



# **Covid-19 Update: The Final Regular Wednesday Webinar**

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

23 June 2021

# Timeline of Pandemic Events

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March 2020- 1st case, 1st death, stay at home order, non essential businesses closed

April 2020- 1000 deaths

May 2020- Stay at home order lifted

June 2020- testing increased by 117%, Phase 2 of reopening-

July 2020- statewide mask rule, hospitalizations increase by 400

August 2020- hospitalizations decline, State Fair cancelled

September 2020- dining capacity increased to 75%, High school sports return

October 2020- ICU and Hospitalization increased- 900 cases in one day

November 2020-cases, hospitalizations increase, ACS used for overflow, monoclonal infusions start

December 2020- 51 deaths in one day, Pfizer EUA approved, travel restrictions, gathering size 10

January 2021- 6000 dead, vaccines continue

February 2021- vaccines ramp up, case rates declining, hospitalizations decline

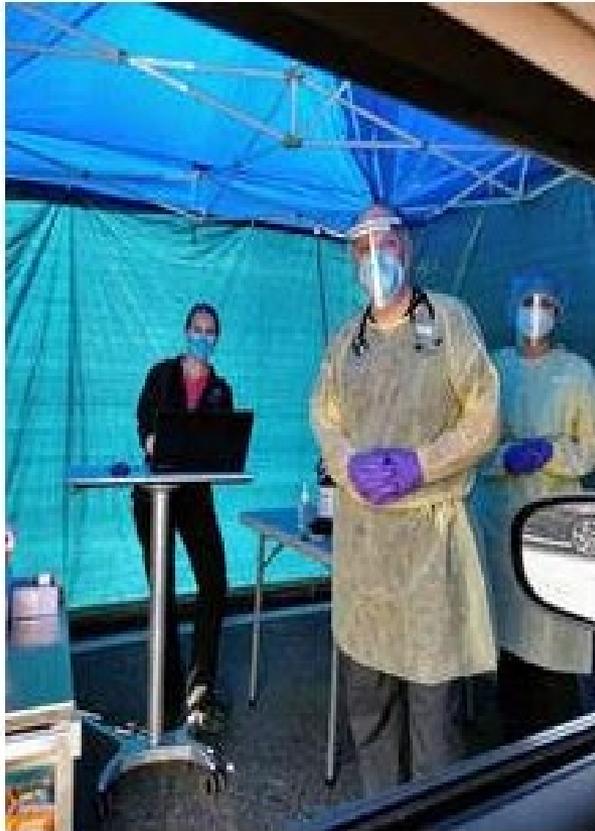
March 2021- vaccine continued with 3 types, case rates up

April 2021- 1 million vaccinated

May 2021- case rates, hospitalizations decline

# Scenes from the Covid Pandemic

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# Agenda

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- ❖ Pandemic data
- ❖ The past and the future
- ❖ Lessons learned
- ❖ Discussion with Drs. Adams and Menocal

