



# COVID-19 Daily Update

**Maryland Department of Health**  
**Maryland Primary Care Program**  
**Program Management Office**

24 April 2020



#Thanks  
HEALTH  
HEROES

Faith, Love and ACTS

# CME Accreditation and Designation

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- ❖ 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](mailto:fberry@medchi.org)

# Key Takeaways

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- ❖ You remain on the front line against COVID-19 in Maryland - **Act Now**
- ❖ You are uniquely positioned to identify at-risk populations, provide important social distancing information to them, and serve their healthcare needs through telemedicine. **No one can do this better than you!**
- ❖ **Your Role in this epidemic will continue to evolve**

# Agenda

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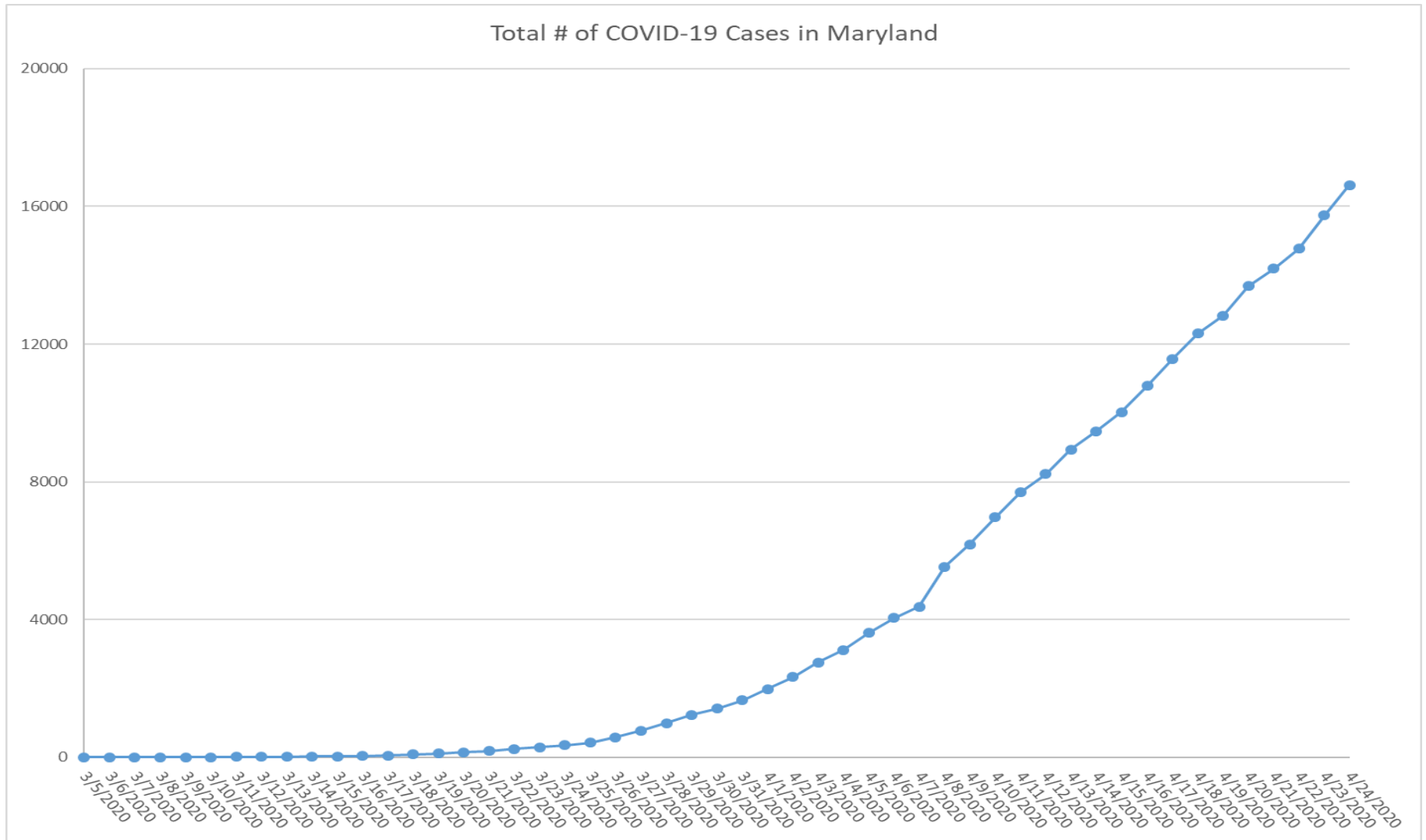
- ❖ Today's key updates
- ❖ What's Important Now (WIN)
- ❖ Testing Locations
- ❖ Patient Management
- ❖ PPE Sources/Requests
- ❖ Aligned Program Updates – Hospital Surge, Vulnerable Populations, New At-Risk Patient Identifier Tool, Advance Directive vs. MOLST
- ❖ Announcements
- ❖ Q & A
- ❖ Resources

