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Cardiovascular Health Policy Priorities FOR A NEW YEAR

PARTNERSHIP TO **ADVANCE**
Cardiovascular Health

Dear Advocates:

Together, we made it through a year of unprecedented hardship and anxiety.

Let me be clear, the pandemic continues to challenge patients, health care providers and policymakers. Yet I urge us to collectively embrace 2021 as an opportunity for change, especially when it comes to cardiovascular policy. Let's not just take a sigh of relief and step back. In the year ahead, let's build on the momentum of pandemic policymaking to tackle the pivotal issues that plague cardiovascular health care.

Three policy issues in particular demand attention.

First, we must embrace and sustain the power of telemedicine for cardiovascular patients.

Telemedicine soared in popularity in 2020, with caregivers and patients alike using virtual visits to maintain care while limiting exposure to COVID-19. Better understanding, awareness and use of telemedicine can continue to improve the way cardiovascular disease is diagnosed and treated. If there is any bright side to the pandemic, it could be that telemedicine has offered a powerful new tool for keeping care flexible and continuous.

Second, we must address head-on the racial dimension of cardiovascular challenges facing this country.

Communities of color disproportionately bear the brunt of heart disease as well as comorbidities such as diabetes and obesity. Meanwhile, clinical research consistently lacks the diversity needed to demonstrate safety and efficacy for patients of all races, and inequities in the health care system yield unequal and ineffective care for some patients of color.

Third and finally, we as a community must recommit ourselves to guidelines-based care for patients.

From team-based care to dual-benefit medications, prevention efforts to vigilance for patients who've experienced a heart attack or stroke – treating to guidelines can be a game changer in cardiovascular care. By keeping guidelines current with continued research and by ensuring that providers treat to guidelines, we can quite literally save lives.

Prioritizing health policy change now will enable us to use 2021 to its fullest advantage, supporting effective, accessible, patient-centered care for cardiovascular patients. I look forward to working together to bring these priorities to life.

Sincerely,

Dharmesh Patel, MD

Dharmesh Patel, MD

Board of Directors, President

Making Telemedicine Permanent

As the pandemic demonstrated, telemedicine can be an invaluable tool for cardiovascular patients.

While thousands of Americans died from the coronavirus in 2020, deaths from cardiovascular disease also spiked. Emergency room visits for heart attack patients fell by 23% as people opted to "tough out" cardiovascular symptoms at home to avoid possible coronavirus exposure in a hospital.[1]

Telemedicine's increased availability offered a valuable middle ground. Patients could limit their exposure to the virus while also maintaining communication with their health care provider. While telemedicine can never replace in-person care, it has allowed patients to keep up with their prescription medication regimen and talk through new or worsening symptoms. Patients have also been able to get their provider's input on when acute symptoms justify a trip to the ER.

The Coronavirus Aid, Relief and Economic Security, or CARES, Act facilitated the expansion of telemedicine by providing adequate reimbursement for telehealth services or even waiving cost-sharing for Medicare patients.[2] Virtual consultations became as affordable for some patients as in-person visits, especially as state Medicaid programs and commercial payers followed the federal government's lead.

The Centers for Medicare and Medicaid Services also lifted restrictions that previously limited telehealth to rural locations and then only in a doctor's office, nursing home or other approved site. In July 2020, a bill was proposed in the U.S. House of Representatives that would make those changes permanent.[3] The bill will need to be reintroduced in the 117th Congress.

As the country gradually moves beyond the pandemic, policymakers can improve cardiovascular health through continued coverage, appropriate reimbursement rates and manageable co-pays for telehealth.

Addressing Racial Disparities

Racial disparities shared the headlines with the novel coronavirus in 2020, but communities of color continued to lack equal access to health care.

Heart disease is the number one killer in the nation, but the risk of developing heart problems is especially high for Black Americans. Nearly 48% of Black women and 44% of Black men have some form of heart disease.[4] A key driver is the prevalence of risk factors in the Black community.

