



CorHealth COVID-19 Cardiac Stakeholder Forum Meeting #8

May 7, 2020 | 8:00-9:00 am

Teleconference: (647) 951-8467 or Long Distance: 1 (844) 304 -7743

Conference ID: 986393473

Agenda

Description	Presenter / Facilitator	Time
1. Welcome <ul style="list-style-type: none">Meeting ObjectiveCOVID-19 Epidemiology UpdateCardiac Report Weekly Update	Sheila Jarvis Dr. Harindra Wijesundera Garth Oakes	08:00
2. COVID-19 Non-Invasive Cardiac Testing <ul style="list-style-type: none">Echocardiography, Cardiac CT, MRI	Dr. Tony Sanfilippo Dr. Madhu Natarajan	08:05
3. Cardiac Work Streams Update	Dr. Madhu Natarajan	08:30
4. Ambulatory Activity for Cardiac Rehabilitation and Heart Failure	Graham Woodward	08:45
5. Next Steps	Jana Jeffrey	08:55



Welcome

SHEILA JARVIS | DR. HARINDRA WIJEYSUNDERA | GARTH OAKES

Meeting Objectives

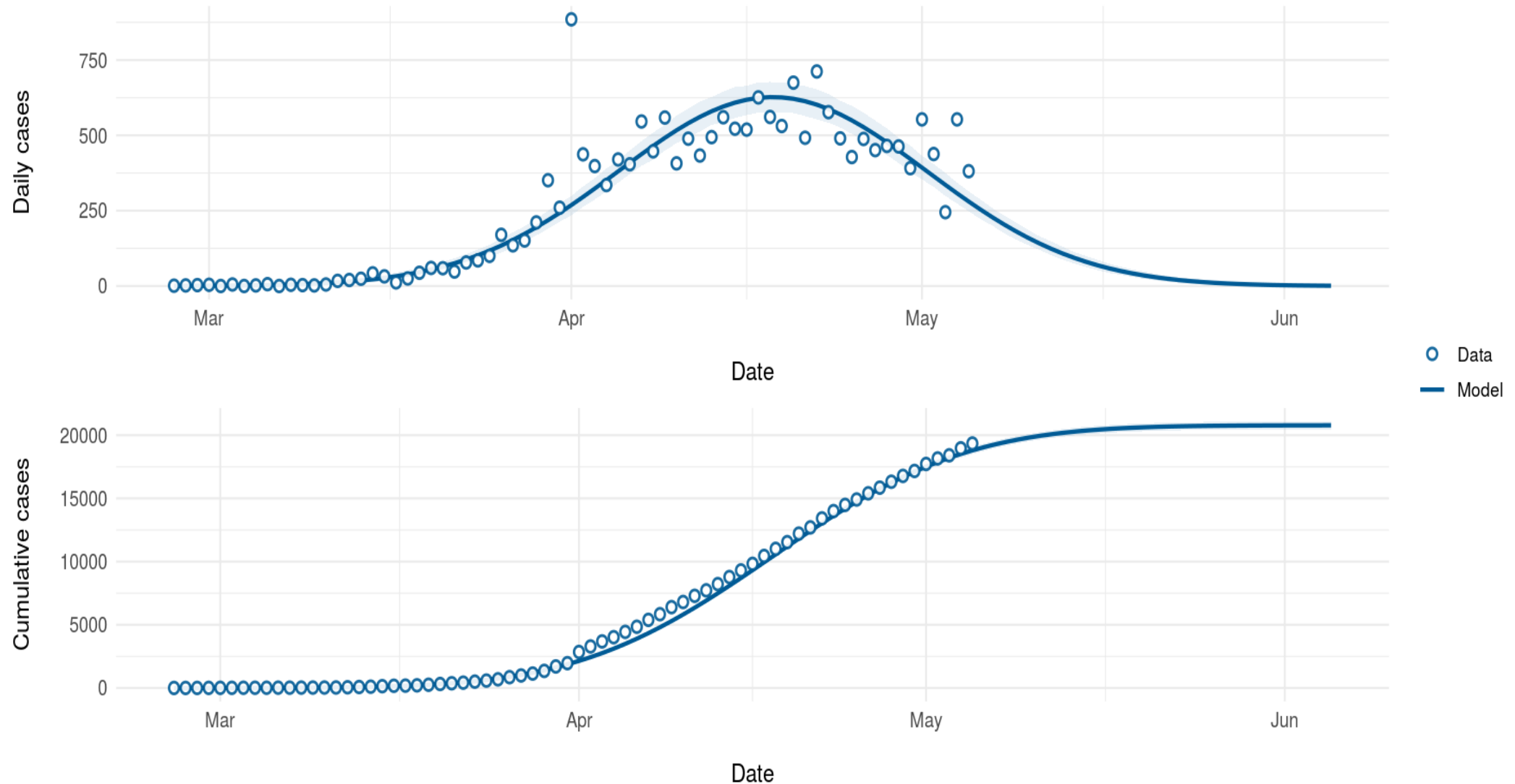
1. To share updates related to the COVID-19 epidemiology and CorHealth Cardiac Weekly Report
2. To have a discussion around non-invasive cardiac testing (i.e. ECHO, cardiac CT, and MRI) in the context of COVID-19
3. To share updates on the cardiac workstreams