# Morbidity and Mortality Update

	New Cases since Apr 23		Cumulative Cases	Cumulative Hospitalized	Cumulative Deaths	
<b>United States</b>			828,441 (April 22)		46,379 (April 22)	
<b>Maryland</b>	879		16,616	3618	723	
	30-39	40-49	50-59	60-69	70-79	80+
<b>Case rate (per 100,000)</b>	337.22	378.04	356.99	351.41	440.53	632.86
<b>% of cases hospitalized</b>	10.99	15.86	23.21	33.45	42.14	33.58
<b>Rate hospitalized (per 100,000)</b>	37.06	59.98	82.84	117.53	185.65	212.48
<b>Death Rate (per 100,000) – 4/23</b>	1.96	2.32	6.92	16.37	50.87	102.80

# Total COVID-19 Cases in Maryland

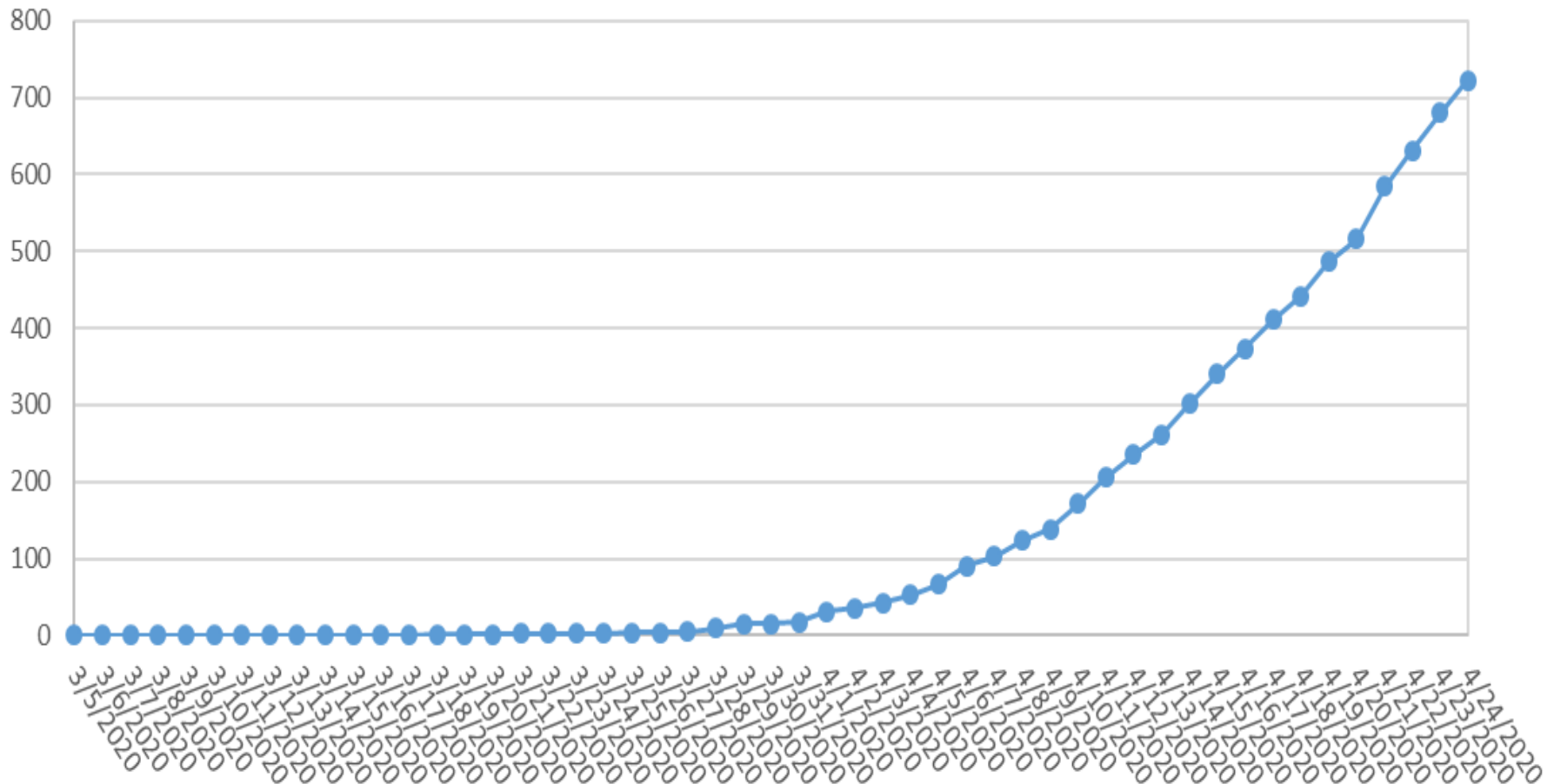
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# Total COVID-19 Deaths in Maryland