# Daily COVID-19 Report

Data reported as of 6/22/2021 for data through 6/21/2021

**461,828**  
cases cumulative

**10,736,444**  
tests cumulative

**1.0**  
7-day avg. case rate

**6,509**  
total hospital adult census

**9,498**  
deaths cumulative

**49**  
cases reported yesterday

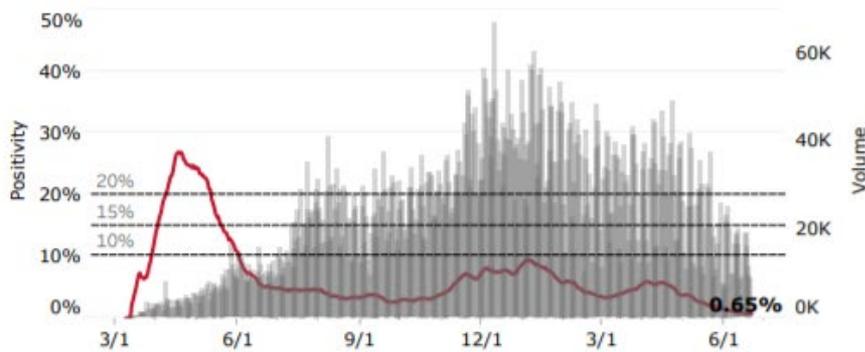
**8,832**  
tests reported yesterday

**0.65%**  
7-day avg. positivity

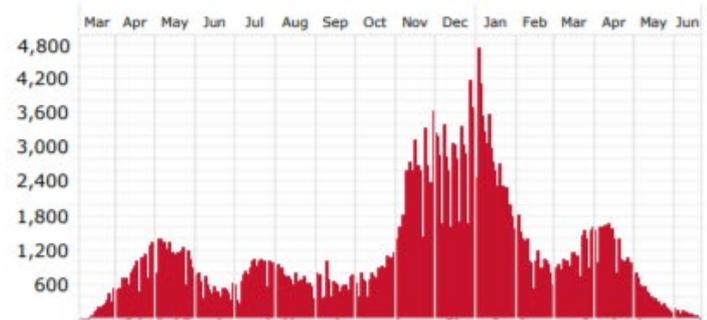
**101**  
change in total hospital census

**8**  
deaths reported yesterday

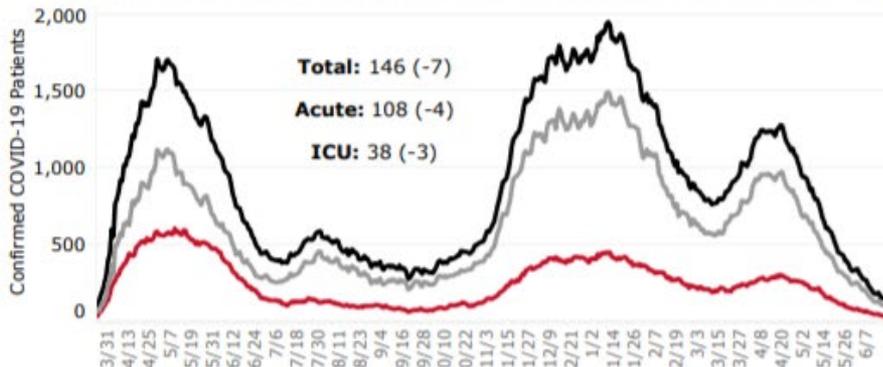
## 7-Day Avg. Percent Positivity and Total Testing Volume Since 3/1/20



## Daily New Cases by Specimen Collection Date



## Statewide Acute/ICU Beds Occupied by COVID Patients



## Daily Deaths Confirmed and Probable



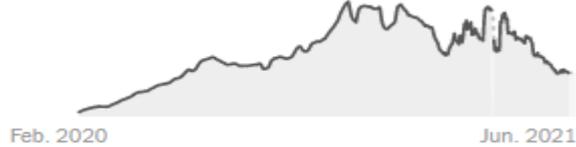
Case rate calculated as total confirmed cases per 100,000 population using the 2019 Maryland Population estimates from the Maryland Department of Planning, March 2020.

# New reported cases

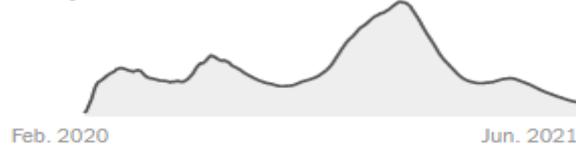


■ These are days with a reporting anomaly. Read more [here](#).

