

- Speaker 1: [00:01](#) Quality Improvement in the Time of COVID-19 is brought to you by the American Heart Association with support from Novartis Pharmaceuticals. As physicians, scientists, and researchers worldwide struggle to understand the COVID-19 pandemic, the American Heart Association has developed its COVID-19 CVD Registry powered by Get With The Guidelines to activate data and aid research on the disease, treatment protocols, and risk factors tied to adverse cardiovascular outcomes. For more information, visit us at [heart.org/covidregistry](http://heart.org/covidregistry).
- Sandeep Das: [00:35](#) Hello and welcome to our podcast, Quality Improvement in the Time of COVID-19. The heart association has built its extensive portfolio of quality improvement programs on the simple premise that patient outcomes improve when medical

be quite honest and had to very quickly figure out a way that we could safely deliver care for our population of very vulnerable patients. Our patients were also very scared appropriately, and I think we're thankful that we had made the changes in not mandating that they come to clinic, but we're also fearful for what is the care going to look like for their current medical condition. It's such an interesting

don't have to drive four, five, six hours to come see us. We can do their visit in the comfort of their home. And so for them, this actually provides a great convenience. The patients that are comfortable with technology, again, they've had no issues and have really accepted this from the get go and again, really appreciate it.

The other thing that I've really noticed in all populations of patients is I feel like I have more engagement with them. Before

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they don't have a vehicle of their own and they have to figure

feel like maybe they're just the ride for the patient. But now as you stated, it's very [inaudible 00:12:51]. Everyone is equal when it comes to this setting and they can also provide insight into how their loved one is doing. It also makes it really convenient where if we're trying to figure out what dose or medication a patient is taking, they can just walk to their medicine cabinet, pull the bottle out and show it to me. Where that may not be possible if they come to clinic and they don't bring their pills. So there's a lot that is actually really helpful.

I've even had patients, families show me... I always check in and make sure they're restraining from excessive salt intake, they're watching their fluid intake. Daily members have actually shown me sodium contents on various things that the patient may be consuming or showing me the pictures that the patient might use to monitor their fluid intake. So they also feel that they are being heard, that their concerns or their questions are being answered. So I do believe that families absolutely feel like this has now become a team sport. It's not just about the patient, it's not about the physician telling the patient what to do, but everybody's involved and everybody has an equal voice.

Sandeep Das: [14:00](#)

I love the patient engagement and I love viewing yourselves and the patient and their family as a team. I think that's a fantastic mental construct. I think that will lead to better care overall. Speaking of which, how much of your practice in the post-pandemic era do you think could be replaced or should be replaced by telehealth?

Dr. Divya Guppt...: [14:20](#)

We currently are probably doing about 20% of our visits currently as telehealth visits of some sort. I think that's probably a pretty good number. Over here in Georgia, we're in an environment where our numbers are climbing, skyrocketing if you will. And so concerns are definitely growing for a lot of our patients, and by a lot of our patients. And so people are hesitant to come into clinic even more so now than they might'7.5 6)3W.006 Tw il4iQ37.

Sandeep Das: [15:23](#) Are you guys doing anything or should we be doing anything to sort of proactively assess patient preferences? How they want us to be delivering their care and how satisfied are they with virtual care versus in-person face-to-face care? Are you aware of any systematic efforts to try to gather their information?

Dr. Divya Guppt...: [15:40](#) I mean, I will tell you if a patient... We always make a recommendation when we're setting up your patient, but if a patient would prefer the opposite, if we're recommending a virtual visit and they would prefer in person, we will bring them in to be honest, because I think a part of healthcare is making sure we don't create anxiety in our patients also. And so I wouldn't want to really stress a virtual visit if a patient would actually feel that they're getting the best care possible with an in-person visit to be quite honest and vice versa. If there's someone that we're recommending an in-person visit for now, it's very likely that the reason for the in-person visit is because again, we think high risk for readmission or they need another test and we will really stress that they come for that visit. But if they are very scared and we think a virtual visit could potentially work for them, then we will comply and set them up for a virtual visit. So again, we make recommendations, but we do try to take the patient's preference into consideration.

Sandeep Das: [16:38](#) I know a lot of heart failure care focuses on patient's quality of life, just because of most of those patients are pretty symptomatic. Have you guys thought of systematically trying to assess patients experience as it relates to virtual care?

Dr. Divya Guppt...: [16:53](#) We have not put anything into place, but I think that would be a great idea. It doesn't mean that people that are smarter and get paid more than me don't already have that in the works. That's definitely something that the system is most likely working on. I'm just not aware of, but I think it's absolutely worth looking into.



checking their blood pressure at home. So we're able to provide that same care that before required a patient to come in every few weeks for dose adjustment. We're able to do that from the comfort of their own home.

Sandeep Das: [20:35](#)

I like it. How are you handling labs in that context?

Dr. Divya Guppt...: [20:40](#)

Those are the few instances when patients do have to come in. If they do live a ways away, we will have order specs to the most local labs and then the results come to us and we have all of that put into our system so we can review all of those things before a visit. I always try to get those a few days before the visit and that way I'll have the data before I actually see the patient virtually. This way, we can have conversations about how is this medication impacting them? Do we need to make any adjustments? These create an extra layer because we're doing a little bit of faxing back and forth because in medicine we're very archaic in our technology and what we use. It does provide the same quality of care I feel.

Sandeep Das: [21:23](#)

Excellent. Thank you so much for taking the time to talk with me. It's been a fascinating discussion and I really love hearing your insights into telehealth.

