COVID-19 Daily Update

Maryland Department of Health

Maryland Primary Care Program

Program Management Office

April 8, 2020

We Will Get Through This

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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Key Takeaways

❖ You remain on the front line against COVID-19 in Maryland

❖ The peak is rapidly approaching- act now

❖ This epidemic affects **EVERYONE,** including many of your patients

❖ You are uniquely positioned to identify at-risk populations, provide important social distancing information to them, and serve their healthcare needs through telemedicine

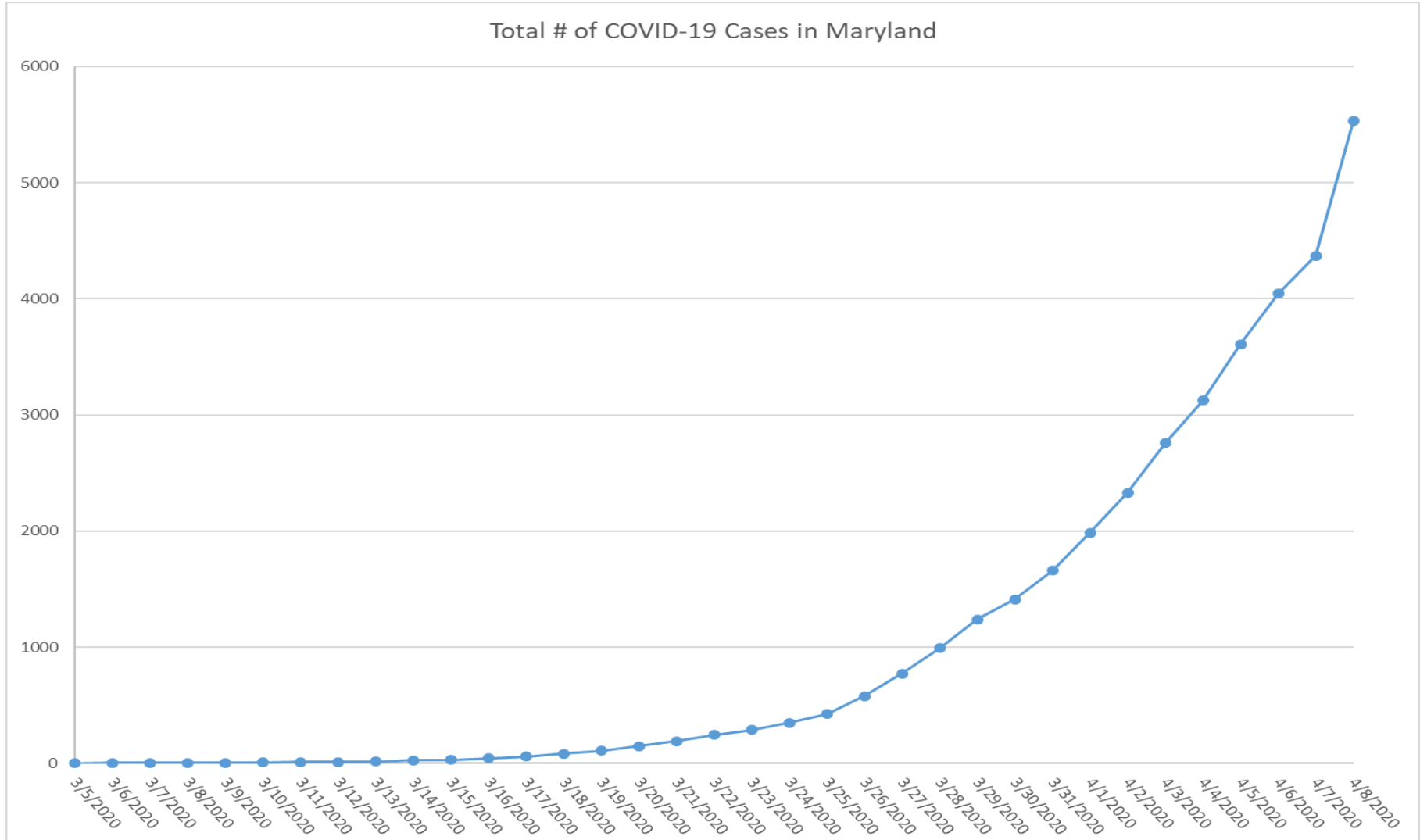❖ No one can do this better than you!

