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Heart Failure and Cardiomyopathies

US CARDIOLOGIST AND PATIENT PERSPECTIVES ON COVID-19 TELEHEALTH PRACTICES FOR PATIENTS WITH TRANSTHYRETIN AMYLOID CARDIOMYOPATHY (ATTR-CM)

Poster Contributions
Saturday, May 15, 2021, 2:45 p.m.-3:30 p.m.

Session Title: Heart Failure and Cardiomyopathies: Special Populations 1
Abstract Category: 11. Heart Failure and Cardiomyopathies: Special Populations

Authors: *Sumeet Mitter, Keyur Shah, Alexandra Haddad-Angulo, Adam Castano, Marianna Bruno, Pfizer, New York, NY, USA*

Background: Telemedicine has become increasingly important due to COVID-19. Frequency of practice and strengths/limitations for ATTR-CM are unknown. Cardiologist and patient surveys were conducted to understand telehealth-use in identification, referral and management of patients with heart failure (HF) and ATTR-CM.

Methods: Quantitative and qualitative surveys were conducted (May-July 2020) of 11 HF patients (of which n=8 ATTR-CM), 50 US cardiologists who diagnosed and/or treated patients with HF and/or ATTR-CM; experience with telehealth, and familiarity with ATTR-CM.

Results: Before COVID-19, cardiologists reported ~7% patient visits occurred via telehealth; during COVID-19, use increased ~85%. Diagnostic delays were reported for patients with suspected ATTR-CM. Imaging delays and preference for in-person visits reduced suspicion/diagnosis (**Table**). Telehealth's greatest value was for treatment monitoring and used most efficiently in amyloid specialty/academic settings. Physicians reported telehealth would become a permanent part of clinical-care and anticipated 25% of future use. While patient barriers existed, hybrid in-person/telehealth model allowed specialist care while effectively receiving tests locally.

Conclusion: Telehealth was rapidly adopted due to COVID-19. This research suggests reliance on virtual visits can delay diagnosis of ATTR-CM, but useful for treatment initiation/follow-up and presents opportunities to avoid patient-care disruptions.

Table. Impact of the COVID-19 pandemic and telehealth use on management of patients with ATTR-CM.

	Timing pre-COVID-19	Timing post-COVID-19	Timing pre-COVID-19	Timing post-COVID-19	Timing pre-COVID-19	Timing post-COVID-19	Timing pre-COVID-19	Timing post-COVID-19	Timing pre-COVID-19	Timing post-COVID-19
	≤1 week	~1-3 months (Delayed)	≤1 week	≤1 week (Not delayed)	~1-2 months	~3-6 months (Delayed)	~1-2 months	~1-4 months (Delayed)	Ongoing	Ongoing (Not delayed)
	Initial visit with cardiologist	Standard workup (eg, echo)	HF diagnosis confirmed → ATTR-CM suspected	PYP scintigraphy/ advanced tests conducted	ATTR-CM diagnosis confirmed → treatment initiated	Treatment monitoring				
COVID-19 Impact	Patient volume decreased by 80-90% in March 2020, as cardiologists delayed appointments and patients stopped seeking care	Considered elective and delayed, except for patients in critical condition	Delays caused by wait for echo and in-person exams	Considered elective and delayed, except for patients in critical condition	Clinical trial enrollment temporarily halted or no longer an option for most patients	Cardiologists rely more on remote monitoring and less on imaging to track patient outcomes				
Telehealth Impact	Cardiologists reluctant to diagnose new patients via telehealth, but exceptions made due to pandemic	Diagnostic testing cannot be done virtually If patient is receiving testing in office, cardiologists prefer to see patient in-person	Difficult to suspect ATTR-CM without imaging and full physical exam Cardiologists rely primarily on clinical clues in patient history (eg, carpal tunnel syndrome)	Results can be interpreted and communicated to patients via telehealth	In the community setting, remote patient support leads to additional delays In academic centers with streamlined ordering + coordinators, processes may be unaffected	No challenges seen to using telehealth for long-term monitoring and follow-up in stable patients				