPLICATION PROGRAM
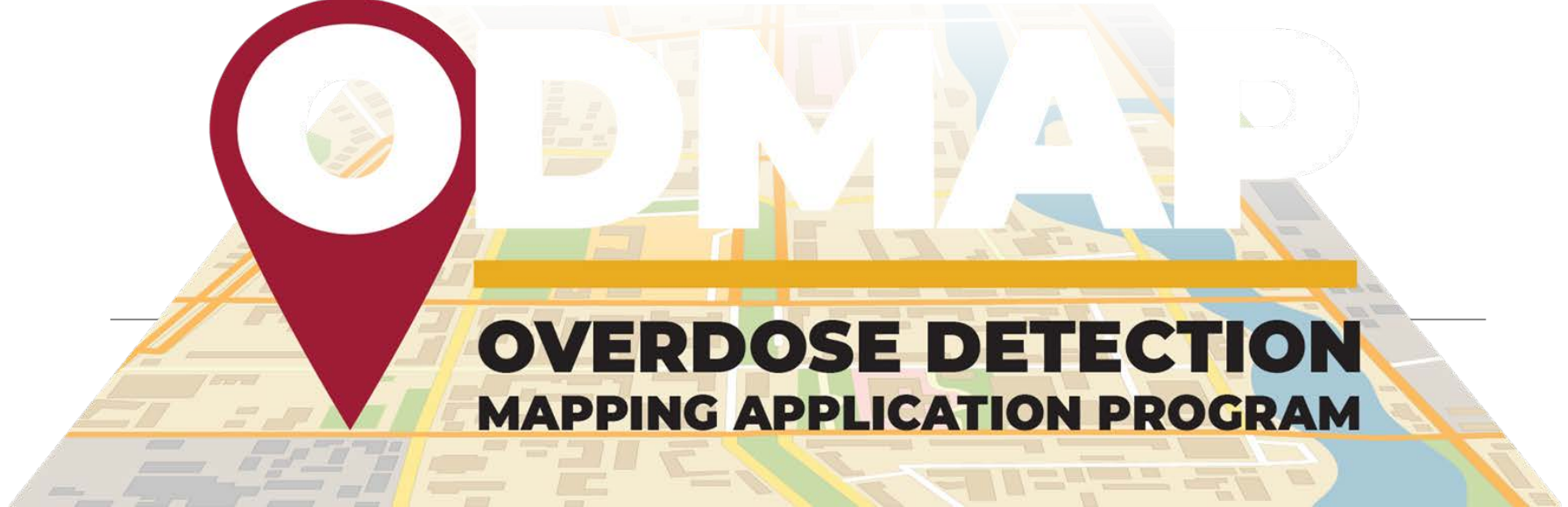
- Multijurisdictional public health and public safety data
- Links first-responder systems and record management systems with geomapping data
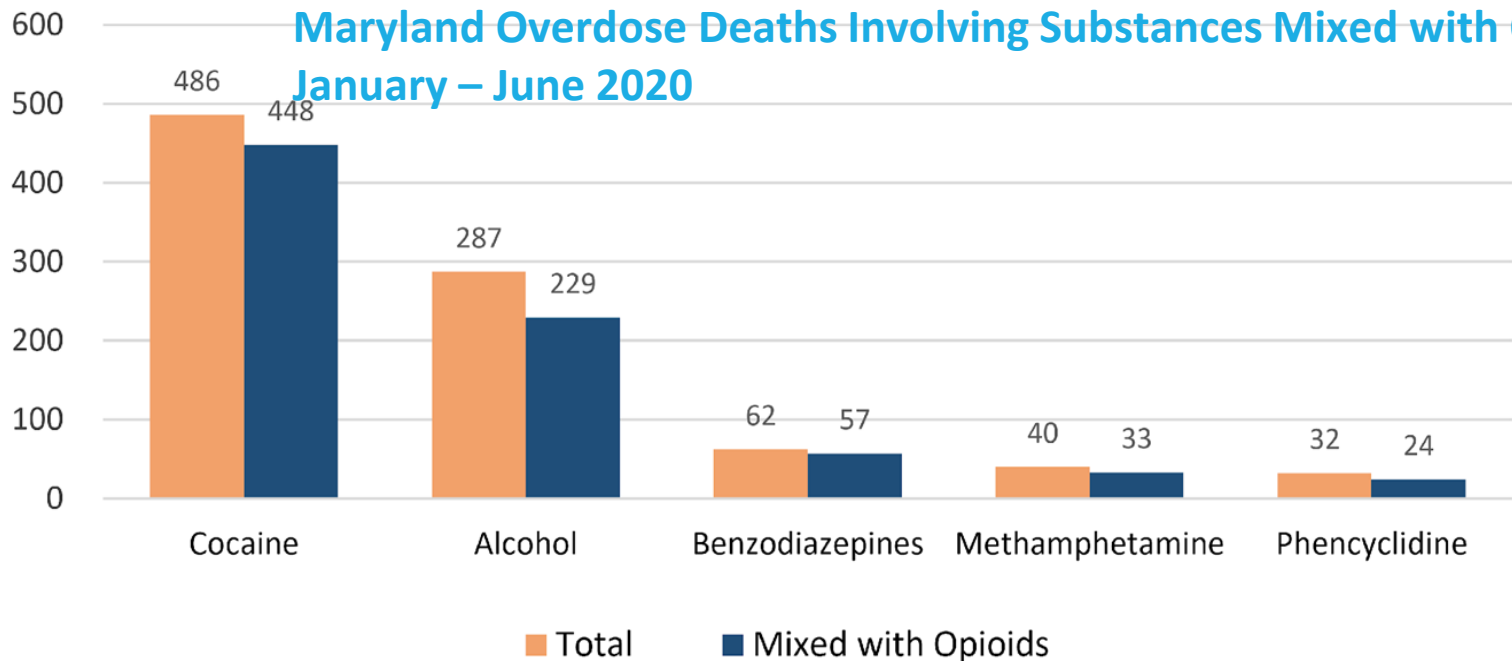- Hosted at University of Maryland Baltimore