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Agenda

❖ Today's key updates

❖ What's Important Now (WIN)

❖ Messaging

❖ Testing Locations

❖ Patient Management

❖ PPE Sources/Requests

❖ Aligned Program Updates – Hospital Surge, Vulnerable Populations and Mass Fatality Plan

❖ Announcements

❖ CareFirst Update

❖ Behavioral Health Presentation and Discussion

❖ Q & A

❖ Resources

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Morbidity and Mortality Update

	New Cases since April 7	Cumulative Cases	Cumulative Hospitalized	Cumulative Deaths
United States		395,011		12,754
Maryland	1158	5529	1210	124

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Total COVID-19 Cases in Maryland

Total # of COVID-19 Cases in Maryland

Total COVID-19 Deaths in Maryland

Total # of COVID-19 Deaths in Maryland

Modeling the Surge

https://covid19.healthdata.org/projections

What's Important Now (WIN)

❖ **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

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Messaging to All Patients

❖ ***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

❖ Stay at least 6 feet away from everyone who do not live with you

❖ Ensure your caregiver is also maintaining distance from others and frequently handwashing

❖ Maintain at least a 2-week supply of food and medicine

❖ If you go out for a walk, keep your distance

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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 <u>Senior Call Check Program</u>

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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 – <u>FAQs available here</u>.

❖ Current list of testing sites, please click <u>here</u>

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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. 7th St., Frederick, MD 21701	240-215-6310
FedEx Field	Prince George's County	301-883-6627
MedStar Health	Ctrl + click on "MedStar Health" to your left	

VEIP Sites (current limited services days and hours) – Lab Orders

CRISP
Unified Landing Page™

HOME   PDMP   DEA SELF-AUDIT REPORT   QUERY PORTAL   CENSUS VIEW   DELEGATOR DASHBOARD   ENS PROMPT   PDMP REPORTS ⌄   **NO PATIENT: COVID-19 LAB ORDER**   COVID-19 LAB ORDER

User Guide
HELP

SHEENA PATEL
(SIGN OUT)

COVID-19 Lab Order

Print

Order Confirmation

Order submitted successfully.

Patient: Daisy Duck

Order Confirmation Code: Duck00001

Patient Instructions

Your patient will receive an email with their Order Confirmation Code (above) and a link to the self-scheduling site. We recommend reading the code to the patient to ensure they have it readily available. If the patient needs assistance to schedule their test, you may schedule for them by clicking Lab Scheduling Tool or they may call ###-###-####.

Ordering Physician	Organization	Date Requested
Dr. Doolittle	ENS_ALED	2020-04-04

Patient Information

First Name	Middle Name	Last Name
Daisy		Duck

Date of Birth (Format MM/DD/YYYY)	Gender
01/01/1984	Female

Home Address 1	Phone Number	Type
1 Disney Way	111-111-1111	Mobile

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CDC Recommendations for Cloth Face Coverings

❖ Many COVID-19-infected people are asymptomatic

❖ Pre-symptomatic people can transmit COVID-19 to others nearby by speaking, coughing, and/or sneezing

❖ **Wear cloth face coverings in public when other social distancing measures are difficult or impossible to maintain (e.g. grocery stores and pharmacies, etc.)**

❖ Continue to maintain 6-foot social distancing whenever possible

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Hospital Surge Preparedness

❖ Convention Center needs medical volunteers – Visit <u>https://www.linkedin.com/jobs/view/1788387174</u> and/or register through the MRMRC link below

❖ Tents and Modular Units - including ICUs

❖ Expansion within facilities

❖ Professional student staffing

❖ Volunteer staffing opportunities - Maryland Responds Medical Reserve Corps (MRMRC)

➢<u>https://mdresponds.health.maryland.gov/</u>

➢Complete <u>Road to Readiness</u>

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Vulnerable Populations - Reach Out

❖ Long-term care residents
  - ➢Skilled Nursing Facilities
  - ➢Assisted Living Facilities
  - ➢Continuing Care Retirement Communities

❖ Homeless

❖ Group homes, Foster Homes

❖ Inmates

❖ Others with marginal social support

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SDOH Risk Analytics Platform Will Drive a More Targeted Response

