Abstract: P337

Redefining patient pathways for early diagnosis of cardiac arrhythmias through integrated care and centralised ECG interpretation

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Topic(s):
Remote Patient Monitoring and Telemedicine

Citation:

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Background
Data suggests that there is a large proportion of patients experiencing recurring symptomatic episodes of cardiac arrhythmias. Many of these patients are frequent visitors to the general practitioner or the Accident & Emergency where the adequate tools or expertise for diagnosing paroxysmal arrhythmias are not available. This standard of care results in lengthy referral processes and delayed onset of treatment.

With a patient centred care pathway in mind, we identified a method in which we could empower the primary care providers by giving them access to the right tools to assess the symptomatic cardiac arrhythmia patients.

Purpose
The purpose of this multicentre pilot was to try the feasibility of a more patient centred care pathway where the general practitioners were given diagnostic tools and central ECG interpretation support provided by the local cardiology hospital.

Method
A multicentre pilot with four practices and the local cardiology clinic, in which patients suffering from cardiac indications were assessed for AF with an intermittent lead-I device. The devices were distributed by the local primary care clinicians to symptomatic patients seeking care for cardiac symptoms. The patient was given a device to take home for two weeks, taking their ECG four times a day and when experiencing symptoms. The ECGs were sent directly and transferred to a database where the cardiologist from the hospital could login remotely and manage the patients and analyse the data simultaneously.

Results
During the 6-month pilot period nearly 300 patients were investigated and more than 10% of the patients received an atrial fibrillation diagnosis, in addition to that a couple of other significant arrhythmias were detected. The rest of the patients got a verifying diagnosis resulting in less pressure GPs and Accident & Emergency. At the end of the project a questionnaire was sent out to all participating healthcare professionals and the results were remarkable - the staff endorsed the ease and lean care pathway and benefits were identified both for the patient and the healthcare providers, creating a win-win situation for every participating unit. The outcome from the project shows increased diagnostic yield of significant arrhythmias resulting in more efficient care. By changing the care pathway unnecessary referrals to cardiac specialists were avoided, queues were cut and treatment could be offered earlier.

Conclusion(s)
By utilising the digital diagnostic tools available to us cardiac arrhythmias may be diagnosed at the patients first point of care and we can treat them accordingly and reduce avoidable cost, queues and hospital admissions. Taking action to implement a patient centred care pathway for early diagnosis of cardiac arrhythmias should be prioritised by the profession as well as the healthcare payers.
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