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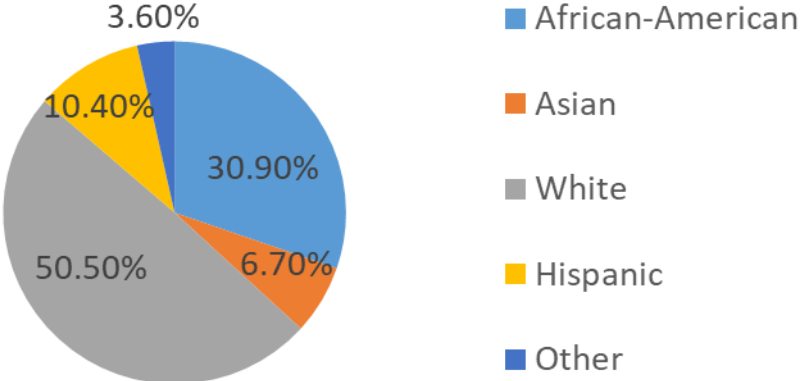
Total # of COVID-19 Deaths in Maryland



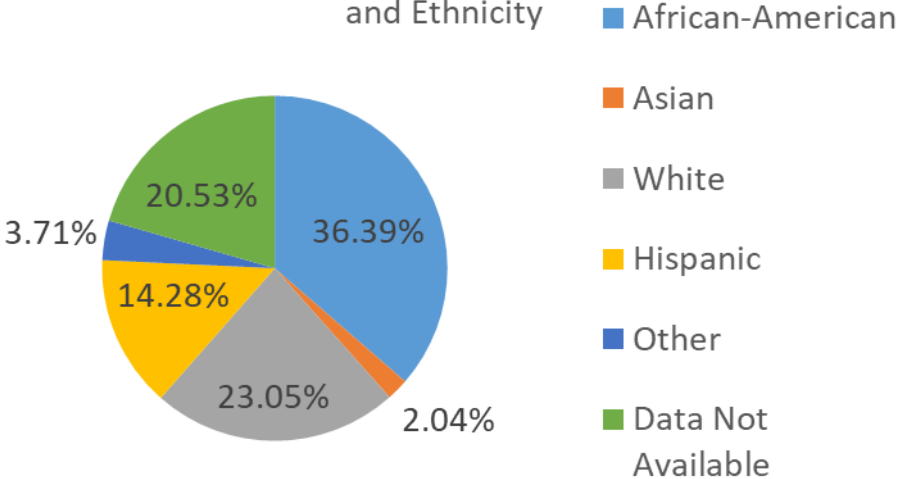


# Impact of COVID-19 in Maryland, By Race and Ethnicity

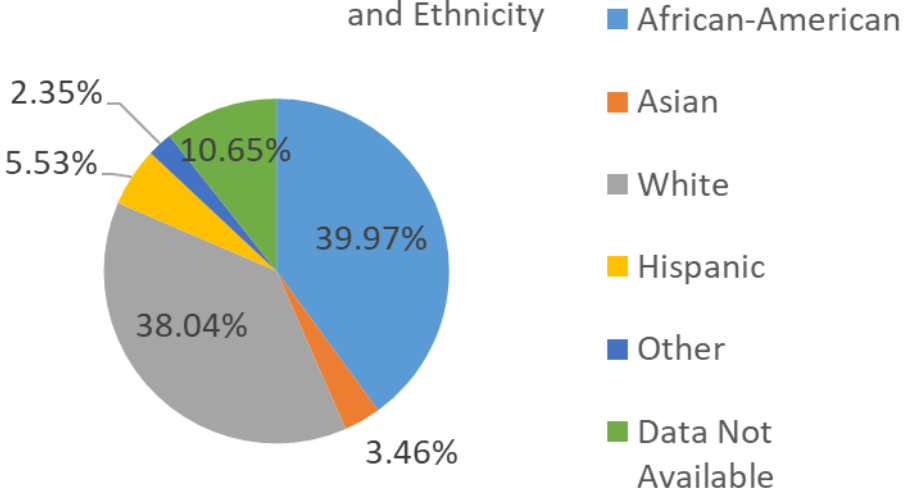
% of **Population** of Maryland, By Race and Ethnicity (Estimate)



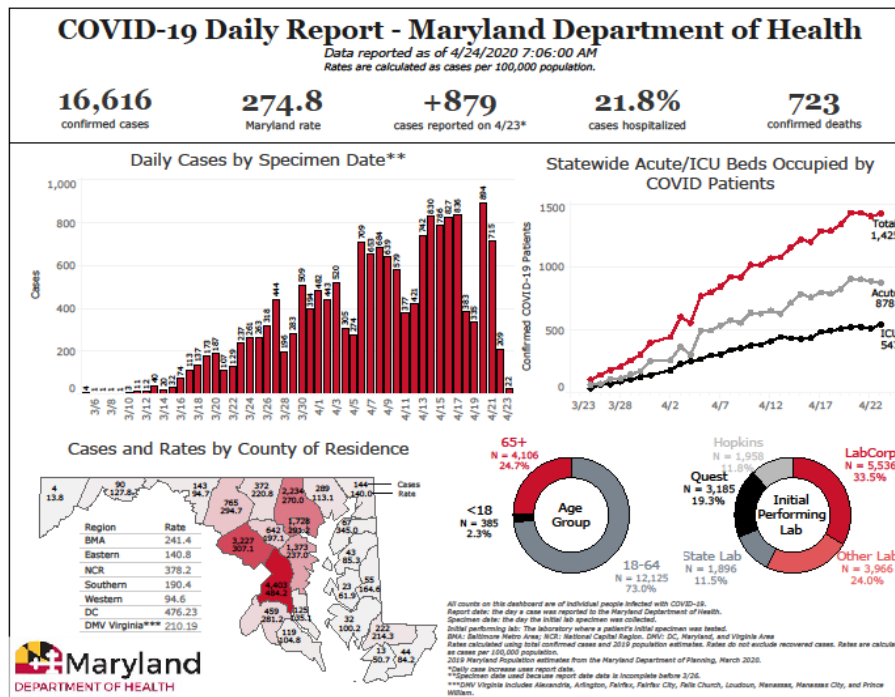
% of Total COVID-19 **Cases** in Maryland, By Race and Ethnicity