Suspected overdoses nationally — not all of them fatal — jumped 18 percent in March compared with last year, 29 percent in April and 42 percent in May, according to the Overdose Detection Mapping Application Program, a federal initiative that collects data from ambulance teams, hospitals and police.

https://www.washingtonpost.com/health/2020/07/01/coronavirus-drug-overdose/

Maryland Overdose Deaths by Substances, January to June, 2019 vs. 2020

Substance	2019	2020
All Opioids	1,085	1,187
Cocaine	429	486
Alcohol	213	287
Benzodiazepines	50	62
Methamphetamine	18	40
Phencyclidine	35	32

Maryland Overdose Deaths Involving Substances Mixed with Opioids, January – June 2020

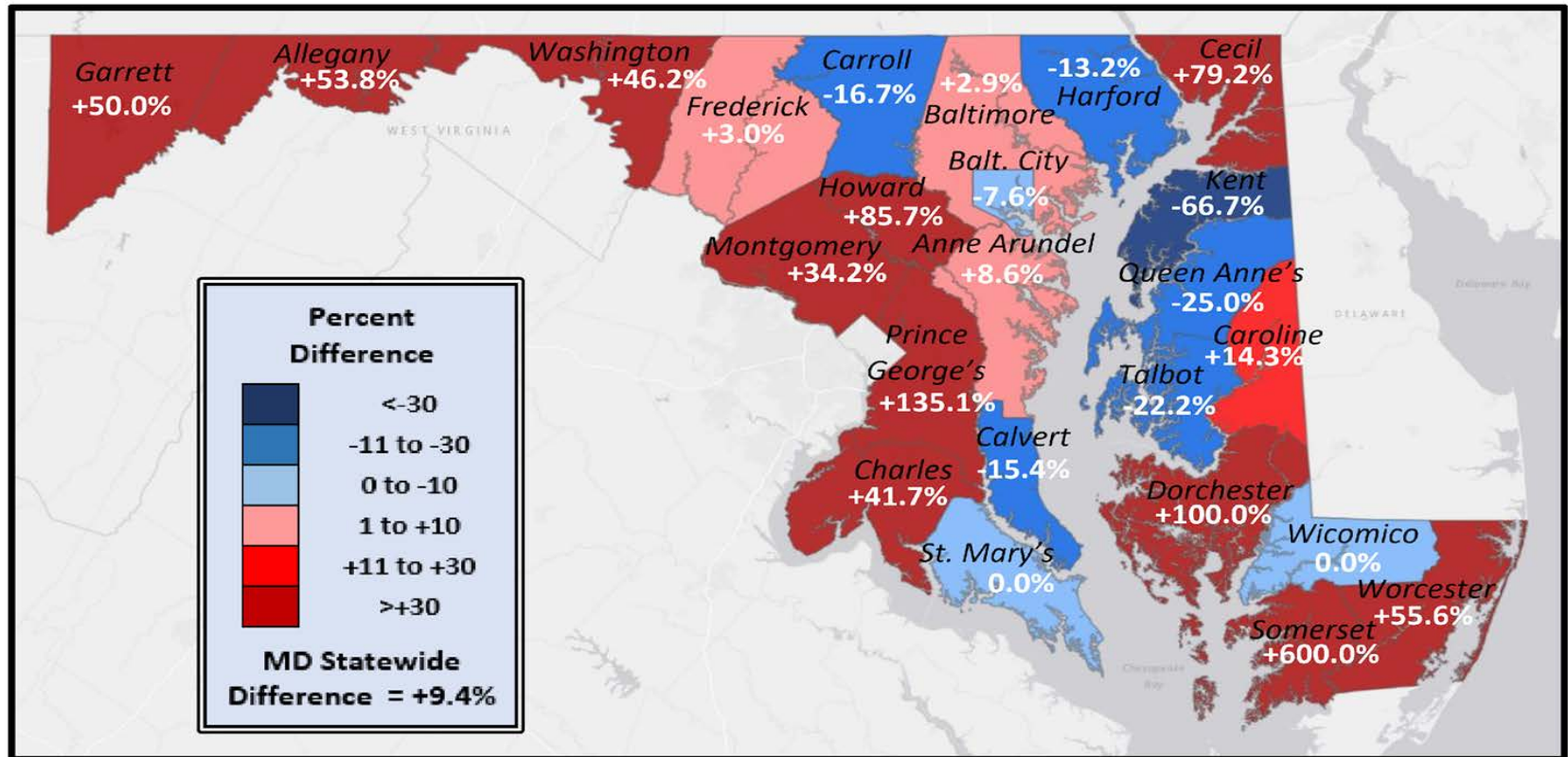| Substance	Total	Mixed with Opioids
Cocaine	486	448
Alcohol	287	229
Benzodiazepines	62	57
Methamphetamine	40	33
Phencyclidine	32	24

Maryland Opioid-Related Deaths, January – June 2020

Figure 2. Opioid-Related Fatalities
2011 through the Second Calendar Quarter, 2020*
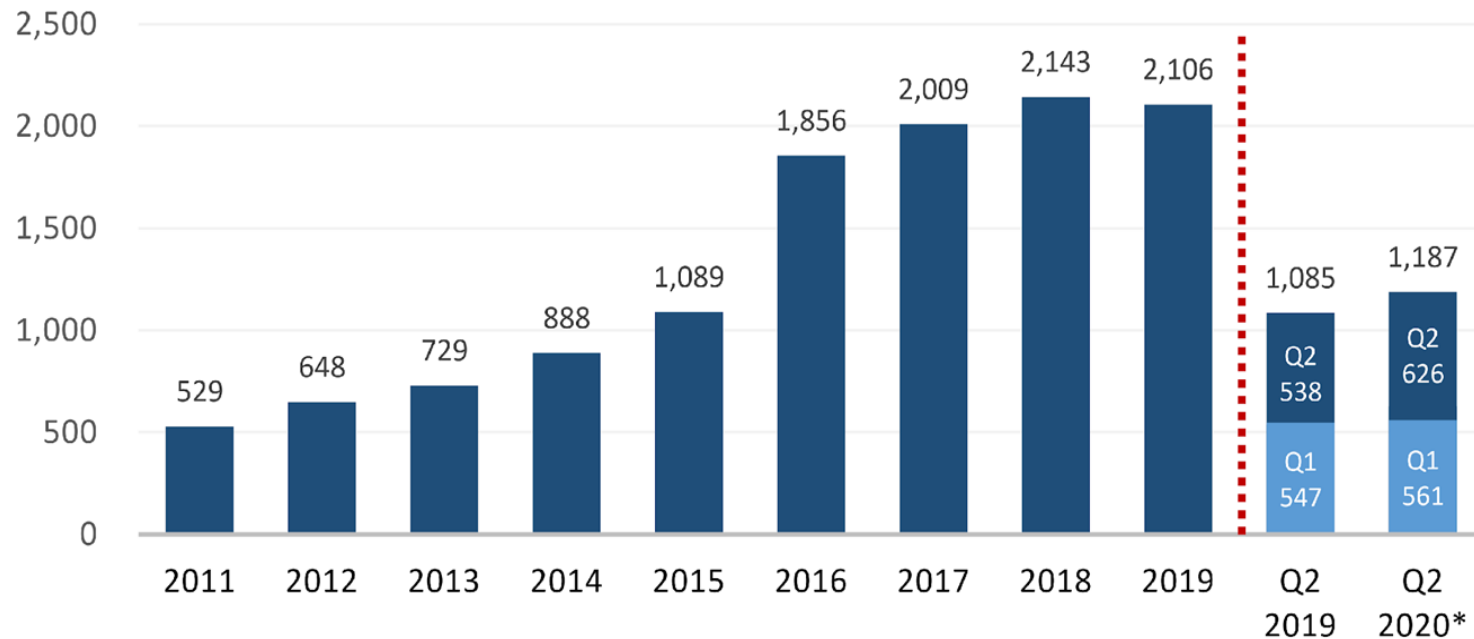
Opioid-Related Overdose Deaths by County, January – June 2020