SOCIALLYDETERMINED

Community-Level Vulnerability

Individual-Level Risk

\+

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Mass Fatality Plan

Appendix B Death Management Process
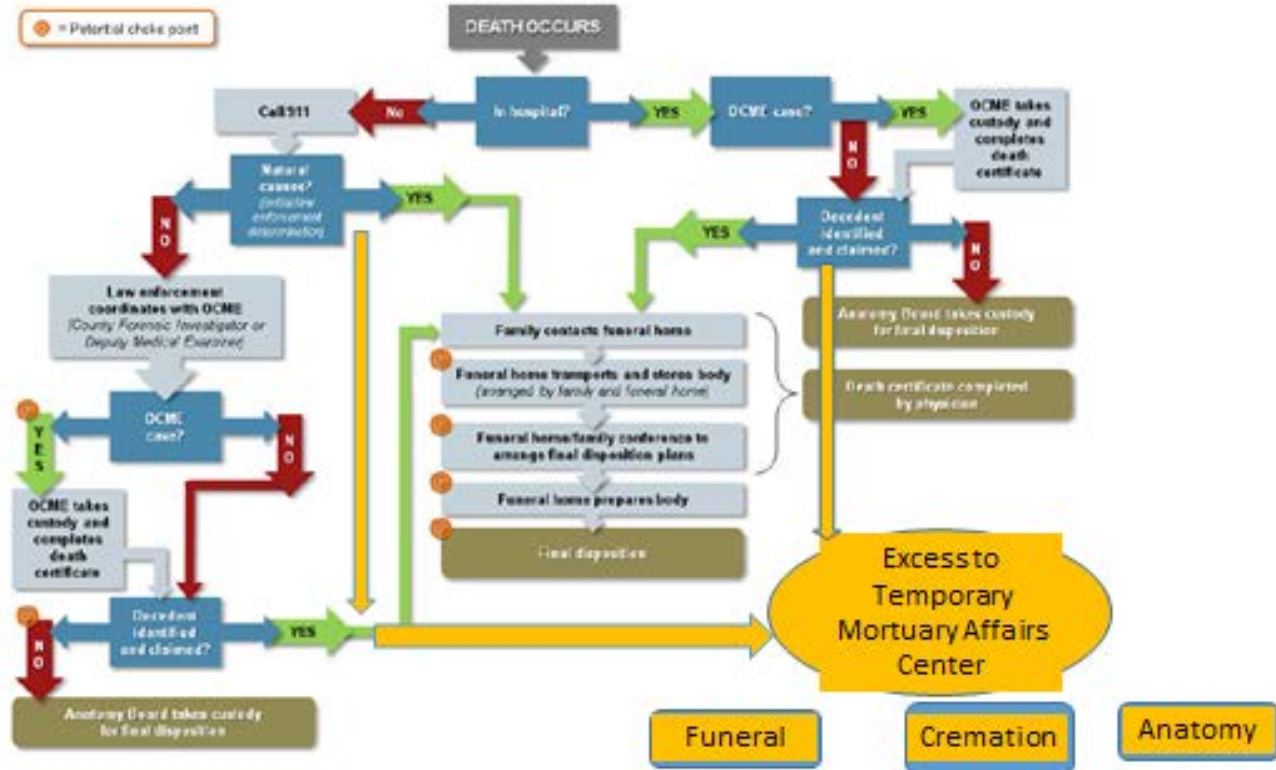
CDC Guidelines for COVID Patient Management

❖ 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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Personal Protective Equipment (PPE) Requests

❖ 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**

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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: <u>COVID-19 Update Evaluation</u>

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Announcements

❖ Friday Webinar (4/10/20) - Primary Care Practice Spotlights from Member Practitioners

❖ Future Spotlights - Dental, Specialty Care

❖ TODAY – CareFirst Information and Update

❖ TODAY - Behavioral Health Professional Guests

➢ Paul S. Nestadt, M.D., Assistant Professor, Department of Psychiatry and Behavioral Sciences, Johns Hopkins School of Medicine, Department of Mental Health, Johns Hopkins Bloomberg School of Public Health

➢ Liz Prince, DO, Department of Psychiatry and Behavioral Sciences, Johns Hopkins School of Medicine

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CareFirst COVID-19 Update

Maryland Department of Health COVID-19 Webinar

Zach Rabovsky, Manager Practice and Payment Transformation

Jackie Hargrove, Medical Coding Specialist

4/8/2020

CareFirst Coronavirus Resource Center

CareFirst Coronavirus Resource Center

Need Insurance?   Members   Employers   Brokers   Providers   Community

Log In or Register

HOME   PLANS & COVERAGE   PROVIDERS & FACILITIES   HEALTH & WELLNESS   INSURANCE BASICS

About Us

- ❯ Coronavirus Resource Center
  - News & Updates
  - Prevention & Safety
  - Member Updates & Information
  - Employers
  - Brokers & Partners
  - ❯ Healthcare Providers
  - Community Partners
  - Links & Resources

Healthcare Providers

| Billing & Claims | Telemedicine | Benefit Changes | FAQs | Prior Auth Updates |

During this challenging and unprecedented event, CareFirst wants to keep you informed of the benefit updates we are making to ensure our members, your patients, have access to the care they need.

Billing and Submitting Claims for Coronavirus Treatment

CareFirst is waiving cost sharing (copays, coinsurance and deductibles) for in-network or out-of-network visits to a provider's office, lab fees or treatments related to COVID-19. Though CareFirst is waiving out-of-pocket costs, members may experience balance billing from out-of-network providers.

Providers should **not collect copays for these services**. If a member does owe a copay or coinsurance after the claim is processed, you can bill the member as you do for all other claims.

Key Updates to Member Benefits

To ensure our members have access to the care they need during the coronavirus outbreak, we have instituted several benefit changes for our members

1. Waving cost sharing (copays, coinsurance and deductible) for in-network or out-of- network visits to a provider's office, lab fees or treatment related to COVID-19.

2. Waiving cost sharing for telemedicine visits.

3. Providers should not collect copays for these services at the time of visit. If a members does owe a copay co-insurance after the claim is processed, you can bill the member as you do for all other claims.