% of Total COVID-19 **Deaths** in Maryland, By Race and Ethnicity



# MDoH Detailed Daily Report



All counts on this dashboard are of individual people infected with COVID-19.  
Report date: the day a case was reported to the Maryland Department of Health.  
Specimen date: the day the initial lab specimen was collected.  
Initial performing lab: The laboratory where a patient's initial specimen was tested.  
BMA: Baltimore Metro Area; NCR: National Capital Region; DMV: DC, Maryland, and Virginia Area  
Rates calculated using total confirmed cases and 2019 population estimates. Rates do not exclude recovered cases. Rates are calculated as cases per 100,000 population.  
2019 Maryland population estimates from the Maryland Department of Planning, March 2020.  
\*Daily case increase uses report date.  
\*\*Specimen date used includes report date date in incomplete before 3/26.  
\*\*\*DMV Virginia includes Alexandria, Arlington, Fairfax, Falls Church, Falls Church, Loudoun, Manassas, Manassas City, and Prince William.

# Modeling the Surge

3 days since peak resource use on  
**April 11, 2020**

All beds needed  
**1,449 beds**



All beds available  
**3,961 beds**



Bed Shortage  
**0 beds**

ICU beds needed  
**256 beds**



ICU beds available  
**266 beds**



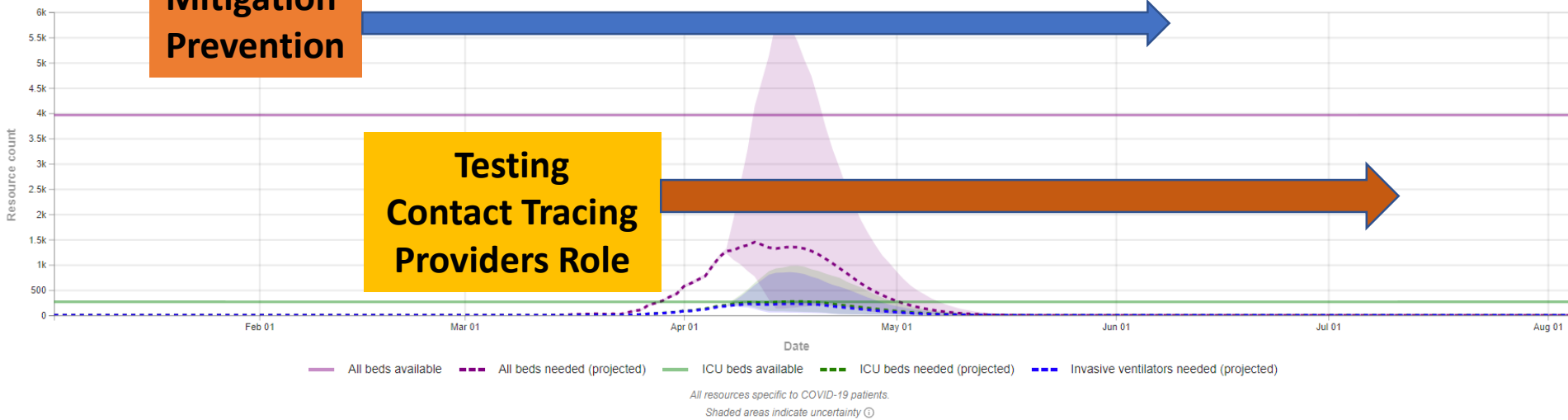
ICU Bed Shortage  
**0 beds**

Invasive ventilators needed  
**221 ventilators**

**Mitigation  
Prevention**

All resources All beds ICU beds Invasive ventilators

**Testing  
Contact Tracing  
Providers Role**

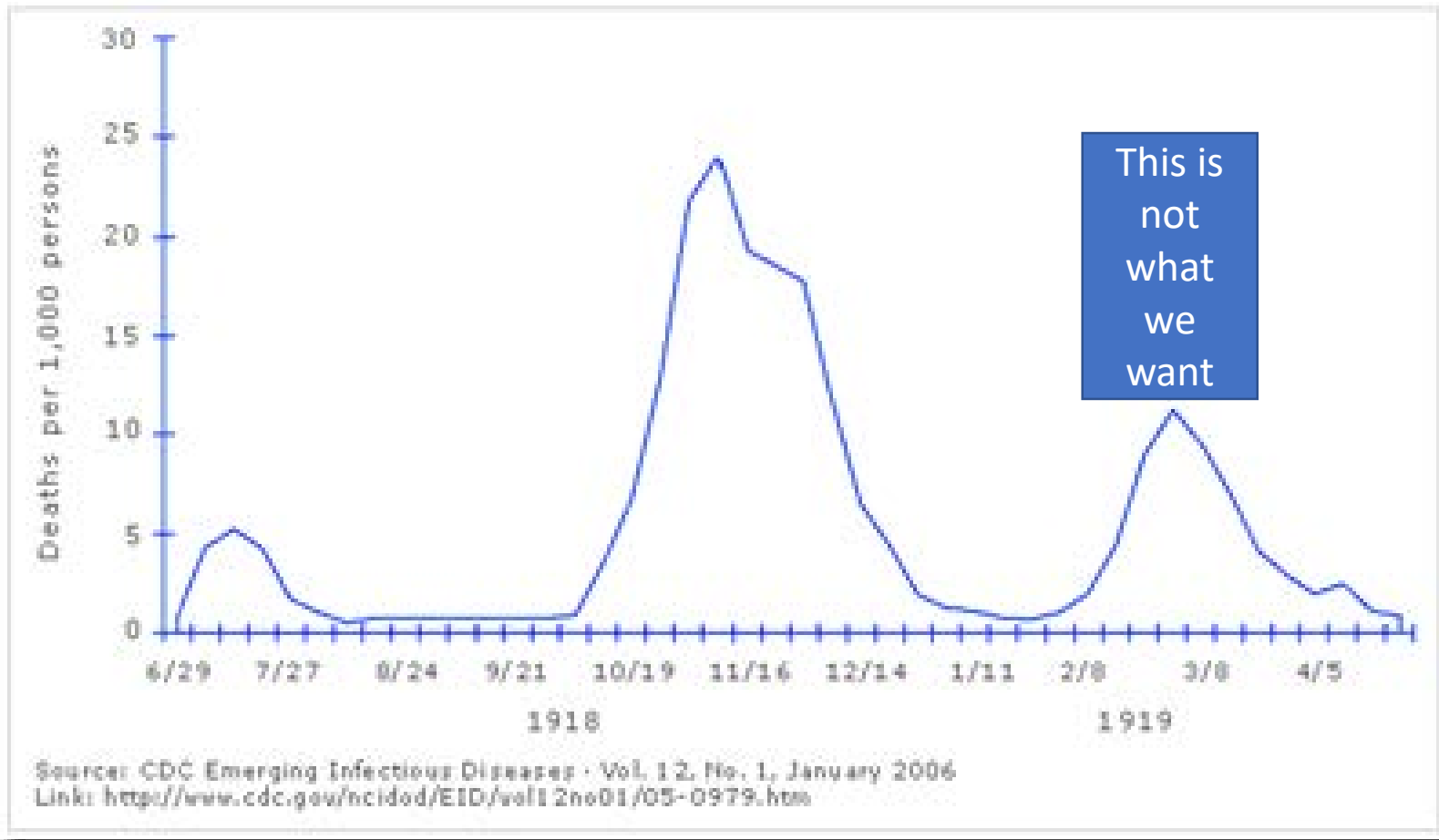


<https://covid19.healthdata.org/projections>



# 1918 Flu Pandemic

Below: Three pandemic waves: weekly combined influenza and pneumonia mortality, United Kingdom, 1918–1919



