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☆ **Spotlight on Special Topics**

**OUTCOMES FOLLOWING TELEHEALTH VISITS DURING THE COVID-19 PANDEMIC IN AN ADVANCED HEART FAILURE PRACTICE**

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

Session Title: Spotlight on Special Topics: COVID 3  
Abstract Category: 61. Spotlight on Special Topics: Coronavirus Disease (COVID-19)

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**Background:** Telemedicine has become a cornerstone of patient care during the COVID-19 pandemic. Heart failure (HF) patients require frequent outpatient visits and tests. The outcomes of managing advanced HF patients with telemedicine are unknown.

**Methods:** We prospectively enrolled patients undergoing a televisit in our tertiary advanced HF practice between March 16-May 18, 2020. All patients were followed for a minimum of 180 days.

**Results:** 1000 consecutive patients were enrolled. The mean age was  $61 \pm 16$  years, 69% were men. 30% had HF with reduced ejection fraction, 30% had a heart transplant, 13% had a left ventricular assist device (LVAD), 10% had amyloid and 5% had HF with preserved ejection fraction. 399 patients had multiple televisits. During the televisit 395 (40%) patients had a medication change, most commonly immunosuppression, diuretics and neurohormonal therapy (Figure). 117 had an admission within 90 days (total 169 admissions). The 90-day admission rate ranged from 3% among amyloid patients to 17% among LVAD patients. The primary cause of admission was HF (19%), followed by non-COVID infection (15%) and arrhythmia (7%). 8 patients were admitted due to COVID-19. 9 patients died within 90 days and 13 patients died within 180 days.

**Conclusion:** Active management of advanced HF patients during televisits is feasible, although the admission rate was variable depending on patient type. Further study is needed to evaluate if specific subgroups of advanced HF patients are best suited for telemedicine.