Telemedicine Updates

CareFirst has temporarily expanded our telemedicine policy. Detailed information on how to submit claims for telemedicine services can be found on the provider website

1. Waiving cost sharing for telemedicine

2. If your practice has its own telemedicine capability (audio/video), proceed with visits and bill CareFirst as normal with a place of service "02" and refer to the guidance at carefirst.com

3. If the claim is to evaluate a member for coronavirus, use diagnosis code Z20.828 (Exposure to viral disease).

4. If you are treating a member with confirmed coronavirus use diagnosis code B97.29 for dates of service prior to 4/1/20 and diagnosis code U07.1 or dates of service on and after 4/1/20.

5. If you are currently not set up to conduct telemedicine, you can use a commercially available platform to conduct telemedicine visits. Refer to Office for Civil Rights guidelines

6. Additionally, CareFirst is amending its Medical Policy on a temporary basis to pay for phone consultation provided by physicians and nurse practitioners credentialed in CareFirst's network for the following specialties: primary care provider, OB/GYN, family practice and pediatrics.

   - $20 flat fee for CPT 99441

Preauthorization

CareFirst has temporarily updated some of our Utilization Management policies and practices, such as relaxing select prior authorization requirements, to reduce administrative burdens on the healthcare system

Detailed information regarding the below topics is in the Coronavirus Resource Center on our website

- Non-elective Inpatient Admissions
- Emergency Admissions
- Inpatient Emergency Surgeries
- Facility to Facility Transfers (to increase bed capacity)
- Transfers to Skilled Nursing Facilities, Long-Term Care Facilities and Acute Rehabilitation
- Non-Emergent Ground Ambulance Transportation
- Non-Emergency Air Transport
- Elective Surgeries
- Homecare
- Hospice

Billing and Claims

Submitting Claims for Office Visits, Urgent Care or ER Visits

- Submit claims for office visits, urgent care, or ER visits for the purpose of diagnosing or ordering testing for COVID-19 using ICD-10 primary diagnosis code of Z20.828 regardless of the place of service. Use the following ICD-10 reporting codes for billing COVID-19 treatment:
  - Treatment of coronavirus- use code U07.1 as primary diagnosis code
  - Treatment of comorbidity symptoms should be submitted with the appropriate diagnosis code

Submitting Testing Claims

- Submit claims for COVID-19 testing using Healthcare Common Procedure Coding System (HCPCS) procedure code U0002 effective for dates of service on or after 2/4/2020 or Current Procedural Terminology (CPT) code 87635 effective for dates of service on or after 3/13/2020.

Lab Service

- For the duration of this public health emergency, CareFirst has expanded the scope of our contracted lab partners to support access to testing as it becomes available.
- COVID-19 tests may be sent to any lab contracted with CareFirst authorized to perform the testing, including hospital-based labs.

Communicating Feedback

If you have questions or comments, your CareFirst Practice Consultant, Provider Relations Representative, and Regional Care Coordinator can support you

Please continue to provide feedback and check the Coronavirus Resource Center regularly as the website is frequently updated

CareFirst is continuing to work state and local health resources to support readiness and response efforts

Healthcare Worker Anxiety:

Stress and Resilience in the time of COVID-19

Elizabeth Prince, DO

Psychiatrist, Johns Hopkins School of Medicine

Objectives

- Characterize healthcare worker anxiety
- Review stress and anxiety
- Define resilience
- Identify approaches to building resilience

Health Care Worker Anxiety

• Well established that HCWs experience significant stress during infectious epidemics
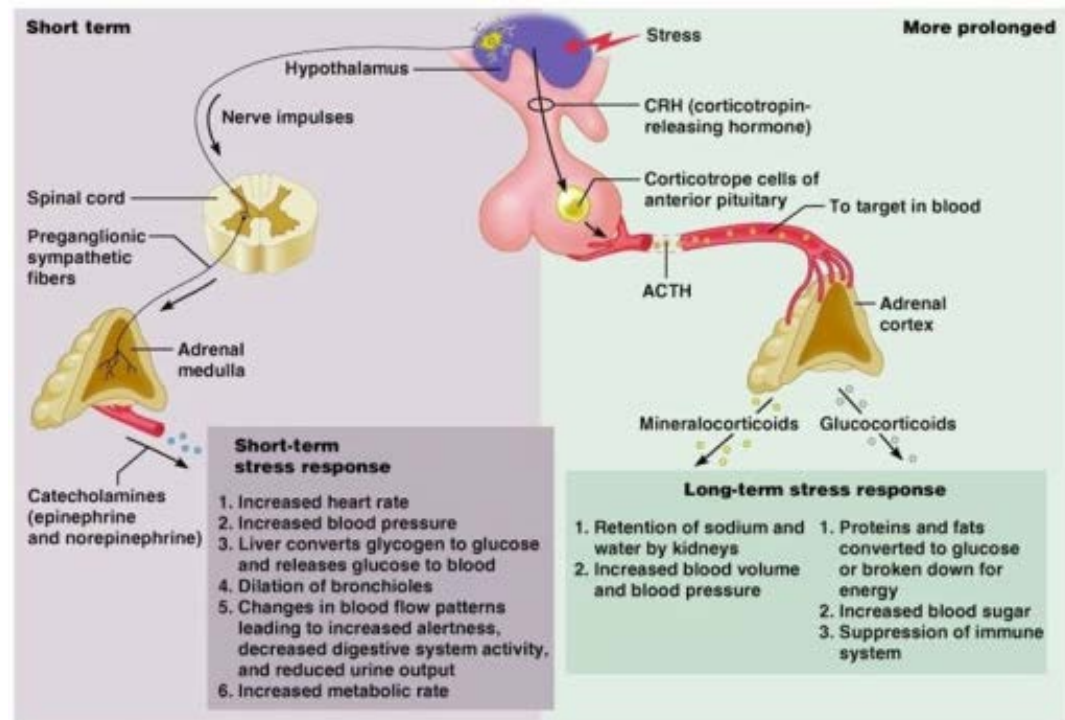
H1N1