# What's Important Now (WIN)

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- ❖ Identify and contact high-risk patients
- ❖ Maximize non-face-to-face visits using telemedicine
- ❖ Identify appropriate candidates for testing
- ❖ Maximize clinical management of patients
- ❖ Stay current, stay safe
- ❖ **TELEMEDICINE is the new normal**

# Messaging to All Patients

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- ❖ *Stay home, stay away from this virus* – it can kill you, anyone can carry the virus
- ❖ We are here to support your medical needs - call
- ❖ Ensure your caregiver is also maintaining distance from others and frequently handwashing
- ❖ Maintain at least a 2-week supply of food and medicine
- ❖ Get exercise, rest and social connections - safely

# CDC Guidelines for COVID Patient Management

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- ❖ 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**

# Opportunities to Volunteer and Serve

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- ❖ Volunteer staffing opportunities - Maryland Responds Medical Reserve Corps (MRMRC)
  - <https://mdresponds.health.maryland.gov/>
  - Complete [Road to Readiness](#)
- ❖ [NIH serosurvey](#): Donate blood samples to help the NIH determine how many US adults without confirmed history of COVID-19 infection have antibodies to the virus



# Hospital Surge Preparedness

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- ❖ 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](http://www.MarylandMedNow.com)

# COVID-19 Testing Site Information

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- ❖ 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](#)

