



Heart House  
Roundtables

TELEHEALTH: THE INTERSECTION OF  
TECHNOLOGY AND HEALTH CARE

# ***ASCVD Risk Management***

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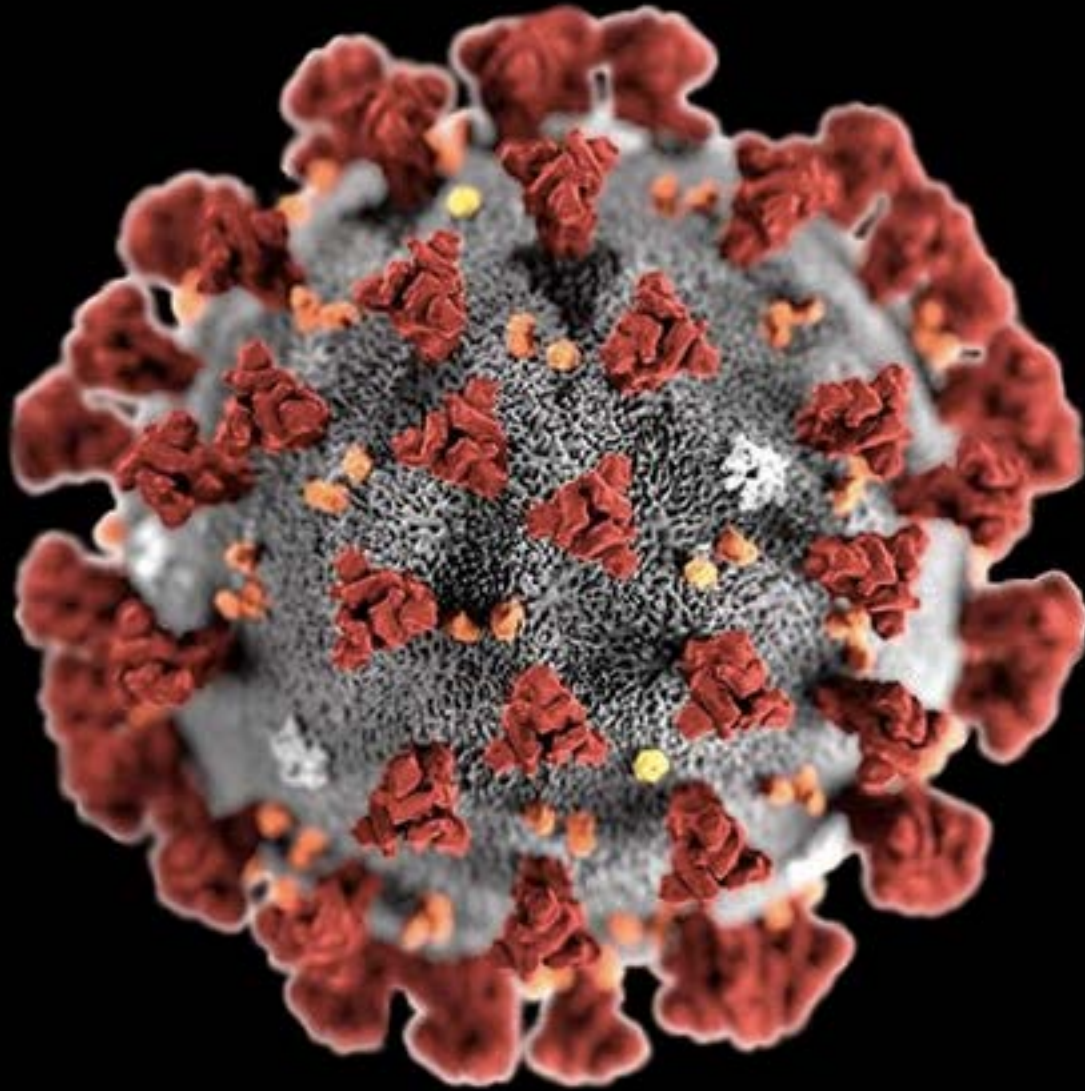
Hackensack Meridian Health