- Most frequent concern was infection of family and friends
- Auxiliary staff more worried than all other groups and nurses more worried than medical staff
- Perceived sufficiency of information was associated with reduced degree of worry

Panagiota, G., Christos, M., Danai, D., Dimitrios, M., & Thomas, H. (November 09, 2010). General hospital staff worries, perceived sufficiency of information and associated psychological distress during the A/H1N1 influenza pandemic. *Bmc Infectious Diseases, 10,* 322.
Matsuishi, K., Kawazoe, A., Imai, H., Ito, A., Mouri, K., Kitamura, N., Miyake, K., ... Mita, T. (June 01, 2012). Psychological impact of the pandemic (H1N) 2009 on general hospital workers in Kobe. *Psychiatry and Clinical Neurosciences, 66,* 4, 353-360.

SARS

- In the initial phase of the outbreak, when the infection was spreading rapidly, feelings of extreme vulnerability, uncertainty and threat to life were perceived, dominated by somatic and cognitive symptoms of anxiety

- During the 'repair' phase, when the infection was being brought under control, depression and avoidance were evident

Chong, M.-Y., Wang, W.-C., Hsieh, W.-C., Lee, C.-Y., Chiu, N.-M., Yeh, W.-C., Huang, T.-L., ... Chen, C.-L. (January 01, 2004). Psychological impact of severe acute respiratory syndrome on health workers in a tertiary hospital. *The British Journal of Psychiatry, 185,* 127-133.

COVID-19

- Frontline healthcare workers treating patients with COVID-19 had higher depressive symptoms, anxiety, insomnia, and distress
- Levels of anxiety, stress, and self-efficacy were dependent on sleep quality and social support.

Lai J et al. JAMA Network Open. 2020. 3(3). March 23, 2020. pp. 1-12
Xiao, H., Zhang, Y., Kong, D., Li, S., & Yang, N. (January 01, 2020). The Effects of Social Support on Sleep Quality of Medical Staff Treating Patients with Coronavirus Disease 2019 (COVID-19) in January and February 2020 in China. *Medical Science Monitor : International Medical Journal of Experimental and Clinical Research, 26.*

