PROMISING PRACTICES

Maryland's Statewide COVID-19 Monoclonal Antibody Infusion Program

Recommendations for States

This document includes promising practices and recommendations from Maryland's success in increasing the utilization of COVID-19 monoclonal antibody treatments. These findings provide inspiration and information to those working to build treatment awareness and demand and can supplement individual plans and provide context to playbooks and planning discussions with leadership.

SUMMARY

The Maryland Department of Health (MDH) developed a data-driven initiative to bring monoclonal antibodies to high-risk COVID-19 patients across the state. Monoclonal antibody infusions were made accessible to hard hit and underserved communities - **7,210 patients were treated since December (a 33% increase). As of April 2021, it is estimated that about 338 hospitalizations were avoided, and 139 deaths prevented because of Maryland's efforts.**

Overview of Maryland's Approach

When the Emergency Use Authorization (EUA) for monoclonal antibody treatment was issued in November 2020, the MDH:

- Developed a strategy to provide this promising therapy to patients in need by identifying barriers to treatment.
- Located pop-up infusion centers in critical geographic sites.
- Prioritized equitable distribution for the allocation and distribution of COVID-19 antibody treatments in the state's five regions.

Success Factors in Maryland

- ➢ Engage executive sponsorship with consistent messaging.
- ➢ Utilize existing state healthcare infrastructure (programs and IT systems).
- ➢ Use of data driven approach such as a collection and analysis that creates actionable information.

The following section provides topical key recommendations based on Maryland's experience.

RECOMMENDATIONS

Executive Sponsorship with Consistent Communication

- ✓ Engage executive champions with consistent messaging via regular and timely public communications.
  - Emphasize the prevention of severe illness and decrease in burden on hospitals and health systems.
- ✓ Leverage emergency powers to remove barriers- e.g., requiring health insurers to cover all member administration costs.
- ✓ Establish a short-term task force:
  - Meet with providers and healthcare administrators to understand realities on the ground.
  - Build awareness and communicate current science and guidance.
  - Address topics such as EUA updates, variants, reporting requirements, and hot-spot response.
- ✓ Participate in community presentations/webinars/panels to engage communities.
- ✓ Provide education for medical associations, pharmacy networks, referring providers, and the public.

PROMISING PRACTICES

Maryland's Statewide COVID-19 Monoclonal Antibody Infusion Program

Recommendations for States

Collaborate with Stakeholders

- ✓ Build strong relationships between healthcare providers and the state's Department of Health (DOH, e.g., MDH in Maryland), hospital systems, and community partners to increase knowledge sharing between sites and local communities.
- ✓ Leverage relationships so stakeholders can develop educational tools and resources (e.g., pamphlets, flyers, and training books) for healthcare providers/administrators to increase their treatment provision efficiency (in Maryland, this was led by the Maryland Department of Health and the Maryland Hospital Association and the State Medical Society (MedChi).

Existing Command Structures Accelerated the Roll-Out

Maryland **used its Incident Command System (ICS) structure to quickly imbed the Monoclonal team and establish clear lines of communication, and to roll-out COVID-19 programs** and resources. The Monoclonal team assumed associated responsibilities for execution and established a cadence of standing meetings and communication channels with providers and other stakeholders.

Leverage Existing State Infrastructure

- ✓ Use existing incident or other state infrastructures.
- ✓ Reassign staff from across the State's DOH (MDH in this case) to leverage existing, collective expertise.
- ✓ Establish a partnership of existing leaders (such as the Deputy Secretary of the MDH Behavioral Health Administration and the Executive Director of the Maryland Primary Care Program) to lead the program.
- ✓ Engage existing provider networks: primary care physicians (2,100 in Maryland Primary Care Program) and practice sites (562 in Maryland) through weekly webinars, direct emails, and state employed coaches to increase provider readiness.
- ✓ Coordinate with the Skilled Nursing Facility Task Force to provide technical assistance to skilled nursing facilities across the state.

Optimize Treatment Window

- ✓ Provide access to rapid COVID-19 antigen tests to help reduce time between testing positive and treatment.
- ✓ Collaborate with hospitals and community providers to place new infusion sites in highest need areas.