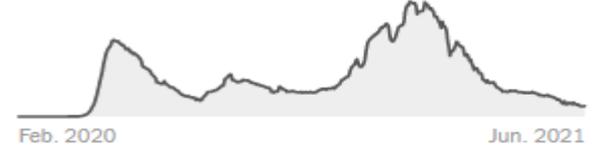
## Tests



## Hospitalized



## Deaths



AVG. ON JUN. 21

14-DAY CHANGE

TOTAL REPORTED

Cases

11,243

-29%

33,524,838

Tests

708,627

-9%

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Hospitalized

17,505

-22%

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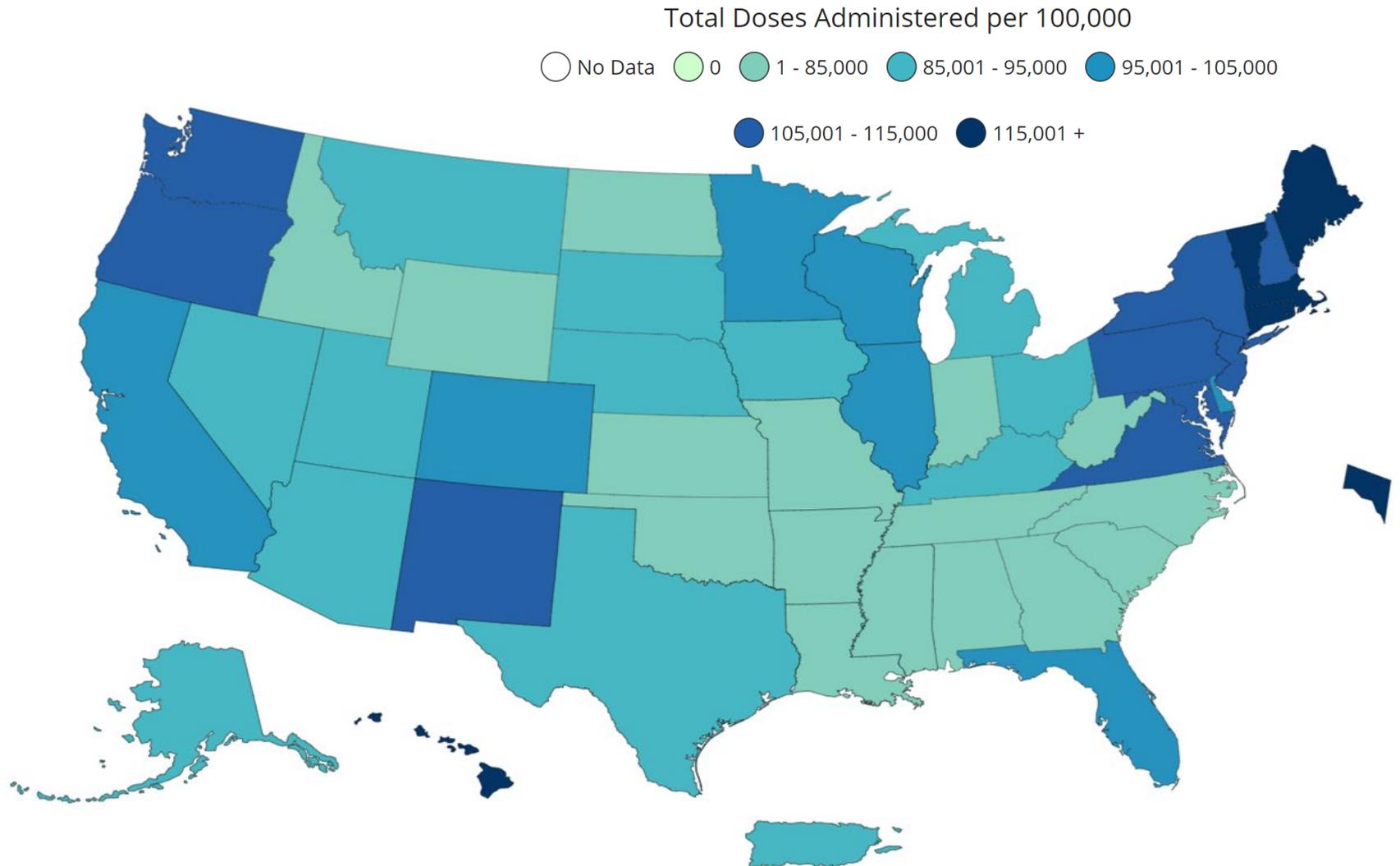
Deaths

311

-23%

601,730

# Total Doses Administered Reported to the CDC by State/Territory and for Select Federal Entities per 100,000 of the Total Population