COVID-19 Epidemiological Data

DR. HARINDRA WIJEYSUNDERA

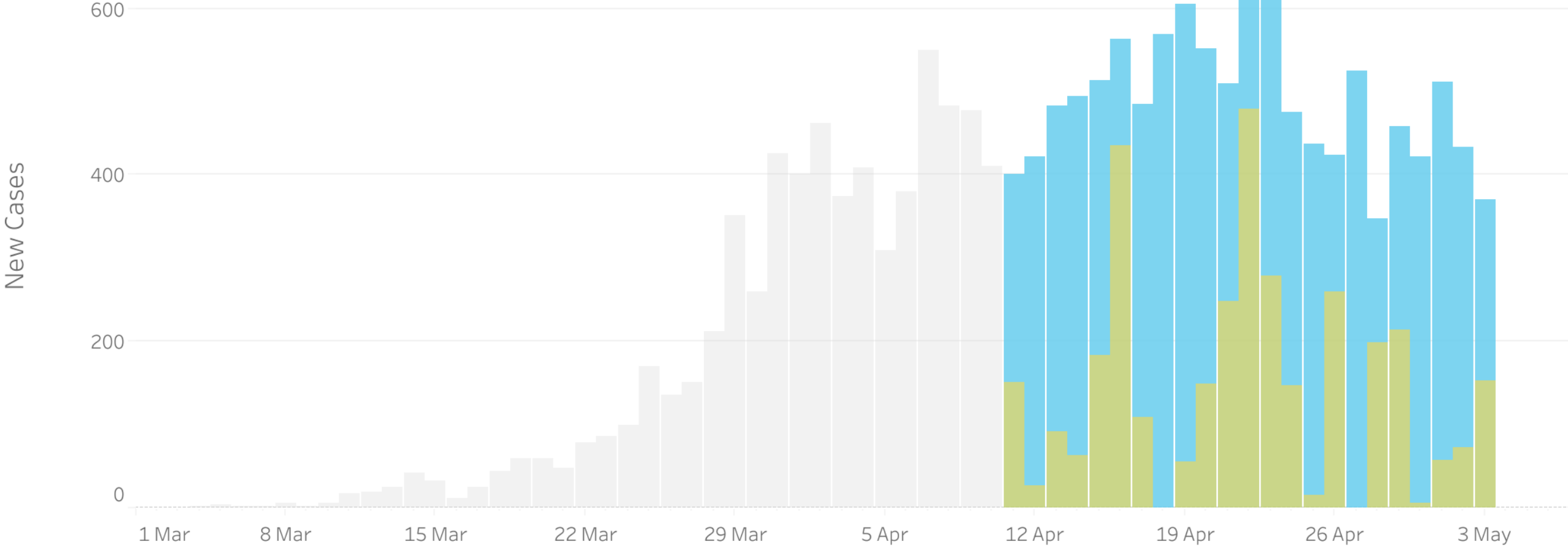
Ontario: epidemiology projections



New COVID-19 Cases in Ontario

- New Community Cases
- New Congregate Cases (Long-Term Care + Hospital)
- All New Cases