Impacts of Covid-19

- Increased stress
  - Fear of illness
  - Financial strain
  - Job loss

- Exacerbation of psychiatric symptoms

- Grief, loss and trauma

- Increased unstructured time/boredom

Impacts of Covid-19

- Loss of or reduction in recovery supports
  - Group counseling
  - Self/mutual help (NA, AA Smart Recovery)
  - Religious/Spiritual communities (church, mosque, synagogues)

- Social isolation
  - No one there to administer naloxone

What Can Maryland Providers Do?

- **Identify and Respond**
  - Universal screening for substance misuse
    - MDPCP practices can receive $1,000 stipend for incorporation of SBIRT in practice protocols
      - Contact Erin Cosgrove-Findley at ecosgrove@groupmosaic.com
  - Check in with patients with substance use histories

- **Know national, state and local resources**
  - American Society of Addiction Medicine (ASAM) Covid-related Guidance
    - https://www.asam.org/Quality-Science/covid-19-coronavirus
  - Maryland-DC Society of Addiction Medicine (MDDCSAM)
    - http://www.mddcsam.org/
  - State Crisis Line: 211
  - Center for Harm Reduction Services
  - Local Health Department

What Can Maryland Providers Do?

- **Prescribe/Dispense Naloxone**
  - Patients
    - ◦ Histories of substance use disorder
    - ◦ Prescribed opioid analgesics
  - Family members and close contacts of patients

- **Treat Opioid Use Disorder in your Practice**
  - Training (8 hours for MD, 24 hours for NPs/Pas)
    - ◦ Provider Clinical Support System (PCSS)
    - ◦ American Society of Addiction Medicine (ASAM)
  - Clinical Support and Consultation
    - ◦ Maryland Addiction Consultation Services (MACS)

Medications for Addiction Treatment (MAT): Goals

- Minimize harms of continued drug use

- Alleviate signs/symptoms of physical withdrawal

- Opioid receptor blockade

- Diminish and alleviate drug craving

- Normalize and stabilize perturbed brain neurochemistry

- Save Lives

Benefits of Opioid Agonist Pharmacotherapy

- More effective than placebo in ↓ illicit opioid use
  - (Self reports, urine toxicology)
- Good treatment retention
- Saves lives
  - 2.2 - 3.2x mortality rate when off of buprenorphine or methadone
- Improvements in other recovery areas
  - Decreased criminal activity
  - Reduction in HIV & HCV transmission
  - Increase in employment

METZGER, ET. AL. (1993) JAIDS
TORRENS, ET. AL, (1997) ADDICTION
MARSCH (1998) ADDICTION
JOHNSON ET AL. (2000) NEJM.
FUDALA ET. AL. (2003) NEJM.
KAKKO J ET AL. (2003) LANCET.

#TreatAddictionSaveLives

Thank you!

Appendix

Resources and Links

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Scheduling In-Office Appointments

❖ Patient calls in for an appointment
  ➢ Reception screens patient on the phone using the <u>pre-visit screening template</u>
  ➢ 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

61

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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

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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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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

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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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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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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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)

Maryland DEPARTMENT OF AGING

❖ **OPEN for primary care providers STATEWIDE throughout Maryland's reopening!**

❖ 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 grocery or prepared meals delivery
>
> ➤ Teaching how to use video technologies to connect with loved ones and/or healthcare providers for telemedicine

❖ 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 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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