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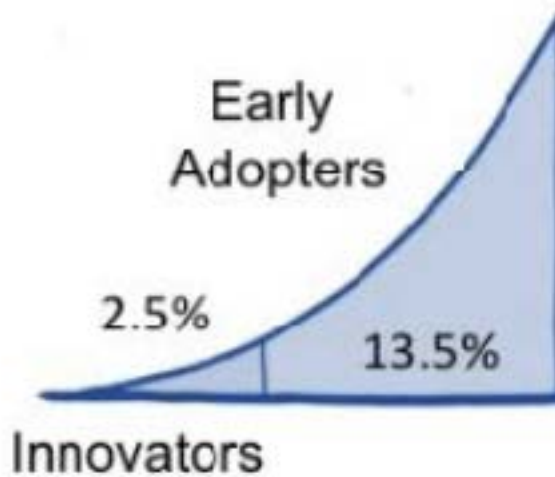
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# Disclosures

- None







**<5%** **2019**  
CARDIOVASCULAR  
PATIENT VISITS  
WERE MADE  
UTILIZING  
TELEMEDICINE.

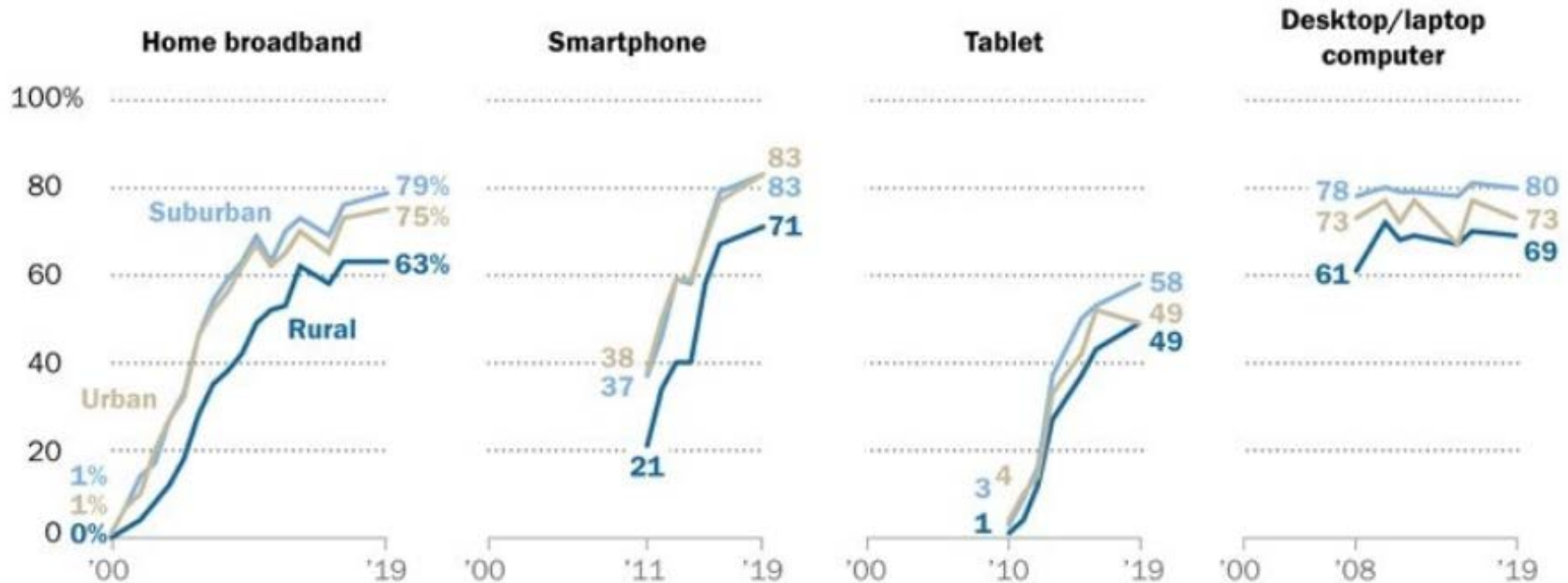
**75%** **MARCH 30, 2020**  
OF ENCOUNTERS  
WERE BY SOME  
FORM OF REMOTE OR  
TELEMEDICINE MEANS.