Some stress is useful

theglobalsuccessacademy.com
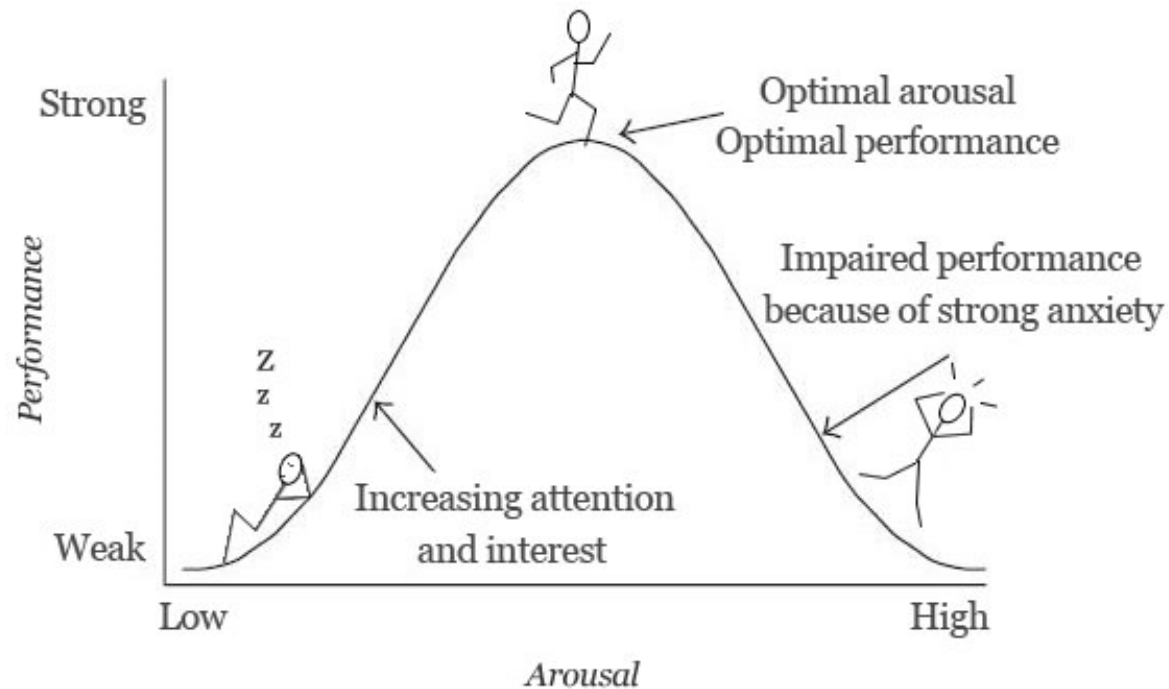
Anxiety Response Cycle
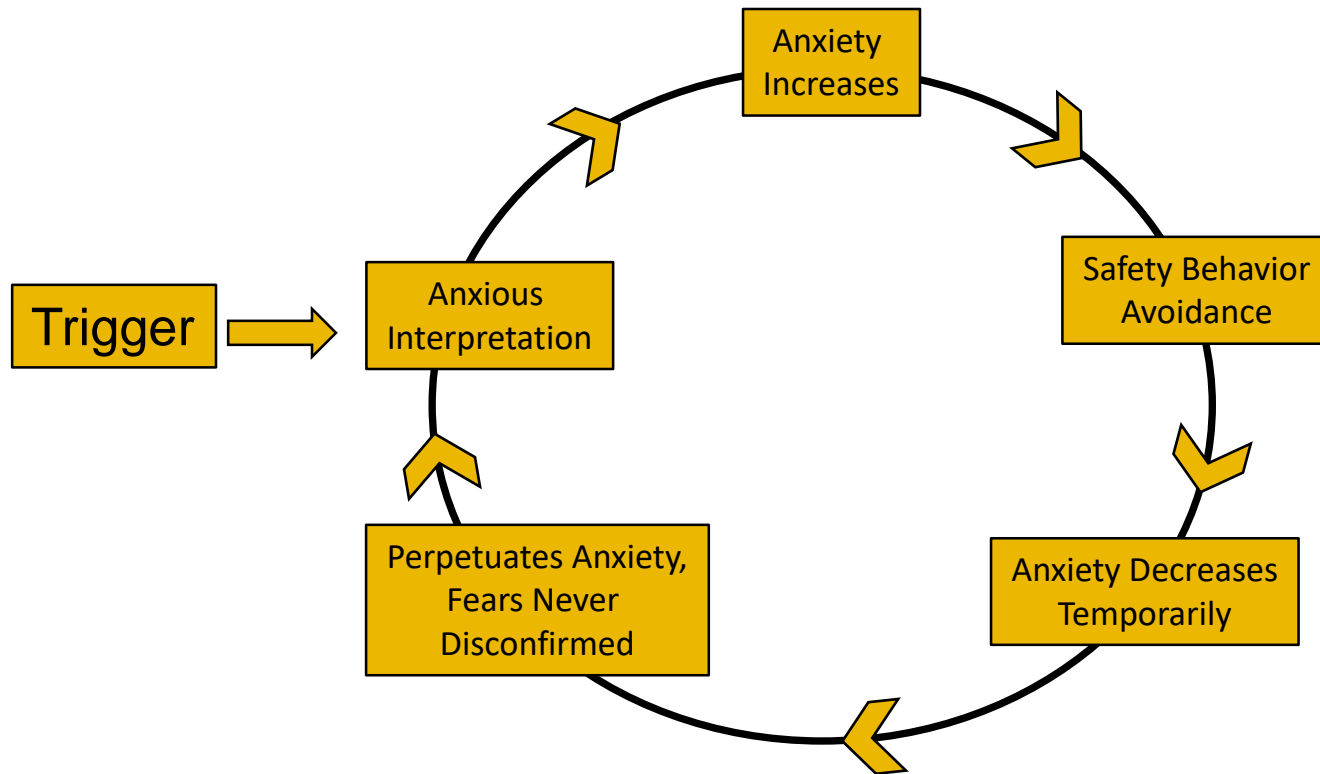
Resilience

- Ability to maintain or regain equilibrium <u>after</u> experiencing adversity
- Bounce back from stressful and negative emotional experiences
- Success despite stressful events and conditions
- Bending but not breaking
- Resilience is a predictor of well-being
  - Less likely to dwell on problems, feel overwhelmed, use unhealthy coping tactics to handle stress, or develop anxiety and depression

