Promising Practice: Adjusting Practices for Cardiovascular Disease (CVD) Care during the COVID-19 Public Health Emergency (PHE)

The Centers for Disease Control and Prevention (CDC) estimates that, due to COVID-19 related concerns, 41% of U.S. adults delayed or avoided medical care during the PHE, and deaths from ischemic heart disease and hypertensive disease increased year-over-year.1,4 Avoiding care and not having access to care can have major impacts on a patient’s trajectory, and making adjustments and addressing barriers to care during the COVID-19 PHE may help mitigate these negative impacts.

In an effort to improve access to CVD care during the COVID-19 PHE, patient visits rapidly shifted to telehealth (e.g., virtual visits, patient portal communications). Patient-centered communication and shared decision-making should continue to remain central to practices, and it may result in less frequent requests for critical care support. With the large, digital transition, remote physiologic or patient monitoring (RPM) is a care adaptation with many advantages. Together with the use of noninvasive medical monitoring devices to measure and capture physiologic data, including devices such as pulse oximetry devices, electrocardiograms, and implantable pulmonary artery pressure sensors.3,5

Recommendations for CVD Patient Care During the COVID-19 Pandemic from the American Society for Preventive Cardiology:4

• Refrain from patient visit deferrals
• Utilize telehealth resources (e.g. video calls, phone calls)
• When meeting with patients, ensure you are:
  √ Asking about symptoms
  √ Encouraging emergency medical services and/or emergency room care for acute symptoms
  √ Ensuring adequate medication refills and access
  √ Inquiring about physical activity and nutritional habits
  √ Checking vaccination status
  √ Utilizing the full care team to enhance patient care

Million Hearts® Model Sustainable Tactics: Intersection of COVID-19 & Health Equity in CVD Care

• Significant racial and ethnic inequities persist across the continuum of COVID-19 morbidity, hospitalization, and mortality. Black individuals have died from COVID-19 at twice the rate of White individuals. 10 Similarly, Black individuals have the highest prevalence of CVD among racial and ethnic groups.2,10
• In 2020, heart disease was the leading cause of death in the US, and the overall COVID-19 death rates were highest among non-Hispanic Black individuals and non-Hispanic American Indian or Alaska Native individuals.12
• Black adults, Hispanic adults, unpaid caregivers for adults, individuals with underlying medical conditions, young adults, and individuals with disabilities are the more prevalent groups of patients that avoided urgent or emergency care, and statistically, non-Hispanic black adult men have the highest overall rates of death attributable to CVD.1,14

Million Hearts® Model Practical Tools to Consider: CVD Care during the COVID-19 PHE

American College of Cardiology (ACC) COVID-19 Clinical Guidance for the Care Team

The ACC provides clinical guidance for the Cardiovascular Care Team with current COVID-19 Clinical Context, Acute Cardiac Complications of COVID-19, COVID-19 Implications for Patients with Underlying Cardiovascular Conditions, and Cardiac-specific Preparedness Recommendations for COVID-19. Additionally, there is a series of audiocasts for workshops and webinars on the AHA COVID-19 CVD Registry.

AHA’s RPM Technologies Guidance for better CVD Outcomes

Some of what the guidance identifies as effects of RPM on CVD and Guidelines for the Appropriate Design and use of RPM.

Million Hearts® Model COVID-19 & Cardiovascular Disease Partner Toolkit

Note: have there been more deaths from CVD during the pandemic, but people who have serious heart conditions are also at higher risk for severe illness from COVID-19.10 To help increase public awareness of the links between CVD Care and COVID-19, utilize the toolkit. It includes a variety of resources that are easily shared on social media, in newsletters, or on blogs.

Million Hearts® Model – SMBP Monitoring

A barrier to telehealth is the collection of vitals for monitoring. Visit the MH SMBP landing page for tailored implementation guides to Public Health Practitioners or Clinicians. Additionally, find a guide for SMBP Patient Engagement and an interactive infographic for Clinicians.