MedAxiom, 2020

Rogers adoption/innovation curve. Adapted from Rogers, E. (2003). The Diffusion of Innovations. Fifth Edition. The Free Press, New York.

## Rural Americans have consistently lower levels of broadband adoption

*% of U.S. adults who say they have ...*



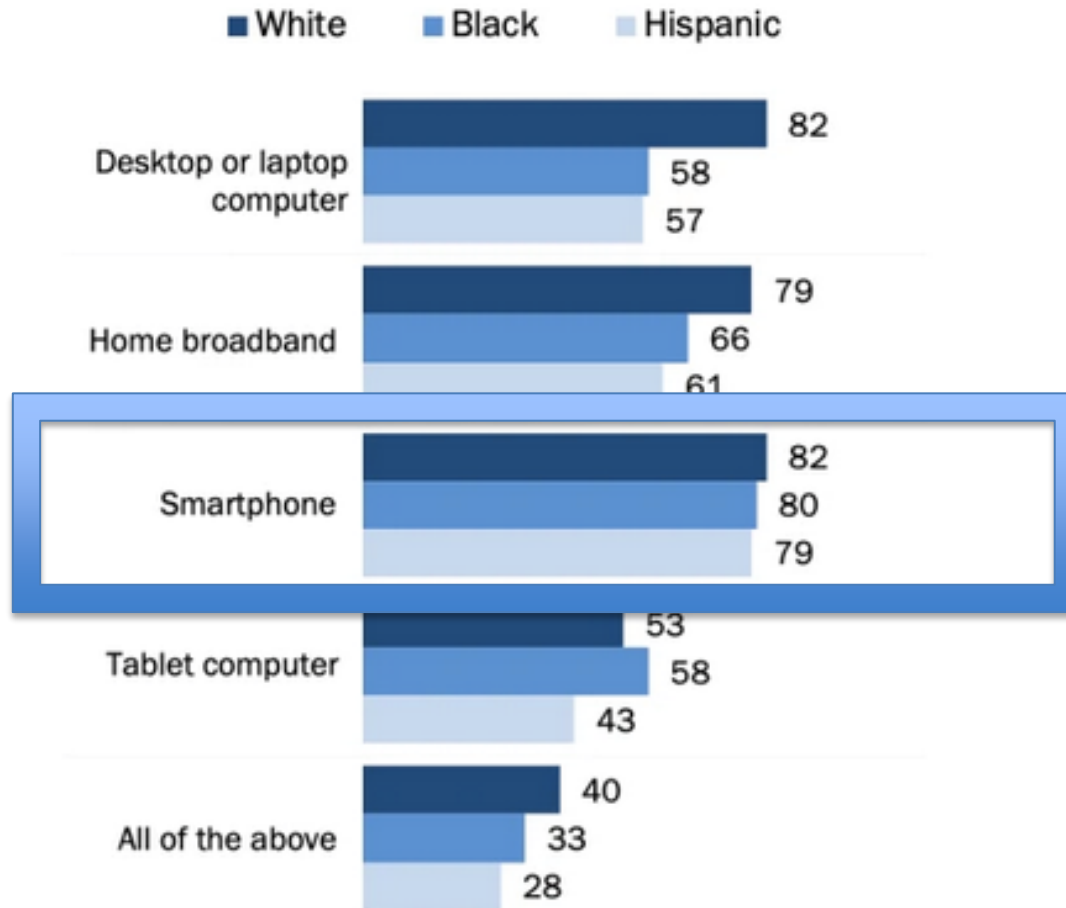
Note: Respondents who did not give an answer are not shown.

