Webinar Recording: COVID-19 and the CV Service Line: Practical Approaches for an Unprecedented Pandemic- Part 1

Q&A

Question Asked	Answer Given
How much A fib are we seeing in covid ? What's the treatment mode ? What the incidence of cardiomyopathy and how are we treating ? How are stemi handled ? Any role for lytics like in China ?	Havent heard of increased Afib but would not be surprised in severely ill cohort. 8-12% of patients will have rise in troponin, and outcome in this group is worse. Not all have clinical myocarditis but this group must be watched carefully. Bedside echo has real role - myocarditis can present as MI mimicker: case reports on line. Decisioin to lyse in pt in whom Type I MI is strongly suspected (CP, ECG change, regional WMA) versus cath lab must be individualized.
do you wear one mask the whole day or change them with each encounter ?	Change masks is recommendation
How are you handling patients on warfarin and how are you testing if doing in house.	Moving to 12 weeks testing from 4 weeks testing in stable patients as per guidelines. Looking to see who can convert to DOAC
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ACE or ARB is safe?	All professional societies recommend continuing
Can you provide a link to the UW Playbook online?	Should be in Handouts
Are there any factors know to predict progression to acute, fulminant LV failure?	Rise in troponin; decline in lymphocyte count both seem to be markers. It canhappen quickly and unexpectedly during illness
What about the myocarditis that has been reported?	Real issue. Can develop abruptly even after pulmonary issues seem to be improving
What about trainees	Sending all med students home.
We have the patients wait in the car and just call them on their cell phone to come in	Great idea
Are you doing virtual visits from home or from office?	Both
How do we triage new patints on the schedule?	We are calling them
There are concerns expressed about NSAIDs in setting of COVID. What about ASA?	Have not heard about this
Any recommendations for checking an EKG via virtual visit? Which are the best wearable options?	We are using AliveCor, 6 lead remote. Patients can order from Amazon
As outpatient, testing, and procedural demands decrease, are your physicians who belong to a multi-specialty group or integrated hospital being asked to help out (eg, ED, hospitalist floors, MICU)?	We are rethinking hospital staffing. Now 7 day per week cath lab and EP lab to get patients home sonner. We now have manpower bandwidth to do this
Is there a proportion of clinicians (physicians and APP's) that you suggest should be placed "in reserve" should scheduled clinicians fall ill or enter quarantine? We are aiming at about 15-20%; too low?	50%, working at home . We are creating 2 teams so we always have healthy expert available
are you asking your non-ill, quarantined physicians to do any work from home (triage calls, virtual visits etc.)	Yes - as per your list

Regarding patients who are surgical candidates... ie AS awaiting AVR... please communicate to your surgeon so we know who is in the wings and we can appropriately allocate surgical resources... blood is not always readily available	Great point. We are already seeing blood bank shortage as there are fewer blood drives
Any advice for Comadin management? Patients can't get out.	Reivew guidelines - testing can be defered from 4 to 12 weeks in stable long term patients. Also, review to see if opportunity to switch to DOAC
what are groups doing with their senior colleagues who may be over 65yo or older and with some chronic disease?	We are not using age per se at a stratifier. Any at increased risk (e.g on biologic or immunosuppresive agent) is assigned to do virtual visits from home.
At some point tonight can we address individual approaches regarding ace and arb recs for our pts .	Continue ACEi and ARB is recommendation from all professional societies
what do you think about the routine hospital follow up for heart failure? We are doing as a case by case basis.	Telephone/virtual follow up. Detailed med review and assessment of daily weights
thank you	Appreciated
in body of Progress notes- do we atated it was a Video Visits	Yes, or telephone visit if so
thanks- great session!!!! in a short notice	Thanks
Has anyone waived N95 FIT testing yet? We are seeing a huge backlog of demand, and FIT testing destroys a mask = waste of resources.	We have not
Does the COVID-19 test test for only test active COVID?	Yes for active virus. In Taiwan, admitted patient needs to have 3 (-) tests before discharge.
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What are groups doing with patient visits? procedures?	Rescheduling nonurgent procedures. Converting office visits to virtual.
Are you rearranging provider work force? Planning for hospital work?	Dividing into "hospital teams" and "home teams' for 1 week at a time, then swithcing
For Dr Yang: Who was included in your command center?	n/a
What are we doing as a professional society to have Feds act to ramp up PPE(masks)?	n/a
For Cathie: tell us about how you rationed your MDs and staff. Half at home? Half at work?	n/a
Dr Yang: who is included in your command center	n/a
Ho ware you handling pay for staff who is sent home because positive or due to need to close an infected clinic or other unexpected reason?	We are apying those who are working remotely
At this time, what are we doing in regards to protecting the health care workers at the front line with the low inventory of N95s and full PPE	Best is to keep symptomatic patients out of hospital with external screening tents w/ neg pressure fans behind patient. If needs admission: mask patient and admit to isolation unit.
ehat percentage of patients are experiencing stress induced cardiomyopathy due to COVID 19 after recovery from respiratory failure?	Word from China is not takotsubo but rather profound hemodynamic collapse. Tracking troponin seems important. Thought to be virus-related fulminant myocarditis
Can tele-health visits be sub-contracted to a third party and billed through the practice?	Don’t know.
Follow up on the telehealth outsourcing question - can a provider outsource a tellehealth visit to a third party MD or APP and then bill for it?	Don’t know.
Can we have providers (doctors and app) at home doing virtual visits? Is this billable?	Yes. So long as appropriately documented in EMR
The webinar from the Chinese cardiologists is already available.	Thanks

I have problem with term "elective", which is too vague. I prefer emergent (now), urgent (tomorrow), semi-urgent (days to weeks) and non-urgent	Agree
how are you managing Anticoagulation clnic patient visits	Going through lists. Actively seeing who could be, should be on DOAC and effecting conversion. Combining sites. Delaying stable patients per guidelines.