# Statewide Vaccination Data

## COVID-19 Vaccination Dashboard

CDC: 18+ Population with at Least One Dose

# 73.1%

Source: CDC Covid Data Tracker

# Doses Administered

# 6,654,784

All Doses Administered

Vaccinations by Dose

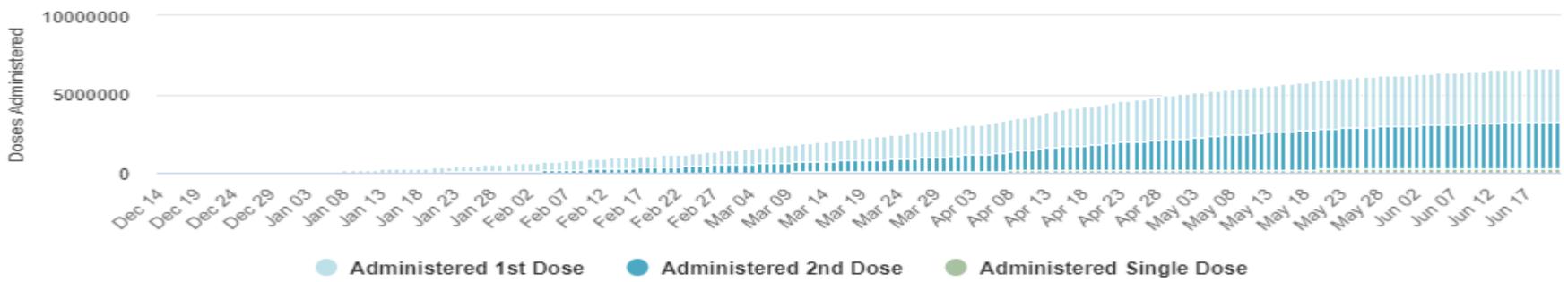
# Fully Vaccinated

# 3,264,913

# Doses Distributed

# 8,438,450

Vaccinations Administered by Date



Vaccination Administered by Date

# Primary Care Vaccine

Data as of: 6/21/2021 4:22:14 AM

Cumulative Doses Administered

120,481

PCP Participants

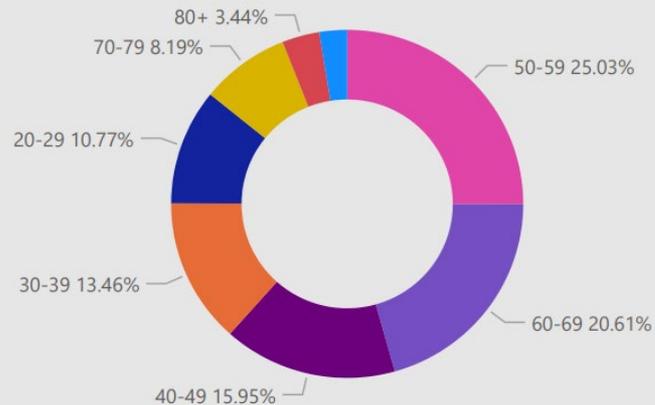
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## Breakdown by Race and Ethnicity

Race	PCP	Maryland Demographic	State Vaccination
American Indian or Alaska Native	0.72%	0.60%	0.77%
Asian	3.98%	6.70%	7.26%
Black or African American	26.69%	31.10%	24.16%
Native Hawaiian or Other Pacific Islander	0.23%	2.90%	0.26%
Unknown	13.57%	0.10%	10.45%
White	54.81%	58.50%	57.09%

Ethnicity	PCP	Maryland Demographic	State Vaccination
Hispanic	11.84%	10.60%	9.32%
Non Hispanic	82.52%	89.40%	86.11%
Unknown	5.65%	0.00%	4.57%

## Administered Vaccinations by Age Groups



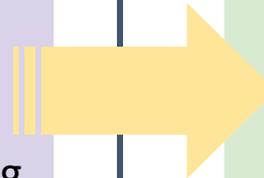
# Mitigation Strategies



## *PAST*

*Trial and error approach,  
some science*

- **Progressive:** voluntary closures, leading to mandatory closures, leading to lockdown
- **PPE:** with shortages
- Universal masking, social distancing, and surface cleaning
- School closures, remote learning
- Contact tracing
- Elimination of visitation in healthcare facilities