Karatsoreos & McEwen, *Trends Cogn Sci*, 2011; Karatsoreos & McEwen, *F1000Prime Reports*, 2013

Resilience can be developed, like building muscle

- Goal is not elimination, but reduction in overall stress level to better handle spikes
- Practice is the key
- Many different approaches

https://www.everydayhealth.com/

Approaches to Building Resilience

Cognitive Behavioral Therapy (CBT)

- Identify and change distorted, irrational thoughts
- Turn your mind away from negative thoughts (like changing a channel) to something more positive
  - memories of a favorite place
  - thoughts about those you love most
  - activities you really enjoy

Challenge Thoughts

Change Feelings

Change Behaviors
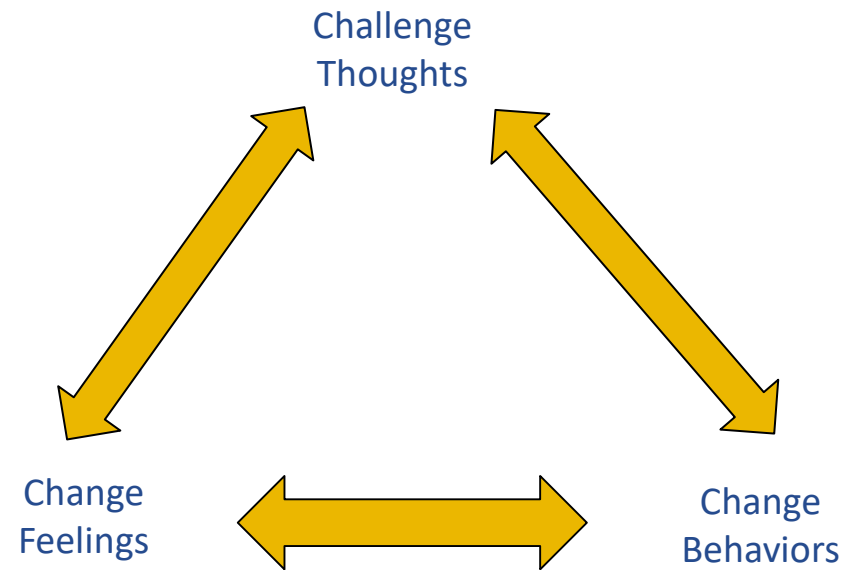
Catastrophizing

- The mind can fixate on catastrophic outcomes
- Note the facts of the current situation and don't add an additional "story" to the situation (usually these stories start with "what if...")

nataliedee.com

Information gathering behavior

- Limit/control your access to information
  - Reliable sources
  - Amount of time spent
  - Number of times during the day
- We can't control the information, but we can control how we receive and react to it

Time spent looking at exponential graphs

January   February   March

Month of 2020

twitter.com
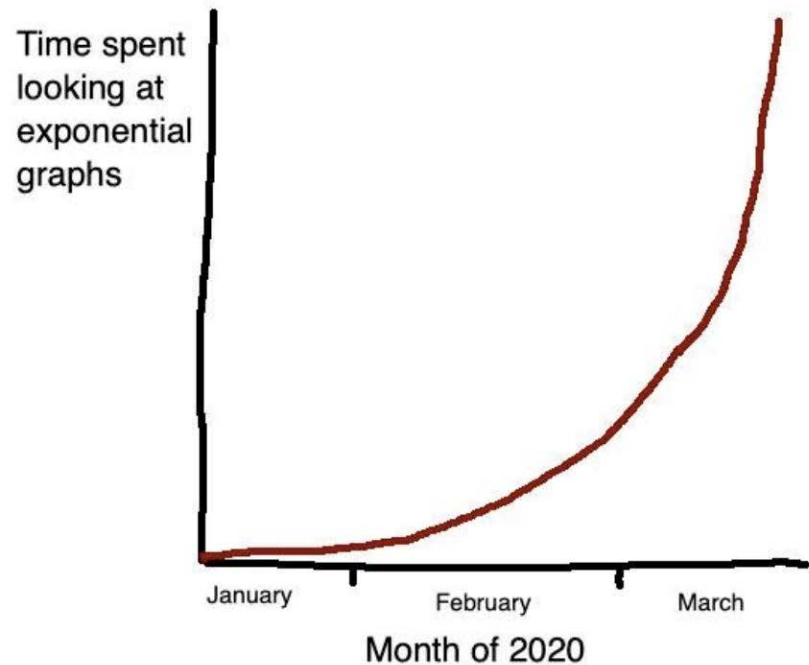
Gratitude

- Even amidst the stress can you find things to be grateful for
    - the opportunity to spend a few extra minutes in nature
    - the ability to connect with someone in your home
    - the sun shining through your window
    - the opportunity to give a talk!
- List a few of these in the morning or before bed

Emotion Regulation

GRIEF

- We all vary in how strong our emotional responses are

- Recognize and label strong emotional responses

- Apply techniques to control the intensity of response

  - deep breathing, remove yourself from a situation, read something distracting, talk about something positive, work on a project

@whiteboardpsychology

FOREBODING

ENVY

FEAR

Mindfulness

- Attention to the moment, rather than past or future

- Formal practices
  - seated practice, focusing on breath, body scan (awareness of body)

- Informal practices
  - taking a typical activity and fully focus on the experience (brushing teeth, washing dishes) and focusing on the sound and smell and sights.

