

# CorHealth COVID-19 Heart Failure Stakeholder Forum #1

## MEETING SUMMARY NOTES

**DATE:** March 25, 2020, 6:00 – 7:00 PM

**GROUPS REPRESENTED:** Centers and programs providing outpatient care in Heart Failure (typically in a heart failure clinic, across Ontario), system partners (e.g., eHealth Center of Excellence, Home Care)

DISCLAIMER: The information in this document represents a high-level summary to capture the discussion at the point of time of the meeting and is NOT general guidance.

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## HIGHLIGHTS

### **Strategies and Current Responses to the Direction from the MOH and CCS Recommendations for Ambulatory Management of Heart Failure (HF) Patients:**

- Managing patients who need decongestion with IV Lasix, or finding creating solutions to keep patients out of hospital:
  - Patients that may need to be seen in a clinic could include: high risk patients, those requiring IV Lasix, patients with multiple readmissions, recently discharged
  - Complete patient up-titrations via telephone
  - Given the trajectory of COVID-19, it may no longer be possible to have patients have a PICC line or IV access in the ER; for patients that are borderline initiating IV lasix, consider putting the PICC line in before discharge
  - For patients not responding to oral lasix, an alternative solution is the use of Bumetanide; this drug is not covered by ODB but can be requested through compassionate supply request form (*to be made available on CorHealth COVID Resource Center*)
  - Access to community lab- life lab booking appointments to avoid waiting rooms or home lab service (cost \$20+ to patient)
  - Determining worsening HF vs COVID-19; tips for how to determine in virtual setting- key fever, exposure risk, detailed clinical history is critical, Oxygen desat sign of urgent attention for COVID and HF. BNP, trop, CXR not discriminatory

- Supporting and advancing the care of patients using virtual options (e.g., OTN, Medly, etc.):
  - Use of telephone calls to patients via nurses and cardiologists moving through heart failure clinic; development of script to ensure discussion around patient social supports, supports for social isolation, supports at home and need for ongoing follow-up.
  - Medly Program (UHN): Potential for sites to adopt the application of this program as a safe and effective remote method for adjusting medication and reducing visits. Patients can be onboarded remotely. There are associated costs of ~\$1300 per patient/year.
  - OTN for virtual visits
  - Potential to leverage community paramedicine (e.g., Hamilton HRM Program)
  - Access to home monitoring equipment- e.g. blood pressure cuffs , oximetry not consistent and patients need to buy these supplies. Amazon suggested.
- Supporting primary care:
  - Suggest that the medication/therapies being administered are impactful and require minimal additional follow-up (e.g., ACE inhibitors require a lot of follow-up)
  - CorHealth to leverage and share system partners' work in this space (e.g., eCentre of Excellence) *(to be made available on CorHealth COVID Resource Center)*

### **Guiding Principles & General Principles for Assessment of COVID-19**

- This is a dynamic and changing situation, and as this continues to evolve and change on the ground and as resources are directed to COVID-19, some of the risk categories outlined in the UHN Guiding Principles may change
- Group noted that guidance or standard document regarding how to assess and separate COVID-19 symptoms from heart failure symptoms, is required. Some suggestions included:
  - Detailed history: assess degree of isolation, level of COVID-19 in the community, travel/exposure to large groups, progression of symptoms
  - Presence of fever, dry cough and/or increasing cough and breathlessness
  - Absence of typical features of CHF (e.g., pedal edema)
  - Lack of response to appropriate therapies

## **NEXT STEPS**

- CorHealth:
  - Guidance document underway to support heart failure patients during COVID-19; to be brought back to this group at next forum meeting
  - Next CorHealth COVID-19 Heart Failure Stakeholder Forum #2 scheduled for April 1<sup>st</sup>, 6PM
  - Resources will be consolidated and shared via CorHealth's COVID-19 Resource Centre (<https://www.corhealthontario.ca/resources-for-healthcare-planners-&-providers/covid19>)