

FOLLOW-UP OF POST MYOCARDIAL INFARCTION USING TELEMEDICINE: PRELIMINARY RESULTS AND CUSTOMER SATISFACTION.

Guglielmo Pastena¹, Nicola Danisi¹, Fabio Ferranti¹, Raffaele Scardala¹, Claudia Sorrentino², Mariagrazia Romano², Stefania Gentile³, Fabrizio Ammirati¹.

¹Cardiologist, Cardiology Unit, Department of Medicine, G.B. Grassi Hospital, ASL Roma 3, Italy

²Cardiology Technician, Cardiology Unit, Department of Medicine, G.B. Grassi Hospital, ASL Roma 3, Italy

³Nurse, Cardiology Unit, Department of Medicine, G.B. Grassi Hospital, ASL Roma 3, Italy.

Background. There are few studies about post myocardial infarction using telemedicine (1,2). In the last years, despite rapid and continuous implementation of telemedicine services, there are no data on user satisfaction. Considering the recent pandemic and the development of telemedicine also in its regulations (3), we decided to organize a post discharge telemedicine service with a dedicated team (cardiologist, nurse, cardiology technician) for patients. At discharge, cardiology technician performed patient's counselling.

Materials and methods. This is an observational prospective study on patients affected by:

- acute myocardial infarction with ST elevation (STEMI),
- MINOCA (myocardial infarction with no obstructive coronary atherosclerosis) or Takotsubo syndrome or spontaneous coronary dissection,
- high risk acute myocardial infarction without ST elevation (NSTEMI).

We followed these patients starting from november 2021 with a televisit at 1 and 4 months from the acute event, monitoring major adverse cardiac events (MACE), therapy adherence, target therapy and customer satisfaction. We used regional platform to perform televisit (e-prescription, e-booking, videoconference, telerefertation with digital signature and sending to electronic health record - EHR). Data were collected through Microsoft Access database. We excluded patients without digital skills or without compliant caregiver.

Results. Between november 2021 and january 2023, we enrolled 103 patients (80% males): 75% with hypertension, 32% with diabetes, 83% with dyslipidemia, 46% cigarette smokers; 76% were affected by STEMI, 22% by NSTEMI and 2% by other pathologies considered; 97% was treated with coronary angioplasty. Length of stay was 8 ± 3 days, left ventricular ejection fraction at discharge was $53\pm 9\%$. At 1 month follow up, 9% was symptomatic (6 dyspnea, 3 palpitations), 12 patients didn't reach pressure target, 23 didn't reach LDL target (in both of these patients therapy was optimized), 8 patients continued smoking. We observed 3 hospital readmission (2 for severe gastrointestinal bleeding and 1 for systemic allergy), 3 patients required in hospital visit for performing electrocardiogram (ECG) for referred palpitations, echocardiography for referred dyspnea and blood sampling for paleness seen during televisit; nobody died. To date, four months follow up was performed only for 33 patients: 2 patients didn't reach pressure target, 5 didn't reach LDL target, so that therapy was optimized, 2 patients continued smoking. No readmissions and no deaths occurred. We detect 96% of customer satisfaction, 1% reported no preferences between televisit or in hospital visit.

Conclusion. Televisit is safe in the follow up of these patients, with a high approval rating. This was possible through the structuring of a health coordination center with a dedicated team, which also supported patients with counselling in the new path.

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