LTC staff infected: 1274
Hospital staff infected: 251
ICU beds remaining: 607





COVID-19 Non-Invasive Cardiac Testing

DR. TONY SANFILIPPO | DR. MADHU NATARAJAN

Echocardiography Services

Fee Schedule Code	FSC Description	FSC type	Number of services		
			Apr 1 - Apr 24, 2020	Apr 1 - Apr 24, 2019	%decrease
G571A	ECHOCARDIOGRAPHY COMPL.STUDY 1&2DIM PROF.COMP.	Professional	10,096	38,214	74%
G575A	ECHOCARDIOGRAPHY LTD.STUDY NOT CHARG&PREGN.STUDY PROF. COMP.	Professional	116	400	71%
G581A	D&TCARDIO.-TRANSOESOPHAGEAL ECHOCARDIOGRAPY PROF.COMP.	Professional	75	627	88%
G583A	ECHOCARDIOGRAPHY - STRESS STUDY-PROFESSIONAL COMPONENT	Professional	1,070	5,523	81%
		Subtotal	11,357	44,764	75%
G570A	ECHOCARDIOGRAPHY COMPL.STUDY 1&2DIM. TECH. COMP.	Technical	7,851	35,194	78%
G574A	ECHOCARDIOGRAPHY LTD.STUDYNOTCHARG&PREGN.STUDY TECH.COMP.	Technical	38	227	83%
G582A	ECHOCARDIOGRAPHY - STRESS STUDY - TECHNICAL COMPONENT	Technical	1,064	5,518	81%
		Subtotal	8,953	40,939	78%
Data source: Claims History Database					



Data Source: OHIP Claims/Submission Data Ministry of Health/Health Data Branch

To note: Physicians have 6 months to submit claims. We estimate that this data represents approximately 55% of all echocardiography services rendered from April 1 to April 24 for both 2019 and 2020. Each service includes a professional and technical fee.

Non-invasive Cardiac Diagnostics during COVID-19

Overview

- As with cardiac procedures, similar restrictions exist for non-invasive cardiac testing during COVID-19
- Some hospitals/providers have inquired about guidance on non-invasive diagnostics during COVID-19, specifically for cardiac CT and MRI.
 - Canadian Journal of Cardiology (April 2020). *Safe Reintroduction of Cardiovascular Services during the COVID-19 Pandemic: Guidance from North American Society Leadership*

Discussion

- Are Forum members experiencing local challenges related to non-invasive cardiac diagnostics?



Cardiac Workstreams Update

DR. MADHU NATARAJAN

Cardiac Workstreams

Cardiac Workstream	Moderator(s)
Echocardiography	Dr. Tony Sanfilippo Dr. Howard Leong-Poi
Rehab	Dr. Paul Oh Dr. Mark Bayley
Cardiac Surgery Cath/PCI	Dr. Chris Feindel Dr. Eric Cohen
Heart Failure	Dr. Heather Ross
STEMI	Dr. Steve Miner
Cardiac Electrophysiology	Dr. Atul Verma
Structural Heart (TAVI, Mitral Clip)	Dr. Sam Radhakrishnan
Managing Referrals	Dr. Chris Feindel Dr. Eric Cohen



Ambulatory Activity for Cardiac Rehabilitation and Heart Failure

GRAHAM WOODWARD

Overview

1. Cardiac Rehabilitation (CR)

- Preliminary results from 73 of 180 programs responding to the survey to date across Canada (led by Dr. Paul Oh). This survey is still open.

2. Heart Failure (HF)

- Preliminary results from 19 of 26 heart function clinics surveyed to date in Ontario (led by CorHealth). This survey is still open.
- Hospital ED visits and Admissions from 4 LHINs (IDS Hamilton¹)
 - Erie St Clair, HNHB, South West and Waterloo Wellington (%13 of provincial HF volumes)
 - TC & MH LHINs will be available by end of May (50% of provincial HF volumes)

1. Integrated Decision Support Business Intelligence Solution, Hamilton Health Sciences supports planning, system improvement & performance monitoring, outcome measurement, and population health equity across the continuum of care