# Testing Locations – what is known

Testing Site Name	Location	Contact
MedStar St. Mary's Hospital	25500 Point Lookout Rd., Leonardtown, MD 20650	301-475-4911
UMMS, Upper Chesapeake Hospital	500 Upper Chesapeake Dr., Bel Air, MD 21014	443-843-8880
LifeBridge Health, Carroll Hospital	200 Memorial Ave., Westminster, MD 21157	410-601-2222
LifeBridge Health, Sinai Hospital	2401 W. Belvedere Ave., Baltimore, MD 21215	410-601-2222
Greater Baltimore Medical Center Health Partners	555 W. Towsontown, Blvd., Towson, MD	443-849-6819
Queen Anne's County Health Department	1000 College Circle, Wye Mills, Talbot, MD 21679	443-262-9900
Frederick Health Tollhouse	501 W. 7 <sup>th</sup> St., Frederick, MD 21701	240-215-6310
FedEx Field	Prince George's County	301-883-6627
<u>MedStar Health</u>	Ctrl + click on "MedStar Health" to your left	

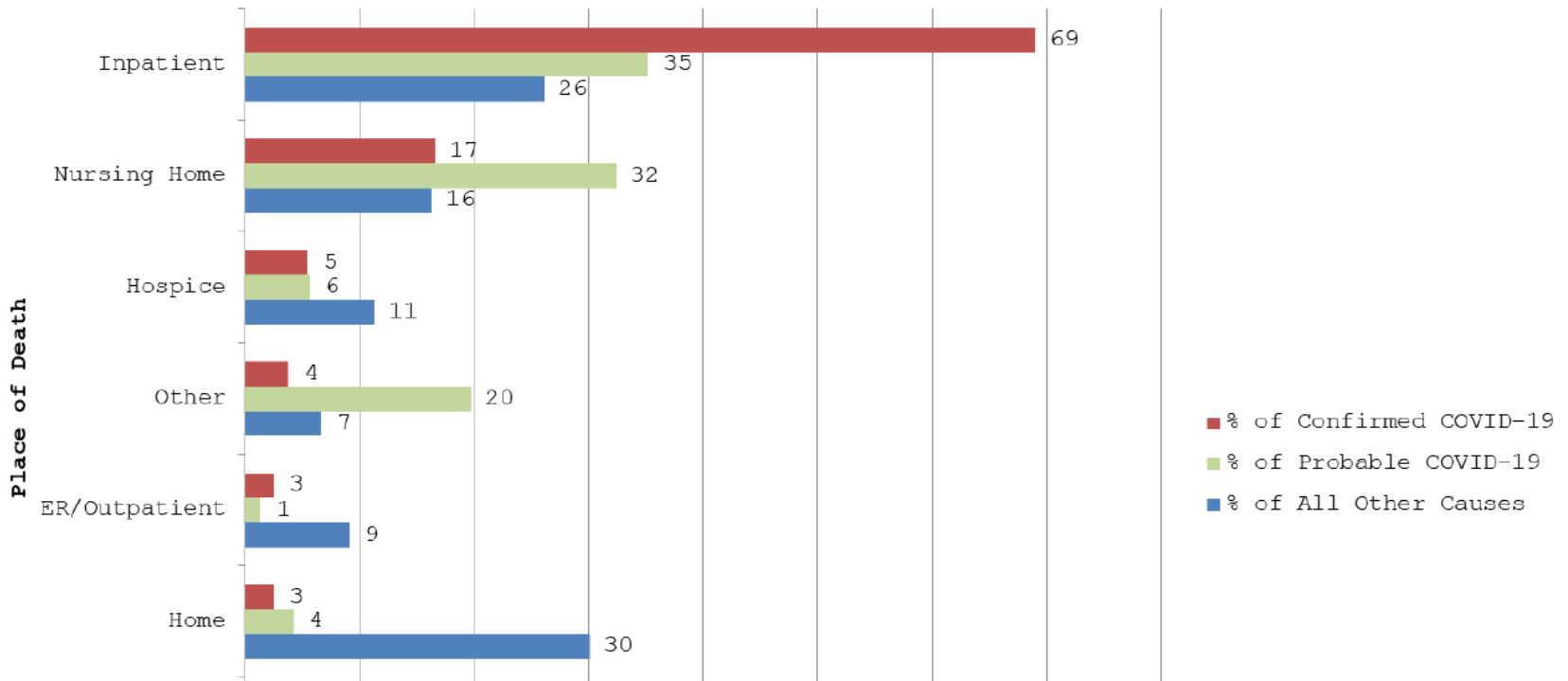
# Special Populations need Special Attention

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- ❖ Long-term care residents
  - Skilled Nursing Facilities
  - Assisted Living Facilities
  - Continuing Care Retirement Communities
- ❖ Others with marginal social support
- ❖ **Remember to support healthcare workers**

# Place of death of COVID-19 patients

Percentage of Maryland Recorded Deaths by Place of Occurrence and Cause of Death, Maryland, 2020



