Analyses of e-consults in a cardioly department. More than future

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Background: Telemedicine is a new concept in the healthcare sector but due to the recent rapid technological advancements, it has been growing expeditiously, helped by the COVID-19 pandemic. In the field of cardiology, it has been gaining importance, and it can help to reduce waiting lists, which in countries like Spain can be months long. Mainly in certain procedures that do not require an anamnesis or a face-to-face physical examination by the cardiologist.

Purpose: Evaluate the main reasons for teleconsultation in our cardiology department (since its launch in 2021) from general practitioners, to develop training programs and how to optimize this type of consultation.

Methods: We conducted a retrospective study at our hospital, analyzing all teleconsultations since the cardiology program began in 2021. For each teleconsultation, we analyzed: the reason for the consultation, the response time of the cardiologist, if the patient was referred for a face-to-face consultation, and if changes were made in the treatment of the patients.

Results: We evaluated a total of 330 teleconsultations from 12 health centers whose patients corresponded to our service. The median age was 70 (±18.9) years and 55.7% were men. A growing trend in its use was observed from November 2021 to January 2023, going from 12 to 32 teleconsultations per month. The main reason for consultation was ECG doubts (47%), followed by the management of atrial fibrillation (20%) or congestion in heart failure (2%). The rest were related to AHT control (4.5%), management of palpitations (3%) or congestion in heart failure (2%). Within the teleconsultations, 100% were resolved electronically, requiring face-to-face follow-up in only 22.4% of them. They were answered in an average of 2.1 (±2.6) days from their referral by the primary care physician and only 40% of the patients required changes in treatment. Regarding the doubts in the ECG, 73% were compatible variations from normality that did not require further follow-up. Among the questions in AF, 56% were based on doubts about anticoagulation, 13% about adverse effects in the medication, and 7% about heart rate control. 68% of teleconsultations about ischemic heart disease were about the duration of dual antiplatelet therapy.

Conclusion(s): Teleconsultation in the field of cardiology is a very useful tool that allows contact between the cardiologist and the primary care physician in a short time without the need for the patient to attend emergency services (which are increasingly overloaded with non-urgent consultations) or wait for physical consultation for long periods of time. The field of teleconsultations should be restricted to assessments where the physical examination or patient history by the cardiologist is not essential, being limited to certain fields.