Black Americans have high rates of hypertension, a condition that increases the risk of heart attack and stroke and can damage the heart before symptoms are even perceptible. Blacks are disproportionately affected by obesity, with 69% of men and 82% of women classified as overweight or obese. They also suffer from diabetes at a higher rate than non-Hispanic Whites, another contributing factor to cardiovascular disease.[5]

Socio-economic disparities can compound these factors by making access to health care more difficult. Yet the cardiovascular racial disparity persists across all economic levels. Research shows that even, among middle- and upper-class Black communities, the rate of heart disease is still greater than that of whites with comparable socioeconomic status.[6]

The U.S. Latino community is also heavily impacted. Almost half of all Hispanic males and one-third of females over the age of 20 have cardiovascular disease. This is at least in part due to the fact that risk factors are prevalent among Latinos.[7]

As advocates and policymakers seek to address racial disparities in other areas of American society, they must also work to provide communities of color with equal access to critical health care.

Furthering Guidelines-Based Care

As the pandemic keeps the nation's attention on health, it's an opportune time to explore the need for guidelines-based care.

Timely, Synchronized Guidelines

Guidelines are systematically developed, rooted in published scientific studies and finalized through a rigorous review and approval process. Those necessary steps take time. Nevertheless, some medical organizations have found ways to keep guidelines up to date.

One best practice is the "living guideline" concept employed by the American Diabetes Association. The group's Professional Practice Committee identifies when an update is needed. To streamline the process and keep guidelines timely, members of the committee then vote on the update by email. The updates reflect new treatments, new medications or devices, or new findings.[8]

The challenge of synchronizing guidelines across disease states, however, persists. Many people with cardiovascular conditions have comorbidities. Patient care is optimal when recommendations are consistent across different sets of medical guidelines.

Guidelines Implementation

Even when guidelines are updated in a timely fashion, they must be broadly implemented to benefit patients. That can be a challenge.

A current example involves a class of dual-benefit medications for diabetes and cardiovascular disease. Called SGLT2 inhibitors, the medications not only lower glucose levels but also prevent excess fluid from building up in the body, reducing the risk of heart failure.[9]

Clinical guidelines have been updated to reflect this new treatment option, but the updates have not yet uniformly translated into treatment decisions. The lag underscores the need for better coordination of care, especially when individual patients see different doctors for different conditions.

Innovation in cardiovascular and diabetes treatment continues to boom. To translate new research into meaningful gains for patients, the cardiovascular community must come together to streamline the guidelines process, educate providers on the benefits of treating to guidelines and make sure providers communicate with each other about their shared patients with multiple health challenges.

Conclusion

Although research continues to make tremendous progress, cardiovascular disease still claims far too many American lives. Advocates, health care providers and policymakers can do better, and focusing on these three policy priorities will help.

Making telemedicine permanently available.

The pandemic has shown telemedicine can be an effective way to connect patients and providers, enabling patient-centered care on a scale not possible in the past. Now it is up to policymakers to make those changes permanent so that patients can continue to access telemedicine at reasonable costs.

Tackling health disparities.

Too often, communities of color do not get the quality of care they need. Our nation's heightened awareness of racial injustice introduces a valuable opportunity to champion policy solutions for health care disparities.

Better incorporating clinical guidelines.

Streamlining efforts to keep guidelines current with scientific developments can shorten the wait time for patients who need new treatment options. So too can greater awareness among physicians about how guidelines can inform the care their patients receive.

The coronavirus pandemic has tested the health care system in a number of ways. Now the onus is on advocates, health care providers and policymakers to embrace 2021 as a chance to increase access to optimal, accessible, patient-centered cardiovascular care.

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About the Partnership to Advance Cardiovascular Health

The Partnership to Advance Cardiovascular Health works to advance public policies and practices that result in more treatment options and improved cardiovascular health for heart patients around the world.

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