

In Conversation

A Physician Discusses COVID-19 & Cardiovascular Care



A discussion with **DHARMESH PATEL, MD**

Q How has COVID-19 affected cardiovascular care?

Dr. P: Patients are avoiding sites of care. Some patients need refills or want to talk about health concerns with their provider, but they're afraid to leave home and come into a clinic. Other patients may have acute issues, but they're avoiding the ER for fear of contracting the coronavirus.

People stay home, telling themselves "I'm okay for now." They're not always right about that.

Q What happens when continuity of care is disrupted?

Dr. P: The risks can be dire. Congestive heart failure, for example, is historically a huge driver of hospital admissions. It can present acutely or more subtly. Patients at home who think they're maintaining status quo without a provider's oversight may not recognize the symptoms. There's also the risk of acute decompensated heart failure, where subtle signs progressively get worse.

Adherence can fall off, especially if financial pressures make it difficult to afford one's medicine. That introduces the risk of a cardiovascular event, such as a heart attack, stroke, heart failure and so on.

The pandemic elevates other risks too. Patients may see their stress levels rise. Depression and even suicide can come into play.

Q Can telemedicine help?

Dr. P: Yes. The coronavirus really catapulted the introduction of telemedicine into cardiovascular care. It helped that the government lifted a number of barriers to facilitate its use.

Patients now have televisits for regular communications and check-ins, as well as for advice on acute issues. Sometimes it's a video call. For patients less comfortable with technology, phone calls are an option for now too.

It's an important vehicle for us to communicate with our patients in this time.

Q Will telemedicine remain important after the pandemic subsides?

Dr. P: It probably won't replace in-person visits. But telemedicine is a tremendously valuable tool to have, especially for seniors and patients who struggle with transportation getting to the provider's office.

It also offers providers a glimpse into our patients' lives and dwellings that we never had before. When I do a video consultation, I see patients in their homes. I'm cued in to psychosocial and environmental factors. How many other people are living with them? What stressors exist?

In medicine we know it's not just physical factors but external forces too. Housing, finances, stress, self-care and access to health care all impact patients' well being.



**Alliance for
Patient Access**

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