Cardiac Rehabilitation Preliminary Survey Results

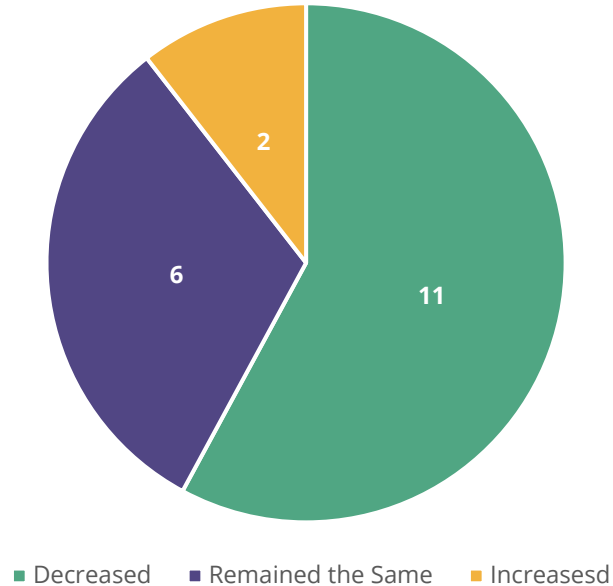
- 38% of programs are no longer offering any CR services mostly due to staffing (redeployed, laid off) or loss of physical space
- Common program concerns
 - growing waitlist for rehab
 - lack of supports for patients in the community who are not being followed ("collateral damage")
 - re-opening while the virus remains in the community due to risk of infection for patients and staff; need for physical distancing, availability of PPE, and access to viral testing
- Many programs expressed strong interest virtual cardiac rehab but lack experience and/or resources
- Strong desire for collaboration and sharing of resources. Some programs are making use of educational resources at partner hospital sites, national resources like the Heart and Stroke Foundation, or other online exercise resources

Please note-these are preliminary results only and finding may change with additional responses

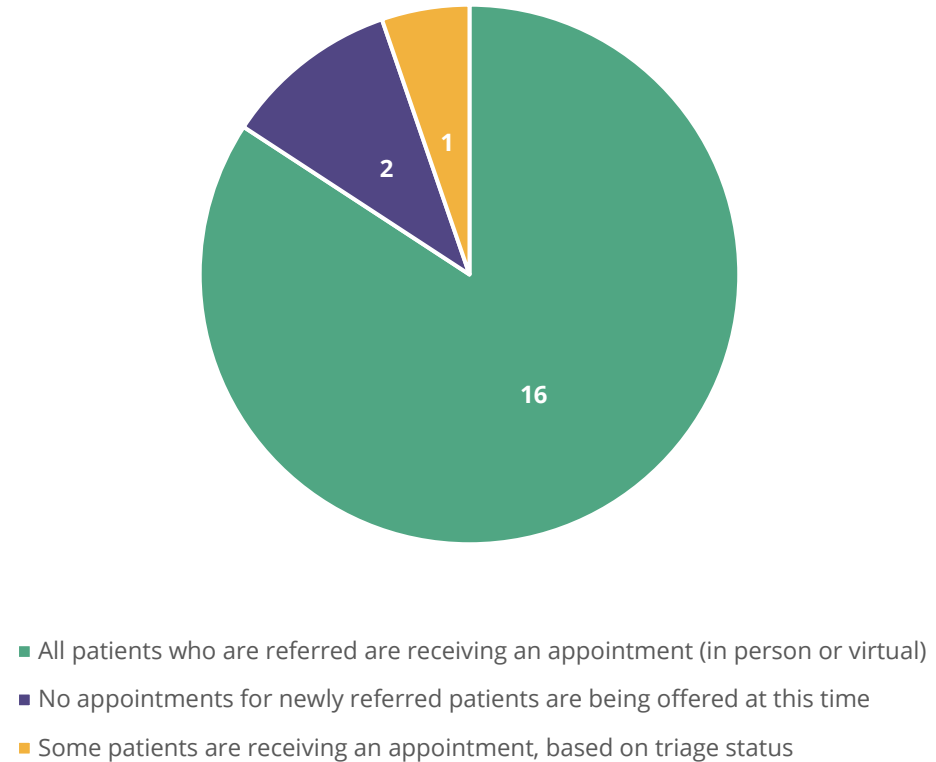
HF Clinic Survey Preliminary Results (Part 1/2)

Referrals have decreased and not all referrals are being seen.

Over the past two months, has there been a change in the # of referrals for HF ambulatory services?



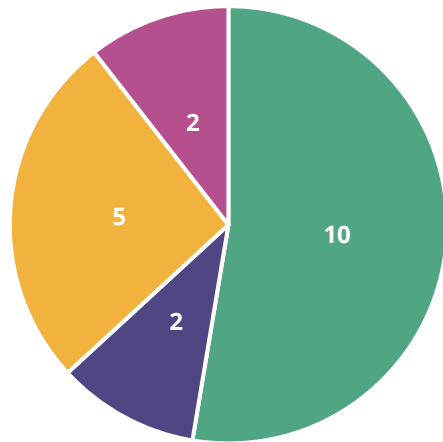
Over the past two months, what is your practice for new referrals?