## *FUTURE*

*Public health and science  
based interventions*

- Continuous monitoring and early intervention based on threat
- Interventions based on agent, mode of transmission
- Maintain infection control lessons learned that apply universally
  - Flu, RSV
  - SNFs

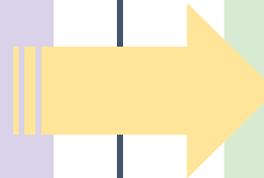
# Testing



## *PAST*

### ***Insufficient capacity and supply chain***

- Insufficient commercial and state capacity
- Insufficient supply chain
- Confusing PPE – Infection control requirements
- Poor coordination of testing results
- Uncertain sensitivity and specificity of tests
- Complex sampling techniques
- Late developing equitable access
- Shifting roles of PCPs, State, commercial labs



## *FUTURE*

### ***Prepared and ready testing infrastructure***

- Broad network of primary care POC testing
- Simplified sampling techniques
- PPE as needed for level of risk
- Ordering, reporting and data coordinated through HIE

# Testing



# *Future*

## **Expanding Laboratory Capacity Grant: the next phase in Primary Care - Public Health Integration**

- ❖ ELC cooperative grant from CDC to states
- ❖ MDPCP funds to provide POC platforms for primary care providers with digital connections to MDH through CRISP
- ❖ Reporting on current and future conditions of epidemiologic importance
  - Covid-19
  - Influenza
  - RSV
  - others

# Telehealth



## *PAST*

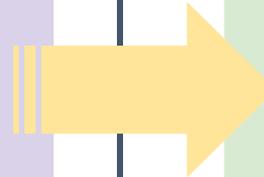
### *Underused and poorly reimbursed*

- Slow, stuttering roll out prior to pandemic
- Rapid transition during pandemic
- Almost universal at the peak
- Reduced later but still higher than 2019 levels
- Patchwork quilt of payments
- Controversy over audio only

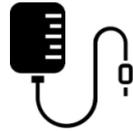
## *FUTURE*

### *The new normal*

- Indispensable part of the delivery of healthcare
- Speaks to equity and access
- Emerging use cases with remote monitoring



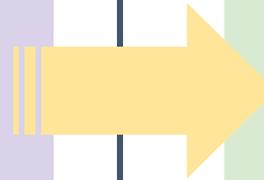
# Therapeutics



## *PAST*

### *Patchwork of therapeutics*

- Remdesivir as the only initial therapy
- Variety of unproven, politically motivated therapies
- Rapid cycle observational studies yield advances in hospital care - eg. prone positioning
- Role of steroids
- Monoclonal antibodies
- All under EUAs



## *FUTURE*

### *Therapeutic advancements adapt to variants*

- Monoclonal and other therapies become mainstream
- New antiviral therapies licensed and able to be prescribed
- Adjustments as needed for viral variants
- Still learning the impacts of post-Covid syndrome

# Vaccines



## *PAST*

### ***Rapid development and rollout***

- Amazing fast track to EUA vaccines
  - Novel mRNA vaccines
- Vaccine hesitancy emerges
- Equitable access an issue
- Mass vax sites, mobile vax, SNF vax, pharmacies, etc.
- State run allocations
- Cold chain and allocation size issues
- CRISP Vaccine Tracker
- PCPs given vaccine in March, demonstrate effectiveness and equity
- Manufacturing speed and supply chain fast, but fast enough?
- FDA and ACIP process getting public and professional recognition
  - J&J setback

# Vaccines



## *FUTURE*

### ***Rapid future vaccine development with existing infrastructure***

- Fast tracking to EUA to become standard
- Licensing of EUA vaccines
- Boosters and new versions of current vaccines
- New strategies (mix and match)
- Direct ordering by providers
- Small and single dose allocations
- Lessons learned on putting equity at the forefront
- Future potential of mRNA vaccine for other uses

# Lessons Learned: Equity

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- ❖ Equitable access to all valuable healthcare resources needs to grow
- ❖ Equitable access can be measured with data
- ❖ Equitable access will require system-wide change and new interventions
- ❖ Underlying social determinants of health influence inequities
- ❖ Public health interventions need a specific focus on equity. If not, there will be inequities.

