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## Spotlight on Special Topics

### THE IMPACT OF TELEHEALTH ON OUTCOMES IN CARDIOVASCULAR PATIENTS

Poster Contributions

For exact presentation time, refer to the online ACC.22 Program Planner at <https://www.abstractsonline.com/pp8/#!/10461>

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Session Title: Spotlight on Special Topics Flatboard Poster Selections: Innovation, Digital Health, and Technology

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Authors: *Anthony Cioci, Austin Seals, Bharathi Upadhyya, Christopher Chein, Olivia Gilbert, Wake Forest Baptist Health, Winston Salem, NC, USA*

**Background:** The Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020 allowed for widespread implementation of telehealth. The current study sought to evaluate the efficacy of telehealth for post-discharge care after a cardiac hospitalization.

**Methods:** This was a multi-center retrospective cohort analysis of all adult patients discharged from any of five facilities affiliated with our academic tertiary care center from April 2020 to April 2021. It compared those who received Telehealth versus In-Person follow-up after a cardiac hospitalization, excluding those with no follow-up in our health system. The primary outcome was a composite endpoint of all-cause 30-day mortality and hospital readmission. The primary outcome was obtained by chi square analysis. Subgroup analysis of variables with impact on the outcome was then pursued with linear logistic regression and stratified logistic regression.

**Results:** There were 1,851 discharges analyzed. Of those, 9.7% (n=179) received Telehealth follow-up and 90.3% (n=1,672) received In-Person follow-up. There was no significant difference in the incidence of the composite end-point between the Telehealth and In-Person cohorts (3.4% vs 2.9%, p=0.642). Heart failure (HF) DRG [OR 3.20 (2.43-4.25)] and Age [OR 1.04 (1.03-1.05)] were identified as statistically significant variables that impacted the primary outcome. While these variables affected both the Telehealth and In-Person groups significantly, their impact was greater in the Telehealth group [HF DRG OR 3.67 (2.56-4.77), Age OR 1.057 (1.02-1.09)] than the In-Person group [HF DRG OR 2.72 (2.39-3.05), Age OR 1.03 (1.01-1.04)].

**Conclusion:** Telehealth follow up visits after hospitalization in cardiovascular patients did not lead to significantly worse short-term outcomes compared to In-Person visits. However, there are particular subgroups that should be selected with caution to receive telehealth, including the elderly and those with a HF hospitalization. Overall, this validates use of telehealth visits to expand access to care in cardiovascular patients after a hospitalization with acknowledgement of particular populations for which it might not be ideal.