# New at-risk patient identifier tool – Socially Determined & CRISP

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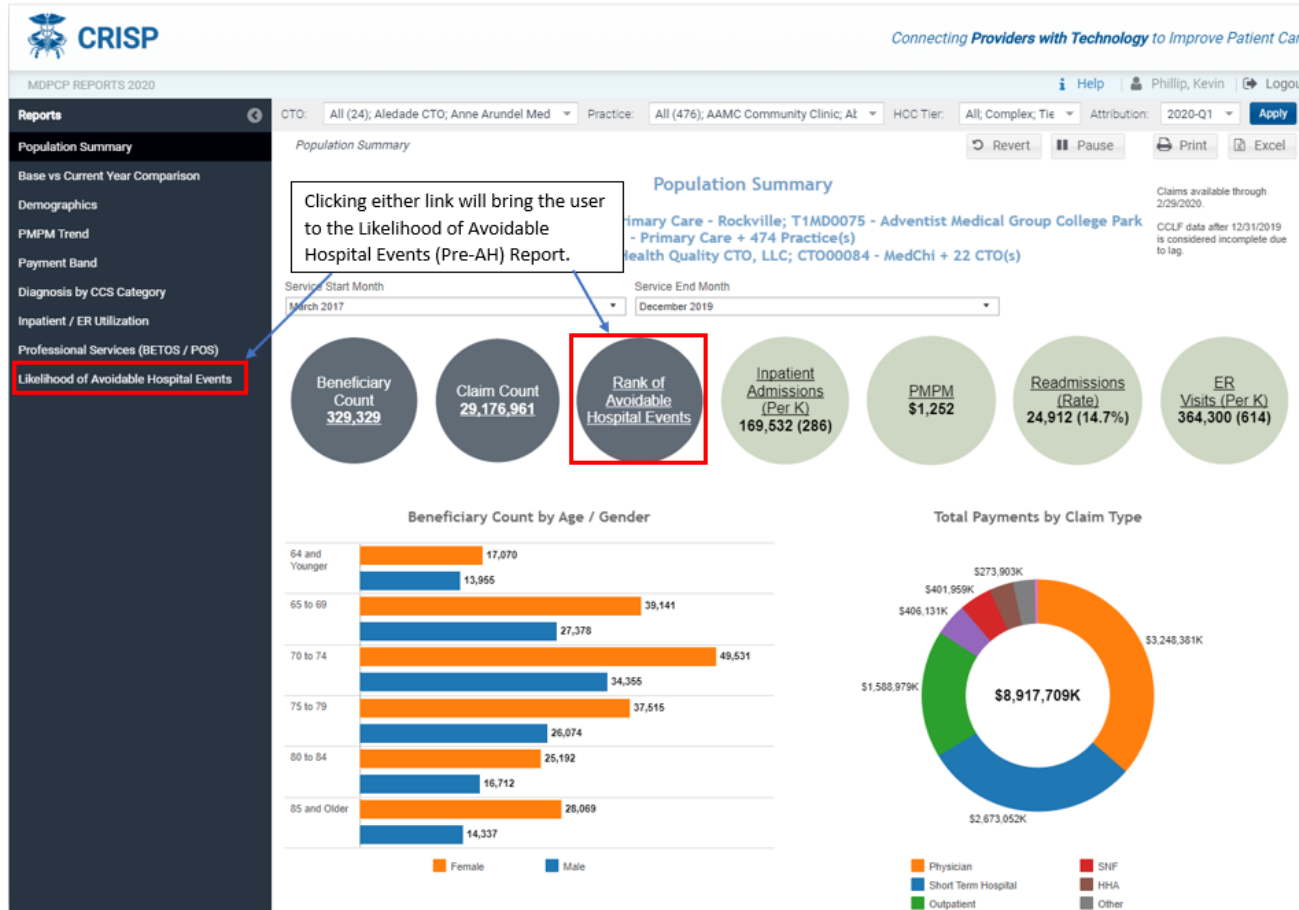
- ❖ Many Maryland Primary Care Program (MDPCP) practices use tools like the Pre-AH to identify clients most at risk for COVID-19
- ❖ CRISP has partnered with MDPCP and Socially Determined, a population health analytics vendor, to develop and offer an additional tool for MDPCP practices, the COVID-19 Social Susceptibility Index
- ❖ The index analyzes multiple factors to score high and severe-risk patients for proactive outreach and support
- ❖ The score variable appears in the Pre-AH tool

Additional information can be found:

[Socially Determined COVID Response Webpage](#)

[CRS-team@crisphealth.org](mailto:CRS-team@crisphealth.org)

# Tool screen example 1



# Tool screen example 2

CRISP Connecting Providers with Technology to Improve Patient Care

MOPDP REPORTS 2020

CTO: [Practice] HCC Tier: All, Complex, Tier Attribution: 2020-Q1

Likelihood of Avoidable Hospital Events

Risk Score Key

- Top 1st Percentile
- Between 2nd and 5th Percentile
- Between 6th and 10th Percentile
- Between 11th and 20th Percentile
- Between 21st and 100th Percentile

The percentiles are determined at a single practice-level and do not vary when selecting more than one practice or sub-populations within a practice.

Search By: Beneficiary ID Key: (All)

MBI	Beneficiary Name	Gender	DOB	Age	Medicare Status	Dual Status	PracticeID	HCC Tier	COVID-19 Vulnerability Index*	Likelihood of Avoidable Hospital Events	Claim Payment Amount
								Complex	5		
								Complex	3		
								Complex	5		
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								Complex	5		

\* Socially Determined COVID-19 Vulnerability Index: An assessment to help care teams identify your most vulnerable patients for proactive outreach and support. This exposure to COVID-19, potential severity of complications, and associated socio-clinical support needs, based on a multivariate model that includes demographic (e.g., advanced age), clinical (e.g., immunocompromised status), social (e.g., at risk of food insecurity), and environmental (e.g., proximity to congregate sites) factors. 5 indicates severe risk, 4 indicates high risk, and 3 indicates moderate risk.