# Lack of equity during Covid-19 continues: you can make a difference

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## Disparities in Access

- Covid testing
- Monoclonal antibody therapy
- Vaccinations

## Disparities in outcomes

- Deaths
- Hospitalizations
- Covid cases

## How you can help

- POC and PCR office testing
- Referral to mAbs
- Vaccinating your patients

# Lessons Learned: Coordination and Communication

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- ❖ Early, continuous, clear communications to providers and the public is essential
- ❖ Communications must be based on science to the extent possible
- ❖ Reaching people and providers in the manner that they prefer
- ❖ Addressing concerns with empathy

# Lessons Learned: Pandemic Preparedness

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- ❖ The frequency and severity of pandemics is increasing
- ❖ Global impacts
- ❖ Starting responses late -- even slightly late -- can be disastrous

# Lessons Learned: Overall

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- ❖ We were not prepared for this pandemic
- ❖ The US did worse than many other nations in terms of death rates and infections
- ❖ The pandemic shined a bright light on health disparities and lack of equity
- ❖ Data sharing infrastructure for the nation is poor
- ❖ Public health infrastructure for the nation was insufficient to meet the challenge of the pandemic
- ❖ Well organized state public health and primary care coordination makes a positive difference

# How do we know when it is over?

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- ❖ Now is the time for you to make this a reality
- ❖ It is over when
  - Cases rates are at or near zero consistently
  - Hospitalizations are at or near zero consistently
  - Deaths are at or near zero consistently



“Everything will be okay in the end. If it's not okay, it's not the end.”

– John Lennon

# 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)

# 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.
- ❖ *Attendees can receive CME credit by completing [this evaluation](#) after each webinar. MedChi will then be in contact with the certificate*

# Discussion: Primary Care's Role in Vaccination and Primary Care's Role in the Future of Covid

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Howard Haft, MD,  
MMM, CPE, FACPE  
*Executive Director  
Maryland Primary Care  
Program*



Julio Menocal, MD  
*Primary Care Physician,  
Director  
Menocal Family Practice*



Jerome Adams, MD,  
MPH  
*20th US Surgeon  
General*

# Announcements

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**Thank you to all of our providers and their staff who were true healthcare heroes throughout the pandemic**

*Regular Wednesday Covid-19 Updates will end, but will return ad hoc as needed*

# Appendix

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## Resources and Links

# General Vaccine Resources

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- ❖ [CDC Covid-19 Vaccination Communication Toolkit](#) - ready made materials, how to build vaccine confidence, social media messages
- ❖ [New York Times Vaccine Tracker](#) - information on every Covid vaccine in development
- ❖ [New York Times Vaccine Distribution Tracker](#) – information on the distribution of Covid vaccines in the United States
- ❖ [MDH Covidlink Vaccine Page](#) - information on vaccine priority groups in Maryland
- ❖ [CDC Vaccine Storage and Handling Toolkit](#)
- ❖ [Project ECHO Webinar](#) - webinar on vaccines and Long Term Care Facilities, relevant for primary care
- ❖ CDC [Moderna vaccine storage](#)

# Covid-19 mAb Treatment Criteria

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## ❖ Patient Criteria

- Have BMI  $\geq 35$
- Have chronic kidney disease
- Have diabetes
- Are currently receiving immunosuppressive treatment
- Are  $\geq 65$  years old
- Are  $\geq 55$  years old and have
  - ✓ Cardiovascular disease, or
  - ✓ Hypertension, or
  - ✓ Chronic obstructive pulmonary disease/other chronic respiratory disease
- Are 12 – 17 years old AND have
  - ✓ BMI  $\geq 85^{\text{th}}$  percentile for their age and gender based on CDC growth charts, or
  - ✓ Sickle cell disease, or
  - ✓ Congenital or acquired heart disease, or
  - ✓ Neurodevelopmental disorders, or
  - ✓ A medical-related technological dependence, or
  - ✓ Asthma