Source: Survey conducted Jan. 8-Feb. 7, 2019. Trend data from other Pew Research Center surveys.

PEW RESEARCH CENTER

## Despite some lower adoption, blacks and Hispanics own smartphones at similar shares to whites

*% of U.S. adults in each group who say they have the following*



Note: Those who did not answer are not shown. Whites and blacks include only non-Hispanics. Hispanics are of any race.

Source: Survey conducted Jan. 8-Feb. 7, 2019.





**TABLE 2** Example Considerations for Addressing Social Determinants of Health to Help Prevent ASCVD Events

Topic/Domain	Example Considerations
Cardiovascular risk	<ul style="list-style-type: none"> <li>Adults should be routinely assessed for psychosocial stressors and provided with appropriate counseling (S2.1-31).</li> <li>Health literacy should be assessed every 4 to 6 y to maximize recommendation effectiveness (S2.1-36).</li> </ul>
Diet	<ul style="list-style-type: none"> <li>In addition to the prescription of diet modifications, body size perception, as well as social and cultural influences, should be assessed (S2.1-37, S2.1-38).</li> <li>Potential barriers to adhering to a heart-healthy diet should be assessed, including food access and economic factors; these factors may be particularly relevant to persons from vulnerable populations, such as individuals residing in either inner-city or rural environments, those at socioeconomic disadvantage, and those of advanced age* (S2.1-39).</li> </ul>
Exercise and physical activity	<ul style="list-style-type: none"> <li>In addition to the prescription of exercise, neighborhood environment and access to facilities for physical activity should be assessed (S2.1-30, S2.1-40, S2.1-41).</li> </ul>
Obesity and weight loss	<ul style="list-style-type: none"> <li>Lifestyle counseling for weight loss should include assessment of and interventional recommendations for psychosocial stressors, sleep hygiene, and other individualized barriers (S2.1-42-S2.1-44).</li> <li>Weight maintenance should be promoted in patients with overweight/obesity who are unable to achieve recommended weight loss.</li> </ul>
Diabetes mellitus	<ul style="list-style-type: none"> <li>In addition to the prescription of type 2 diabetes mellitus interventions, environmental and psychosocial factors, including depression, stress, self-efficacy, and social support, should be assessed to improve achievement of glycemic control and adherence to treatment (S2.1-45-S2.1-48).</li> </ul>
High blood pressure	<ul style="list-style-type: none"> <li>Short sleep duration (&lt;6 h) and poor-quality sleep are associated with high blood pressure and should be considered (S2.1-49). Because other lifestyle habits can impact blood pressure, access to a healthy, low-sodium diet and viable exercise options should also be considered.</li> </ul>
Tobacco treatment	<ul style="list-style-type: none"> <li>Social support is another potential determinant of tobacco use. Therefore, in adults who use tobacco, assistance and arrangement for individualized and group social support counseling are recommended (S2.1-50, S2.1-51).</li> </ul>

\*Advanced age generally refers to age  $\geq 75$  years.

ASCVD indicates atherosclerotic cardiovascular disease.

# Cardiac Risk Program



## Pillars of Health & Wellbeing

- Nutrition
- Exercise
- Stress management
- Sleep hygiene

Jennifer Abitabilo, APN  
@IntegrativeAPN

# Symptom Assessment



# Medication Management

Telehealth → Virtual Care



Rogers adoption/innovation curve. Adapted from Rogers, E. (2003). *The Diffusion of Innovations*. Fifth Edition. The Free Press, New York.

## LEADERSHIP PAGE

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# Telehealth Is Having a Moment

## Will it Last?

Athena Poppas, MD, FACC, *President, American College of Cardiology*  
John S. Rumsfeld, MD, PhD, FACC, *Chief Innovation Officer and Chief  
Science and Quality Officer, American College of Cardiology*  
Jeffrey D. Wessler, MD, MPhil, FACC, *Founder and CEO,  
Heartbeat Health*



Thank you