Use of the State HIE Streamlined Referrals

The Chesapeake Regional Information System for our Patients (CRISP) is the designated Health Information Exchange (HIE) in Maryland and the District of Columbia. CRISP data helped identify areas where COVID-19 cases were increasing and to establish infusion sites.

The Monoclonal team developed a COVID-19 specific online, bidirectional, near-real time referral form to **make referrals easier and more efficiently connect patients to COVID-19 antibody treatment** infusion sites.

Coordinate Resources

- ✓ Coordinate with large statewide institutional pharmacy organizations to provide essential resources (related to education and training) to nursing facilities that may be otherwise unavailable.
- ✓ Determine needs and provide resources (e.g., IT, durable medical equipment, and infusion nurses) to regional infusion sites.

Optimize Hospitals

- ✓ Use a centralized structure to educate hospital executives and provide weekly COVID-19 updates (in Maryland, all hospitals are coordinated under the Maryland Health Services Cost Review Commission and the Maryland Hospital Association).
- ✓ Support hospitals to set up infusion capability in their emergency departments and in the community to provide treatment right away for newly diagnosed patients.

PROMISING PRACTICES

Maryland's Statewide COVID-19 Monoclonal Antibody Infusion Program

Recommendations for States

Target Communication

- ✓ Provide script for contact tracing calls and state Covid-19 testing facilities to provide information about antibody treatment eligibility and how to access community treatment providers.
- ✓ Identify resources to support referrals to monoclonal antibody treatment sites for individuals who lack access to a primary care physician or the internet.

Centralize Inventory Management

- ✓ Expand existing technology and data systems to develop an inventory management system for monoclonal antibody treatment.

Data Collection and Analysis

- ✓ Use the state's HIE (e.g., CRISP in Maryland) along with allocation, distribution, and tracking data by the COVID-19 distribution to crosswalk COVID-19 hotspots with vulnerable populations and help designate regional infusion sites.
- ✓ Collect age, race, gender, ethnicity, post treatment admissions, mortality, and treatment location.
- ✓ Collect additional information including comorbidities, source of referral to treatment, presenting symptoms at treatment site, primary symptoms, and BMI.
- ✓ Review data weekly to inform resource allocation and distribution and guide additional center locations for both temporal and geographic equity distribution (at present, Maryland hosts 32 temporary COVID-19 infusion centers).

Prior Experience with Inventory Management Eased Provision of Monoclonal Antibodies

In spring/ summer 2020, Maryland expanded its technology systems and developed an **inventory management system** to support remdesivir distribution which increased this system's capacity for the allocation, distribution, and tracking of monoclonal antibody treatment. This mix of data and infrastructure allowed the state to focus resources on high-need areas. This **existing system and prior experience eased the provision of monoclonal antibody treatment under the EUA**.

Next steps for Maryland

Under its guiding principle of continual process improvement, Maryland will expand its data collection by incorporating outcome measures into its analysis. The state is using its referral form (in CRISP) to analyze additional information (metrics such as BMI, symptoms, co-morbidities and referring provider information), which may inform decision making.

Equitable access to monoclonal antibody treatments is challenging as many patient referrals are by larger and well-connected healthcare facilities (e.g., hospitals, private practices) rather than smaller, community-based healthcare facilities. The Monoclonal team together with hospital and community-based infusion partners educate eligible patients and referring healthcare providers who may be unfamiliar with monoclonal antibody treatment criteria.

These improvements support a greater understanding of the current COVID-19 situation and inform a robust streamlined referral and treatment processes. As the situation moves from a pandemic to an endemic, **Maryland's framework is envisioned as agnostic, and adaptable to future public health emergencies.**

Other resources in MD:

- Coronavirus - Maryland Department of Health - Provider Resources
- Clinician Letter Monoclonal Antibody Treatments 12012020 final signed.pdf (maryland.gov)
- Providers - Improve Outcomes and Enhance the Patient Experience | CRISP | Improve Outcomes and Enhance the Patient Experience | CRISP (crisphealth.org)
- Monoclonal-Antibody-eReferral-Tool-Starter-Guide.pdf (crisphealth.org)