

# Direct-to-patient telemedicine cardiology follow-ups may safely save families time, cost

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Virtual cardiology follow-ups via computer or smartphone are a feasible alternative to in-person patient follow-ups for some pediatric cardiac conditions. Credit: Children's National Hospital

Health provider follow-ups delivered via computer or smartphone is a feasible alternative to in-person patient follow-ups for some pediatric cardiac conditions, according to the findings of a pilot study presented at the AHA Scientific Sessions this week.

"We've used telemedicine in [pediatric cardiology](#) for physician-to-

physician communications for years at Children's National, thanks to cardiologists like Dr. Craig Sable," says Ashraf Harahsheh, M.D., cardiologist at Children's National Hospital and senior author of the study. "But this is the first time we've really had the appropriate technology to speak directly to patients and their families in their homes instead of requiring an in-person visit."

"We developed it [telemedicine] into a primary every day component of reading echocardiograms around the region and the globe," says Craig Sable, M.D., associate chief of [cardiology](#) at Children's National.

"Telemedicine has enabled doctors at Children's National to extend our reach to improve the care of children and avoid unnecessary transport, [family](#) travel and lost time from work."

Participants in the virtual visit pilot study were previously established patients with hyperlipidemia, hypercholesterolemia, syncope, or who needed to discuss cardiac testing results. The retrospective sample included 18 families who met the criteria and were open to the virtual visit/telehealth follow up option between 2016 and 2019. Six months after their virtual visit, none of the participants had presented urgently with a cardiology issue. While many (39%) had additional visits with cardiology scheduled as in person, none of those subsequent in-person visits were a result of a deficiency related to the virtual visit.

"There are many more questions to be answered about how best to appropriately use technology advances that allow us to see and hear our patients without requiring them to travel a great distance," adds Dr. Harahsheh. "But my team and I were encouraged by the results of our small study, and by the anecdotal positive reviews from families who participated. We're looking forward to determining how we can successfully and cost-effectively implement these approaches as additional options for our families to get the care they need."

Provided by Children's National Hospital

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