<u>What to Do</u>
- Take 3 deep breaths
- Name your emotion, even challenging ones
- Name 3 things you are grateful for

<u>When to do them</u>
- Between seeing patients
- While logging into EPIC
- Before/After reading an email
- Before starting a meeting

Apps

- https://positivepsychology.com/mindfulness-apps/#daily-mindfulness
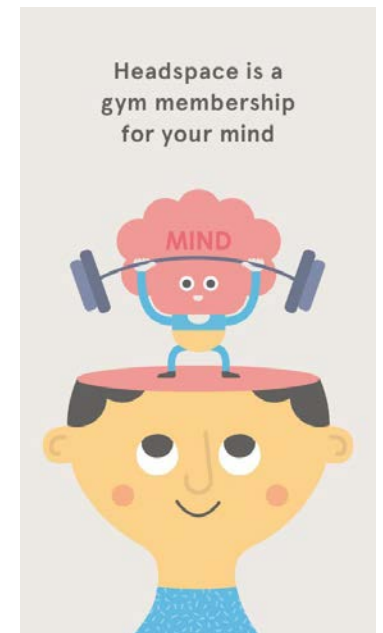
It doesn't have to be always

- Any form of relaxation or mindfulness can turn off the stress response and allow us to think more clearly and effectively
- When the mind wanders to stressful thoughts during the day, practice noting the thoughts and returning to the activity you are engaged in
- By doing this, you are not consumed by worries the entire day

What **doesn't** resilience training do?

- Immediately solve all your problems
- Eliminate all negative emotions
- Guarantee things will not change and go back to "normal"
- Treat underlying anxiety and depression
  - Cruel to tell someone in the midst of a depression that the need to improve their coping skills

Don't reinvent the wheel

- Think creatively about adapting your existing coping strategies
- Maintain social relationships remotely/virtually
- Reach out to your mentors, teachers
- What are other activities you have enjoyed in the past and can they be done in your home (hobbies, crafts)?
- Consistency and routine in times a great change is a comfort

Reach out for help

- If you need additional help, don't hesitate to contact your primary care provider, a therapist, or your employee assistance program
  - Many therapists are providing support remotely
- Coping with Stress and Social Isolation by Hopkins psychiatrist Karen Swartz
  https://www.youtube.com/watch?v=BngWimL4epw

Quick Poll now on PCP Telemedicine Use

❖ Please help MDPCP learn how we are using telehealth

❖ A short, quick poll will now show on your computer screen

➢Are you using telemedicine?

➢If yes, is it a HIPAA-compliant platform?

➢Which platform?

❖ Please answer the questions – your participation will be greatly appreciated!

Thank You!

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Questions and Answers

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

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Staying Current - Sources

❖ <u>CDC</u>

❖ <u>MDH COVID-19 information page</u>

❖ <u>MDPCP COVID-19 webpage</u>

❖ Local Health Departments

❖ <u>CONNECT</u>

❖ Clinician Letters

❖ Multiple Resource Links in Appendix

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Appendix

Resources Links

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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

State Emergency Funds for Small Business

❖ <u>COVID-19 Layoff Aversion Fund</u> (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

❖ <u>View the One-Pager</u>

❖ <u>COVID-19 Layoff Aversion Fund Policy</u>

❖ <u>COVID-19 Layoff Aversion Fund Application</u> (Excel)

❖ Submit your completed application to: <u>LaborCOVID19.layoffaversion@maryland.gov.</u>

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Food Resources

❖ Nutrition: Inform patients that children can receive three free meals/day at sites listed on:
- Maryland Summer Meals
- Montgomery County
- Prince Georges County
- Charles County
- Frederick County
- Howard County
- Anne Arundel County
- St. Mary's County
- Harford County
- Calvert County

❖ Free meals available from 42 rec centers in Baltimore
- Call 311 for locations and to schedule pickup time

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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

❖ <u>Maryland Small Business COVID-19 Emergency Relief Loan Fund</u>
  ➢ $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

❖ <u>Maryland Small Business COVID-19 Emergency Relief Grant Fund</u>
  ➢ $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

❖ <u>Emergency Relief Fund FAQ</u>

❖ Questions or concerns email <u>fpaaworkflowcoordinator.commerce@maryland.gov</u>.

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