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

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- ❖ 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

# Advance Directive vs. MOLST

MOLST	Advance Directive
Medical orders related to a patient's current medical condition	Provides guidance to healthcare practitioners for all major current and future medical conditions and death – treatment is based on medical orders
Must be completed for new patients during admission to all assisted living programs, home health agencies, hospices, kidney dialysis centers, and nursing homes	Not mandated, but highly recommended
Consolidates choice of procedures on life-sustaining treatment options	Importantly referred to when a patient is unable to give informed consent; health decision makers can be designated should patient be unable
The patient or authorized decision maker decides; signed by physician, nurse practitioner or physician assistant	Two witnesses (neither a health practitioner) required; no attorney needed. Remote witnessing is allowed under attorney supervision

# Billing

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- ❖ Billable event with AWW or Separate Encounter
- ❖ 99497 - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
- ❖ 99498 - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; each additional 30 minutes (List separately in addition to code for primary procedure)

# Resources

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## ❖ Online Maryland Programs:

- My Directives at <http://www.mydirectives.com/>
- Speak Easy at <https://speakeasyhoward.org/>
- [Inspiration](#)

# Personal Protective Equipment (PPE) Requests

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- ❖ Routed through Local Health Departments
- ❖ Priority as previously stated - may change over time
- ❖ Remain in scarce supply
  
- ❖ Find PPE request forms and local contacts [here](#)

# Primary Care Collaborative (PCC) Clinician Survey

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- ❖ PCC represents a broad group of public and private organizations and supports the growth of high-quality primary care against COVID-19
- ❖ Partnered with the Larry A. Green Center to weekly survey PC clinicians: How are you responding and what is your capacity?
- ❖ Results available at [thepcc.org/covid](https://thepcc.org/covid)
- ❖ [Complete this week's survey by Monday, April 27 at midnight](#)

# CME Disclosures and Evaluation

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- ❖ 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

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- ❖ Future Spotlights - Specialty Care, Pediatrics
  
- ❖ This week:
  - Today– Guest Healthcare Practitioners
    - ✓ Dr. Nnaemeka Agajelu
    - ✓ Dr. Swaroop Rao
    - ✓ Dr. Gnanaraj Johnson Koilpillai, Medical Director, Frederick Health Medical Group



# Appendix

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## Resources Links

# Staying Current - Sources

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

# Federal Emergency Funds for Small Business

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- ❖ [Disaster Loan Assistance](#) (from Small Business Administration)
  - Low-interest financial disaster loans for working capital in small businesses suffering substantial economic injury due to COVID-19
  - [FAQs](#)
- ❖ [CARES Act](#) (pending federal legislation)
  - Sets up a \$350 billion loan program for small businesses
  - Small businesses can apply for low-interest loans that cover up to 2.5 months of expenses
  - Maximum loan amount is \$10 million
  - Loans can cover payroll, rent, utilities, or existing debt obligations
  - Interest rates cannot exceed 4%
  - If employer continues to pay workers through June, the amount of the loans that went toward eligible costs would be forgiven
  - Loans will be available through the [Small Business Administration](#) and Treasury-approved banks, credit unions, and some nonbank lenders

# State Emergency Funds for Small Business

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- ❖ [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

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

➤ [Maryland Summer Meals](#)

[Howard County](#)

➤ [Montgomery County](#)

[Anne Arundel County](#)

➤ [Prince Georges County](#)

[St. Mary's County](#)

➤ [Charles County](#)

[Harford County](#)

➤ [Frederick County](#)

[Calvert County](#)

❖ Free meals available from 42 rec centers in Baltimore

➤ Call 311 for locations and to schedule pickup time

# Resources for Specific Groups

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- ❖ Community- and Faith-Based Organizations  
(<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-community-faith-organizations.html>)
- ❖ Mass Gatherings and Large Community Events  
(<https://www.cdc.gov/coronavirus/2019-ncov/community/mass-gatherings-ready-for-covid-19.html>)
- ❖ Non-Pharmaceutical Interventions for Specific Groups  
(<https://www.cdc.gov/nonpharmaceutical-interventions/index.html>)

# Resources and References

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- ❖ Maryland Department of Health Coronavirus Website (<https://coronavirus.maryland.gov>)
- ❖ CDC Coronavirus Website (<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>)
- ❖ CDC National data on COVID-19 infection and mortality (<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>)
- ❖ CDC Interim Guidance for Homes and Communities (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>)
- ❖ CDC Interim Guidance for Businesses (<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html>)
- ❖ CDC Interim Guidance for Childcare and Schools (<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html>)
- ❖ CDC Travel Website (<https://wwwnc.cdc.gov/travel/>)

# State Emergency Funds for Small Business

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- ❖ [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).