HF Clinic Survey Preliminary Results (Part 2/2)

Programs are trying to maintain clinic activity but in-person visits are significantly reduced

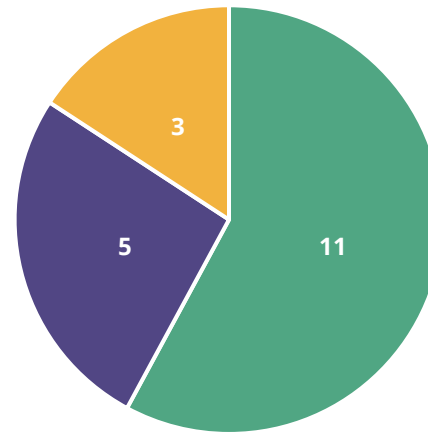
How has the volume of clinic visits (person or virtual) changed since COVID-19 restrictions implemented?



■ The same ■ More ■ Less ■ Other

“Other” respondents indicated that have reduced in-person and shifted to telephone/virtual.

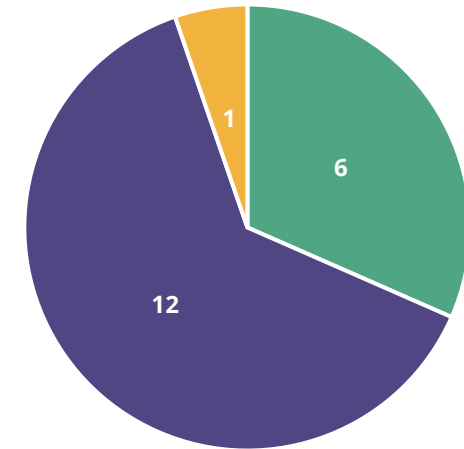
For patients enrolled in the clinic prior to COVID-19, are you currently providing any in-person patient appointments?



■ Yes
 ■ No. We have moved all appointments to virtual methods only.
 ■ Other

1. “Yes” respondents indicated an average of 8 patients visits per week (90% reduction). A typical week in a HF clinic would be upwards to 80 patient visits
2. “Other” respondents indicated significantly reduced in-person visits reserved for high acuity/risk patients.

Prior to COVID-19, did you offer virtual patient visits?



■ Yes ■ No ■ Other

“Other” respondent indicated that they did telephone follow-up in some cases especially if the patient lived at a distance.

HF ED Visits and Hospitalizations

- 35% decline in HF related ED visits in March 2020 compared to March 2019
 - Reduction greater among patients aged 60 years or less (70%) compared to patients older than 60 years (30%)
- 40% decline in HF related hospital admissions in March 2020 compared to March 2019



Next Steps

JANA JEFFREY

Next Steps

- Confirm Dr. Chris Simpson's attendance at a future COVID-19 Cardiac Forum
- Next COVID-19 Cardiac Forum Meeting date: Thursday, May 14, 2020; 8:00-9:00 am



Appendix

Ambulatory HF Activity Survey Methods Summary

- Survey distributed to Cardiac Hospital Admin / HF Clinic Contacts, to *understand the clinical activity for ambulatory HF management, to describe & quantify as best as possible, the response to COVID-19 restrictions, within these settings*
- Total Respondents: **19/26** (73% RR). Survey remains open
- Number of Patients Enrolled in HF Clinic:
 - Median: **550**
 - Range: **40 – 4000**

HF ED Visits and Hospitalizations, IDS Hamilton Methods Summary

Report generation Date

- 5/6/2020 8:56:08 PM

Data Sources

- IDS, National Ambulatory Care Reporting System (NACRS) & Discharge Abstract Database (DAD), March FY 2019/20 vs March FY 2018/19
- Limited to facilities with complete NACRS & DAD data submitted for March FY 2019/20.

Methodology Notes

- Heart failure ED visits are defined as those with a NACRS Main Diagnosis of I50 - Heart Failure
- ED visits and hospital admissions through ED are reported by the month and year of ED registration.
- ED visits resulting in admission are defined as ED visits with a discharge disposition of:
 - 06 - Admit to reporting facility as inpatient to special care unit or Operating Room from ambulatory care,
 - 07 - Admit to reporting facility as inpatient to another unit of reporting facility from ambulatory care, or
 - 08 - Transfer to another acute care facility directly from ambulatory care.