COVID-19 Daily Update

Maryland Department of Health

Maryland Primary Care Program

Program Management Office

March 19, 2020

Key Takeaways for MDPCP Practices

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

❖ This epidemic most seriously affects the high-risk and elderly populations, many of your patients

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

❖ No one can do this better than you!

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Agenda

❖ Today's key updates and recent findings

❖ Identifying and outreach to high-risk patients

❖ Clinical decision-making for testing candidates

❖ Testing and labs

❖ CDC guidelines for case management

❖ Telemedicine updates

❖ General guidelines

❖ Resources

❖ Q/A

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Today's Key Updates for Maryland

❖ COVID-19 continues to spread in Maryland, mainly through community transmission

❖ As of early 3/19/20, 107 confirmed cases of COVID-19 infection had been identified, including at least several young adults in their 20s

❖ This increase in number of cases is due to expanding infection, as well as a growing number of viral tests implemented, more than 4000 done to date with many pending results

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Today's Key Updates for Maryland

❖ The first COVID-19-related death in Maryland occurred yesterday

❖ One child case has been identified; a 5-year old girl in Howard County

❖ Young people, while infected in relatively low numbers, may be able to spread/shed the virus while asymptomatic

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Early National Data - March 16th

- ❖ 4226 cases, increasing by more than 500/day
- ❖ 31% were over age 65, 29% age 20-44, 5% < 19 years
- ❖ 12% overall were hospitalized, of whom 55% were under 65 years old
- ❖ 121 ICU admissions of whom 53% were over 65
- ❖ 44 deaths of whom 80% were over 65 years old

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Additional Updates

❖ As of 3/19/20, the WHO states in its official Twitter account: "Based on currently available information, WHO does not recommend against the use of ibuprofen."

❖CMMI Guidance
  ➢eCQMs – no reporting this year
  ➢CTRs – no reporting 1st quarter
  ➢Budget - deferred TBD

❖ CareFirst phone call payments
  ➢99441, $20
  ➢Prefer Telemed paid comparable to face-to-face

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Identifying and Outreach to High-Risk Patients

Identify:

❖ Use data from CRISP and EMR to identify

❖ Use clinical intuition

❖ Use Pre-AH tool

  ➢ Avoid unnecessary ED, Urgent Care and Hospital visits

    ✓ Contagion
    ✓ Overcrowding

Outreach:

❖ Call chronically ill, frail, elderly, DM, COPD, ESRD, immunocompromised, etc.

❖ Care Team intervenes as appropriate

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Clinical Decision-Making for Testing

❖ Algorithms

➢ Limit to those who currently need testing - symptomatic and clinical guidance

➢ May assess and refer from home or office visits

May change over time as supplies become more available
– if office testing "Do I have the following?"

✓ Personal Protective Equipment (PPE)

✓ Test Kits

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CDC Guidelines for Evaluation

❖ Clinicians should use **their judgment** and [CDC guidelines](#) to determine if a patient has signs and symptoms suggestive of COVID-19 infection and whether the patient should be tested.

❖ Decisions on which patients receive testing should be based on the local epidemiology of COVID-19, underlying clinical condition, as well as the clinical course of illness.

❖ Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g. cough, difficulty breathing, a few have had GI symptoms)

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Testing Sites and Labs

❖ Hospital and other drive-thru locations rapidly being established

❖ Commercial labs test, but do not collect samples
  - ➢ LabCorp
  - ➢ Quest Diagnostics
  - ➢ Others to be determined

❖ State labs test - only by direction from local health departments

❖ More information to follow as developed

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Clinical Response to Positive Test

- ❖ Clinical judgment and underlying conditions

- ❖ Referral to Emergency Department - if needed

- ❖ Contact Local Health Department

- ❖ Home Care and Monitoring
  - ➢ Close telemedicine follow-up depending on underlying condition
  - ➢ Second week of illness typical worsening
  - ➢ Ability to do home monitoring factors in

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CDC Guidelines for 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

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Telemedicine and Home Treatment

❖ Telemedicine and home treatment are highly recommended and strongly encouraged!

➢ Resources are on the MDPCP website, including free versions

❖ CMMS has lifted the HIPAA and geographic restrictions on telemedicine

➢ Practices are allowed to communicate with patients anywhere offsite on all health matters using all possible means including telephone, email, Facetime, Skype, etc.

➢ Clinicians can bill immediately for dates of service starting March 6, 2020

➢ Telehealth services are paid under the Physician Fee Schedule at the same amount as in-person services

➢ Providers can reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs

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Telemed Coding and Billing Updates

❖ Medicare beneficiaries are now able to receive services via telehealth including evaluation and management visits, mental health counseling and preventive health screening

❖ Types of virtual services:
  ➢ Medicare Telehealth Visits
  ➢ Virtual Check-Ins
  ➢ E-Visits

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Telemed Coding and Billing Updates

❖ Virtual check-ins

  ➢ HCPCS code G2012 – 5-10 minutes of medical discussion with an established patient

  ➢ HCPCS code G2010 – remote evaluation of recorded video and/or images submitted by an established patient

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Telemed Coding and Billing Updates

➢ Practitioners who <u>may not</u> independently bill Medicare for online digital evaluation and management of an established patient for up to 7 days may use these codes:

- ✓ G2061 > 5-10 mins cumulative time over 7 days
- ✓ G2062 > 11-20 mins cumulative time over 7 days
- ✓ G2063 > 21 or more mins cumulative time over 7 days

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Provider, Staff and Patient Safety

❖ Preparing the office - call ahead
- ➢ Designated room
- ➢ Masks for patients with cough
- ➢ Triage out of waiting areas

❖ Rooming the patient
- ➢ Closed door, well-ventilated
- ➢ Possible outdoor screening
- ➢ Minimal contact

❖ Cleaning and hygiene – COVID-19 is viable on surfaces for up to 72 hours

❖ Remote care and monitoring preferred for high-risk patients as appropriate

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Staff Covid-19 Infection Management Considerations

❖ Staff with close, prolonged contact with a COVID-19-positive patient may be at risk of infection
  ➢ Consider the level of risk
  ➢ Low-risk personnel conduct 2x daily temperature checks
  ➢ High-risk personnel to self-isolate at home
  ➢ Definitely self-isolate at home if sick

❖ Follow clinical guidance - CDC guidance

❖ Have a plan

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Provider, Staff and Patient Safety

❖ Post-isolation return to work
- ➤ **Test version**
- ➤ **Non-test symptom version**
- ➤ At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- ➤ At least 7 days have passed *since symptoms first appeared*

- ➤ https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html

❖ Self-isolation post travel
- ➤ CDC country list
- ➤ 14-day self isolation

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Public Messaging
Social Distancing at Home and in Public

❖ Keep at least 3 feet from others generally, 6 feet from people who are sick

❖ Avoid touching face and mouth

❖ Limit face-to-face contact

❖ If you have a family member who is sick, stay home as well if told to do so by public health official or healthcare provider (Voluntary Home Quarantine)

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Staying Current - Sources

❖ CDC

❖ MDH website

❖ Local Health Departments

❖ CONNECT

❖ Clinician Letters

❖ MDPCP Coronavirus Page

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Questions and Answers

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

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Resources and References

❖ Maryland Department of Health Coronavirus Website (https://phpa.health.maryland.gov/Pages/Novel-coronavirus.aspx)

❖ CDC Coronavirus Website (https://www.cdc.gov/coronavirus/2019-nCoV/index.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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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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