

Using eConsults to Support Cardiology Needs in Primary Care

eConsults are an effective way to assess patients with cardiac conditions. In a primary care setting, eConsults can be used to gain cardiology insights and improve the quality of patient care by:

- Improve access to comprehensive care
- Reducing unnecessary referrals and costs
- Enhance the interpretation of diagnostic tests
- Provide follow-up recommendations for developing a treatment plan after screening, additional testing, or surveillance



See how our Primary Care Partners have used eConsults to help navigate cardiac care for their patients:

Managing Medication

Anticoagulation

87-year-old male with a history of controlled HTN who received an ECG, which showed rate-controlled atrial fibrillation.

Question: Would this patient benefit from anticoagulation even though he is at increased risk of falls due to knee pain and imbalance?

Complex CHF

64-year-old male with severe systolic and diastolic heart failure who was recently discharged from the hospital with a wearable defibrillator. Patient complains of dizziness and presents to the office with a blood pressure of 90/55. He is currently on a number of medications, including an ARNi/ARB, beta blocker, MRA, loop diuretic, and SGLT2 inhibitor.

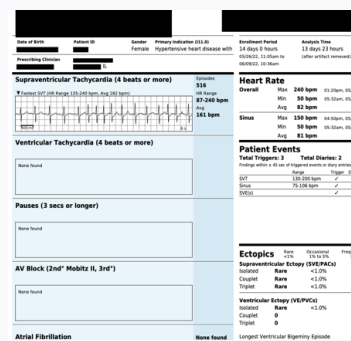
Question: Given the patient's hypotension, how do I adjust his CHF medications until his next cardiology appointment?

Diagnostic Tests

ZIO Patch readings

72-year-old female with history of atrial fibrillation 10 years ago secondary to hyperthyroidism.

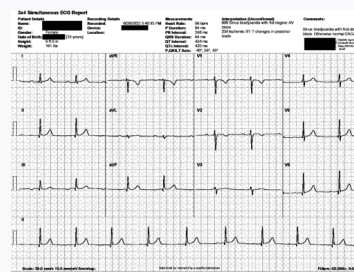
Question: How do I interpret these Zio Patch results? Does she need anticoagulation given risk of stroke?



ECG readings

33-year-old female marathon runner with a history of non-sustained ventricular tachycardia, who reports feeling unusually exhausted while running for the past month.

Question: Can you provide an interpretation for this ECG? Does this patient need further cardiology work-up?



Echocardiogram

60-year-old female living in a rural area who presented to PCP with 3 months of cough. PCP gave furosemide and referred to cardiology (an hour away), but the patient was lost to follow-up and never contacted by cardiology. Prior echocardiogram showed 55-60% EF and current shows moderate to severe mitral regurgitation.

Question: Which medications should the patient start? Will she require a repeat echo? Is there any indication for cardiology referral and/or surgery?

Addressing Social Determinants of Health

Limited access to specialists

41-year-old male with a history of diabetes and dyslipidemia who had an episode of loss of consciousness and pulselessness and received CPR several weeks ago. Since the incident, the patient complains of left-sided chest pain with intermittent tingling to left arm.

Question: Should I approach this incident as a sudden cardiac arrest? What is the best work-up for the patient given that the earliest cardiology referral is 3 months away?