# Covid-19 Testing Information

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- ❖ [Maryland Department of Health testing announcements and accessibility information and resources](#)
- ❖ [CDC Covid-19 testing overview](#)
- ❖ [MDPCP Roadmap to Recovery – Covid-19 testing guidelines](#)
- ❖ [Maryland Department of Health guidance regarding point of Care rapid antigen Covid testing](#)
- ❖ [myLAB Box - Covid-19 testing program for Maryland clinicians](#)
- ❖ [FDA letter to clinical laboratory staff and health care providers about the potential for false positive results with rapid antigen tests for Covid-19](#)

# Scheduling In-Office Appointments

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- ❖ Patient calls in for an appointment
  - Reception screens patient on the phone using the [pre-visit screening template](#)
  - Schedule in-office visits for different groups: At-risk and vulnerable patients on certain days, healthier patients on other days
  - Schedule telehealth and non-office-based care for other patients including follow-ups and patients uncomfortable with office visits
- ❖ Check In
  - Practice remote check in and limited front-desk contact
  - Consider using a triage zone outside of office or main area;
  - Or use a barrier at the front desk
  - Design your office to accommodate patients who come in specifically for Covid testing and triage, separate from patients who arrive for non-Covid related and elective procedures
    - ✓ Ensure patients and staff do not cross between Covid and non-Covid areas
    - ✓ Set aside a specific area for patients who come in for testing to wait and be triaged

# Scheduling In-Office Appointments

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- ❖ 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
  
- ❖ Other workflow resources
  - [Care management workflows](#)
  - [BMJ telemedicine workflow graphics](#)
  - [CDC flowchart to identify and assess 2019 novel Coronavirus](#)
  - [CDC telephone evaluation flow chart for flu](#)
  - [CDC guidance for potential Covid-19 exposure associated with international or domestic travel](#)

# 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**

# Personal Protective Equipment (PPE) Sources and Requests

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- ❖ Practices should initially request PPE through their usual vendors
- ❖ Practices should make their PPE requests through their local health departments
- ❖ Maryland PPE Manufacturers List – next slide
- ❖ [National and international PPE supplier list](#)
- ❖ [PPE request form](#)

# Personal Protective Equipment (PPE) Sources and Requests

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- ❖ 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
- ❖ For additional business resources during Covid-19, visit [businessexpress.maryland.gov/coronavirus](https://businessexpress.maryland.gov/coronavirus)
- ❖ Providers may also request PPE from the non-profit ['Get Us PPE'](#)

# Provider/Patient Mental Health Resources

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## ❖ Providers

- “Helping the Helpers and Those They Serve,” a [webinar series](#) from the Maryland Department of Health Behavioral Health Administration and MedChi (on the 2<sup>nd</sup> and 4<sup>th</sup> Thursdays of every month starting 11/12/2020)
- [Heroes Health Initiative](#)

## ❖ Patients

- [Ask Suicide-Screening Questions toolkit](#)
- CDC [list of resources](#) for coping with stress

# Health Equity Resources

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- ❖ [Maryland Department of Health Office of Minority Health and Health Disparities](#) (MHHD)
- ❖ Maryland Department of Health Minority Outreach and Technical Assistance Program [overview](#)
- ❖ MHHD fiscal year 2020 minority outreach and technical assistance [program information](#)
- ❖ [Description](#) of the term “health disparity”
- ❖ [Implicit bias test](#)
- ❖ “Hundreds of Days of Action as a Start to Address Hundreds of Years of Inequality” – New England Journal of Medicine [article](#) by Maulik Joshi, DrPH
- ❖ “Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine” – [discussion draft](#) for public comment by Committee on Equitable Allocation of Vaccine for the Novel Coronavirus, The National Academies of Science, Engineering, Medicine

# Telehealth Resources

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- ❖ [Maryland Health Care Commission Telehealth](#)
- ❖ [Maryland Health Care Commission Telehealth Readiness Assessment Tool](#)
- ❖ [U.S. Department of Health and Human Services Health Insurance Portability and Accountability Act \(HIPAA\) for Professionals](#)
- ❖ [American Telehealth Association](#)
- ❖ [Maryland Telehealth Alliance](#)
- ❖ [National Consortium of Telehealth Resource Centers](#)

# Support for Patients at Home

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- ❖ 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](#)

# 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/>)